ECD re-opening - Scenario analysis

Scenario 1: Uniform re-opening from earlier date (June/July)		Scenario 2: Variable opening in line with govt Risk Levels 1-5		Scenario 3: Uniform re-opening from later date (Oct/Nov)	
Risks/problems	**Advantages/opportunities**	**Risks/problems**	**Advantages/opportunities**	**Risks/problems**	**Advantages/opportunities**
ECDs act as significant infection nodes, as rates of transmission still high.	All children have regular nutrition. (Harm to child health from lockdown limited)	ECD opening (at Level 3 or below) does not align with parents' childcare needs for work.	Reduced infection risk as re-opening aligns with current infection status of province/district.	Children (particularly in poor communities) forced to stay in environments which are less safe (in terms of COVID-19 infection control) than ECDs.	Reduced infection risk as children, parents and practitioners shielded from group contact.
Practitioners use harsh methods to maintain social distancing and other requirements.	All children have regular and appropriate fine motor and gross motor development opportunities. (Harm to physical development from lockdown limited)	Where ECD opening does not align with parents' work opening, parents a) leave children in inappropriate care, with range of risks for children, or b) lose their job.	Some children have regular nutrition. (At ECDs that have re-opened)	Potentially substantial (6 months+) detriment to children's physical/health development, resulting from loss of nutrition provided by ECD programme.	Clarity, simplicity and consistency for ECD providers and parents.
Children confused and upset by social distancing requirements, and constant disciplining to maintain.	All children have regular and appropriate stimulation and interaction. (Harm to child cognitive/ language/ socio-emotional devt from lockdown limited)	ECDs operate 'beneath the radar' to meet parent need / demand - difficult to regulate/monitor, so infection risk less controlled.	Some children have regular and appropriate physical development opportunities. (At ECDs that have re-opened)	Potentially substantial (6 months+) detriment to children's cognitive/ language/ socio-emotional/ fine and gross motor development.	Fewer conditions/requirements imposed on ECDs at re-opening - less challenging to 'police'.
Practitioners do not comply with hygiene and safety reqs, increasing risk to children, families and communities.	All children have increased protection from stressed/ unsafe/ abusive home environments. (Psycho-social harm from lockdown limited)	Complex communication and confusion among providers and parents re risk level status results in non-compliance.	Some children have regular and appropriate stimulation. (At ECDs that have re-opened)	Potentially substantial psycho-social harm to children who are forced to stay in increasingly stressed/unsafe/ abusive home environments.	Fewer conditions/requirements imposed on ECDs at re-opening - easier to implement normal curriculum.
Key play/learning/devt activities cannot be delivered while maintaining social distancing requirements.	All children have increased protection from stressed/ unsafe/ abusive home environments. (Psycho-social harm from lockdown limited)	Densely populated areas where many vulnerable children live likely to re-open more slowly.	Some children have increased protection from unsafe/abusive home environments. (At ECDs that have re-opened)	All detriments suffered MOST by POOREST children who a) have fewer compensatory inputs in home setting, b) most likely to be in stressed homes.	
Smaller/part-time groups necessary to meet social distancing requirements but a) not adhered to because of parent resistance and/or b) causes community conflict.	ECDs act as information-sharing hubs on public health and social support (i.e. form part of solution).	Many children suffer risks and detriments associated with delayed re-opening including health, cognitive, language and psycho-social harm.	Some ECDs able to act as information-sharing hubs on public health and social support when open.	Parents who can return to work forced to use inappropriate childcare, with risks for children.	

Smaller/part-time groups necessary to meet social distancing requirements limit programmes' ability to meet the childcare needs of all parents who were previously served.	Parents in stressed home environments have support/ relief.	Risks and detriments associated with delayed re-opening are unevenly spread and result in increased inequalities.	ECDs able to share resources for home-learning when open, in anticipation of return to higher risk level.	Parents cannot return to work because they have no childcare, and so lose job -> households with children disproportionately affected by unemployment and loss of income.	
ECD practitioners perceive themselves to be exposed to unacceptable level of risk and do not re-open.	ECDs provide safer spaces in terms of infection control than home environments.	Difficult for ECDs to perform consistent role in public health and social support.	Some children able to be in safer spaces (in terms of infection control) than their home environment.	Job losses -> reduction in demand for ECD -> ECD closures and loss of access.	
Complete shut-down of ECDs occurs again further down the line because infections not effectively controlled.	ECD contributes to / enables re-opening of economy and return to work.	Frustration/opposition from ECD providers and parents at differential treatment (by comparison to other areas).		For next 6 months, ECDs operate 'beneath the radar' to meet parent demand - difficult to regulate/ monitor, so infection risk less controlled.	
For home-based programmes, family members who are not working and children who have not returned to school now in home space -> practical problems and increased child protection risks.	Clarity, simplicity and consistency for ECD providers and parents.	Parents equate need for ECD with need for childcare - do not prioritise attendance for early learning and developmental benefits.		Many ECD practitioners leave profession for fields that have re-opened sooner in order to generate income -> ECD closures and loss of access after crisis.	
		In most affected areas (e.g. which stay at Level 4 or 5), ECD practitioners leave profession for fields that have re-opened in order to generate income -> ECD closures and loss of access after crisis.		Longer term damage to status of profession, resulting from being treated as of secondary importance during significant crisis.	
		Where programmes re-open, see also first column under Scenario			

What conditions/measures could be put in place to make this scenario work?	What conditions/measures could be put in place to make this scenario work?	What conditions/measures could be put in place to make this scenario work?
Differentiation by modality - NCB modalities (playgroups, mobile, home visiting, day mothers, toy libraries) favoured, as group sizes can be kept small and/or sessional nature helps to reduce risk.	Database of ECDs that enables real-time communications on changing risk levels.	National development and distribution of monthly home-learning toolkits for parents (for each of next 6 months).
Strict health, safety and programme parameter (e.g. size, duration) conditions in place, *checked before re-opening and monitored* .	ECDs allowed to reopen at risk levels 3 or 4 (otherwise this scenario likely becomes equivalent to Scenario 3).	Support and guidelines for redeploying existing ECD practioners as home visitors to support home learning and development (for next 6 months).

Enabling / non-prescriptive approach would enable ECD programmes to open where high parent need/demand, but to remain closed and/or use adapted approach (e.g. home visiting) where risks and/or demographic factors are different.	Strict health, safety and programme parameter (e.g. size, duration) conditions in place, checked before EVERY re-opening and monitored.	6-month re-start grants for ALL types of ECDs (registered and unregistered) on re-opening, to help prevent closures and facilitate attendance of children whose parents can no longer pay fees.
Guidelines issued on types of curriculum activities that can be implemented while maintaining health and safety (so that practitioner focus is not exclusively on control).	Direct communication to parents via ECDs on conditions that they must comply with and explaining measures that must be in place in the ECD programme.	Urgently expedite registration and subsidy applications for ALL types of ECDs at re-opening to support sustainability and facilitate attendance of children whose parents can no longer pay fees.
Direct communication to parents via ECDs on conditions that they must comply with and explaining measures that must be in place in the ECD programme.	Guidelines issued on types of curriculum activities that can be implemented while maintaining health and safety (so that practitioner focus is not exclusively on control).	Strict health, safety and programme parameter (e.g. size, duration) conditions in place, *checked before re-opening and monitored* .
Defined ECD role (and materials) for information-sharing and peer education to help control COVID-19 infection.	Home-learning resources distributed to ECDs for onward sharing to parents, in anticipation of return to higher risk level.	
Proactive messaging around necessity of childcare for re-opening of economy to help parents and communities understand the role of ECD in supporting livelihoods.		