

A summary of the Children's Institute (UCT) inception report, 2 September 2026

South Africa's 2015 National Integrated ECD Policy promised a joined-up package of health, nutrition, early learning, protection and responsive care for every young child. A decade on, outcomes remain deeply unequal, especially for children with disabilities and other additional support needs. The Children's Institute (CI) at the University of Cape Town has now set out how it will help close that gap, in an inception report for Action 2 of the Bana Pele Blueprint of the Department of Basic Education (DBE).

The problem

The numbers are stark. Up to one in four children aged 0–4 may experience developmental delays or disabilities, yet fewer than half of children attending early learning programmes are developmentally on track, according to the Thrive by Five Index 2024. Systems for early identification, referral and inclusive support are fragmented and uneven. Children with disabilities are the most visibly excluded, but children with chronic health conditions or developmental difficulties meet the same barriers.

Action 2 commits to strengthening existing systems and policies so that all children can participate meaningfully in early learning. That means practical guidelines and implementation frameworks for early identification and assessment, adaptive learning, supportive services, and referral and care pathways.

Three principles

The CI argues that inclusion cannot be a programme bolted onto the system.

Its approach rests on three ideas:

Progressive universalism.

A universal foundation of nurturing care for every child, with targeted support such as early intervention and assistive devices for those who need more.

Inclusion by design.

Inclusion built into the core functions of the ECD system: policy, workforce, financing, data, infrastructure and service delivery.

Policy-led scale.

Ground-up initiatives show what works but tend to stay small. Only policy creates national standards, sustainable financing and accountability, and reaches underserved areas.

Underpinning these is a particular view of participation. The CI treats it as both a means and an end: a driver of learning and also an outcome that builds belonging. It has two components, attendance (being present) and engagement (the quality of involvement while there). This moves the focus from a child's impairment to their active participation, and it calls for a shift away from deficit-based labels toward each child's developmental potential.



The work: four stages

1. Inception (August 2026). A meeting with the DBE lead, Dr Janeli Kotzè, on 25 August settled scope and roles. The DBE will set up a multi-sectoral steering committee under her leadership, with the CI as technical partner. The committee will coordinate across departments, where considerable overlap has been identified, and guide key decisions. Dr Kotzè will also facilitate meetings with the Departments of Health and Basic Education so the team can learn what is already happening on inclusion.

2. Desktop review (August 2026 to February 2027). The team will review legislation, policies, strategies and guidelines across sectors. The focus is children aged 3–5, but the review covers all children under six. It will examine how inclusion is defined and mandated, map who governs and delivers services, and draw lessons from comparable countries. The policy review follows the READ approach to document analysis: ready the materials, extract the data, analyse it, and distil the findings. It uses independent multi-reviewer screening, a structured extraction tool, and thematic coding in NVivo, so the process is systematic and transparent.

3. Targeted stakeholder engagement (October 2026 to June 2027). Experts from government, academia and civil society will help prioritise issues and shape recommendations. A central method is mapping the journey of a child and family through the multiple systems they encounter, which helps participants think across sectors. The first engagement is on 20 October 2026 at the Bana Pele Leadership Summit in Johannesburg. The CI plans to seek UCT ethics approval beforehand so these discussions can be documented as evidence. Focused follow-ups with government officials will verify priorities, and a final validation process will close the phase.

4. Final reports (August 2027). The CI will deliver final reports in Word, copies of all referenced material, and the raw data collected.

Timeline and deliverables

The phase runs from 1 August 2026 to 31 July 2027. Three deliverables mark the way: the inception report (31 August 2026), the desktop review findings and interim report (28 February 2027), and the final report (31 August 2027). This phase is a situation analysis. Later phases, covering co-creation of blueprint actions, an implementation plan, and implementation and evaluation, will be shaped by what it finds and co-designed with the Action 2 and Bana Pele steering committees.

Why it matters

The CI brings long credentials to this work. It contributed to the 2011 Diagnostic Review of ECD, helped develop the 2015 NIECD Policy, and edited the South African Child Gauge 2024. The report's central claim is that inclusion at scale is a policy challenge before it is a programmatic one. If policy provisions are understood and strengthened first, services can expand without quality eroding, duplication can be avoided, and children who are now unsupported can be reached