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# **The ECD Quality Toolkit Pilot Project**

Final Report November 2016

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## APPENDICES

A. Those attached to this report include:

### 1. Pilot Project Toolkit: Resources

- [ECD Pilot Site Visit Guidelines February 2016](#)
- [Permissions form](#)
- [Resource 1: Overview](#)
- [Resource 2: ECD Quality Reflection Tool](#)
- [Resource 3a: Mediator Prompt Resource](#)
- [Resource 3b: Quality Conversation Template and Record](#)
- [Resource 4: Observation Checklist](#)
- [Resource 5: Mediator Reporting and Reflection Template](#)
- [Observation Guidelines: Supplementary Resource February 2016](#)

### 2. Data Analysis Rubric

### 3. Key Supporting Documents

- [ECD Quality Themes Summary Draft 2 March 2015](#)
- [Call for Expressions of Interest: ECD Pilot Participants 27-08-2015](#)
- [Summary of key points from Mediator Training Workshop 18 February 2016](#)
- [Mediator Feedback Workshop Report 28 June 2016](#)

B. Supporting documents not attached to this report can be obtained from BRIDGE. These include:

### 1. Commissioned Research:

- Excell, Lorayne. (undated) *Towards understandings of quality in early childhood development*. Literature Review
- Le Mottee, Sherri. July 2016. *Does reflective practice offer the ECD sector in South Africa a viable methodology for quality improvement?*
- Le Mottee, Sherri. July 2016. *Early Years Practitioners: Learning to Learn from Practice*.

### 2. Google forms: surveys, reporting forms and collated data forms

## EXECUTIVE SUMMARY

What constitutes 'quality' in ECD is of vital interest to those concerned with improving provision in this critical sector. Government has identified the need to enhance the quality of ECD programmes and services as well as increase access to ECD, while the sector as a whole (both locally and internationally) is attempting to deepen its understanding of the many influences that affect the quality of delivery.

In working towards an understanding of the notion of quality in ECD, BRIDGE's ECD Community of Practice (CoP) developed a **Quality Reflection Tool**. This is a self-reflection tool aimed at helping practitioners explore different aspects of ECD in relation to their experience. The CoP felt that it was essential to gather more insights on quality from the perspectives of practitioners on the ground, operating in a range of different contexts. Reflective practice could be used as both a means of collecting this information and as a means of empowering practitioners to grow their own professional understanding of quality issues. Research has shown that reflective practice is generally considered to be an enabler of life-long learning, increased professional competence and enhanced service quality across a range of sectors.

The tool is organised into four dimensions of quality: quality in Teaching and Learning; quality in the ECD Environment; quality in ECD Policies; and quality in ECD Leadership and Management. Each dimension is divided into various elements, and each of these has a set of questions attached to it to help practitioners think through these aspects of quality, and what these mean in practice in their own contexts. The tool would initially be mediated by experienced ECD professionals in the framework of a structured pilot project.

The aims of the pilot project were formulated as follows:

1. To refine/ adapt the reflection tool by testing whether the questions encourage practitioners:
  - To reflect on own practice
  - To estimate own areas of strengths and weakness
  - To identify potential areas for change
2. To test self-reflection as a methodology in the ECD sector
3. To gather data on practitioner views on dimensions of quality in which they need assistance/ resources / guidance
4. To use data to inform a subsequent phase of implementation

The pilot was conducted as a collaborative project between BRIDGE and nine partner organisations drawn from the ECD Community of Practice. From March to May 2016 mediators from partner organisations visited 20 sites representing different site types and contexts across 6 provinces, holding 'quality conversations' based on the Reflection Tool with practitioners and observing teaching and learning activities on site. It was stressed that the purpose of these visits was not to evaluate or assess the practitioners or the sites, but to engage in a dialogue to hear practitioners' views. The full Reflection Tool was left at the ECD sites, and follow-up calls on if and how it had been used were made by the partner organisations. The site visits themselves followed a set process, and

all reporting was done according to common templates. Data analysis focused on describing the levels of understanding practitioners showed in relation to different quality dimensions and elements, and drawing out themes concerned with their views on quality issues as well as problem areas identified.

## Overview of Findings

1. **Attitudes to reflective practice:** Practitioners related well to talking about their own practices through the structure of the quality dimensions, and were pleased to be given an opportunity to express their views. However, according to the follow-up phone calls done, less than half the sites have so far used the self-reflection tool since the visits took place. While the principle of self-reflection appears to be accepted, more consideration needs to be given to institutionalising the practice, revising the approach and format of the tool, and looking at ways to incentivise its use.
2. **Practitioners' understandings of quality:** Practitioners showed most insight into the Environment dimension of quality. This dimension includes consideration of physical and mental environmental factors, as well as the effective use of resources for development and learning. Practitioners showed least familiarity with or understanding of ECD policy issues. The findings on Teaching and Learning were variable, with concerns from mediators that there were gaps between what practitioners said about using a range of methodologies and active and play-based learning and their actual practice. Principals or centre managers interviewed for leadership and management were generally better informed across the dimensions.
3. **Areas identified for support:** Nearly all practitioners said they would like more guidance on developmental play activities, lesson planning and dealing with diverse groups of children in terms of different cultures and age ranges. Practitioners in general were critical about the levels of support offered by government.
4. **Mediator views:** Mediators commented that, in general, the commitment shown by many principals and practitioners in ECD is impressive. They also highlighted the fact that the most commonly expressed view about 'quality' (regardless of where a practitioner scored in understanding of any of the dimensions) is that it is to do with being dedicated and providing affection to the children in care.

The concluding section of the report explores ways in which the Quality Reflection Tool can be taken forward, including discussions on how the tool could be revised and distributed and the many ways in which it could be used for the benefit of the sector.

# I. History and overview of the Pilot Project

## 1. Introduction

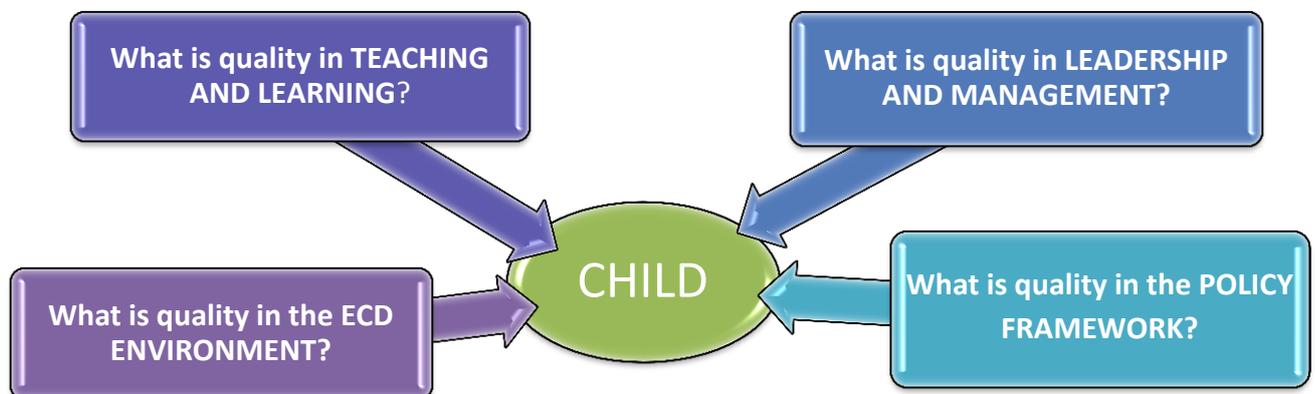
This is the story of a collaboration which grew out of a discussion on quality in ECD held at a community of practice meeting in 2014. This report traces the evolution and findings of an unusual pilot project – one which grew organically, was generated by a shared mission within BRIDGE’s ECD Community of Practice (CoP), and was driven through a partnership between BRIDGE and the members of the CoP.

The genesis for the pilot was an attempt by the CoP to come up with a common conception of what quality ECD means for the sector. This was in response to contestations around the concept. As we began to explore different perspectives, however, tensions within the concept became evident. While there are clearly basic minimum standards for quality ECD, it also became apparent that the notion of quality is an open-ended, complex and subjective concept driven by contextual factors. These considerations led to the development of the ECD Quality Toolkit – this intervention represents an attempt to both give practitioners a voice in the debates and to gather more insight from on-the-ground perspectives. The ECD CoP settled on the use of a self-reflection tool on quality issues as a means of achieving these ends.

The CoP developed a self-reflection tool for ECD practitioners, and the pilot was set up to test the tool with practitioners on ECD sites in different contexts (see Section II Pilot Project Design point 5).

The ECD Quality Toolkit is made up of two elements:

- (i) The **ECD Quality Reflection Tool**: this is a self-reflection tool to help practitioners explore different aspects of ECD in relation to their own experience. The tool is organised into four dimensions of quality as illustrated below. Each dimension has a set of questions attached to it to help practitioners think through these aspects of quality, and what these mean in practice in their own contexts.



- (ii) **A set of guidelines and resources:** these support the Reflection Tool, and provide guidelines and prompts for mediating the tool. These were specifically developed for the pilot.

## 2. The ECD Community of Practice

BRIDGE's National ECD Community of Practice is a multi-stakeholder group that has been in existence since February 2013. It currently has approximately 450 stakeholders represented on its database across all nine provinces, and includes ECD practitioners, resource and training organisations, funders, government officials and researchers. As well as keeping its members informed about both national debates and local initiatives, the CoP's central purpose is to contribute to co-ordination in the sector in order to increase the effectiveness of ECD. To do this, the CoP engages in activities such as sharing working practice, networking, sharing updates on policy development, and grappling with major conceptual or practical topics in the sector.

After each CoP meeting the information shared is packaged and disseminated to all members and the sector more widely via BRIDGE's Knowledge Hub, email and social media platforms. In some instances the knowledge products emerging from these discussions take the form of tools or resources for the sector.

## 3. The evolution of the ECD Quality Toolkit Pilot Project

### 3.1 Concepts and processes leading up to the pilot

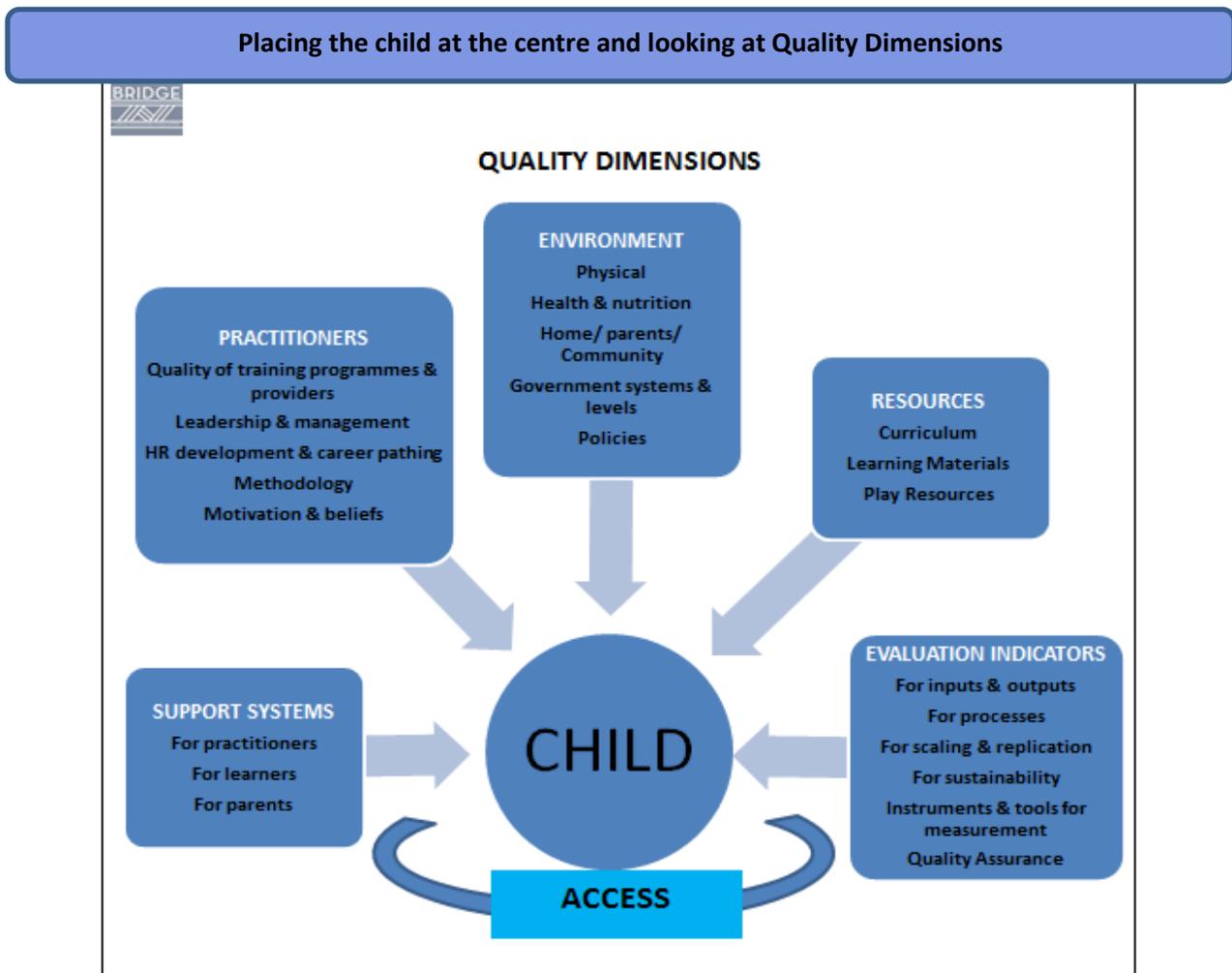
We posed the question 'What is quality in ECD?' at two CoP meetings, one in Johannesburg<sup>1</sup> in October 2014 and one in the Western Cape<sup>2</sup> in November 2014.

These two meetings generated a Quality Framework to serve as the basis for further discussions, as illustrated below.

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<sup>1</sup> Presentations on Quality in ECD were given by Sheila Drew from Saide, Lorayne Excell from Wits University, and Amanda Watermeyer from Ntataise

<sup>2</sup> This discussion was led by Linda Biersteker & Fiona Burt on the basis of their research on assessing quality in ECD.



In subsequent CoP meetings during 2015, various activities took place and decisions were made in terms of both conceptual and process approaches.

### Conceptual steps

- We needed to expand our understanding of what we meant by a ‘common’ or ‘shared’ description of quality in ECD. The importance of ‘**context**’ in shaping notions and practices relating to quality became a key driver in the project, and we generated a questionnaire to try and elicit contextually-framed views on quality from different stakeholders.
- The framework shown above would be informed by a set of **guiding principles**, drawn from sources such as UNESCO’s ECD principles.
- The idea of using ‘**reflective questions**’ against each of the quality dimensions took shape. CoP members initially generated these questions, which then went through a number of iterations. Additional input from outside the national CoP was also gathered from the BRIDGE Western Cape CoP and through the Gauteng Department of Basic Education ECD Forum. These questions were formulated into a **Reflection Tool**, which was to become the central component of the pilot.

- Potential **target audiences** for the tool were identified as ECD practitioners (defined as those delivering ECD services, such as caregivers, teachers and principals); district officials; and parents or guardians. The initial idea was to have a core set of questions for all stakeholders, and to cluster additional questions into different categories for different target audiences. However, it quickly became clear that it was too complex to do this simultaneously, and it was decided to address the questions to ECD practitioners who deal directly with the child. ‘Versioning’ for different stakeholders could be left to a later phase.
- During the process of iteration on the questions, several things happened:
  - The focus was very much on understanding the realities of ECD provision delivery, so the guiding question for the tool became **“What is quality ECD provision in practice?”**
  - The Quality Dimensions were reformulated into **four overarching dimensions**, unpacked into different **‘elements’** under each dimension (see Section II Design point 3). The questions under each element were specifically addressed to the agreed-upon target audience of ECD practitioners working directly with children.
  - The issue of the willingness and competence of practitioners on the ground to engage in self-reflection using a tool such as this was a matter of some debate. There was general agreement that the tool would need to be **mediated** in some way for the majority of practitioners (see Process below). The Reflection Tool itself became the central component in the **ECD Quality Toolkit**, with the toolkit comprising various resources for mediating the Reflection Tool (see Section II Design point 7.3).
  - Even after conflating duplicate questions and some serious editing in the process of sifting through submissions, we were still left with over one hundred questions in the Reflection Tool. In the interests of inclusivity and coverage of all stakeholder views, the version used in the pilot retained the questions, grouped under different categories. The range of the tool was one of the factors that influenced the pilot design and the instruments needed to mediate the tool (see Section II).

### Process steps

- The process for refining the reflection questions took place between January and September 2015 as outlined above.
- A Quality Action Group made up of the BRIDGE project team<sup>3</sup> and CoP members<sup>4</sup> was set up at the beginning of 2015 to carry out work outside of CoP meetings.
- As the Reflection Tool evolved, the CoP began to consider how it could be administered. Initially the idea was simply to share the tool as widely as possible so that players in the sector could decide how to use it in their own contexts; however, the notion of formally piloting the tool in order to get proper feedback on its applicability gradually gained ground.

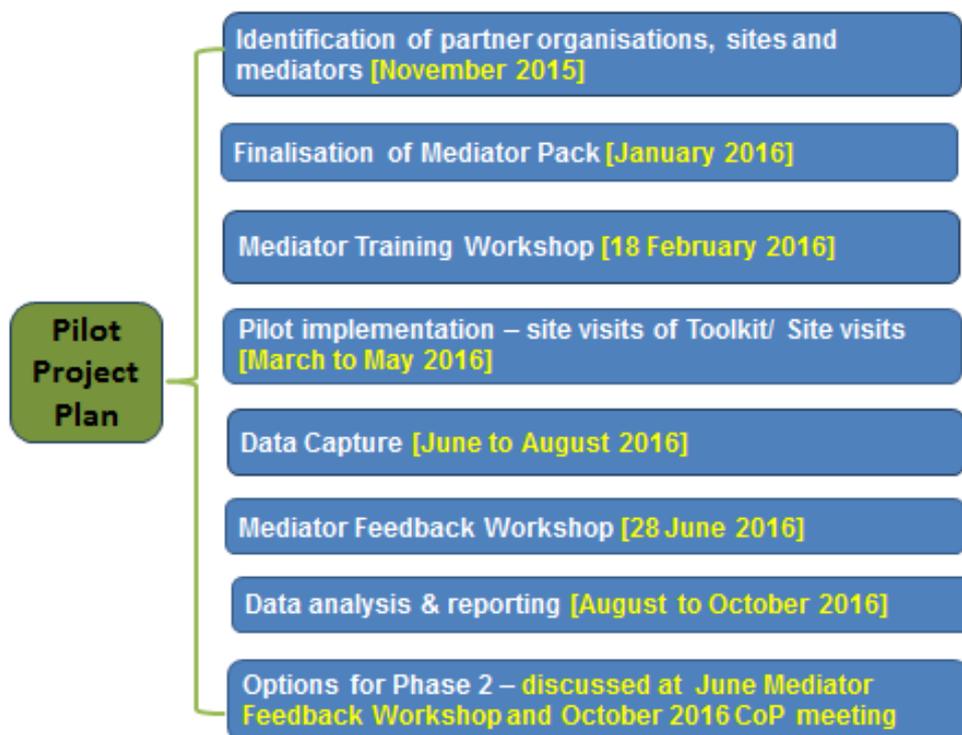
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<sup>3</sup> Kaley Le Mottee, Melissa King and Craig Johnson

<sup>4</sup> Sheila Drew (Saide), Lorayne Excel (Faculty of Education, Wits University), Margie Vorwerk (consultant to BRIDGE) and Amanda Watermeyer (Ntataise)

- By August 2015 planning for the pilot began in earnest, and the Quality Action Group became a Quality Pilot Steering Committee<sup>5</sup> with additional members.
- At the August 2015 meeting, the CoP confirmed the proposed formulation of the pilot aims and the draft Pilot Plan was presented.
- In support of the collaborative nature of the pilot (see Section II point 6), a **Call for Expressions of Interest** was circulated for CoP members and their organisations to act as BRIDGE partners in the pilot.
- By November 2015 nine partner organisations committed to the process and attended an implementation planning meeting, where the project plan was finalised.

The components of the project plan are given below. This set of steps does in fact reflect what happened in the implementation phase, and the only additions made for the purposes of this report are the specific dates given. This report covers the period from October 2014 to November 2016 in the evolution of the Reflection Tool and the running of the pilot project.



## Funding

In the latter half of 2015 it became clear to BRIDGE that the pilot project was becoming a significant collaborative project with a meaningful scope; this motivated us to seek funding for the pilot. Up until this point, all work had been done in the context of BRIDGE's own budget for its ECD

<sup>5</sup> The original Quality Action Team members, with the addition of Eddie Phillips (Brainboosters), Anushka Mouton (Special Needs Occupational Therapist), Sophia de Beer (ECD Directorate for GDE) and Tumi Moalafi (JAM)

Community of Practice. Additional budget would help strengthen our ability to run the implementation phase and evaluate the data effectively. In early 2016 funding was secured to cover some of the remaining pilot development and implementation costs.

BRIDGE was awarded different amounts by three funders: ApexHi Charitable Trust, Ilifa Labantwana, and Deutsche Bank South Africa Foundation. These sums enabled us to move through to the final stages of design (including commissioned research, instrument development and mediator training), the implementation phase (site visits), and the data capture and analysis stage (including an M&E component). We are extremely grateful to these funders for making completion of the pilot processes possible, and in addition enabling us to invest more time and resources into activities such as M&E and data analysis than had previously been feasible.

### 3.2 Features of an atypical pilot

The aim of any pilot in education is to test out the feasibility of an idea in a small scale, short term application in order to understand its benefits or weaknesses before wider scale (and more costly) implementation. In education the ‘idea’ being tested could be anything from a method, a set of resources (physical or electronic), a support package for beneficiaries (learners or teachers or principals or officials) and so on. While pilot projects in education come in all shapes and sizes, they are generally developed in response to some kind of needs analysis and a call to action from an interested stakeholder or funder. At its most basic, the typical pilot project follows this kind of pathway.



As the narrative on the evolution of the pilot given in 3.1 above shows, the ECD Quality Toolkit pilot project did not follow this pattern. In this section we highlight a few of the atypical features of this pilot. There are a number of reasons for doing this. Firstly, it is in line with the principle of open and accurate reporting to funders. Secondly, the pilot project represents a significant milestone for BRIDGE in the context of tracking our core activity, the convening of communities of practice. The ECD Reflection Tool (and the pilot itself) provides evidence that a CoP is more than a forum for sharing information: it is also a vehicle for action-focused collaboration for generating tangible outputs that may have sustainable impact on the system. For this reason it is important that we track and record the growth and results of a CoP and its activities. While for BRIDGE the ECD Quality Toolkit Pilot Project is a case study within the context of our own organisational reflections on collaboration, it may also be of interest to those working in the field of collaboration in programme design and delivery in development work.

To this end we summarise some key points that make this pilot project ‘atypical’, although not necessarily unique.

- **Ownership:** usually whatever is being piloted ‘belongs’, at least initially, to those generating, implementing and funding a pilot, although its products may be made widely available at a later stage. The Reflection Tool in its various stages has, however, been an open education resource which has been shared through BRIDGE and other platforms from the start of the discussions. If the ECD Quality Toolkit can be said in any sense to ‘belong’ to anyone, this would be the Community of Practice, in itself a multi-stakeholder forum.
- **Collaboration:** recognition of the benefits of collaborating on projects is gaining traction in the education sector, and collaboration is sometimes set out as a condition for funding. In this case, however, collaboration was intrinsic to the core identity of the project from the start: in terms of BRIDGE’s organisational mission, fostering collaboration is one of the desired outcomes of a community of practice. The nature and type of collaboration was not determined by any external demands. This aspect will be further discussed in Section II point 6.
- **Design process:** because of the way the concept evolved, certain conventional project design steps were either omitted or done out of sequence. Three examples are given:
  - There was no conventional needs analysis or baseline assessment of current beliefs about quality. The issue of what constitutes quality in ECD was clearly a contested topic with many interpretations or different priority points, and we set out to see how this is reflected in the field – and what this means for developing a common view on quality.
  - The ‘theory of change’ evolved implicitly rather than being explicitly formulated. As will be noted in Section II below, however, there was no lack of discussion on (i) the nature and aims of the Reflection Tool; (ii) the aims of the pilot project; and (iii) the theory underpinning the approach of both the tool and the methodology of the pilot. Once funding was in place we tried to formalise some of these notions, which would have been done earlier in a more conventional project. Centrally, however, we did not postulate an expected final outcome or impact: the pilot was seen as an investigative process through which next steps could be determined.
  - It is becoming generally accepted that the monitoring and evaluation (M&E) processes for any pilot project should be integrated into the initial project design. This was not done, due to a variety of factors: (i) lack of specific M&E expertise in the core team; (ii) lack of budget throughout most of the design process; and (iii) the way in which the project and its planning evolved. Once funding was secured, however, some of the budget was used to get advice on bringing in an M&E perspective to the implementing and reporting stages (see Section III Data Collection).
- **Time frames:** Linked to the points made above is the fact that the conceptualisation and design stages were very spread out. The pace of the overall pilot was partly determined by the CoP meetings themselves, and partly by the availability of the Quality Action Group (BRIDGE staff and designated CoP members), all of whom had many other responsibilities. In contrast, the implementation (site visits) phase carried out by partner organisations was

very efficiently condensed, due in part to the funding that facilitated centralised monitoring and project management from BRIDGE at this stage of the project.

In sum, the project continues to be atypical in that it is still evolving: the findings presented in this report do not necessarily represent closure but the beginning of a new phase, as discussed in the concluding section of this report.

## **II. Pilot Project Design**

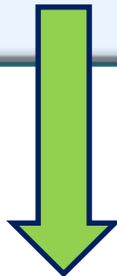
### **1. Theory of change**

As noted above, the theory of change emerged gradually through deliberations on the nature, purposes and possible long term influence of the Reflection Tool. The figure below brings these discussions together into a theory of change, illustrating the premises of the tool and the potential benefits that were discussed.

## ECD Quality Toolkit Theory of Change

### Problem Framing

- No common understanding of what quality in ECD means, as ECD delivery, practices, and understandings vary greatly across different contexts (e.g. types of provision; socio-economic contexts; geographical locations).
- No common discourse on quality issues: practitioners, training providers, government and academics approach concerns from different perspectives and use different terminology.
- This makes it difficult to devise, communicate and implement policies and systems for improving standards in ECD, and for these to gain acceptance from practitioners across contexts.
- ECD practitioners are sometimes seen as passive reactionaries to compliance demands rather than as engaged professionals.



INPUT



### Benefits for ECD Practitioners

Reflecting on quality in own practice will:

- Enhance understanding of what makes up quality in different aspects of ECD.
- Enable practitioners to identify where they need support and their areas or strengths and weakness, which will assist them in planning for improvement.
- Empower practitioners by giving them a sense of ownership over their own practices and their own self-development.
- Empower practitioners by giving them a voice in the quality debates.

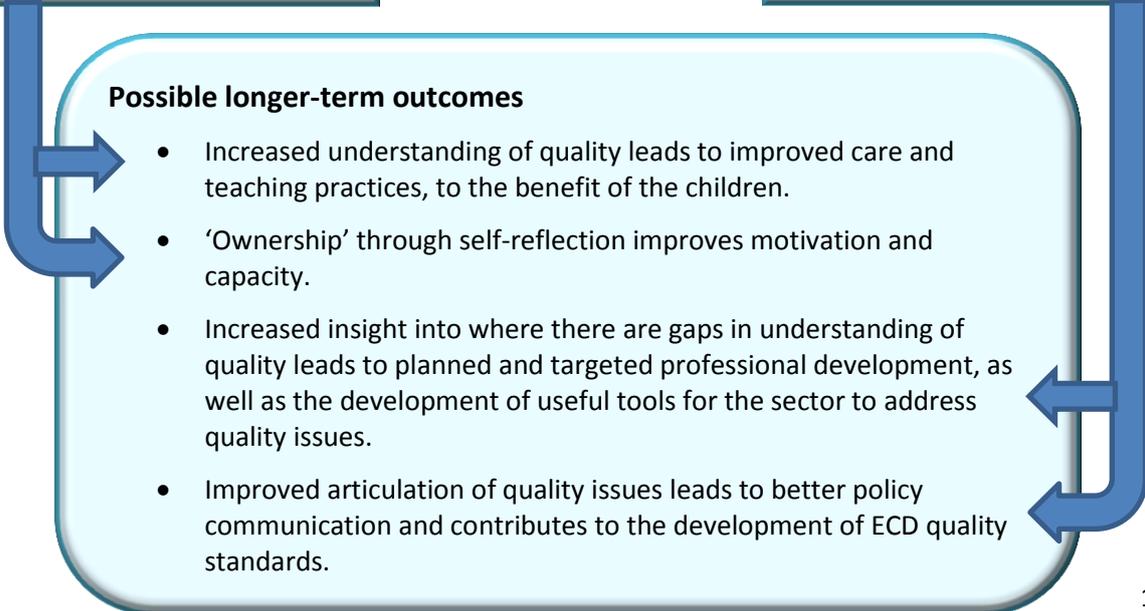
### Benefits for the ECD Sector

If the tool is used to gather information on practitioner views on quality, this will:

- Enrich the sector's insight into how context affects practitioners' understanding of quality, and how this affects practice.
- Contribute towards a common language in which to discuss quality challenges, informed by the realities of experience in different contexts.

### Possible longer-term outcomes

- Increased understanding of quality leads to improved care and teaching practices, to the benefit of the children.
- 'Ownership' through self-reflection improves motivation and capacity.
- Increased insight into where there are gaps in understanding of quality leads to planned and targeted professional development, as well as the development of useful tools for the sector to address quality issues.
- Improved articulation of quality issues leads to better policy communication and contributes to the development of ECD quality standards.



## 2. Theoretical underpinning of the Reflection Tool

Two theoretical dimensions influenced the conceptual shape of the pilot.

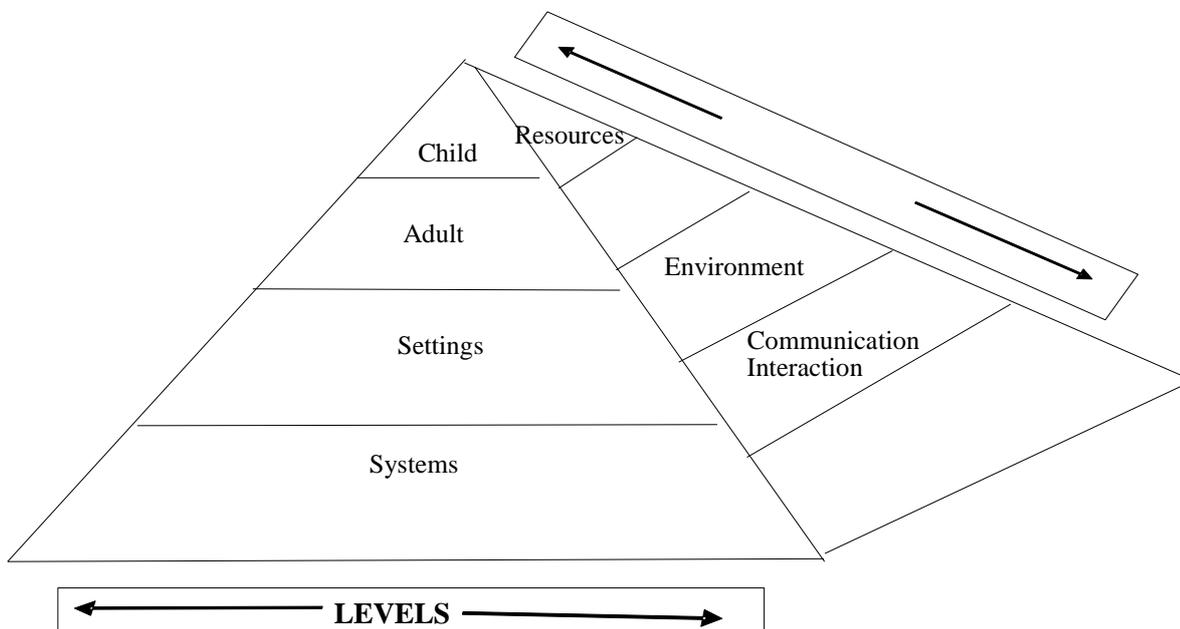
### 2.1 Quality as a contested concept

A presentation on quality at the CoP meeting of October 2014 initiated a discussion on the variety of interpretations of quality in ECD, alongside the recognition of non-negotiable elements which are critical to a child’s well-being (such as adequate nutrition, safety, hygiene, emotional support and opportunities for learning). Lorayne Excell shared some of her research on quality debates, noting that current understandings view quality as ‘... a dynamic, flexible and adaptable construct which is subjective in nature’. From the literature she put forward the view that:

‘By adopting a more open-ended approach towards the construction of qualities, possibilities are created for a multiple and varied understanding of the term and opportunities arise to explore understandings of quality in different teaching and learning contexts and settings.’<sup>6</sup>

This notion of diverse contexts and their influence on quality became a theme throughout the pilot project, as can be seen in discussions below on both the pilot design and the pilot findings. The initial shaping of the quality dimensions of the Reflection Tool was also influenced by an adaptation of Britto’s model shared with the Quality Action Group.

**Figure 1: An ecological pyramid model for conceptualising quality in ECD**

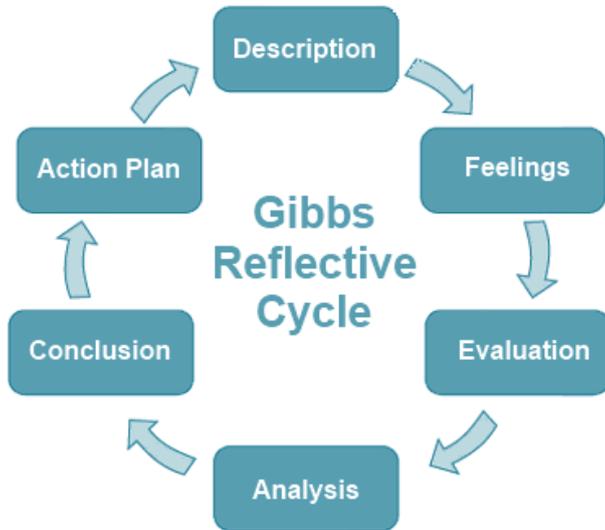


(Adapted from Britto, Yoshikawa & Boller (2011))

<sup>6</sup> Lorayne Excell: ‘Towards understandings of quality in early childhood development’, undated. Page 1.

## 2.2 Reflective practice in ECD

Two principles influenced the decision to develop a Reflection Tool to inform our exploration of quality. One was that change needs to be owned by those who have to implement it: the feeling was that if ‘quality standards’ were at any point to be formulated, the voices of practitioners need to be heard.



The second was the belief that self-reflection is a powerful tool in achieving paradigm shifts: structured reflection can develop a sense of ownership over one’s own professional practices, which in turn can lead to self-development, enhanced understanding (in this case, of quality issues) and an action plan for enacting new understandings. This understanding of self-reflection was based on the Graham Gibbs Reflective Cycle (1988).

Our understanding of reflective practice was deepened by a paper commissioned by BRIDGE in support of the pilot: ‘Does reflective practice offer the ECD sector in South Africa a viable methodology for quality improvement?’ by Sherri Le Mottee. She noted that ‘Reflective practice has had worldwide take-up as an enabler of life-long learning, professional competence and enhanced service quality across a range of sectors, including health, education and social services<sup>7</sup>’, confirming the validity of the principles described above. In addition, reflective practice is seen as a tool that empowers practitioners to take responsibility for their own professional behaviour – certainly a desired outcome in the sector.

The paper then very usefully goes on to note some challenges to the effective implementation of a reflective practice approach, particularly in the South African ECD context with an under-skilled and under-qualified workforce, often working in difficult conditions. Some of the possible pitfalls identified are briefly indicated below:

- The use of self-reflection can confirm one’s personal and subjective views and limit the growth towards a broader and more critical perspective on practice; in addition, without proper guidance it can sometimes legitimise bad practices.
- Effective self-reflection is a process that has to be mastered. An inability to do this could result in practitioners feeling threatened and becoming resistant.
- Because of time constraints, reflective practice might become a compliance activity done in a mechanical and meaningless way, while at the same time undermining focus on other priorities.

<sup>7</sup> Sherri Le Mottee: ‘Does reflective practice offer the ECD sector in South Africa a viable methodology for quality improvement?’ Paper commissioned by BRIDGE June 2016. Page 1.

To avoid some of these pitfalls, reflective practice needs to be supported by a system, which could include institutionalisation of the practice. The paper concludes by advocating for systematically integrating reflective practice into both the training and the routines of ECD practitioners, and suggests looking at models<sup>8</sup> in countries where this has successfully been done.

### 3. Features of the Quality Reflection Tool

As presented in the Theory of Change, the Reflection Tool is the heart of the Toolkit. Each of the four dimensions is categorised into elements which represent an aspect of that dimension, with reflection questions attached to each element.

The figure on the next page gives an overview of the tool with its dimensions and elements. A few examples of questions for Dimension 1 Element 1 and Dimension 3 Element 3 have been included to illustrate the approach of the tool. Please note that this table does not reflect the format of the full tool which was provided to sites. The full Quality Reflection Tool is given in Pilot Resource 2 in the Appendix.

As can be seen from the tool, what 'quality' pertains to and how it manifests in ECD is clearly a multifaceted and complex issue. The dilemma we faced was how to engage practitioners on quality issues in an accessible way without losing depth and richness of insight. This will be discussed further in Section II point 7 and Section V.

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<sup>8</sup> Sherri Le Mottee: 'Early Years Practitioners: Learning to Learn from Practice.' Paper commissioned by BRIDGE June 2016. This paper looks at reflective practice in ECD in Australia, USA, Korea, UK, Japan and Singapore.

REFLECTION TOOL: DIMENSIONS OF QUALITY IN ECD				
	TEACHING & LEARNING	LEADERSHIP & MANAGEMENT [Applies to the Principal or Site Manager]	ECD ENVIRONMENT	ECD POLICY FRAMEWORK
<b>ELEMENTS OF EACH DIMENSION</b>	<b>Understanding pedagogical theory</b> <ul style="list-style-type: none"> <li>• What are my views on how children learn?</li> <li>• What does learning through play mean? Why is learning through play important? How does my practice help children learn through play?</li> <li>• What other ways of teaching and learning do I know about and use?</li> </ul>	<b>Instructional leadership</b> .....	<b>Physical</b> <ul style="list-style-type: none"> <li>• How do I manage routines (e.g. toilet or nappy changing routines; nap time) in my environment?</li> <li>• How much space is there for learning and play? Do I manage this space well? Do I have an indoor and outdoor area?</li> <li>• How safe and secure is my teaching environment for children? What could be dangerous, and how can I deal with this?</li> </ul>	<b>Policies &amp; Procedures</b> .....
	Using appropriate methodologies	Organisational management	Mental & emotional	Support systems for practitioners
	Reflecting on attitudes, beliefs and ethics	Support for sites	External [Influence Of Parents/ Home/ Community]	Support systems for children and for parents
	Managing oneself and managing your classroom	Quality Assurance	Resources	*Internal/centre-based policies (new)

\*this was not included in the piloted version: post data analysis it became clear that this is an additional and separate element that needs to be added into the tool.

## 4. Aims of the pilot

In response to the discussions captured in 1 above, the decision to pilot was taken. The pilot aims were formulated as follows:

ECD Quality Toolkit Pilot Project Aims	
<b>1</b>	<b>To refine/ adapt the reflection tool by testing whether the questions encourage practitioners:</b> <ul style="list-style-type: none"> <li>• To reflect on own practice</li> <li>• To estimate own areas of strengths and weakness</li> <li>• To identify potential areas for change</li> </ul>
<b>2</b>	<b>To test self-reflection as a methodology in the ECD sector</b>
<b>3</b>	<b>To gather data on practitioner views on dimensions of quality in which they need assistance/ resources / guidance</b>
<b>4</b>	<b>To use data to inform a subsequent phase of implementation</b>

## 5. Scope and reach

Given that the effects of context on both perceptions of quality and delivery of quality had been stressed throughout debates in the CoP, the pilot design needed to take a spread of contexts into account in selecting pilot sites.

The following typology, supported by a **Site Selection Form**, was sent to potential partners to help in the selection process.

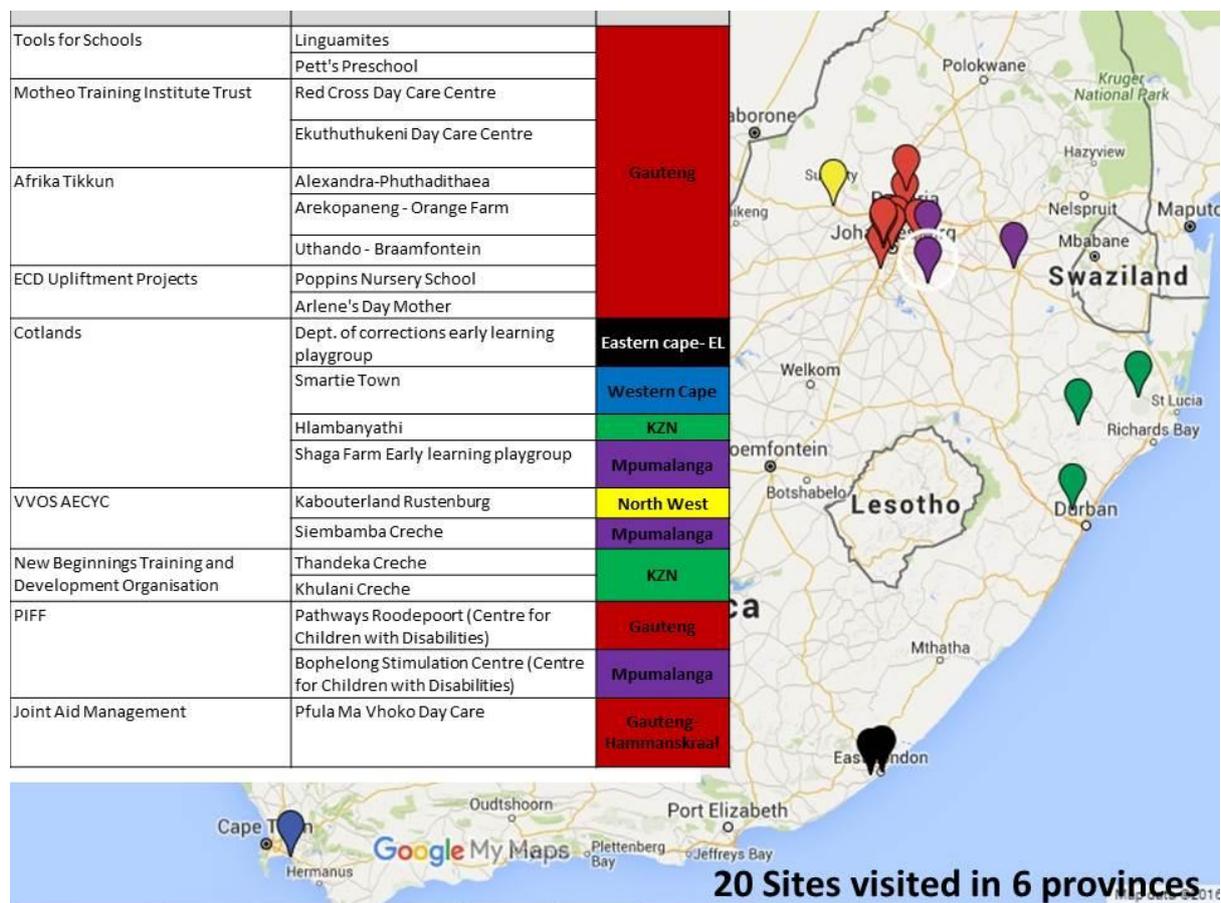
### KEY FOR RECORDING SITE TYPES

**Note:** Mediators recorded their site visits using more than one key, as registered/unregistered and well-resourced/ poorly resourced could go with other descriptive categories. Example: BHI = peri urban, poorly resourced, registered.

<b>A</b>	URBAN (Within a city or town; could include urban townships such as Soweto and informal settlements)
<b>B</b>	PERI URBAN (Area around but not in a formally recognised town: plots e.g. Walkerville or Hamaanskraal. Includes townships and informal settlements)
<b>C</b>	RURAL (Sparsely populated areas outside towns in which people farm or depend on natural resources, including villages, townships and informal settlements)
<b>D</b>	COMMUNITY BASED (Designated space or structure for ECD usually organised from within the community)

<b>E</b>	CENTRE/SCHOOL BASED (Formal institutions e.g. nursery schools, crèches, either in their own institutions or as part of schools)
<b>F</b>	HOME BASED (ECD provision in a home or structure attached to home for small groups. Includes day mothers and child minders)
<b>G</b>	WELL RESOURCED
<b>H</b>	POORLY RESOURCED
<b>I</b>	REGISTERED
<b>J</b>	UNREGISTERED

In addition, pilot sites outside of Gauteng were found. The ECD CoP is a national community of practice, and it was felt that there needed to be a spread of provinces in the pilot as well. Thanks to our partners we were able to pilot in six provinces, as illustrated in the pilot map below. Some of our partners visited more than one site, bringing the total up to 20 sites.



## 6. Collaborative approach

As discussed, CoP participation drove the process of development from the start. The collaborative approach was taken to the next level once the decision to pilot the Reflection Tool was made, at which point our implementation partners came on board.

It must also be noted that Ilifa Labantwana, as an active CoP member and funder of the pilot project, was consulted at key points of the project. These consultations took place during updates at ECD CoP meetings and via email. In addition, a representative of Ilifa Labantwana was invited to participate in a Quality Pilot Steering Committee meeting where the initial pilot findings were shared and discussed.

### 6.1 Roles and Responsibilities

Implementation partners were organisations drawn from CoP membership. These organisations provide training and /or other forms of support to ECD practitioners and ECD sites, and could draw on existing relationships for piloting the tool. Those who responded to our Call for Expressions of Interest in participating in the pilot attended a planning meeting in November 2015, at which point roles and responsibilities were clarified. These are summarised below.

#### Roles and responsibilities of Pilot Partners

- |          |  |
|----------|--|
| <b>1</b> | To identify sites which met criteria in terms of: <ul style="list-style-type: none"> <li>• Site type spread</li> <li>• Age cohort spread</li> <li>• Geographical spread</li> </ul> |
| <b>2</b> | To provide mediators for site visits who met the mediator criteria   |
| <b>3</b> | To facilitate the setting up of site visits and get consent from site staff  |
| <b>4</b> | To manage site visit logistics   |
| <b>5</b> | To fulfil pilot reporting requirements within allocated time frames  |
| <b>6</b> | To commit to follow up processes   |

#### Criteria for Pilot Mediators

Mediators need to:

- |          |   |
|----------|---|
| <b>1</b> | ... have ECD experience (e.g. training or field work) |
|----------|---|

2	... have appropriate personal qualities such as empathy, good communication and listening skills and openness.
3	... be able to use appropriate language for the context of the site
4	... participate in a 1 day Mediator Training Workshop
5	... commit to 1.5 days per site visit (to include preparation, interview, observation, administration and reporting)
6	... submit all required site visit reports to BRIDGE
7	... participate in a 1 day -Mediator Feedback Workshop & conduct follow-up phone calls to sites

## BRIDGE Roles and Responsibilities

(in consultation with the Quality Pilot Steering Committee)

1	To acquire funding
2	To manage the project
3	To facilitate the Mediator Training Workshop and Mediator Feedback Workshop (with members of the Quality Action Group)
4	To capture and record all processes
5	To provide all pilot templates and resources
6	To support pilot partners (e.g. reimburse travel and provide daily stipend)
7	To undertake data capture and analysis
8	To report to funders
9	To give feedback to Pilot Sites
9	To report to the ECD Community of Practice and to the sector in general

It should be noted that some of the mediators were members of the Quality Pilot Steering Committee.

## 6.2 Pilot Partners

- Afrika Tikkun
- Cotlands
- ECD Upliftment Projects
- Joint Aid Management South Africa
- Motheo Training Institute Trust
- New Beginnings Training and Development Organisation
- PIFF Consulting - focus on Centres for children with disabilities
- Tools for School
- VVOS AECYC Association for the education and care of young children

## 6.3 Collaboration success factors

In the field of collaboration studies a number of critical success factors for collaborative projects have been identified. Some of these are: establishing trust amongst partners; regular communication; taking time to articulate shared goals; ensuring that there are clear roles and responsibilities and task allocations between partners; and transparency in decision making structures and finances. The ECD Quality Reflection Toolkit pilot partnership has addressed such elements to various degrees of success, with the concept of ‘trust’ as perhaps the highest scorer. BRIDGE continues to track its progress from this perspective.

# 7. Pilot Methodology

## 7.1 The Quality Reflection Tool

The Reflection Tool itself is the central component of the pilot project. In planning for the pilot, however, we found ourselves in the dilemma described in point 1 above: how to make the tool accessible without over-simplifying the quality issues. While the questions themselves were phrased as simply as possible, the structure of the tool and the process of self-reflection could be perceived as daunting by many practitioners. We considered changing the terminology of the dimensions and the elements, but in the end retained the discipline-specific ‘language of education’ for this version. We also considered restructuring or reducing the tool, but did not want to lose the many layers relating to quality that the tool’s structure and range of questions represent. In addition, it seemed more logical to pilot the tool in this format to test the process of self-reflection and the content of the tool, before spending any more time and energy on changing its format.

Clearly, though, the tool in this format could not simply be given to practitioners with an expectation of a high return on engagement or feedback. It was this recognition that prompted our design of the structure of the site visits and the supporting instruments, to which we now turn.

## 7.2 The Site Visits

In line with the stated aims of the pilot, the main purpose of the site visits was to introduce practitioners to (i) the idea of self-reflection; and (ii) the Reflection Tool as an aid to their own professional development. The tool itself would be left on site for later engagement, by a practitioner on her own, or with colleagues or through the site principal. This discussion would also

give mediators an opportunity to meet the other pilot aims, namely gathering information on practitioner views on quality and their own strengths and weaknesses in relation to their understandings and practices.

Each site visit was made up of three main activities:

- A conversation with the practitioner about her ideas on quality. This was guided by a ‘Quality Conversation’ template and record, which selected and simplified key aspects of the quality dimensions from the Reflection Tool.
- Observations of interactions with the children, and teaching and learning during the site visit, guided by an Observation Checklist. The purpose of the observation was not to evaluate or assess practice, but simply to give the mediator an opportunity to consider the match between the practitioner’s stated views and her actions in context.
- Handover of the Quality Reflection Tool with a request to the practitioner to use it, and notice of the follow-up phone call to see if and how this has happened.

It must be stressed that the process for the site visits, from initial arrangements to the interactions during the visit, was designed to assure principals and practitioners that this was not an evaluative or compliance verification visit. All communications emphasised that the key purpose of the pilot was to hear the practitioners’ own voices and views on quality in order to enhance general understanding of the realities of the sector.

Once site visits were completed, mediators had to submit two electronic reports to BRIDGE:

- A report on the mediator’s own reflections, thoughts and ideas about the process and experience of the site visits.
- A report on the results of the conversations with practitioners and the observations made. This electronic reporting template reflected the data categories used in various site visit resources.

### 7.3 The Site Visit Pack

In order to carry out the site visits and the reporting processes as described above, mediators were provided with a pack of resources and instruments. The document **Site Visit Guidelines for Mediators** describes the process from start to finish, gives mediators guidance on what to do at each stage of a site visit and how to use the resources. These are as follows:

Resource	Purpose
<b>Permissions form</b>	To get permission to use interview results without attribution to an individual or site.
<b>Resource 1: Overview</b>	To explain the ECD Quality Toolkit and the aims of the pilot project.
<b>Resource 2: ECD Quality Reflection Tool</b>	To support self-reflection on different dimensions of quality.

<b>Resource 3a: Mediator Prompt Resource</b>	To provide ideas for prompts and what to listen for in support of the conversation with the practitioner and principal.
<b>Resource 3b: Quality Conversation Template and Record</b>	To guide and record your conversation with the practitioner and principal.
<b>Resource 4: Observation Checklist</b>	To record observations of teaching and learning in action during your site visit.
<b>Resource 5: Mediator Reporting and Reflection Template</b>	To record your feedback on the pilot processes and instruments.

### 7.4 Mediator Workshops

Two mediator workshops were factored into the pilot design. The Mediator Training workshop discussed mediator roles and responsibilities, finalised the site visit processes as described above, and took mediators through all the Resources to be used. It also gave mediators and the pilot team a chance to discuss how to handle mediators' own as well as practitioners' expectations and attitudes during site visits. The report on this workshop is attached in the Appendix. The second workshop was a Mediator Feedback Workshop, which is discussed in Findings in Section IV.

## III. Data Collection

### 1. Site visit data collection processes and limitations

From a pilot design perspective the comparability of data gathered would rely on three elements: (i) a standardised process and time frame to be followed at each visit; (ii) standardised mediator roles and approaches as discussed at mediator training; and (iii) common recording and reporting templates to be used by all mediators.

In reality, though, there were a few deviations from this pattern, due to factors such as the following:

- At least four site visits went over the allocated time guidelines; and in three instances mediators went back another day for a second visit to continue the conversation with the facilitator. Clearly this means that mediators gathered and reported more detailed information at longer site visits than those who stuck to the time frame.
- In some instances mediators (and/or the organisations they came from) already had established relationships with the sites visited. While this had been a purposeful feature of the pilot, it may have contributed to some bias in the reporting. This could manifest either through mediator assumptions about sites and facilitators they knew, or in practitioner responses being tailored to fit what they thought their support RTO might want to hear.
- Practitioners sometimes described their own situation rather than reflecting on quality.

- There were some discrepancies in the level of detail given in the reports submitted to BRIDGE. In some instances it was also difficult to distinguish between practitioner views and the mediator's own observations.

While these issues could be seen to affect the comparability of data from different sites, they do not negate the relevance of the content itself. The Steering Committee also felt that the gathering of 'pure' data had not been a front-of-mind priority for the pilot in any case. However, it is equally important to be explicit about any data limitations.

Finally, it should be noted that the small sample size meant that it was not possible to do finely tuned statistical analyses of the data.

## 2. Data analysis process

Mediators reported on their site visits in two ways:

- ECD practitioner report:** for each site visit mediators completed a google form that recorded details about the nature of the ECD centre and the age range of the children, the details and profile of the practitioner interviewed, practitioner responses collated against the Quality Conversation template, and mediator observations.
- ECD mediator site visit process feedback form:** for each site visit mediators completed a google form that captured their own reflections on the visit, including views on the usefulness of the processes, the pilot instruments, and any 'new thoughts' about quality in ECD.

In addition, the **ECD Quality Project Follow Up template** was completed for each of the follow-up telephone calls to sites relating to use of the Reflection Tool.

The main focus of our data analysis process was on the ECD Practitioner Report, as this captured practitioner views on quality. Our data capture and analysis process was guided by an M&E specialist<sup>9</sup>, who advised on the development of the analysis rubric and how to approach this type of data.

The data analysis process zoomed in on the pilot aim '**To gather data on practitioner views on dimensions of quality ... with the additional purpose of identifying those areas '...in which they need assistance/ resources / guidance.'**' It was assumed that the data on practitioner views would reflect different degrees and levels of understanding relating to quality. In order to manage the data and identify emerging themes in practitioner views, an analysis rubric was developed.

Following common practice<sup>10</sup>, the rubric was made up of two dimensions:

- Evaluative criteria** – the aspects of the evidence gathered. For this axis the Pilot Rubric took the four quality dimensions from the Reflection Tool in order to group the data, and unpacked these into a number of indicators.

<sup>9</sup> Benita Williams from Benita Williams Evaluation Consultants

<sup>10</sup> See for example 'Evaluation Rubrics: How to ensure transparent and clear assessment that respects diverse lines of evidence'. Judy Oakden. 2013. [www.betterevaluation.org](http://www.betterevaluation.org)

- (ii) **Merit determination** – the definitions of what the evidence looks like at different levels. The rubric contains three levels, ranging from Level 1 (descriptions of weak or fragmented understanding of an indicator) to Level 3 (clear notions of good practice in relation to an indicator). It was vital that the views gathered from the field were considered in relation to depth and level of understanding, not of implementation or practice. The site visits had not been designed to evaluate delivery of ECD against any criteria, nor do they claim to do this.

Below is an illustration of two of the rubric criteria categories with one indicator example given for each. The full rubric is given as an Appendix.

**Levels** give an indication of the **depth and extent of understanding** of the quality dimensions. They are **NOT** a judgement on practitioner performance or implementation.

Categories	Level 1	Level 2	Level 3
Teaching & Learning	<p>Serious weakness in understanding of crucial aspects of teaching &amp; learning:</p> <ul style="list-style-type: none"> <li>Unvaried and simplistic teaching methods</li> <li>....</li> </ul>	<p>Reasonable understanding with weakness in some areas:</p> <ul style="list-style-type: none"> <li>Recognises that teaching methods should be varied and interesting</li> <li>....</li> </ul>	<p>Clear notions of good practice:</p> <ul style="list-style-type: none"> <li>Shows knowledge of a range of methodologies and how to implement them</li> <li>....</li> </ul>
ECD Environment	<p>Serious weakness in understanding crucial aspects of environment:</p> <ul style="list-style-type: none"> <li>Lack of awareness about physical dangers, safety &amp; hygiene</li> <li>....</li> </ul>	<p>Reasonable understanding with weakness in some areas:</p> <ul style="list-style-type: none"> <li>Has some awareness about physical dangers and safety &amp; hygiene</li> <li>....</li> </ul>	<p>Clear notions of good practice:</p> <ul style="list-style-type: none"> <li>Clearly aware of hygiene, safety &amp; emergency measures &amp; procedures</li> <li>....</li> </ul>

After mapping all the collated responses from the field against the rubric through a series of data analysis workshops by the BRIDGE team, the next step was to pull out themes and consolidate the findings (see Section IV Findings).

### 3. Mediator Feedback Workshop

After visits to the pilot sites had been done and reports submitted, mediators came to a feedback workshop. While a major aim of the workshop was to get concrete and qualitative feedback from

mediators about practitioner views, the workshop also gave mediators an opportunity to debrief, hear about each other’s experiences, share their views and reflect on the process and tools used in the site visits. In this way it supported the collaborative aspect of the projects. The findings shared at this workshop are discussed in Section IV.

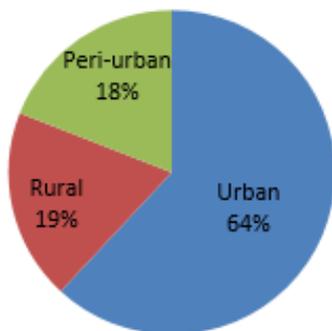
## IV. Findings

### 1. Background to findings: Pilot Sites and Practitioners

Data was received and analysed from 20 sites<sup>11</sup>. A total of 24 practitioners were interviewed, with 7 of these having an additional interview component on the Leadership and Management dimension in relation to their roles as principals or centre managers. The features of the pilot sites (as reported by the mediators) are illustrated below.

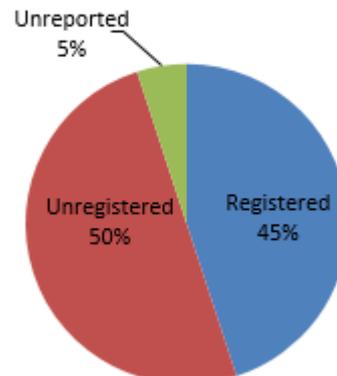
#### Profile of Pilot Sites

**Location**



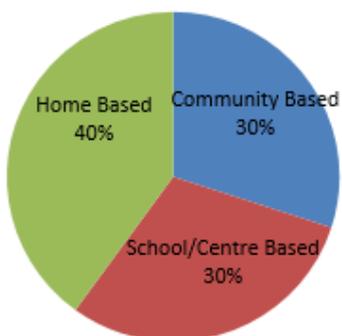
The majority of sites (two thirds) visited were urban based with an even spread between peri-urban and rural sites.

**Registration Status**



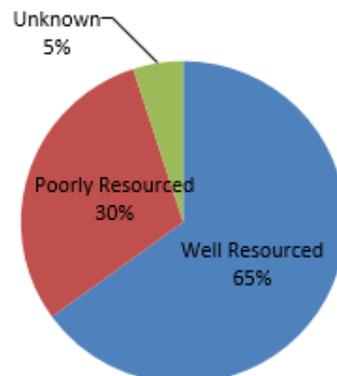
There was an even spread of registered and unregistered sites, with one site unreported.

**Type**



There was a fairly even spread between site types in the pilot. There were the same number of Community and School/Centre based sites, with slightly more Home based sites.

**Resources**



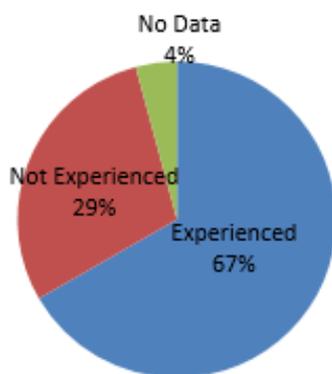
Two thirds of the sites were reported to be reasonably well resourced. One site did not report its resource status.

<sup>11</sup> Note: N/A in any of the figures refers to ‘Not Answered’

## Profile of practitioners interviewed

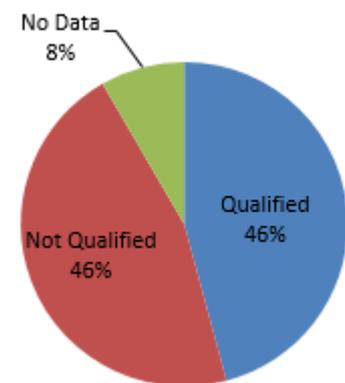
The two practitioner profile features we tried to map were those of experience and qualifications. However, due to some shortcomings in the site visit templates on these features, this information had to be dealt with in very broad parameters. The term ‘experienced’ was applied to practitioners who had been in the ECD field for two years or more. ‘Qualified’ was a bit more difficult to benchmark; there are many short courses for ECD practitioners, and these can vary from a few days to several months and even years, with different types of certification. Gathering this information was outside of the scope of the pilot. The term ‘qualified’ was reserved for those with a full ECD qualification linked to a level on the National Qualifications Framework, or to a recognised teaching degree or diploma. Not all mediators succeeded in gathering or recording information on experience and qualifications. However, we have included a representation of the profiles as below for interest.

**Interviewee experience**



What can be seen here is that most practitioners interviewed are ‘experienced’ with a minimum of two years’ experience in ECD (no data for one person), while the group was equally split between those who are formally qualified and those who are not. Two people did not give information on their qualifications.

**Interviewee Qualifications**



We attempted to map data findings on practitioner understandings of quality against categories of experience and qualifications. Four permutations are possible: Inexperienced and Unqualified; Inexperienced and Qualified; Experienced and Unqualified; and Experienced and Qualified. While the graphs that were generated with these four categories against the Quality Dimensions looked interesting, the sample numbers in each were too small to be statistically meaningful. We have therefore omitted these graphs from the Findings. This approach could however yield some interesting data with bigger numbers and more closely considered descriptions of ‘experienced’ and ‘qualified’.

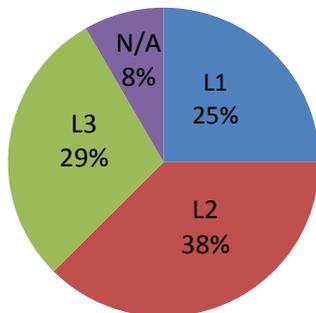
## 2. Practitioner levels of understanding against Quality Dimensions

### 2.1 Quantitative findings

The numbers (L1, L2 and L3) in the graphs below represent Level 1, Level 2 and Level 3 in the rubric. Level 1 reflects a weak or narrow understanding of quality indicators in a dimension; Level 2 represents a reasonable scope of knowledge or understanding of the indicators with some weaknesses; while Level 3 represents clear notions of good practice and insight into the indicators.

The indicators in the rubric for each dimension were drawn from the main areas covered in the Quality Conversation Template and Record.

### Teaching and Learning

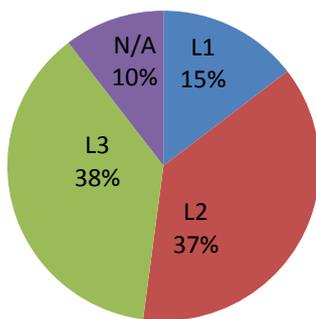


In the Teaching and Learning Quality Dimension we saw the majority of respondents fall in level two, with a reasonably even spread between level 1 and 3.

Indicators covered the following:

- Understanding of theories of teaching and learning
- Knowledge and use of different teaching methods and learning activities
- Awareness of how values and beliefs affect teaching and learning
- Procedures for effective classroom or group management

### ECD Environment

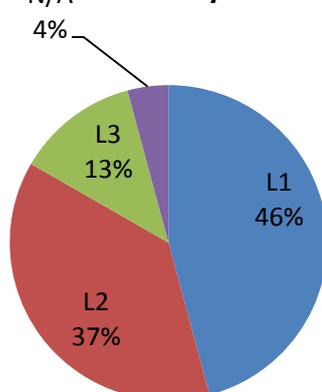


The Environment Quality Dimension was the dimension with which practitioners felt most comfortable and assured in their understandings of what constitutes quality ECD. 75% of the practitioners achieved a level 2 or 3.

Indicators covered the following:

- Awareness of physical dangers, safety & emergency procedures and hygiene
- Recognition that environment includes the mental and emotional atmosphere in the class, and that children have different mental and emotional needs.
- Understanding that the environment and the resources available need to be stimulating and attractive to encourage children's learning and development
- Recognition that 'environment' includes home environment and the role of parents/caregivers and the wider community.

### ECD Policy



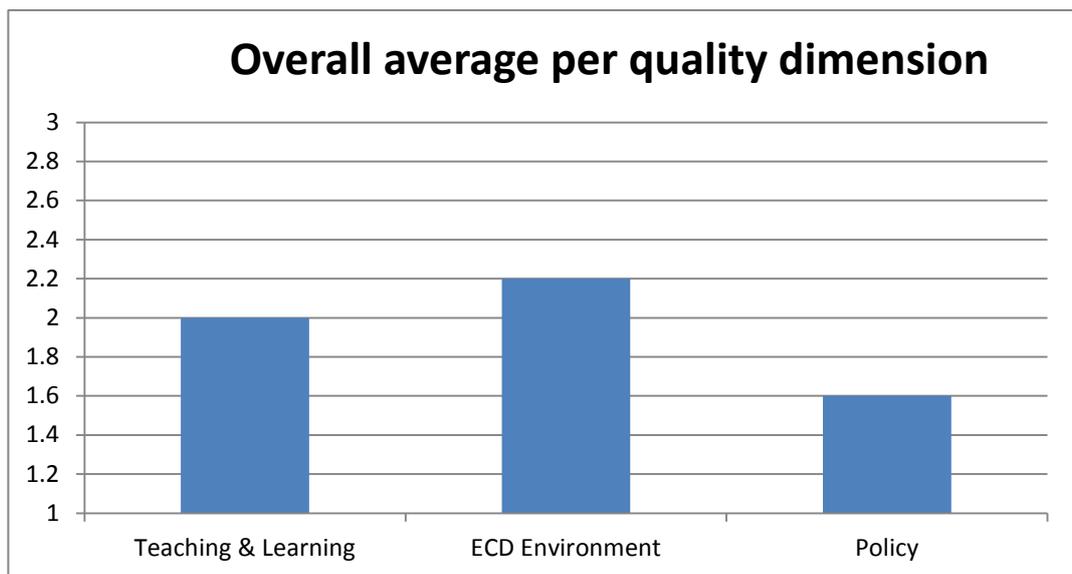
There appears to be a gap in the understanding of how quality relates to ECD policies, with almost half the respondents scoring at level 1 and only 13% scoring level 3.

Indicators covered the following:

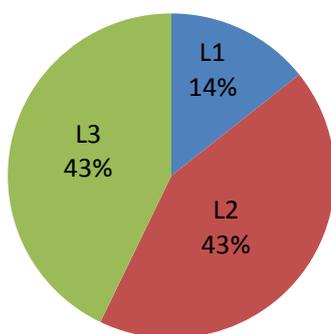
- Awareness of government policies dealing with curriculum and teaching issues, and of roles and responsibilities of accountable government departments
- Awareness of types and content of internal policies and procedures and how to implement these
- Understanding policies around professional development, support and training for ECD practitioners
- Understanding of policies around support for parents and caregivers of children

In sum, this data suggests that practitioners in general have the strongest understanding of quality as it relates to the child’s environment and the learning resources available for a child’s development. For teaching and learning the majority of practitioners fell into Level 2: this represents quite a variety of different understandings of ECD curricula and ways in which to support a child’s growth in learning and various stages of development. Knowledge of the policy framework in which ECD operates was in general fairly weak. The table below illustrates this result, bearing in mind that it represents an average.

Levels representing strength of understanding, with 1 as low to 3 as high



### Leadership & Management (principals only)



As these questions were posed to principals or centre managers, there were only 7 respondents for this dimension. There was an even spread between level 2 and level 3.

Indicators covered the following:

- Understanding of instructional leadership and its role in professional developments for staff members
- Knowledge of day to day operational management and sustainability
- Access to information about funding and all forms of support from government
- Understanding of quality assurance and compliance from a leadership perspective

The principals or site managers interviewed in general showed strong understandings across quality dimensions, even though some of the observations made by mediators may have brought implementation into question.

## **Demographic Overview**

The table given below gives a breakdown of data according to location and site type. The number of respondents who scored at different levels in terms of the rubric is given against each dimension for each category: urban, rural, and peri-urban. Information on the experience and qualifications of respondents is also included.

### Location and Site Type Responses

	# of respondents	# of sites	Registration	Site Type	Resources	Province	Experience Level	Qualifications	Teaching and Learning	Environment	Policy	Leadership
<b>Urban</b>	<b>16</b>	13	5 Registered 9 unregistered	5 centre/school based 3 community based 5 home based	2 poorly resourced 11 well resourced	10 Gauteng 1 KZN 1 Western Cape 1 Eastern Cape	11 Experienced 4 Not experienced 1 unknown	11 Qualified 4 unqualified 1 unknown	3- Level 1 6- Level 2 6- Level 3 1- N/A	1- Level 1 7- Level 2 6- Level 3 1 – N/A	6- Level 1 7- Level 2 2- Level 3 1- N/A	1- Level 1 2- Level 2 2- Level 3
<b>Rural</b>	4	4	3 registered 1 unregistered	1 centre/School based 1 community based 2 home based	2 poorly resourced 2 well resourced	1 KZN 1 North West 2 Mpumalanga	3 Experienced 1 Not experience	4 unqualified	2- Level 1 2- Level 2	1- Level 1 1- Level 2 1- Level 3 1- N/A	4- Level 1	N/A
<b>Peri-urban</b>	4	3	1 registered 1 unregistered 1 unknown	3 Community based	2 poorly resourced 1 unknown	1 KZN 2 Gauteng	3 Experienced 1 Not experienced	1 Qualified 2 Unqualified 1 Unknown	1- Level 1 1- Level 2 1- Level 3 1- N/A	1- Level 1 1- Level 2 1- Level 3 1- N/A	1- Level 1 1- Level 2 1- Level 3 1- N/A	1- Level 1 1- Level 3

## 2.2 Qualitative findings

The most commonly expressed view about ‘quality’ is that it is to do with commitment and dedication to the children in care. The idea that children in ECD require affection and nurturing was strongly expressed. Nearly all practitioners articulated this view, regardless of whether they scored high or low in understandings in any of the dimensions and elements. Mediators also commented that, in general, the commitment shown by many principals and practitioners in ECD is impressive.

Various other themes in relation to practitioner views on quality were extracted from the data analysis and mediator feedback, and these are summarised below. Selected observations from mediators are noted after each table.

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### QUALITY DIMENSION: TEACHING AND LEARNING

#### What did practitioners identify as ‘quality’ in these areas?

<b>Understanding Pedagogical Theory</b>	<ul style="list-style-type: none"> <li>• Most practitioners understand the importance of play in learning (but note the tension here: see ‘lip service’ vs ‘observation’).</li> </ul>
<b>Implementing Appropriate Methodologies</b>	<ul style="list-style-type: none"> <li>• Most recognise the importance of variety, active learning, and a loving approach to interacting with children, but there is a lot of uncertainty on how to plan and implement daily programmes.</li> <li>• There is a high level of awareness about issues such as cultural practices and religious influences, but a range of views on how flexible to be in relation to these.</li> </ul>
<b>Reflecting on Attitudes and Beliefs</b>	<ul style="list-style-type: none"> <li>• Practitioners are generally reliant on a programme-based curriculum, and many are unaware of the NCF Birth to 4.</li> </ul>
<b>Managing Myself</b>	<ul style="list-style-type: none"> <li>• There is little explicit knowledge about different pedagogies and methodologies: most rely on their provider-specific training.</li> <li>• Code switching is almost universally practised, implying that this seen as a ‘quality’ practice.</li> </ul>

From responses in the dimension of teaching and learning, it is clear that a number of different curricula or programmes are followed, depending on the training provider or organisation to which the site is connected. Practitioners who were not aware of the National Curriculum Framework (NCF) Birth to 4 did not seem overly concerned about this. In addition, although most practitioners noted the importance of play theories, many wanted structured worksheets and help with an approach to discipline.

Mediators felt that very little learning activity seemed to take place at some of the home-based centres where ‘day mothers’ see themselves as caretakers rather than teachers. These practitioners go under the radar in terms of registration and other quality issues.

## QUALITY DIMENSION: ENVIRONMENT

### What did practitioners identify as 'quality' in these areas?

<b>Mental &amp; Emotional</b>	<ul style="list-style-type: none"> <li>The majority of practitioners noted that love and commitment to the children is the key element.</li> </ul>
<b>Physical</b>	<ul style="list-style-type: none"> <li>Practitioners were very concerned about safety in the environment, but did not necessarily show detailed knowledge of policies and procedures in this regard.</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>Context is the key determinant of practitioner understandings of quality in the environment. Practitioners tended to prioritise different things according to their own contexts.</li> <li>Quality is seen as addressing the needs of the immediate community.</li> <li>Most practitioners understand that the learning environment and the resources provided need to stimulate learning, and therefore need to be interesting, appropriate and safe.</li> </ul>
<b>External [Influence of Parents/ Home/ Community]</b>	<ul style="list-style-type: none"> <li>Most (with a few notable exceptions) do not show much awareness or creativity in improvising and adapting in resource-poor environments.</li> <li>There was a wide range in relation to awareness of the importance of parents &amp; community involvement, and some uncertainty about how to communicate to parents about their children's development.</li> </ul>

Some practitioners used limited environments well; however, there appears to be little knowledge of safety and maintenance checks around playground equipment (where this exists).

## QUALITY DIMENSION: ECD POLICY FRAMEWORK

### What did practitioners identify as 'quality' in these areas?

<b>Policies &amp; Procedures</b>	<ul style="list-style-type: none"> <li>Nearly all practitioners recognise the need for training and professional development in all aspects of ECD, ranging from curriculum knowledge to issues related to child care and psychology.</li> </ul>
<b>Support for Practitioners</b>	<ul style="list-style-type: none"> <li>Nearly all practitioners feel strongly that government needs to provide more support to ECD in order to achieve quality.</li> </ul>
<b>Support for Children and Parents</b>	<ul style="list-style-type: none"> <li>There was little familiarity with the current national policy landscape.</li> <li>There was limited understanding of the role of internal policies and procedures across sites.</li> </ul>

Mediators report that there is little understanding of the role and purpose of policy at both national and local levels. Centres may have policies at hand, but don't understand what they are for. This raises the question as to why policies are not understood – government mechanisms (e.g.

roadshows) for dissemination and mediation of national policies are perhaps not appropriate for the sector. As regards internal site-based policies, it was observed (with two notable exceptions) that these were often cut-and-paste off the internet and did not appear to be implemented.

In addition, the roles that different structures and stakeholders (including government and RTOs) have to play in defining quality as well as supporting quality are not well understood. Principals and practitioners are often uninformed about available support and don't know how to access it. This is partly because departments are under-resourced and don't communicate effectively. The roles of different state departments have a direct impact on quality.

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## QUALITY DIMENSION: LEADERSHIP & MANAGEMENT [Applies to the Principal or Site Manager]

### What did principals/ school leaders identify as 'quality' in these areas?

<b>Instructional Leadership</b>	<ul style="list-style-type: none"> <li>Leadership is mainly seen as 'organisational management' in terms of management of staff, resources and finance. There was little focus on 'instructional leadership' in terms of curriculum.</li> </ul>
<b>Organisational Management</b>	<ul style="list-style-type: none"> <li>There was however a generally widespread understanding of the need for professional development for ECD practitioners.</li> </ul>
<b>Support for Sites</b>	<ul style="list-style-type: none"> <li>Clearer communication from government around regulatory issues is seen as required.</li> </ul>
<b>Quality Assurance</b>	<ul style="list-style-type: none"> <li>Good relations between the principal and his/her staff members are seen as an indicator of quality.</li> </ul>
<b>Ethics</b>	<ul style="list-style-type: none"> <li>There is little reflection in general on issues such as sustainability and succession planning.</li> </ul>

Mediators reflected that principals were prepared to acknowledge their own gaps in understanding and expertise, and generally felt insecure about financial know-how. Monitoring and evaluation can have a good influence: those who welcomed it and understood its purpose showed a more in-depth understanding of quality than those who saw it as a compliance exercise. Understanding of M&E needs to be extended to self- evaluation and self-reflection.

### 2.3 Areas identified for support

The dialogue reporting template asked the question '**Name one thing about ... that you would most like help with**' in relation to each question category. The aim of this was to help practitioners to identify their own needs, but also to gather information which could help inform those providing ECD training and support. Below is a summary of points gleaned from the mediators' reports. The numbers in brackets indicate the number of responses about a particular point.

### QUALITY DIMENSION: TEACHING AND LEARNING - In which areas do I need guidance or support?

- Dealing with mixed cultural groups and contexts. Examples: keeping order amongst kids who come from different backgrounds; being aware of own cultural biases; dealing with tensions when home practices (e.g. not bathing until child is a certain size) conflicts with own values; understanding kids who may have seen bad behaviours modelled at home [6]
- Assistance with lesson planning / planning themes and activities for different age groups [4]
- More information and examples of learning-through-play activities/ a play method that works [2]
- Discipline and child management techniques [2]
- Curricula and assessments for children with disabilities [2: both from CWD centres]
- More training on different methodologies [1]
- Mediating phonics [1]
- Understanding the new Birth to 4 curriculum [1]
- Learning about different learning theories [1]
- Understanding barriers to learning [1]

### QUALITY DIMENSION: ENVIRONMENT - In which areas do I need guidance or support?

- Would most like additional resources & equipment for outdoor play. Examples: safe outdoor spaces, shade, grass, jungle gyms, fences [7]
- Would most like additional resources such as games, crayons, posters etc [4]
- Would like support/ training/ ABET education for parents and community so that parents understand ECD and can support their children's development [4]
- Would like a food programme other than the state subsidy/ guidance on growing vegetables [2]
- Would like to learn first aid [1]
- Would like guidance on creating own resources and materials [1]
- Would like a boarding facility [1]

### QUALITY DIMENSION: ECD POLICY FRAMEWORK - In which areas do I need guidance or support?

- Would most like to improve qualifications and understand a career path [5]
- Would like to see clear guidelines on support for parents/community in terms of understanding of ECD (see Environment) [4]
- More workshops on curriculum [2]

- Would like more communication and updates from government [2]
- Training on computer skills [1]
- Support from local government / DSD in relation to drugs in the community, and a proactive response to community problems which affect kids [1]

### QUALITY DIMENSION: LEADERSHIP & MANAGEMENT - In which areas do I need guidance or support? [Applies to the Principal or Site Manager]

- More/ clearer communication and assistance from government, especially on regulations, compliance, legislation [6]
- Training / support with fundraising skills [4]
- Assistance with administration, HR and filing [3]
- Training on managing finance/ budgeting [2]
- Guidance on understanding labour relations and Children's Education act [2]
- Understanding on how to manage different personality types [1]
- Assistance with motivating/ improving teachers' attitudes [1]
- An instrument to assist with class visits for feedback [1]

Note: generally negative attitudes from principals towards government support; very little on gaps in instructional leadership.

Overall, Practitioners were most forthcoming about needing support in relation to teaching and learning, specifically in terms of planning lessons and activities and managing group or classroom dynamics. There seemed to be a fairly widespread view that government is not sufficiently supportive in addressing training needs and community issues that impact on the children.

### 2.3 Mediator Feedback

Feedback on practitioner views and observed practices given at the workshop has been integrated into the themes given in 2.2 above. However, there was rich discussion on a number of key topics: three of these have been highlighted here. The report of the workshop is appended to this report.

#### The effect of context

Contexts play a major role in influencing practitioner understandings (and implementation) of quality ECD. For example, what one person sees as a sufficient and safe space in which children can play may be determined by the realities of her context; another individual from a different context may view the space as inadequate. Provisioning and funding clearly affect quality, and poor and vulnerable sites need a lot of support. However, different contextual elements may play out

differently in various combinations. For example, in rural areas there may be passion and commitment but little experience or formal expertise. Or, there may be a lack of resources which is mitigated by innovation and expertise. The economic environment in which the site operates and the expectations of the parent community also affect notions of quality. In addition, the 'support' context in which ECD is delivered (that is, how much or how little formal support from government departments is received in different geographical areas) has an impact. Contexts can also refer to some of the cultural or religious dynamics at play in an ECD group; where these are in conflict with some 'ECD teachings' such as the importance of balanced nutrition or practices such as nap time, practitioners can become stressed.

The issue of context raises the tension identified at the start of the CoP debates on quality: if views on quality differ according to context how do we benchmark 'minimum standards' to which we wish to lead all practitioners regardless of context? Or do we consent to some features of practice because of perceptions within a specific context, even if they appear to go against perceived quality standards? In other words, where do we draw the line between context-specific standards and universal standards? In the discussion on the environment, the tension between 'common standards' or 'contextual standards' came up again. What does equity mean in relation to entitlement to basics and minimum essentials?

### **Professional expertise**

Mediators had a lot to say about training of ECD practitioners in relation to quality issues. It was noted that one of the biggest challenges in training '...is moving from the informational to the transformational'. Some mediators felt that interviewees said the right things about quality but did not know how to implement quality practices: in some cases, observation of how teachers interacted with children and conducted their teaching was not in line with the views they expressed in the dialogue. Others felt that practitioners may understand some of the quality issues, but lack the language to express this understanding. Sometimes when practitioners are shown things rather than told about them they gain new insight. Training needs to more practice-based, and people need to be shown how to improvise in terms of using resources effectively for teaching.

It was noted that the Reflection Tool could be a useful resource in training. RTOs should also use it for their own facilitator development. Trainers themselves need to understand their own knowledge gaps.

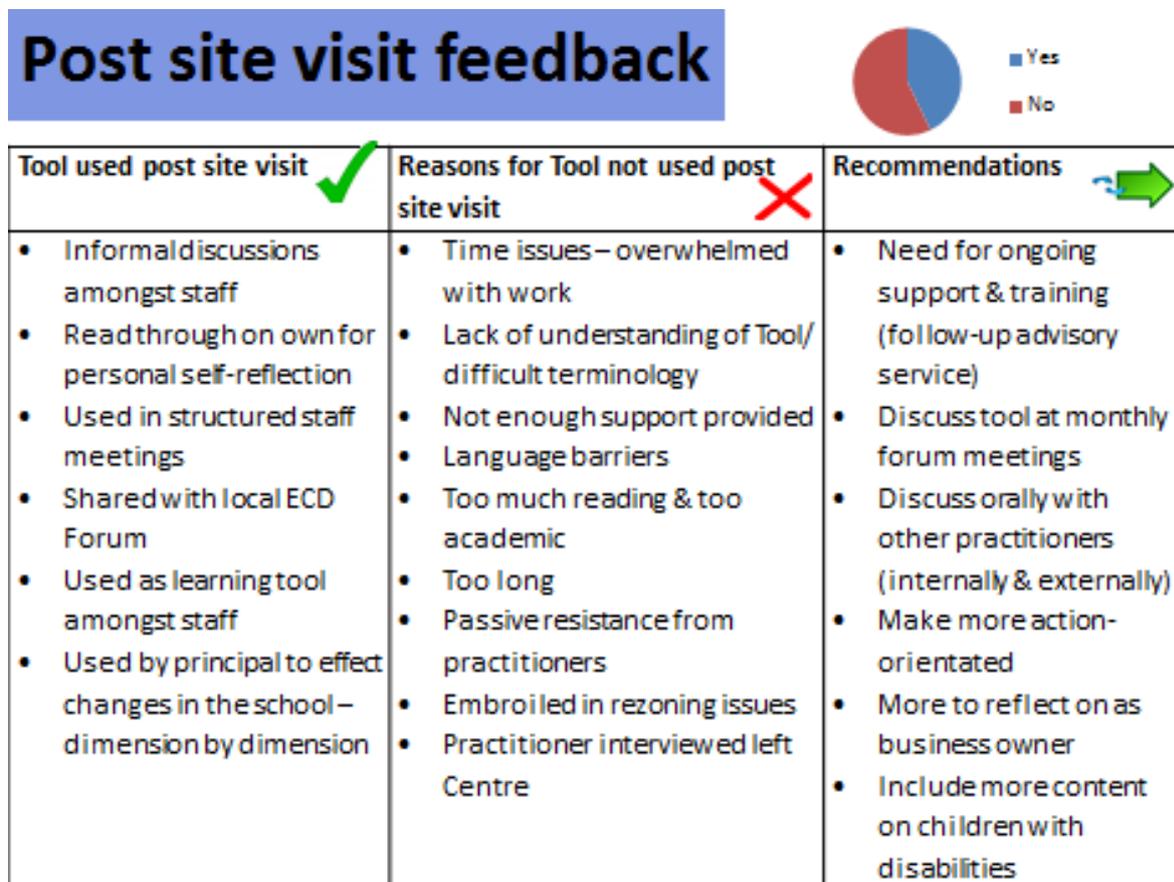
### **Practitioner attitudes to the process**

The purpose of the pilot was conveyed to sites before the visits, and it was stressed that these visits were not aimed at evaluating practitioners or checking for compliance. Because of this, mediators reported that the process, the approach and the tools were seen as non-threatening, and practitioners responded positively to the dialogues. There were a few exceptions where practitioners were nervous rather than resistant. Mediators also reported that practitioners were very pleased to be consulted about their own views on quality issues, and wanted to be updated on ideas about quality practices and how to implement these. While there is still some general uncertainty about the process of self-reflection, many of the practitioners interviewed said that they found the four dimensions useful, and the process of discussing ECD in terms of these dimensions

even more useful. This clearly suggests that structured mediation of the tool is essential, at least until it is in a different format. It also suggests that there is value in working through different quality issues with practitioners, and that they respond positively to the process.

## 2.4 Follow up to site visits

Partner organisations were asked to carry out a follow up phone call to each site visited, based on a common set of questions about if and how the Reflection Tool left at the site had been used. The reported results are as follows.



While it is encouraging to note that the Reflection Tool was used in a range of different ways at some of the sites, there are clearly issues relating to the accessibility and ease of use of the tool. Recommendations made will be brought into the concluding section of this report.

## V. Conclusion and Next Steps

At the Mediator Feedback Workshop we noted the following:

We need to remember that the genesis of the pilot was the debate around quality standards in ECD. As a CoP we wanted to:

- work towards improving our own understanding of quality by being informed by practitioners' views and their contextual pressures; AND
- impart a better understanding of quality to the sector, by posing questions that will lead to an increased understanding of what makes up quality provision.

This pilot has illustrated that (i) ECD practitioners see value in reflecting on and discussing issues of quality in their own contexts; and (ii) a tool such as this can be used to gather information about attitudes, understandings and practices on the ground, and areas in which support is required.

This suggests that the Reflection Tool itself – and possibly some of the resources in the Pilot Toolkit – could have a number of applications. In this section of the report we will summarise discussions held on next steps with mediators and pilot partners, and with the CoP itself at our last meeting in October.

### 1. Potential revisions to the Reflection Tool

The content of the tool represents collated input from a number of perspectives to ensure coverage of all aspects of quality. While it is generally agreed that we would not want to shorten it by deleting certain aspects, it is also clear that it needs to be presented differently. Points made include the following:

- Make it more ECD friendly with visuals, such as pictures, infographics and posters
- Put it into bite size chunks, with different sections as stand-alones
- Lay it out as a booklet which practitioners can use for self-reflection notes and planning
- Include a self-evaluation or self-rating element against different categories
- Include practical examples to illustrate some of the questions
- Simplify the language: the debate here is that the language of the questions has already been simplified. Simplifying the language of the Dimensions and Elements is possible, but it should be noted that these terms represent terminology that professional educators should be familiar with. Options such as a glossary of terms could be considered.
- Develop a set of guidelines for using the tool
- Version the tool into languages other than English
- Version the tool for other stakeholders (e.g. ECD Social Workers; trainers; parents).

Clearly there are costs involved in whatever options or combination of options are considered. In addition, a process for drawing in the right kinds of expertise would need to be designed.

## 2. Potential revisions to the supporting resources in the Pilot Toolkit

Mediators generally felt that the templates and the resources developed for the pilot were useful, but a number of possible improvements in some of these were identified during implementation. We have not included these details in this report, as the pilot in this form is unlikely to be repeated. If, however, the Reflection Tool were to be revised along with a set of guidelines for mediation (for example, for principals to use the tool with their staff), then toolkit resources such as the prompts and dialogue tools would be useful sources on which to draw.

## 3. Potential uses for the tool across contexts

The tool can and should be used in different ways, by different target groups and for different purposes. Suggestions include:

- In ECD forums for peer discussions
- As a collaborative conversation tool, for example in staff meetings or internal professional development activities
- In training contexts, both to encourage self-reflection and to shape discussions on quality in practice
- As a consciousness-raising instrument
- As a design template for programme & materials development
- As a basis for monitoring visits
- As an incentive for professional development: for example, showing evidence of using the tool could be linked to CPTD points
- As an aid to planning: for example, the tool could be linked to a planning and action template. As it is meant to deepen understanding and users identify their own gaps, this should lead to some kind of action.

## 4. Potential distribution channels

Distribution presupposes that the issue of 'what' is being distributed is resolved. The Reflection Tool in its current form has already been distributed through the CoP, and can be put on the BRIDGE website as an open education resource according to BRIDGE policy. Other ways of distribution of whatever form the tool is in include:

- Online distribution (email, social media etc.)
- Media campaigns (e.g. Takalani Sesame TV show and Ilifa Labantwana community radio)
- Looking at the development of an app or link to existing ECD Apps as a distribution channel
- Go through training providers as a first step
- Distribute through national, provincial and local ECD Forums
- Distribute through universities: education students could mediate the tool in the context of their own teaching practice
- Uptake by government and distributed/mediated by ECD Social Workers during site visits

- Presented and distributed at ECD Conferences such as UNICEF Knowledge Building Seminar
- The tool needs to be mediated – one view is that it should go out with toolkit supporting resources.

## 5. Extension of Pilot Findings

- The pilot findings and what we have learned from the overall process need to be captured for the academic community in order to put ECD on the map in all sectors, and contribute to research in the field.
- Many of the mediators felt that interesting stories are emerging as a consequence of the site visits and discussions of quality elements. For example, one of the mediators who returned to her allocated site found that, as a result of the discussion on using the environment for stimulation, the principal had improved the learning space and brought in a number of new resources. In addition, mediators have made other observations linked to quality issues which could be gathered into case studies. We would like to follow up on some of these and compile quality stories and case studies emerging from the pilot.

## 6. Potential links to national ECD Strategy

Government has identified the need to increase access to ECD as well as enhance the quality of ECD programmes and services. As we have discussed, one of the challenges in the ECD sector is the lack of a common understanding of quality ECD, which derails the establishment of objective benchmarks or standards to measure for consistency across provision.

Given that one of the aims of the Reflection is to help the sector answer the question ‘**What is quality ECD provision in practice?**’, the tool has potential to be adapted for use as a planning tool by government. It could, for example, be used to help planners understand where practitioners themselves have identified quality gaps where they most need assistance. This kind of data can inform the development of a suite of tools for the sector, which will help both officials and training providers support practitioners in the field.

Another target in ECD policy is the building of a properly qualified and professional ECD teaching cadre. One of the key assumptions of the Reflection Tool is that guided and structured self-reflection on one’s own professional practice is empowering: it inculcates a desire for self-improvement which translates into action. If one accepts that ‘taking ownership’ of one’s own growth as a professional is a key building block towards improved competence, then a tool such as this has a role to play in national capacity building of ECD practitioners. This could be done in the context of formal training or through simply making the Reflection Tool easily available, accessible and incentivised. As noted in the section on theoretical underpinnings, however, it is important that reflective practice is systematised and supported if it is to be effective.

In order to support the goal of Government and specifically the Department of Higher Education and Training to strengthen the *quality* of teacher education for ECD (0-4 years), the European Union has awarded a grant to a consortium of UNISA, Saide, Rhodes and BRIDGE to develop Programme Frameworks for the ECCD Diploma and B Ed at Level 6 and 7. An important component of this project is to create a platform for diverse voices to critically engage with the concept of quality and

inclusivity. To ensure the voice of the practitioner across contexts is taken into consideration, the findings of this pilot will feed into these discussions and debates.

With additional design elements in place, the Tool could also be linked to vital policy documents such as the Birth to Four Curriculum, and to summary overviews of other important information on government policies, procedures and support. In particular, the Tool can potentially be refined to meet the recommendation of the ECD Audit (page 86) which stipulates: ‘The DSD may also consider developing a rating system for ECD centres. This will allow current and prospective guardians of early learners to judge the quality of the ECD centre and offer an incentive for centres to improve. Parents and guardians may also be able to lobby for increased support from both the private and public sector to assist in improving the quality at existing ECD facilities in underserved and rural areas where there is limited choice.’

In the long term, the key question remains whether the use of a self-reflection tool such as this leads to improvement in practice. Answering this question would require a project of a different nature, with a revised version of the Reflection Tool and the toolkit mediating resources. We also need to be cognisant of the potential pitfalls and limitations of reflective practice as noted in the commissioned paper, and consider creative ways of using reflective practice for capacity building and other purposes. This pilot has however enriched our understanding by illuminating some interesting perspectives on quality, and laid the groundwork for considering widespread application of the Reflection Tool.

As a first step BRIDGE will share the pilot findings on practitioner views on quality with the sector. We will also be looking for platforms and partners through which to revise the Reflection Tool itself, find creative ways of using it more widely, and measuring its possible contribution to quality improvement. For BRIDGE and the ECD Community of Practice the ending of the pilot project represents the start of a new phase.

*Report compiled by BRIDGE Core Team: Melissa King, Kaley Le Mottee and Craig Johnson. November 2016*

## **APPENDICES**

The documents noted in the Table of Contents are available in a separate folder.

Presentations and videos to update CoP members on the Pilot can be found on the [BRIDGE Knowledge Hub](#).