

### QUESTIONNAIRE

#### **Professionalising the Early Childhood Development Educator (birth to 4) Workforce through a policy-driven initiative.**

*Thank you for agreeing to participate in my study. Kindly complete the questionnaire by answering the questions as fully as possible. The completed questionnaire can be returned to [Adendorff.z@dhet.gov.za](mailto:Adendorff.z@dhet.gov.za)*

**Participant:**

**H 5**

#### ***A. Implementation of the Policy on Minimum Requirements for Programmes Leading to Qualifications in Higher Education for Early Childhood Development Educators.***

The <sup>1</sup>MRQECDE policy, aimed at producing a graduate birth to 4 years educator workforce, has far reaching consequences for the ECD sector. In light of this, please provide your considered responses to the questions below:

1. What role does your organisation/institution/department play in relation to early childhood development?

Answer deleted for protection of privacy.

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<sup>1</sup> Minimum Requirements for Programmes leading to Qualifications in Higher Education for Early Childhood Development Educators

2. In your opinion, does the MRQECDE policy have any implication for your work? Why or why not?

Yes – both for the development and implementation of the degree qualification. It also opens up spaces for extended research opportunities.

3. Do you think that your organisation/institution/department may have a role to play in contributing to the successful implementation of the MRQECDE policy either at present, or in the future? If so, what, in your opinion, would this entail?

Development of the qualifications as well as implementation thereof. Network and collaboration with other organisations.

4. Do you see the implementation of the MRQECDE policy as a necessary initiative for the ECD sector? Why, or why not?

Yes – ECD is an underdeveloped and under professionalised sector. Given the education and care requirements of young children this sector has need for a wide variety of workers – who each require a different set of qualifications, some of which are now offered through the MRQECDE qualifications. If this sector is going to achieve the recognition and status it deserves, improved qualifications which include a degree, diploma and higher certificate are essential. However, the age range birth to 4 covered by MRQECDE is somewhat narrow – it could be extended to include all preschool children, including Grade R.

5. What do you see as the constraining factors that may hinder or prevent the successful implementation of this policy?

An ECD sector that is currently in disarray. On one level there is political will to support and grow the sector on another level the various regulatory Departments lack, in my opinion, the necessary insights and expertise to support and expand ECD services in a meaningful and integrated way.

There are very different requirements for babies, toddlers and young children – there is no sound pedagogical reason for a cut off age of 4 – in fact the pedagogical inputs for 3-4 year olds are similar for other preschool children (ages 4-6). The age 4 cut off also impedes a fluid transition to the Grade R year which is essentially a preschool year. We should focus

on the similarities and so grow the sector as a united whole – not as a differentiated sector with disparate expectations.

There are confused understandings of services required for young children and how best to implement these. Sometimes there are misunderstandings between care, health and pedagogical requirements. I am not sure that MRQECD in its current form addresses these issues adequately.

Internal friction between the various players – NGOs, HEIs and other organisations. I think there are hidden tensions – for example entrance requirements for B.Ed students versus the somewhat average low schooling qualifications of entrants. I sometimes think that NGOs set the bar too low when it comes to higher education qualifications (for example I was told for the Diploma in ECCE qualification that knowing about 2-3 child developmental theorists was sufficient. (I was astounded given the eclectic nature of early childhood education in relation to holistic development and well-being and the overall acceptance of the importance of context and acknowledging an ecosystemic approach to ECCE).

Given the close integration between various disciplines such as health, well-being and education the qualification could have a stronger community development component. In this way it might more effectively address some of the current challenges faced by the sector specifically in relation to vulnerable children.

The lack of a clear career pathway; the low status of ECD; the lack of guaranteed reasonable remuneration for ECD teachers and equitable employment opportunities (as for teachers in other phases), registration (or lack thereof) of centres etc.

6. What do you see as the enabling factors which could contribute to the successful implementation of this policy?

The recognition that a range of differentiated formal qualifications are necessary to achieve high quality ECD services.

The support given by DHET to encourage HEIs to work together

The support given by DHET to encourage collaboration between HEIs and the NGO sector

The collaborative way in which the qualification was developed – again facilitated by DHET as early as 2015.

The increasing acknowledgement of the importance of ECD and it seems an increasing awareness by the government and private sector alike that there is no one correct way of ECD service delivery or only one type of quality programme

The potential to move reasonably easily from a qualification in ECCE to a FP qualification (the option of a year's diploma, I think – even though this is not as yet being offered) and vice versa).

7. Are there any aspects of the policy which you would recommend being changed?

Extend the age cohort of children up to and including Grade R. In fact, why can't the Grade R qualification span both ECCE and FP – make an option for that qualification to be fluid – ECD teachers could move to Grade R and Grade R teachers could move to ECD or FP.

Also, if it is a teaching qualification why not use the word teaching; Why the emphasis on facilitate can mean a number of different things and need not include good appropriate ECD methodologies.

**B. Views on the professionalisation of the Early Childhood Development Educator (birth to 4) workforce.**

1. What in your view does the term “the professionalisation of the ECD educator (birth to 4) workforce” mean?

Professionalism the sector means a number of things for both the sector and the people working in it. These include:

Overall improved accountability for the sector and for those working with young children

Registration of any and every ECD site and of all ECD workers – even if this means different types of registration authorities for different cohort of workers and/or different qualifications. Implementation of requirements.

A functional organisation to look after the rights of all ECD workers regardless of their qualifications – again one or different organisations. This includes earning a living wage, the possibility of career growth etc.

Improving qualifications and ECD practices - ECD teachers have deep insight into playful pedagogies and how to teach playfully.

Understanding the importance of on-going self development

Adhering to a code of ethics – for teachers/practitioners; parents and staff; as well as children.

2. Do you think that qualifications in higher education should be a requirement for becoming an ECD educator for babies, toddlers and young children from birth to 4 year old? Why, or why not?

Again, there is no one answer. I think babies, toddlers and young children need excellent ECD provisioning. Research shows that appropriate qualifications i.e., well qualified teachers make a positive difference to how children are cared for and educated – therefore there is a place for higher ECCE qualifications in the field. To provide excellent ECCE service requires an intelligent thinking individual with good EQ.

However, the adult child ratios also have to be high; babies and toddlers need a lot of hands-on care. Therefore, not all staff can necessarily have a higher qualification; this is neither practical nor is it economically feasible (however all staff should earn a living wage).

Therefore, staff should have a range of qualifications to ensure on-going excellent ECD provisioning. Some well qualified staff, possibly in managerial positions, to oversee the running of services and appropriate stimulation of children; some less well qualified staff who might be responsible for the day-to-day implementation of services and then another cohort of carers, possibly with a non-formal qualification to provide the daily hands-on responsive care and interaction needed by babies and young children.

3. Do you think that the higher education qualifications provided for in the MRQECDE policy should be a requirement for being a principal/centre manager of an ECD centre? Why, or why not?

Yes, in general a principal should be well qualified -either a diploma or degree in ECD (not a high school diploma/degree). This type of person should have the insights mentioned above. However, having said this given the diverse South African context and

the current limited availability of higher qualifications in ECD a more flexible approach should be adopted. I do not think unqualified people (i.e. no ECD qualifications what so ever) should be allowed to open and run ECD services. If the owner, for example, is unqualified then qualified staff must be employed to oversee and manager the ECD programme.

4. Do you think that the higher education qualifications provided for in the MRQECDE policy should be a requirement for being an <sup>2</sup>ECD supervisor? Why, or why not?

Yes. ECD supervisors have an important role to ensure quality service provisioning. They need to have good insight into the requirements that need to be met to implemented good practice. They also need sound understandings of the various policies and legislation that oversee ECD services. If they have no knowledge of, for example, child development and well-being, curriculum planning and implementation and the flexible, balanced nature of an ECD programme they cannot offer the necessary guidance and support needed to ensure good ECD provisioning.

5. How do you think the MRQECDE policy will affect ECD practitioners currently involved in the care and education of babies, toddlers and young children from birth to 4 yrs old?

**Please explain.**

I do not think it will currently have a significant impact. Many practitioners are un- or under qualified. Few have the necessary school qualifications to study further. This is going to be a huge challenge. Provincial and National government currently has not got sufficient capacity to support this sector (sadly the idea that one can promote the cleaner to become the teacher is still fairly prominent). I also think many in the NGO sector are wary because they currently train ECD practitioners at various NQF levels. This is their livelihood. They do not necessarily have the capacity to offer training at higher educational levels. So, I think there might be a bit of a stalemate.

Before the introduction of higher educational qualifications can be successful, the low levels of academic competence will need to be addressed.

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<sup>2</sup> "ECD supervisor" refers to provincial supervisors employed by the DSD or DBE or supervisors/mentors employed by NGOs

6. Do you agree that the ECD educator workforce should be professionalised and if so, what are your recommendations for enabling and/or promoting the MRQECDE policy implementation, and for professionalising the ECCE workforce?

Yes. All staff who work with young children should adhere to some basic ethical code of conduct. This code should include working with children, parents (caregivers) and other adults as well as other staff members. Those with appropriate qualifications should have to register with an organisation like SACE – but the guidelines need to be adapted to suit ECD contexts. Others should have to be registered with a similar organisation (or a branch of the same organisation) to maintain ethical standards. All ECD workers should also have some form of effective union/association representation to protect their welfare.

I think of the nursing profession, in many ways the challenges are similar- highly educated nurses are needed to ensure quality service delivery but patient care demands adult caregivers to provide many basic nursing services. Yet all have to have some type of qualification and be registered with some organisation.

7. What do you see as the constraining factors in professionalising the ECD educator workforce in South Africa?

Lack of overall control over the sector – registration of centres; differing standards of training (quality of training offered); low education levels of current ECD workforce; lack of formal ECD qualifications (and possibly these not being seen to be beneficial to the field); the different controlling bodies having different criteria for different categories of workforce (social development, health etc.); different understandings of what constitutes quality ECD services and child care; the overall low status of ECD (nationally and internationally); competing interests of different players in the ECD sector coupled with a possible increasing ‘political interest’ in the phase; the lack of a professional ECD body that can accommodate the various ECD workforce (I know there is SARAECDE and Congress but these both cater for a specific group of ECD workers).

8. Please add any comments or other insights related to the topic of professionalising the ECD educator workforce or the professionalisation agenda of the policy on MRQECDE, should you wish to do so.

