

# Towards circles of care and education: Exploring understandings of quality in early childhood development

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**Background:** Early childhood development (ECD) is increasingly being recognised as vital for the care and education of our children, particularly in countries such as South Africa where vast social disparities have a significant influence on development and well-being.

**Aim:** This study aimed to explore and develop understandings of quality in early childhood care and education in a particular setting.

**Setting:** The setting of this community research project is a small rural town in the Eastern Cape of South Africa. The project is facilitated by a non-governmental organisation affiliated with a university in the Eastern Cape of South Africa, working with participants from two neighbourhood hubs. This study coincided with the onset of the COVID-19 pandemic.

**Methods:** Located in a social constructionist paradigm, the research methodology may be described as participatory, polyphonic and appreciative. Responses from simple, positively constructed questions, framed by dimensions of an ecological systems model, were interrogated through a multilayered process of content analysis.

**Results:** Analysis of the data led to a range of themes and evidence of significant role players, around quality ECD. These were developed into two simple frameworks, capturing conceptual and contextual aspects of quality ECD: ‘Quality Early Childhood Development’ and ‘Circles of Care and Education’.

**Conclusion:** The juxtaposition of the conceptual and contextual frames is offered as a simple, yet comprehensive, tool to scaffold ongoing research and support further development of quality ECD practice.

**Keywords:** early childhood development; quality; social constructionism; participatory; polyphonic; appreciative; circles of care and education.

## Introduction

The majority of young children in South Africa are negatively impacted by a range of social and economic inequalities. Apartheid and the resultant socio-economic inequalities have created a childhood of adversity for most black South African children in the country. This has undermined the development of our children. (Atmore, Van Niekerk & Ashley-Cooper 2012:122)

## Social value

Despite the South African Constitution (Republic of South Africa [RSA] 1996) speaking to the socio-economic rights of children:

[I]ncluding the right to basic education and protection from neglect, abuse and exploitation. ... South Africa still has a long way to go to effectively meet the needs of the majority of children. (Atmore et al. 2012:122)

Nearly 10 years since this statement was made, it is sadly still relevant.

National data show that 69% of all children aged 3 to 5 years are enrolled in some form of early learning programme (including Grade R, preschool, nursery school, crèche, educare centre or playgroup). However, there are still an estimated 1.1 million children who do not have access to any form of early learning programme (Hall et al. 2019:37). Accurate information on the possible

**Note:** Special Collection: Early Childhood Development in Theory and Practice.

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effects of COVID-19 on registration statistics is hard to come by; however, local data collected by the Centre for Social Development (CSD) show drops in enrolment of up to 63%, with an average drop of 11%. Anecdotal evidence suggests that the main reason for non-enrolment in 2021 is financial. Fear of COVID-19 is also cited by some parents (although our facilitators have observed the irony of the fact that children not being sent to early childhood development (ECD) centres tend to play in groups in the street unsupervised).

South Africa's National Development Plan (NDP) (a strategic framework focusing on issues affecting the long-term development of the country), echoing the global Agenda for Sustainable Development, envisions the elimination of poverty and the reduction of inequality through growth by 2030 (National Planning Commission [NPC] 2012). It is recognised that 'a robust education system' including ECD is central for sustainable development because of its potential for 'building an inclusive society that provides equal opportunities for all and aiding all South Africans to realise their full potential, particularly those previously disadvantaged by apartheid' (European Union 2017). The NDP acknowledges the urgent need to improve the quality of education in this country if we are to address issues of poverty and inequality (NPC 2012). Envisioning at least 2 years of pre-school education for every child, it also makes recommendations on child nutrition, recognising the importance of both mental and physical development, and emphasises the critical importance of the home and community environment.

Responding to the NDP, the National Integrated Policy for ECD (Department of Social Development [DSD] 2015) recognises quality ECD as one of the measures to reduce the acute impact of poverty. It further sets quality ECD as a top priority for the country to improve the quality of education and the long-term prospects of future generations and society as a whole. 'Quality' ECD services, especially for the most vulnerable, are regarded as follows:

[A] sustainable and cost-effective way of ensuring the optimal development of children, their resultant educational success and their improved employment prospects – in short, as a key lever to overcoming the apartheid legacy of poverty and inequality. (DBE 2015:23)

It is against this backdrop in clear focus that the study discussed in this article aimed to explore context-specific understandings of quality ECD, with a view of informing the development of practice.

### Scientific value

In line with the history of similar efforts internationally, the primary focus of South Africa's national ECD policy is the expansion of *access*. Whilst some attention is paid to the notion of *quality*, what is meant by the term and how it plays out in practice is not clear. This study has resulted in the development of a conceptual tool, which has the potential to offer more nuanced and comprehensive insights around what is understood by 'quality ECD'.

### The project

The collaborative community project focused on in this article has been developed to explore understandings and develop practices around 'quality' ECD in a specific context. With funding from [the HCI Foundation], the project emanates conceptually from, and is facilitated by the Centre for Social Development at Rhodes University, a non-governmental organisation within an Eastern Cape university (referred to hereafter as the 'NGO' and the 'university' for the purposes of blind review). The project is an example of engagement between different parts of the community, through citizen action groups both within and beyond the university. The research study focused on in this article is embedded within this project.

### Research's aim

The primary intention of this study is to explore understandings of quality of those engaging in ECD (primary caregivers and practitioners) in a specific context, with a view of identifying the implications of this for the development of high-quality practice.

### Conceptual framework

The conceptual focus of this project is the notion of 'quality'. In the context of this project, 'quality' is used to refer to 'degree of excellence; superiority in kind' (Merriam-Webster 2021). However, it is recognised that quality is not a neutral concept; notions of 'excellence' and 'superiority' are subjective to people and shaped by context. As Moss (1994:5) argued, defining quality is a 'political process'. He draws attention to how and by whom the goals of quality ECD are set, including the power that different groups hold to influence how such goals are defined (Moss 1994:5). Definitions of quality in relation to ECD are therefore recognised as reflecting 'the values and beliefs, needs and agendas, influence and empowerment of various "stakeholder" groups having an interest in these services' (Moss 1994:1).

There is much discussion in the literature around the notion of quality and how it might best be conceptualised and determined (e.g. Britto, Yoshikawa & Boller 2011; Moss 1994; Peralta 2008) (See Table 1). However, Peralta argues that real quality improvement is most likely to take place when there is a shared understanding and agreement amongst participants of what quality is and how it can be achieved (Peralta 2008:10). This echoes the democratic and polyphonic approach, characteristic of a social constructionist research paradigm and the methodological approach adopted in this study.

Whilst the term 'quality' is used liberally throughout policies and other documents designed to inform practice, its meaning remains somewhat elusive. Quality is a particularly complex concept. The notion of 'quality' is used and interpreted in different ways in different contexts and is rarely defined in a way that offers much clarity or tangibility of meaning. The definition of 'quality' offered in the national ECD policy (DSD 2015), for example, could be critiqued for its initial, rather narrow focus on 'the *quantity* of interventions,

**TABLE 1:** Constitutive elements of quality early childhood development identified in the literature.

Elements	Criteria
Physical environment	Adequate, organised, safe, well-maintained Well-resourced & structured learning environments
Well-being	Health and safety Hygiene and nutrition
Political	Compliance with government requirements
Organisational management	Consistent, relevant and stable routines Effective, monitoring & evaluation systems Linkage of early childhood development centres to local primary schools
Professional	Practitioners – Qualified and responsive Adequate numbers Well-supported Preparation & ongoing development – Including pedagogical and content knowledge
Social	Interaction between child and practitioner Interaction between practitioner and primary caregiver Interaction between primary caregiver and child
Educational	Transformative, high quality, play-based learning Opportunities for developing motor, social, language and cognitive skills as well as support for emotional growth and well-being Effective learning systems – Explicit, clear and relevant Active engagement of children, practitioners and primary caregivers
Ethical values	Respect for diversity and difference, social justice, gender equality and inclusion.

Source: Adapted from Britto, P.R., Yoshikawa, H. & Boller, K., 2011, 'Measuring quality and using it to improve practice and policy in early childhood development', *Sharing Child and Youth Development Knowledge* 25(2), 1–31. <https://doi.org/10.1002/j.2379-3988.2011.tb00067.x>; Excell, L., 2016, 'Interrogating quality early childhood development: Working towards a south african perspective', *South African Journal of Childhood Education* 6(1), a406. <https://doi.org/10.4102/sajce.v6i1.406>; Peralta, M., 2008, 'Quality: Children's right to appropriate and relevant education', *Early Childhood Education Matters* 110, 3–22.

services, programmes, training and systems linked with and achieving child outcomes'. Whilst it does then broaden out, the breadth is so wide as to render it conceptually amorphous – 'It is a dynamic, flexible and adaptable construct that contours itself across cultures, settings, time and types of intervention' (DSD 2015:14).

Whilst this definition may not initially seem terribly helpful, the crux might be found in the linkage with the achievement of 'child outcomes' (DSD 2015:14). These are defined as 'specifically determined achievements for babies and young children against national and international benchmarks for their early *emotional, cognitive, sensory, spiritual, moral, physical, social and communication development*' (DSD 2015:11). Such benchmarks include outcomes indicated in policies such as the South African National Curriculum Framework (NCF) for children from birth to four and illustrated through the Early Learning Development Areas (ELDAs) – a framework designed to guide the development, implementation, and assessment of early childhood care and education in South Africa.

Whilst acknowledging the important and deeper debate around quality and whether or not it can be measured (for example Moss 1994), a discussion beyond the scope of this article, much work with this aim has been conducted in relation to ECD programmes in South Africa (see Unterhalter 2019). A major contribution has been the South African Early Learning Outcomes Measure (ELOM) (Dawes, Biersteker, Girdwood, Snelling and Tredoux 2017) – a standardised assessment tool, aligned with the NCF and the National Early Learning and Development Standards (NELDS) – aimed at measuring the efficacy of early learning programmes to prepare children to enter Grade R, the beginning of formal schooling.

Not only do we argue that ECD goes far beyond preparation for schooling, it can also be argued that individual assessments of children cannot necessarily be said to be an accurate measure of quality programmes, as claimed by the ELOM system. Furthermore, whilst such tests may point to general areas in which children need more support, there is not necessarily a direct correlation between being aware of a gap and improved practice. None-the-less the ELOM does, at least provide some gauge of comparative analysis.

The complexity of the context, we argue, requires richer frameworks of reference to capture more effectively the full texture of ECD. In attempting to capture such complexity, this study was foregrounded by identifying a range of constitutive elements from policy and previous research, through a summary of literature reviews by Peralta (2008), Britto et al. (2011) and Excell (2016) (See Table 1). In line with their interest in improving the quality of ECD services in South Africa, the funders of the project identified their own set of 'indicators informed by research and the vision to give all children access to quality early learning whilst preparing them for formal schooling' (HCI Foundation 2019). (These are also included in Table 1). The 'constitutive elements' identified are described here as *Physical, Political, Organisational, Professional, Social, Educational, Personal and Ethical*. It is recognised that these elements are not discrete but are integrally related.

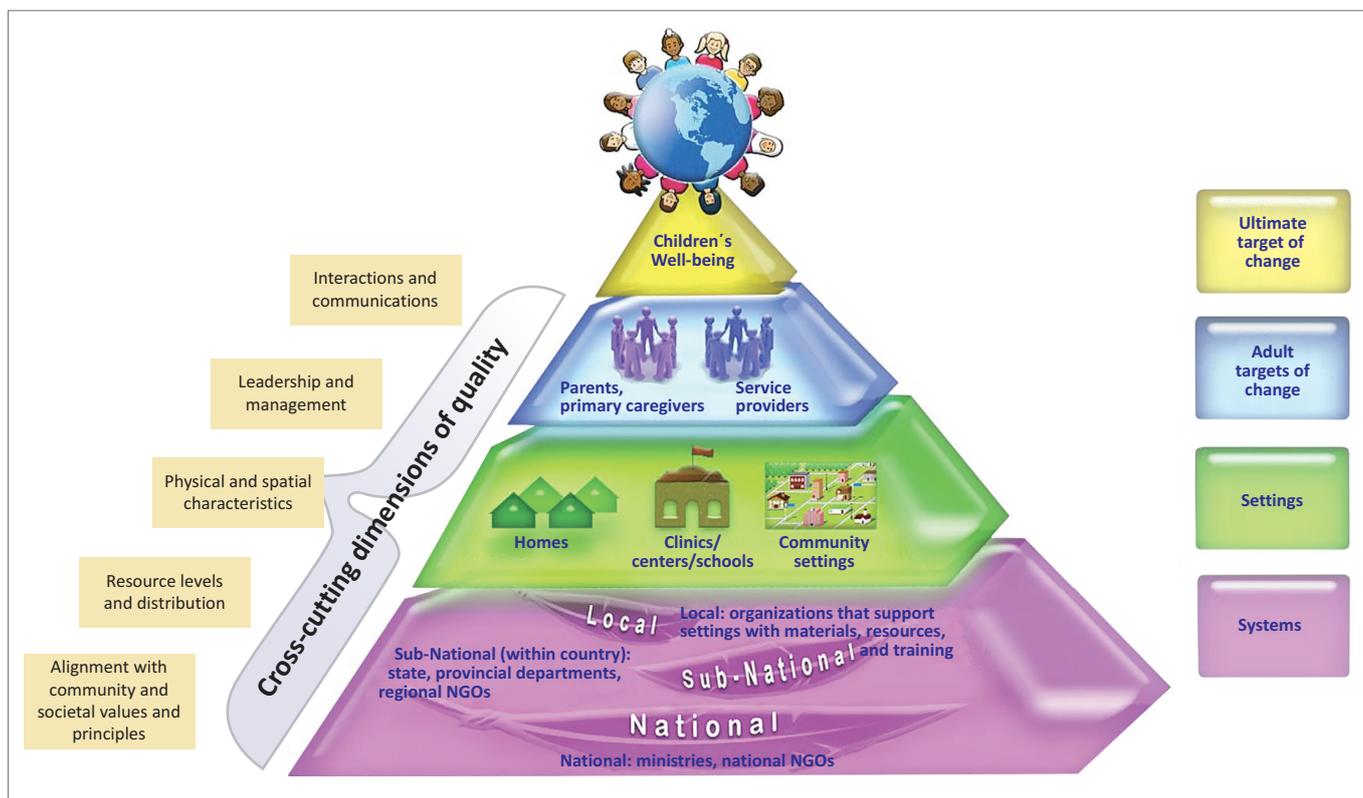
An important aspect of this study was to take into account the perspectives of the different stakeholders who participate in the programmes of this particular context of ECD and to construct a holistic framework embracing this texture and complexity. It was anticipated that such a framework, would prove helpful in offering a map to support the development of quality practice, not only in terms of further stages of the project, but also potentially other ECD projects nationally and possibly beyond. This approach follows Peralta's (2008) more nuanced contention, that it is possible to have a:

[S]et of quality parameters or criteria that respect the meaning of each project, as well as its dynamics and the various agents and views involved, whilst addressing the major core issues at stake. (p. 6)

In an attempt to construct such a framework, we drew on an 'ecological systems perspective', in particular that offered by Britto et al. (2011:9) (Figure 1).

Such a framework aims to capture the complex ontological 'layers', together with cross-cutting dimensions, which play into these layers. It is the latter 'dimensions', which were used in framing the tools designed to generate data in the study:

1. Interactions and communications.
2. Leadership and management.
3. Physical and special characteristics.
4. Resource levels and distribution.
5. Alignment with community and societal values and principles.



Source: Britto, P.R., Yoshikawa, H. & Boller, K., 2011, 'Measuring quality and using it to improve practice and policy in early childhood development', *Sharing Child and Youth Development Knowledge* 25(2), 1–31. <https://doi.org/10.1002/j.2379-3988.2011.tb00067.x>

NGO, non-governmental organisation.

**FIGURE 1:** Ecological setting and systems levels and cross-cutting dimensions.

These dimensions speak not only to the physical and relational aspects, but very importantly they encompass *socio-cultural* aspects such as social values and norms, whilst making space for contextual and cultural nuance across different contexts.

Having offered an overview of the study, we will now look more closely at the design and implementation of the research process.

## Research methods and design

Echoing similar research on quality ECD practice, conducted recently by Excell (2016), two important questions emerged as being fundamental to the research process: Firstly, whether adequate attention had been given to the complexities of understandings of quality within different South African contexts. Secondly, whether the role of context and culture had been made sufficiently explicit (Excell 2016:9). Such questions were useful in informing the design of this research study: the methodological emphasis on participant voice speaks strongly to both these questions.

### Study design

The *design* of the study is situated within a social constructionist paradigm and may be described as *participatory*, *polyphonic* and *appreciative*.

The design is shaped, theoretically, by the social constructionist understanding that we develop understandings of the world

from our experiences and perceptions of the actual world (Camargo-Borges & Rasera 2013). It is thus recognised that to interrogate understandings around notions of quality it is necessary to engage personally with those involved, to build a text of how 'quality ECD' is understood and enacted. The participation of those engaged with the practice of ECD is therefore essential in order to capture a sense of the experience and understandings of quality ECD.

Central to the research design, therefore, is the recognition that participant voices are encouraged, heard and integrated into both the research process and the texts emanating from the research. In contrast with traditional social research that was conducted *on* people in context, this study engaged *with* participant voice. It was specifically designed as both *participatory*, meaning that participants were actively engaged with research processes and *polyphonic*, referring to the inclusion of the many voices involved. In this study, the concept of quality ECD was explored through the voices of practitioners from the two ECD centres and the primary caregivers of the children attending these centres.

Many approaches to research and development tend to focus the discourse on a central negative construct (e.g. problem, issue and gap), inevitably shaping the broader space negatively. To avoid such negative trajectories and to work in a more positive and constructive mode of engagement, this research takes on *appreciative enquiry* (AI) as its methodological orientation. Influenced by social constructionist theory, AI

recognises the way we 'co-construct' our stories, and that these stories 'have the power to shape and reflect the way people think and act' (Reed 2007:41). Such an approach 'focuses on asking positive questions to ignite transformative dialogue and action within human systems' (Cooperrider n.d.:8).

Appreciative enquiry builds on existing strengths towards an aspirational future. It not only focuses on the appreciation of pre-existing strengths but it also scaffolds a process of building on these towards an imagined ideal. Proposals are negotiated, developed and implemented amongst participants to provoke the shift towards the imagined ideal. Appreciation is employed in this context not just as appreciating what is but also in the sense of potential growth – appreciating what can be – moving towards the achievement of identified intentions.

Developed from the four stage process typical of AI (discovery, dream, design and delivery), the broader project is designed around the *identification* of strengths, the *imagination* of ideals and the *innovation* and *implementation* of strategies, to build on the strengths in attempting to move towards the ideal. At the core of this approach is the principle that an appreciation of the assets, strengths and resources of a community is a powerful and inspiring starting point for collective action.

The research team, engaged in this process, included a small group of researchers and community development practitioners situated both internally and externally to the NGO. The positions of the various collaborators in this research process are important to acknowledge and be aware of. The research practitioners are not simply 'insiders/actors' or 'outsiders/observers' but 'occupy shifting and ambiguous positions' (Reed 2007:98). In this project, research consultants work alongside development practitioners from the [Centre for Social Development], who, in turn, work with the practitioners and primary caregivers who participate in the spaces of ECD.

Participants in this process occupy a spectrum of positions in relation to the ECD services that are the focus of enquiry. Practitioners from the specific ECD centres, for example, (as well as [staff from the Centre for Social Development] to some extent), will be very familiar with the context and may find it easy to negotiate collaboration with other stakeholders. However, as Reed (2007:99) notes, they must be conscious of the need to avoid 'taking the world for granted'. Closer to the other end of the spectrum, the external researchers face a lengthier process of learning, but may, for example, be able to ask questions that would not be raised by someone more familiar with the context.

## Setting

The project is set in a small city in a rural Eastern Cape municipality. Within this small city of approximately 70 000 people (Eastern Cape Socio Economic Consultative Council 2017), there are approximately 74 ECD centres (CSD 2018). Many organisations work together in revitalising education in the city. The local university plays a lead role in this

process, with the NGO working collaboratively with a range of organisations in the pursuit of excellence in ECD. The NGO provides services, support and monitoring through qualifications, informal and short courses and site visits.

The project works with two neighbourhood hubs incorporating 11 ECD centres feeding into three primary schools, located within two areas of the city. These centres were selected for the project to feed into already growing nodes of quality practice identified and fostered by other civil society organisations in the sector.

## Data generation

One-on-one 'conversations' were conducted with 39 primary caregivers and 11 ECD practitioners and supervisors. A consent and participant information sheet was developed and shaped in an accessible linguistic form. The consent process included discussion of the right to withdraw, the sharing of anonymised data and the maintenance of confidentiality. Where possible conversations were led by a first language speaker to encourage the participants to feel more comfortable and to express themselves more freely. Other conversations were held in English as the shared language between first language isiXhosa-speaking staff from the NGO and Afrikaans-speaking participants.

The participants were asked to engage in an *appreciative* process of enquiry to identify the best of what is currently happening within their ECD centres. Participants were asked to identify what they believe makes for good ECD practice, and then to reflect on 'the best of what is' or what is currently working well, in their ECD centres. Such data, it was anticipated, would give a strong indication of what is understood and considered to be 'quality' ECD practice. The generation of this data was facilitated by the use of simple, positively orientated questions. Recordings of these conversations were taken either in isiXhosa or English and where necessary, translated into English (the first language of the researchers and the language of mainstream academic publication) and were then transcribed for purposes of analysis.

## Data analysis

In terms of post data generation analysis, the process was multilayered. The initial layer of analysis involved capturing the data generated, in brief, onto a matrix organised by Britto et al.'s five cross-cutting dimensions framing the conversation protocols: 'interactions and communications, leadership and management, physical and spatial characteristics, resource levels and distribution and alignment with community and societal values and principles'.

A process of qualitative content analysis (Schreier 2014) was then employed to further analyse the data in the matrix. Iterative layers of reading and rereading the data, led to the identification of strong thematic patterns. Analysis of the data revealed that emerging themes aligned well with the

fundamental intentions of ECD as outlined in the National Integrated ECD policy: Emotional, social, physical and cognitive development, speaking to sub-goals, articulated in nationally developed frameworks, such as the NCF.

Table 2 and Figure 2, offer an overview of the analysis. Emergent themes and sub-themes capture both initial and later analyses of the data. It is recognised that the simplification of the data into such discrete categories does not adequately portray the complex nature of real-life contexts. Simple two-dimensional, linear representations do not do justice to the rich, interrelated and multidimensional dynamics of these sites of practice. However, for the purpose of identifying themes complicit in the complexity of specific contexts, such simplification played a useful role.

## Validation

Analysis of the data was validated through multiple processes of feedback. The data generated was shared with practitioners and primary caregivers in the form of posters which were displayed at each participating ECD centre. Drafts of the article, including analysis of the data, were also shared and discussed with a group of the project participants at two workshops. Practitioners from the NGO were keen to corroborate interpretations of the data drawing on their own experiences of working with practitioners and primary caregivers at the participating ECD centres, both during the project and over the course of many preceding years.

## Results

Using dimensions from Britto et al.'s (2011) ecological systems model as our framework for analysis, the given discussion explores some of the themes and sub-themes that emerged from the conversations with practitioners and primary caregivers. Illustrated by participants' voices, the priorities and values of the participants are spoken to within their own specific cultural and socio-economic contexts. The findings are framed within the cross-cutting dimensions of the analytical model.

During the course of our analysis, however, it became clear that the five cross-cutting dimensions of Britto et al.'s ecological systems model were not sufficient to capture the data generated comprehensively. It was thus decided to add a sixth dimension to the analytical frame in order to enable adequate attention to be given to the significant amount of data speaking to what participants were saying about the *nature* and the *substance* of the educational programmes being provided at the ECD centres within the project. We have labelled this sixth dimension, 'holistic education programme'.

## Interactions and communications

Commentary on peer interaction (child-child), revealed how participants valued opportunities for their children to meet new people, to make friends and to learn social skills. In relation to child-practitioner interaction there was an

emphasis on *care*, *warmth* and *love*. Primary caregivers commented on the importance of the bond between their children and the practitioners:

'One thing I like about this school is that my children are happy and they are always talking about their teachers and school.' (CO28, Female, Primary Caregiver)

Practitioners were described as treating children as their own, or as one participant put it:

'They have motherly love.' (CO32, Female, Primary Caregiver)

Practitioners were valued for the way in which they observe children, recognising their unique strengths and needs and giving individual attention:

'They notice the change in the child before we as parent do.' (CO16, Female, Primary Caregiver)

However, practitioners do not merely watch, they engage with the children in different ways, supporting their learning:

'As the ECD practitioner I play with them – getting to their level.'

A theme relating to values that stood out strongly was *equality*:

'Everyone in the ECD is treated equally.' (CO18, Female, Primary Caregiver)

The importance of equal care and attention being given to all children was much emphasised. Participants felt that there was no bias or judgement and that 'teachers love them equally.'

The theme of *equality* extended into descriptions of the quality of practitioners and primary caregiver interaction. Primary caregivers valued being made to feel welcome and included:

'As parents, we feel welcomed and safe around them.' (CO24, Male, Primary Caregiver)

'It's not formal, the parents just come and have a chat. If they have questions, I have an answer ... They can come to me if there's something.' (PO1, Female, Practitioner)

Participants gave examples of positive experiences of being involved in decision-making, governance activities, events and fundraising:

'The time that I was a committee member I worked very well with the staff and we were all committed that made it possible.' (CO22, Female, Primary Caregiver)

Partnership between the ECD centre and the home was felt to be a strength with children sharing what they had learnt, practitioners providing activities to do at home and primary caregivers encouraged learning in the home:

'We practice activities that are performed at school, at home.' (CO2, Female, Primary Caregiver)

The provision of resources and activities for learning in the home is likely to have been emphasised particularly because of the onset of the COVID-19 pandemic. It does, however,

**TABLE 2:** Data analysis What is quality early childhood development? (Data from primary caregivers and practitioners)

Cross-cutting dimension	Theme	Sub-theme	Evidence	
Interactions and communication	Working with stakeholders	Local government	Collaborating with local government: 'We work well with the DSD Department and that makes our needs met.' (PO4, Female, Practitioner)	
		Local Clinics	'The relationship between the school and the clinic is exceptionally well.' (PO6, Female, Practitioner) 'They even make referrals where it is relevant.' (PO7, Female, Practitioner)	
	Collaborating with families	Involvement of primary caregivers	Communicating well with the primary caregivers and making them feel welcome, involving the caregivers in decision-making, working together with them to fundraise, plan events and outings: 'The time that I was a committee member I worked very well with the staff and we were all committed, that made it possible.' (CO22, Female, Primary Caregiver) 'Us parent we feel welcomed and safe around them.' (CO24, Male, Primary Caregiver) 'They make sure that we are actively involved as parents.' (CO33, Female, Primary Caregiver)	
		Learning at school and at home	Children share learning at home, primary caregivers encourage learning at home, practitioners provide activities to do at home: 'We practice the activities that are performed at school and at home.' (CO2, Female, Primary Caregiver)	
		Support for primary caregivers	Sharing knowledge with primary caregivers, supporting the caregivers to understand their children's development and needs: 'They helped me in the development of my child, as she is the first child.' (CO8, Female, Primary Caregiver) 'For families, it's knowledge from the practitioners which they plough back to us parents.' (CO9, Female, Primary Caregiver)	
	Between practitioners & children	Love and Respect		Accommodating the needs of working primary caregivers; opening hours, aftercare, flexibility: 'Time to accommodate my working times.' (CO20, Female, Primary Caregiver) 'Aftercare programme is allowed.' (PO2, Female, Practitioner)
				Supporting primary caregivers in difficult situations. Understanding and flexibility around fees, support for primary caregivers going through particular challenges (e.g. with partners, substance abuse, unemployment etc.) 'The supervisor welcomed me and took my child even though I could not pay at that time.' (CO11, Female, Primary Caregiver) 'Unemployed – child not having lunch but teacher provided with food.' (CO29, Female, Primary Caregiver) 'My nanny had run out on me and I had to bring my 7 month baby to the school without any money.' (CO16, Female, Primary Caregiver)
				Care, warmth, love, kindness and friendliness: '[... B]eing at the children's level.' (PO6, Female, Practitioner) 'The child likes when her teacher talks to her and spends time with her.' (CO36, Female, Primary Caregiver) 'Their teachers love our children.' (CO22, Female, Primary Caregiver)
		Practitioners as primary caregivers	Practitioners treating children as their own, being a replacement primary caregiver: 'They have motherly love.' (CO32, Female, Primary Caregiver)	
		Treating everyone equally	Equal care and attention, no bias or judgement: 'Everyone in the ECD are treated the same.' (CO18, Female, Primary Caregiver) 'Their teachers love them equally.' (CO32, Female, Primary Caregiver)	
Connection with practitioners	Children have a bond with the practitioners and express affection for them: 'They are happy when they see their teachers.' (CO31, Female, Primary Caregiver) 'One thing I like about this school is that my children are happy there and they are always talking about their teachers and school.' (CO28, Female, Primary Caregiver)			
Peer – Peer	Making friends, learning to share, socialising, meeting different children.			
Leadership and management	Management and governance	Development of site	Growing number of children, improved infrastructure and facilities: 'How the ECD Centre developed from where it was when it started up, until presently.' (PO7, Female, Practitioner)	
		Joint decision-making	Consultative decision-making: 'We have staff meetings where we make decisions and interact with each other.' (P11, Female, Practitioner)	
Physical and spatial characteristics	Learning environment	Attractive and stimulating	Colourful, attractive, print-rich, spacious, welcoming and child friendly: 'The building is welcoming and attractive.' (CO23, Female, Primary Caregiver)	
		Organised	Learning environment is well-maintained and orderly.	
	Well-being of all children	Access to toys, equipment	Variety of toys and enough of them, access to indoor and outdoor play areas and equipment: 'They have enough toys to play with.' (CO10, Female, Primary Caregiver) '[... A]nd outdoor equipment is good for them to play with and is age appropriate.' (CO24, Male, Primary Caregiver)	
		Evidence of learning	Primary caregivers can see that 'learning is happening'; work is displayed on walls.' (CO34, Female, Primary Caregiver)	
		Safety	Children are cared for and safe from harm, site is secure, staff are aware of children's safety, primary caregivers do not have to worry: 'You are not worried about what could happen to your child.' (CO36, Female, Primary Caregiver)	
		Health and hygiene	Indoor and outdoor spaces are kept clean, hygiene standards are maintained, practitioners notice when children are sick and look after their physical well-being: 'They observed my child when she was sick.' (CO10, Female, Primary Caregiver)	
Nutrition	Healthy food is provided, guidance is given to primary caregiver on child nutrition: 'They provide food for our children.' (CO38, Female, Primary Caregiver) 'There's a vegetable garden to feed our children and provide healthy food.'			
Emotional well-being	Children feel comfortable and can explore their feelings: 'They create the space where they explore their feelings.' (CO23, Female, Primary Caregiver)			
Resource levels and distribution	Human resources	Attentive	Observing children, recognising each child's unique strengths and needs, giving each child individual attention: 'They managed to observe our child, his development is growing.' (CO31, Female, Primary Caregiver) 'They notice the change in the child before we as parent do.' (CO16, Female, Primary Caregiver)	
		Passionate	Love for the vocation, commitment, work ethic, willing to go the extra mile: 'They are motivated and passionate about their jobs.' (CO12, Female, Primary Caregiver)	
		Resilient	Ability to cope and manage, under often challenging circumstances.	
		Qualified/Professional	Practitioners are trained: 'They "don't just teach", they "do things by the book."' (CO6, Female, Primary Caregiver) 'They know what they are doing in developing children holistically.' (CO39, Female, Primary Caregiver) Practitioners are observed to be teaching 'a lot' and 'well.' Primary caregivers observe development in their children. Providing access to quality education, the opportunity to learn: 'They ensure that our children get the education.' (CO33, Female, Primary Caregiver)	
	Physical resources	Collaborative	Teamwork and good relations amongst staff.	
	Access	Variety of toys and enough of them, access to indoor and outdoor play areas and equipment: 'They have enough toys to play with. and outdoor equipment is good for them to play with and is age appropriate.' (CO24, Male, Primary Caregiver)		

Table 2 continues on the next page →

**TABLE 2 (Continues...):** Data analysis What is quality early childhood development? (Data from primary caregivers and practitioners)

Cross-cutting dimension	Theme	Sub-theme	Evidence
Community and societal values & principles	Being part of the community	Addressing needs of the community	Poverty alleviation, soup kitchens, job creation, tank water. 'They instituted uniform wearing for all learners. Now you cannot differentiate the haves and the have nots.' (CO13, Female, Primary Caregiver) 'They have opened a soup kitchen to help the community.' (CO42, Female, Primary Caregiver)
		Manners and respect	Teaching good manners, developing good character and positive behavior: 'By giving them values that they practice at home.' (CO13, Female, Primary Caregiver) 'They teach them respect, they can say thank you and please.' (CO27, Male, Primary Caregiver)
	Equality, respect and gratitude	Gratitude and spirituality	Regular prayer incorporated into the daily routine: 'To teach children that you pray each and every time that you are about to eat.' (CO2, Female, Primary Caregiver)
Holistic educational programme	Nature	Varied	Lots of different learning areas and activities, introducing new learning opportunities.
		Holistic	Attention to all areas of children's development.
		Structured	Following a daily programme, sense of preparedness and planning. 'They have a daily programme. They don't just teach.' (CO6, Female, Primary Caregiver)
	Play-based activities	Play-based activities	Children have freedom to play. Staff play with children. Primary caregivers observe children playing happily.
		Preparing children for school	School readiness, equipping children to cope at Grade R and beyond: 'By developing the children and ensuring that they are used to the school environment.' (CO11, Female, Primary Caregiver) 'My sister's child that was there and is now in primary school, she excels and so does my child.' (CO36, Female, Primary Caregiver)
	Substance	Preparing children for life	Developing independence and life skills: 'They make sure they are independent.' (CO31, Female, Primary Caregiver) 'Provide children with necessary skills to be empowered for the future.' (P12, Female, Practitioner)
		Well-being (ELDA 1)	Emotional, social and physical aspects of child's development: 'They keep them healthy and give them time to rest. That makes a child active and alert all the time.' (CO2, Female, Primary Caregiver) 'Teachers care for the children so they feel comfortable.' (CO27, Female, Primary Caregiver)
		Identity and belonging (ELDA 2)	Building confidence and self-esteem in children, encouraging a positive sense of their own identity. 'They help him to be more confident in himself.' 'Children becomes exposed to other people, can interact with other people.' (CO18, Female, Primary Caregiver)
		Communication skills (ELDA 3)	Stories, reading, writing, languages: 'My child likes it when her teacher talks to her and spends time with her.' (CO36, Female, Primary Caregiver) 'She loves to do reading, writing and scribbling.' (CO5, Female, Primary Caregiver) 'She is starting to know how to write her own name.' (CO19, Female, Primary Caregiver)
		Exploring mathematics (ELDA 4)	Counting, shapes, numbers: 'My child is counting to ten at the age of three.' (CO35, Male, Primary Caregiver) 'They provide interesting activities that help understanding.' (CO29, Female, Primary Caregiver)
Creativity & the arts (ELDA 5)	Singing, drama, music, art, drawing, fantasy play. 'The children are free, happy and playing.' (CO11, Female, Primary Caregiver) 'There's paintings and crafts on the wall – you can see that they learn!' (CO33, Female, Primary Caregiver)		
Knowledge and understanding of the world (ELDA 6)	Learning about the world around them, taking part in outings and gardening activities. 'They teach about life in general.' (CO3, Male, Primary Caregiver) 'They learn about the things they see.' (CO6, Female, Primary Caregiver)		

DSD, Department of Social Development; ECD, early childhood development; ELDA, early learning development areas.

point to the opportunity to empower primary caregivers in their role as the primary educators of their children and how the national lockdown in response to the pandemic may have opened up this space.

More context-specific themes emerged in comments about support for primary caregivers, how ECD centres accommodate their needs and provide a source of support in challenging times. One aspect of this related to support for parenting knowledge and skills. Primary caregivers appreciated assistance in understanding their children's development and needs:

'They helped me in the development of my child as she is the first child.' (CO8, Female, Primary Caregiver)

and highlighting the value of:

'knowledge from the practitioners, which they plough back to us parents.' (CO9, Female, Primary Caregiver)

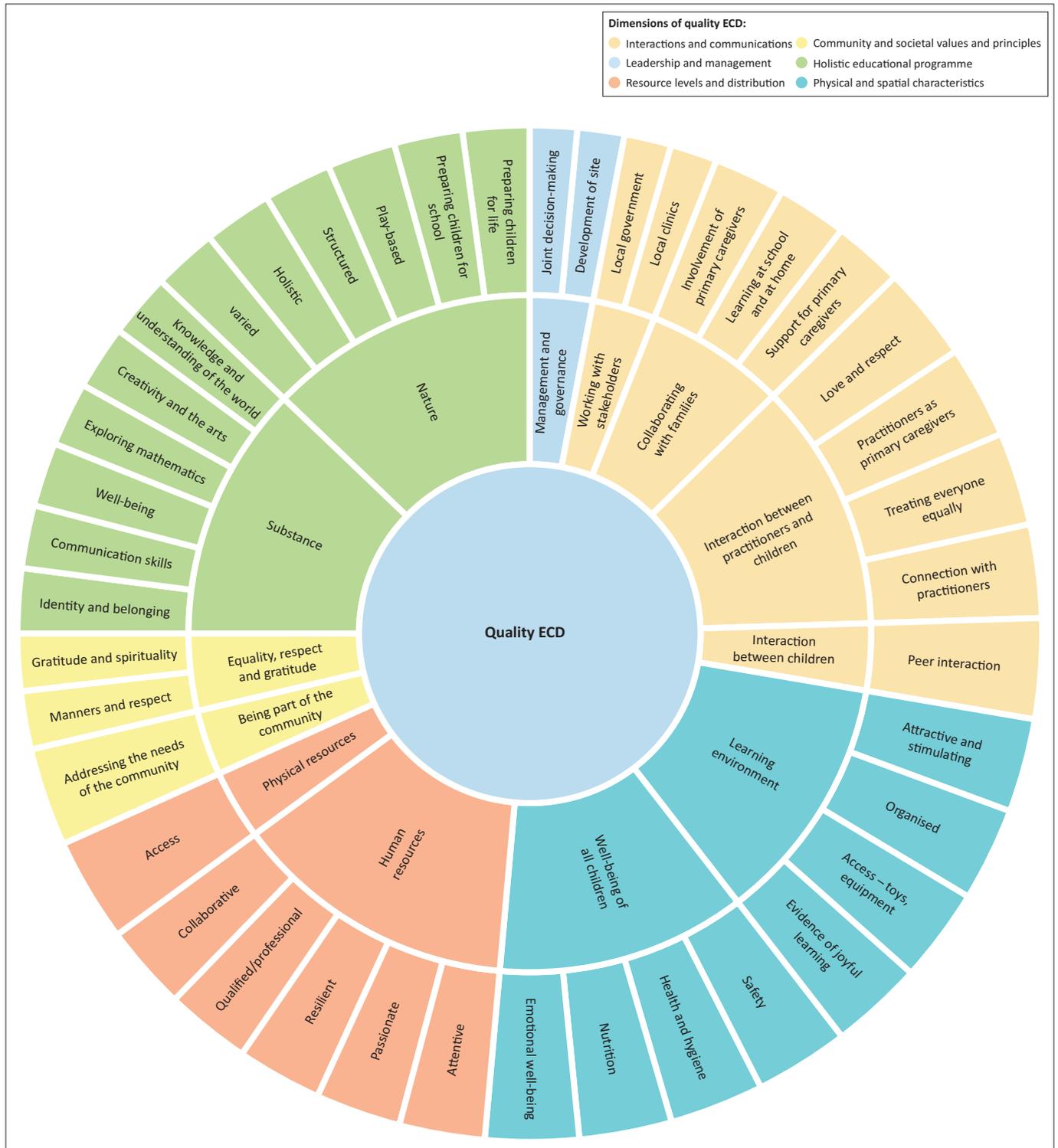
Another component frequently commented on was how ECD services are structured flexibly around the needs of working primary caregivers, including provisions such as

conducive opening hours and aftercare and understanding for primary caregivers experiencing financial strain:

'The supervisor welcomed me and took my child, even though I could not pay at the time.' (CO11, Female, Primary Caregiver)

In a low-income area with high rates of unemployment and many of the social challenges associated with economic poverty, these contextual issues are significant in the way they affect the lives of families and children and in how ECD services are shaped in response to them. Examples included an unemployed parent being unable to provide lunch for their child and a practitioner sharing her own food in response; a supervisor intervening in support of a single mother receiving no assistance from her child's father; a parent struggling with alcohol abuse appreciating the guidance of a practitioner and another parent whose nanny had run out on her meaning she had to bring her 'seven-month baby to the school without any money'.

Widening our view to the broader context of the community and interactions with other stakeholders within the local system, there were comments about working together with



ECD, early childhood development.

**FIGURE 2:** Exploring quality early childhood development: Analysis emerging from participant interviews.

local government, such as the DSD. However, greater emphasis was put on strong working relationships with local clinics and civil society organisations, as well as some examples of support from individual ward councillors and business owners. The sparsity of responses at the level of local government points to the opportunity to develop the role that these stakeholders play in developing an enabling environment for quality ECD services.

## Leadership and management

The dimension of leadership and management came through strongly in the way that primary caregivers described the 'partnership' and 'teamwork' between themselves and the staff and management of the ECD centres. There was an emphasis on *consultation, transparency and joint decision-making*:

'They always consult with the parents before doing anything.'  
(CO11, Female, Primary Caregiver)

Again, the theme of *equality* came up and having their input solicited and valued was important to primary caregivers:

'They are willing to learn from us.' (CO23, Female, Primary Caregiver)

'Issues are discussed and implemented unanimously.' (CO27, Male, Primary Caregiver)

Collaborative leadership in action was exemplified by joint planning of events, outings and fundraising activities for the school. Practitioners echoed the values of *teamwork* and *joint decision-making*:

'The staff and management – everyone is involved in decision making.' (PO9, Female, Practitioner)

There were also comments about the development of their centres over time, especially in relation to increasing numbers of children and gradual improvements in infrastructure and facilities.

### Physical and spatial characteristics

At a very basic and practical level, the location of the centres make them physically accessible:

'There is no need for us to have transport. It helps a lot.' (CO23, Female, Primary Caregiver)

Many participants commented on the physical space being 'welcoming' 'attractive' and spacious. The learning environment was described as 'stimulating', signalled by bright colours and child friendly. Participants also valued evidence of learning: children's work displayed in the classroom and observing the children themselves, shows that 'learning is happening'. Primary caregivers were very much aware of the appropriateness, variety and quantity of toys and equipment provided for their children's use:

'They have enough toys to play with.' (CO10, Female, Primary Caregiver)

'Equipment is good for them to play with and is age appropriate.' (CO24, Male, Primary Caregiver)

A strong theme in this dimension was how the environment supported the *well-being* of all children, including their nutrition, safety, health and hygiene. The provision of food for children was appreciated and mentioned numerous times, highlighting the emphasis placed on meeting basic needs in a low-income context:

'They provide a well-balanced diet.' (CO7, Female, Primary Caregiver)

'There's a vegetable garden to feed our children.' (CO10, Female, Primary Caregiver)

Safety, another basic need, was also given a significant amount of attention; ECD centres were seen to provide a 'safe place for our kids'. Participants described how the sites were

secure, gates were always kept locked and staff aware of the children's safety:

'You do not have to worry about what could happen to your child.' (CO36, Female, Primary Caregiver)

'They are safe, more than in the community.' (CO6, Female, Primary Caregiver)

In addition to describing universal caregiver concerns, such comments, and their repetition, provide insight into the specific anxieties of a community where high levels of crime are experienced and where children are felt to be particularly vulnerable.

It was important to participants that indoor and outdoor spaces were kept clean and that hygiene standards were maintained. Primary caregivers also valued practitioners being caring and observant of their children's health and teaching them how to be healthy. It is likely that this aspect was given particular emphasis because of the context of the COVID-19 pandemic.

### Resource levels and distribution

Practitioners and supervisors are the primary human resources at ECD centres and received the most attention in conversations with primary caregivers. In addition to the attention they give and their observance of the children, they are recognised for their passion and commitment:

'Even on the weekend she has some classes with them.' (CO37, Female, Primary Caregiver)

After analysing the responses, what emerged most strongly is the value that primary caregivers place on the quality of teaching provided. Practitioners are observed to be teaching 'a lot' and 'well':

'They don't just teach ... they do things by the book.' (CO39, Female, Primary Caregiver)

'They know what they are doing in developing children holistically.' (CO17, Female, Primary Caregiver)

In relation to physical resources, access to toys and equipment was highly prized. Primary caregivers appreciated the variety of resources provided for indoor and outdoor play, including giving their children 'the opportunity to use other toys that [*they don't*] have at home'.

### Community and societal values and principles

It was clear from conversations with primary caregivers and practitioners, that ECD centres do not operate in isolation of their local context, but rather see themselves as being part of the community and play a role in responding to the needs of people in their neighbourhoods.

Once more the value of *equality* emerged:

'They instituted uniform wearing for all learners.' (CO13, Female, Primary Caregiver)

'Now you cannot differentiate between the haves and the have nots.' (CO13, Female, Primary Caregiver)

Participants commented on local community members being able to get rain tank water from their local ECD centre and how many centres had responded to the COVID-19 pandemic and lockdowns by establishing soup kitchens and distributing food parcels in collaboration with civil society organisations.

Reflecting on values, participants emphasised how the ECD centres instill good *manners* 'they can practice at home' and support their children to develop good character and positive behaviour:

'They teach them respect, they can say thank you and please.' (CO27, Male, Primary Caregiver)

The articulation of *gratitude* through regular prayer incorporated into the daily routine was also highlighted:

'To teach children that you pray each and every time that you are about to eat.' (CO2, Female, Primary Caregiver)

### Holistic educational programme

This is the sixth dimension that was added to the analytical frame of Britto et al.'s (2011) cross-cutting dimensions, in order to capture the data generated more comprehensively. The data pointed clearly to both the 'nature' and the 'substance' of an holistic educational programme.

In relation to the nature of the educational programme, primary caregivers and practitioners highlighted the variety of learning activities that children are exposed to, often in the form of different learning areas and new activities to try. Emphasis was placed on having, and following, a structured daily programme and a sense of planning and preparedness:

'They have a daily programme. They don't just teach.' (CO6, Female, Primary Caregiver)

Through this approach, attention is given to all areas of a child's development:

'My key strength is to help the children develop socially, mentally, physically and emotionally and cognitively.' (P13, Female, Practitioner)

The theme of play also came out strongly in terms of how children learn through play-based activities:

'Freedom of choice in what they want to play with.' (PO2, Female, Practitioner)

Primary caregivers observed their children playing happily:

'The way children are happy ... and playing freely.' (CO11, Female, Primary Caregiver)

Conversations with participants highlighted the importance of preparing children for school and life. Preparation for school means equipping children to cope at Grade R and beyond:

'Developing the children and ensuring that they are used to the school environment.' (CO11, Female, Primary Caregiver)

Being prepared for life is understood to be about developing independence and life skills:

'Providing children with the necessary skills to be empowered for the future.' (P12, Female, Practitioner)

Focusing on the substance of the educational programme, different areas of learning and development examples, provided by primary caregivers and practitioners, map well with the six ELDAs from the NCF (DBE 2015). This alignment gives an encouraging indication that these areas of learning are being addressed within the ECD centres and that there is a shared understanding of their importance in terms of what constitutes quality ECD (see Figure 2 and Table 2). Figure 2 offers a coherent conceptual 'map', and Table 2 presents the same data in a table format and with a greater level of detail.

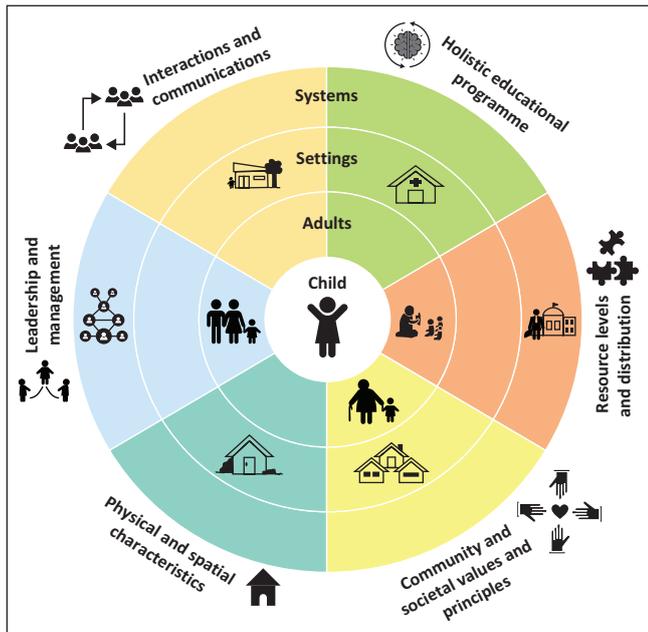
Threading through all six dimensions were a range of community actors playing significant roles in the enactment of quality ECD. Whilst the research design of the project focused on the practitioners and primary caregivers involved in the ECD sites of practice, the research also highlighted the significance of wider community members and groups, who play important roles in ECD, for example, extended family members, local clinics, civil society organisations, business owners and local government.

### Discussion

Engagement with the primary caregivers and practitioners in the ECD centres has led to insights related to both the broader context of ECD, as well as the specific context of the project. It is anticipated that such understandings will be of much help in informing and framing the development of quality ECD practice.

Multiple layers of data analysis gave rise to the development of a complex and holistic framework, mapping out identified themes of quality. Thematic layers have been captured in the form of a circular 'map' to help frame the exploration and development of excellence. The construction of the circular 'framework' of quality ECD practice, was made up of themes emanating from the detailed and multilayered process of analysis. These were juxtaposed with previously identified cross-cutting dimensions (Britto et al. 2011), expanded to include focus on the nature and substance of the educational programme (Figure 2).

Threading through these dimensions, the recognition of significant 'partners' in ECD practice indicated the importance of community agents beyond the immediate space of the ECD centres. Such practice echoes the concept of 'circles of care' – a community development approach encouraging individuals, communities, service delivery organisations and policymakers to work together to provide care and education for our children. Examples of 'circles of care' include inter-sectorial and integrated models of ECD (Woodhead 2016; Woodhead et al. 2014), care of the elderly in rural areas, (Magilvy, Congdon & Martinez 1994); palliative care (Abel et al. 2013); orphans and vulnerable children (Visser, Zungu & Ndala-Magoro 2015) and those with human immunodeficiency



Source: Adapted from Bronfenbrenner, U., 1994, 'Ecological models of human development', *International Encyclopaedia of Education* 3(2), 37–43.

**FIGURE 3:** Circles of care and education.

virus/acquired immunodeficiency syndrome (HIV/AIDS) (Chitiyo & Chitiyo 2018).

It is our contention that aspects of this study highlight the value of exploring and developing this concept further in relation to quality ECD practice in our context, expanding the notion to 'circles of care and education' – embracing the sixth conceptual dimension of 'Quality ECD' and positioning the child at the centre of a network of people, service providers and systems.

Inspired by Bronfenbrenner's (1994) ecological model of human development, the framework in Figure 3 identifies potential ECD 'partners' and both sociocultural and macro-environmental systems as possible contextual elements for consideration in future research.

It is anticipated that the juxtaposition of the two framings emerging from this study: 'Quality ECD' (conceptual) and 'Circles of care and education' (contextual), will offer a useful tool to support reflection, planning and development of quality ECD practice through future research and development (Figure 3).

## Conclusion

This article presents a journey of exploration of understandings around quality ECD practice within a specific local context.

Having explored participant understandings of quality ECD through a process of appreciative dialogue, a multilayered process of content-analysis revealed a broad set of themes. A nuanced interpretation of how quality is understood by those actively engaging in the project was developed and

integrated with normative ideas around what constitutes quality ECD. Emerging 'frames' have been juxtaposed to create a conceptual tool we believe will be useful in scaffolding the work going forward and offering a solid foundation for collaborative, social action towards improved practice in ECD.

The research presented in this article has been informed and shaped by meta frameworks speaking to the broader context of ECD, which have, in turn, been shaped through insights gained from the case study. Whilst this study focuses on a specific context, it is anticipated that the resulting framework may have resonance and applicability for other contexts of ECD.

It is, however, recognised that the potential of the research process was limited because of the context of the COVID-19 pandemic. A more diverse range of data generation methods, for example, may have created a richer texture to the data. The inclusion of a wide range of stakeholders, contributing their voices to the polyphony, and engagement with the contributions they make to quality ECD practice, will add further nuance. These are both aspects of the research that are being integrated as the project goes forward.

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## Competing interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

## Authors' contributions

Each of the listed authors made a substantial contribution to the conception, design, and implementation of the project, the critical review and drafting of the manuscript and approved the final version of the article.

## Ethical considerations

Ethical clearance was obtained from Rhodes University Research Ethics Committee before the research was conducted. The ethical clearance certificate number is 2020-2002-1585.

An attitude of respect and integrity was held throughout the study towards all involved; issues of participant awareness, anonymity and acknowledgement were taken seriously. With adaptations because of the constraints of the COVID-19 pandemic and subsequent lockdowns, information about the study was shared and negotiated at different moments during the process including through posters that were displayed at the participating ECD sites, during small group workshops with practitioners, and at Circle of Care and Education meetings. Involvement was recognised and acknowledged in ways that maintained anonymity and the confidentiality of individual participants. Consent was revisited throughout the research process by making reference to, and re-confirming the original consent agreement at the start of different engagements. Participants were free to withdraw at any time, although no one felt the need to do this.

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## Data availability

Data generated through the Ezinkwenkwezini project has been stored safely and can be made available as necessary for a period of at least 5 years.

## Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any official agency of the authors.

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