

The Professional Development Tool

Guidelines on using the Professional Development Tool

***for enhancing
Early Childhood Development Competencies in Abu-Dhabi***

Final Draft – December 20th, 2023

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Table of Contents

Introduction	4
PART I: Rationale, overview, and purpose of the PDT	5
1. Overview of the Early Childhood Development (ECD) Competencies	6
2. Rationale for ECD Competencies across early childhood professions	7
3. Introduction to the Professional Development Tool (PDT)	7
3.1. Brief overview of the PDT	8
3.1.1. ECD Competencies	8
3.1.2. Self-assessment scales	8
3.1.3. Self-assessment guiding examples.....	9
3.2. The values and approach promoted by the PDT for improving professionalism in early childhood services	9
4. Target audience of the PDT	10
5. The innovative dimension of the PDT	11
6. Purpose of the PDT	11
PART II: Guidelines for using the PDT	13
1. Step-by-step guidelines for practitioners in using the Professional Development Tool (PDT).....	14
1.1. Initial phase of the self-improvement process	14
1.2. Phase of continuous self-improvement.....	18
1.3. Tips for practitioners using the PDT.....	19
2. Step-by-step guidelines for managers of early childhood services in using the PDT	20
2.1. Initial phase of the improvement process at the service level	21
2.2. Phase of continuous improvement at the service level.....	23
2.3. Tips for managers in using the PDT.....	23
3. Proposed timeline for the process of (self)improvement.....	25
PART III: The Professional Development Tool.....	26
Domain #1: Science and practice supporting holistic early childhood development.....	27
1. What we expect practitioners to know	27
2. What we expect practitioners to be able to do.....	28
Domain #2: Child wellness: health, nutrition, and safety	32
1. What we expect practitioners to know	32
2. What we expect practitioners to be able to do.....	33
Domain #3: Family and community	36
1. What we expect practitioners to know	36
2. What we expect practitioners to be able to do.....	37
Domain #4: Diversity & inclusion	40
1. What we expect practitioners to know	40
2. What we expect practitioners to be able to do.....	41
Domain #5: Professionalism and professional growth	43

1. What we expect practitioners to know	43
2. What we expect practitioners to be able to do	44
Domain #6: Coordination across practitioner roles and professional settings	47
1. What we expect practitioners to know	47
2. What we expect practitioners to be able to do	47
Domain #7: UAE culture and heritage	49
1. What we expect practitioners to know	49
2. What we expect practitioners to be able to do	50
Annex 1: PROFESSIONAL DEVELOPMENT TOOL – SCORING SHEET	52
Annex 2: PROFESSIONAL DEVELOPMENT TOOL – SCORING PROFILE	57
Annex 3: Individual Professional Development Plan (IPDP)	59
Annex 4: Service Professional Development Plan (SPDP)	60

Introduction

The present publication introduces the Professional Development Tool (PDT) and its Guidelines for early childhood practitioners¹ and managers of early childhood services. It is designed to support them on a **journey towards achieving the Early Childhood Development (ECD) Competencies**. The Guidelines detail the procedures for ensuring the appropriate use of the PDT and for sharing foundational knowledge and practices across all early childhood professions.

The Guidelines are based on the significant evidence supporting the positive correlation between a high-quality early childhood workforce and positive developmental outcomes for young children, encompassing their physical, socio-emotional, and cognitive development. Therefore, quality initial preparation and ongoing professional support are vital. Clearly defined ECD competencies, adequate continuous professional development, and a strong culture of collaboration and coordination among early childhood professionals based on shared competencies are key to guaranteeing children's safety, their optimal development and early well-being. The introduction of the **ECD Competencies** in Abu Dhabi represents an important step towards building a child-development-centred professional culture across all professions that works towards high-quality outcomes for children. Moreover, it can pave the way for a strong professional identity and public recognition for all those working in the early childhood services.

The Early Childhood Development (ECD) system in Abu Dhabi encompasses four key sectors, including Early Childhood Education and Care, Health and Nutrition, Family Support, and Child Protection. Each of these sectors includes a wide variety of professions and services that address the diverse needs of young children up to 8 years of age and their parents and caregivers. While each sector has its unique expertise, contribution to, and role in the early childhood eco-system, they all have a shared purpose and commitment: **ensuring that every child in Abu Dhabi can benefit from a strong start in life and that families are well supported in providing young children with a safe, healthy, and nurturing environment**.

In recent decades, our understanding of children's development from birth to the age of five has greatly advanced. Sound evidence has been provided regarding the vital importance of quality environments and of adults' responsiveness for the realization of a child's full developmental potential. This new knowledge, combined with the child's rights approach, demands equitable, high-quality policies and services that give equal importance to a child's health, nutrition, security and safety, responsive caregiving, and early learning.

¹ The term 'practitioners' refers to all types of professionals who work directly with young children and their caregivers in early childhood services.

PART I: Rationale, overview, and purpose of the PDT

- 1. Overview of the Early Childhood Development (ECD) Competencies**
- 2. Rationale for ECD Competencies across early childhood professions**
- 3. Overview of the Professional Development Tool (PDT)**
- 4. Target audience of the PDT**
- 5. The innovative dimension of the PDT**
- 6. Purpose of the PDT**

1. Overview of the Early Childhood Development (ECD) Competencies

The ECD competencies represent an important milestone in developing the early childhood system in Abu Dhabi. They define the foundational knowledge and practices that all professionals working for and with young children up to the age of 8 should possess to ensure that every child in Abu Dhabi benefits from developmentally appropriate environments and support for their healthy and well-rounded development.

The ECD competencies represent a powerful cornerstone in supporting ECD professionals to better understand the knowledge they should possess, the practices they should demonstrate, and to seek the most efficient ways to further their development and improvement. They ensure that all those who work with and for children coherently address young children's needs across services and professions and share a deep understanding of the following.

The importance of high-quality services in early years for creating a positive life-long impact on the individual's health, behavior, ability to form relationships and success in education and employment

How children develop and the importance of addressing their development in a holistic and age-appropriate manner

The need for coordinated and aligned efforts of all professionals and families to ensure a healthy and safe environment and lifestyle for the child

The fundamental role that families and communities play, and the importance of their involvement in children's development and well-being, while respecting children's and families' privacy

Every child's uniqueness and the diversity that exists among children and families

The need and obligation for ensuring equitable opportunities for every child for healthy development regardless of their background, language, socio-economic status, ability, or gender

The importance of high professionalism in the early childhood field, nurtured through professional development

The ECD competencies are designed *to complement the specialized competencies* required by different professions involved in providing services to young children and their families. Grounded in the core values and aspirations expressed by families and professionals working with and for young children in Abu Dhabi, the competencies cover **seven equally important domains** of desired knowledge and practice for ensuring children's healthy and well-rounded development in an inclusive and stimulating environment.

Domain #1: Science and practice supporting holistic early childhood development

Domain #2: Child wellness: health, nutrition, and safety

Domain #3: Family and community

Domain #4: Diversity & inclusion

Domain #5: Professionalism and professional growth

Domain #6: Coordination across practitioner roles and professional settings

Domain #7: UAE culture and heritage

2. Rationale for ECD Competencies across early childhood professions

Establishing a shared child development-centred professional culture, informed by ECD competencies, yields multiple benefits for professionals, children, and families alike.



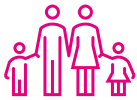
Benefits for professionals working in early childhood services and for the early childhood field in Abu Dhabi

- Professionals benefit from a shared professional culture centred on the child's development and well-being across all professions, regardless of service.
- Professionals benefit from better articulated and more focused plans for pre-service training and continuous professional development and support.
- Professionals benefit from a solid foundation for peer support and learning, cooperation and coordination across services. They also benefit when joint solutions are found for complex challenges that children and their families might encounter in fast-changing times.



Benefits for children's development and well-being in Abu Dhabi

- Each child benefits from optimum conditions at home, in communities and in early childhood services. This comes from coherence and consistency among all those working in early years, when shared values and shared knowledge embedded in child-centred practices are ensured.
- Children are ready to succeed in life when they are surrounded by professionals and adults who take into account their individual needs, strengths and pace of development.
- Children learn that they are competent, valued and respected for who they are. They feel safe and cared for, know they have opportunities to develop and learn, and have high aspirations.



Benefits for families in Abu Dhabi

- Families benefit from professional support across services that share common values and knowledge, common approaches and attitudes towards their child's growth, health, safety, development, and learning.
- Across early childhood services, families develop trust in professional support for meeting their children's and their own needs and potential.
- Families feel empowered in their parenting roles.



Benefits for the ECD field in Abu Dhabi

- The ECD field benefits from a more robust narrative about the professionalization of the early childhood workforce in Abu Dhabi.
- The ECD field benefits from a stronger professional identity for all those working in early years services.

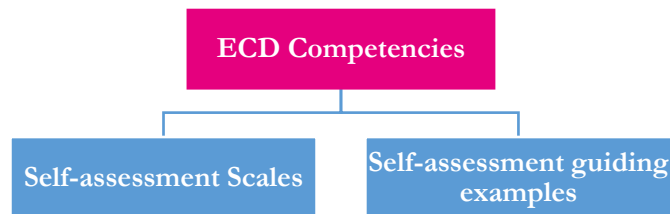
3. Introduction to the Professional Development Tool (PDT)

The PDT is an instrument aimed at assisting practitioners and managers working in early childhood services to ensure the achievement of the ECD competencies. Its purpose is to facilitate the integration of ECD Competencies into daily practices, thereby elevating the quality of these services to a higher standard.

By using the PDT, practitioners will learn where their strengths lie in terms of knowledge and practice, where the gaps are, and what competencies need to be strengthened. PDT relies on the practitioners' self-assessment and their intrinsic motivation to grow professionally. At the same time, the results from using the PDT provide managers with a rich source of information for identifying the needs and ways to support the professional development of their colleagues.

3.1. Brief overview of the PDT

The PDT is structured around these three core elements.



3.1.1. ECD Competencies

ECD competencies sit at the heart of the PDT. Each of the seven domains incorporates a set of specific competencies that are foundational for all early childhood professionals working with young children. They are formulated as expectations for practitioners, outlining what they should know and be able to do. There are **26 knowledge-focused competencies** and **42 practice-focused competencies**.

Domain #1	Science and practice supporting holistic early childhood development	4 knowledge-focused competencies 11 practice-focused competencies
Domain #2:	Child wellness: health, nutrition, and safety	4 knowledge-focused competencies 6 practice focused competencies
Domain #3:	Family and community	3 knowledge-focused competencies 7 practice-focused competencies
Domain #4:	Diversity & inclusion	3 knowledge-focused competencies 5 practice-focused competencies
Domain #5:	Professionalism and professional growth	5 knowledge-focused competencies 6 practice-competencies
Domain #6:	Coordination across practitioner roles and professional settings	3 knowledge-competencies 4 practice-focused competencies
Domain #7:	UAE culture and heritage	4 knowledge-focused competencies 3 practice-focused competencies

3.1.2. Self-assessment scales

Under each domain, the PDT provides a three-point self-assessment scale for both knowledge-focused and practice-focused competencies.

- **The self-assessment scale for knowledge-focused competencies** is meant to help practitioners self-assess their knowledge and understanding of essential concepts and theories related to each competence in each domain. The scale encourages practitioners to reflect and identify the areas where their knowledge is strong, and the potential gaps that need to be addressed.

0 - Beginner	1 – Intermediate	2 - Advanced
This level indicates that the professional, as a beginner, has a minimal or superficial understanding of the concepts and theoretical background. They are at the very start of their learning journey, with no or very little ability to explain how knowledge is shaping their everyday work.	At this intermediate stage, the professional possesses a fundamental understanding of the concepts and theoretical background. They are able to grasp the basic concepts and theories, but may not yet be able to explain in all instances how they shape their practices.	Practitioners at the advanced level demonstrate a solid and comprehensive understanding of the concepts and theoretical background and can explain how these shape their everyday work.

- **The self-assessment scale for the practice-focused competencies** is meant to support practitioners in assessing their practices against each competence in each domain. The three-point scale guides the practitioners in measuring the extent to which their practices meet the expectations defined in the competence in a consistent manner.

0 - Beginner	1 – Intermediate	2 – Advanced
This level indicates that the professional does not yet meet the expectations for the indicated practice-focused competence. They are at the very start of their learning journey, with a very limited ability to exhibit practices that are aligned with the indicated competence.	This level indicates that the professional meets some expectations , but may not consistently display the indicated practice-focused competence in their everyday work.	This level indicates that the professional consistently meets the expectations for the indicated practice-focused competence in their everyday work.

3.1.3. Self-assessment guiding examples

Under each domain and each competence are included the guiding examples which illustrate the knowledge/practice-focused competencies. The illustrative examples are not exhaustive. They are intended to guide practitioners in their self-assessment and to ensure a clear understanding of each competence. They are not intended to serve as a checklist but as reference points in self-assigning scores for each competence.

3.2. The values and approach promoted by the PDT for improving professionalism in early childhood services

The PDT, as well as the process of using it, is grounded in, and guided by values that ensure that the professional wealth and potential of the early childhood workforce are constantly mobilized and harnessed.



Empowerment and agency Professional growth and development are built on the strengths of the professional. Professionals take the initiative, solve problems, express their views and needs, and participate in decisions that involve them. The PDT empowers professionals to reflect, assess, participate in, and make decisions about their professional development.



Reflection Professional growth is facilitated through a deeper form of learning that focuses professionals on analysing contexts: examining their own and others' choice of actions, current or/and potential consequences of actions, emerging challenges, emerging barriers in professional contexts, etc. Reflection uses the professional's expertise and experience and deepens or expands upon their (self)awareness and understanding of actionable ways to improve their professional performance. The PDT relies on and fosters reflection in and among professionals.



Support and collegiality within and across sectors Peer learning and support among professionals generate a safe environment for professional growth. Individual strengths are valued, responsive approaches to needs are embraced and sought, and collective value in mutual support is acknowledged. The PDT is a powerful tool for unlocking peer support and building communities of practice across sectors.



Lifelong learning Being an early childhood professional implies having an ongoing interest in learning new knowledge and skills, as change is constant in the lives of children, families, professionals and societies. Also, because emerging needs might require attuned and/or new approaches. The capacity to provide appropriate support to children and their families is built upon throughout the entire professional career through continued learning. The PDT is instrumental in planning this.



Respect for and dialogue across early childhood professions The perspectives brought by different professionals regarding early childhood issues bring joint reflection and a deeper understanding of one's own knowledge and practice. Dialogue in a respectful environment is a powerful means of building a shared understanding and a generative approach towards self and group improvement. The PDT fosters a dialogue between professionals, focusing them on competencies and on improving their professionalism.

4. Target audience of the PDT

Early childhood practitioners

The PDT is intended to be used primarily by **early childhood practitioners** as a self-assessment tool. PDT supports **practitioners** in:

- evaluating their own knowledge, skills, and attitudes.
- identifying areas for growth and further professional development.
- engaging in collaborative reviews and discussions with managers and peers.
- identifying any further need for mentoring, resources, and support.
- collaborating with other early childhood practitioners across sectors and engaging in meaningful and focused professional dialogues, and group reflection.

Managers of early childhood services²

Though not direct users of the PDT, the **managers of services** are direct beneficiaries of the data resulting from the use of the PDT by practitioners in the early childhood service (i.e., scoring profiles and the individual professional development plans).

The data collected from practitioners provide managers with opportunities to:

- learn about practitioners' strengths, areas of improvement, priorities, learning styles and aspirations in the service they manage.
- in teams, review results and discuss realistic goals for further professional development with a clear focus on the competencies to be improved.
- identify practitioner's needs for mentoring, resources, and support.
- individualize or customize PD for maximum outcomes and reduce inappropriate or ineffective training and PD.
- efficiently plan time and financial resources for PD.
- create trusting and empowering learning environments
- allow time for reflecting and learning.

Pre-service training providers

Pre-service training providers can benefit hugely from the PDT and its usage. They can use the PDT to reflect on and revisit the pre-service training curriculum to ensure that all ECD competencies are embedded in the initial preparation of early childhood practitioners. The PDT can be used to involve students in discussing examples of knowledge and practices that may illustrate the achievement of each of the ECD competencies. Moreover, in close collaboration with managers of early childhood services, the pre-service training providers can learn about:

- the **ECD competencies which require more attention** during the initial preparation of early childhood practitioners, under which professions.
- the extent to which the **curricula in the initial preparation** need to be revised to support the achievement of the ECD competencies, and for which professions.
- how the **pre-service training for different professions can be better coordinated** to ensure a shared foundational preparation and professional culture for all future early childhood practitioners, where all ECD competencies are properly addressed and built upon.

In-service training providers

The **in-service training providers** can use the PDT and the results from using it to further shape their curriculum offer. In close collaboration with managers of early childhood services, they can learn about PD needs and competence gaps and tailor their PD offer. Consolidated data across services may indicate:

- the **ECD competencies which should be prioritized** in the in-service training offer and for which professions.
- the **type of in-service training programs** which needs to address which type of ECD competencies, and for which professions.
- how the continuous professional development **programs can be organized across professions** to address the shared competence gap.
- how the in-service and continuous professional development programs can use the PDT to **build reflexive practitioners** in the early childhood system, to contribute to a shared professional culture.

² The term 'early childhood services' refers to all types of early childhood services working with young children and their families, in the following sectors: Education and Care, Health and Nutrition, Family Support and Child Protection.

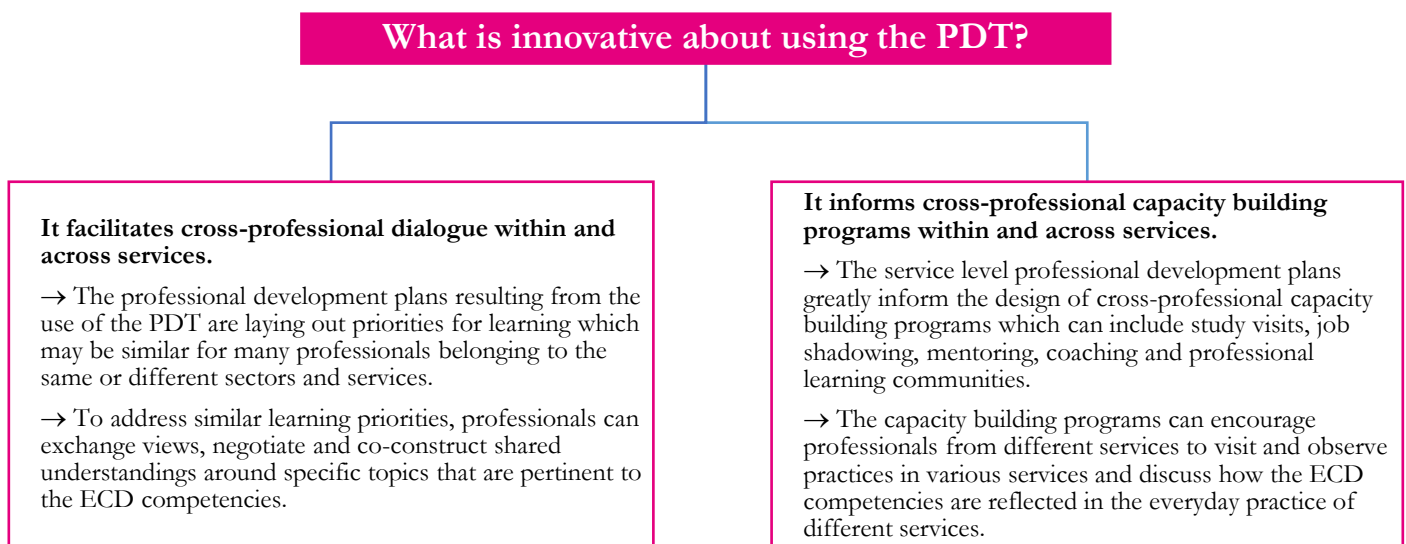
- how an empowered workforce can be motivated to grow professionally.

Moreover, both pre- and in-service training providers might consider ways in which they can both work across sectors to provide opportunities for future and current practitioners to meet, discuss, learn together and shape their collaboration for better professional results.

5. The innovative dimension of the PDT

It is very rare that early childhood practitioners from different professional backgrounds working in various early childhood services (e.g., educators, paediatricians, psychologists, social workers, etc.) take part in joint professional development activities and benefit equally from them. Often, they have limited knowledge about the work that is carried out by other practitioners. They do not always see a reason to bridge their knowledge and experiences, nor are they always aware that they might share common professional challenges and that they could support each other for better child outcomes.

PDT can be a powerful anchor for building a shared understanding and facilitating cross-professional interaction, exchanges, and learning opportunities within and across different services. The PDT opens unexplored opportunities to re-think how early childhood practitioners can be supported in their professional growth, by breaking the barriers of siloed professionalization and building a shared early childhood professional culture.



6. Purpose of the PDT

Given the novelty of the ECD competencies, the PDT is intended primarily to guide all early childhood practitioners in the process of getting familiar with the ECD competencies, understanding them, and fulfilling them. The extent to which ECD competencies can be recognized in the knowledge and practices of practitioners may vary from one practitioner to another. This can depend on their initial preparation, experience, type of service, and the exposure they have had to child-centred theory and practice.

The use of PDT has multiple purposes.

a) Supporting the achievement of ECD competencies through professional self- and group-reflexivity³

Self- and group-reflection are powerful and essential skills for effectively improving professional competencies.

The PDT is intended to:

- support each practitioner in becoming a **reflexive practitioner**, making them **think about, self-observe, review approaches, and reflect upon** their own knowledge and practice, while keeping a clear focus on competencies.
- nurture a **self-driven analytical process**, bringing **self-awareness** of strengths, changes that are needed, and opportunities for learning.

³ Self-reflexivity refers to the capacity to reflect on one's own knowledge, skills, behaviours and attitudes based on specific values, approaches and perspectives. It also refers to the ability to make changes to better align with desirable outcomes. Self-reflexivity is different from self-reflectivity due to its act-upon dimension. A reflective practitioner might reflect on their own practice, but not necessarily take action towards changing it. Reflexive practitioners, on the other hand, analyse their practices and, if necessary, act to change it.

- provide practitioners with the opportunity to **jointly analyse and reflect** upon various practices and ways in which competencies can be reflected in practice and enhanced.
- empower practitioners to be **agents of change of their own practice** through self- and joint reflection.

b) Deciding on tailored and effective trajectories for professional development

After using the PDT, the scoring profile provides practitioners with clear information about ECD competencies that require strengthening to be fully achieved. The PDT is intended to:

- give **practitioners' agency** by supporting them to decide which professional development actions are to be prioritized, and which are the most suitable and effective to address the competencies that they need to strengthen.
- support managers in developing **professional development plans that are responsive to practitioners' needs**, and to lay the foundation for the creation of professional learning communities.

c) Building a shared cross-professional culture of child-centeredness practice, self-improvement, and continuous professional development

The PDT is intended to:

- develop a common and shared understanding of child-centred theory and practice across professions, allowing for professional discussions, joint reflection, and peer support.
- accompany practitioners in their individual and collective journey to establish a strong professional community guided by shared values, dialogue and mutual support dedicated to ensuring the child's healthy development and well-being.

IMPORTANT: What is not the purpose of the PDT?

The PDT should not be used as an assessment tool by an evaluator/supervisor for evaluation purposes which would lead to consequences for the professional's career.

PART II: Guidelines for using the PDT

- 1. Guidelines for practitioners**
- 2. Guidelines for managers**
- 3. Proposed timeline for the process**

1. Step-by-step guidelines for practitioners in using the Professional Development Tool (PDT)

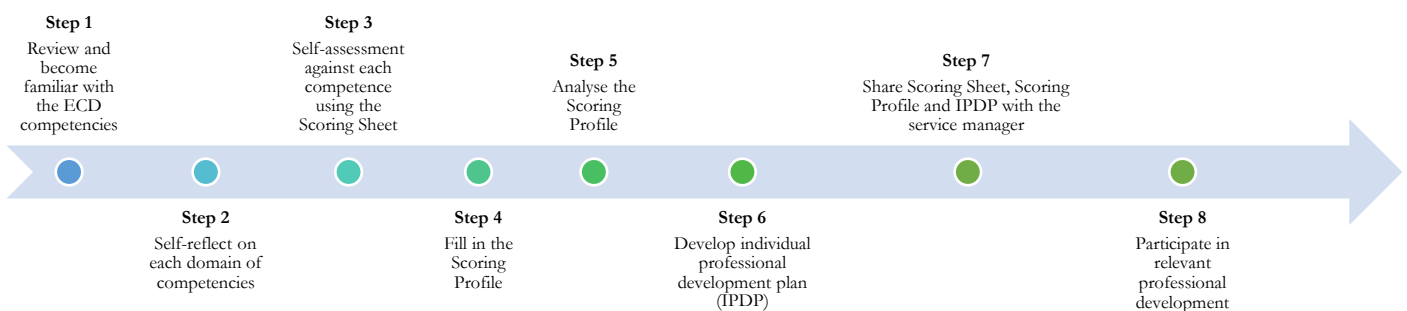
The guidelines presented in this section will guide you in reflecting on and assessing your competencies, and help you decide the most effective methods you can use to improve them and meet the expectations described in the ECD Competencies framework.

The process includes **two phases**:

- the initial phase of the self-improvement process.
- the phase of continuous self-improvement.

1.1. Initial phase of the self-improvement process

In this phase, the self-improvement process has eight interconnected and linear steps.



Step 1. Review and become familiar with the ECD competencies

Duration: maximum of one month

To be able to use the PDT, you must familiarize yourself with all seven domains and the related knowledge and practice-focused competencies in the ECD competencies. You can download the **document from** <https://eca.gov.ae/program/human-capital/>

To strengthen the understanding of the structure, purpose, relevance, and benefits of the ECD competencies, revisit *Part I* of this document, where you will find detailed explanations. For more clarity, you can also refer to the PDT (see *Part III*) and get familiar with guiding examples of knowledge and practices mentioned in the Tool. This will help you better understand the scope of each competence and how they are translated into practice. If you have questions or dilemmas, you may consider discussing the document with your colleagues and peers.

Step 2. Self-reflect on each domain of competencies

Duration: maximum of one month

After a thorough review of the ECD competencies, it is time to take *Step 2* and start self-reflecting on each domain of competencies, using the PDT (See *Part III*).

Self-reflection is critical for accurate self-assessment. Self-reflection is focused on learning about yourself as an early childhood professional, whether you are doing the right things or doing things right, whether you should continue doing them or change certain practices, and why.

When starting the process of self-assessing each of the competencies in each of the domains, begin by **self-reflecting** on each of them using **guiding questions** such as these.

- *Do I sufficiently understand the content of all the competencies?*
- *To what extent am I familiar with the knowledge mentioned under this competence, and to what extent do I use that knowledge to shape my everyday practices? Can I give examples?*
- *By looking at the guiding examples under each practice under each domain, which practices am I very familiar with? Are they embedded in my everyday work?*
- *Which practices in each domain are my strengths and why?*
- *Which knowledge and practices in the competencies provide me with a renewed perspective over my practices?*
- *Which practices should I re-consider and change? What changes should I make?*

- *What are my most significant challenges in meeting the expectations formulated in the competencies? What steps should I take or which resources should I use to meet those expectations?*

We suggest that you read the entire PDT document to grasp the connections between different domains and specific competencies.

In this step **you do not conduct the self-assessment** but use the time to go through the domains of knowledge- and practice-focused competencies and reflect on where you stand. You may write down your reflections if this supports you in the process.

Step 3. Self-assessment against each competence using the Scoring Sheet

Duration: Up to six months

This step is based on the self-reflection process (*Step 2*) which provides critical input for calibrating your self-assessment.

The PDT uses a three-point scale for assessing the level of knowledge and practice that you possess or demonstrate, namely the **self-assessment scale for knowledge-focused competencies** and the **self-assessment scale for practice-focused competencies**. (For a more detailed description, look at the *Part I* of the document). The scale indicates a trajectory of growth, from beginner to advanced level.

In the scoring sheet, each competence belonging to a specific domain of competencies encompasses guiding examples of knowledge and practices to support your self-assessment.

When assessing your competencies, your choices of scores on the scale (0, or 1, or 2) will have to reflect as accurately as possible the level where your knowledge and practice are situated. Therefore, a thorough understanding of the scales is essential.

Assigning scores

- **The self-assessment scale for knowledge-focused competencies**

Score	Guidance for assigning scores
0 – Beginner	You may assign this score if you: <ul style="list-style-type: none"> • have minimal or superficial understanding of more than half of the concepts and theoretical background listed as guiding examples under specific knowledge-focused competence. • do not understand and are not able to explain how specific knowledge shapes your everyday work.
1 – Intermediate	You may assign this score if you: <ul style="list-style-type: none"> • possess a fundamental understanding of a majority or all the concepts and theoretical background listed as guiding examples under specific knowledge-focused competence. • understand and are able to explain how the basic concepts and theories shape <u>some</u> of the practices and aspects of your everyday work.
2 – Advanced	You may assign this score if you: <ul style="list-style-type: none"> • have a solid and comprehensive understanding of all the concepts and theoretical background listed as guiding examples under specific knowledge-focused competence. • know, understand and are able to explain how the knowledge and theoretical background inform and shape <u>all</u> the practices in your everyday work.

- **The self-assessment scale for the practice-focused competencies**

Score	Guidance for assigning scores
0 – Beginner	You may assign this score if: <ul style="list-style-type: none"> • most of your practices reflect the beginner’s level illustrated in the guiding examples in the PDT. • you are just beginning to learn, but are still not able to exhibit practices that are aligned with the indicated competence.
1 – Intermediate	You may assign this score if you: <ul style="list-style-type: none"> • you display some or many but not all the practices listed as guiding examples under specific practice-focused competence. • you display practices aligned with the guiding examples inconsistently (only sometimes).
2 – Advanced	You may assign this score if:

Score	Guidance for assigning scores
	<ul style="list-style-type: none"> all your practices are aligned with the guiding examples listed under the specific practice-focused competence. you consistently meet the expectations for the indicated practice-focused competence on a daily basis.

The Scoring Sheet is your working sheet for assigning scores under each competence (knowledge and practice). Take your time, read the examples in the PDT, and when you feel ready, use the Scoring Sheet and assign a score for each competence.

IMPORTANT NOTE

Before scoring, carefully read the examples under each competence (knowledge and practice) in the PDT.

Note that for the Knowledge and Practice section, you are not scoring each example, but the overall competence, illustrated by the guiding examples in the PDT.

The examples under each point in the scale are not exhaustive, but indicative. They illustrate the most significant practices and knowledge. Other guiding examples might be added to illustrate that specific knowledge or practice.

Accurate self-assessment is fundamental for making the right decisions regarding the next steps in achieving all ECD competencies. The scores that you will assign for each competence (knowledge and practice) will reveal the areas of strengths and areas on which your development goals should focus as a follow-up to self-assessment.

The **self-assessment process** can be done in different ways. Three approaches are presented in the table below.

Possible approaches to the self-assessment process		
Focus on one domain of competencies at a time	Focus on a few domains of competencies at a time	Focus on all the domains of competencies
<p>You may choose to focus on one domain over a few weeks to be sure you can collect enough information about your knowledge and practice and are able to assign an accurate score for each competence in that specific domain.</p> <p>For example, at the end of each day, you may look at the specific domain in the PDT, reflect on the competencies under the domain that you have enacted, and make notes which will support your assessment. As soon as you are ready to score the competencies based on recurrent evidence, you may fill in the Scoring Sheet for that specific domain and continue with the next one until you have filled the whole Scoring Sheet.</p>	<p>You may choose to spend a few weeks focusing on a few domains and score the competencies under those. You may reflect every day on your work while you go through those specific domains in the PDT. Think about which competencies you have used consistently and decide which ones you are ready to score, then fill in the Scoring Sheet. If you are not yet certain about the score to be assigned to certain competencies so that it accurately reflects your level of achievement, allow more time to self-reflect on your everyday work. As soon as you complete those domains, you may proceed with the rest until you have filled the entire Scoring Sheet.</p>	<p>You may choose to focus on all the competencies under all the domains over a limited period of time. In this case, you can go through the Scoring Sheet every week and self-reflect on your knowledge and practice under each domain. Assign scores to those competencies that you feel ready to assess. Those for which you encounter challenges in assigning the scores, you can skip and come back to them in later weeks. It is of the utmost importance that you assign accurate scores.</p>

Domain #1: Science and practice supporting holistic early childhood development.

0 Beginner 1 Intermediate 2 Advanced			
Knowledge	0	1	2
K1.1: Understand the long-lasting impact of the early years on an individual's life and the importance of addressing a child's holistic development.			
K1.2: Familiar with the science-based theories and recommended practices regarding child's development from pre-birth to eight years of age: stages of development, developmental domains, features of each developmental stage for each domain, typical and atypical development.			
K1.3.: Aware of the principles of assessing child development and different techniques and tools for conducting relevant and appropriate assessments and documentation.			
K1.4: Understand processes, protocols, and procedures for protecting children's and families' privacy and confidentiality.			
Practices	0	1	2
P1.1: Interact with kindness, warmth and care, expressing respect, appreciation and enjoyment of children.			
P1.2.: Listen to and respond appropriately to children's verbal and non-verbal requests and cues, as well as their individual needs and interests.			
P1.3: Demonstrate the understanding that there are individual differences and fluctuations in children's development and learning that must be responded to reflectively and appropriately.			
P1.4: Communicate with children in a manner that is age appropriate, ongoing, and responsive to children's strengths and needs as individuals.			
P1.5: Apply evidence-based strategies for promoting child and family development, including appropriate use of technology.			
P1.6: Use appropriate strategies and tools to assess and document children's capabilities and knowledge and identify possible developmental anomalies, disabilities, malnutrition, chronic illnesses, atypical behaviour or exceptional competencies.			
P1.7: Use a system for organizing the results of assessments along with documentation and other records so the information can be used for sharing, screening, further assessment, and planning purposes as well as to engage parents and other practitioners (when permission is granted) in providing timely care and interventions.			

Figure 1. Scoring Sheet Excerpt

Step 4. Filling in the Scoring Profile

Duration: up to two weeks

After you have completed the Scoring Sheet, transfer all the results to the Scoring Profile.

The scores are colour-coded so that the profile can easily map out the areas of strengths, as well as the areas where improvements are necessary, and under which domain they are situated. (See Figure 2, as an example).

The **red colour** indicates that those competencies either focusing on knowledge or practices, require intensive focus for improvement.

The **yellow colour** indicates that despite a good start, the strengths you have should be used to help you advance those competencies.

The **green colour** shows that the competence has been achieved, and that you have shown consistency.

The Scoring Profile is to be filled in at the end of the self-assessment period. It will help to inform your decisions regarding your professional development plan.

Step 5. Analysing the Scoring Profile

Duration: one week

At this point, you should allocate time to reflect on your profile. The self-reflection process will provide you with critical information for moving into the next step – the development of the individual professional development plan. You can use self-reflection questions, such as:

- How do I feel about my results? Am I content or disappointed? Why?
- What do I think about my results? Are they realistic, or did I not spend enough focused time learning about competencies and scoring?
- Is there something that surprises me in a positive or negative way?
- What did I learn in this process?
- Where do I have the lowest and the highest scores?
- What are my aspirations? What do I want to achieve in the near future to fulfil all the expectations formulated in the ECD competencies?
- What are my priorities? On which domains and competencies should I focus first? Why?
- What kind of support do I need to improve my competencies?
- What kind of professional development do I need?
- What are my next steps and actions towards achieving my goals?

Step 6. Developing your individual professional development plan (IPDP)

Duration: 3–4 weeks

Now you are ready to develop your individual first/initial IPDP. The IPDP is an instrument which will help you set tightly focused learning and development goals around the ECD competencies.

The IPDP should reflect your aspirations, learning style, and development pace, so that you fulfil all the expectations formulated in the ECD competencies.

The starting point in shaping up IPDP is to choose your **learning and development goals**, based on the analysis of the self-assessment results. The goals should primarily address those competencies that recorded the lowest scores. Those might sit under different domains. Therefore, the IPDP should outline the actions that you consider most effective in supporting you to further enrich and/or expand your existing competencies.

Depending on the goals that you set, you may think of various **ways of achieving them** (i.e. the professional development activities). That will depend very much on the type of competence that you are targeting, but also on your style and pace of learning.

Closely related to the goals and the types of PD activities that you chose in your IPDP, you will have to estimate the **time** required to achieve the goals by undertaking those activities.

PROFESSIONAL DEVELOPMENT TOOL SCORING PROFILE																							
NAME:																							
DATE:																							
KNOWLEDGE						PRACTICE																	
Key		Beginner		Intermediate		Advanced		Key		Beginner		Intermediate		Advanced									
		0		1		2				0		1		2									
Domain #1			Domain #2			Domain #3			Domain #4			Domain #5			Domain #6			Domain #7					
KNOWLEDGE						KNOWLEDGE						KNOWLEDGE						KNOWLEDGE					
Competence		Score		Competence		Score		Competence		Score		Competence		Score		Competence		Score		Competence		Score	
K1.1		1		K2.1		0		K3.1		0		K4.1		0		K5.1		0		K6.1		0	
K1.2		1		K2.2		1		K3.2		1		K4.2		1		K5.2		1		K6.2		1	
K1.3		2		K2.3		1		K3.3		2		K4.3		1		K5.3		1		K6.3		1	
K1.4		2		K2.4		2		K3.4		2		K4.4		2		K5.4		2		K6.4		2	
PRACTICE						PRACTICE						PRACTICE						PRACTICE					
Competence		Score		Competence		Score		Competence		Score		Competence		Score		Competence		Score		Competence		Score	
P1.1		1		P2.1		1		P3.1		0		P4.1		1		P5.1		0		P6.1		0	
P1.2		0		P2.2		2		P3.2		1		P4.2		1		P5.2		1		P6.2		1	
P1.3		0		P2.3		1		P3.3		2		P4.3		2		P5.3		1		P6.3		1	
P1.4		0		P2.4		1		P3.4		1		P4.4		1		P5.4		1		P6.4		1	
P1.5		2		P2.5		1		P3.5		1		P4.5		1		P5.5		2		P6.5		2	
P1.6		1		P2.6		1		P3.6		0		P4.6		0		P5.6		0		P6.6		0	
P1.7		1		P2.7		1		P3.7		1		P4.7		1		P5.7		1		P6.7		1	
P1.8		1		P2.8		1		P3.8		1		P4.8		1		P5.8		1		P6.8		1	
P1.9		1		P2.9		1		P3.9		1		P4.9		1		P5.9		1		P6.9		1	
P1.10		2		P2.10		2		P3.10		2		P4.10		2		P5.10		2		P6.10		2	
P1.11		2		P2.11		2		P3.11		2		P4.11		2		P5.11		2		P6.11		2	

The number of learning and development goals, as well as the time allocated for achieving them, will depend largely on the breadth, number and type of competencies that are to be improved/achieved. However, the plan should consider priorities and a learning pace that are realistic and manageable, allowing for interim self-assessments to check the progress and introduce amendments if needed.

Note: If you recorded low scores on more competencies, you should consider choosing a maximum of three as your learning and development goals to include in your first IPDP, to be able to focus on them and find adequate ways of addressing them through PD.

It is important to keep in mind that some competencies may be easier to achieve/improve (e.g., P5.5), requiring less time and fewer resources, while others may be more demanding (e.g., P5.4.4.). This should inform your IPDP, which will indicate that some competencies need a significant amount of time and more complex efforts will be required to ensure any improvement/achievement.

Consider a **period of no longer than six months until you reiterate the self-assessment** and check the progress against the competencies that you focused on in your IPDP. In Annex 3 you may find a **recommended structure of an IPDP**:

Step 7. Sharing your Scoring Profile and IPDP with the service manager

Duration: not later than six months after the process started (Step 1)

To realize your plans, you need to share with your service manager the Scoring Sheet and the IPDP. These will inform the manager about your needs and help them make informed decisions about actions to be taken.

In this process, you need to trust that service managers will not use your data to judge you, but will support you in your professional growth.

After they have collected all the results from the staff in the service, managers will be able to plan for different types of useful and cost-effective PD at the level of service.

Step 8. Participating in relevant professional development (PD)

Duration: up to six months

The final step in the initial phase of self-improvement process is participation in the selected and most appropriate types of professional development activities.

For certain types of knowledge, you might consider participating in self-paced online courses, or reading recommended resources, books or articles, as well as participating in training sessions/seminars. For certain types of practices, you might consider attending specific training sessions or workshops, or ask for mentoring or coaching, or to shadow colleagues who have recorded higher scores on those specific domains of competencies.

1.2. Phase of continuous self-improvement

The core aspiration of using the PDT is that all practitioners will reach the advanced level of ECD competencies. This requires that the initial phase of self-improvement is followed by continuous PD opportunities, as well as repeated self-assessments, and the development of new IPDPs or amending existing ones.

The process of continuous professional improvement is cyclical, indicating that the self-assessment and acting upon the self-assessment results (IPDP) will be re-iterated until the ECD competencies are fully achieved.

In the phase of continuous self-improvement, the steps are similar to the initial phase (see Figure 3). However, with every cycle, as you become more familiar with the PDT and its accompanying tools and the process, the time needed for using them will decrease.

The Cycle of Continuous Improvement

Your aspiration is to achieve all ECD competencies progressively. Therefore, if the learning and development goals regarding specific competencies:

→ were achieved, you should return to the Scoring Sheet developed in the initial phase, choose new learning and development goals, and develop a new IPDP around them.

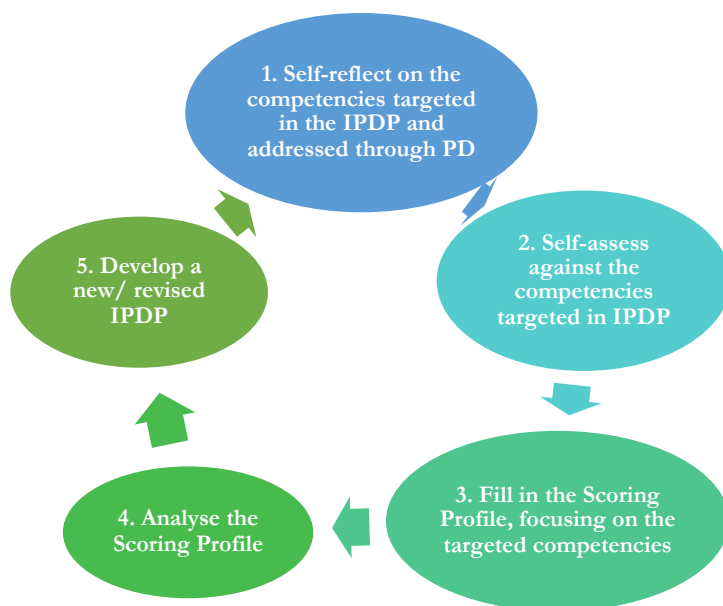


Figure 3: The Cycle of Continuous Improvement

- were not achieved, you will have to revise your IPDP by:
- introducing new or different activities under existing goals in the IPDP.
 - extending the deadlines to ensure progress /achievement.
 - adjusting the number of goals.

In a year’s time, the self-assessment can be planned twice, the first time before the IPDP is developed, and the second time to learn about the progress made and make adjustments to the initial IPDP. With time, the cyclical process will become shorter because you, your peers and your manager will become familiar with ECD competencies, the PDT, and the entire (self)improvement process. You will become more skilful in applying the PDT, filling out the Scoring Profile and developing the IPDP.

1.3. Tips for practitioners using the PDT

Do	Don't
√ Give enough time to read the PDT and discuss it with your peers.	⊗ Don't underestimate the self-reflection process. It brings depth and focus to your professional development.
√ Be confident that you have correctly understood the content of, and the guidelines for using, the PDT and that you feel motivated to start the process.	⊗ Don't hurry when scoring your competencies. An accurate self-assessment is essential for an efficient professional development plan.
√ Give enough time to self-reflect on your knowledge and practice, and not hurry to score your competencies.	⊗ Don't score each example, but the overall competence.
√ Think carefully before assigning the score in the Scoring Sheet. The assessment is intended to help you learn about your strengths and opportunities to improve your professional performance.	⊗ Don't be afraid of lower scores. This means that you can take advantage of many learning opportunities around you.
√ Think carefully about which professional development activities (e.g., training, online courses, professional learning communities, etc.) are most effective for you (helping you achieve best the objectives).	⊗ Don't be afraid to recognize that there are, or might be, areas where you need to learn more and enrich your competencies. This is an ongoing process for every professional.
√ Develop an IPDP that reflects your needs and capacities and is realistic in terms of reaching the goals. This is YOUR plan.	⊗ Don't focus more in your IPDP on those domains of competencies that you feel more comfortable with. Learning comes from addressing the most challenging competencies.
√ Keep the Scoring Profiles that will result from the iteration of the self-assessment process to track your progress.	⊗ Don't worry if the progress is slow. Some competencies require more time to be achieved or may require other ways for supporting their development.
√ Ask for support throughout the process from your manager and peers.	⊗ Don't hesitate to consult/connect with peers or manager during the process. Especially if you feel stuck or you do not know how to move on, or you need more clarity on specific items in the PDT.

Caution

While using the PDT, keep in mind that **the list of guiding examples under each competence is not exhaustive, but illustrative.**

You may consider adding under each score other examples or discuss them with your peers. This will greatly support a deeper understanding of how a competence can develop until it meets the expectations as defined in the ECD Competencies.

2. Step-by-step guidelines for managers of early childhood services in using the PDT

The PDT is an invitation to all **managers** to support practitioners in achieving the ECD competencies.

The PDT can assist you in:

- √ building a **strong child-centred professional culture in their service.**
- √ facilitating **better understanding of the ECD Competencies** and their relevance among practitioners.
- √ collecting and consolidating **information** based on practitioners' self-assessment and IPDP about:
 - the **level of achievement of the ECD competencies** at the service level.
 - the **domains of competencies that should be prioritized** for targeted and tailored professional development actions.
 - **types of professional development actions that should be prioritized** at the service level.
- √ developing a tailored, relevant and cost-effective **service-level professional development plan.**
- √ anchoring professional discussions on improving the professionalism of the workforce working with young children in the ECD competencies' framework.
- √ advocating for and implementing targeted professional development opportunities that **bring together practitioners from different services** across sectors.

The PDT is not created to support external assessment of practitioners and should not be used for that purpose. (For more detailed information see *Part I*)

Important note: For PDT to be effective, managers need to create **enabling conditions** for (self-) improvement at service level. They have to:

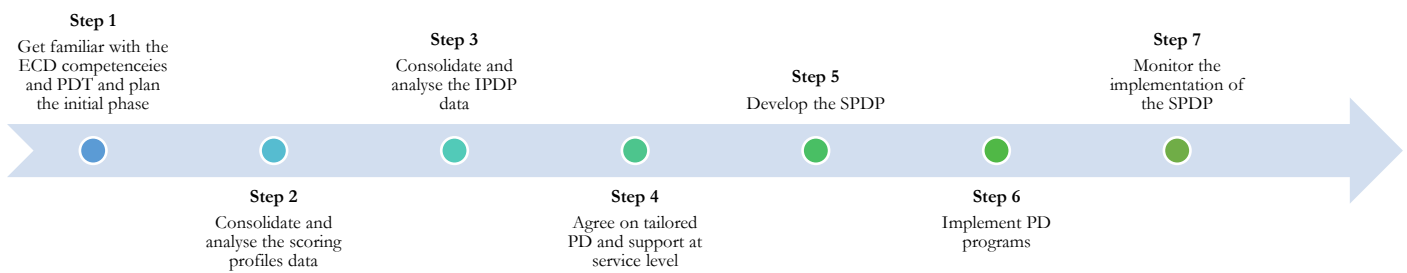
- allocate time and create a space for professionals to self-reflect and discuss with their peers, preferably during working hours.
- establish and nurture a climate of trust, respect and empowerment so that practitioners feel comfortable about sharing the Scoring Profile and the IPDP with managers and peers.
- cultivate a culture of mutual collaboration and support.
- assist every individual professional in overcoming their challenges in achieving the ECD competencies.
- demonstrate a readiness to create opportunities for professional development aligned with priorities set by practitioners.

As described in the guidelines for practitioners, the self-improvement process includes two phases.

- **The initial phase of the self-improvement process**, when practitioners:
 - become familiar with the ECD competencies and the PDT
 - carry out their self-assessment.
 - develop their IPDP based on the results recorded in the scoring profile.
 - participate in tailored PD.
- **The phase of continuous self-improvement**, when:
 - reiteration of self-assessment is carried out.
 - an analysis of the progress made due to participation in PD is conducted.
 - the development of a revised IPDP is carried out.
 - tailored PD is undertaken.

In each of these phases, managers play different roles.

2.1. Initial phase of the improvement process at the service level



Step 1: Get familiar with the ECD competencies and the PDT and plan the initial phase at service level

Duration: two months

Before starting the initial phase, you need to be well-informed and knowledgeable of the ECD competencies and the PDT, their rationale, purposes and uses. This will ensure that you are well-prepared to support staff in in your service.

To ensure the highest level of accuracy of the self-assessment, the development of effective individual professional development plans, and sustained motivation of practitioners to stay engaged in the process, as a manager, you need to ensure that each professional is provided with the necessary time and support to undertake the self-reflection, self-assessment, and personal professional improvement process.

The planning of the process of using the PDT by all practitioners in the service should be discussed and decided at the service level with practitioners' participation (e.g., when to start, when to reach the phase of compiling the Scoring Profiles and the IPDP). However, for the initial phase, given the novelty of the ECD competencies, the tools and the entire process, it is recommended that a maximum of six months should be allocated before an iteration of the self-assessment and revision of the IPDP process is initiated (See *Cycle of Continuous Improvement*).

Step 2: Consolidate and analyse data from the Scoring Profiles

Duration: one week

At the end of the self-assessment period, each practitioner will have finalized the Scoring Profile and will have shared it with their managers. A consolidated **database with all the Scoring Profiles** will provide you and staff with a useful map of the distance between the current competencies of the personnel and the fulfilled ECD Competencies.

An analysis of the consolidated data from the Scoring Profiles may provide a lot of insightful information regarding the professional preparation and performance of staff. **By consolidating and analysing the data, as a manager, you may learn:**

- which domains of competencies have recorded high scores (a majority scoring 1 or 2) and how many/which practitioners recorded those scores. Those represent areas of strength at the service level, upon which further development or collaboration with peers (including from other services) can be built.
- which domains of competencies across practitioners should be prioritized for professional development, meaning that the majority of competencies under those domains have mainly recorded a score of 0 or 1.
- under each of the domains of competencies, which staff categories position themselves at the lower part of the scale and which at the higher part of the scale. This means that there is potential for peer support to enhance those competencies.

The map of strengths and competence gaps may strongly inform the professional development plans at the service level.

Step 3: Consolidate and analyse data from the IPDPs

Duration: one week

The IPDPs are a very important source of information for developing the service-level professional development plan (SPDP). By reviewing the IPDPs, you may learn:

- which are the **most frequent PD goals** for achieving the ECDC Competencies across practitioners.
- which **professional development activities (type and content) are most preferred** for which goals.
- how many practitioners require **individual support**.
- how much **time the practitioners envisage for their own professional growth** so that common activities can be planned at the service level.

Step 4. Agree on tailored PD and support

Duration: two weeks

An effective SPDP relies on data provided by IPDPs and proposes those types of capacity-building programs that can respond to the very specific needs of practitioners.

While identifying the competence gap and formulating goals at the service level might be quite a straightforward process, the planning of the professional development activities might be more challenging. At the same time, they represent the core of the SPDP, since much will depend on the actions taken to support practitioners in achieving competencies.

Depending on the result from analysing all IPDPs, when **agreeing on tailored PD and support**, you should consider the following:

- The **type of competencies** that need to be developed, enriched, or expanded and choose those **types of activities** that can best address them.
 - o For specific **types of knowledge**, training can be organized at the level of the service, thus providing the opportunity for staff to learn together, discuss and get a deeper understanding of the knowledge.
 - o For specific **types of practices**, job shadowing or the video recording of practices followed by professional discussions might be effective, but would require a climate of trust and collegiality, and ensure that confidentiality and privacy rights are met.
At the same time, it might be that for specific competencies, bringing practitioners from another service/sector to mirror specific practices might bring a deeper awareness and understanding of specific competencies.
- The different **type of support** that could be effective for different individual practitioners. Some practitioners learn better by themselves, some prefer peer-to-peer support, some prefer to participate in workshops where theory is applied into practice and immediate feedback is provided. At the same time, the mapping of competencies may indicate which colleagues have recorded the highest scores (a score of 2) on which competencies, and could be used as anchors for guiding and supporting others in expanding those competencies.

Step 5: Develop the service-level professional development plan (SPDP)

Duration: a max of two months

The SPDP's main goal is to support practitioners in achieving the ECD Competencies through tailored PD. The SPDP can be developed in different ways. Here are two possible options.

1. Managers develop and share the SPDP with the staff, adjusting it based on staff feedback.
2. Managers create a team for PD which includes individual practitioners with a different professional background and experience to develop the plan. This plan is presented to other staff and a joint agreement is reached.

The SPDP should include:

- **goals** around common competence gaps that have been included in the IPDPs and **targets** regarding the improvement of those competencies over a period across all practitioners in the service. (e.g., the percentage of staff who should move up one point on the scoring scale)
- **activities** that have been proposed across IPDPs, bringing together different categories of practitioners or clusters of practitioners around common objectives. Peer and group support and learning should be encouraged to create a learning community supported by collegiality. The SPDP should also include ways in which individual support can be provided.
- **seeking specific resources** (external expertise, PD offer, journals, etc.) that can support the development of the specific competencies that have been prioritized.
- **plans for monitoring** the extent to which the PD activities meet the needs/expectations of the practitioners and are effective.

Important note: the SPDP does not replace the IPDPs, and it is not a sum of the IPDPs. However, some of the goals and activities that are proposed in the IPDPs can be similar (e.g., training sessions, participating in seminars or specific professional events, etc.). Therefore, SPDP addresses those **goals and activities that were similar in many IPDPs**. It is beneficial and resource-effective to cluster practitioners around goals/competencies that have been prioritized and organize different types of PD activities to target more practitioners, including those from different professional backgrounds.

In *Annex 4* you can find a **recommended structure of a SPDP**.

Step 6: Monitoring the improvement of the ECD competencies

Duration: every time a cycle of continuous improvement is completed

The process of achieving the ECD competencies by all staff is a process that requires time and a well-synchronized approach among the individual and collective continuous improvement processes.

The individual progress around the goals in the IPDPs is tracked down through the Scoring Profiles which are filled in by each practitioner after each self-assessment (at a maximum of every six months). On the other hand, monitoring the progress in achieving the collective goals set in the SPDP relies heavily on the progress recorded in the individual Scoring Profiles. Therefore, after each self-assessment, when the data from the Scoring Profiles is newly consolidated at the service level, you will analyse it and assess if the targets set in the SPDP have been achieved (e.g., the initial percentage of staff that recorded

point 0 on the scale is decreasing and the percentage of staff who recorded point 1 or 2 on the scale is increasing, though not yet reaching the planned target). The data resulting from analysing the progress made against the set targets will inform potential adjustments in the SPDP within the next phase. Over one year, it is envisaged that progress is monitored twice.

2.2. Phase of continuous improvement at the service level

The phase of continuous improvement at the service level starts after the initial phase has been concluded and it should be aligned with the individual continuous self-improvement phase (see the *Guidelines for Practitioners*).

The steps in this phase are similar to those in the initial phase (except for step 1). However, in this phase, given that you and practitioners will be more familiar with the tools and the steps in the process, the time allocated for each step might shorten.

The Cycle of Continuous Improvement

In this phase, you will collect the updated Scoring Profiles and analyse the progress made against the learning and development goals set in the initial SPDP. The core aspiration is that all practitioners achieve all ECD competencies. Therefore if the learning and development goals:

- were achieved, you should set new goals and develop a new SPDP.
- were not yet achieved, you will have to revise the SPDP and consider:
 - introducing new/different activities under existing goals in the IPDP.
 - Extending the deadlines to allow enough time for their achievement.
 - adjusting the number of goals.

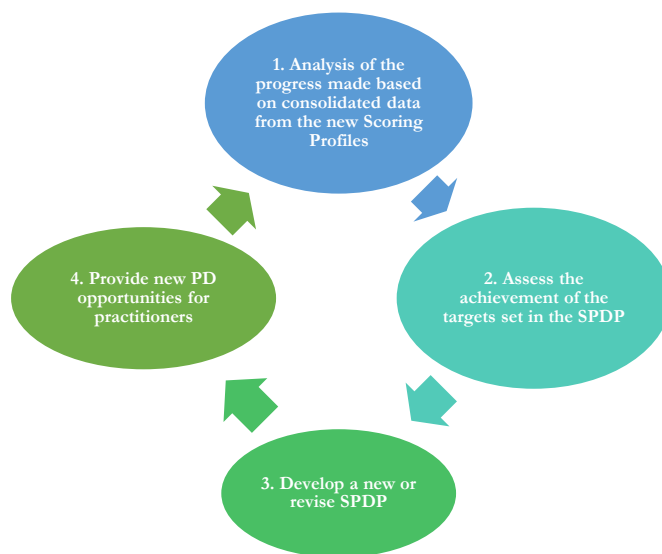


Figure 4: Cycle of continuous improvement at the service level

2.3. Tips for managers in using the PDT

The tips below are reflecting the values that the PDT is promoting (see *Section 3.2*), and the rationale that when confronted with new competencies, practitioners deserve a supportive and motivating professional environment that enables and nurtures their professional growth.

Do	Don't
✓ Carefully read the PDT so that you are familiar with the ECD competencies that are required from all early childhood practitioners.	✗ Don't approach/use the PDT without having a deep understanding of ECD Competencies, PDT and accompanying tools.
✓ Ensure that practitioners have enough time to go through the professional improvement process (self-reflect, self-assess, develop and follow the IPDP, etc.) and they are motivated to embark on it.	✗ While agreeing on deadlines, don't put pressure on practitioners throughout the self-assessment process.
✓ Build the sense of trust, collegiality, and community among practitioners by encouraging peer sharing, peer support and learning.	✗ Don't hurry or intentionally speed up the continuous improvement cycle.
✓ Provide practitioners with a sense of ownership of the process of improving their ECD competencies. Involve them in, and consult them on, the development of the SPDP.	✗ Don't use the PDT as a tool to run a job performance review on practitioners, but only as an opportunity to support professional growth among staff, towards quality.
✓ Ensure that the SPDP is relevant and responds to collective professional development needs, while	✗ Don't engage in the development of SPDP if you are not able to allocate time and resources to

Do	Don't
<p>providing opportunities to address the individual needs of practitioners for improving their ECD Competencies.</p>	<p>support the growth of practitioners and nurture their competencies.</p>
<p>√ Ensure privacy of data regarding IPDPs if requested, transparency regarding the monitoring results regarding the SPDP. Adjust, if needed, the SPDP based on the monitoring results.</p>	<p>⊗ Don't encourage competition among practitioners in the way they perceive the results of the self-assessment.</p>

3. Proposed timeline for the process of (self)improvement

Figure 5 below illustrates the steps to be taken by practitioners and managers in the **initial phase** when the PDT is used, and the IPDP and SPDP are developed, for the first time. The red dotted lines indicate the **cycle of continuous improvement** that starts after the initial phase is completed.

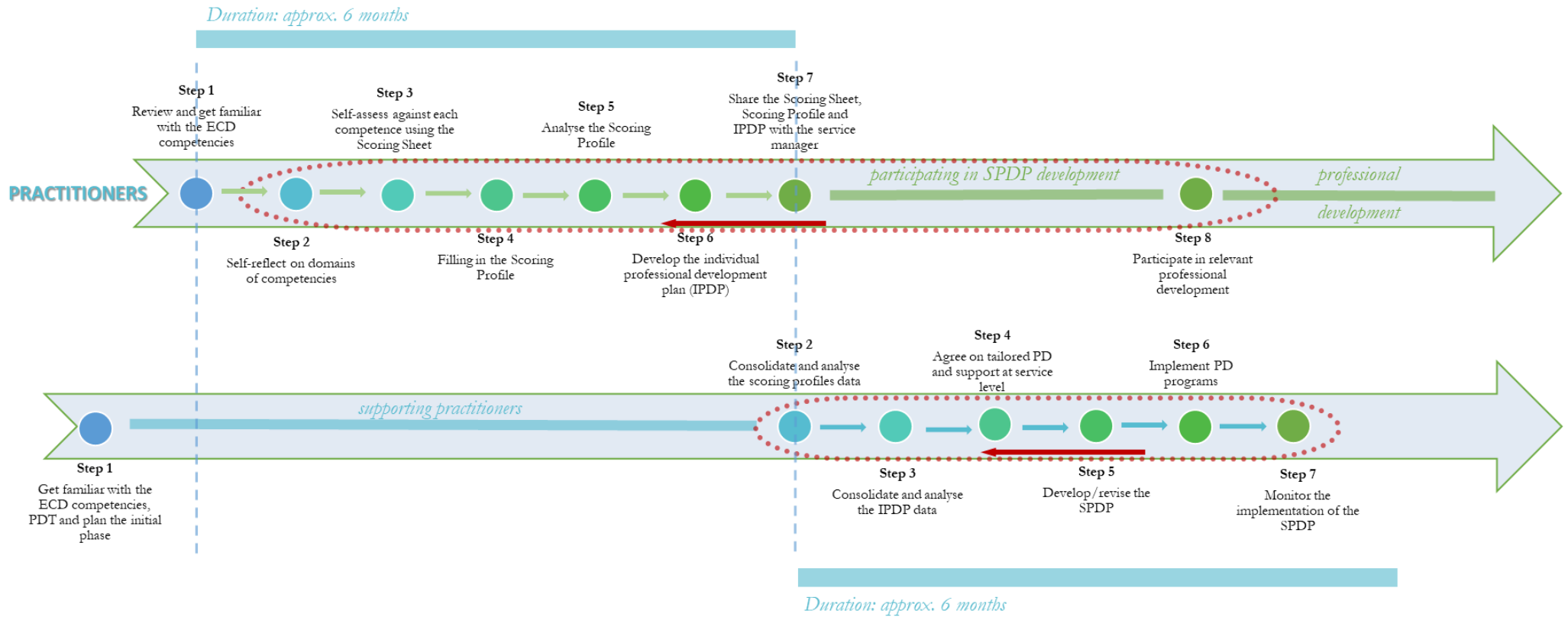


Figure 5: Timeline for the (self)improvement process

PART III: The Professional Development Tool

Domain #1: Science and practice supporting holistic early childhood development

Domain #2: Child wellness: health, nutrition, and safety

Domain #3: Family and community

Domain #4: Diversity and inclusion

Domain #5: Professionalism and professional growth

Domain #6: Coordination across practitioner roles and professional settings

Domain #7: UAE culture and heritage

Domain #1: Science and practice supporting holistic early childhood development

1. What we expect practitioners to know

Type of knowledge (K)

K1.1: Understand the long-lasting impact of the early years on an individual's life and the importance of addressing a child's holistic development.

Guiding examples:

- Understand how the experiences and environments in the first years of life affect a person's physical, social, emotional, cognitive, and behavioural development throughout their lifespan.
- Understand the need for providing positive and supportive conditions that foster the growth and development of a child's full potential, well-being, and functioning.
- Understand holistic child development in the early years and the equal importance of nutrition, health, early stimulation (learning), responsive parenting, and safety and security.
- Understand how stable, responsive, nurturing relationships and supportive environments in early childhood promote optimal child development and buffer or minimize the negative effects of adversities.

K1.2: Familiar with the science-based theories and recommended practices regarding child's development from pre-birth to eight years of age: stages of development, developmental domains, features of each developmental stage for each domain, typical and atypical development.

Guiding examples:

- Familiar with the main stages of a child's typical holistic development between conception and eight years of age.
- Familiar with the main stages of a child's typical development under different developmental domains (e.g., physical development, socio-emotional development, cognitive development, language, sensory development).
- Familiar with main science-based theories and able to use them to explain and justify approaches to working with young children and ECD services and interventions offered to them.

K1.3.: Aware of the principles of assessing child development and different techniques and tools for conducting relevant and appropriate assessments and documentation.

Guiding examples:

- Aware of key features of carrying child assessment processes and their rationale.
- Aware of the manifestations of atypical child development and the red flags indicating that the child might be at risk and need additional support.
- Aware of various approaches, techniques, and tools for observing, assessing, and documenting child development.
- Aware of the most suitable assessment and documentation tools that align with the practitioner's competencies and role.

K1.4: Understand processes, protocols, and procedures for protecting the child's and family's privacy and confidentiality.

Guiding examples:

- Understand internal and external regulations, policies, and laws on data protection.
- Understand internal and external regulations and policies regarding data sharing among practitioners.
- Understand the importance of protecting child and family privacy and confidentiality.

2. What we expect practitioners to be able to do

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
P1.1: Interact with kindness, warmth and care, expressing respect, appreciation and enjoyment of children.	<p>Neglect greetings at arrivals and departures.</p> <p>Sometimes speak harshly to children.</p> <p>Speak to children mostly to give them directions.</p> <p>Speak with parents about children’s challenges in the presence of children without considering them.</p> <p>Ignore when children become frustrated and begin to get angry.</p>	<p>Greet children and use children’s names when speaking to them.</p> <p>Use a pleasant voice, polite words, and a warm tone most of the time.</p> <p>Show affection to children only in specific cases (such as when a child is excited, upset, crying, etc.).</p> <p>Comfort children who need immediate emotional support.</p> <p>Interact with children in an age-appropriate way.</p>	<p>Responsive to each child’s ideas, feelings, opinions, and experiences.</p> <p>Engage with children in meaningful conversations.</p> <p>Treat children in ways that show awareness of them as unique individuals.</p> <p>Show empathy, concern, and understanding.</p> <p>Act in a comforting and reassuring manner.</p>
P1.2.: Listen to and respond appropriately to children’s verbal and non-verbal requests and cues, as well as their individual needs and interests.	<p>Do not pay attention to children.</p> <p>Neglect children’s verbal and non-verbal requests, cues, and individual needs and interests.</p> <p>Overlook or misinterpret children’s cues, as well as their individual needs and interests.</p> <p>Do not prioritize understanding or addressing children’s preferences or needs.</p>	<p>Smile at children and show care through facial and body language.</p> <p>Respond appropriately to most children’s verbal and non-verbal requests, cues, and individual needs and interests.</p> <p>Use supportive language to encourage children to express themselves.</p> <p>Ask questions to learn more about the child’s needs and interests.</p>	<p>Interact positively with children, both verbally (e.g., listening, conversing with interest and respect) and non-verbally (e.g., smiling, nodding, making eye contact, getting down to the children’s eye level, etc.)</p> <p>Keep eye-level contact when listening to children.</p> <p>Follow the child’s lead in conversations and discussions.</p> <p>Ask questions to learn more about the child’s needs and interests and respond appropriately.</p> <p>Encourage children to talk about how they understand something or share their views and perspectives on a topic.</p>
P1.3: Demonstrate the understanding that there are individual differences and fluctuations in children’s development and learning that must be responded to reflectively and appropriately.	<p>Treat all children in the same way using a “one-size-fits-all” approach.</p> <p>Resist or struggle with appropriate responses to varied developmental patterns among children.</p> <p>Show frustration when children do not meet developmental milestones at the expected times.</p>	<p>Demonstrate respect for individual differences in children’s development and learning, but do not respond reflectively and appropriately to those differences in a consistent way.</p> <p>Attempt to plan interventions and approaches keeping children’s diverse developmental levels in mind but not always successfully.</p>	<p>Adapt interactions to meet the diverse needs of each child.</p> <p>Intentionally recognize and respond to individual differences in children’s development and learning.</p> <p>Treat and address children in ways that show awareness of them as unique individuals.</p> <p>Regularly reflect on practice to ensure it meets the individual developmental needs of each child.</p>

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
	Plan interventions and approaches without considering the children's diverse developmental levels and needs.		Demonstrate patience and understanding for children who develop at their own pace. Do not compare children with each other, but rather build on each child's individual strengths.
P1.4: Communicate with children in a manner that is age appropriate, ongoing, and responsive to children's strengths and needs as individuals.	Do not use supportive language to encourage children's participation and input. Talk to children, not with them. Use inappropriate words/phrases (such as "You could be smarter," "You are bad," etc.) Communicate in a way that lacks clarity, making it difficult for children to understand.	Respond appropriately to each child's behaviour. Encourage and use children's input. Use supportive language to encourage children to try new things and to retry if they fail. Occasionally communicate clearly, using age-appropriate language, making it easier for children to understand. Begin to integrate some non-verbal tools (e.g., pictures, objects, dolls) to facilitate communication with children.	Communicate with children in a manner that is consistently age appropriate, ongoing, and responsive to each child's unique strengths and needs. Listen actively to children's perspectives and incorporate their input into interactions and activities. Demonstrate respect, empathy, and understanding in all communications with children, fostering a positive and nurturing relationship that supports their overall development and well-being.
P1.5.: Apply evidence-based strategies for promoting child and family development, including appropriate use of technology.	Do not promote child and family development. Do not use technology meaningfully or appropriately to promote child and family development. Struggle to identify relevant strategies to promote child and family development.	Provide some resources to families to support child development, though this may be inconsistent. Work towards applying strategies for promoting child and family development more consistently. To a limited extent, use technology in a meaningful or appropriate manner to promote child and family development.	Demonstrate consistent application of evidence-based strategies for child and family development. Integrate technology effectively and appropriately in day-to-day practice when working with children and families. Use evidence-based strategies and tailor them to the needs of children and families. Design programs/activities/actions for promoting child and family development by combining theoretical knowledge with input from children, families, and communities.
P1.6: Use appropriate strategies and tools to assess and document children's capabilities and knowledge and identify possible developmental anomalies, disabilities, malnutrition, chronic illnesses, atypical behaviour, or exceptional competencies.	No tools are used to systematically collect data about children's development and progress. Fail to observe children's behaviour and development accurately. Assess the child's development/performance in comparison with other children.	Collect data regarding each child in a portfolio with samples dated and organized by topic or developmental domain. May observe children's development in different areas, but no attempt is made to record it systematically.	Systematically record and organize written observations in a relevant format of documentation (e.g., portfolio, developmental map, health record, etc.). Use observation results to track children's progress and set goals for the future development of children. Use examples of children's work (writing, art, photographs, records of their participation in group projects, checklists,

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
		Develop observational skills but may not catch all nuances of children’s behaviour and development.	and records of conversations about how they spend their time) as assessment information.
P1.7: Use a system for organizing results of assessments along with documentation and other records so the information can be used for sharing, screening, further assessment, and planning purposes as well as to engage parents and other practitioners (when permission is granted) in providing timely care and interventions.	<p>No tools to record and document data about children are used.</p> <p>Keep no or only poor records of assessment, making it difficult to track children’s progress or share this with others.</p> <p>Benchmarking child’s progress and performance with that of other children.</p> <p>Fail to share important assessment results with colleagues, parents, or other practitioners, hindering collaborative care.</p>	<p>May observe children’s development in different areas, but does not record it systematically.</p> <p>Provide information regarding children’s status and progress and ask parents/families or different professionals in some cases for feedback.</p> <p>Show improvement in keeping records, but may still lack consistency.</p>	<p>Systematically record and organize written observations in a portfolio or any other form of documentation for each child.</p> <p>Share recorded observation and assessment instruments with family members and other professionals when needed.</p> <p>Use assessment information to provide or recommend timely and appropriate interventions.</p>
P1.8: Establish short- and long-term plans for the child’s experiences based on observation, results of assessments and documentation, and in consultation with parents and colleagues.	<p>Plan activities only for the whole group without considering children’s individual abilities and interests.</p> <p>Do not have individual plans.</p> <p>Other professionals are not included in assessing and planning.</p> <p>Lack of any form of planning for the child’s experiences, leading to unstructured and non-systematic approaches.</p> <p>Do not incorporate assessment results and observations in planning.</p> <p>Lack a long-term vision or plan for the child’s developmental journey.</p>	<p>Start including a variety of age-appropriate activities in plans.</p> <p>Plan some separate activities for some children who are experiencing difficulties.</p> <p>Incorporate ideas of other professionals (special educators, special content teachers, teaching assistants, administrators, other colleagues, etc.) who may be working with the children in instruction plans.</p> <p>Engaged in the process of developing skills for effective planning based on observations and assessments.</p> <p>Begins to consider the child’s individual needs in planning, but may not yet be fully proficient.</p> <p>Design plans based on observations, assessments, and documentation. but fail to involve parents in the process of setting goals.</p>	<p>Make plans based on an assessment that reflect the current functioning/development/knowledge level of all the children in the class/care/program.</p> <p>Write long and short-term plans that look at each child holistically.</p> <p>Ask family members how they contribute to the child’s progress in learning.</p> <p>Together with the family and child, write learning goals and discuss strategies for achieving those goals.</p> <p>Together with the family and child, assess how well learning/progress goals have been achieved.</p> <p>Solicit information from parents about their expectations for their child and strategies they use at home to help the child and incorporate this information into practice.</p> <p>Use the special interests of families in planning to provide more varied early-learning and development experiences for children.</p>

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
			Consult with other practitioners while planning to enhance, align, and improve practices.
P1.9: Create healthy, welcoming and age-appropriate environments for young children.	<p>There are no photos, no children’s work displayed, and nothing about the children and families visiting the ECD service/institution.</p> <p>The space is not arranged to encourage children’s interaction and learning from each other.</p>	<p>The space has child-appropriate furniture.</p> <p>Provide materials and equipment that are developmentally appropriate, physically safe, and accessible to children.</p> <p>Some pictures of the children and their families are displayed on the walls.</p> <p>Pay attention when children want to express their feelings, ideas, and experiences.</p>	<p>Talk to children individually about their interests and experiences.</p> <p>Foster a supportive and inclusive environment that respects and values individual differences.</p> <p>Incorporate elements of children’s home settings into the environment and in different activities (language, photos, songs, music, stories, words, books, etc.).</p> <p>Ensure that children's competencies, efforts, and performance are recognized.</p> <p>Encourage and assist all children in expressing their feelings, ideas, and experiences.</p> <p>Let children know that all emotions are acceptable and help them develop appropriate ways of sharing them.</p> <p>Engage in active listening, expand upon their ideas, and integrate these ideas into learning experiences.</p>
P1.10: Intervene when the child’s development is impeded by actively making positive changes to the child’s environment.	<p>Do not ask about children’s feelings, ideas, experiences, or level of ability.</p> <p>There are no changes made in the environment for a long period of time.</p> <p>Environment does not reflect different abilities of children.</p>	<p>Take care of children’s physical and emotional needs.</p> <p>Adapt the environment for obvious impairments, such as needing to see, hear, and move easily.</p> <p>Make adaptations for children who may be ill or injured that day or who are going through difficult experiences.</p>	<p>Change the environment based on observations of children.</p> <p>Diversify materials in the service (e.g., classroom/office/consulting rooms) and organization of space to meet different children's needs, creating safe, inspiring, and responsive environment.</p> <p>Adapt the physical environment to the needs of individual children and ask for advice from specialists and parents, as well as from children.</p> <p>Consider adaptations that need to be made for learning styles, children's size, cultural specificities, and similar.</p>
P1.11: Demonstrate respect for privacy and confidentiality of data and other sensitive information about children, families and colleagues when	<p>Share data about children and families with other practitioners and professionals without prior consent from parents.</p>	<p>Start to implement necessary measures to safeguard the confidentiality of sensitive information about children and families.</p>	<p>Consistently demonstrate a high level of respect for privacy and confidentiality of data and other sensitive information about children, families, and colleagues.</p>

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
interacting, communicating, and cooperating with families, colleagues, other practitioners and partners.	<p>Do not follow any procedure for data protection and confidentiality.</p> <p>Share information about families and/or children with other families.</p>	<p>Selectively follow data-protection protocols when sharing information about children and families with practitioners.</p> <p>Demonstrate a growing respect for the privacy and confidentiality of information about children, families, and colleagues.</p>	<p>Regularly follow data-protection protocols when sharing information about children and families with practitioners.</p> <p>Seek and obtain informed consent from parents before sharing data or information about their children with other practitioners, professionals, or services.</p> <p>Protect the confidentiality of sensitive information and take extra precautions to prevent unauthorized access or disclosure.</p> <p>Provide clear and transparent communication to families and colleagues about protecting and using their data, reinforcing trust and cooperation among all stakeholders.</p>

Domain #2: Child wellness: health, nutrition, and safety

1. What we expect practitioners to know

Type of knowledge (K)
<p>K2.1: Familiar with the science regarding healthy early childhood development and ways to support physical growth, emotional well-being, and adequate nutrition.</p> <p><i>Guiding examples:</i></p> <ul style="list-style-type: none"> Familiar with the significance and interrelation of the five domains of nurturing care, encompassing responsive caregiving, learning opportunities, safety and security, good health, and adequate nutrition. Familiar with the essential nutritional requirements of children from birth to eight years old and understand how the quality of nutrition influences healthy growth and development. Familiar with the key milestones in a child's physical development. Familiar with the key indicators of emotional well-being during early childhood. Familiar with the role of physical activity in fostering healthy growth and development throughout early childhood.

Type of knowledge (K)

K2.2: Understand the influence of adverse childhood experiences on life-long health and their social consequences.

Guiding examples:

- Understand the effects that traumatic events or adverse experiences during early years can have on a child’s cognitive, emotional, and physical development.
- Understand the potential long-term health and social consequences of untreated trauma or adversity experienced during early childhood.
- Understand how to recognize the signs and symptoms of trauma or adverse experiences in young children.
- Understand the critical importance of providing timely intervention and meaningful support for children who have faced adversity or trauma.

K2.3.: Aware of safety issues that affect children and factors and practices that reduce or increase risk to child safety.

Guiding examples:

- Aware of common safety hazards for young children in various environments (e.g., home, school, playgrounds).
- Aware of various strategies that can effectively minimize the risk of accidents or harm to children.
- Aware of the potential consequences associated with neglecting child-safety measures, as well as the benefits derived from proactive safety education.
- Aware of essential first-aid and CPR procedures that can be critical in emergencies.

K2.4: Familiar with child-protection laws, policies and protocols for reporting child neglect, abuse, exploitation or exposure to violence.

Guiding examples:

- Familiar with the legal obligations of professionals working with young children regarding reporting suspected abuse or neglect.
- Familiar with appropriate channels or authorities to whom to report suspected cases of child maltreatment, abuse, or neglect.
- Familiar with the critical nature of maintaining confidentiality and discretion while handling sensitive child-protection issues.
- Familiar with the key signs and indications of instances of child neglect, abuse, exploitation, or exposure to violence.

2. What we expect practitioners to be able to do

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
P2.1: Communicate with children and their parents about age-specific health, nutrition and diet as well as resources in the community that support healthy living consistent with the family’s cultural/ethnic background.	<p>Rarely or never discuss health, nutrition, or diet with children and their parents.</p> <p>In discussions, do not consider or show awareness of the family’s cultural or ethnic values and practices related to health and nutrition.</p> <p>Do not use resources in the community that support healthy living</p>	<p>Occasionally discuss age-specific health, nutrition, or diet with children and their parents.</p> <p>In discussions with families, occasionally show awareness of the family’s cultural or ethnic values and practices related to health and nutrition.</p> <p>Occasionally, use resources in the community that support healthy living that are consistent with the family’s cultural/ethnic background.</p>	<p>Regularly and proactively communicate age-specific health, nutrition, and diet information to children and their parents.</p> <p>In discussions with families, integrate and respect the family’s cultural and ethnic values and practices that promote child wellness.</p> <p>Engage in a respectful dialogue with parents to introduce a healthy way of living, even when some cultural values need to be challenged.</p>

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
	consistent with the family's cultural/ethnic background.		Use resources in the community that support healthy living consistent with the family's cultural/ethnic background. When appropriate, refer families to local community resources.
P2.2: Use strategies to maintain or improve the physical and mental health of young children and their parents (including healthy nutrition, exercise and play, sleep and relaxation time as well as appropriate screen and sedentary time).	Rarely or never discuss issues related to physical and mental health with children and parents. Provide children with unlimited access to different types of screens. Rarely or never address the negative effects of sedentary and screen time duration. Do not promote and encourage physical activity.	Occasionally promote healthy eating habits. Encourage some physical activity. Offer limited advice on a child's screen time.	Identify common deficiencies or issues related to nutrition in early childhood and suggest appropriate interventions or support to parents. Consistently encourage balanced nutrition. Plan and/or promote structured physical activities regularly. Provide and promote clear guidelines for screen time. Provide resources and tools (e.g., brochures, leaflets, activity cards, videos, posters, etc.) to promote children's and families' physical and mental well-being.
P2.3: Recognize the characteristics and needs of children and families at risk of illness, distress, abuse, harm and neglect and alert a supervisor or relevant authority.	Fail to recognize signs of distress, abuse, harm, or neglect. Fail to communicate detected signs of illness, distress, abuse, harm, or neglect with relevant stakeholders for further support and intervention. Disregard/ignore signs of distress, abuse, and other risks.	Able to identify signs and symptoms of trauma or adverse experiences in young children. Explain the importance of timely intervention and support for children who facing adversity or trauma. Start connecting with relevant professionals and services when adverse experiences are detected.	Able to identify the key signs and indicators of child neglect, abuse, exploitation, or any other exposure to violence or adversity. Connect with the relevant authority in a timely manner for early intervention and support. Consistently seek professional advice and support when signs of adverse experiences are detected. Regularly nurture relations and professional ties with relevant stakeholders when addressing the impact of adverse situations on children's and families' well-being.
P2.4: Take adequate actions when children are under threat of abuse, neglect, and violence (within their family, early childhood service provider, or larger community), including delivering an intervention, referring the family to appropriate services, or reporting concerns to supervisor or relevant authority.	Take no action when abuse, neglect, or violence are suspected. Do not refer families to support services. Do not report abuse, neglect, or violence concerns to supervisors or relevant authorities.	Take minimal steps to address abuse, neglect, or violence. Occasionally refer families to support services. Share concerns with colleagues and occasionally ask for advice or support. Selectively and occasionally report concerns to supervisors or authorities.	Act decisively, in a timely manner, and appropriately in all cases. Maintain confidentiality and discretion when dealing with sensitive child-protection issues. Effectively refer families to support services. Always report concerns to supervisors or relevant authorities and follow protocols.

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
P2.5: Promote home and community safety in partnership with parents (including the indoor and outdoor home environment, playgrounds, streets, public spaces, etc.) to prevent unintentional injuries, disease, or death of the child.	<p>Do not provide safety guidance to parents.</p> <p>Ignore safety hazards in the ECD service environment.</p> <p>Do not engage with the community on child safety provisions.</p> <p>Disregard the importance of home and community safety.</p>	<p>Occasionally offer basic safety advice to families.</p> <p>Occasionally identify minor hazards at home and in the ECD service environment and share them with parents.</p> <p>Participate sporadically in safety initiatives at the community level.</p> <p>Identify and address common safety hazards for children in various environments with parents (e.g., home, school, playground).</p>	<p>In partnership with parents, identify protective factors and strategies to reduce the risk of accidents or harm to children at home, ECD services, and the community.</p> <p>Indicate the importance of education and awareness regarding safety practices for caregivers, children, and practitioners.</p> <p>Collaboratively with parents, create comprehensive plans, and proactively identify and mitigate hazards for child safety.</p> <p>Actively engage with parents in community safety efforts.</p> <p>Engage in and initiate awareness-raising activities to promote the importance of home and community safety.</p>
P2.6: Provide first-aid / CPR procedures.	<p>Neglect the necessity of maintaining up-to-date skills for providing first aid/CPR.</p> <p>Unable to provide any assistance in emergencies.</p> <p>Hesitate or take incorrect actions during emergencies.</p> <p>Do not update first-aid skills regularly.</p> <p>Do not know where the nearest first-aid kit is placed in the building or how to access it in times of emergencies.</p>	<p>Possess basic first-aid/CPR skills.</p> <p>Can perform fundamental procedures during emergencies but may lack confidence.</p> <p>Know how and where to access the first-aid kit.</p> <p>Take action in times of emergencies and know who to turn to for help and support.</p>	<p>Have advanced skills in performing first aid/CPR.</p> <p>Respond confidently, appropriately, and swiftly during emergencies.</p> <p>Support colleagues when needed.</p> <p>Share knowledge with colleagues who need support.</p> <p>Regularly update and maintain first-aid skills.</p>

Domain #3: Family and community

1. What we expect practitioners to know

Type of knowledge (K)

K3.1: Understand the critical importance of the family environment (physical, social, cultural, economic, etc.) for a child's well-being, overall development, functioning, and learning.

Guiding examples:

- Understand how the physical environment of a family, including housing and neighbourhood conditions, can impact a child's development and overall well-being.
- Understand how family dynamics, such as parent-child relationships and interactions between siblings and parents, shape a child's emotional and cognitive development.
- Understand the effects of culture, tradition, practices, and values on a child's worldview and interpersonal relationships.
- Understand how a family's economic status can influence a child's development, acknowledging both the potential advantages and disadvantages.

K3.2: Aware of the importance of high-quality interactions between parents and the child, and between practitioners and parents.

Guiding examples:

- Aware of the benefits of stable, positive, and nurturing interactions between parents and children.
- Aware of the distinctions between healthy and toxic parent-child interactions, as well as their potential impacts on a child's development and overall well-being.
- Aware of the effects of non-existent communication between parents and children.
- Aware of various strategies, approaches, and techniques that can be employed to collaborate with parents and actively involve them.
- Aware of the essential role that trust, respect, and open communication between practitioners and parents play in facilitating a child's holistic development.

K3.3.: Aware of community resources to support child and family development and functioning.

Guiding examples:

- Aware of the influential role that the wider community plays in the development of the child.
- Aware of relevant community resources that might support families, such as libraries and community centres, ECD services, different parenting programs and support groups.
- Aware of the critical importance of key stakeholders in the community and the support they can provide to families in need.
- Aware of the existing referral paths designed to connect families with relevant ECD services tailored to meet their specific needs.

2. What we expect practitioners to be able to do

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
P3.1: Listen to and involve parents in all decisions regarding the child's safety, healthy development, and learning.	<p>Do not consider the critical impact of the family environment on a child's well-being.</p> <p>Neglect the impact of the physical environment, such as housing and neighbourhood conditions, on child development.</p> <p>Do not consider the role of family dynamics, like parent-child relationships, in shaping a child's emotional and cognitive growth.</p> <p>Disregard parental opinions and input.</p> <p>Make decisions without consulting parents.</p>	<p>Occasionally involve parents in decision-making but lack a comprehensive understanding of the family environment's impact.</p> <p>Recognize some effects of the physical environment and family dynamics on child development.</p> <p>Acknowledge the influence of family culture, tradition, practices, and values on a child's well-being.</p> <p>Occasionally seek parental input, but may not always incorporate it in daily practice.</p> <p>Sometimes, inform parents about decisions made about the child, but post-factum.</p>	<p>Actively engage parents in all decisions, recognizing the critical importance of the family environment.</p> <p>Consistently consider and respect the family's physical, social, cultural, and economic context in decision-making.</p> <p>Utilize tools and surveys to gauge parental perspectives on decisions.</p> <p>Regularly involve parents in decision-making processes regarding their child.</p> <p>Consistently value and respect parental perspectives and integrate them into decisions.</p> <p>Actively seek feedback from parents and incorporate it into practice.</p> <p>Create open channels of communication where parents feel comfortable sharing.</p> <p>Build on parental strengths.</p>
P3.2: Interact with parents in a timely, transparent, respectful, and accountable manner to establish relationships that encourage mutual exchange of information about children.	<p>When communicating with parents, use a top-down approach – giving them information without consulting them.</p> <p>Neglect the significance of communication gaps between professionals and parents.</p> <p>Fail to utilize effective strategies for collaborating with parents.</p> <p>Respond to parents' inquiries with delay or ignore them.</p> <p>Ignore information about the child provided by parents.</p> <p>Provide unclear or misleading information.</p> <p>Do not maintain a transparent record of decisions and actions related to the child.</p>	<p>Occasionally ensure a mutual exchange of information, fostering trust and clarity.</p> <p>Respond to parents within a reasonable timeframe, but might occasionally lack transparency.</p> <p>Occasionally fail to provide all pertinent information.</p> <p>Selectively maintain a transparent record of decisions and actions related to the child.</p>	<p>Always respond promptly and transparently to parents.</p> <p>Ensure mutual exchange of information, fostering trust and clarity.</p> <p>Ensure prompt response to all parental communications, typically within a day.</p> <p>Maintain a transparent record of decisions and actions related to the child.</p> <p>Always punctual and prepared for scheduled meetings with parents.</p> <p>Accept responsibility and proactively address any oversights or mistakes in communication with parents.</p> <p>Acknowledge the importance and the value of parents' information about children through warm and respectful interactions.</p>

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
P3.3: Establish relationships with parents based on mutual understanding, trust and cooperation.	<p>Often display impatience or irritation during interactions with parents.</p> <p>Maintain a distant relationship with parents.</p> <p>Do not try to understand parental perspectives or concerns.</p> <p>Avoid addressing conflicts and/or disagreements that often lead to unresolved issues.</p> <p>Rarely acknowledge or recognize the importance of parental involvement.</p> <p>Do not trust the information parents provide.</p>	<p>Occasionally engage in meaningful conversations with parents.</p> <p>Understand parental perspectives, but do not always act upon them.</p> <p>Attempt to address conflicts, but may lack mediation skills.</p> <p>Sometimes acknowledge parental efforts and involvement.</p> <p>Sometimes delegate some decisions and activities to parents, but maintain control.</p>	<p>Regularly schedule check-ins with parents to learn about children and foster mutual understanding and trust.</p> <p>Actively seek to understand and validate parental concerns, even in disagreement.</p> <p>Mediate in an efficient and timely way and resolve potential conflicts and disagreements with parents or among parents, ensuring everyone involved feels heard and respected.</p> <p>Consistently acknowledge and appreciate parental efforts, fostering a cooperative spirit.</p> <p>Create opportunities for parents to take the lead in decision-making processes and activities.</p>
P3.4: Use effective strategies to engage family members with diverse linguistic and cultural backgrounds.	<p>Assume all families have the same needs and communication preferences.</p> <p>Make no effort to understand or respect cultural differences.</p> <p>Use jargon or complex professional language without considering linguistic differences.</p> <p>Often display cultural insensitivity or bias, even if unintentional.</p> <p>Deny personal biases and prejudices.</p> <p>Do not recognize diverse linguistic and cultural backgrounds.</p> <p>Use only the dominant language when communicating with children and families.</p>	<p>Inconsistently use family's first language and sometimes use translation services or online tools.</p> <p>Show interest in learning about different cultures, but may lack the tools and skills to incorporate them effectively when engaging with families.</p> <p>Begin to recognize linguistic barriers, but might not always have solutions to overcome them.</p> <p>Try to engage in professional discussions aiming at peer learning and support to improve skills and strategies.</p>	<p>Consistently use translation services and resources to ensure clear and inclusive communication.</p> <p>Involve colleagues, other professionals, or volunteers with the same diverse language background as support while communicating with families.</p> <p>Proactively seek opportunities to nurture cultural competency and autonomy, informing responsive and inclusive practices.</p> <p>Use simple language and check for understanding, especially with non-native speakers.</p> <p>Collaborate with cultural representatives or community members to ensure culturally responsive practices.</p> <p>Provide essential information in different languages in a print or online format.</p>
P3.5: Use a variety of ways to communicate with parents including active listening, email, phone, and text messaging, respecting each family's style, preferred methods of communication, and language.	<p>Rely solely on one method of communication, disregarding parental preferences and educational and economic background.</p> <p>Interrupt parents frequently during conversations, showing a lack of active listening.</p> <p>Ignore requests from parents to use a specific type of communication and stick to only the most common ways of communication.</p>	<p>Aware of the different economic statuses, abilities, and communication preferences of parents.</p> <p>Inconsistently use a diverse selection of communication methods and tools.</p>	<p>Employ a range of communication methods, always aligning with parental preferences, considering their economic and educational status, level of ability, and resources available.</p> <p>Demonstrate excellent active listening skills, always allowing parents to express themselves fully.</p> <p>Use paraphrasing as the primary strategy in ensuring shared understanding.</p>

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
		<p>Try to listen actively, but occasionally interrupt or get distracted.</p> <p>Start to inquire about parents' preferred communication methods, but might not always follow through.</p> <p>Occasionally paraphrase the message to ensure the message/aim is understood.</p> <p>Ask for parents' preferred way of communication, but fail to consistently fulfil parents' preferences.</p>	<p>Avoid professional terminology and technical language.</p> <p>Regularly confirm and update records of each family's communication preferences.</p> <p>Ensure clarity in all messages, adapting language and mode to fit the needs of each family.</p> <p>Involve parents/families in selecting communication tools and ways that are most convenient and suitable for each family.</p> <p>Actively engage in peer discussions to share, exchange and update communication methods and tools.</p>
P3.6: Create opportunities for parents to strengthen their parental skills.	<p>Do not provide any resources or avenues for parents to enhance their skills.</p> <p>Ignore concerns or questions from parents about child-rearing practices.</p> <p>Avoid discussing developmental milestones or offering guidance.</p> <p>Do not link parents with relevant services or resources that promote parental involvement.</p> <p>Rarely acknowledge the role parents play in a child's development.</p> <p>Fail to promote the crucial role of parents in child development and well-being.</p> <p>Blame parents for the child's general status.</p>	<p>Occasionally share general parenting resources, but do not tailor them to parents' individual needs.</p> <p>Show interest in supporting parental growth by providing visuals, lectures, workshops, and written materials on parenting skills.</p> <p>Occasionally link parents with relevant services or resources in the community that promote parenting skills development, but mostly focus on mothers.</p>	<p>Regularly organize workshops, courses, or sessions tailored to parents' specific needs and questions.</p> <p>Collaborate with experts to provide parents with comprehensive resources and support tailored to their needs.</p> <p>Actively discuss developmental milestones and provide actionable guidance to parents.</p> <p>Continuously emphasize and support parents' crucial role in their child's growth and development.</p> <p>Link parents with useful resources and knowledge available in the community to strengthen their parenting roles.</p> <p>Foster participation of both mothers and fathers in discussions, programs, or exchanges aiming to strengthen parenting skills.</p>
P3.7: Partner effectively with stakeholders in the community to promote the interest of families and children.	<p>Fail to recognize the community's important role in overall child development and family well-being.</p> <p>Lack relevant information about the existing stakeholders in the community promoting the best interests of children and families.</p> <p>Rarely or never engage with community stakeholders.</p>	<p>Begin to recognize the importance of community partnerships, but may not actively engage.</p> <p>Participate in some community events, but may not fully utilize their potential.</p>	<p>Have an in-depth knowledge and overview of available community resources and effectively connect families to appropriate support.</p> <p>Indicate the types of community resources available for families, such as parents' networks, parenting classes, support groups, and playgroups.</p> <p>Refer and guide families in accessing and navigating community resources tailored to their specific needs.</p>

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
	<p>Miss out on community events or initiatives that could benefit families.</p> <p>Do not advocate for families' needs when opportunities arise.</p> <p>Unaware of the various resources and support systems available in the community.</p>	<p>Still fail to establish meaningful partnerships with relevant community stakeholders.</p> <p>Occasionally raise family concerns in a community forum or in meetings.</p> <p>Have a basic understanding of community resources, but may not always link them appropriately with families.</p>	<p>Explain the role of community institutions, such as libraries and community centres, in promoting child and family development.</p> <p>Advocate for establishing or improving community resources based on observed family and child needs.</p> <p>Actively build and nurture relationships with a range of community stakeholders.</p> <p>Regularly participate in and sometimes lead community initiatives to support families and children beyond the primary service.</p> <p>Strongly advocate for the children's and family's needs and interests through various community platforms.</p> <p>Organize activities with children and families in the community so that they become visible.</p>

Domain #4: Diversity & inclusion

1. What we expect practitioners to know

Type of knowledge (K)

K4.1: Familiar with strategies for delivering services to children and families from different backgrounds or with special medical, developmental, or learning needs.

Guiding examples:

- Familiar with the importance of adjusting the ECD service delivery to foster the development and well-being of children and families from different backgrounds or with special medical, developmental, or learning needs.
- Familiar with the approaches and techniques to foster an inclusive environment for children and families regardless of their language, cultural, and economic background.

K4.2: Understand how discrimination, exclusion, poverty, and disrespect impact the lives and prospects of children and families.

Guiding examples:

- Understand how stereotypes, prejudice, and discrimination are interconnected and how they contribute to problems that some families experience.
- Understand the sources of biases, discrimination, and stigmatization and how social inequalities are distributed in society.

Type of knowledge (K)

- Understand how discrimination or exclusion may manifest within ECD services and what can be done to address and prevent such issues in effective ways.
- Understand the emotional, psychological, and developmental impact of discrimination, exclusion, and stigmatization on the development and well-being of children.
- Understand how poverty can limit access to ECD services and vital community resources, creating barriers to support and enrichment.
- Understand the comprehensive effects of poverty on a child's overall development and well-being, and the breadth of its impact on various aspects of a child's life.

K4.3.: Aware of the legal requirements for working with children with special developmental, learning, and medical needs.

Guiding examples:

- Aware of laws defining and framing children with special developmental, learning, and medical needs.
- Aware of legal frameworks regulating the rights of children with special developmental, learning, and medical needs.

2. What we expect practitioners to be able to do

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
P4.1: Adapt practices, communication and services to reflect each child's and family's characteristics, strengths, beliefs and needs.	<p>Use a one-size-fits-all approach without considering individual needs or backgrounds.</p> <p>Disregard or overlook the unique characteristics and beliefs of families.</p> <p>Rarely seek feedback on the appropriateness of communication or services provided.</p> <p>Show little flexibility or willingness to adapt to diverse needs.</p> <p>Fail to update practices regularly, considering everyone's uniqueness.</p>	<p>Adopt techniques to alter communication styles that reflect each child's and family's unique characteristics, beliefs, and needs.</p> <p>Able to recognize and leverage the strengths and needs of each child and family when planning and providing services.</p> <p>Explain the importance and methods of modifying service delivery to accommodate children with special medical, developmental, or learning needs.</p> <p>Able to integrate diverse family traditions, values, and languages into service delivery, ensuring each family feels valued and understood.</p> <p>Make occasional adjustments in communication based on apparent family characteristics.</p> <p>Show interest in understanding individual family beliefs and strengths.</p> <p>Ask for feedback occasionally, but might not consistently act on it.</p> <p>Begin to recognize the importance of individualized approaches, but might lack consistency.</p>	<p>Continuously reconsider one's attitudes and behaviours to avoid stereotypical or judgmental reactions towards children and families.</p> <p>Deploy strategies to foster inclusivity and respect in service environments, ensuring every child and family feels welcome regardless of background or circumstances.</p> <p>Routinely tailor practices and communication based on each child's and family's unique profile.</p> <p>Actively seek family input about their preferences and incorporate feedback in adapting and updating practices.</p> <p>Collaborate with families to co-create strategies that reflect their beliefs and strengths.</p> <p>Demonstrate a proactive approach in adapting services to meet diverse needs, relying on the child's and family's strengths.</p> <p>Create an inclusive environment and climate that respects all families and children, regardless of their differences and specific needs.</p>

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
P4.2: Provide adequate support to children with special medical, developmental or learning needs.	<p>Often overlook or downplay the specific needs of children requiring additional support.</p> <p>Disregard available and appropriate resources or interventions to support children with special medical, developmental, or learning needs.</p> <p>Rarely collaborate with specialists or seek expert guidance when needed.</p> <p>Show impatience or frustration when working with children with special medical, developmental, and/or learning needs.</p>	<p>Recognize children with special needs, but may not always provide adequate support.</p> <p>Begin to familiarize oneself with resources to support children with special medical, developmental, or learning needs, but do not use them effectively and consistently.</p> <p>Occasionally collaborate with specialists, but might not maintain regular communication.</p> <p>Demonstrate empathy and actively seek additional training to more effectively support children with special needs.</p>	<p>Follow the legal requirements and recommendations for children with special needs, ensuring they are treated with fairness, dignity, and respect.</p> <p>Guide families in understanding their rights and any available provisions they are entitled to, ensuring each child receives adequate support.</p> <p>Provide consistent, tailored support to children with special needs, ensuring their holistic development.</p> <p>Actively seek and utilize aid resources in interventions and strategies.</p> <p>Maintain regular collaboration with specialists, ensuring continuity of care and support.</p> <p>Demonstrate patience, understanding, and expertise in catering to children with diverse needs and abilities.</p>
P4.3: Treat all children and their families with fairness, empathy, understanding, dignity, and respect.	<p>Display favouritism or biases, leading to unequal treatment of children or families.</p> <p>Show a lack of sensitivity and empathy towards diverse backgrounds or perspectives.</p> <p>Rarely acknowledge or validate the feelings and concerns of families.</p> <p>Occasionally make insensitive remarks or actions, even if unintentional.</p>	<p>Aim to treat everyone fairly, but may unconsciously show slight biases.</p> <p>Show empathy, but might not always understand the depth of diverse experiences.</p> <p>Occasionally acknowledge and validate family concerns, but might lack consistency.</p> <p>Recognize the importance of respect and dignity and start adopting responsive practices.</p>	<p>Consistently demonstrate fairness and equity in all interactions and decisions.</p> <p>Exhibit deep empathy and understanding, often going beyond basic service to support families in addressing their uniqueness.</p> <p>Always acknowledge, validate, and address the concerns and feelings of families.</p> <p>Maintain a high standard of respect and dignity in all interactions, ensuring an inclusive environment resulting in responsive practices.</p>
P4.4: Address own biases toward children, families and communities to avoid stereotypical or judgmental reactions and to advance the child's development.	<p>Often make assumptions based on stereotypes, leading to judgmental reactions.</p> <p>Deny or unaware of personal biases, which can negatively impact interactions.</p> <p>Rarely or never seek feedback or reflect on personal behaviours and practices.</p>	<p>Recognize the importance of creating inclusive environments where every child and family feels seen, heard, and respected.</p> <p>Begin to recognize personal biases, but might not always address them effectively.</p> <p>Occasionally attend training or workshops on cultural competency/diversity and inclusion.</p>	<p>Identify signs of discrimination or exclusion and act with adequate support.</p> <p>Consistently treat children and families with fairness, empathy, understanding, dignity, and respect.</p> <p>Actively identify and address personal biases, ensuring fair and unbiased interactions.</p> <p>Regularly attend training and engage in continuous learning to enhance cultural competency.</p>

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
	Show resistance to discussions on bias or cultural competency with colleagues or parents.	Start to seek feedback and reflect on personal behaviour, but might lack consistent action. Show openness to discussions about bias, but might need more structured guidance and support.	Routinely seek feedback and engage in self-reflection, aiming for personal and personal growth. Demonstrate a proactive approach in discussions about bias, setting an example for peers.
P4.5: Use different strategies to make each child and family feel welcomed and respected regardless of their background, language, socio-economic status, ability or gender.	Use generic welcoming methods without considering individual differences. Show little effort in making families from diverse backgrounds feel included. Rarely adapt communication based on language or socio-economic status. Occasionally display behaviours that can make certain families feel marginalized and excluded. Reinforce existing biases and stereotypes towards diversity among children and families through professional attitudes and practices.	Occasionally adapt methods that contribute to a more inclusive climate and environment. Aware of the richness of diversity that families and children bring into service and programs. Try to be inclusive, but might lack a comprehensive understanding of diverse needs. Begin to adapt communication for different families, but may not always be effective. Recognize the importance of inclusivity, but might need further training and resources.	Consistently employ tailored strategies to make each child and family feel genuinely welcomed. Consciously adapt the environment to reflect, promote, and celebrate the diversity of families and children. Go beyond surface-level actions to ensure true inclusivity for families from all backgrounds. Skilfully adapt communication and resources based on language, socio-economic status, and other factors. Demonstrate a deep commitment to equity, ensuring all families feel respected and valued.

Domain #5: Professionalism and professional growth

1. What we expect practitioners to know

Type of knowledge (K)

K5.1: Aware of UAE legal frameworks and regulations regarding working with young children and families and regarding own practice.

Guiding examples:

- Aware of the significance of the legal frameworks and regulations for providing high-quality services and safeguarding children's and families' rights.
- Aware of specific legal frameworks and regulations in the UAE pertaining to the broader ECD sector.
- Aware of specific legal frameworks and regulations in the UAE pertaining to one's own practice and sector.
- Aware of the significance of the legal frameworks and regulations for promoting professionalism in the ECD sector.

Type of knowledge (K)

K5.2: Aware of the professional code of conduct for their profession, if applicable.

Guiding examples:

- Aware of the specific professional code of conduct and its principles for ethical and effective practice.

K5.3.: Aware of Abu Dhabi's ECD practitioner competencies and standards.

Guiding examples:

- Aware of the specific competencies and standards set for ECD practitioners in Abu Dhabi.
- Aware of the significance of competencies and standards in shaping quality practices and in promoting professional and personal integrity.
- Aware of the applicability of competencies and standards and how they can be used as a roadmap for continuous professional development and growth.

K5.4: Understand professional development as a continuous learning process that includes personal and professional growth and self-improvement.

Guiding examples:

- Understand the necessity and importance of lifelong learning and continuous professional development for personal and professional growth and self-improvement.
- Understand the different types of professional development opportunities.

K5.5: Familiar with effective and evidence-based strategies and tools for improving the quality of their practice.

Guiding examples:

- Familiar with a range of evidence-based tools and strategies that are crucial for improving and enhancing professional practices in ECD.
- Familiar with the transformative power of evidence-based strategies and tools for improving and nurturing the quality of ECD practice.
- Familiar with the different evidence-based strategies and tools relevant for improving the quality of one's own practice.
- Familiar with the effective implementation of various tools and strategies in everyday practice, ensuring that the services provided are of the highest quality and align with current research and knowledge.

2. What we expect practitioners to be able to do

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
P5.1: Identify proudly as an ECD professional and promote a positive image of the profession.	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
	Rarely identify oneself with the ECD profession.	Identify as an ECD practitioner, but may lack confidence in expressing it.	Consistently identify with pride as an ECD professional and act as an ambassador for the profession and the broader ECD field in the region/country.
	May express doubts about the value of the ECD profession to peers or the public.	Occasionally promote the profession, but might not always be proactive.	Actively promote and uphold the positive image of the profession both within and outside the professional community.
	Show little pride or enthusiasm about being part of the ECD community.	Recognize the value of the profession, but may need support in giving voice to it.	Express a deep belief in the value and importance of the ECD field and its work.
		Show emerging pride and appreciation for being in the ECD field, but still lack sufficient experience and/or arguments to make the case for the ECD field.	Exemplify the essence of an ECD professional, inspiring peers and newcomers.

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
P5.2: Demonstrate reliability and accountability in everyday work.	<p><i>Guiding examples</i></p> <p>Often late or absent without prior notice or valid reasons.</p> <p>Rarely meet deadlines or fulfil responsibilities.</p> <p>Do not hold themselves accountable for errors or oversights; often blame others or the system.</p> <p>Offer excuses rather than look for constructive solutions when facing challenges.</p> <p>Simplify assigned tasks/roles, often leading to incomplete results.</p> <p>Often delegate work to others and avoid primary responsibility.</p>	<p><i>Guiding examples</i></p> <p>Meet most responsibilities, but may sometimes need reminders, encouragement, and support.</p> <p>Begin to take accountability for actions, though might sometimes deflect blame.</p> <p>Show a developing sense of responsibility and commitment to duties and profession at large.</p> <p>Offer support to colleagues.</p>	<p><i>Guiding examples</i></p> <p>Able to apply the UAE legal frameworks in everyday work, ensuring compliance, reliability, and accountability in all dealings with children and families.</p> <p>Consistently reliable, punctual, and reliable in all professional endeavours.</p> <p>Always meet or exceed expectations, taking the initiative when necessary.</p> <p>Hold themselves accountable for all actions, learn from mistakes, and seek continuous improvement.</p> <p>Demonstrate unwavering commitment and responsibility, instilling trust in peers, families, and supervisors.</p>
P5.3: Model practices that promote professional and personal integrity in interactions with young children, families, and colleagues.	<p>Occasionally engage in behaviours that might be considered unethical or unprofessional.</p> <p>Hold a rigid image of the profession, resulting in insensitive interactions with children and adults.</p> <p>Rarely reflect on personal actions or seek feedback regarding professional integrity.</p> <p>Do not always maintain boundaries or confidentiality when required.</p> <p>Show inconsistency in upholding moral and ethical standards.</p>	<p>Exhibit professional behaviour but might have occasional lapses.</p> <p>Start to reflect on personal actions and seek feedback to improve.</p> <p>Understand the importance of boundaries and confidentiality, but may need reminders.</p> <p>Show a growing commitment to ethical standards and integrity.</p> <p>Recognize the importance of adhering to the code of conduct in upholding the reputation and standards of the ECD profession.</p>	<p>Exhibit practices that align with the professional code of conduct, ensuring personal and professional integrity in interactions with children, families, and colleagues.</p> <p>Apply rules and regulations in a consistent, non-biased manner.</p> <p>Adhere to the standards of ethical conduct and compliance.</p> <p>Guard the handling of sensitive or high-risk information appropriately.</p> <p>Consistently model the highest standards of professional and personal integrity.</p> <p>Engage in regular self-reflection and seek feedback to ensure ethical conduct.</p> <p>Always maintain appropriate boundaries, confidentiality, and respect in all interactions with young children and adults.</p> <p>Set a benchmark for ethical and moral standards, inspiring peers.</p>
P5.4: Use professional competencies and standards for ECD practitioners as guidance for own	<p>Rarely refer to or are unaware of professional competencies and standards.</p>	<p>Seek continuous feedback and remain open to adopting new tools and strategies that cater to the diverse needs of children and families, making everyone feel welcomed and respected.</p>	<p>Consistently use professional competencies and standards as the backbone for professional development and growth at individual and service levels.</p>

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
professional development.	<p>Do not align professional development or aspirations with recognized standards or competencies.</p> <p>Show little interest in using guidelines to inform personal growth.</p> <p>May resist or be indifferent to standardized frameworks.</p> <p>Constantly challenge the relevance and application of ECD competencies in day-to-day work.</p>	<p>Familiar with ECD competencies and standards, but may not always integrate them into professional development and professional aspirations.</p> <p>Begin to align personal growth with ECD competencies, but may lack consistency (support and guidance are still needed)</p> <p>Recognize the value of guidelines, but may need support to apply them effectively in practice.</p> <p>Show an increasing interest in structured frameworks for development.</p> <p>Seek support and engage in a professional dialogue.</p>	<p>Align all personal and professional growth activities with recognized ECD competencies.</p> <p>Seek to constantly update and refine practices based on evolving standards and guidelines.</p> <p>Engage in cyclic consultations and peer discussions to enhance personal and professional growth.</p> <p>Advocate for and mentor peers in adopting and adhering to ECD competencies and standards.</p> <p>Suggest and propose solutions and link colleagues with relevant continuous professional development opportunities.</p> <p>Show a deep understanding of keeping competencies and standards up to date, considering the evolving and changing ECD science and practices.</p>
P5.5: Apply information from professional meetings, seminars, workshops, as well as print and digital resources to stay abreast of and deepen professional knowledge.	<p>Rarely attend or show interest in professional development opportunities.</p> <p>Do not integrate new knowledge or strategies learned from resources into practice.</p> <p>Show little enthusiasm for continuous learning or staying up to date.</p> <p>May resist changes or updates in the field, preferring settled practices and methods.</p>	<p>Participate in seminars, workshops, and other professional development opportunities to stay abreast of current knowledge (although lacking the tools and mechanisms to put the knowledge into practice).</p> <p>Start to integrate new strategies and insights, but may still need peer support, mentoring, or guidance.</p> <p>Recognize the importance of continuous learning, but might need more motivation, vision, and purpose.</p> <p>Show interest in updates, but may need support in navigating and applying them.</p>	<p>Participate actively in seminars, workshops, and other professional development opportunities to stay abreast of current knowledge and practices.</p> <p>Apply learnings from various professional development avenues to enhance the service delivery quality and align with best practices in the field.</p> <p>Demonstrate a deep commitment to lifelong learning and staying at the forefront of the ECD field.</p> <p>Serve as a resource for peers, guiding them through updates and sharing knowledge generously.</p> <p>Proactively propose internal knowledge exchange sessions and take an active role in leading thematic professional discussions.</p>

Domain #6: Coordination across practitioner roles and professional settings

1. What we expect practitioners to know

Type of knowledge (K)
<p>K6.1: Understand the importance of cooperation and coordination within and across ECD services and settings in supporting overall child and family development and well-being.</p> <p><i>Guiding examples:</i></p> <ul style="list-style-type: none"> • Understand the significance of a cohesive and coordinated approach across different ECD services in ensuring comprehensive support for child and family development and well-being. • Understand the role collegiality plays in enhancing service provision, ensuring respect for each practitioner's functions, responsibilities, strengths, skills, and expertise. • Understand the various ways of cooperation and coordination within and across different ECD services.
<p>K6.2: Familiar with the variety of practitioner roles across ECD services and settings and their distinct contribution to supporting child and family development and well-being.</p> <p><i>Guiding examples:</i></p> <ul style="list-style-type: none"> • Familiar with the diverse roles and responsibilities of practitioners across the ECD sector. • Familiar with the unique contribution of each practitioner, service, and setting to child and family well-being and development.
<p>K6.3.: Aware of the variety of early childhood services and settings offered in Abu Dhabi.</p> <p><i>Guiding examples:</i></p> <ul style="list-style-type: none"> • Aware of existing early childhood services and settings available in Abu Dhabi. • Aware of the mandate and scope of each early childhood service and setting in Abu Dhabi and their contribution to rounded and healthy child and family development.

2. What we expect practitioners to be able to do

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
<p>P6.1: Demonstrate collegiality and is respectful of each other's functions, responsibilities, strengths, skills and expertise when working with other practitioners.</p>	<p>Do not acknowledge the unique contribution and strengths each practitioner brings to the ECD field.</p> <p>Rarely collaborate or seek input from peers.</p> <p>Occasionally dismiss or undervalue the contributions of other colleagues at the team/service level.</p>	<p>Generally acknowledge the roles of other practitioners, but may need reminders to collaborate and engage actively in joint work.</p> <p>Start to seek input and feedback from peers, but might not consistently integrate it into practice.</p>	<p>Apply the principles of cooperation in service planning, delivery, and outcome evaluation, emphasizing a collaborative mindset and a focus on child and family well-being.</p> <p>Consistently demonstrate a deep respect for all practitioners' unique strengths, skills, and expertise.</p> <p>Actively collaborate, valuing diverse perspectives and contributions to enriching the practice.</p>

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
		<p>Show initial respect for colleagues' expertise, but can benefit from more active engagement.</p> <p>Recognize the value of teamwork, but might need support in active participation and taking initiative.</p>	<p>Model collegiality, fostering an inclusive, supportive environment where all colleagues in different roles feel valued, welcomed, and recognized.</p> <p>Champion teamwork and mutual respect, enhancing the overall quality of service delivery.</p>
P6.2: Cooperate and coordinate with practitioners within their own and from other settings for joint planning, service delivery, and evaluation of outcomes.	<p>Do not engage in joint planning or coordination efforts with other colleagues or team members.</p> <p>Show limited interest in understanding or aligning with practices from other settings.</p> <p>May resist collaborative efforts, preferring isolated planning and evaluation.</p> <p>Stay protective of individual (own) practice and dismiss feedback or input from colleagues.</p>	<p>Begin to participate in joint planning, but may still lack consistency or depth in collaboration.</p> <p>Show interest in understanding practices from other settings, but might not always integrate insights or inform own practice.</p> <p>Recognize the value of collaborative efforts and occasionally engage in joint evaluations.</p> <p>Show a growing appreciation for the importance of coordinated service delivery.</p>	<p>Set an example of working harmoniously and respecting each other's expertise for effective joint planning, service delivery, and outcome evaluations.</p> <p>Actively seek opportunities for joint planning, coordination, and collaborative service delivery.</p> <p>Consistently integrate insights and practices from other settings, enriching overall service provision.</p> <p>Regularly participate in and value joint evaluations, driving continuous improvement.</p> <p>Demonstrate a profound commitment to cooperative, coordinated, and integrated service delivery for optimal outcomes.</p> <p>Develop practices and responsive solutions to ensure the flow of information across settings.</p>
P6.3: Cooperate and coordinate with others to facilitate children's and families' access to services.	<p>Show limited proactive effort in facilitating and promoting service access for families and children.</p> <p>Do not make referrals to connect families with other services or professionals.</p> <p>Rarely collaborate with other practitioners or services to improve access to information, services, and support.</p> <p>Lack of awareness of existing obstacles and potential barriers preventing children and families from accessing services.</p>	<p>Start to engage in efforts to facilitate service access, but may lack consistency.</p> <p>Have a good overview of existing and available services, but might not have strategies to connect families with them or make referrals.</p> <p>Occasionally collaborate with other practitioners in improving access to information, services, and support for young children and their families.</p> <p>Show a developing understanding of the importance of seamless service provision for families with young children within an early childhood ecosystem.</p>	<p>Consistently and proactively facilitate continuous access to services for children and families and address barriers that disproportionately affect specific groups of children and families.</p> <p>Design and propose outreach programs for hard-to-reach families with young children.</p> <p>Remain well-informed about the range of available services and effectively guide families through the system and procedures.</p> <p>Regularly collaborate with a network of practitioners to ensure optimal service access.</p> <p>Demonstrate a deep commitment to ensuring all families can easily navigate and benefit from the ECD service ecosystem.</p>

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
P6.4: Cooperate and coordinate with other practitioners and settings to ensure a smooth transition of the child from one service to another and across age groups if relevant.	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
	<p>Continue working in isolation without recognizing the importance of smooth transitions between settings/programs and services.</p> <p>Minimise the value of coordinated smooth transitions.</p> <p>Rarely engage in transition planning or coordination.</p> <p>Show limited initiative in facilitating smooth transitions for children and families.</p> <p>Demonstrate limited collaboration with other practitioners during transition phases.</p>	<p>Recognize the importance of smooth transitions between settings/programs and services.</p> <p>Recognize the importance of transitions for children’s well-being and development by prioritizing smooth transitions in own practice/program.</p> <p>Begin to participate in transition planning, but may lack depth or consistency.</p> <p>Show interest in promoting and facilitating smooth transitions, but might need more information/arguments, as well as support and guidance.</p>	<p>Coordinate effectively with other practitioners to facilitate smooth transitions between services across the ECD field for children and families in Abu Dhabi.</p> <p>Employ a proactive approach in liaising with different service providers to ensure families are well-informed and children experience a consistent and beneficial developmental environment and opportunities.</p> <p>Actively ensure smooth, thoughtful transitions for children across services and age groups.</p> <p>Prioritize the well-being of children, ensuring transitions are smooth, timely, and considerate.</p> <p>Regularly collaborate with other practitioners, sharing insights and strategies for effective transitions.</p> <p>Demonstrate a profound commitment to ensuring every child experiences positive, coordinated transitions throughout their ECD journey.</p>

Domain #7: UAE culture and heritage

1. What we expect practitioners to know

Type of knowledge (K)

K7.1: Aware of the UAE’s heritage, culture and Islamic values.

Guiding examples:

- Aware of the UAE's rich history, Emirati heritage, traditions, festivities, foods, and arts.
- Aware of the central role of Islam in the UAE’s culture, including the Five Pillars of Islam (Profession of Faith, Prayer, Fasting, Charity, and Pilgrimage), the significance of the Holy Month of Ramadan, and the customs surrounding these practices.
- Aware of the Islamic values intrinsic to the UAE’s identity and its relevance for the work with children and families.

Type of knowledge (K)

K7.2: Familiar with the UAE's aspirations for young children and ECD practitioners.

Guiding examples:

- Familiar with the UAE's vision and aspirations for the holistic development of its young children.
- Familiar with the UAE's vision and aspirations for ECD professionals, their continuous professional development, and promotion of ECD professions.
- Familiar with the foundational ECD competencies for early childhood professionals in the UAE.

K7.3.: Understand the core values within the UAE community.

Guiding examples:

- Understand the foundational values that the UAE community holds dear, such as respect, integrity, unity, and responsibility.
- Understand the ways of effective collaboration with the broader UAE community, which reflects these core values.
- Understand the pathways of integrating values and fostering a sense of national pride and identity into ECD services and interventions.

K7.4: Aware of the diverse cultures, religions, traditions, ethnicities and races that live in the UAE.

Guiding examples:

- Aware of the rich tapestry of cultures, religions, traditions, ethnicities, and races contributing to the UAE's unique multicultural landscape.
- Aware of the strategies to create an institutional environment that fosters mutual respect and acknowledges and celebrates each individual's diverse cultural nuances.
- Aware of inclusive and respectful practices within ECD settings.

2. What we expect practitioners to be able to do

Practice (P)	0 Beginner	1 Intermediate	2 Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
P7.1: Demonstrate appreciation and respect for the culture and heritage of the UAE and promote its core values.	<p>Rarely incorporate or promote core values of the UAE in practice.</p> <p>Might miss opportunities to celebrate or educate about UAE traditions and customs.</p> <p>Do not see the relevance of the heritage and core UAE values for improving responsive practices.</p>	<p>Display a basic appreciation for the UAE's culture and heritage, but might not consistently use them to inform practice.</p> <p>Begin to incorporate UAE's core values, but may need guidance to do so effectively and comprehensively.</p> <p>Show interest in learning more about UAE traditions and integrating them into ECD settings.</p>	<p>Show a strong appreciation for the UAE's cultural and heritage nuances and consistently promote its core values in professional interactions with children, families, colleagues, and the broader community.</p> <p>Engage with families and children in a manner that reflects a deep respect for the UAE's heritage and cultural values.</p> <p>Consistently demonstrate deep respect and appreciation for the UAE's rich cultural tapestry and heritage.</p> <p>Actively promote and embody the UAE's core values in all professional interactions.</p> <p>Seamlessly integrate UAE traditions, festivities, and customs into the ECD setting, promoting cultural awareness, pride, and sense of belonging.</p>

Practice (P)	0	1	2
	Beginner	Intermediate	Advanced
	<i>Guiding examples</i>	<i>Guiding examples</i>	<i>Guiding examples</i>
P7.2: Show sensitivity to the diverse cultures, religions, traditions, ethnicities, and races in the UAE.	<p>Might display biases or misunderstandings about diverse cultures present in the UAE.</p> <p>Rarely consider or integrate diverse perspectives in practice.</p> <p>May resist or avoid engaging with cultural nuances different from their own.</p> <p>Selectively approach diverse cultures, religions, traditions and/or ethnicities, showing sensitivity only towards some.</p>	<p>Recognize the rich tapestry of cultures, religions, traditions, ethnicities, and races contributing to the UAE's unique multicultural landscape.</p> <p>Show a basic awareness of the cultural diversity in the UAE, but may need support in fully embracing it.</p> <p>Start to integrate diverse perspectives, but might benefit from more profound knowledge and training.</p> <p>Acknowledge the importance of cultural sensitivity, but may occasionally miss opportunities to showcase it.</p>	<p>Approach every interaction with sensitivity, valuing the diversity present in the UAE.</p> <p>Ensuring that children and families from various backgrounds feel respected, welcomed, and included.</p> <p>Foster an environment of mutual respect, acknowledging and celebrating each individual's diverse cultural nuances and ensuring that practices are inclusive and representative.</p> <p>Demonstrate profound sensitivity and respect for all cultures, religions, traditions, ethnicities, and races in the UAE.</p> <p>Design and plan activities and programs that embrace and celebrate the rich diversity of the UAE, showing sensitivity to all cultural nuances without prioritizing one over the other.</p> <p>Consistently integrate diverse cultural nuances into practice, fostering an inclusive and welcoming environment.</p> <p>Proactively engage in continuous learning about the multifaceted cultures in the UAE, ensuring representation and respect in all interactions.</p>
P7.3: Communicate and engage effectively with the UAE community.	<p>Struggle to communicate effectively with the broader UAE community.</p> <p>Prefer working in isolation with little or no engagement with the community beyond professional frontiers.</p> <p>Rarely engage or collaborate with the broader community, only doing so when requested.</p> <p>Might display a limited insight of UAE community values or norms.</p>	<p>Begin communicating effectively with the UAE community, but may need support in navigating cultural nuances.</p> <p>Show interest in engaging with the community, though these efforts might lack depth or consistency.</p> <p>Recognize the importance of effective community engagement, but can benefit from more guidance.</p>	<p>Embracing nuances in Emirati communication, like the significance of non-verbal cues, the importance of modesty and dignity, and customs related to greetings and interactions.</p> <p>Engaging in the broader UAE community by connecting with local services, community-based organizations, and other institutions – aiming at celebrating UAE identity and making the importance of ECD visible and present in the broader community.</p> <p>Aligning professional practices with the UAE's aspirations for fostering a nurturing and inclusive environment for young children.</p> <p>Communicate excellently and engage with the UAE community, displaying a deep understanding and respect for cultural nuances.</p> <p>Proactively collaborate with the broader community, fostering strong connections and partnerships.</p> <p>Effortlessly integrate UAE community values and norms into practice, ensuring all interactions are respectful, meaningful, and impactful.</p>

Annex 1: PROFESSIONAL DEVELOPMENT TOOL – SCORING SHEET

Knowledge (K) Scale: What we expect practitioners to know

0 – Beginner

This level indicates that the professional, as a beginner, has minimal or **superficial understanding** of the concepts and theoretical background. They are at the very start of their learning journey, with no or very limited ability to explain how knowledge shapes their everyday work.

1 – Intermediate

At this intermediate stage, the professional possesses a **fundamental understanding** of the concepts and theoretical background. They are able to grasp the basic concepts and theories, but may not yet be able to explain in all instances how they shape their practices.

2 – Advanced

Practitioners at the advanced level demonstrate a **solid and comprehensive understanding** of the concepts and theoretical background and can explain how all this shapes their everyday work.

Score	Guidance to assigning scores
0 – Beginner	<p>You may assign this score if you:</p> <ul style="list-style-type: none"> • have a minimal or superficial understanding of more than half of the concepts and theoretical background listed as guiding examples under specific knowledge-focused competence. • do not understand and are not able to explain how specific knowledge shapes your everyday work.
1 – Intermediate	<p>You may assign this score if you:</p> <ul style="list-style-type: none"> • possess a fundamental understanding of the majority or all the concepts and theoretical background listed as guiding examples under specific knowledge focused competence. • understand and are able to explain how the basic concepts and theories shape <u>some</u> of your practices and aspects of your everyday work.
2 – Advanced	<p>You may assign this score if you:</p> <ul style="list-style-type: none"> • have a solid and comprehensive understanding of all concepts and theoretical backgrounds listed as guiding examples under specific knowledge-focused competence. • know, understand and are able to explain how the knowledge and theoretical background inform and shape <u>all</u> the practices in your everyday work.

Practice (P) Scale: What we expect practitioners to be able to do

0 – Beginner

This level indicates that the professional **does not yet meet the expectations** for the indicated practice-focused competence. They are at the very start of their learning journey, with a very limited ability to exhibit practices that are aligned with the indicated competence.

1 – Intermediate

This level indicates that the professional **meets some expectations**, but may **not consistently** display the indicated practice-focused competence in their everyday work.

2 – Advanced

This level indicates that the professional **consistently meets the expectations** for the indicated practice-focused competence in their everyday work.

Score	Guidance to assigning scores
0 – Beginner	<p>You may assign this score if:</p> <ul style="list-style-type: none"> • most of your practices reflect the beginner’s level illustrated in the guiding examples in the PDT. • you are just beginning to learn, but are not yet able to exhibit practices that are aligned with the indicated competence.
1 – Intermediate	<p>You may assign this score if:</p> <ul style="list-style-type: none"> • you display some or many but not all the practices listed as guiding examples under specific practice-focused competence. • you display practices aligned with the guiding examples inconsistently (only sometimes).
2 – Advanced	<p>You may assign this score if:</p> <ul style="list-style-type: none"> • all your practices are aligned with the guiding examples listed under the specific practice-focused competence. • you consistently meet the expectations for the indicated practice-focused competence on a daily basis.

Domain #1: Science and practice supporting holistic early childhood development.

0 Beginner | 1 Intermediate | 2 Advanced

Knowledge	0	1	2
K1.1: Understand the long-lasting impact of the early years on an individual’s life and the importance of addressing a child’s holistic development.			
K1.2: Familiar with the science-based theories and recommended practices regarding child’s development from pre-birth to eight years of age: stages of development, developmental domains, features of each developmental stage for each domain, typical and atypical development.			
K1.3.: Aware of the principles of assessing child development and different techniques and tools for conducting relevant and appropriate assessments and documentation.			
K1.4: Understand processes, protocols, and procedures for protecting children’s and families’ privacy and confidentiality.			

Practices	0	1	2
P1.1: Interact with kindness, warmth and care, expressing respect, appreciation and enjoyment of children.			
P1.2.: Listen to and respond appropriately to children’s verbal and non-verbal requests and cues, as well as their individual needs and interests.			
P1.3: Demonstrate the understanding that there are individual differences and fluctuations in children’s development and learning that must be responded to reflectively and appropriately.			
P1.4: Communicate with children in a manner that is age appropriate, ongoing, and responsive to children’s strengths and needs as individuals.			
P1.5: Apply evidence-based strategies for promoting child and family development, including appropriate use of technology.			
P1.6: Use appropriate strategies and tools to assess and document children’s capabilities and knowledge and identify possible developmental anomalies, disabilities, malnutrition, chronic illnesses, atypical behaviour or exceptional competencies.			
P1.7: Use a system for organizing the results of assessments along with documentation and other records so the information can be used for sharing, screening, further assessment, and planning purposes as well as to engage parents and other practitioners (when permission is granted) in providing timely care and interventions.			
P1.8: Establish short- and long-term plans for the child’s experiences based on observation, the results of assessments and documentation, and in consultation with parents and colleagues.			
P1.9: Create healthy, welcoming, and age-appropriate environments for young children.			
P1.10: Intervene when the child’s development is impeded by actively making positive changes to the child’s environment.			
P1.11: Demonstrate respect for privacy and confidentiality of data and other sensitive information about children, families and colleagues when interacting, communicating, and cooperating with families, colleagues, other practitioners, and partners.			

Domain #2: Child wellness: health, nutrition, and safety

0 Beginner | 1 Intermediate | 2 Advanced

Knowledge	0	1	2
K2.1: Familiar with the science regarding healthy early childhood development and ways to support physical growth, emotional well-being, and adequate nutrition.			
K2.2: Understand the influence of adverse childhood experiences on life-long health and social consequences.			
K2.3.: Aware of safety issues that affect children and factors and practices that reduce or increase risk to child safety.			
K2.4: Familiar with child protection laws, policies and protocols for reporting child neglect, abuse, exploitation or exposure to violence.			

Practices	0	1	2
P2.1: Communicate with children and their parents about age-specific health, nutrition and diet as well as resources in the community that support healthy living consistent with the family's cultural/ethnic background.			
P2.2: Use strategies to maintain or improve the physical and mental health of young children and their parents (including healthy nutrition, exercise and play, sleep and relaxation time as well as appropriate screen and sedentary time).			
P2.3: Recognize the characteristics and needs of children and families at risk of illness, distress, abuse, harm and neglect and alert supervisor or relevant authority.			
P2.4: Take adequate actions when children are under threat of abuse, neglect, and violence (within their family, early childhood service provider, or larger community), including delivering an intervention, referring the family to appropriate services, or reporting concerns to supervisor or relevant authority.			
P2.5: Promote home and community safety in partnership with parents (including the indoor and outdoor home environment, playgrounds, streets, public spaces, etc.) to prevent unintentional injuries, disease, or death of the child.			
P2.6: Provide first aid / CPR procedures.			

Domain #3: Family and community

Knowledge	0	1	2
K3.1: Understand the critical importance of the family environment (physical, social, cultural, economic, etc.) for the child's well-being, overall development, functioning, and learning.			
K3.2: Aware of the importance of high-quality interactions between parents and the child, and between practitioners and parents.			
K3.3.: Aware of community resources to support child and family development and functioning.			

Practices	0	1	2
P3.1: Listen to and involve parents in all decisions regarding the child's safety, healthy development, and learning.			
P3.2: Interact with parents in a timely, transparent, respectful, and accountable manner to establish relationships that encourage mutual exchange of information about children.			
P3.3: Establish relationships with parents based on mutual understanding, trust and cooperation.			
P3.4: Use effective strategies to engage family members with diverse linguistic and cultural backgrounds.			
P3.5: Use a variety of ways to communicate with parents including active listening, email, phone, and text messaging, respecting each family's style, preferred methods of communication, and language.			
P3.6: Create opportunities for parents to strengthen their parental skills.			
P3.7: Partner effectively with stakeholders in the community to promote the interest of families and children.			

Domain #4: Diversity and Inclusion

0 Beginner | 1 Intermediate | 2 Advanced

Knowledge	0	1	2
K4.1: Familiar with strategies for delivering services to children and families from different backgrounds or with special medical, developmental, or learning needs.			
K4.2: Understand how discrimination, exclusion, poverty, and disrespect impact the lives and prospects of children and families.			
K4.3.: Aware of the legal requirements for working with children with special developmental, learning, and medical needs.			

Practices	0	1	2
P4.1: Adapt practices, communication, and services to reflect each child's and family's characteristics, strengths, beliefs and needs.			
P4.2: Provide adequate support to children with special medical, developmental, or learning needs.			
P4.3: Treat all children and their families with fairness, empathy, understanding, dignity, and respect.			
P4.4: Address own biases toward children, families, and communities to avoid stereotypical or judgmental reactions and to advance child's development.			
P4.5: Use different strategies to make each child and family feel welcomed and respected regardless of their background, language, socio-economic status, ability, or gender.			

Domain #5: Professionalism and professional growth

Knowledge	0	1	2
K5.1: Aware of UAE legal frameworks and regulations regarding working with young children and families and regarding own practice.			
K5.2: Aware of the professional code of conduct for their profession, if applicable.			
K5.3.: Aware of Abu Dhabi's ECD practitioner competencies and standards.			
K5.4: Understand professional development as a continuous learning process that includes personal and professional growth and self-improvement.			
K5.5: Familiar with effective and evidence-based strategies and tools for improving the quality of their practice.			

Practices	0	1	2
P5.1: Identify proudly as an ECD professional and promote a positive image of the profession.			
P5.2: Demonstrate reliability and accountability in everyday work.			
P5.3: Model practices that promote professional and personal integrity in interactions with young children, families, and colleagues.			
P5.4: Use professional competencies and standards for ECD practitioners as guidance for own professional development.			
P5.5: Apply information from professional meetings, seminars, workshops, as well as print and digital resources to stay abreast of and deepen professional knowledge			

Domain #6: Coordination across practitioner roles and professional settings

0 Beginner | 1 Intermediate | 2 Advanced

Knowledge	0	1	2
K6.1: Understand the importance of cooperation and coordination within and across ECD services and settings in supporting overall child and family development and well-being.			
K6.2: Familiar with the variety of practitioner roles across ECD services and settings and their distinct contribution to supporting child and family development and well-being.			
K6.3.: Aware of the variety of early childhood services and settings offered in Abu Dhabi.			

Practices	0	1	2
P6.1: Demonstrate collegiality and is respectful of each other's functions, responsibilities, strengths, skills and expertise when working with other practitioners.			
P6.2: Cooperate and coordinate with practitioners within their own and from other settings for joint planning, service delivery, and evaluation of outcomes.			
P6.3: Cooperate and coordinate with others to facilitate children's and families' access to services.			
P6.4: Cooperate and coordinate with other practitioners and settings to ensure a smooth transition of the child from one service to another and across age groups if relevant.			

Domain #7: UAE culture and heritage

Knowledge	0	1	2
K7.1: Aware of the UAE's heritage, culture and Islamic values.			
K7.2: Familiar with the UAE's aspirations for young children and ECD practitioners.			
K7.3.: Understand the core values within the UAE community.			
K7.4: Aware of the diverse cultures, religions, traditions, ethnicities, and races that live in the UAE.			

Practices	0	1	2
P7.1: Demonstrate appreciation and respect for the cultural and heritage of the UAE and promote its core values.			
P7.2: Show sensitivity to the diverse cultures, religions, traditions, ethnicities, and races in the UAE.			
P7.3: Communicate and engage effectively with the UAE community.			

Annex 2: PROFESSIONAL DEVELOPMENT TOOL – SCORING PROFILE

NAME:

DATE:

KNOWLEDGE SCALE	
Key	
Beginner	0
Intermediate	1
Advanced	2

PRACTICE SCALE	
Key	
Beginner	0
Intermediate	1
Advanced	2

Domain #1

Domain #2

Domain #3

Domain #4

KNOWLEDGE	
Competence	Score
K1.1	
K1.2	
K1.3	
K1.4	

KNOWLEDGE	
Competence	Score
K2.1	
K2.2.	
K2.3	
K2.4	

KNOWLEDGE	
Competence	Score
K3.1	
K3.2.	
K3.3	

KNOWLEDGE	
Competence	Score
K3.1	
K3.2.	
K3.3	

PRACTICE	
Competence	Score
P1.1	
P1.2.	
P1.3.	
P1.4.	
P1.5.	
P1.6.	
P1.7	
P1.8	
P1.9.	
P1.10	
P1.11	

PRACTICE	
Competence	Score
P2.1	
P2.2	
P2.3.	
P2.4.	

PRACTICE	
Competence	Score
P3.1	
P3.2.	
P3.3.	
P3.4.	
P3.5.	
P3.6.	
P3.7	

PRACTICE	
Competence	Score
P4.1	
P4.2.	
P4.3.	
P4.4.	
P4.5.	

Domain #5**KNOWLEDGE**

Competence	Score
K5.1	
K5.2	
K5.3	
K5.4	
K5.5.	

PRACTICE

Competence	Score
P5.1	
P5.2.	
P5.3.	
P5.4.	
P5.5.	
P5.6.	

Domain #6**KNOWLEDGE**

Competence	Score
K6.1	
K6.2.	
K6.3	

PRACTICE

Competence	Score
P6.1	
P6.2.	
P6.3.	
P6.4.	

Domain #7**KNOWLEDGE**

Competence	Score
K7.1	
K7.2.	
K7.3	
K7.4	

PRACTICE

Competence	Score
P7.1	
P7.2.	
P7.3.	

Annex 3: Individual Professional Development Plan (IPDP)

NAME:

SETTING:

DATE:

Learning and Development Goals	Actions	Resources	Timeline	Monitor and assess progress
On which competence(ies) do I plan to focus and what is my goal (e.g., which score on the scale)? E.g., domain, type of competence, goal set.	What type of actions will I perform for each goal? E.g., attending training sessions, workshops, conference; self-development (research, reading, etc.); coaching, mentoring; job shadowing; participation in project work, etc.	What type of support do I need and who can assist me?	E.g.: End of April, to be completed in the next three months or six months, etc.	When should I monitor my progress? When should the reiteration of the self-assessment take place?

Annex 4: Service Professional Development Plan (SPDP)

SERVICE:

DATE:

Learning and Development Goals	Actions	Resources	Timeline	Targets	Monitoring progress
Which domains and competencies require improvement at the service level?	What type of joint actions should be taken for the personnel in the service? E.g., attending trainings, workshops, conference; self-development (research, reading, etc.); coaching, mentoring; job shadowing; participation in project work, etc.	What type of support is needed to ensure staff's participation in PD activities?	E.g. end of June, to be completed in the next six months, over one year.	What will success look like? E.g., % staff with improved competencies – moving from one point in the scale to another.	When will the progress be tracked? E.g., re-iterating the self-assessment.