



The Consultative Group on Early Childhood Care and Development

QUALITY IN PROGRAMMING: EVERYONE'S CONCERN

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From: *Quality in ECCD: Everyone's Concern*,
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Quality is an international buzzword, not only in early childhood services but also in connection with every kind of product and service. Yet in its mantra-like repetition, the word is in danger of being rendered meaningless. It attracts widespread support—for who could not want 'good quality'—unless and until we have to say what we actually mean, at which point it becomes far more elusive. Moss, 1994, 1

Quality has become a key concern among those engaged in Early Childhood Care and Development (ECCD) programming. There is a push from researchers and programme planners, and from practitioners and parents, to define the factors that constitute a high quality programme, to determine what constitutes “success” in a programme, and to identify those

aspects of an intervention that make a difference in the development of young children. Policymakers and funding agencies are particularly interested in identifying indicators that can measure success to use as a basis for making investment decisions. Parents and practitioners want to see quality environmental and caregiving supports for young children, and often have a wide diversity of ideas about what that means in terms of programming. Addressing the issue of quality from many perspectives, the various stakeholders are all contributing to the search for a more or less universal definition of quality early childhood programming—if such a definition is possible.

In this article, we will review the need for a definition of quality early childhood interventions and programmes. We will look at sources of information about quality, and discuss how diverse stakeholders define quality. And, through a sample Workshop we will propose a process for determining locally-relevant criteria of quality that reflect both indigenous cultural values and those aspects of child development that have been more universally validated through cross-cultural research. Through a series of *Examples* we also provide a sampling of diverse efforts, representing different perspectives, which define and specify indicators of quality in early childhood programming.

The Need for a Definition of Quality

There are a number of *stakeholders* challenging the early childhood community to address the issue of quality service—from those directly involved in ECCD programmes as beneficiaries and implementers, to those who make decisions related to the availability and potential impact of such programmes. One of the primary reasons we are seeking quality is that research and experience has demonstrated the value of quality ECCD programmes. The known outcomes of quality programmes include:

- *for children and the primary school experience.* Children in quality early childhood programmes make a better adjustment to primary school, they perform better in school than those children without an ECCD experience, children are more likely to remain in school and less likely to need to repeat grades than those children without ECCD experiences. Children with quality early experiences have better self-esteem, they have a greater ability to learn and have greater problem-solving skills, and they view themselves as learners.
- *for the family.* Quality programmes can also have an impact on the family. They can free women from full-time child care so that they can earn more and/or tend to family enterprises; they free older siblings so they are able to attend school; and they increase parental knowledge which enhances their childrearing skills.
- *for the community.* ECCD programmes can have an important impact on the community as a whole and they are sometimes used as an *entry point* into the community to achieve other development goals—e.g. the upgrading of water and sanitation services, the introduction of health and social services, and the empowerment of the community to engage in other development activities.

■ *for the society.* Research on ECCD programmes indicates that there are benefits to a society as a whole of quality interventions during the early years. This is evidenced in terms of productivity and children's eventual social contributions to society as adults.

Thus we know that quality programmes produce desirable outcomes. The challenge is to define quality and to ensure that the dimensions of quality guide the programme development process. As will become evident in the article, searching for universal standards of quality is fraught with difficulties. Nonetheless we need to engage in the process because:

1. We need to know if our investments in ECCD are worthwhile, and if so, we need to be able to tell others what we mean by a quality programme that is in line with the investment. Funders (governments, NGOs, bi-lateral agencies and foundations) want to be assured that their funds are supporting quality efforts. They are particularly interested in the issue of cost-effectiveness.
2. We need to have some criteria that we can use to define effective models that can serve as templates or provide guidelines for others desiring to begin ECCD programmes. An understanding of quality within the programme would assist that process.
3. We need to understand what happens to successful programmes when they go to scale, that is, when they are replicated for the purpose of achieving greater coverage. When small-scale programmes are judged to be of high quality, there is interest in making the programme available to a greater number of people. One of the concerns in doing that is how to maintain quality in the process.
4. We need to know what is required in order to create an effective large-scale programme. With the advent of large-scale programmes being undertaken by governments, generally with substantial donor support, there are concerns about how to put such programmes into place in a way that will achieve and maintain quality provision.
5. We need to know how to work with governments to define their role in ECCD programmes. In many countries there is a move for greater decentralization of government. More and more the power that was once held centrally is being dispersed to regions, districts and even municipalities. In this shift, a primary question in relation to ECCD programming is, What is the role of government in support of ECCD? One of the answers consistently given is that the government should provide the standards so that quality can be maintained. Therefore, governments want to know what the standards should be.
6. We need to know if we are doing the best that we can be doing for young children and their families. This is the *bottom-line* in ECCD programming.

To define quality, we seek information, wisdom and advice from a variety of sources. We seek it from researchers, we seek it from professionals, and we are influenced by global initiatives.

Contributions from the Academic and Research Community

Academics and researchers greatly influence the discussion of quality as they produce information and data that provide a baseline in the definition of quality. This information comes from two main sources. The first is research that increases our understanding of how children grow and develop. The second is longitudinal research, designed to understand the impact of a

range of interventions on that development, which continues to argue that the outcomes we desire of early childhood experiences can only be obtained through quality programmes.

■ AN INCREASED UNDERSTANDING OF CHILD GROWTH AND DEVELOPMENT

Almost daily there are new discoveries about the importance of the early years in terms of later growth and development. These would suggest that there are critical points in children's development where it is important to ensure that children are having the kinds of experiences that support their growth and development. For example, the field of molecular biology brings new understandings of the way the nervous system functions and the ways in which the brain develops, and the impact of the environment on that development. The report of the Carnegie Task Force on Meeting the Needs of Young Children (Carnegie 1994) points out five areas where our understanding of the brain has been expanded.

First, the brain development taking place before age one is more rapid and extensive than previously realized. The months immediately after birth are critical in terms of brain maturation. During this time the number of synapses—the connections that allow learning to take place— increase twenty-fold. (7) Second, the development of the brain is much more vulnerable to environmental influence than suspected. Nutrition is the most obvious example, but the quality of interaction and a child's cumulative experience (health, nutrition, care and stimulation) during the first 18 months lead to developmental outcomes, which for children from poor environments may result in irreversible deficits. (8) Third, the influence of the early environment on brain development is long-lasting. Children's early exposure to good nutrition, toys and stimulating interaction with others has a positive impact on children's brain functions at age 15, as compared to peers who lacked this early input, and the effects appear to be cumulative. (8) Fourth, the environment affects not only the number of brain cells and the number of connections, but the ways in which they are 'wired'. The brain uses its experience with the world to refine the way it functions. Early experiences are important in shaping the way the brain works. (8) Fifth, there is evidence of the negative impact of stress during the early years on brain function. Children who experience extreme stress in their earliest years are at greater risk for developing a variety of cognitive, behavioral and emotional difficulties. (9) This research would suggest that there are some universals in terms of what constitutes a quality experience for young children, since the development of the brain is a biological rather than culturally-influenced phenomenon.

This is only a small example of the type of research being conducted on growth and development, all of which indicates the importance of the early years in terms of long-term developmental outcomes. Thus we are particularly concerned about the quality of children's experiences during the early years—the type of care provided, children's nutritional and health status, and the gestalt of the environment within which they live.

With our increasing knowledge about children's growth and development, there is an increasing desire to link the quality of programming to developmental outcomes.

The question thus becomes, what is the relationship between what is 'developmentally beneficial' for the child and outcomes? One answer to that question is provided by longitudinal research.

■ A LONGITUDINAL ASSESSMENT OF THE IMPORTANCE OF QUALITY

A second academic push to focus on quality comes from longitudinal assessments of the impact of ECCD programmes. The most notable of these is the High/Scope Perry longitudinal study that has monitored the experience of two groups of children since they were three years of age until their early adulthood at age 27. One group had a preschool experience and the other did not. In the latest publication on the results of the longitudinal study, the authors conclude: “Quality is essential to the effectiveness of preschool programmes, whether they address the critical problems of children and families living in poverty or the important child care needs of a broader population.” (Schweinhart et al. 1993, 17)

Within a paper on quality developed by Schweinhart (1995) he outlined the following components of a quality programme.

1. *The programme offers a validated child development curriculum.*
2. *The programme uses a validated child development assessment strategy.*
3. *The number of young children per teacher is low enough to enable staff to positively influence young children’s development.*
4. *Staff are trained to know how to positively influence young children’s development.*
5. *Staff receive systematic in service training and supervisory support to positively influence young children’s development.*
6. *Families are partners with teachers in positively influencing young children’s development.*
7. *The programme meets child health and family needs.*

(In Example 2 are two other listings of elements of quality programmes that have been derived from the High/Scope study.)

What the research would indicate is that programmes of quality must be *developmentally beneficial* or *developmentally appropriate* for young children. The question is, what does that mean in terms of programming? To begin to answer that question it is important to try to differentiate what might be universal in terms of children’s development and what constitutes the cultural overlay. Woodhead (1996) in an attempt to define what might be universal in terms of children’s needs, distinguishes between *basic* or *fundamental* needs and *socially constructed* needs. He would include as basic the needs for physical survival, psychological health, and those needs identifiable in the *drives* or *wants* of the child. (56) He also posits that it should be possible to have the basic needs agreed upon universally. The socially constructed needs, on the other hand, are associated with social adaptation, achieving goals, and acquiring desired skills and values. These are culturally relative and are viewed as being in *the best interests of the children*, and may have nothing to do with the child’s *wants*.

From our understanding of what the research literature provides and in terms of programming experience over the past 25 years, we suggest that there are some universals that begin to define quality experiences for young children. In addition to physical safety, health and proper nutrition, children’s psycho-social needs must be addressed in a quality programme. Psycho-social needs include the need for security and protection from physical danger, for interaction with a caring adult, love and affection. Children have a need to explore and discover, and they need to experience success. These needs are derived from what we know about how children acquire a

sense of self and how they learn. As noted by Myers (1996), “something that responds to these markers should be in all programmes. Any programme that does not try to respond to these needs will not be a quality programme.” (3) He goes on to state: “at the same time, once defined, there are numerous ways to respond to these, determined by culture and context.” (3-4) What will differ from culture to culture is the type of experiences that are provided for children in response to these needs.

We address the cultural relativity of quality later in the article. At this point we simply want to posit that there are some *markers* that are universal that should be included in any discussion of quality and that researchers, or what research has contributed to our understanding of children’s growth and development, need to be a part of setting standards in any particular childcare environment.

Having noted that the *researcher* is important in a definition of quality, it is also important not to see research as sacrosanct. Research results need to be put into perspective. In relation to a definition of quality, Penn (1994) states, “arguments are rarely resolved by research since the research paradigm does not usually allow for the political, historical or economical context. Research is often highly specific and decontextualized, and located within a particular theoretical framework; daily practice is inevitably more complex.” (10)

Thus research is only of value if the research paradigm includes or addresses the context within which the research is being undertaken. Further, research should state the premises from which it is carried out and make explicit the values imbedded in the research. If a programme accepts the same values that a particular research tradition embodies, then the results of that research will be relevant to the programme, even if it is not specifically linked to the programme. For example, if one of the cultural goals is for children who are independent, and a body of research suggests that independence is best achieved by giving children experiences to explore on their own, ask questions, etc., then it is possible to adapt the strategies identified by research to the goals in that context.

Contributions from Practitioners-Professionals and “Non-professionals”

Professionals. In addition to researchers seeking a definition of quality, among professionals involved in ECCD activities there is a concern about specifying quality practice. Here the pressure for quality may reflect the effects, once or twice removed, of research as it is translated into particular kinds of training and standards and action. It also reflects a trend toward professionalization of the field of ECCD. With a call for greater professional expertise comes a push for certain standards.

ECCD professionals are often seeking ways to evaluate their work in order to better understand the impact of current programming and also to determine ways to enhance their programmes. There is increasing recognition of the importance of monitoring children’s progress in order to provide appropriate experiences for them. Within well-established programmes, whether it be Montessori or High/Scope, child evaluation is a key component. Therefore the need for

instruments to evaluate children (and programmes) is pushing the creation of instruments which will help define quality.

While some would argue that the comparatively recent growth of interest in measuring quality in early childhood services has not been matched by a comparable growth in tools available for this purpose (Brophy and Statham 1994, 65), over the years ECCD professionals have been involved in the creation of a number of practical tools that can be used to evaluate children and facilities. There are a variety of well-known instruments that are often given as points of reference in the measurement of quality, some of which have been used in a variety of cultural settings. Two examples include the Early Childhood Environment Rating Scale (ECERS) developed by Thelma Harms and Richard Clifford (1980)¹, and Developmental Appropriate Practice (DAP), an approach articulated by the National Association for the Education of Young Children (NAEYC), the largest ECCD professional organization in the USA.

The ECERS has been described by the authors as offering “a relatively short and efficient means of looking seriously at the quality of the [early years] environment” and as covering “the basic aspects of all early childhood facilities. (as cited by Brophy and Statham 1994, 65) The ECERS is intended to provide a picture of the environment within which an early childhood programme operates. This includes: the layout of space; the types of materials and experiences that are available to support fine and gross motor development, language development, self-help skills and social development; the organization of the day; the types of interactions that occur between adults and children; and what is provided for the adults in the setting. The ECERS contains seven main topic areas, organized into 37 individual scales, each of which can be measured on a seven-point rating scale, with 1 being inadequate and 7 being excellent. Each scale offers a description of appropriate observations at points 1, 3, 5, and 7. (See Example 5 for more detail.) Scores are made after 2-3 hour observation periods, supported by information provided by staff.

While the ECERS has been widely used in the United States, its applicability in other contexts—even other Western countries—has been questioned. Brophy and Statham (1994) attempted to use the ECERS in an assessment of playgroups in the UK. They found the scale value-laden and inappropriate to some of the settings within which they were working. However, there was some value from having used the instrument. They noted,

Using the ECERS...established the beginning of a theoretical and practical discussion about the relationship between, on the one hand, the (somewhat nebulous) notion of quality, and its containment within the discourse of ‘experts’ and on the other, diverse child care services and the communities they serve in contemporary multi-cultural societies. (Brophy and Statham 1994, 72)

Thus it became a useful starting point in a *dialogue about what constitutes quality* for the population being served and how that interfaces with what experts view as quality care. This is an important point in relation to the thesis we would like to propose in this article, which is that quality is defined through a process which includes a dialogue among the stakeholders involved in ECCD programming.

DAP is the other instrument widely used in the USA, since it has been promoted by NAEYC. DAP is based on the assumption that there are elements of children's development that are universal, and that these can be used as a way of judging whether or not a programme is meeting the child's need. (Bredenkamp 1987) It supports a child-centred, play-based approach to early education, with a strong emphasis on individuality. Used cross-culturally (i.e., outside of the USA, and even within the country), the DAP approach has been found lacking because of its inability to take into consideration cultural differences. As summarized by Woodhead (1996), "even within the USA, Developmentally Appropriate Practice has been sharply challenged. It is insensitive to the cultural diversity in children's family experiences and parenting practices, and it risks resurrecting discredited judgement about deprived environments and the need for compensation." (62)

Any tool that is being developed to measure quality must be linked to the goals and actual service being provided. This can only happen if there is congruence between the values and beliefs which underpin the service and those that serve as the basis for the development of a measurement of quality. "To achieve this, an evaluative measure must state clearly its own values basis, and ensure it recognizes and covers the objectives that are important to the service." (Brophy and Statham 1994, 73)

Thus, the instruments currently being used to assess quality in programming need to be examined in terms of their cultural relativity, particularly in terms of their value base. The issue of values will be discussed at greater length later in the article, at this point it is only important to highlight the fact that there is increasing acknowledgment of the *subjectivity* of even the most *objective* instruments.

So-called "non-professionals". One of the issues within the field of ECCD is the fact that *experience* is often not seen as a valid source of knowledge about what constitutes quality in relation to programmes for young children. The ideas and contributions of those who have years of experience working with young children can add much to our understanding of what constitutes quality care. Yet the contributions of so-called non-professionals frequently get lost in a more academic research-based search for quality. However, there are many exciting and viable practices, interesting services, and grass-roots successes that can help to shape our ideas about quality. Local innovations and perceived successes have begun to inform regional and national practice, but funds are rarely available to carry out the kinds of longitudinal research and validation required to identify the elements of popular programmes that constitute "quality". These programmes need to be examined more closely, and if they are used as models, funds need to be made available to evaluate them in more long-term, systematic ways.

Contributions from the International Initiatives

There is increasing interest in creating *universal* quality criteria, in line with other universals. Within recent years there have been a number of international movements that are pushing for universal standards in relation to a variety of dimensions of childhood. There is the Convention on the Rights of the Child (CRC) which defines children's basic rights. These rights have been agreed upon by the majority of the world's countries. This has set an international standard by

which governments can be judged in terms of their support for children. Another international standard is the Education for All (EFA) initiative, which in the original conference in 1990 established the goal of education for all. At a follow-up meeting in 1993 in New Delhi, the theme was *Quality Education for All*. Thus, not only is everyone to be assured an education, but it must be of quality. While the CRC is quite specific in defining children's rights, those involved in the EFA effort have not been so definitive in identifying what a 'quality' education entails.

There are those who argue that there are some universal rights that must be a part of a quality programme. They posit that there is a common set of core values that should be used as the basis for defining quality. In particular, equality is a key. Joseph et al. (1994) state:

One of these core and non-negotiable values is equality, which we would define minimally as follows: All children must be treated equally as they grow (taking positive account of any barriers that impede their progress) and any factors that discriminate against them must be removed. (93)

They base this statement on the argument that equality is a fundamental human right and that the concept of human rights should "lie at the heart" of any definition of quality. They argue further that the Convention on the Rights of the Child, for example, can be used to "define a universal parameter of good practice." (94) The *Day Care and Educational Provision for Young Children* (1991) document issued by the department of health in the U.K. also links children's rights and quality programmes. They assert that quality programmes begin with the rights of the child. They state:

Children have a right to an environment which facilitates their development...Children have the right to be cared for as part of a community which values the religious, racial, cultural and linguistic identity of the child...Children's sense of identity is a fundamental aspect of their development...Other examples of rights include freedom from discrimination such as racism or sexism and rights to cultural diversity. (para. 6.28 as quoted in Brophy and Statham 1994, 63)

Thus, there is an attempt to define the universal components of quality. The problem is that even 'basic human rights' do not provide a solid footing in the definition of elements of a quality programme. As Woodhead (1996) points out:

Statements of children's rights and needs provide important markers for any debate about quality in early childhood programmes. But they are not unproblematic, fixed markers. They have to be interpreted at the level of practice as well as theory... They have to be interpreted in political, economic, social, religious and cultural context. At the same time they have to be interpreted in historical context, within individual communities as well as at regional and national level. (58)

Not only is it in the application of the principles to a situation that it is possible to see the 'subjectivity' of principles, it is also demonstrated by the fact that principles change over time. "The international concept about children's needs and rights may be amended or improved, as new knowledge accumulates, global circumstances alter and social values change." (Woodhead 1996, 58) This does not mean that Woodhead would throw out internationally agreed-upon

principles of children's rights. They serve a purpose. "Pragmatically, they define the outer boundaries of any debate about pathways to quality. They are essential constituents in the process of negotiating 'quality' in ways which are relative, but not arbitrary." (59)

Standards—What is their Relationship to Quality?

When people begin to search for a way to describe or promote quality programming, they frequently turn to the identification of basic *standards*. For example, in an effort to ensure a basic level of quality in all licensed programmes, a government ministry will identify specific standards of preschool practice that must be met. The ministry will then commonly dictate the space, teacher-child ratios, and scheduling standards it feels are either minimally necessary or paramount. The thinking is that if *standards* of quality can be established in all programmes, then children's needs will effectively be met. However, there are several difficulties with trying to promote quality in ECCD programmes through the establishment of standards.

Standards are too Often Based on Western Contexts

As Woodhead (1996) notes, "Identifying basic standards is too often a euphemism for adopting the quality indicators that preoccupy programme managers in materially affluent, industrialized, urban societies (notably building standards, staff qualifications and ratios and material resources). These indicators originate from circumstances of economic affluence, professionalized employment patterns, combined with materialistic and technological values." (48)

Thus the ECCD standards that governments in developing countries are being shown have been derived from economic and historical contexts quite unlike those found in most Majority World countries. In striving to be 'modern' some governments have taken on these standards, and programmes are asked to comply with them in order to be recognized. The example of Nigeria was described in Issue No. 17 of the *Coordinators' Notebook*, and it is summarized here. In 1987 the Federal Ministry of Education in Nigeria published *Guidelines on Pre-Primary Education*. These were the standards of provision that had to be met to achieve recognition by the government. The requirements in terms of facilities encompassed such things as spacious, well-ventilated rooms, with ample storage facilities and access to running water. Given these criteria the great majority of early childhood programmes could not be registered. This meant that the services went 'underground'; they operated without any supervision or the linkages to other resources that could have been provided if they were legitimate programmes. In the Nigerian case, through work with UNICEF, the standards were revised to more accurately reflect the realities of child care settings in that country. This allowed programmes to be recognized and supported.

The adoption of Western standards is not unique to Nigeria. It is a worldwide phenomenon. Woodhead (1996) summarizes the situation when he states;

Most of the world's children are attending programmes that fail to fulfill the basic standards that would be expected by programme planners...If their perceptions of basic standards were

to be universally applied, the logical outcome would be to condemn the experience of the majority of the world's children. (46-47)

Thus the adoption of Western standards is inappropriate and does not serve the purposes of establishing or maintaining a quality programme.

Standards as Static Measures of Quality

When you try to legislate and define quality by specifying standards, another difficulty emerges. An examination of the standards commonly adopted by governments reveals that the majority of the items included in these standards have to do with what can be called the *static* dimensions of ECCD programmes: the physical facilities, the amount of space, the placement of toilets, the access to water, the kind of furniture in the room, the ratio of teachers to children, etc. These could be classified as the *inputs* into the programme. And while at some point in time these inputs were derived from research demonstrating the relationship between these inputs and desired outcomes for children (in the USA and Europe), they have lost much of their meaning in their transplantation to other cultures. In the specification of standards there is seldom any mention of how they were derived and how they relate to outcomes. So the focus of the quality discussion becomes increasingly limited to what is being provided physically and structurally. As noted by Larner and Phillips (1994):

When professionals assess child care quality, their goal is typically to identify the features of child care settings that are associated with positive experiences and outcomes for children. Their concepts of quality are designed to be concrete, objective and quantifiable, so they can be applied fairly across a wide range of programmes. That interest leads professionals to focus on structural features of child care programmes, such as adult-child ratio, group size and caregiver qualifications that are often associated with safe, positive experiences for children. (46)

There is little or no discussion of what happens in the setting relating to the *process* of education. Yet, the work that has been done to assess the long-term impact of ECCD programmes clearly points out that the kinds of *dynamic* experiences the child has in the setting—with materials, through activities, and through interactions with adults—are far more important in determining child outcomes than the *static* indicators. But since the *static* dimensions are easier to measure and assess, they generally become the focal point. As Penn (1994) notes:

...any regulatory model based solely on minimum standards rather than on principles and process has the effect that many providers, particularly in the private sector, equate meeting such standards with quality provision. Providers can claim that because they have met the regulatory requirements, they are offering *a quality service*. (1994, 26)

The results of this are visible when one visits early childhood programmes in all parts of the world. The focus on the 'static' is reflected in the kinds of things that supervisors look for when they visit teachers—Is the equipment in good repair? Are the materials all there? Are all the forms filled out correctly? etc. Time is not allocated to observing the teacher interacting with the children nor to observing the children themselves, since these dimensions of a programme are

not perceived as being important—they aren't among the standards. A singular focus on static 'standards' can actually get in the way of quality programming.

Standards as Control

When governments see themselves as responsible for setting the standards—in both centralized and decentralized governments—they are hoping to be able to exercise some control over the kinds of ECCD experiences that children have. There is a generalized belief that the more details that can be specified, the greater the control over the quality of the programme. It is in this attempt to assure quality that in Guangdong Province in China, the national curriculum for nurseries runs to 18 volumes, as a way of standardizing provision! (Penn 1994, 17) One might well question whether such detailed standards facilitate or discourage the implementation of quality services for children.

Standards as a Reflection of Economic Differences

One further difficulty in developing standards that are culturally appropriate for a particular community, is to determine which standards of care, resources, and facilities within that community (and country) to use. The issue is summarized well by Paul (1995):

The standard for services for the poor seems to be set in accordance with the standard of living of the poor. This is reflected in the physical space available for the creche, the facilities provided, the quality and quantity of equipment provided, the quality of the creche worker and the quality of the programme itself. The question is, should the creche offer a standard that is far superior to what the child is accustomed to in his/her home and community. For example, should the creche provide germ free drinking water for the children when the child's home cannot afford the fuel to boil the water supplied by the municipality to make it germ free? ... Should the children be trained to use the creche toilet when the 500 families in the community perhaps have three public toilets for men and 3 for women?... Can quality of the creche service be judged without reference to the quality of life of the community?... The challenge [is] to make the creche programme as part of an integrated and holistic development of the community. (3)

The danger is that if standards are based on local conditions and local economy, then countries will end up with standards that are widely divergent from place to place within the country. If standards are set from a centralized source within the nation, it often leads to differentiation between 'first class' ECCD programmes and 'second class' efforts. In either case, the setting of standards does not fully address the question of how to provide quality services to young children.

How Do We Address the Issue of Quality?

Judgments have to be made, criteria have to be applied, standards have to be agreed. The point is that while there are multiple perspectives, this does not mean that quality itself is arbitrary. Identifying the criteria for quality in early childhood is not just a matter of whim or personal taste. Judgments of quality are the expression of complex systems of belief,

knowledge and values, which relate to particular cultural, familial and institutional contexts and aspirations for childhood...appraisal of context and perspectives within a particular setting is an all important part of the process of identifying quality—to counterbalance the tendency to impose so called ‘universal’ standards. (Woodhead 1996, 45)

As we mentioned on page 2-3, ample research exists to demonstrate there is a baseline of universal needs that children have which must be addressed in any quality service for children. These include the need for safety, health supports, good nutrition, positive interactions with reliable adults, the opportunity to explore and exercise their bodies and minds, and love and affection. In addition, research suggests that a child’s needs are synergistic—that the physical, intellectual, social and emotional experiences all interact to support (or fail to support) healthy child development. Thus a quality environment for children is one that supports the child’s whole development. However, what it means to support the child’s whole development is embedded within the culture, within the specific historical and economic context, within the goals and values of the people designing and providing the child’s care. We have found, based on long experience, that the *process* of defining quality, when it includes all the stakeholders in a child’s life, should in fact be the first step in assuring that quality services will exist. Thus in the following pages, we will discuss how diverse stakeholders may approach the question of defining quality, and what those definitions might mean in terms of practice, actual services provided to children, and outcomes for children’s development.

How do we address the issue of quality? For us the process includes the following:

- 1) Articulate values;
- 2) Examine the children’s cultures—quality is embedded in cultures;
- 3) Include all stakeholders in an active process;
- 4) Ground the discussion of quality in programme goals;
- 5) Treat quality definition as an ongoing process.

Articulate Values

The primary difficulty in defining universal standards of quality is that quality is relative, based on the values, beliefs and knowledge of those who are attempting to define quality. As Pence & Moss (1994) note, “quality in early childhood services is a constructed concept, subjective in nature and based on values, beliefs and interest, rather than an objective and universal reality.” (172) This is true even when we allow *experts* to define quality, since among them there are disagreements as to a definition of quality. This fact was illustrated in an anecdote taken from the author’s travel notes:

In a recent visit to a series of early childhood centres in the Philippines I was accompanied by professionals from the Department of Welfare and Social Development (DSWD). I was shown a variety of programmes, including those under the DSWD and those where the teacher had been trained by a local NGO. In the DSWD centres children were seated in neat rows at tables, facing the front where the teacher was giving a lesson. The shelves were full of colorful puzzles, games and toys, all safely stored behind clear plastic, tacked down to protect the shelves from dust. The plastic also protected the shelves from being accessed by either the teachers or the children. When we entered the room all the children stood and greeted us.

The teacher then pulled their attention back to her and the lesson continued. This classroom was shown to me as a model of a 'quality' programme.

In a centre close by we walked into a room that was fairly chaotic in appearance; children were working in small groups with teacher-made materials and the noise-level was high. The teacher was hard to find since she was on the floor working with a group of children. The children paid little attention to our entrance. They glanced up and then continued their work. The professionals accompanying me believed this classroom to be of much lower quality than the first because of the lack of teacher control, the classroom's disorderliness and the children's apparent lack of respect for their elders. While I, from my professional vantage point, was chagrined by the teacher's dominating control and the lack of children's involvement in the first classroom, and delighted by what I saw in the latter classroom where children were actively-engaged in the learning process. (Evans 1996)

Thus, even among professionals there are bound to be very different sets of expectations in terms of what constitutes a quality programme, given different values and beliefs. Now take the question of quality to a broader audience—parents, practitioners, policy-makers, funders—and the value bases for defining quality become even more diverse.

While quality is relative to one's position in time and space, Woodhead makes the point that quality is not 'arbitrary'. (1996, 8) That is an extremely important point. If all we could say about quality was that it was based on beliefs and values and therefore it was relative to the situation, then we might just as well end the discussion because nothing more could be said to help us reach an understanding of quality. But given the fact that quality is not 'arbitrary' means that there is something behind people's definition of quality, it is based on dimensions which are possible to explore and take into consideration when addressing the issue. What are these dimensions that keep quality from being arbitrary?

As already noted, a definition of quality is based on values and beliefs. Those can be articulated. We don't make our values and beliefs explicit very often but we should, simply to know the kinds of assumptions we bring to a situation. A task you could do right now is to take out a pencil and paper and answer the following questions:

What is it that I want children to be when they grow up?

What values do I want them to have?

What do I want them to be able to do?

I believe that in order to achieve these things children need....

I believe that young children learn best when....

I believe that the role of adults in that process is to....

Therefore, for me a quality programme....

Undertaking such an exercise will help you begin to get a sense of the values 'lens' that you use when viewing an early childhood programme.

Examine the Children's Cultures: Quality is embedded in Cultures

Values and beliefs about quality can be personal, familial, communal and cultural. They can derive from experience, education, family or religious training, as well as from one's world view and practical considerations or limitations. Thus when we say that quality is embedded in cultures, and when we seek to discuss quality within a 'cultural paradigm', it is important to realize that there is more than one culture that needs to be taken into consideration. There are at least four kinds of culture that have an impact on the process. There are the local and family cultures within which the child is living. There is the culture of early childhood programmes as they exist in the world today. There is the emerging global culture. And there is the culture(s) of the future. Each of these has a 'claim' within the process of defining quality services for young children.

■ THE CHILD'S CULTURE OF ORIGIN

We believe in beginning with the child's own culture and building on it. Programmes tend to be more fully accepted by parents and children if they are firmly grounded in local childrearing beliefs and practices (*Coordinators' Notebook*, Issue #16). In many cases this means building on two cultures, when for example, a child might belong to a religious or ethnic minority within a community that has another set of dominant practices. For the past five years, there has been quite a bit of emphasis on building ECCD programmes within a cultural context, building on the strengths of families, and putting greater emphasis on the role of parents. This has led to the creation of several interesting ECCD programmes and models. For example, there is a home-based parent education programme in Sri Lanka that begins with the day-to-day tasks of adults and children, using these experiences to illustrate to parents what children learn through daily activities as well as helping parents see the importance of their role in the process. Another example of a programme created to meet local needs and support local values is the rotating child care programme in Nepal, in which women take turns caring for the children and the caregiver's tasks are then shared by the other women. In this latter case, it was important to the women that they not be asked to "turn over" their responsibility for their children to strangers. By sharing the task, they were able to honor their sense of duty, but enable themselves to work outside the home as well. Both of these programmes were able to offer "quality" services that reflected the local cultural values.

However, building on the local culture should not be seen as the panacea in early childhood programming. It is not always an easy task to address quality issues through a cultural paradigm. As stated by Gertsch (1995), "The cultural paradigm strikes me as a double-edged sword, potentially able to reveal some new insights but equally able to obscure issues or lead in problematic directions." (3) She then goes on to discuss what some of the problematic directions might be. She states:

While much social action including early childhood programmes makes claims to being culturally appropriate, culture is also something that should be looked at critically. We may

encourage children to grow up with a sense of continuity with their cultural history and yet what are the patterns we would choose to alter to better equip children for change?...While trying to promote cultural relevance we should also be paying attention to the bridges that connect a culture to other realities, present and future. (7)

In the development of culturally-based programmes there is a weighing of values, a sharing of alternatives. We would suggest that the starting point may be to begin with the children's culture(s) of origin, but it may be necessary to build from there, taking into account national, global and developmental realities, which may not be reflected in traditional local practice. Myers (1996) suggests that in this changing and multi-faceted world "a goal would be to provide children with *roots* in their own culture and *wings* to take them on to the new and unknown."

■ THE CULTURE OF EARLY CHILDHOOD PROGRAMMING

One of the sources of 'new and unknown' experience comes from the culture of ECCD programming itself. As diverse efforts and experiments have been carried out around the planet, practitioners and ECCD specialists have identified certain practices and values which can also contribute to the creation of quality services for young children. There are some models of child care and education which have been validated by longitudinal research. There are others that offer insights into the relationship between inputs and outcomes. This 'culture' of ECCD means that a country, region or local community setting out to create a high quality programme for its children does not necessarily need to start from scratch.

There are several principles of programming 'wisdom' which a review of diverse ECCD efforts will yield:

- that programmes need to be based on goals;
- that goals need to be linked to practices and organizational strategies;
- that practices should reflect what is known about children's development and should be sensitive to the realities in the children's lives;
- that staff or caregivers need to understand the goals, practices and children's development in order to provide consistent, responsive care;
- that the care providers need support from the community around them if they are to be able to respond to children's needs.

These principles, however, need to be interpreted and defined in terms of the local culture and conditions. What happens all too often, is that rather than drawing *principles* and *lessons learned* from the culture of ECCD, people seeking to define quality in terms of accumulated wisdom get overly focussed on the details and forms of successful ventures in other places. This is most evident in the tendency to think that preschool is the 'best' or 'primary' model for early childhood programming. This prejudice in favor of the preschool, with its often expensive equipment and facilities, can deflect developing (and developed) countries from addressing the question of quality care provision for all their children. If a government cannot even afford to provide

primary education for all its children, the thinking goes, then how is it to be able to add pre-schooling?

The culture of ECCD offers many alternative models and experiences about how to provide quality care for young children that include lessons learned in centre-based programmes but are not limited to a centre-based approach. Yet this preschool model still predominates in all parts of the world.

The key is for programme planners to understand both the benefits and the shortcomings of the *centre-based preschool* model. They may need help in seeing the alternative models—whether they be community-based and financed programmes, family day care, full-day child care, parent education—as equally valid options. Parents too, tend to believe that preschools are *higher quality* programmes than other models. Unfortunately it is generally the ‘static’ dimensions that have an appeal—the physical structure and the materials that are most evident to an observer. In building on the culture of ECCD it is important to articulate and take into account the greater importance of the ‘dynamic’ dimensions—the quality of interactions, the understanding of how children learn, the ways that scheduling, tasks, and materials can be used to support children’s development—that can be offered in a wide variety of settings.

■ THE GLOBAL CULTURE

Communities and ethnic groups no longer operate in isolated cocoons. They are influenced and profoundly affected by the cultures that surround them. They are subject to the economic realities of the country and region; they are exposed to the stresses and gifts of the ‘modern’ technologically-based culture. They are affected by movements of people and resources that often require new skills of them and new childrearing techniques as well. Thus the definition of quality programming includes an element of helping children to respond to, adapt to, prepare for, and take their place in a larger global culture.

An example of this influence of the larger culture on the definition of quality programming for young children arose in Kenya, where young Muslim children on the coast were found to be increasingly marginalized economically and socially. Their religious training and the local school structures were in conflict. From the age of 3, the young Muslim children began their religious training (in the Koran). By the time their Koranic training was completed, they were too old to enter the secular schools, which had limited places and reserved these places for 5-6 year-olds. This meant that Muslim children were systematically growing up “illiterate” in secular terms. Clearly, the values about what constituted quality education for these young Muslims were impacted by the global culture as well as their local culture-of-origin.

In recent years, global initiatives such as the Convention on the Rights of the Child and the Education for All initiative have spelled out certain expectations the global community holds for all children. In addition, some countries have articulated Early Childhood Policies and Basic Education goals for their children. Where these exist, programmers need to take them into account, in order to understand the opportunities, constraints, and obligations they impose.

One key influence on early childhood programming (and the definitions about what constitutes quality early care) is the formal primary school. That is the immediate future for most children who are served by early childhood programmes. For many decision-makers and caregivers, an indication of the quality of the ECCD programme is how well children do in the primary school—school readiness becomes the key measure of quality. The importance of this should not be negated. While many of us working in ECCD caution that shaping early experiences to the formal school expectations is not the optimum way to foster children’s ability to learn, self-esteem, feelings of competence, etc., the bottom line for many is that children need to get into school, do well there and stay in school, hopefully through the primary years. Thus an ECCD programme’s ability to prepare children for school is generally included in any assessment of its quality.

■ THE CULTURE(S) OF THE FUTURE

One thing we know that children of the future will need is the ability to respond to new demands. The world of today is not the world of ten years ago, and even less so the world of fifty years ago. With the rapid pace of change it is hard to imagine the challenges to be faced by the children of today as they become adults. The changes in technology, media and transportation bring the cultures of the world face to face with one another in ways not previously possible. This has brought better health to some parts of the world; it has led to the breakdown of traditional cultures in other parts of the world. What we want for children in the future will determine our goals for ECCD programmes. These, in turn, will play a part in the way we define quality programmes today.

Include All Stakeholders in an Active Process

Who are the stakeholders? Who are the potential beneficiaries and/or supporters of early childhood programmes? These include the child, the parent, the caregiver/teacher/provider, the organization that is implementing the programme (including ‘experts’), those who are funding the efforts, and governments (bureaucrats and politicians). Each of these individuals and groups has a view on what an early childhood programme should provide and thus they have ideas about what constitutes a quality programme.

In discussing quality these various stakeholders need to be a part of the process. But it is not enough to say that they should be part of the process. It needs to be clear what the nature of their participation will be, taking into account personal and positional power relationships. The underlying value should be the promotion of mutual respect.

It is important to recognize the extent of each person’s involvement. When people are asked to participate, are they included in the effort in full partnership with all the others, or are they expected to simply ‘rubber-stamp’ the work of others? It is best if expectations are clear from the beginning so that people can evaluate their potential role in the process.

What follows is a discussion of the possible perspectives on quality that would be *brought to the table* if one were to take into account the point of view of various stakeholders:

■ THE CHILD

One group of stakeholders in ECCD services is the children themselves. Taking into consideration the child's point of view is what Katz (1993) refers to as the 'bottom-up perspective on quality'. She argues that the children's experience of a programme is a determinant of the programme's effects. Given this, we need to know what it feels like to be a child in a given environment. Those looking at the programme should try to answer some of the following questions from the child's point of view:

Do I feel welcomed rather than captured?

Do I feel like I belong or am I just one of the crowd? Does the teacher know my name?

Do I usually feel accepted, understood and protected rather than scolded or neglected by the adults?

Am I usually accepted rather than isolated or rejected by the majority of my peers?

Am I usually addressed seriously and respectfully, rather than someone who is 'cute'?

Do I find the activities engaging, absorbing and challenging?

Do I find most of the experiences meaningful, rather than boring?

Am I usually glad to be here, rather than eager to leave?

As Katz notes, each question implies a criteria of quality based on what is known about significant influences on children's long-term growth, development and learning. (1) These questions come from a value and belief base that puts emphasis on children's development of self-esteem and competence, and on children being active learners in an environment designed to support their overall development.

Let's imagine for a moment that the child came from a very different culture where the collective was emphasized over the individual. Some of the questions that a child in that environment might be asked to answer would be:

Am I able to do my work without attracting the teacher's attention?

Am I able to contribute to the group in such a way that my contribution will not be singled out?

Are my actions consistent with what is expected of me by my elders?

It is not always necessary to imagine how children would answer questions about their experience. They can be asked directly. This was done in Denmark (Langsted 1994), where through interviews, five-year-old children were asked to make an assessment of quality within the services provided. The study showed that children had a clear understanding of what was provided and by whom and they had opinions about the value of a variety of activities. One of

the things being assessed was the extent to which children were able to handle differences between home and school. This had largely to do with expectations in terms of children's behavior. Langsted (1994) notes:

When we ask five-year-olds themselves about the differences between home and centre (differences in terms of the degree of self-determination and the rules applying in each social environment), it appears that children are perfectly capable of coping with such differences. They might think that the differences are strange and that certain rules should be changed. But they accept virtually all the differences and many children show that they understand the reasons for the differences that apply. (41)

He goes on to state that it is not accidental that children are able to make these differentiations. "The ability of children to bring coherence to a world of differences depends on the presence of professional staff with the ability to guide and support children's relationships with each other and the integration of each child's different worlds into a single entity." (41) The match between school and home expectations is an even greater issue for many Majority World ECCD programmes. It suggests that teachers/caregivers in those settings might benefit from training or support in learning how to guide children in the integration of their diverse worlds.

■ THE PARENT

Parents are another set of stakeholders. While in some instances parents do not appear to have a choice—i.e., there is only one service available in the area—they do have concerns about what their child is experiencing. In essence most parents are concerned with four things.

1. Is the place safe and pleasant? Parents are not necessarily aware of the variety of curricula that can be provided through ECCD programmes. Parents are more likely to be concerned with minimizing the possible harm that could be done in a setting than with maximizing the child's developmental experience. (Larner and Phillips 1994, 47)

2. Does it 'fit' with family needs? For example, is the early childhood programme offered at a time and place that allows the family to 'work it into the schedule' in a realistic way. One alternative that has been offered in some countries is employer-sponsored child care, at the place of employment. While intuitively this would appear to make sense—the child is nearby and the hours can match the hours of a parent's work—in fact, this alternative is not always taken up by parents. Parents who have to travel by public transport and have to travel a long time to arrive at their place of work do not want the hassle of having to transport the child to work with them. Further, parents of children under 3 prefer to have them in more home-like situations, e.g. with a relative, or a neighbor, or in a family day care home. Thus employer-sponsored child care is not always a good 'fit' with family needs.

Other questions related to fit include, Is the programme affordable? Is the service offered by someone I can trust?

In essence,

...the critical difference between parent and professional perspectives on child care is that parents are seeking child care arrangements that will meet the needs of their own child and family; they bear no broader responsibility for the child care field. They need only find one arrangement, but their stake in the quality of that arrangement is immense. (Larner and Phillips 1994, 46)

3. What will the child experience in terms of cultural support? Will the child's culture be respected? Are the values and beliefs of the ECCD programme consistent with those of the family? If not, is the staff willing to work with parents to integrate home and the ECCD programme?

4. Will the programme prepare my child for school? This is perhaps the question of greatest import to many parents in Majority World countries, where ECCD programmes for preschool aged children are seen as the entry point into primary school. This is particularly important in places where there is competition for entrance into primary school. In countries like Kenya where there are a limited number of places in Primary I, attendance in a preschool programme becomes one way of assuring entrance into primary school. Even when there are adequate places in primary school, the preschool is perceived by parents as making children ready for school. In reporting on the results of a study of parent perceptions of quality in India, Paul (1995) notes:

Standards are related to the expectations of the community. For example, the majority of mothers expect the worker to 'teach' the children the alphabets, rhymes, reading, writing and arithmetic and prepare them for admission to the school. The efficiency of the creche worker is judged by the parents according to what the child is able to read, write and recite. They do not attach importance to play which is often considered a waste of time. This has an influence on the programme planning by the creche worker. These realities cannot be overlooked while adjudging [sic] the quality of the programme. (3)

The parent perspective on quality is summarized by Larner & Phillips (1994) when they say,

Parents research for arrangements they trust and are often reassured by continuities between home and caregivers. At the same time parents want the advantages of professional care if it means early childhood education, reliability, a healthy and safe environment, nutritious meals, kindness, affection and fairness. (57)

To this should be added the high value placed on preparation for formal schooling in some countries.

In Katz's model, parents (and staff) provide the 'outside-inside' perspective on quality. Katz provides a list of questions that should be answered by both parents and staff to determine if the programme is of high quality.

Are my relationships with staff (or parents),

- primarily respectful, rather than patronizing or controlling?

- accepting, open, inclusive, and tolerant, rather than rejecting, blaming, or prejudiced?
- marked by contacts that are ongoing and frequent, rather than rare and distant?

Are my preferences for the goals and values for the children treated with respect?

This last question is frequently the area where there are significant differences between parents and those providing ECCD programmes.

There is also sometimes a discrepancy between what parents say they want and how they act in relation to their child. For example, in a study conducted in Kenya, one of the issues was that caregivers' perspective on quality and what they saw as necessary to attain quality was not necessarily reflected in their actions. This was attributed to the constraints of "time and resources, knowledge and resourcefulness." (Keoch 1995, 3) The study undertaken in Kenya also looked at how the parents, caregivers or service providers interpreted the effect of their practices, their awareness of how the practice might affect the child's development and their willingness to assume responsibility for child care decisions and practices. From the results Keoch concluded:

Caregivers and service providers rarely consider the numerous possible effects of their actions. For example, mothers who give the male child part of the father's protein foods when he is away but not when he is present are communicating cultural values and hierarchical family relationships. Do they believe those values and relationships will be helpful and relevant for the future development of their children? The parents who rarely talked to or with their children during time of famine were discouraging communication from the children about their hunger, but were they aware of the effects of low linguistic interaction on the children's language development? Are the caregivers who told their children many stories about witchcraft, devils, 'Mageni' (ghosts) and induced fear in the young children to protect them from perceived danger within the communities aware of any impact of these practices on the socio-emotional development of children? Are those who discouraged playfulness and exploration of young children aware of possible implications for their later learning? (Keoch 1995, 4)

Thus, sometimes what parents do is not likely to get them the outcomes they say they desire. This is also true for the next group of stakeholders, those who work with young children.

■ THE PRACTITIONER—PROVIDER/CAREGIVER/TEACHER

This group of stakeholders refers to all those who work directly with children, regardless of the setting. In the Katz model, caregivers provide the 'inside' perspective on quality. She argues that there are three sets of relationships that are important here: colleague relationships, practitioner-parent relationships (assessed through the questions asked above), and practitioner/manager/sponsor relationships.

In terms of colleague relationships the questions that could be asked include: On the whole, are my relationships with colleagues: supportive rather than contentious? cooperative rather than competitive? accepting rather than antagonistic or hostile? and respectful rather than controlling? (2) The reason that relationships among caregivers are important is that

practitioners cannot create a supportive environment for children unless the environment is also positive for the adults. As Katz notes, “a good quality programme is one in which children and adults find the quality of their lives together satisfying.” (2)

Practitioner/manager/sponsor relationships have to do with the nature of the relationship between caregivers and those to whom they are responsible. In general, caregivers treat children the way they are treated. Some questions caregivers/teachers might ask would be:

Are working conditions adequate to encourage me to enhance my knowledge, skills and career commitment?

Am I usually treated with respect and understanding?

Unfortunately in the Majority World the most likely response to these two questions would be, “No”. The work conditions are unstable. Those providing care and education in ECCD programmes are underpaid and have low status within the society. These all have an impact on the caregiver’s view of her own worth and what she sees as her role within the programme. In the India experience,

The creche worker who is at the end of the actual service delivery, also influences quality by her perceptions of her role in ECD-whether she considers herself merely as responsible for maintaining the service or whether she conceives her role as that of a change agent in the community. (Paul 1995, 3)

Thus the caregiver is an important component in the quality equation.

■ THE ORGANIZATION/AGENCY/INSTITUTION

The organization that is providing the ECCD programme provides yet another perspective on quality. One important aspect of their assessment of quality has to do with their perceived role. Again, the India experience would suggest:

The quality of the programme will be influenced by the vision that the NGOs have for the poor whether they believe in a welfare model or developmental model of intervention—whether they believe in doling out some services or in empowering the poor—whether they think that the poor should be grateful for what they receive or that the poor have the right for quality services such as the rich. (Paul 1995, 3)

Based on an NGO’s perspective on its role, the NGO will have different criteria for quality within the programme. If the NGO approaches its role from a ‘welfare’ perspective then quality indicators are likely to include such things as:

Input: *X number of bags of food were delivered.*
Outcome: *X number of families received and continue to receive services.*

A more 'developmental' orientation would lead to indicators such as:

- Input:* *Training of workers and trainers*
 Development of on-going systems for supervision
 Development of evaluation mechanisms
- Outcome:* *The community has taken on responsibility for maintaining the ECCD programme. We are no longer needed in the community since they are organized to meet their own needs.*

■ RESEARCHERS & EXPERTS

Those involved in research on children's development and those who have conducted longitudinal evaluations of ECCD programmes are also significant stakeholders in the definition of quality. As was noted earlier, the data generated by this group provides leads as to what can be considered universals in terms of quality indicators.

In addition, including researchers as members of a planning team is a good strategy for assuring that programme goals, measurement devices and processes are integrated. As Myers (1995) suggests:

Participatory research can be designed to include parents, teachers, supervisors, programme planners and policymakers. Since each of these groups has much to contribute to our understanding of young children and the experiences which support their growth, it makes sense for ECCD researchers to draw on them in their research projects. Similarly, it makes sense for researchers to reach out in a myriad of ways to (and to be sought out by) these influential people to make sure that the interconnections between research, policy and programming are strong and vital. (22)

■ GOVERNMENT-BUREAUCRATS AND POLITICIANS

Within government there are at least two types of stakeholders. There are those who are there to assure and maintain quality—the bureaucrats—and those who have a more public role—the politicians.

Bureaucrats tend to be concerned with maintaining standards, maintaining control, and in many cases, maintaining the status quo. In a project in Scotland where a staff person was attempting to bring about change, her perception was that "the notion of quality within the education department was implicitly tied to the observance and continuance of existing educational traditions." (Penn 1994, 14). She went on to say that "obedience was a virtue and being unnoticed was a sign of doing your job well." (16) Needless to say, this was quite frustrating for someone who was trying to bring about a change in the system. As a result, in terms of assessing her own accomplishments, one of her "yardsticks of quality became ability to play the system, [and] the wit which people showed to deal with and circumvent these absurd procedures." (15)

Since bureaucrats often have the role of maintaining the system, and often feel great pressures for accountability, there can be a significant difference between what the bureaucrat sees as

important in a programme and what those being served by the programme would see as indicators of quality. Pence (1992), working with the Meadow Lake Tribal Council in Saskatchewan Canada, made the following observation:

For the bureaucrat in charge of regulations, measurability itself is a key issue, while for an Elder in a Native community what may be of greatest concern is the less tangible and less measurable evidence of 'relationship', and the survival of language and culture. (6)

Politicians are the other group of government people who may well have a stake in ECCD programme quality. To them indicators of quality need to be something that can be seen in the short-term (since their life in politics may be short-term) and something which gets people's attention. A good example is the impact that the High/Scope Perry Preschool Study had on policy in the USA. Early childhood care and development had been promoted actively by practitioners for decades. Those who taught young children were very much aware of the value of the experience for the child. Educational psychologists were also advocates of attention to children's developmental needs during the early years. But neither the practitioners nor the theorists were able to command national or international attention. What finally made a difference was being able to discuss the benefits of quality early childhood programming in terms of cost savings and rate of return on investment. "Over the lifetimes of the participants, the preschool programme returns to the public an estimated \$7.16 for every dollar invested." (Schweinhart et al. 1993, xviii) This pronouncement captured the attention of politicians and policymakers. A key indicator of programme quality for them was return on investment.

One of the reasons that it is important to be inclusive of politicians in the process of defining quality is that ultimately, if ECCD programmes are to be sustained, there needs to be a national policy framework that provides support to young children and their families. This does not mean that it is solely the responsibility of the government to provide ECCD programmes, but it does mean that there needs to be policy in place that allows government, NGOs, private enterprise, as well as donor and funding agencies, to work together to provide appropriate support systems.

Thus, it is important to have an understanding of what bureaucrats and politicians see as elements of quality and to address this in developing quality indicators.

■ FUNDERS

Funders are concerned with both the inputs and the outputs in programmes and often judge quality by a comparison of inputs with outputs. In general, funders determine if it is a quality programme when it gives them the outcomes they expected, within a reasonable cost.

One implication of this is that it would be useful to include an identification of inputs and expected gains in any process to define quality. It is valuable to all stakeholders to think through their values and to carry their ideas through to a relatively concrete form. In the next section we offer a brief discussion of the process for linking programme goals to inputs, and inputs to possible outcomes, and within the Sample Workshop that follows, the topic is explored a bit further.

In sum, there are many stakeholders in ECCD—from those who receive the services, to those who develop them, to those who fund and mandate their implementation. Nonetheless, the *experts* are generally the only ones being called upon to define quality. The reality is that all the stakeholders need to be involved in the process of determining how quality should be defined.

Ground the Discussion of Quality in Programme Goals

Frequently goals are only discussed when a programme gets started. Those planning the programme state some goals in general terms (i.e., to promote children’s cognitive development) without linking them to specific activities within the programme. Yet research has demonstrated that quality programmes are those which are designed to meet programme goals. Why would this be true? Because the process of articulating goals, and understanding them in concrete terms, helps practitioners, families and funders to all understand what the programme is attempting to accomplish and how it proposes to go about it. Setting clear goals allows programme planners to bring their thinking and actions into clearer focus.

Quality is often treated with the same vague attention. The dimensions of a quality programme are frequently defined without reference to either programme goals or to day-to-day realities of the programme. Yet we would argue that defining quality is not an empty exercise. There should be a clear link between programme goals, programme activities, and the indicators that determine whether a programme is a quality one. For example (we will begin with a simple one), if one of the goals is to promote children’s gross motor development, one of the activities could be outdoor play time. A quality indicator related to the goal might be whether there is outdoor space where it is safe for children to run and play.

Another (more complex) example would be to set the following programme goal: to develop children’s abilities to solve problems. Activities within the programme that could help foster this would include time for children:

- to work with materials on their own, and/or with others,
- to create solutions to problems (i.e. building a ‘bridge’ between two towers, figuring out how to include another child in a fantasy play, figuring out how to share among all the children, food that was brought by some of the children).

The indicators of quality associated with this goal would include:

- time for children to work on their own or in small groups with others;
- materials that children could access themselves; and
- adults who facilitate the problem-solving, but do not take over. An adult who presents a ‘problem’ and dictates the answer is not going to produce children who are able to solve problems for themselves.

If the programme goal is to produce a creative thinker, then children need time to be creative, and the indicator of quality would be if such time was structured into the daily routine. In other

words, programme goals and quality indicators are linked; they need to be looked at and developed together.

What is the process for defining goals? In the ideal situation,

Defining goals may suggest an open, democratic and orderly process in which values, beliefs, interests and needs are recognized, explicitly articulated, then systematically discussed and considered; all stakeholders receive due consideration and exercise influence appropriate to the size of their stake; and decisions are reached by mutual agreement and consensus. (Moss 1994, 4)

There are few instances in which the ideal goal-setting process occurs. The reality is that goal setting is generally done by those involved in one way or another in implementing the programme and it does not include the beneficiaries. Goals are established by either programme planners, funders, politicians or NGOs, based on their interpretation of needs. Yet goals will differ, depending on the perspective of the individuals involved in defining the goals and their relationship to the programme. If goals differ, then criteria for quality will necessarily differ.

Treat Quality Definition as an Ongoing Process

As has been noted, quality is based on values and beliefs, and it involves a variety of stakeholders. It is not something fixed in time; it is a function of the history of ECCD provision as well as local experience; it is influenced by current developments and an anticipation of the future. Thus defining quality is necessarily a continuous process which takes into account new ideas and changing circumstances. A definition of a quality programme developed twenty years ago would not suffice today. We know more about how children develop. We have had a considerable amount of experience working with young children and their families. And we have had enough time to see the long-term impact of our actions. That has changed our definition of quality. And since research and programming experience continue, the process of defining quality will continue.

A good example of how the definition of quality evolves is presented in Example 2 where the elements of quality as defined by Schweinhart (et al.) are presented. Within that Example there are 2 different lists of elements that contribute to quality. One was developed in 1981 and the other in 1993. (A third set, presented in 1995, is included on page 4 of this article.) While there are overlaps across the three definitions of quality, the lists are not the same. They reflect additional research on the topic; they reflect an expanded understanding of some of the issues involved in ECCD programming; and they reflect the fact that all three pieces were written for different audiences. For example the *Keys* listing was provided in 1981 for teachers and administrators in the USA. The 1993 listing is geared more toward an academic audience, and the 1995 definition of quality was presented in a paper commissioned by the World Bank. Thus even within only one organization the definition of quality has been a continuous process.

In sum, as Moss (1994) notes:

Quality is never an objective reality, to be finally discovered and pinned down by experts. It is inherently subjective and relative, based on values and beliefs, that may not only vary among and within societies, but will undoubtedly vary over time...Any definition of quality, therefore, is to an extent transitory (since) understanding quality and arriving at quality indicators is a dynamic and continuous process of reconciling the emphases of different interest groups. (5)

In light of this, it is our contention that the value of defining quality is in the effects the process has on those who participate in it. The exercise and process of defining quality needs as much emphasis as the specific indicators you identify.

How Do We Go about Defining Quality Indicators for Our Programme?

Given that quality is value-based, relative and a process rather than a fixed product, how do we go about defining quality? The argument has been made that a process has to be undertaken which includes the various stakeholders. Pence and Moss (1994) suggest an 'inclusionary paradigm'. They describe the process as follows:

The challenge is to develop a new paradigm for defining quality based on participation by a broad range of stakeholders, and recognition of values, beliefs and interests underpinning definitions. Within this alternative paradigm, the roles, processes, principles typically found within the exclusionary paradigm are transformed: limited participation is replaced by broad access to the process of definition; power concentration gives way to power distribution; few voices make way for many; an assumption of rational objectivity is challenged by recognition of the essential subjectivity of the process and the role of values, beliefs and interests; the search for quality universals becomes the exchange of quality perspectives leading to definitions specific to a particular spatial and temporal context and capable of evolving through a dynamic and continuous process. (172-173)

Such an inclusionary paradigm would

not attempt to emulate the quality standards treasured by affluent nations, but instead offers legitimacy for tapping locally available human and material resources for child development in ways that are ecologically sustainable and consistent with local aspirations. (Woodhead 1996, 49)

The question is, where do you start with an inclusionary model? Our response: you need to start with the community that is to be served. And as Pence and Moss (1994) point out, the first thing that you need to determine is whether or not an inclusionary process is "valued and wanted" by the community. If the kind of process that is suggested in an inclusionary model is not a part of the culture, then you will have only limited success. In this case, it is important to include as

many of the other stakeholders as possible in the process, even if they can be included only for a limited time, given other demands.

It is also important to remember that the process is not easy. As noted by Moss (1994):

defining quality is ... a political process. It involves interplay, negotiation and possible conflict between, and sometimes among, those stakeholder groups who are included and who may have different perspectives about objectives and priorities arising from different values and beliefs, interests and needs. The final result will be determined as much by the exercise of power and influence as by other considerations. (5)

Nonetheless, it is important to engage in the process.

To work toward a definition of quality it is possible to draw on any number of participatory techniques to allow for the inclusion of a variety of stakeholders and for the development of a process that both serves immediate needs and can be continued. The aim of the process is to help stimulate people to define quality for themselves in as many ways as possible, and then to derive a shared or common definition of quality—based on programme goals—linked to appropriate indicators. The process could be set in motion through an initial workshop. A possible design for that workshop follows.

Workshop on Quality

Choose who would participate in the workshop. In making the choice, there should be an awareness of the need to include a *variety of stakeholders*, people with different skills, experience and points of view. It might be useful to have educators, health people, anthropologists, and sociologists as a part of the team, in addition to parents and community members, practitioners, government officials, researchers and funders.

Clarify the goals of the workshop. People should be given an opportunity to share what they understand to be the outcomes of the workshop. That way people do not have false expectations in terms of what the workshop is able to provide. One way to clarify goals is to first have people sit quietly and write down for themselves their own goals for the workshop. (If there are people there without writing skills, they can either draw something that reminds them of what it is they want to say, or simply remember it.) The second step would be for people to share their expectations within a small group (i.e., with three or four other people). As they share their ideas, others in the group can ask questions to help clarify expectations. The group would then try to pool their expectations and make a presentation of this to the larger group. As each group reports, again there would be an opportunity for others to ask questions for clarification. At the end of the reporting session, the group should work toward consensus on what is to be accomplished in the workshop.

An example of appropriate goals for such a workshop might be:

- To identify what a quality programme means to me;

- To come to some agreement on how we will define quality for this programme;
- To determine what we will use as indicators of quality;
- To determine what kinds of inputs we require;
- To define the kinds of activities and experiences that we think should be included in the programme to achieve quality and thus our goals.

It is important to note that these goals cannot be achieved in a *single-sitting*. Work can be done in relation to each of these goals in an initial workshop, but each of the pieces must be revisited over and over again as there is additional experience brought to the topic.

Begin with a personal definition of quality. What does quality mean to me?

Earlier in the article we suggested a set of questions that could be asked as people think about what quality means to them. These were:

- What is it that I want children to be when they grow up?
- What values do I want them to have?
- What do I want them to be able to do?
- I believe that in order to achieve these things children need....
- I believe that young children learn best when....
- I believe that the role of adults in that process is to....
- Therefore, for me a quality programme....

For the workshop, it would be useful if people first answer these questions for themselves before sharing the answers with the larger group. Once recorded personally, the answers to the questions could be shared in small groups and then in the larger group. Since there are a number of questions and a reporting on all of them could be quite extensive, begin with reporting only on, *What is it that I want children to be when they grow up?* While this discussion begins with what we ultimately want children to be like, it works back to the question of what that means in terms of children's earliest experiences, since the early experiences have such an impact on long-term outcomes.

Work Toward a Group Definition of Quality. Once the group has determined the outcomes for children and adults that are desirable, the next question to ask is, what is the association between those outcomes and what actually happens within a quality programme? Within the workshop you could then have the group look at their responses to the statement, *Therefore for me a quality programme....* Again, the group's response to this question should be recorded.

Where possible, linkages should be made between the desired outcomes of ECCD programmes, and what people see as the components and/or activities of a quality programme. For example, if one of the outcomes of a quality programme is children who have good self-esteem, then there should be things going on within the programme that promote that. At a very basic level, the kinds of questions asked from the point of view of children on page 15 are appropriate here. For example, does the caregiver know the child's name?

Where there is no linkage between what people see as components of a quality programme and desired outcomes, the item should be discussed to ascertain if it in fact is a good indicator of a quality programme. An important principle to guide the definition of quality indicators is one of *appropriate inclusion*. How much detail is necessary and how much detail is limiting? For example, if one of the statements regarding quality is that “a quality early childhood programme provides a safe outdoor place to play”, then it would be useful to determine what people mean by ‘safe outdoor space’. However, it is not very helpful to specify in terms of square meters/child since this level of specificity will both limit the number of programmes that can ‘qualify’ using these criteria, and there has been no research to support the connection between square feet of play space and desirable child outcomes.

The list of quality elements should be reviewed, consolidated, rearranged, and discussed until the group is happy with their list. The next step in the process is to give that list some *reality testing* by defining each of the elements more precisely.

Determine what you will use as indicators—the components and/or activities which are a part of quality programmes. This involves engaging in a *progressive definition* of quality, allowing information to unfold and using the insights gained to direct or redirect the definition. This also involves moving from abstract concepts to a concrete definition of what is meant. For example, if parents say they want their children to do well in school, what does that mean? Do they have expectations that the child will complete primary school? Go to secondary school? Do they have expectations about where the child will place within his/her class?

At each step of the way in defining quality an attempt should be made to make concepts concrete and measurable by asking the question, how would I know when this dimension is present in a programme? For example, if one of the dimensions of quality that was listed was, a *safe environment*, the next question is, what does it mean to have a safe environment? Here is where the context is extremely important. A safe environment in a city might require a fenced-in yard where children can play without fear that they will chase balls into traffic. In a rural area, there may well be no need to fence in a play area for children to have a safe outdoor space.

If another indicator of quality had to do with *positive teacher/child interaction*, it would be important to define what that means in that setting. In some programmes it may mean that teachers ask children questions that challenge children to think. In another programme it may mean that children are obedient and talk only when addressed by the teacher. There are different outcomes for children with these two different styles of “positive” teacher/child interaction, with the former producing children who are more outgoing and inquisitive, and the latter producing

children who are more passive. So it is important to be clear on how that interaction would look in practice in that setting.

Determine what kinds of inputs are required. In order to achieve the desired outcomes, it is necessary to consider what needs to be included in the design of a programme (the 'inputs') to ensure quality. Continuing our workshop format, one technique at this point in the workshop might be to do a Brainstorming Session where participants simply list all the things they think should be included in programme inputs. Initially, as in all brainstorming sessions, all ideas would be included and listed for everyone to see. Once the brainstorming session was completed, then people could begin to group the items into larger categories and they could raise questions about the inclusion of items. They could also make an assessment of whether or not there were topics missing that no one had thought of initially. This fine-tuning could be done either as a whole group, or people could break into smaller groups and complete the task, then share their results with the total group.

If the small group discussion is the preferred option, there are different ways to handle the reporting. If all groups cover all the topics, the reporting can become repetitious and boring. An alternative is to have the first group report fully. Then those groups that report later only report on things that their group would *add* to the first group's list, or raise questions about items on the list that they might have discarded. This technique helps people focus on what is new and how their thinking fits with the rest, rather than hearing many ideas repeated.

In terms of the inputs, or what is required in quality programming, the following list provides a summary of the kinds of inputs that are generally associated with quality programmes. It is important to note that these are done in very abstract terms; turning these into concrete inputs (*operationalizing them*) would have to be done in relation to local conditions and resources.

The list includes all the things that help to create the environment of the programme. While the majority of these are physical/infrastructure/ 'enduring' dimensions, the inputs also include what the staff brings to the setting. Inputs include:

The programme approach—philosophical base for activities, goals for children, goals for adults, role of adults in relation to children, breadth/inclusiveness of activities undertaken.

Basic services—the actual services and activities offered through the programme to help assure that children are healthy, safe, have good nutrition, and receive stimulation, and the knowledge, skills and attitudes to be conveyed.

The facilities and their surroundings—location in the community (accessibility for children and families), indoor and outdoor space, floor space/child, access to water, toilets, washing and cooking facilities, heating, lighting, ventilation, and personal space for children ('cubbies', hooks, boxes, etc.), personal space for the teacher.

The equipment—furniture, play equipment, toys for inside and outside, learning materials, consumables (paper, paint, etc.).

The staff—qualifications, nature of their training (pre-and inservice/ theory and practice), pay and conditions of work, balance of professional/paraprofessional, supervision, access to other agencies (health, social services, community development).

Management—organizational structure, supervision and monitoring, relation to funding organization (NGO, government, private, community).

Finance—source of funds (parent, community, NGO, government, other donor agency, private), level of funding available, sustainability of funding.

Partners—the community, NGOs, government, donors, and others with whom the programme works—in collaboration or cooperation.

Within the workshop it would be important to take each of these dimensions and make it specific in terms of the context within which the ECCD programme is being developed, making it appropriate to the goals, setting and resources.

Define the kinds of activities and experiences that you think should be included in the programme to achieve quality, and thus your goals. These dimensions are often referred to as the *dynamic* dimensions of a programme. They have to do with what actually happens within the programme—whether it be a parent education effort, a child care centre which provides health, nutrition and care inputs, or a programme for older children within the early years of schooling.

In terms of the workshop model, the same process that was used to generate appropriate inputs could be used to develop a listing of process variables. The listing which follows can serve as a reference point for the workshop leader and/or it can be shared with workshop participants as a way of stimulating further discussion. It is recommended that the listing be provided *after* the group has generated their own list. Then they will not be influenced unduly in their initial thinking by the list.

The *dynamic* elements within a programme address the everyday experiences of children and adults (staff and parents). They include:

Planning—the process of defining the programme and all its components, being inclusive of all the stakeholders.

Training/Supervision—pre-service and inservice training for those delivering services, on-going supervision and support, other training to increase capacity within the organization.

Adult-child interaction—the availability of adults to children, their style of responding to children, the degree to which they engage in discussions with the children, their consistency in terms of discipline and responsiveness.

Teaching/learning—the appropriateness of activities, the extent to which the tasks challenge the children and/or parents, the way staff support learning, their sensitivity to individual differences, and the use of children's and parents' experiences/interests.

Daily activities for beneficiaries—for both parent and child-focused programmes—how they are grouped and for what purposes, the choices available to them, the extent to which they initiate activities (versus teacher-initiated activities), expectations in terms of independence versus dependence/ the individual and the group.

Adult/adult interaction—day-to-day planning, communication among staff, sharing of information about children, mutual respect, cooperation, lines of authority.

Relationships between parents, caregivers and others—opportunities to communicate about the programme and the child, mutual respect, cooperation, participation.

Monitoring/evaluation—data gathered (on child, caregiver, parent, organization), use of data for purposes of feedback, planning, assessing outcomes.

Where you have been and where you go from here. In a workshop setting the final step would be to look back over the period of time that the group was working together to ascertain the extent to which the workshop goals were achieved. The goals we stated for this sample workshop were very broad. The kinds of activities that were suggested would provide for an *initial* discussion on each of the various topics, each one of which requires on-going input, experience and discussion. However, such a workshop would get people started in the process of working together to both define programme goals and link those goals to indicators of quality. It would also be useful to set up a process wherein the kinds of activities undertaken in the workshop were repeated periodically.

In sum, with the increased demand for quality, people have taken on the challenge of defining the concept. Sometimes they are well aware of the fact that a definition of quality is values-based; at other times standards are provided in quite a prescriptive fashion, totally denying the contexts within which the standards are expected to be applied—physically and culturally—thus bringing to despair those in the Majority World who strive for quality but cannot possibly meet the criteria determined by Western standards.

The definition of quality is a process, based very much on the values and experiences of those doing the defining. It is a process that does not yield static indicators; rather it yields markers which must be updated and revisited in an ongoing way. Further we know that:

- Quality indicators should be linked to goals.
- Quality indicators should be inclusive of:
 - what is known about children’s development,*
 - inputs that research has demonstrated are related to outputs, and*
 - the realities of people’s lives in terms of what is required of children, within the culture and within the wider world.*
- Quality indicators should be viewed as changeable, and a process should be created for making changes. The process should include the various stakeholders.

- Quality indicators should include an understanding of:
 - inputs/provision (the primarily static dimensions of programmes)*
 - process/practice (the dynamic dimensions of programmes) and*
 - desired outcomes/product.*

Prakash (1983) summarizes the situation by stating:

What is important is that *each country work out for itself structures which are essentially rooted in the culture of its people, and which respond more directly to the educational and cultural needs of its children against the overall national goals chosen by the people.* (Italics in original, 11)

In multi-cultural societies the process of defining quality services for young children and their families may need to happen on a micro-level in relation to specific populations, as well as at the national level. In all settings the effort to define quality needs to be an integral, ongoing part of the programming process, and needs to include all stakeholders in young children's lives.

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Endnotes

¹ Harms and Clifford also have an Infant/Toddler Environment Rating Scale-ITERS, and a Family Day Care rating Scale-FDCRS.



The Consultative Group on Early Childhood Care and Development

DEFINITIONS OF QUALITY IN ECCD

Coordinators' Notebook No. 18, 1996

The Consultative Group Secretariat

■ EXAMPLE 1—DIMENSIONS OF ECCD PROGRAMMES THAT CAN BE ASSESSED TO DETERMINE QUALITY

Goals for children posited by Veda Prakash. 1983. "Battling Costs for Quality and Quantity: Emerging Response in early Childhood Care and Education." *Notes, Comments... (Child Family Community)*, Digest No. II. Paris: UNESCO/UNICEF, 63

- develop self-identity and self-esteem;
- learn to live with other children and to respect the rights of others as well as valuing their own;
- learn to work and play independently, be at ease about being away from home and able to accept help and directions from adults;
- be curious and seek answers to questions;
- be creative and imaginative;
- strengthen physical skills, using large and small muscles;
- widen their language skill, both in listening and in speaking;
- control aggression and destructiveness;
- channel spontaneous energies to orderly behavior and work;
- grow intellectually and emotionally.

■ EXAMPLE 2—STANDARDS OF EARLY CHILDHOOD PROGRAMME QUALITY

Identified by L. J. Schweinhart, H. V. Barnes, & D. P. Weikart. 1993. *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*. Ypsilanti, MI: High/Scope Press.

The authors define the elements of quality derived from their own research, and that of others, as follows:

- effective programmes use explicitly stated, developmentally appropriate active-learning curricula that support children's self-initiated learning activities;
- effective teaching staff have been trained in early childhood education and do not change jobs often;
- effective administrators provide systematic inservice training on site and supervisory support of their staff's curriculum implementation;
- effective programmes maintain classes of fewer than twenty 3- to 5-year olds for every pair of teaching adults;
- in effective programmes, staff treat parents as partners and engage in extensive outreach to parents, such as home visits at least monthly, to learn from parents and to help them understand the curriculum and their children's development. (17)

L. J. Schweinhart. 1981. What Makes a Quality Preschool?, *Keys to Early Childhood Education*, Vol 2, No. 4, April 1981.

Following are seven key elements which our research indicates are essential to a quality preschool programme. We feel many of these principles are also valid for daycare centers, kindergartens, family daycare homes and other settings where adults provide care for other people's children.

Programme well managed, well monitored. Supervisors must know what is going on in their programmes on a day-to-day basis. They should be readily available to provide support, give realistic feedback, help solve problems and reward a job well done.

Parents involved in significant ways in educational development of the children. Teaching staff should work with parents as partners. Vehicles for parent involvement might include home visits, parent meetings with opportunities for parents to volunteer to help in the classroom.

At least two adults in classroom to provide overall support and individual attention to children. This team approach is more important than class size (which often gets more attention); a team has much greater flexibility in dealing with situations than does a solitary adult.

Significant amount of time spent in child/adult interaction. Talking, sharing ideas, playing together—these are essential, with the child initiating much of the activity. Children need adults to challenge and support them in their activities.

Teachers trained in the curriculum, able to work together as a team and under supervision. It is teachers who make quality programmes work, training and support for them is crucial.

Evaluation component in programme emphasizing day-to-day quality maintenance.

Evaluation tells administrators when a programme is on the right track, or when it is in trouble.

Emphasizing quality will encourage teacher creativity and experimentation with new methods. It should never be equated with some narrow definition of perfection that keeps enthusiastic, competent teachers from following their creative hunches. Only through being with creative adults can young children learn to express their own creative impulses.

■ **EXAMPLE 3—"CRITERIOS DE CALIDAD"**

For our readers who read Spanish, we are including the following definition of quality from Peru (we apologize that in this version the accents are missing; for a correct version see the printed article).

FRANCISCO BASILI, "**Criterios de Calidad**". Un trabajo preparado para presentacion en el "II Simposio Latinoamericano sobre Participacion de la Familia y la Comunidad en la Atencion Integral al Nino Menor de Seis Anos," Lima, Peru, Diciembre 1994.

En el trabajo, Basili propone los siguientes criterios de calidad:

1. "La Actividad: incluye la exploracion libre, el juego, la oferta de repertorios sensoriales, las ceremonias, ocupaciones, pasatiempos no reglamentados, produccion artistica, las rutinas, la eleccion libre de proyectos. Juzgamos que se favorece la actividad si el ambiente contiene elementos estimuladores, si el agente educativo combina la permision con la induccion de actividades, si los ninos y ninas complementan la accion fisica con el enfrentamiento de problemas que ejerciten las capacidades de discriminacion, asociacion, relacionamiento. Hemos asociado a la actividad las nociones de disfrute, descubrimiento, desarrollo y disciplina. Hemos considerado que no basta que el servicio mismo propicie las actividades, porque hace falta que las induzca en el hogar. Hablamos de control de actividades y de actividades de control, cuya finalidad es explicitar competencias o deficit de performance. Hablamos de programacion de actividades y de tiempos de improvisacion donde los propios ninos y ninas escogen ocupacion, determinan el ritmo y atribuyen valor a las actividades. Hablamos de recuperacion de actividades ordinarias de la vida familiar y comunal y de actividades del servicio como distanciamientos para que la familia y la comunidad reflexionen sobre sus propias practicas de crianza."
2. "La Integralidad: implica la atencion del conjunto de aspectos relacionados con el desarrollo y el bienestar del nino y la nina. Someramente, la salud, la nutricion , la seguridad, el desarrollo psicosocial. El campo de la salud se ha ampliado considerablemente. Hemos pasado de una preocupacion basica por la supervivencia, frecuentemente circunscrita a la inmunizacion, el manejo de diarreas y enfermedades respiratorias y la higiene de las personas, el agua y los alimentos, a incluir aspects como la salud mental, el desarrollo de los sentidos, el despistaje temprano de lesiones organicas de consecuencias conductuales. De modo similar,

en nutrición nos preocupamos no solo por la dieta adecuada, incluimos cuestiones como costoefectividad en el manejo almacenamiento, preparación y distribución de los alimentos, palatabilidad, relación entre hábitos alimentarios de las familias y comunidades, y, seguridad alimentaria...En cuanto al desarrollo psicosocial, el campo se ha ampliado extraordinariamente. Quizá los conceptos más promisorios de esta ampliación sean el de talentos y el de desarrollo emocional, que han llevado a revalorar la capacidad de los agentes de los servicios para establecer relaciones personalizadas con cada uno de los niños y niñas. Ambos conceptos parecen sugerir una pedagogía del cariño para la cual las meras calificaciones profesionales podrían resultar insuficientes. Aun cuando sentimos que ya es bastante amplio este concepto, falta añadir que hoy integralidad incluye cuestiones de desarrollo familiar y comunitario, y cuestiones ambientales.”

3. "La Participación: Hoy, la participación desde la definición de políticas sobre infancia y desarrollo social, el diseño de los proyectos y, de allí en adelante, la participación en la gestión, en la programación y el desarrollo de las actividades, la evaluación, el control de recursos propios y la búsqueda de financiamiento nuevo. La participación incluye a los niños y niñas, sus familias, las organizaciones de la comunidad, las instancias municipales. Implica al conjunto de los agentes que brindan el servicio y de los usuarios que pueden calificarlo. Participación evoca la idea de una pedagogía del poder, es decir de un aprendizaje sobre las posibilidades que tenemos para involucrarnos en la producción de realidad, en la ejecución de proyectos elegidos. Por eso los servicios deben ser instancias en las que se refuerza y realiza la democracia.”

4. "La Pertinencia: Hoy los servicios deben atender al enraizamiento en la realidad de las familias y comunidades, pero deben abrir a la diversidad de los hallazgos y tensiones de la modernidad. Hablamos de pertinencia de las actividades respecto al desarrollo individual de los niños y niñas, de pertinencia de los diseños respecto a las competencias de los agentes de los servicios, de pertinencia de los propósitos y de los usos respecto a las expectativas de las comunidades, de pertinencia ambiental.”

■ EXAMPLE 4—ELEMENTS OF QUALITY FOR ECD PROGRAMMES FOR CHILDREN UNDER THREE YEARS OF AGE: CRECHE PARENTALE-FRANCE.

As summarized in M. Woodhead. 1996. *In Search of the Rainbow: Pathways to Quality in Large Scale Programmes for Young Disadvantaged Children*. Final Report to Bernard van Leer Foundation, The Hague, Netherlands, 63.

- an environment full of specially-constructed physical materials, objects, tools and activities, to which children are given relatively free access;
- high levels of individualized adult attention available to children, and tuned in to their immediate concerns (for some of the time at least); a variety of different adults available to respond to child requests;
- egalitarian relationship between adults and children, founded on joint negotiation and exploration (at least for some parts of the day);

- the active involvement of fathers as well as mothers, playing with their children and carrying out routine child-care tasks including nappy-changing;
- a context of diverse experiences and opportunities for exploration, including diversity among caregivers, in terms of ethnic/cultural/religious beliefs, styles of dress and behavior;
- a shared goal of conceptual representation, a systematic generalized way of making sense of a complex physical world;
- technical mastery over activities, constructional toys, the equipment and procedures of the environment;
- a strong emphasis on verbal communication, articulation of concepts and shared understandings;
- early introduction of symbolic representations, through drawings, picture books, stories, etc.

■ EXAMPLE 5—EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS)

T. Harms & R. Clifford. 1980. New York: Teachers College Press. Cited in J. Brophy and J. Statham. 1994. "Measure for Measure: Values, Quality and Evaluation," in P. Moss & A. Pence (Eds.) *Valuing Quality in Early Childhood Services: New Approaches to Defining Quality*. New York: Teachers College Press, 67-68.

Individual Scales in the ECERS organized by main topic areas

PERSONAL CARE ROUTINES

–greeting/departing

–meals/snacks

–nap/rest

–diapering/toileting

FURNISHINGS AND DISPLAY FOR CHILDREN

–furnishings (routine)

–furnishings (learning)

–furnishings (relaxation)

–room arrangement

–child related display

LANGUAGE-REASONING EXPERIENCES

- understanding language
- using language
- reasoning
- informal language

FINE AND GROSS MOTOR ACTIVITIES

- fine motor
- supervision (fine motor)
- gross motor space
- gross motor equipment
- gross motor time
- supervision (gross motor)

CREATIVE ACTIVITIES

- art
- music/movement
- blocks
- sand/water
- dramatic play
- schedule (creative)
- supervision (creative)

SOCIAL DEVELOPMENT

- space (alone)
- free play
- group time

- cultural awareness
- tone
- exceptional provisions

ADULT NEEDS

- adult personal area
- adult opportunities
- adult meeting area
- parent provisions

EXAMPLE OF SCALE FROM THE ECERS

<i>Item</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
Meals/snacks	Meals/snacks served on an haphazard irregular schedule and of questionable nutritional value	Well-balanced meals/snacks on a regular schedule but strict atmosphere, stress on conformity, meals not used as a pleasant social time or to build self-help skills (<i>e.g. pouring milk, setting table, etc.</i>)		Well-balanced meals/ snacks provided on regular schedule. Staff member(s) sit with children and provide pleasant social environment during meals and when possible at snacks. Small group size permits conversation.		Everything in 5 plus time planned as a learning experience, including: self-help skills; talking about children's interests, events of the day and aspects of foods (<i>color, where foods come from, etc.</i>)	

■ EXAMPLE 6—QUALITY IN SERVICES FOR YOUNG CHILDREN: EUROPEAN COMMISSION CHILDCARE NETWORK

From: European Commission Childcare Network. 1990. *Quality in Services for Young Children: A Discussion Paper*. Brussels.

We have organized our indicators of quality into 10 areas or blocks. We stress that these areas are inter-related, and that there is no hierarchy of preference or priority within them: different people may attach different priority to them and some may even reject some areas altogether and propose others. The indicators in each are expressed as questions, are by no means exhaustive, but provide some indication of the kind of issues which might be explored.

Accessibility and usage. This set of criteria examines the process of entry to services and the adaptability and flexibility of the service to individual family needs.

- How easy is it for a child to gain access to a particular service?
- What kinds of admissions procedures are involved?
- What priorities are imposed?
- Who controls admissions?
- Are appeals possible against decisions which have been made?
- Does the parent have problems about affordability of the services?
- Is it easy to travel from home to the service?
- Is negotiation possible about hours attended, or about days attended?
- How flexible or rigid are the routines of the nursery or childcare setting?

Environment. This set of criteria examines different aspects of the physical environment of services and covers a wide range of factors from health and safety to aesthetics.

- Are the surroundings inside and outside safe?
- Do they promote health?
- Do they guard against obvious hazards and dangers?
- Is there access for children or adults with disabilities?
- Are the surroundings attractive and well-designed?
- Do they look aesthetically pleasing?
- Are the rooms sufficiently spacious to allow free movement but sufficiently cosy for quiet activities and relaxation?
- Are the kitchen facilities good?
- Are the children allowed any access to the kitchen?

- Is the food nutritious?
- Is the food attractively presented?
- Are mealtimes a pleasure or a chore?
- Are the cloakrooms and toilets of a good standard?
- Is there adequate storage space?
- Is there adequate space for staff?
- Is there adequate space for parents?

Learning Activities. This set of criteria refers to activities which develop and enhance children's cognitive and social development...The criteria we present in this block are very general, and we recognize that they may have already been developed in much more sophisticated ways in different countries.

- Is there a comprehensive range of activities for the children?
- Are there opportunities to develop oral and written linguistic skills?
- Are there opportunities to develop bilingual skills?
- Are there opportunities to develop basic mathematical concepts?
- Are musical expression and musical skills encouraged?
- Do children have an opportunity to express themselves through play and drama, puppetry and mime?
- Is interest in biological and scientific concepts encouraged?
- Are there opportunities to develop muscular co-ordination and bodily control?
- Do children understand basic concepts of health and hygiene?
- Do children understand food purchase and food preparation?
- Do children have an understanding of their local community and the activities which go on in it?
- Is the nursery or child care setting well-equipped with a range of furnishings and activities which promote learning?
- Can children negotiate some control over the structure and pace of activities?

Relationships. Relationships exist at a variety of levels and in many permutations: between adult or caregiver and child; between child and child; between the adults themselves whose own interaction and comportment inevitably set standards for the children.

-Do staff or caregivers have knowledge, understanding and experience of child development?

-Do they interact with children with warmth and kindness?

-Is there consistency of staff with children?

-Are relationships stable?

-Do individual members of staff develop relationships with particular children and know and understand their personal histories?

-How do staff treat children who behave irritably or irritatingly or who are withdrawn?

-Do staff respond to the demands, enquiries and requests of children promptly and with respect?

-Do staff cope well with special events or emergencies?

-Do the staff actively promote learning?

-Are there men as well as women as role models?

-Do staff emphasize and develop co-operative play and support relationships between children?

-Are there child-initiated activities?

-Are there adequate opportunities for play amongst children without adult interruptions?

-Are there spaces for children to play that are not constantly monitored by adults?

-Can children choose who they want to play with?

-Are there same-age peers, younger children and older children?

-Are brothers and sisters allowed to be companions?

-Are relationships between children stable?

-Are friendships supported?

-Do adults relate well to each other?

-Are the adults in hierarchial relationships to one another?

-Are there friendships among adults?

-Do the staff working with the children enjoy their work, feel pleased and confident in it?

Parents Views. This set of criteria explores the nature of partnership between parents and those looking after their children.

-Are there ways of measuring parents opinions or views about the childcare setting?

-Do parents feel welcome?

-Do parents have enough time to leave their child at the beginning and greet their child at the end of a day or session?

-Do parents feel they have enough information about the progress of their child?

-Are parents able to give information about the progress of their child?

-Are parents informed about the family activities and routines and the reasons for them? -Can parents comment on or contribute to these activities and routines?

-Can parents stay or join in mealtimes or some other activity of the nursery or childcare setting?

-Are parents involved in discussing or setting the curriculum or programme for the nursery or childcare setting?

-Can parents be involved in the management of the nursery or in the selections of staff or in the financial control of resources?

The Community. This set of criteria refers to the community...The extent to which the nursery or childcare setting is sensitive to these external influences is also a useful criteria of quality.

-Is the nursery or childcare setting part of its local community?

-Do any of the staff live locally?

-Are the interests and priorities of the local environment reflected in daily activities?

-Do children visit local facilities?

-Do local people who are not parents and staff have an opportunity to visit the nursery or childcare setting?

-Are there other activities which go on in the place where the children are being cared for and educated?

-Can the children take part in community events or festivals?

Valuing Diversity. This set of criteria refers to diversity, the extent to which the concept of normality is explored and extended and heterogeneity accepted.

- How are issues of gender recognized and accommodated?
- How do staff and children deal with race, even if there are not black children or staff/caregivers immediately present?
- How are the needs of children, staff or parents with disabilities identified and met?
- How sensitive and tolerant are staff and children to individual differences?
- Is there a conscious attempt to understand and challenge stereotypes, and to represent and allow for cultural and physical diversity in the materials and equipment which are used in daily activities?
- Are extra resources and support available if necessary?

Assessment and Outcome Measures. These criteria refer to measures of children's progress and the extent to which specific problems or specific talents are recognized and accommodated.

- Are children observed regularly?
- Is the progress and development of individual children monitored, recorded and discussed?
- Is the autonomy and privacy of individual children respected?
- Is confidentiality respected?
- Are the records available to parents?
- Are parents observations and comments used in the assessment?
- Is specialist help available when necessary, either for special medical or psychological problems or for enabling the development of particular skills such as music or art or swimming?

Cost Benefits. This set of criteria refers to value for money.

- How are the costs of the nursery or childcare setting calculated?
- How are the benefits to parents and children weighed?
- Once capital costs are met, are calculations made for rent, rates, insurance, heating and lighting?
- Are administrative and maintenance costs included?
- How are the salaries or payment of those looking after children calculated?

- Do costs include adequate resources and replacement of consumable items?
- Is there regular coverage for staff illness or staff training?
- Is staff recruitment included?
- Is the food budget adequate for a balanced, varied and attractive diet?
- Are costs included for visits and travel of staff and children?
- Who meets these costs?
- Do parents contribute?
- Are some staff unpaid because they are working as volunteers?
- Are these costs examined in relation to user satisfaction?
- Are costs examined in relation to absentee rates and staff turnover?
- Are costs examined in relation to child turnover?
- Are costs examined in relation to outcome measures for children?

Ethos. The ethos and regime of the nursery or childcare setting is the balance of all these quality indicators, the extent to which they are integrated and used in a coherent fashion. The more positive and coherent the programme or organization, the more it is related to the value base, the more likely it is that good quality will be achieved. We restate those value here.

- Does the nursery or childcare setting promote good health?
- Does the nursery or childcare setting encourage children to be spontaneous and express themselves freely?
- Does the nursery or childcare setting ensure that children are respected as individuals?
- Does the nursery or childcare setting promote self-confidence and zest for learning?
- Does the nursery or childcare setting encourage a stable learning and caring environment?
- Does the nursery or childcare setting encourage sociability, friendship and co-operation with others?
- Does the nursery or childcare setting recognize equal opportunities irrespective of gender, race or disability?
- Is cultural diversity fully expressed?

- Is the nursery or childcare setting fully sensitive to family and community influences?
- Are the children happy?
- Does the nursery or childcare setting have a statement of aims and objectives which supports these values?
- Do all the staff agree with and support these objectives?
- Are there clear strategies for putting these aims and objectives into practice?
- Does the organization, routine and programme of activities reflect the aims, objectives and strategies?
- Are there factors which work against achieving these aims and objectives?
- How accountable is the nursery or childcare setting, and to whom?
- What are the criteria?

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CD-ROM. The Consultative Group on ECCD. Washington D.C.: World Bank, 1999.



The Consultative Group on Early Childhood Care and Development

PROGRAM PROFILES

Coordinators' Notebook No. 18, 1996

ECCD IN SRI LANKA: THE HOME-BASED PROGRAMME... 1

ECCD IN VIET NAM: HOME BASED DAY CARE CENTRES (HBDCC)... 6

"Here are two wonderful coconut shells, now they are hung with a brown string, and some pebbles and rocks and stones and our fine little scale is now complete."

ECCD in Sri Lanka

By Judith Evans

Based on presentations by: Ms. Amara Amarasinghe, Project Officer, Early Childhood Education, UNICEF; Ms. Chintha Akuretiyagama, Director, Children's Secretariat, Ministry of Transport and Women's Affairs; Mr. P. K. Ariyasena, National Institute of Social Development at the UNICEF Regional Meeting in Bangkok, December 1995.

Sri Lanka is a country that historically has placed a high value on education. Thus the government has consistently made the funding of education a priority. Children begin school at age five, and most of the children enroll (overall 93.1%; urban 93.6%; 92.6% rural) and remain at school until Grade 5. (There is a 91.6% completion rate for grades 1–5.) At that point more boys than girls begin to drop out, primarily to undertake work to earn money for the family. (The dropout rate for boys is 4.9% and for girls it is 3.8%—from grades 1–9.) The repetition rate is 7.74% Grades 1–5 and 5.04% Grades 6–8.)

In 1979, the International Year of the Child, the government established the Children's Secretariat. In 1986, Sessional Paper no. 111 on ECCD was submitted to the government by the Children's Secretariat, making ECCD a priority within the country. It provided a national policy

in support of the care and education of young children and put forward a delivery system for ECCD programmes. Support centres for ECCD programmes were established in each division. The plan also specified a management structure and staff development plans. Emphasis was given to the development of ECCD programmes in the plantations and new settlements. Resources were allocated to support ECCD activities at both the national and district levels. Also, an experimental ECCD project was initiated.

In 1991, UNICEF participated in creating a Plan of Action (NPA) with the National Planning Department, Ministry of Policy Planning and Implementation. Within the NPA the main emphasis in terms of government provision is on home-based approaches to ECCD, with formal preschool and day care services being provided by NGOs, the private sector and religious bodies. Today 25% of preschool-aged (3–4 year old) children attend preschool.

Two different studies have been conducted that guide UNICEF's work in the country. One was a study of the impact of preschool. The study measured social competency, writing and movement coordination, letter reading, terms of relations (spatial development), sentence structure, language competency, counting, quantity, and maths. Four groups of children were compared: those with no preschool, those who attended for 1–6 months; those who attended for 7–12 months and those attending for more than a year. Those who had some preschool experience did significantly better than those without preschool. However, it was also discovered that children attending preschool more than one year (i.e. 2 years) did not do significantly better than those who went for only 1 year. In fact, their performance was essentially equivalent. The study also revealed that the mother's education was the best predictor of children's performance in all subjects except quantity and maths, where the father's education is a better predictor. The mother's education is also the best predictor of children's health status.

The second study was conducted in 1988 to better understand the education needs within the country. A national study on the entry competency of Primary 1 children was completed by the National Institute of Education. A sub-sample of children in deprived areas was included. The instrument used to measure children's readiness for school could be adapted to other cultures. It consists of a series of pictures that are used to determine children's understanding of space (position, distance), number, sequence, and seriation. There is also a test of language development. The findings from the study led to curriculum reform in Primary 1 and textbook reform.

In conducting its work in Sri Lanka, UNICEF, together with the Children's Secretariat, identified a number of problems that are now being addressed directly.

1. Only 25% of the 3–4 year-olds go to preschool. Thus there was a need to reach the other 75%. To do this, the home-based option was developed. This has taken the form of home-based activities to strengthen parental skills in optimizing the home and the immediate environment as the primary source of learning and development before school age. Within this line of activity UNICEF has been:

- developing the activity booklet to be used by parents;

- supporting the development of a structure for the delivery of parent education through the government infrastructure and NGOs;
- designing a model for mobilization of the home-based programme. (See case study below.)

2. There is no uniformity in provision since a variety of organizations and agencies are involved in preschool provision. Thus there was interest in the promotion of quality in preschool education. To move toward more uniformity, a set of guidelines has been developed and activity books have been created. Within this initiative UNICEF is supporting:

- a study on the situation of pre-school education; a forum for the exchange of ideas among NGOs;
- the development of guidelines for prechools;
- the development of activity books for preschools; (materials for preschool teachers have been developed.)
- the design of teacher training programs;
- the creation of self-evaluation packages for preschool teachers.

3. There is a lack of institutional support to monitor and evaluate preschool programmes. In response, a self-evaluation package was developed that teachers can use to assess their own programme.

The Self-evaluation package is worth disseminating to others. It is titled, *Where am I going?* Teachers are asked to evaluate themselves in terms of eight content areas: free play, an understanding of children's differences, storytelling, the use of the environment, aesthetics, health, language development, and maths. The tool comes in two forms. There is a chart that is hung on the wall. Parents can refer to this to see what should be happening within the school. Teachers also have this in booklet form and they use it weekly to check on their own programme.

4. There is a lack of co-ordination among organizations working for early childhood development. In response to this need, an NGO forum has been created where ideas and experiences can be shared, and where a better system for coordinating the activities of NGOs can be created. Work is also being done with NGOs to design appropriate preschool programmes for children in the rural areas. Also, a resource group is being created to assist the Children's Secretariat.

Currently a study of preschool education is underway that should provide data for use in the pursuit of other activities.

The Home-Based Programme

The results of the Grade 1 study indicated that 30% of urban and 60% of rural children were not ready for school. Thus the decision was made to focus on home-based programmes in remote areas with an emphasis on mothers.

The programme is designed to train parents to:

- to be aware of developmental stages and recognize them;
- to identify learning situations at home through daily activities;
- to recognize the human and material resources in the home environment;
- to stimulate children while attending to daily work;
- to recognize the difference in children's development over time.

To develop the curriculum, the team visited homes and observed the kinds of activities that adults and children were engaged in throughout the day. They got parents to talk about their children, what they were like, and what they could do. This stimulated parents to pay more attention to what their children were doing and got them involved in what their children could learn.

The resulting curriculum is based entirely on household activities. In the booklets provided for parents, there are pictures of common activities and an explanation of what the child learns while undertaking a given task. It also suggests ways parents can stimulate problem-solving skills and encourage the use of language while involved in the tasks.

A series of 8 activity books has been created for the village group to share with parents. Since most parents can read and write, they are given the materials directly. One of the booklets is on cooking. Within the booklet, the curriculum addresses six areas:

1. While getting the rice ready for cooking
2. While washing and cooking rice
3. While scraping coconut and extracting milk
4. While cutting vegetables
5. While getting curries ready for cooking
6. While making *mallun* and salads

And within each of these areas there are six specific activities that can be undertaken with children, some for children under 3 and the others are for children over 3 years of age.

One of the most important impacts of the programme is that it has *stimulated adult-child interaction*. Traditionally there is little communication between adults and children. The activities in the curriculum encourage and require adults to talk to children. This has been very positive in terms of children's language development and the strengthening of the bond between parents and their children.

The programme is introduced in a village through the Village Committees. (There are 3 Village Committees within each District Secretariat Division.) The programme is being implemented by 48 Village Committees in the Sinahala Area and 12 Village Committees in the Tamil Area, each committee consists of 10 members. There are 3 facilitators per village; facilitators are volunteers. Each of the three facilitators within the village is assigned to work with about 6 children.

The work of the Village Committees is supported by Middle-Level Officers, who in turn are supported by Divisional Secretariat and Divisional Planning and Education Officers. To begin the programme, the Village Committee prepares a map of the community and identifies families with

preschool aged children. The facilitators then go from house to house and invite parents to be a part of the programme. Subsequently the facilitator either does home visits or works with the parents in a group. Once a month the facilitators get together to share experiences and do planning. Neighboring villagers are invited to attend one of the group meetings to learn about the programme and determine if they want to set up something comparable in their village. There is now a high demand for the programme. As parents see what the programme has done for other parents and their children, more parents are requesting to be included. There is high competition in terms of education, so if parents see other children getting ahead, they want the same for their children.

This programme is excellent in its use of everyday activities to support all aspects of children's growth and development. The curriculum for the programme is solidly grounded in everyday experience and truly builds on the activities and culture that exist.

For more information on the activities of UNICEF in Sri Lanka and the programme, contact:

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ECCD in Viet Nam

by Judith L. Evans

Based on presentations by: Ms. Nguyen Thi Bich, Assistant Project Officer, Early Childhood Education; Ms. Nguyen Thi Ngoc Cham, Deputy Director ECCD Department, Ministry of Education and Training (MOET); Ms. Le Thi Anh Tuyet, Director, ECCD Department, MOET, at the UNICEF Regional Meeting in Bangkok, December, 1995.

Viet Nam is a country with a population of 73 million. There are 53 provinces, 520 districts, and 53 ethnic minorities. There are 10 million children 0–5 years of age. 2.2 million are in some form of an ECCD programme: 7.76% of the 0–3 age group are in child care; and 32.9% of the 3–5 year-olds (65% of five-year-olds) are in kindergarten.

In 1989, Viet Nam's Government began a shift to a market economy and began phasing out government subsidies. Since then Viet Nam has achieved remarkable macro-economic growth, and many state services have been privatized, including day care. As a result, many services once accessible to all families are no longer within the means of poor families. One problem facing poor families is appropriate day care.

Viet Nam is moving toward a decentralized administrative structure. There are administrative offices and People's Committees at the central, provincial, district and commune levels. The District level Management Committee is responsible for education at the commune level. There

is a Commune Management Committee that is responsible for the home-based and centre-based day care programmes and for the kindergartens.

Kindergartens can be found in primary schools, some are institution-based, and some are community-based. The kindergartens are used as the base for **the support and training of day care childminders**. At the present time the Government is focussing on the five-year-old group in an attempt to prepare them for school. (Ten percent of the government education budget is devoted to ECCD.)

In UNICEF's programme they are supporting the development of:

- community-and home-based ECCD programmes;
- primary education—non-formal and formal;
- innovative programs such as credit schemes;
- and the Viet Nam National Committee for the Protection of Children.

Home Based Day Care Centres (HBDCC)

In early 1994 UNICEF began to support a local credit scheme that was developed in conjunction with home-based day care centres. The programme is being implemented in minority communities in two of Viet Nam's poorest provinces. The project involves the Viet Nam Women's Union at the local level and the Early Childhood Development Department for the Ministry of Education and Training for training and supervision. The project currently covers 1800 families with 730 children under the age of 3 being served in six communes.

The Viet Nam Women's Union (VWU) motivates and selects women to be the day care mother (childminder). Those selected are VWU members who are in good health, show enthusiasm and love for children, and are willing to take on the task. They may be literate or not. They are trained by day care or kindergarten teachers in the same commune. They are provided with cloth charts with health and nutrition messages that they display in their centre, which is usually their home. (The cloth charts are durable and can be washed!) One childminder looks after 4 to 10 children. Centres are generally open from 7–11 A.M. and again from 2–5 P.M., although the schedules may differ from village to village depending on the needs of the mothers.

Parents bring cooked food to the centres for the children's meal. Every parent contributes 20 kg of *paddy* per year, and the community pays the childminder 50,000 VN Dong (about US \$5.00) per year for running the HBDCC. (The estimated annual costs for one HBDCC serving to children is US \$37.)

The programme encourages family-based food production systems, based on traditional uses of foods. This can include a vegetable garden, fish ponds, and/or the raising of livestock—primarily pigs. The Women's Union encourages its members to provide fruits for the children; oranges are abundant in the area. The motto is "One fruit tree and one animal for the children."

One of the unique features of this programme is the credit scheme with which it is connected. All the mothers of the children in the HBDCC, as well as the childminders, are members of the credit scheme. On a rotating basis, they receive US \$30 to develop income-generating activities within the family. (These generally are linked to the food production activities listed above.)

Women are eligible for the credit scheme if:

- they have children under the age of five who are malnourished and attend the day care centre;
- they are pregnant;
- they have children who have dropped out of school;
- they are illiterate; or
- they are childminders or health workers.

There are 10 women in each savings group. Only 8 of the 10 women in the group have a loan at a given point in time. Thus there is considerable pressure on the women with loans to pay back their loans so that other women in the group can take out a loan. The loans have to be paid back in 6 months. Each month the woman pays back part of the principle plus 2% interest, plus she makes a contribution to the savings fund. (The interest is used to cover costs of: inflation (15%), risk (10%), administration (25%), incentives (40%), and social welfare (10%.) Women are able to receive three cycles of loans (for \$30, \$40, and then \$50). Their eligibility depends on their ability to pay back previous loans. After the third loan, it is assumed they will be able to continue their income-generating activities without support. If women are unable to pay back their loans on schedule, other women in the group help them out. There is also a range of contingencies when animals die, etc.

The savings groups are organized into Clusters, with 5–10 groups in a cluster. The Clusters are overseen by the Steering Committee, consisting of 7 members. The Chair is the Chair of the Women's Union. The other members are selected by the Women's Union and usually include one ECCD teacher.

Once a month the members of the credit scheme meet together. The meeting includes health workers, teachers, and managers of the credit scheme who provide information on child care, nutrition, safe motherhood and family planning, and management of the credit scheme. The monthly meeting is also the time for collecting capital and interest and savings connected with the loans. In addition, a literacy programme has also been introduced.

To date loans have been provided to 232 women by UNICEF. In 1995 the groups were able to provide an additional 154 loans from the savings already generated by the project. Thus a total of 386 women have received loans. The project has gone from 3 communes to 29 communes involved in the scheme.

Community reaction to the project has been positive. The enrolment of children and the use of the day care services resulted in the creation of effective linkages between education, families, and communities. Local teaching staff now have relationships with families to the extent that they consider themselves members of the children's families and feel free to discuss issues of child care, nutrition and attitudes with mothers. Community leaders are aware of the importance of early child care and development and are supportive of the centres. Mothers are happy that their

children are well looked after. Women are provided with an opportunity to meet, participate in group discussions to talk and learn from one another. Girls are freed from taking care of younger siblings; they can go to school and help to improve their family's quality of life.

An evaluation of one commune after a year of being involved in the programme showed the following results:

- the commune went from having no home-based day care centres to having eight;
- they went from having two centre-based day care centres to having three;
- they went from two to three kindergartens;
- there was a significant improvement in women's health. Before the programme only 64 out of 300 women were healthy; at the end of the year 215 were healthy;
- children's health status also improved. At the beginning there were 145 healthy children among the 308; after one year this increased to 215 out of 308; the percentage of families without sufficient food for a month decreased from 96% to 51.5%; and
- 182 women achieved literacy.

Not all these improvements are the direct result of the HBDCC programme as there are other UNICEF initiatives in the same communes, such as integrated health, nutrition, and water and sanitation projects. However this is a good example of how an integrated approach to family support can help create positive outcomes for both children and the community.

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CD-ROM. The Consultative Group on ECCD. Washington D.C. : World Bank, 1999.



The Consultative Group on Early Childhood Care and Development

REGIONAL PROFILE—SOUTH ASIA, EAST ASIA, AND THE PACIFIC

Coordinators' Notebook No. 18, 1996

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UNICEF support to early childhood development (ECD) is based on an inter-agency policy developed in 1993 and recently updated at a workshop held at the Innocenti Centre in Florence in June 1995. This policy stresses that ECD is important both in its own right, and—as the foundation for subsequent learning and education—as a major factor in the attainment of Education For All. Because of this importance, it must be more systematically planned, more effectively implemented, and more strongly supported by partnerships of governments, non-government organisations, communities, and donor agencies.

In order to strengthen and broaden UNICEF activities in ECD, the Education Cluster, in collaboration with the regional education advisers from the regional offices in South Asia, East Asia, and the Pacific, organised a workshop on *ECD in Asia* in Bangkok, Thailand, from December 11 to 13, 1995. Forty-five participants, mostly from ten South and Southeast Asian countries (Myanmar, Bangladesh, Sri Lanka, Nepal, Cambodia, Lao PDR, Thailand, Viet Nam, Philippines, and Indonesia), took part in the workshop. These participants included the following:

- ECD and education officers from UNICEF country offices;
- education and health/nutrition advisors from the UNICEF Asian regional offices and headquarters;
- representatives from governments and local non-governmental organizations (NGOs) collaborating with UNICEF in early child development programmes; and
- specialists in ECD from universities and international NGOs and networks.

During the course of the workshop, several different activities were carried out. These included descriptions of how ECD activities fit into the programmes and budgets of UNICEF country offices; the exchange of experience in ECD in the ten Asian countries; presentations concerning cross-cutting issues in ECD (e.g., nutrition and child development, health promotion for ECD, community partnerships, and global and regional networks); and the development of country action plans and recommendations for regional cooperation related to ECD.

A large variety of materials was distributed at the workshop, including descriptions of project activities, ECD training and learning materials, and copies of notes from oral presentations. In the sections that follow summaries of important issues discussed at the workshop are presented.

The Place and Importance of ECD in UNICEF Country Programmes

The scope of total ECD coverage (roughly services for children aged 3 to 6) in the Asian countries represented at the UNICEF workshop ranges from 2% in Myanmar, to 8% in Cambodia, to 26% in the Philippines and 33% in Viet Nam. In general, such coverage is provided by private and religious organizations.

Considerable variety is shown across the region in terms of where ECD "sits" in UNICEF country programmes. It most often appears in Education units, with full-time officers assigned to it, in Nepal, Myanmar, Bangladesh, Sri Lanka, the Philippines, and Viet Nam (and with only a part-time officer in Lao PDR), but it also fits (with only a part-time officer) into the Women in Development programme in Cambodia and into the Children in Especially Difficult Circumstances (CEDC) programme in Thailand. There is no clear-cut assignment of responsibility for ECD in Indonesia.

In terms of UNICEF budget allocations, even greater variety is shown, both absolutely and relatively. The amount of funding allocated annually to ECD ranges from no funds in Indonesia and \$10,000 in Fiji; to \$75,000 in Laos, \$135,000 in Sri Lanka, and \$140,000 in Bangladesh; \$200,000 in Nepal; \$300,000 in Myanmar and \$325,000 in Cambodia; \$677,000 in the Philippines and \$747,000 in Viet Nam. In percentage terms, compared to the total education budget, this means, for example, 3% in Bangladesh, 5% in Myanmar, less than 10% in Lao PDR and Cambodia, 11% in Nepal, 15% in Sri Lanka, up to 17% in Viet Nam, and 40% in the

Philippines (though a re-budgeting exercise in light of EFA goal achievements in 1995 reduced this to 20%).

There are often good reasons for such allocations. In some countries, such as Viet Nam and Sri Lanka, ECD is a strong government priority or, as in the Philippines, a focus of strong NGO attention. This is in part because of high percentages of children found in primary education and therefore the ability of governments and NGOs to focus their attention on other levels of education—which UNICEF is willing to support. In other countries, such as Myanmar, the absence of government and NGO interest has led UNICEF to launch a major programme in the area. In Bangladesh, on the other hand, a strong government and UNICEF focus on the EFA goal of primary education has led to neglect of ECD.

Issues and Lessons Arising From Country Experiences

New Trends of ECD

Several new trends in the development and provision of ECD activities need to be taken into account. First is *the slow movement in some countries of the region toward seeing ECD as "compulsory"* or at least as strongly desirable, a belief already the case in much of Latin America (and in strongly centralised states such as DPR Korea). In a narrow sense, this can mean that kindergarten becomes compulsory for admission to elite public and private primary schools, but it can also mean, more generally, that ECD is seen as being an integral and necessary part of basic education. While some countries in the region are first expanding the definition of basic education up the system, to include grades 7 to 9, others are at least considering the need to expand coverage *down* the system as well.

Along with this trend is *the desire to give priority to expanding ECD coverage first of all out to rural, indigenous, and impoverished areas*—partly as a process of positive discrimination and affirmative action toward disadvantaged areas. There is general realisation that the urban elites can take care of themselves and that greater efforts need to be put into more equitable distribution of ECD programmes.

Both of these trends imply a third: *the need for some kind of government policy in regard to ECD*. Though some governments fear that having a "policy" means establishing an expensive state-supported ECD/preschool system, most now realise that a policy can mean many different things, from providing universal ECD coverage (as in DPR Korea) to defining core curricula, providing standardised teaching and learning materials, training (and perhaps paying for) teachers, and subsidising ECD programmes in disadvantaged areas.

A fourth trend is *the realisation that the area of ECD provides space for innovation*, a chance to move from more traditional institutional approaches to family- and community-based approaches, with new kinds of more child-centred, interactive pedagogy and stronger links between ECD and primary school, between formal and non-formal approaches, between the education of children and of adults, and between mothers and fathers.

Of particular importance is a fifth trend: *the realisation that innovations in ECD can sometimes feed back into the primary education system*. In other words, ECD is not only being viewed as facilitating, through school-readiness activities, children's transition to a formal primary school. In addition, it is more and more being seen as a means, among parents, the community, and teachers, to build awareness about, and provoke the changes required in, the formal school system. This is being done, for example, through educating parents of pre-school children about what to demand from primary schools; the training of primary school teachers with preschool teachers, in more interactive, child-friendly ways (as happens in Fiji); and a special eight-week transition programme added into the first grade of school in the Philippines which is training teachers how to make the primary school more child-friendly and "ready" for the young child. The issue here is to ensure that ECD programmes more positively influence primary schools than primary schools negatively influence ECD.

A final trend relates to *the link between ECD and child rights*. ECD is being seen as one of the "development" rights of the young child, as defined in the Convention on the Rights of the Child, and protection of the young child from abuse, both inside and outside the family, is becoming a more important rationale for ECD activities.

Who Needs to Be "Developed" and Who Does the "Development"?

In keeping with the desired inter-sectoral, inter-generational approach to ECD, there was wide-ranging discussion at the workshop concerning the variety of actors who need to be involved in ECD in order to expand it and to make it work more effectively. There was agreement that the *primary target group of ECD activities are infants and young children*, even fetuses in regard to pre-natal care and those 0 to 2 years of age (who are often left out of programmes which focus on institutional ECD approaches), and extending to cover children up to eight years of age, therefore overlapping with the first years of school and ensuring that children succeed in the transition into the formal system. Of most importance are young children "at risk" — those with special needs in regard to health and survival, care, development, and protection, as well as those not receiving any available social-sector services.

In dealing with this group, a large number of actors need to be "developed" in regard to best practices in the care and development of young children. These include:

School children and older siblings must be involved in ECD—as mobilisers of support for ECD; in mapping and gathering data in regard to issues such as child health, school health, and pupil absenteeism; as producers of programmes for children; as members of *child watch* committees; and, through school-based child-to-child approaches, in teaching and caring for younger children.

Youth (parents-to-be), especially adolescents who will soon marry and have children, must be given information and skills (e.g., through family life education) related to good parenting and child development.

Pregnant women and new mothers must be provided knowledge and skills related to pre-natal health and care of the very young child (e.g., maternal nutrition, breastfeeding and weaning, growth monitoring).

Mothers (and fathers and other caregivers) must be taught a broad range of skills, in areas such as the best methods of stimulating and caring for children and of monitoring physical and social development. In Indonesia the village-based Posyandu (health) centres teach mothers how to use physical and psycho-motor development charts for their young children, and the BKB (Bina Keluarga Balita centres for families with children below five years of age), train mothers how best to play with and stimulate the mental development of their children.

ECD caregivers and preschool teachers clearly, must be trained in the knowledge, skills, and attitudes appropriate to holistic, integrated child-development activities.

Adult educators (such as other teachers of non-formal education programmes) can play a more active role in ensuring that child-development content is put into all adult education and literacy programmes.

Community and local government leaders can not only provide financial and material support to ECD activities, but also help create awareness about the need for ECD, change attitudes, and mobilise the community for action.

Community, religious organisations, and NGOs, because of close relationships with communities, are particularly well-suited to carry out research on childrearing practices, strengthen human resource capacity at the community level, and encourage networks of child welfare and development workers. *Women's associations*, especially those that reach down into local communities, can be mobilised to organise ECD activities.

Extension agents of other sectors can be encouraged to work closely with ECD programmes and organisers. These include agents in health, agriculture (with a focus on household food production), and internal affairs (with its often close link to local government).

Academics and other professionals can encourage research in areas such as traditional childrearing practices and changing risk patterns and family structures.

Government officials and policy-makers, at higher levels of the system, can be encouraged not only to provide greater financial support to ECD, but also to develop more systematic ECD policies in areas such as language of pre-school education (i.e., mother tongue vs language of primary-school instruction) and a focus on disadvantaged regions.

The private sector can also get involved in general fund-raising for ECD and in the establishment of ECD programmes for children of employees.

The media can be mobilised to increase demand, build political will, and provide a channel for parental education about ECD. The Parent Effectiveness Service (PES) in the Philippines, for

example, includes, in addition to home visits and group discussions, a radio programme with drama, song, and a talk-show.

Also, a video-based child development programme has recently been developed by UNICEF titled *Enhancing Early Childhood Development*. It provides essential child development knowledge, strategies, and resources which can be used by parents to support child development during the first six years of life. Each of the four animated videos is accompanied by a facilitators' and parents' guidebook. The videos are to be used in conjunction with country-specific live action, and a production guidebook has been prepared to suggest ways to add country-appropriate materials. The videos can be used on national television or, in videocassette format, in a variety of group settings, including community-based parent discussion groups, training courses for professionals and para-professionals, and in health-care centres.

UNICEF staff, especially Representatives, programme coordinators, and project officers in all relevant sectors, also need awareness-raising in regard to the importance of ECD for the eventual success of other UNICEF activities and training in how better to organise ECD activities.

What Has to Be "Taught," and How?

Participants at the workshop also discussed what needs to be "taught" to young children (and to their caregivers and teachers) in effective ECD programmes. One particularly interesting approach to the "what" and "how" was described in a Sri Lanka programme *where children are taught very practical knowledge and skills while taking part in every-day activities*, including eating, bathing, washing, cleaning, and cooking. During cooking, for example, they wash rice, scrape coconuts, and cut vegetables and, while seemingly playing, they gain experience with useful work habits; learn skills such as naming objects and identifying weights, smells, tastes, shapes, relative sizes, colours, and textures; increase their vocabulary; develop gross and fine motor skills and hand and eye coordination; and learn to understand mathematical concepts and how to tell time.

Doing better in primary school, although an important by-product of ECD, should not be its main concern. In other words, the *school-readiness* function of ECD, which focuses on extending the formal school cycle downward and accelerating school instruction during the early years of life, should not be its main pre-occupation. But such readiness is important, both in reality and in terms of advocacy for ECD programmes, especially in highly competitive education systems, where a good early start may lead to later success, and especially for the crucial, early "survival grades," during which, for one reason or another (e.g., learning in an unknown national language rather than mother tongue), children often drop out of school.

An example is the eight-week transition programme in the Philippines, at the beginning of first grade, which is teaching skills and competencies in the areas of communication, numeracy, social-emotional development, psychomotor development, and aesthetic development, via games, stories, manipulative activities, and indoor and outdoor activities. In Bangladesh, through preschool and continuing through two years of "learning preparedness" work in school, children are inducted into the learning routine, with the main common learning difficulties, especially in language and maths, identified and then focused on. Also, in Sri Lanka, a very useful instrument

has been developed to measure children's readiness for school; it consists of a series of pictures that are used to determine a child's understanding of space, numbers, sequence, and seriation.

For parents, it is important to ensure that they understand the *facts for life*—practices leading to good health and nutrition (e.g., food supplementation, early detection of ARI, treatment of diarrhoea), how to care for simple illnesses, how to create a "child-safe" house and help children avoid accidents, etc. It is also important to teach about *child rights*—survival, development, protection, and participation—in a way that is understandable by parents and other caregivers. This includes knowledge about the various kinds of "social ills" that young children may eventually encounter and need to learn how to cope with.

Parents must also *gain skills to be better caregivers, parenting the "whole" child*—its physical, cognitive, psychosocial, and spiritual needs—by trying to ensure that children have a happy childhood, with love and affection, much play and little work, and the chance to discover the joy of learning. This means that parents must learn good parenting practices (e.g., how to play with children, how to provide discipline, and how to use the home and the immediate environment as the primary sources of learning and development before school age), and appropriate early childhood care and development techniques. The latter requires knowledge about various indicators of physical growth and mental/social development. The monitoring charts developed in Indonesia represent good examples of tools that can help parents and other caregivers in this process.

Finally, parents also need to gain *a better understanding of the importance of enrolling and keeping their children (especially their daughters) in school*, of their own role in the education of their children, of how to discriminate between good and bad teaching, and good and bad schools, and of how to participate actively through the school in demanding and achieving a better quality education for their children.

How Should ECD Be Organised?

The organisation of effective ECD programmes requires both strong and supportive institutions and efficient processes. In terms of structure, one conclusion of the workshop was to try to *use available organisations rather than start every time anew*. In this regard, the workshop looked at two levels of the system, national and local:

■ NATIONAL

An essential question is: *who, at the national level, has the power and authority to bring people together around ECD issues?* Who, in other words, has the political and/or moral authority—and the resources which might flow from such authority—to mobilise a population concerning ECD? Tapping such a person's authority—whether it be the head of state or, as is often the case, his wife—may help promote the issue.

National instruments—laws, broad policies, development plans—may also be important. In the Philippines there is a legal mandate that each village must establish a daycare centre, and the Local Government Code states that local governments must provide ECD services to all

constituents. Some governments are now developing more explicit policies in regard to ECD, although many are rather minimalist in nature, and more and more national development plans are including chapters on women; a chapter focused on children may also be useful.

National agencies—such as the Children's Secretariat in Sri Lanka and the National Council for the Care and Protection of Children in Viet Nam—may also be useful to promote, especially to the extent that they have some mechanisms to reach down the system to the level of the community. Another option is a coordinating or inter-agency committee, at each level, among donors, government agencies, and NGOs (such as the Inter-Agency Committee on ECD in the Philippines).

Finally, also important in the promotion of strong, systematic infrastructures for ECD are *research, training, and advocacy* units which focus on the problems (and solutions) related to ECD. A new example is Thailand's National Institute for Child and Family Development, located at Mahidol University in Bangkok.

■ LOCAL

Organisations at the local level can be designed both to enhance ECD services and focus support for ECD from among various interested parties. In Nepal, for example, a proposal is being developed which would create a cluster system of 10 satellite home-based ECD programmes, staffed by facilitators (with a seventh grade education), managed by the Village Development Committee, provided space and materials by the community, and situated around a "cluster" centre located in a primary school and staffed by a trained teacher. Such a place can be an accessible resource centre and a centre of "good practice" where ECD workers can get help and view good care-giving and good management.

Also important is the development and strengthening of local-level organisations and networks concerned with the health, welfare, and rights of the young child. Such community-based networks can serve to motivate the community around ECD, operate as a kind of village "watch" to ensure implementation of the Convention on the Rights of the Child (CRC), maximise opportunities and resources from all potential sources, help improve the community's readiness for, and environment surrounding, the child, and enhance links and exchanges between communities.

This is where *partnerships for ECD become important*—a different mix of partners at each level, each with a clear definition of tasks and responsibilities. In Nepal, for example, the Primary Curriculum and Textbook Development Unit develops ECD curriculum, trains teachers, provides guidelines and necessary materials, and supervises and evaluates programmes; the District Education Officer motivates local communities to establish and run activities; the community arranges for space, teachers, and other materials; parents provide books and pens, send children regularly to the programmes, ensure cleanliness of their children, and share information about the progress of their children; and teachers try to be aware of the interests and capability of each child, give attention to the learning process, inform parents about the children's progress, and keep evaluation records of the children.

Similarly, in the Philippines, in terms of the implementation of pre-schools, partnerships have been created in which the local government unit or local NGO pays honoraria for caregivers, parents and the community provide the space, parents contribute to the feeding programme, and the Ministry provides teacher training, monitors implementation, and provides other assistance when necessary.

■ OTHER PRINCIPLES OF ORGANISATION

Besides the above structural issues relating to the organisation of ECD programmes at national and local levels, a number of other principles related to the process of developing these programmes are important to consider.

Integration. The integration of ECD is required in several different ways:

- Integration *within* the Ministry of Health itself is obviously important, to ensure that units concerned with mothers and young children (for example, nutrition, breastfeeding, and immunisation) work well together.
- *The combining of various ECD programmes in one larger system*—as in Viet Nam where the ECD programme includes daycare centres, parent education, growth monitoring, regular health check-ups for mothers and children, credit schemes and savings groups for women, immunisation, nutrition education, women's literacy programmes, home visiting, and the teaching of agricultural skills. In one year a pilot of such integrated services has led to remarkable improvement in women's and children's health status and household food security. The credit scheme of this programme is especially interesting, where pregnant and illiterate women, poor mothers with children under 5 years of age, families with school drop-outs, teachers, child-care providers, and health workers are eligible to get \$US 30, with 2% interest, for income generating activities (raising chickens, vegetable gardens).
- *Integrated training* is also important, so that all major actors in ECD, at each level, are trained together. This includes, among others, ECD workers, managers, local extension agents from concerned sectors, and primary school teachers.
- *The involvement of all possible media in ECD programming can also help to promote ECD.* Advocacy, mobilisation, and education by radio is one example, as is the use of sermons and other religious messages (in churches, temples, and mosques) to promote ECD messages.

Grounding in local reality. Another important organisational principle is that ECD programmes should be based on local resources, on the everyday life of the family and, to the extent possible, on traditional child-rearing practices and existing knowledge. As shown in a study in Lao PDR, while some of these practices may be harmful to the child, many more deserve to be encouraged and strengthened. Related to this is the use of local culture and language—as well as local rhymes, religious sayings, folk tales, games, festivals, puppets, plays, songs and lullabies—in ECD programmes.

One way to gain information on such local practice, among other important data, are *knowledge, attitude, and practice (KAP) surveys*. These can assess such issues as attitudes of mothers and fathers towards having children, knowledge about children's needs, child-rearing practices which

help and hinder child development, caretaking practices that help social-emotional development, knowledge about dangers and risks around the home, indicators of physical development, common practices for cognitive and language development, perceptions about the relationship between home-based and school-based activities, perceptions about school skills and the parents' role in the development of such skills, and discriminatory behaviour in parenting practices, especially in regard to girls.

Related to this is *the need to use participatory methods of needs assessment, programming and planning, implementation, and evaluation*. In other words, methods should be found to involve children, women, men, and the community at large in ECD activities. Participatory rapid appraisal (PRA) methods are an example of this, including the mapping of ECD services and families with young children.

Clarity of roles and process. Another important principle is the need to clarify the roles and responsibilities of the various actors in ECD programmes. In order to determine an appropriate division of labour among the various actors at various levels in ECD, a matrix is useful—of who (government, NGOs, the private sector) does what in regard to the primary target group (young children at various ages), to caregivers (parents, siblings, parents-to-be, and other caregivers), and ECD shareholders and interest groups (community leaders, trainers, extension agents of other sectors, academics and professionals, government officials, policy-makers, the public). Once such a matrix is developed, it is easier to determine, for example, gaps in services, where additional resources and training are required, etc.

It is also important to clarify what is meant by good ECD practices. This is where it is useful to have (e.g., for parents, daycare workers, teachers) clear manuals, guidebooks, curriculum guides, record formats, (self) evaluation materials, and checklists of milestones in the child's physical, emotional, social, cognitive, and linguistic development.

Related to this is *the need to have systematic methods for tracing and tracking*—tracing the progress of children related to various services of ECD (e.g., immunisation and growth monitoring) and tracking down those who do not avail themselves of these services. In any given community, it is therefore important to be able to list children by age (e.g., through local government or church records or a special census or survey), record various milestones in their development, and determine who, within the community, is responsible for ensuring that children, especially children at risk and with special problems, use the services provided. Such a monitoring process can also focus on issues related to child protection.

How Can ECD Success Be Measured?

The first issue related to the monitoring and evaluation of ECD "success" is that *monitoring and evaluation processes must be integrated into ECD programmes, from their very beginning*, and into the ways of thinking of participants, both organisers and implementers. Monitoring and evaluation also need to be structured so that they look both at the more quantitative issues of coverage and costs and at the "flavour" and nature of the programmes. They also need to be used both for

system accountability and central planning purposes, and for individual project improvement and localised planning.

Another issue is the need to ensure that *there is clear reporting to the family concerning the progress of the child*. This can serve as strong feedback to increase parental awareness about the usefulness of ECD activities and to strengthen their demands for higher quality ECD programmes.

A third issue relates to *the need to focus assessment particularly on children and families at risk*. ECD planners, programmers and practitioners need to know whether their programmes and activities are useful for those who need them most.

A further issue, given the lack of developed evaluation systems in many countries, is *self-evaluation* (for parents, caregivers, and institutions). In Sri Lanka, a self-evaluation package, called "Where Am I Going," has been developed which asks teachers to evaluate themselves in areas such as free play, storytelling, the use of the environment, language development, etc. There is a similar checklist developed as a chart that can be hung on the wall so that parents can see what should be happening in the programme.

Home observation of parents' knowledge, skills, and behaviours and their impact on child's development is also important. This can be labour-intensive, of course, but can also provide direct feedback to parents on their parenting skills and on the effectiveness of parent education programmes.

ECD programmes must also develop a variety of indicators—physical, behavioural, neurological, linguistic, etc.— to assess children's progress. The important thing is to ensure that these are very much *practitioner and parent-friendly*.

A final issue is *the need to develop and clearly define the year 2000 goals*. Who will define the indicators used to measure these goals? Will such indicators be only quantitative in nature (e.g. the percentage of children who are in preschool or in a range of ECD programmes) or more qualitative (the percentage of children who enter school "ready" or with developmental delays)?

Problems and Constraints

Despite the achievements and trends related to the development of ECD in the region, many difficulties remain. These include:

- *difficulties in expanding access to, and improving the quality of, ECD programmes to those who need them most*. ECD activities usually focus on older children (aged 5 to 6) living in urban areas. The preferred approach is either mere child-"minding" (a place to leave and feed children) or an academic, instructional approach in preparation for school—rather than on integrated child care and child development.
- *the low status of ECD itself and of its teachers and workers*. In comparison to teachers in the formal system of education and to workers (such as health and agricultural extension workers) in other sectors, ECD personnel are generally badly paid (if at all) and without security and often little motivation. This is where the issue of incentives becomes

important—the problem of losing volunteers from ECD activities and the need, therefore, to devise non-salary incentives such as access to income-generating activities, field trips, free health care at local hospitals and appreciation from the local community.

- *rivalries and competition within the community*, exist despite myths to the contrary. Thus, communities are often riddled with conflict, lack solidarity, and have limited time and energy to participate in ECD activities.
- *poor coordination and weak intersectoral linkages at all levels*. Various parts of the education system itself (daycare, pre-school, and the primary school) often work together for coordinated attention to the young child, and concerned sectors, such as health and social welfare work usually collaborate even less.
- *the politicization of ECD*, as traditionally in Latin America, where it is popular with the people and therefore in the rhetoric of competing political parties. Thus, ECD programmes begun by one government may not outlast changes in government. To make the distinction used in Latin America, if a programme is not a commitment of the "State" (irrespective of government), it will not long survive.
- *the fear of governments that any involvement in ECD will invariably lead to excessive demands* for expensive, formal ECD systems which most can ill afford.
- *the premature (and often simplistic) rush to develop and disseminate a standard model* which is meant to work in all regions and among all strata of a given country.

Suggestions for Future National and Regional Action

At the seminar country teams were asked to develop plans for short-term action (i.e., what they would do once they returned to their offices based on what they learned at the workshop) in order to expand and strengthen ECD services.

A common theme across the teams was the need for UNICEF itself to play a larger role in advocacy, mobilisation, partnership-building, and awareness-raising at all levels of the system: international (e.g., via donors), regional, national, and local, village. The need here is to present arguments for investment in ECD that include, but go beyond, its role in preparing children for primary school into other economic, social, and psychological areas. In this regard, several ideas were raised:

- the shared packaging and marketing of ECD within a region and beyond;
- media initiatives, again at both the local level (e.g., through popular theatre) and the national level;
- fund-raising—for example, determining which donors are most willing to support ECD activities and framing the proposal to meet donor expectations (e.g., linkages with Women in Development (WID), the girl child, the environment, indigenous peoples);
- the writing of case studies and demonstrations of effective programme models;
- the location of ECD in the context of child rights and human development;

- the use across borders of key decision-makers who have opted for strong ECD programmes; and
- well-targeted seminars and study tours.

Other areas for regional exchange ...

■ TRAINING

- to identify and prepare a directory of organizations, institutions, and individuals working in ECD within the region (e.g., regional universities);
- to prepare an inventory and content analysis of existing training materials in the region, leading to the sharing of materials, methodologies, and approaches, including different packages, videos, and tested practices;
- disseminate how to plan and design different training programmes (e.g., for parenting or child-to-child education or the training of trainers);
- address issues of certification/credentialing; and
- examine how to organise training in ECD at the regional level—with country teams attending, perhaps using global training funds (e.g., the University of Victoria model implemented in the region).

■ CURRICULUM/ MATERIALS

- prepare an inventory of existing materials in the region (curriculum, support materials, toys, etc.) for both young children and parents;
- develop an ECD curriculum framework that could be used across countries within the region—with a "how-to" manual (e.g., community-based curriculum);
- identify regional resource persons who can assist in ECD curriculum development; and
- organise fora to discuss issues of particular importance (e.g., language use in ECD curriculum)

■ INDICATORS

- identify common quantifiable indicators; e.g. the number of children (boys and girls), teachers, centres, and training courses;
- develop a set of "core" quality indicators, leaving flexibility for country-specific needs in order to measure impact at different levels (the child, family level, community);
- address validity and reliability issues—how to develop "built-in" processes to assure accuracy of data; and
- examine the various batteries of tests developed elsewhere (e.g., the International Education Association (IEA) study).

■ RESEARCH

This is a neglected area, yet it is basic to all aspects of ECD and needs to be central to ECD programmes.

What to do research on

- basic and baseline information and data for policy analysis, planning, and programming;
- insight into the behaviour of children (aged 0 to 8), especially as these relate to gender differences, child-rearing practices, and socialisation processes;
- understanding of cultural contexts;
- studies and research demonstrating the benefits of ECD (including economic and social analyses);
- unique populations (AIDS-affected children); e.g., what is the extent of the problem and what are its unique characteristics?
- assessments of the impact of the programme.

How to do the research

- explore new methodologies (e.g., action research, with the involvement of target groups);
- make research available to all—parents, community, planners and policy-makers—and as a tool for public education; and
- use all possible partners in research, across sectors—universities, NGOs, school teachers, community workers, training institutes, departments of monitoring and evaluation.

In addition, UNICEF should go beyond general advocacy to assistance with national policy formulation. ECD is an area where ill-informed policy decisions can go seriously wrong, with long-term consequences (e.g., use of national language rather than mother tongue; the development of entry tests for primary schools); thus, the need for informed debate as such policies get developed.

UNICEF can assist as well in the development of networks which combine an interest in child development and child rights—and the media—perhaps for the purpose of multi-country funding. This includes activities such as the Save The Children Fund Strong Beginnings programmes which attempt to integrate ECD, Women in Development (WID), family development, and preschool activities.

In sum, within the region there is a wider diversity of experience in ECD programming. The opportunity to share experiences across countries was invaluable and will lead to mutual support and additional sharing which will enhance ECD programming throughout the region.

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Early Childhood Counts: Programming Resources for Early Childhood Care and Development.
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