



*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***

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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)<sup>1</sup>, 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*

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