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Preface

CERID has been taking professional lead in Early Childhood Development (ECD) through different activities such as research, publication, conference, networking, training, resource material development and dissemination of knowledge and information. In view of the increased volume of activities and demands an ECD Resource Centre was created in 1997 with the support of UNICEF Nepal.

The ECD resource centre of CERID has since then been providing technical support to individuals and organizations involved in supporting young children in Nepal. Recently it added two interesting activities for the ECD practitioners and students: i) Action-research mini-grants for selected organizations working in the field of ECD in Nepal and ii) Higher-education-research grants for selected Master and M.Phil level students in Education who are undertaking thesis studies in the area of ECD as part of the degree program. The grant recipients are given training and regular technical support during periods of their research activities.

In Nepal institutional ECD services are accessible only to less than 20% children aged 3 to 5 and the quality of the ECD services is far from satisfactory and often contradicts with the needs and conditions of the children. In view of the tremendous tasks that lies ahead for ensuring access of children to quality ECD services there is a need to publicize ECD activities and undertakings. In this regard, publications of the ECD journal and bulletins are two very important initiatives of CERID. In Nepal the ECD journal was the first initiative, and it still is only one devoted wholly to ECD. The journal addresses all dimensions of child development, care and education.

This volume of the journal consists of eight articles written by academicians, professionals and experts in the area of ECD. The articles cover a wide range of areas -- school readiness; exemplary teacher qualities, health, family/community partnerships, visual arts, role of home visits, and EFA concerns about ECD. We hope the readers will find the articles included in this volume interesting and useful.

I appreciate the collaboration of Dr. Kishor Shrestha of this centre and Dr. Wayne Eastman of College of the North Atlantic, Canada for bringing out this ECD journal. I appreciate the cooperative spirit shown by Dr. Jacqueline Hayden of University of Western Sydney, Australia by joining the team as one of the editors of the journal. The publication of the Journal is the direct outcome of the World Forum Networking project, which was started in 2002.

On behalf of CERID, I would like to express my sincere thanks to Mr. P.O. Bloomquist and Ms. Tanja Suvilaakso of UNICEF Nepal for the assistance

received for the publication of this journal as well as for the development of the ECD resource centre as a whole. I acknowledge the contributions made by all the writers whose articles appear in this volume. My special appreciation goes to Mr. Veda Nath Regmi for his support in editing the language. Appreciative thanks are also due to Mr. Gautam Manandhar for the layout and cover design and to Mr. Bhakta Bahadur Shrestha for printing.

November, 2006

Hridaya Ratna Bajracharya
Executive Director
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Kishor Shrestha, Ph D.

Starting Smart: A Study of School Readiness Skills

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Abstract

How can educators and parents ensure that children are ready for the rigors of school? There is no simple answer; however, there is an abundance of research documenting specific school readiness skills that will enhance a child's ability to meet the challenges of the educational system. School readiness refers to the child's ability to meet the task demands of school. However, the determinants of school readiness go beyond the traditional identification of cognitive functioning and language and math skills. Consequently, the concept of school readiness has to be viewed from a multi-dimensional approach. This paper will review some of the current thinking germane to school readiness as well as consider a study to determine what kinds of learning experiences, skills and knowledge will help children meet the task demands of school.

Introduction

How can educators and parents ensure that children are ready to handle school tasks such as problem solving, working independently, and the behavioral demands of the classroom? There is no simple answer to the preceding question. However, there is an abundance of research documenting specific school readiness skills that will enhance a child's transition-to-school process. Of equal relevance in the school readiness equation is the significance of the school being prepared for the child (Belsky, 1994; Kagan, 1992). The importance of school readiness should be considered in the context of affording a child the opportunity to benefit from all that an educational system has to offer.

The paper to follow has two primary goals. Firstly, to consider some of the current research pertaining to the school readiness concept and put forth several key determinants to a successful start to the formal schooling process. Secondly, the article will focus on a Canadian study dealing with appropriate school readiness skills by age five.

School Readiness: An Overview

There has been much recent research conducted on why and how the period from conception to age six is significant in laying the foundation for school success (Doherty, 1997). Most early childhood educators believe that it is through play and social interaction that young children begin to develop their self-concept. Play also provides an opportunity for children to learn new skills and add to their knowledge. The ultimate goal of most early learning centres is to ensure that children grow and learn at their own level of development.

The early years are essential in a young child's development. By the time a child enters school five or six years of education have already transpired. The importance of pre-school years in the learning continuum is accentuated by the fact that a child's intellectual development is as great from birth to age four as it is from four to 18. This means that by age four, half of a child's intelligence has already been formed (Eastman, 1996).

Learning does begin at birth and neuroscientists have demonstrated that the earliest years count in regard to school readiness. Educational success is somewhat predicated on what children know and can do as they enter their first years of formal education. Furthermore, neuroscience has shown that the first three years of a child's life is when the most rapid development of the brain occurs (Bertrand, 2001). The brain directs all aspects of life through biological pathways. Outlined below are a number of facts pertaining to brain development and its relationship to a child's learning curve.

- Brain development begins three weeks after conception.
- At birth, a child has 100 billion brain cells (neurons) and trillions of connections (synapses).
- Early childhood experiences exert a dramatic impact and physically determine how the brain is wired.
- Growth continues and a single neuron can connect with as many as 15,000 other neurons.
- A three year old child has twice as many connections as an adult.
- The number of connections could easily go up or down by 25 percent of more, depending upon whether a child grows up in an enriched environment.
- Those synapses that aren't used wither away in a process called pruning.
- At about 10, the brain begins to dramatically prune extra connections

and make order of the tangled circuitry of the brain.

- New synapses grow throughout life and adults continue to learn but they do not master new skills so quickly or rebound from setbacks so easily (Eastman, 2002).
- During the initial years of life the young brain develops most rapidly with the establishing of neural pathways. Consequently, the first five years of life is the critical period for developing language and cognition. In the context of the preceding statement, it should be noted that the more a brain is stimulated the more it is capable of doing (Eastman, 2002). Bruner, Floyd, and Copeman (2005) states that "Brain research has proven that most of the brain's actual physical growth occurs during the first two years of life, when vital neural connections are made in response to the child's environment" (p. 1). By age 3, approximately 85 percent of a child's brain core is formed (Bruner, 2005). Figure 1 (Bruner, 2005) puts forth the relationship between brain growth and the age of a child. As can be ascertained from this figure, neural neurodevelopment is extremely active during the early years.

Figure 1: Brain Growth and Child Age

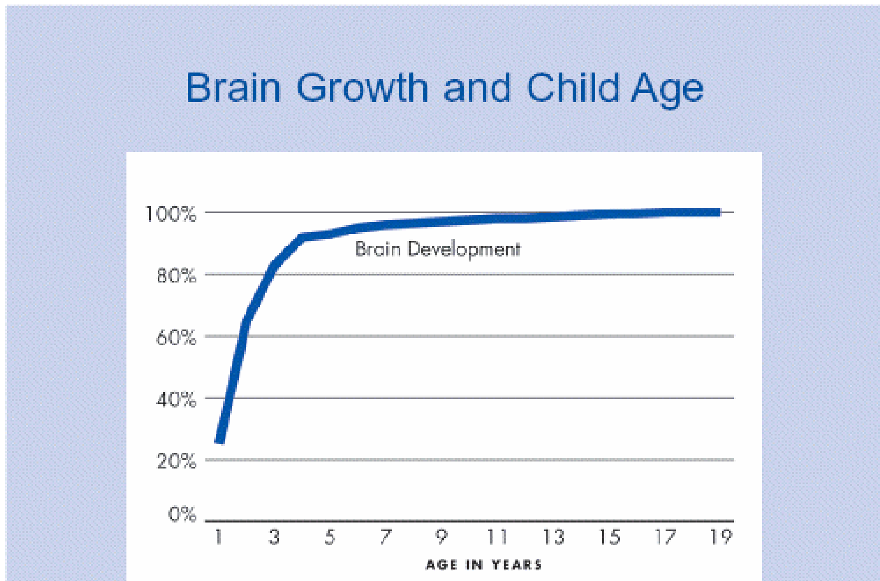

Table 1 illustrates the reality that children develop the components necessary for school readiness in a series of steps (Doherty, 1997). This concept of

developmental building blocks is crucial when studying the determinants of school readiness such as cognitive skills and content knowledge. Doherty (1997) describes developmentally building blocks as follows: “Within a critical period, sequential stages or building blocks, that differ in the kind of abilities the child can exhibit, not simply the amount of ability” (p. 59). The phrase ‘critical period’ is best described as the age range during which the developing child is sensitive to the impact of certain genre of experiences. Doherty (1997) views critical periods as a two stage process encompassing the following: “The first stage involves an age range during which the child is maximally sensitive to specific experience. This is followed by an age range during which the sensitivity gradually wanes. After the critical period has passed it may be impossible, and at best difficult for the neural pathway, area of the brain, or skill to develop as it should” (p. 45).

Table 1: Developments in the Components of School Readiness - Birth to Age 5

Age	**Motor development**	**Emotional health/positive approach to new experiences**	**Social knowledge and competence**	**Language skills**	**General knowledge and cognitive skills**
Two months	sucking and other survival reflexes, little voluntary control	unable to differentiate self from other	no concept of being able to influence another	reflex crying when nervous system is over stimulated	no understanding of cause-and-effect
One year	independently mobile using non-walking methods, can walk holding onto something, able to grasp items using thumb and forefinger	can differentiate primary caregiver(s) from others, will use caregiver as a secure emotional and physical base for exploration	understands that others can act and be acted upon, engages in games with familiar adults, imitates others	skilled at using gestures, e.g., holds up arms to be picked up. Imitates words, first spontaneous and deliberate word uttered around age one	engages in task variation and deliberate experimentation, has some sense of cause-and-effect in a specific situation
Two years	able to walk and climb stairs, eye-hand coordination sufficiently developed	increasing self-confidence, will move a considerable distance from caregiver when	interested in playing along side other children, but not actually with them in a joint activity	can string two or three words together in a simple sentence, e.g., “look truck”	begins to move from reliance on replica objects, e.g. a doll, in pretend play to use of substitute objects, e.g., a pillow for a

	to allow manipulation of large objects	exploring			"baby"
Three years	skilled at climbing and jumping. Fine motor coordination sufficiently developed to permit manipulation of small objects	beginning to regulate own behavior, tries to handle emotions such as frustration	interested in playing with other children. Has difficulty sharing because of difficulty taking the perspective of another	has some basic idea of grammar, e.g., adds "s" for A plural, asks questions, forms multi-word sentences	shows some basic understanding of categorization, e.g., can sort by colour or by shape, but makes mistakes
Four years	can control a pencil and cut with scissors	can control own emotions, such as anger or frustration, in many situations with minimal adult assistance	plays with other children. Is able to take turns and engage in cooperative activities	can join simple sentences together to describe a past or present action or experience	reliably sorts by colour or shape, but not by both simultaneously
Five years	able to write letters, turn book pages without tearing them	has some ability to stop and think before deciding how to act, is curious about the world outside the home	has basic peer relationships skills, e.g., knows how to enter a group	can hold a prolonged conversation and express ideas	by the end of the year, can sort by both colour and shape simultaneously

THE STUDY

Background

We know that early years educators as well as parents are becoming aware of the significance of early learning and the need for young children to be school-ready. Thus, the purpose of this study was to determine what kinds of learning experiences, skills, and knowledge will help children obtain a 'good start' to formal schooling. A further goal of the present investigation was to ascertain if differences existed germane to the responses of early childhood educators as well as kindergarten teachers in their understanding of school readiness skills. In the context of the preceding statement, a questionnaire was developed with a list of the most stated possible school

readiness skills and then dispersed to a sample of Canadian kindergarten teachers as well as early childhood educators. It should be noted that the present study is the initial component of a more indepth investigation to be conducted in the near future.

Determining school readiness skills that will better prepare young children for school was facilitated by dispersing the questionnaire to a sample of Canadian early childhood educators as well as kindergarten teachers. This approach is rather unique in that the vast majority of studies conducted on school readiness is administered to a sample of kindergarten teachers. However, the present study sought not only the input of kindergarten teachers but also the feedback of early childhood educators. This approach facilitates a much broader understanding of school readiness because it not only explores the skills necessary at the time a child enters kindergarten, but also considers the skills acquired during the early years prior to age five or six as critical to the concept of school readiness.

The items included in the questionnaire were developed through a technique known as 'focus grouping'. Two focus groups were established; one for early childhood educators (teachers working with children under five) and kindergarten teachers. Each group was composed of eight members. After an extensive consultation process both groups submitted a list of possible school readiness skills. The questionnaire reflects the items put forth by the focus groups.

Following the development of the instrument, this questionnaire was dispersed to 200 early childhood educators and 200 kindergarten teachers across Canada. Each participant was asked to rate each school readiness skill as very important, moderately important or not important. The return rate for each group was 80 percent.

For the purpose of the study, school readiness was defined as follows: "School readiness refers specifically to the child's ability to meet the task demands of school, such as sitting quietly and listening to the teacher, and to assimilate the curriculum content" (Kagan 1992). Thus, school readiness was premised, to some degree, on the child's level of physiological development.

Results/Discussion

To best facilitate the study, the investigator placed the school readiness skills into appropriate categories.

Table 2 includes the categories of size, colors and shapes, and numbers. The skills listed in the size category reflected similar views by both early childhood educators and kindergarten teachers. Both groups listed this set

of skills as very important (60%) or moderately important (40%). Both groups were almost identical in their replies to the school readiness skills necessary for the colors and shapes category (70% - very important; 30% - moderately important. As in the preceding two categories, the responses for the numbers column were also similar (55% very important; 45% moderately important).

Table 2
School readiness skills by age five

Category	**Skills**
Size	- Understands big and little
	- Understands long and short
	- Matches shapes or objects
Colors and Shapes	- Recognizes and names primary colors
	- Recognizes circles
	- Recognizes rectangles
	- Matches shapes of objects based on shape
	- Copies
Numbers	- Counts orally through 10
	- Counts objects in on-to-one correspondence
	- Understands empty and full
	- Understands more and less

One can readily ascertain why teachers rate the above skills as important or moderately important. Age-appropriate general knowledge and cognitive skills are skills kindergarten teachers expect of children as they start school 'ready to learn.' Being able to count as well as counting objects in a one-to-one correspondence are important skills necessary for the understanding of beginning arithmetic. Furthermore, there is a considerable research demonstrating that a child's level of cognitive skills preceding formal schooling predicts later academic success (Tizard, 1988).

Table 3
School readiness skills by age five

Category	Skills
Reading Readiness	- Looks at books or magazines
	- Recognizes some nursery rhymes
	- Identifies part of the body
	- Identifies objects that have a functional use
	- Pronounces own first and last name
	- Expresses self verbally
	- Identifies other children by name
	- Tells the meaning of simple words
	- Completes incomplete sentence with proper word
	- Understands that print carries a message
	- Uses left to right progression
	- Answers questions about a short story
	- Tells the meaning of words heard in a story
	- Looks at pictures and tells a story
	- Prints own first name
	- Letter recognition

Table 3 reflects the most relevant reading readiness skills as put forth by the two focus groups. As in the previous categories, both groups of educators' responses were similar (80% - very important; 20% - moderately important); except for the determinant entitled letter recognition. Kindergarten teachers viewed this skill as less significant than early childhood educators. One could speculate that kindergarten teachers may perceive letter recognition in the context of understanding the word as a whole.

In regard to the previous category, a study found that a good predictor of a child's later reading level was the ability to remain focused on a task when in kindergarten (Horn and Packard, 1985). Thus, a possible rational why kindergarten teachers rated the skills displayed in Table 3 as being necessary in the transition-to-school process. Research has verified that oral language accounts for around 35% of a child's later reading ability (Beringer, 1988; Bremiller, 1991). Furthermore, studies have reported that knowing that a story as a beginning, middle, and end is essential for reading readiness (Rutledge, 1993). The preceding findings were represented by the high

ratings given to certain school readiness skills by both early childhood educators and kindergarten teachers. Preliterary skills such as phonemic awareness is one of the corner stones for reading (Bruner, 2005). The significance of phonemic awareness measured by such skills as knowledge of the alphabet and the relationship of sounds to letters was evident in the present study.

Table 4: School readiness skills by age 5

Category	**Skills**
Position and Direction	- Understands up and down
	- Understands in and out
	- Understands front and back
	- Understands over and under
	- Understands top, bottom, middle
	- Understands beside and next to
	- Understands hot and cold
	- Understands fast and slow
Listening and Sequencing	- Follow simple directions
	- Listens to a short story
	- Listens carefully
	- Recognizes common sounds
	- Repeats a sequence of sounds
	- Retells simple stories in sequence

The responses tabulated in the position and direction category were very similar for both early childhood educators and kindergarten teachers (50% - very important; 45% - moderately important; 5% - not important). Understanding position and direction relationships is a critical aspect of numerous learning pursuits, including classroom routines, projects, physical education activities, etc. (Eastman, 2002). However, in the listening and sequencing category, kindergarten teachers (85%) indicated the items as very important whereas a smaller percentage (75%) of early childhood educators felt these school readiness skills were very important. The discrepancy between the percentages may be due in part to the more formal structure of the learning process in a school milieu. It should be noted that the cognitive skills outlined in the listening and sequencing category are important for children as they retain and retrieve information; as well as for the effective understanding of new initiatives (Doherty, 1997).

Table 5: School readiness skills

Category	Skills
Motor Skills	- Is able to run
	- Controls pencil well
	- Is able to hop
	- Handles scissors well
	- Is able to walk backwards for 30 metres
	- Is able to throw a ball
	- Is able to copy single shapes
	- Claps hands
	- Matches simple objects
	- Is able to button
	- Builds with blocks
	- Completes simple puzzles (5 pieces or less)
	- Draws and colors beyond a simple scribble
	- Is able to zip

Approximately 95 percent of kindergarten teachers rated the motor skills category as very important. Whereas approximately 80 percent of early childhood educators rated motor skills as either very important or moderately important determinants in regards to school readiness. Kindergarten teachers may have placed a greater emphases on motor skill acquisition because of the reality that school readiness requires a great deal of physical coordination to complete common kindergarten tasks such as controlling a pencil and turning the pages of a book (Doherty, 1997).

Table 6: School readiness skills

Category	Skills
Social-Emotional Development	- Can be away from parents 2-3 hours without being upset
	- Takes care of toilet needs independently
	- Feels good about self
	- Is not afraid to go to school
	- Cares for own belongings
	- Dresses self
	- Asks to go to school

	- Knows home address
	- Maintains self control
	- Gets along well with other children
	- Plays with other children
	- Recognizes authority
	- Shares with others
	- Talks easily
	- Is able to stay on task
	- Is able to work independently

Similar responses were evident in the social-emotional development category. In both groups, there was an almost equal split between very and moderately important responses. It is evident that both kindergarten teachers and early childhood educators view these skills as necessary for school success. The transition-to-school process must not only be evaluated along academic lines but should also consider factors such as motivation and social skills. "Being able to understand the teacher and other children, and having the skills to express ideas, wishes, and feelings assists the child to adjust successfully to the school setting" (Belsky, 1994, P. 8).

Table 7: School readiness skills

Category	**Skills**
Math Readiness	- Recognizes likeness and differences in shapes
	- Sorts similar objects by color, size and shape
	- Matches objects based on shape
	- Recognizes circles, squares and triangles
	- Copies simple shapes (circle, etc)
	- Understands concept of more and less
	- Recognizes group of one to five objects
	- Arranges blocks in order by size

The majority of kindergarten teachers (80%) rated the skills included in the math-readiness category as very important. Whereas, approximately 60 percent of early childhood educators considered the items as very important. A possible explanation for the differences in responses may be related to the scenario that schools view math as a core subject area. Understanding similarities and differences between groups of objects is one of the many

sets of skills required at school entry. The preceding cognitive skills is evident in the items included in Table 7. Adding and subtracting is a further skill necessary for math readiness. Early childhood centres often provide board games which involve numbers, such as snakes and ladders, to help children with the basics of adding and subtracting (Singer, 1993).

Conclusion

It is evident from the findings of this study that early childhood educators and kindergarten teachers have many similar responses germane to what each group perceives as important school readiness skills. Prior to the present study, one could have speculated that differences in responses would occur due to educational training. In Canada, kindergarten teachers need at least an education degree to be employed in a school setting whereas early childhood educators need only a two-year diploma or a one-year certificate to practice their trade. However, when one compares the educational outcomes of an early childhood diploma to that of a primary education degree, congruencies abound. Consequently, similar responses could have been predicted.

The determinants of school readiness go beyond the traditional identification of cognitive functioning and language and math skills (Doherty, 1997). Thus, extensive research has put forth the following five school readiness components (Kagan 1992):

- physical well-being and appropriate motor development;
- emotional health and a positive approach to new experiences;
- age-appropriate social knowledge and competence;
- age-appropriate language skills; and
- age-appropriate general knowledge and cognitive skills.

Within the context of the preceding five components, the study questionnaire was developed. Furthermore, the results of the present study reflects the broad tenets outlined in the five components of school readiness; that is early childhood educators and kindergarten teachers recognize aspects of school readiness that are not merely related to academic success, for example the significance of emotional health. In essence, any research pertaining to school readiness skills should be used to educate teachers and parents about the critical window of opportunity in a child’s life that can ensure a child’s healthy development.

Summary

Doherty (1997) describes 'readiness to learn' as "...a general concept that can be applied to a wide variety of situations." In contrast she describes 'school readiness' as "...a child's ability to meet the task demands of school, such as sitting quietly and listening to the teacher, and to assimilate the curriculum content" (P. 13). Throughout this paper, it is evident that the acquisition of certain school readiness skills exerts a strong influence on a child being 'ready' for school. Furthermore, it is worthwhile for educators and parents to move pass the traditional academic perspective of school readiness and consider such determinants as physical well-being and social skills.

What do we hope for children as they enter school? What is our role as educators and parents in preparing children to be ready for school as well as making sure the school is ready for the child? If we believe in the concept that learning begins at birth, then we must consider the reality that school readiness is more than what children know; and that "Children's ability to learn goes beyond cognitive development and includes physical, social, and emotional health as well as general approaches to learning" (Bruner, 2005, p. 6). In conclusion, the concept of school readiness has to be viewed from a multi-dimensional approach that encompasses the following five determinants: ready children, ready families, ready schools, ready communities, and ready governments.

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A Study to Indentıfy Exemplary Teacher Qualıtıes in Preschool Educatıon Centres

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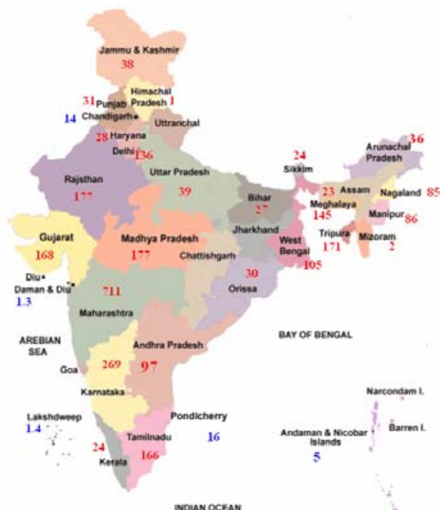
Introduction

Early childhood education is a widely accepted term to describe a program aimed at providing all-round development of children between two and six years of ages. In India of the 304 million child population of 0–14 years, about 161 million children fall within the age group of 0–6 years. Estimates indicate that all ECCE programs combined are able to cover only around 15% of the demand. This includes coverage of 18 million by integrated child development schemes (ICDS) and 2 million by schemes such as ECCE. The *Balwadi* nutrition program and the crèche and day care program are supported by the government; and another 10 million by initiatives in the private sector. Needless to say, the outreach is seriously inadequate (*Sharma, 1998*)

In India, the single largest program that addresses ECCE is the Integrated Child Development Services (ICDS). It is the oldest initiative for ECCE in the country and seeks to reach out to poor and vulnerable children and provides them with an integrated program of health, nutrition and pre-school education. The package of services includes supplementary nutrition, immunization, health check-ups, referral services, non-formal



Total Enrolment in General Education by Level and State / Union Territory

Source: Ministry of Human Resource Development, Selected Educational Statistics – (1997 - 98)

preschool education, and nutrition and health education for pregnant and nursing women.

The above figure shows that the highest level of enrolment is in Maharashtra. IAPE and NGO's are possibly very active in the state so this might be the cause of increased numbers. Also, in Gujarat, many industrial and corporate sectors are helping to increase the number of schools. However, it is a matter of concern for some territories like Goa where the number of pre-schools are minimal.

Teacher training

Training is not the only factor affecting quality of early childhood programs; it is influenced by teachers' job satisfaction and perception of problems. There is a need to study, in more depth and detail the qualitative aspects of teachers' role in providing quality education to young children, and the linkages between program quality, teacher characteristics and children's learning (*Swaminathan, 2000*)

Qualities of Effective Teachers

Extensive research regarding the practices of effective teachers has been compiled, which categorizes the qualities of effective teachers into five skill areas. Each of these areas is broken down into further areas of concentration. The areas are:

1. *Teacher as Person*: This category includes such qualities as caring, fairness and respect, interaction with students, enthusiasm, motivation, dedication to teaching, and reflective practice.
2. *Teacher as Classroom Manager and Organizer*: Included in this category are organization, disciplining students, and classroom management.
3. *Organizing for Instruction*: The importance of instruction, time allocation, teacher's expectations and instructional planning are included in this category.
4. *Implementing Instruction*. As part of this category, instructional strategies, content and expectations, complexity, questioning and student engagement are included as important qualities.
5. *The Teacher Teaching*: Monitoring Student Progress and Potential. This (final) category focuses on students' homework, monitoring student progress, and responding to student needs and abilities.

Though professionalism is not its own category, it is included in discussions on the qualities of an effective teacher. The emphasis is on the positive

aspects of teaching and teacher behavior in the school setting (Stronge, 2002).

Teachers can and do make a significant difference in the lives and interests of children. They help a school maintain and enhance its overall capability to provide a positive and effective learning environment for all its students. They play an important role in informing and supporting the ongoing development of children. They are also an integral part in maintaining and continuing build a strong profession. Thus, this study tried to identify the criteria for quality teaching and exemplary qualities of pre-primary teachers in unaided schools catering to children that belong to the lower socio-economic groups.

The Study

Background and materials

A sample, of 21 teachers, was selected from 7 schools in Mumbai. The schools were selected on the basis of criterias like socio-economic background, fee structure and establishment of schools. Teachers were observed, for 3 hours each, on different occasions in the classroom situations and best practices were recorded based on these observations. A total of 167 early childhood education trainees were selected from recognized teacher-training institutions and they were given a rating scale to rank the preferred qualities of teachers.

An observation record sheet was carried during each visit. This four-sided record sheet included details of the teachers and the observations recorded in the following 4 aspects:

I. Qualities of teachers

II. Teacher as a person

III. Teacher as a professional

IV. Teachers' interpersonal relationships

It also included a list of personal qualities on which the teachers were rated after each observation. It was easy to carry the sheet into the classroom. It was so designed that it would have enough space for writing comments/observations.

The school authorities were approached through a formal letter, which narrated the purpose of the research. It was also explained how their cooperation could assist in making a valuable contribution. A fact-sheet was prepared, which provided the researcher with all the required details of the

school as well as the principals' and supervisors' perceptions about exemplary teachers.

The principals and supervisors were asked to nominate 3 best teachers in their school and to rank their qualities germane to what makes them an effective teacher. These teachers were selected as samples and were observed in classroom situations.

Each nominated teacher was observed on 3 different days and for 3 hours each in the classroom situation. All activities were observed during the given time, be it sports, snacks, concepts etc. A structured observation record sheet was constructed for this purpose. The observations were made based on 3 criteria - teacher as a person, teacher as a professional and teachers' interpersonal relationships. At the end of each observation the teacher was ranked on 15 listed qualities.

Since the early childhood education students are the future teachers of the nation, knowing their perceptions and attitudes towards teacher qualities was also important. Hence, to record that, the trainees were asked to rank 5 most important qualities (from a given list of qualities) that a teacher should possess while dealing with young children.

Professionals from the field of early childhood education were invited to carry out discussions regarding the feasibility of the research tool. Their opinions/suggestions were considered and desired changes were made for the improvement of the tool.

Results

A good early childhood teacher is one who has inner security, self-awareness, integrity, theoretical ground and general knowledge with emphasis on environmental science, community and young children's books, warmth and respect for child. Unconditional caring, intuition, detachment, laughter and model for children (Cartwright, 1999) are other important traits.

An attempt was made to find the psychological traits of successful teachers. Hence, the investigators reported that the successful teachers were found to have efficient reasoning power, favorable attitude towards children, adaptability, up-to-date professional information, wide interest in teaching, cooperative attitude, kindliness, patience, fairness and enthusiasm (Kukreti, 1990)

Teaching experience also appears to have an influence on student achievement. Teachers with less teaching experience typically produce smaller learning gains in their students compared to seasoned teachers (Fetler, 1999). Hence, to compare the qualities of teachers based on years of

teaching experience the teachers were divided into 3 groups and the results were tabulated accordingly.

Comparison of Teacher Qualities based on years of teaching experience

Sr. no.	Qualities	Group A 0 –5 years (%)	Group B 6 – 10 years (%)	Group C 10 + years (%)
1.	Approachable	72.6	74.1	76.6
2.	Capable	81.5	70.8	73.4
3.	Caring nature	82.7	70	71.6
4.	Confident	79.8	80.8	85
5.	Enthusiastic	65.9	45	51.6
6.	Fair	61.5	67.5	71.6
7.	Flexible	60.7	46.7	41.6
8.	Innovative	73.3	58.3	55
9.	Interactive	81.5	70	66.7
10.	Patient	67.4	62.5	68.3
11.	Punctual	80	76.6	73.3
12.	Responsible	80.6	75.8	70
13.	Sensitive	76.3	65.8	71.6
14.	Sincere	77.03	61.7	69.5
15.	Spontaneous	74.8	55.8	61.7

The above table reveals that confidence is still the highest quality prevalent in all the 3 groups. The highest level of confidence (85%) was found in Group C. This shows that confidence increases gradually with the number of years of teaching.

The lowest quality found was Enthusiasm. Enthusiasm was the highest (65.9%) in Group A. Group B teachers were the least enthusiastic (45%). Thus, we can see that enthusiasm to work with children reduces over the

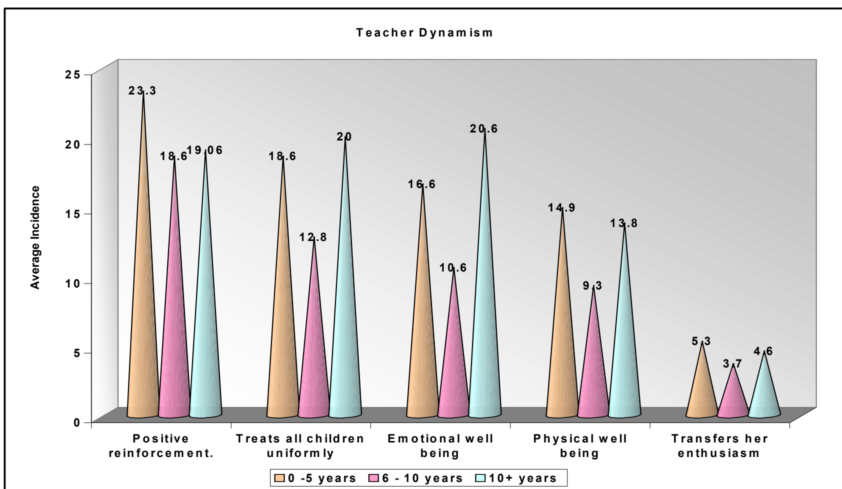
years which may be due to many reasons like less salary, other commitments, family issues etc. Another interesting part of the results showed that Group A teachers scored the highest in many of the qualities like: Capable (81.5%), Caring Nature (82.7%), Innovative (73.3%), Interactive (81.5%), Punctual (80%), Responsible (80.6%), Sensitive (76.3%) and Spontaneous (74.8%). This indicates that most of the qualities i.e. innovative, interactive, punctual, responsible are given more importance in teacher training programs and thus are found more in this group. Group C teachers scored high in qualities like Approachable (76.6%), Confident (85%), Fair (71.6%) and Patient (68.3%). These qualities are individual to each teacher, and these personal qualities also get enhanced with experience.

One of the interesting results is that Group B teachers did not score so high in any of the Qualities. One reasons for this can be decreasing motivation to work due to various factors like family priorities. Thus balance between work and family might lead to decreased motivation and energy level to work with children.

Personal qualities

Children whose teachers claimed to have close personal relationships with them felt socially connected in the classroom and would claim to have relatively more positive feelings about their teachers and the school in general (Skinner and Belmont 1993). A close comfortable relationship may be more important for younger children who are more used to adults as caretakers than as individuals concerned primarily with their academic skills.

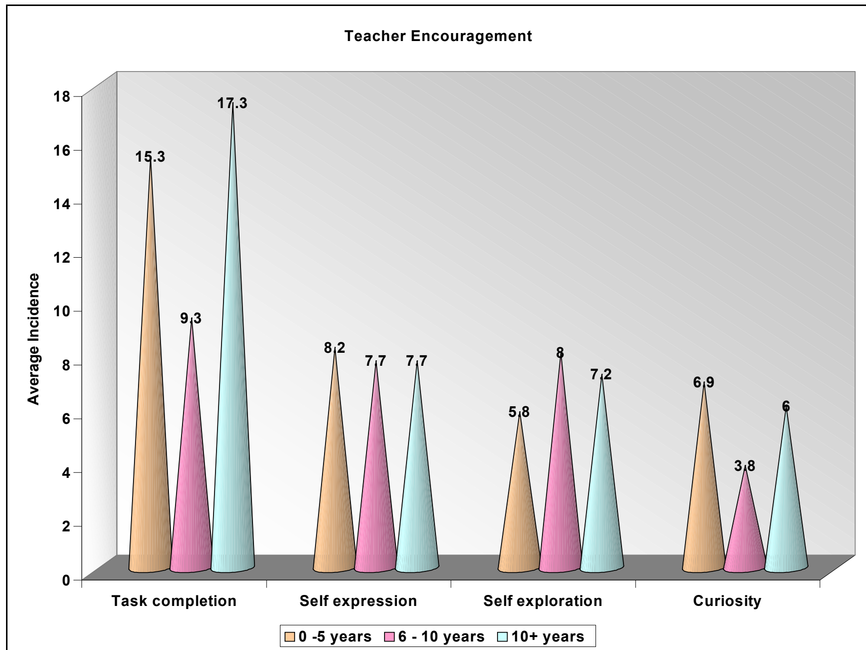
Teacher Dynamism



In respect to teacher dynamism, the graph above demonstrates that Group A teachers (0 –5 years) show positive reinforcement on the average of 23.3 times, whereas Group B and C teachers show close averages of 18.6 and 19.6 respectively.

Group a teachers scored the least in the area of "Transferring her enthusiasm to children" - 5.3 for group A, 3.7 times on an average for group B and 4.6 times for group C.

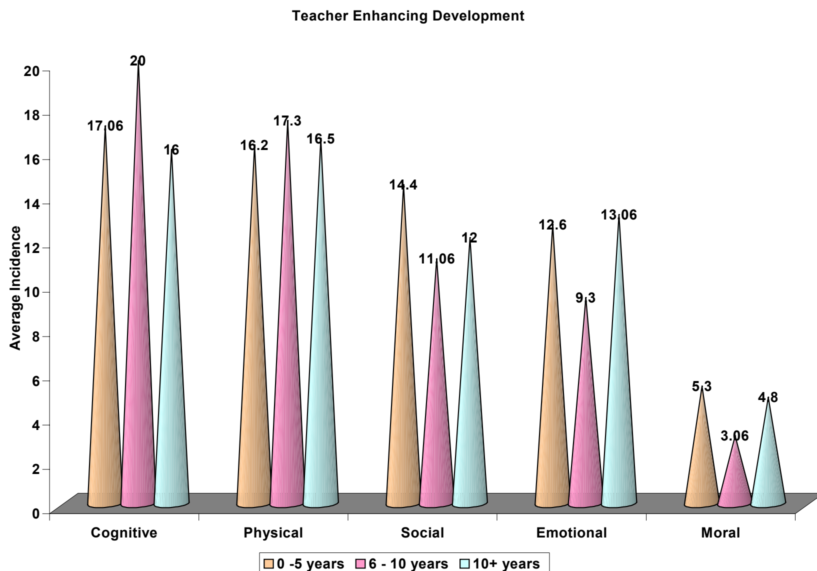
Teacher Encouragement



Results show consistent behavior among the 3 groups in areas like Self-exploration, Self-expression and Curiosity.

Encouraging task completion was found to be the highest in Group C teachers on the average of 17.3 times. Task completion was encouraged by most of the teachers. It was observed that in no matter what situation, the teacher made sure that the given task was completed by the children even If they required assistance by someone. For example, if a child has not finished eating, she would either sit with the child and feed him or call for help, thus making sure that the child has finished his food.

Teacher enhancing development

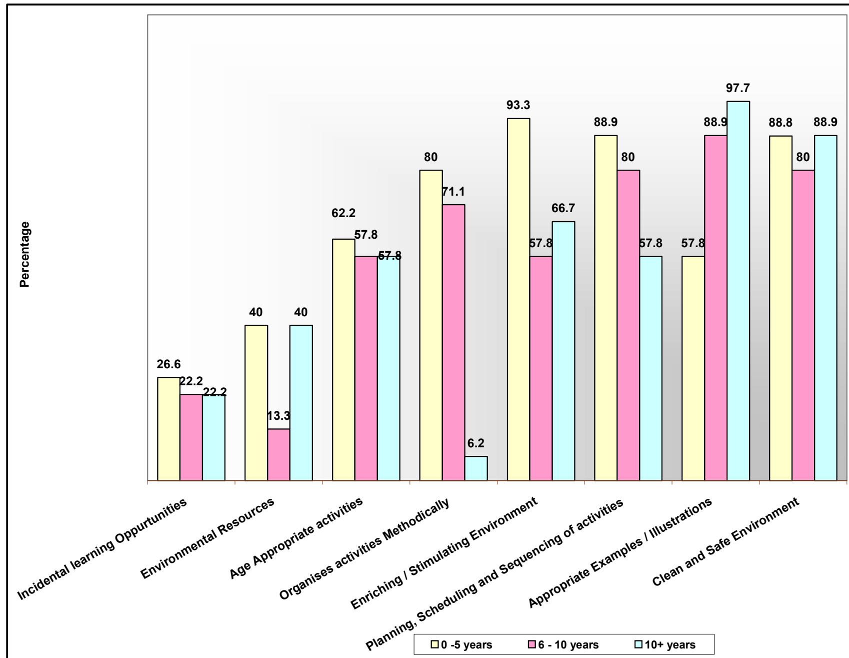


In the Cognitive Development aspect Group B teachers have an average of 20, which was found to be the highest among all groups. Group A and Group C scored 17.06 and 16 respectively. Moral development was least encouraged by all the groups.

Overall, Group B teachers with teaching experience of 6–10 years show the lowest average scores compared to the teachers of other 2 groups. Group A and C teachers show almost similar averages. One explanation to this could be that since group A teachers are fresher and more energetic and therefore score higher whereas Group B teachers have other priorities and more responsibilities attached and hence they score low. However, teachers with ten years' experience and above again score high. This shows that once other responsibilities are over they can focus on their teaching.

Teacher as a Professional

Teachers play an important role in shaping children's experience in school. Beyond the traditional role of teaching academic skills, they are responsible for regulating activity level and communication and contact with peers, and for providing support coping skills to children (Doll, 1996).



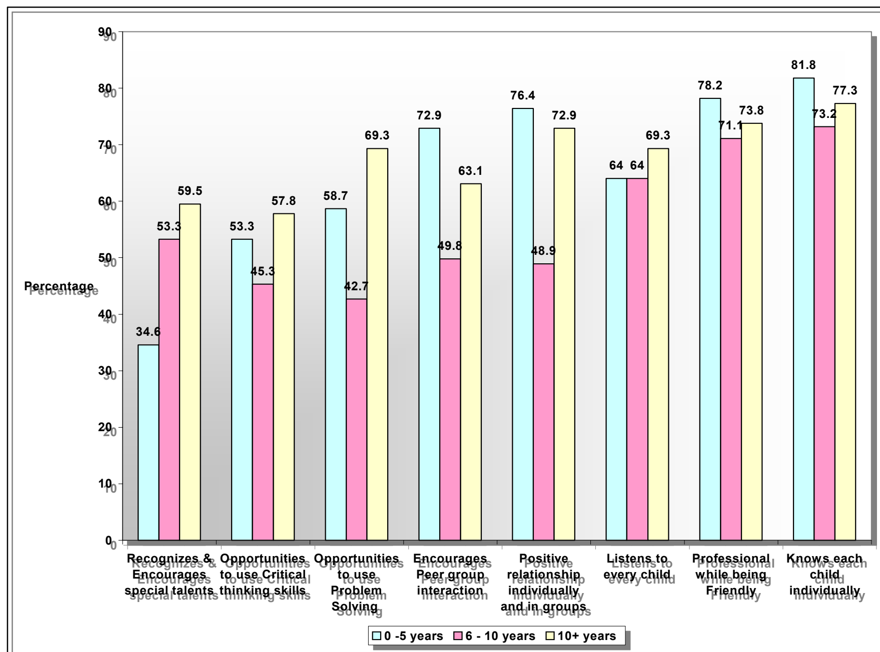
Teachers in Group C scored the highest in using appropriate examples and illustrations (97.7%) This is because the number of years of teaching makes it easier for them to give examples, which can be understood by the children.

Teachers of all the 3 groups show much less difference in areas like Maintaining Clean and Safe Environment, Conducting Age-appropriate Activities and Using Incidental Learning Opportunities.

The data also show a gradual decrease with experience in organizing activities. Here Group C teachers scored only 6.2% and Group A teachers scored 80%.

Teachers' interpersonal Relationships

Bridget and Pianta (2001) conducted a study on a sample of 179 children from kindergarten through eight grades to examine the extent to which kindergarten teachers' perceptions of their relationships with students predicted a range of school outcomes. This study also suggests that quality of teacher-child relationship is a stronger predictor of behavioral outcome than of academic outcome.

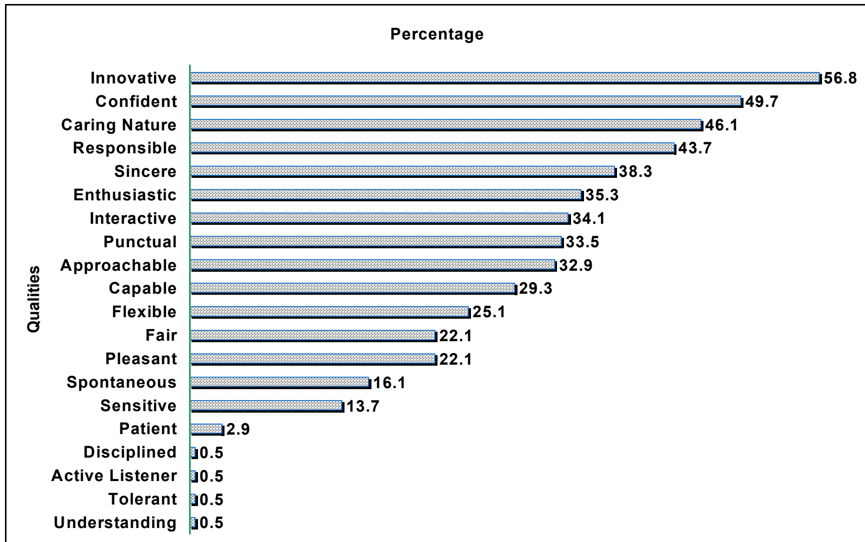


The data show that teachers scored the highest in the area of Knowing Each Child Individually, which is 81.8% for Group A teachers, 73.2 for Group B and 77.3 % for Group C teachers.

The quality, which was found the least, was recognizing and encouraging special talents among children - 34.6 % for Group A teachers, 53.3 for Group B and 59.5 for Group C teachers.

These results indicate that there is a gradual increase with experience in the area of recognizing special talents among children.

Perceptions of Early Childhood Education trainees regarding Qualities of teachers



This graph reveals that 56.8 % trainees believed that the quality of being innovative was most essential for the teachers of young children and that being patient was considered important to only 2.9% of the teacher trainees.

One explanation of this difference in opinions is that when teacher trainees are on fieldwork (classroom observations), they tend to learn more of the classroom teacher activities rather than of their personal qualities. Hence, more importance is given to qualities like being innovative, confident, sincere, enthusiastic, interactive etc.

This data also show that more importance is given to being innovative and creative in the teacher training program and so enhancing personal qualities is not highlighted in the teacher training curriculum.

Conclusion

The best practices observed in the aspect of “teacher as a person” were ‘giving positive reinforcement’, ‘task completion’, ‘encouraging cognitive development activities’. Teachers as professionals maintained clean and safe environments for the children and used age-appropriate examples and activities. And, in the aspect of teachers’ interpersonal relationships teachers were successful in maintaining positive relationships with the children and in knowing each child individually.

A comparison of the experiences of teachers produced interesting results. Teacher performance, motivation and encouragement are very high in the initial years (0-5 years of teaching) although after a certain period of time (between 6-10 years of teaching experience) the motivation of the teachers gets lower but it gradually increases again in the later years of teaching (10 years and above).

Teacher trainees believe that innovativeness and confidence are important factors. This may be due to the reinforcement they get during the training period.

Thus, to conclude, an exemplary teacher is one who has:

"Backbone of Training
Muscle of Experience
Heart of Understanding and Dedication
Mind of Technology &
A Face of Happiness."

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Early Childhood Services as Health Promoting Settings: A New Focus on Family Partnerships and Community Building

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Abstract

This article builds upon the findings of a four-year research project which investigated the health promoting capacity of the early childhood sector within one OECD nation. It is shown that early childhood services can be effective health promoting settings, especially in terms of the facilitation of family partnerships and improved community cohesion. While the study took place in a western context, there are global implications. The findings from this study are offered as a way forward for both minority and majority world advocates who want to advance the health promoting attributes of their respective situations.

Health and the early years

> Child health is of the greatest importance for the future of health of a nation, not only because today's children grow up to become the next generation of parents and workers, but because recent research in child health shows that early life is, for each child, the basis of health in adult life (Wadsworth 1999:44).

Brain imaging techniques have confirmed that the earliest years of childhood are a critical stage in the determination of biological, neurological, psychological and emotional/social health and well-being for individuals. Accessibility to key environmental factors and nurturing experiences during early years have been shown to be significantly correlated to psychological and biomedical outcomes in later life. Early experiences including bonding and attachment, the development of security and trust through consistent care taking, freedom to interact with surroundings, predictability, success experiences, responsiveness, exposure to opportunities for cognitive and emotional development and other nurturing interactions are related to long term developmental outcomes (Shonkoff & Phillips, 2000; Pence, 1999; Marmot & Wilkinson, 1999; Ziglar & Gilman, 1998; Wadsworth, 1999; Love, Schochet & Meckstroth, 1996). Children who have had stable, nurturing care in early life show more resilience to traumatic events which occur in

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subsequent years. Thus, the early years can form a protective base for life long stress and trauma. (Schweinhart & Weikart, 1993; Barry, 1996; Carnegie Corporation, 2000, UNICEF, 1994; McCain & Mustard, 1999).

Similarly studies have highlighted the long-term outcomes associated with connectedness of families and individuals. Young children whose families score high on indicators of social capital are less likely to become socially alienated and/or depressed in later life (Wong, 1998: Leeder, 1998, Parcel & Meneghan, 1994).

Health promotion

As early as 1946, the World Health Organisation (WHO) identified health as a broad concept that moves beyond bio-medical factors. Health is 'not merely the absence of disease' but incorporates the physical, mental and social well-being of individuals and groups (WHO, 1946). This definition represents a concentrated global attempt to move the concept of health away from a preoccupation with disease to a broader vision that stresses the facilitation and maintenance of well-being within diverse contexts.

The notion of health promotion was introduced in the Ottawa Charter of 1986. Health was reinforced as a complex dynamic rooted in many social and environmental as well as physical and structural factors. A secure foundation, life skills and opportunities for making healthy choices were identified as critical health enablers. The concept of healthy environments was presented within the Charter as follows:

> To reach a state of complete physical mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment… Health promotion is the process of enabling people to increase control over their environment (as a way) to improve their health (WHO 1986:3).

The health promotion movement adds a 'wellness' dimension to existing health care systems and devolves responsibility for health to institutions and services which sit outside of the traditional health sector. Educational, legal, fiscal and organisational interventions are seen as significant influences on the achievement of health and well-being of individuals and groups (Tones, Tilford & Robinson, 1990:4).

The notion of health promotion has been reinforced by studies on the social determinants of health (Marmot and Wilkinson, 1999). The research on social determinants has identified the correlation of social and economic environments with psychosocial and biophysical health outcomes. Social determinants of health include, among others, access to services, nurturing

environments during early years, positive relationships, and the presence of trust relationships and feelings of belonging to a group or community (Marmot and Wilkinson, 1999).

A study on the influence of social determinants was recently carried out in Australia. Vinson (1999) rated several hundred communities according to their level of 'social disadvantage'. The rankings were compared to medical records of residents. Residents in low ranking (socially disadvantaged) communities exhibited significantly more at risk factors and had higher levels of morbidity and early mortality. Vinson (1999) and others have concluded that over and beyond genetic disposition, individual actions and/or lifestyles cannot be considered the sole cause of health problems. Rather, community-oriented issues such as social cohesion are major determinants of health and well-being of children and families (Marmot and Wilkinson, 1999).

Health promotion and partnerships

The recent upsurge of international research on the social determinants of health has underlined the importance of non-medical agents in contributing to health and well-being (WHO, 1998; Marmot and Wilkinson, 1999). It has been shown that participation of diverse players as equal partners in decision-making and collaboration amongst sectors and individuals are crucial to the creation of healthy environments. Thus, agencies and professionals involved in addressing ill health are called upon to work as partners with those responsible for the development and maintenance of environments which *foster* health (prevent ill health). Partnerships between health professionals and consumers (individuals and families) are also deemed to be an essential component of building and sustaining health (Macdonald, 2000).

Health promotion thus…

> …represents a mediating strategy between people and their environments, synthesising personal choice and social responsibility for health to create a healthier future (WHO, 1986:6).

Health promotion and social capital

Social capital, or the store of goodwill and co-operation between people, is seen as an enabler for fostering the emotional and practical resources that support effective functioning in day-to-day life. This in turn contributes to strong, active, 'healthy' communities (Cox, 1995; Wilkinson, 2000). Living in a healthy, connected community is correlated to psychosocial, emotional, behavioural and biomedical outcomes in children and families (Wilkinson, 2000; Vinson, 1999). Social connections, including access to close friends,

nuclear and extended family, co-workers, clubs, church, and regular supportive interactions with other people, have been reported to influence the life expectancy of individuals. Conversely, social isolation and/or a lack of social capital have been shown to be related to the development of poor mental health and increased rates of morbidity and mortality (Wilkinson 2000; Marmot and Wilkinson, 1999; Nicholson, Tually and Vimpani, 2000; Maton, 2000).

In a recent study, low ratings in trust and social cohesion were correlated to high levels of psychosocial risk factors in individuals and families, including chronic and acute stress, lack of control over their lives, and lack of social relationships and resources. The same study showed that individuals who lack social connections have two to three times the risk of dying from all causes compared with well connected individuals (Kawachi, Kennedy and Glass, 1999).

For these reasons the need to build social capital, or more precisely to compensate for the lack of trust relationships and diminished sense of community, has been identified as one of the most critical goals for the new millennium (Putman, 1995; Cox, 1995).

In an assessment of social functioning in Western Australia, the authors reported that identity and sense of community were sorely lacking and that there was a critical need to “rebuild community structures” to achieve health and well-being of children and families (Jfe, 1998). Other Australian studies have shown that an eroded sense of community is prevalent throughout socio-economic levels in society and that this condition cannot be solved through increased financial support. Whilst the benefits of financial support have been seen as successful in providing additional support for families, researchers are suggesting that money alone is not adequate to address modern social needs (Veitch, 1996; Cox and Swinbourne, 1999). The stress and isolation felt by individuals and families is due to longer working hours, less access to extended family members, increased violence and fear of crime, media sensationalism and other real and perceived social dangers which are not necessarily associated with increased social spending (Putman, 1995; Arndt, 2000).

In addition to financial support and access to basic resources, families need social interaction and relationships with other families, services and organisations. They need knowledge about the services and support available in the community and opportunities to share concerns and to make informed choices. Individuals need to feel empowered to take part in activities which will help them to develop the resources to address their health and well-being needs (Cox 1995; Leviton, Snell, Mcginnis, 2000; Potapchuk, Crocker, Boogard and Schechter, 1998).

The levels of social capital are often lowest in urban environments and could be of special concern for families who have migrated and/or whose cultural background (and language) does not match that of the dominant society. These families are often unable to access support from close relatives and, conversely, report being unable to help their own extended families because of a shortage of resources, financial and otherwise (Bartrouney & Stone, 1998).

The development of partnerships with people and agencies, including general practitioners, families and carers, government and non government health care services, community support groups, have been identified as preventative strategies for pathologies associated with low levels of social capital.

The impact of social environments on people's well-being is powerful and the influence of environments during the early years is especially significant for long-term health outcomes. For young children, environments which facilitate social support, cohesive family relationships, networking and positive child-adult relationships have been deemed protective factors against the problems associated with low social capital (Second National Mental Health Plan, 1998).

Health promoting settings

The international health promotion movement has developed the notion of 'settings' in which health is built and sustained. The settings approach to health promotion is seen as a strategic way of implementing programs aimed at encouraging health-enhancing environments which address social determinants, facilitate social capital and create opportunities for partnerships and foster health and well-being outside of medical contexts.

In a study of nine nations, it was shown that a number of institutions and community organisations represented settings which contributed significantly to health development through awareness raising, advocacy, support, developing trust between people and engaging in activities of mutual benefit and of benefit to the broader community (Baum, Bush, Modra, Murray, Palmer & Potter, 1999). However, health promoting activities can represent complex and potentially fraught processes. The push for interagency and intersectoral collaboration can sometimes unleash competing interests and hostilities, especially when resources are scarce.

While health promoting settings can include any institution where networking, relationships and feeling of empowerment can develop, certain criteria need to be in place. Health promoting settings are those which transcend specific interest groups within the community. Institutional viability, longevity, community ownership, building on existing capacities and a history of

collaboration have also been identified as crucial factors for the sustainability of health promotion within settings (Macdonald, 2000).

Prominent in the settings approach is the health promoting school initiative.

Health promoting schools

Schools have been identified by WHO as suitable 'settings' for health promotion and have received considerable attention as the loci for modelling, reflecting and promoting healthy attitudes in holistic ways. Health-promoting schools emphasise the value of collaboration and linkages between schools and home. They are seen as enablers for the development of healthy lifestyles and attitudes and for modelling citizen (student) participation in the development and implementation of social aims (National Health and Medical Research Council, 1997; WHO, 1999; Downie, Fyfe and Tannahill, 1990; Bunton & Macdonald, 1992). Some of the indicators of health promoting schools are shown in Box One.

Box One

Indicators of A Health Promoting School

- ❑ Takes a holistic view of health: Integrates all aspects of the school: curriculum, teaching and learning, school organisation, environment, school community: Articulates an understanding of the social aims of the school.
- ❑ Actively promotes the self-esteem of all pupils: Presents an integrated and coordinated program of health issues through addressing life skills and self concept: Develops good relations between staff and pupils.
- ❑ Is concerned with the broad health needs of students, staff, parents and wider community: Utilises all opportunities for health by drawing upon services and opportunities available within and outside the school: Collaborates with health services on all facets of the health program.
- ❑ Ensures that the wider school environment reflects what is being taught in the classroom.
- ❑ Actively promotes health and well being of the school staff.
- ❑ Creates and maintains partnerships with home: Empowers children and families to act for healthy living and to promote conditions supportive of health.
- ❑ Creates partnerships with community agencies: Develops good links between school, home and community: Collaborates with specialist services in the community for advice and support in health issues.

(Compiled from; Hawe, Degeling & Hall, 1992; Australian Health Promoting Schools Association, 2000; National Health and Medical Research Council, 1997; WHO, 1998).

Inexplicably, despite the predominance of the health-promoting schools around the globe, to date - policies, strategies and activities associated with

health promotion have not been prevalent within the early childhood sector (Jenkins & Jeavens, 1999).

The early childhood setting: Towards healthy environments

Over the past three decades, the nature and goals of early childhood services and settings have evolved along with our understanding of early life. Early childhood services began to expand in 'developed' nations in the 1960s as a support for female workforce participation. During this time concern with low school retention rates for some groups fostered pre-school services as a 'compensatory' program for impoverished families and for children with special needs. Subsequently the widespread benefits of exposure to group (socialising and learning) experiences for all young children were noted and, in many nations, large-scale programs developed in order to foster this 'school readiness'. As time passed, the growing body of literature and longitudinal studies confirmed the influence of the early years on many components of adult health and well-being (Shonkoff & Phillips, 2000; Carnegie Corporation, 2000, Marmot & Wilkinson, 1999; Wadsworth, 1999; Ziglar & Gilman, 1998; Barry, 1996; Love, Schochet & Meckstroth, 1996; Schweinhart & Weikart, 1993; UNICEF, 1994).

These findings, along with social and demographic trends including employment practices and increased mobility, created unprecedented demand for early childhood services. In most Western nations child care settings are now used by the majority of families with children below the age of six years. (In Australia over 70% make use of these services). Trends indicate increased use for very young children. It is not uncommon to find babies below three months of age in child care settings in Australia, the USA and other places with high female employment participation and where parental leave policies are lacking (Press & Hayes, 2000). Early childhood settings are a component of early life environments for a majority of children in many western nations (Hayden & Macdonald, 2000; 2001).

Quality in early childhood services

In those nations which apply government regulations to quality assurance, standards for early childhood services have focused upon measurable outcomes, usually limited to items within the physical setting. These include measures of airflow and light, floor space per child, equipment and safety issues, hygiene, nutrition, consistent care giving, adult to child ratios, training levels of staff, and in some cases, program details such as the balance between child-directed versus teacher-directed activities (See Grey, 2000; Doherty-Derkowski, 1995; Hayden 1996, Wangmann, 1995; Campos Rosenberg, 1995).

In the past few decades meta-analyses of outcomes and longitudinal studies have revealed that quality service needs to extend beyond the classroom walls and to incorporate 'macro' items which are family-and community-oriented: Quality service delivery is now known to be associated with the facilitation of environments which enhance social capital, prevent social alienation and increase opportunities for inclusion and the development of networks and trust relations in families of young children. The term partnership is becoming prevalent in the literature on quality care for young children (Shonkoff & Phillips, 2000; Hayden & Macdonald, 2001; World Bank, 2000; Tayler, 2000; Dahlberg, Moss & Penn, 1996; Pence, 1998; Fleer, 1995; Ferguson, Horwood & Lynsky, 1994; Parcel & Menaghan, 1994; Clarke & Campbell, 1989; Doherty-Derkowski, 1995; Lero, 2000, McBride, 1999, Moss, 1995).

Partnerships and communication

Young children develop a secure sense of identity through consistent care practices. Partnership between parents and early childhood teachers are more likely to ensure this consistency (McBride, 1999; Swick, 1994). Effective communication can work towards decreasing differences in the understanding and expectations of particular care giving practices with young children and leads to a sense of shared meaning and mutual understanding about daily child rearing practices. Sharing information relative to child rearing practices is one important element of effective communication on which partnerships are built (De Gioia, 2003; Pulido-Tobiassen & Gonzalez-Mena, 1999; Haseloff, 1990; Coleman & Churchill, 1997; Davies, 1997; Chang & Pulido, 1994; Peel, 1995; Magione, 1995). Other benefits of meaningful partnerships between caretakers and parents include more sensitive and supportive caregiver-child interactions, less anxiety in parents and more consistency in child care placements (parents do not initiate changes for the child) (De Gioia, 2003; Owen, Ware & Barfoot, 2000; McBride, 1999; Sims & Hutchins, 2001; McKim, 2000). In a review of longitudinal studies which showed positive outcomes for children several years or decades after they had attended early childhood settings, Clarke & Campbell (1989) identified parental involvement and sharing as the consistent factor in long-term positive outcomes for children.

Early childhood services are increasingly the first institutions that families interact with on a long-term basis. Studies have shown that families are turning to child care staff for the support and advice once available from relatives and neighbours (Grey, 1999). Increasingly, early childhood services are being accessed by families who are in vulnerable stages - those with very young babies, those who are transient and/or socially isolated, those

who are financially stressed, and others with diverse needs due to changing social conditions (Goodfellow, 2000).

This first experience with institutions can colour subsequent attitudes towards professional interventions. Partnerships between early childhood institutions and families extend beyond parental 'involvement' to incorporate a role for parents in directing the program and influencing decision making at all levels (Shores, 1998; Doherty, 2000). Partnerships in early childhood years set the model for the way that parents will interact with institutions throughout the child's school years.

Partnership enhancing activities are most likely to succeed when they incorporate two-way communication and joint projects which involve parents and staff working together. Parental partnerships thrive when there is flexibility and diverse approaches from staff and attempts to provide consistency with home practices (Hewes, 1998; Ebbeck and Glover, 2000; Doherty, 2000; Endsley, Minish & Zhou, 1993; McBride, 1999).

Structural supports for health promotion

In Australia, and elsewhere, most communities house one or more early childhood service. Services are operated by organisations, community groups, municipal councils, or local individuals. Early childhood services are often long term residents of the community and are likely to have formed partnerships with a few or a large number of community service providers (such as schools, churches, health services). They tend not be associated with vested interests or particular viewpoints. Early childhood services meet the criteria for a 'health promoting setting' (above) from which social capital can be built.

This role for early childhood services has been described as follows:

Early childhood institutions... are forums located in civil society. They can make important contributions to other projects of social, cultural and political significance. Further early childhood institutions can play an important part as the primary means for constituting civil society… and for fostering the visibility, inclusion and active participation of the young child and its family in civil society (Dahlberg, Moss & Pence, 1999:7).

Research studies into health promoting early childhood settings

In a recent study in New South Wales, early childhood practices were observed to assess their capacity as health promoting settings.[iii]

[iii] See Hayden et al, 2002- and/or visit www.healthychildhood.org for the full report on this research project.

Methods used for the research projects

Surveys, interviews and focus groups were conducted with early childhood service providers, parents and community groups to identify and map health promoting activities and potential activities which fall within early childhood service delivery models and parameters (n =150). One hundred services in New South Wales were contacted through government childcare advisors. Those agreeing to participate were sent questionnaires (97%). Pilot programs were run in three communities, representing three populations - inner city low socio-economic, rural low socio-economic and urban mixed socio-economic. Interviews and focus groups for parents, staff and community representatives were held in twelve child care centres representing diverse populations throughout the state. Action research projects were held in three early childhood settings to develop and test health-promoting strategies which could be implemented within existing structures and resource allocations. Strategies were validated through focus groups (60 representatives) made up of parents, staff and community representatives from diverse regions.

Findings – global implications[iv]

The NSW study yielded many findings relevant to the context. At least two major findings were deemed to have generalisable implications beyond the immediate parameters of the study – and to be relevant to early childhood advocates in both developed and developing situations.

These are:

1) most early childhood services (settings which incorporate group care of young children) have the potential to be health promoting, and
2) the health promoting benefits of the early childhood sector are not commonly understood or acknowledged.

1) Early childhood services (settings which incorporate group care of young children) have the potential to be health promoting

The research showed that early childhood programs can be considered to be ‘health promoting’ when they:

1. make use of diverse, strategic communication processes for awareness raising and information sharing

[iv] The findings from all phases of the study were analysed using Qualitative Solutions and Research, Non–numerical Unstructured Data* Indexing Searching and Theorizing 6.0 (QSR International, 2002).

2. facilitate participation and partnerships with families and others
3. link with multi sectoral services and agents
4. follow programs which emphasise sustainability.

These characteristics are described below.

1. Health promoting early childhood programs make use of strategic diverse, strategic communication processes for awareness raising and information sharing

Health-promoting early childhood programs include a communication, awareness raising component. They engage in two-way communication and provide vehicles for sharing information amongst all stakeholders. Families with young children report a desire to access information about the health and well-being issues for their child. However, frequently this information is not actively sought, not accessed or not followed by families. Some of the reasons for this are related to the ways in which information is perceived (as being not relevant), how the information is disseminated (in a prescriptive, dis-empowering manner or in non-user friendly methods); and/or how the information is perceived to be difficult or expensive to access (such as attendance at meetings which can incur costs and be stress inducing for some families) (See Hayden et al, 2002).

Parents report that they do not share information about their child because they are not always asked appropriate questions by professionals and/or are not given the opportunities to provide information about their child. Language or communication differences, both verbal and non-verbal, between parents and professionals make this sharing of information even more fraught (Owen, Ware & Barfoot, 2000).

Health-promoting early childhood settings facilitate communication from parents to professionals by creating a culture in which the importance of parental knowledge and the sharing of information both ways is acknowledged and valued. Health-promoting early childhood programs gather information needs from their clients, provide group discussion opportunities where parents can learn from each other and serve as a catalyst for other services to disseminate messages about healthy practices for children and families. Information is shared in a variety of ways: through print or Internet facilities, through formal and informal meetings and gatherings, through outreach to community locations, and through word of mouth and inclusion of community leaders, elders and/or other respected individuals. Ensuring translations and interpreters for families is a health promoting indicator.

2. Health-promoting early childhood programs facilitate participation and partnerships with families and others.

In health-promoting programs parents, staff and community members contribute on many levels to the operation of the centre. A sense of team work is developed through parental involvement in activities such as contributing to the physical premises; taking part in staff recruitment, organising and assisting with professional development of staff, participation in strategic planning, programming and policy development. These types of interactions facilitate commitment, goodwill and a sense of ownership for staff and clients.

3. Health-promoting early childhood programs link with multi sectoral services and agents.

Early childhood health-promoting programs are linked with services which meet a wide diversity of local and regional needs. Child welfare, remedial and rehabilitation services, health and welfare services, dental services, counseling, school and nutrition programs and many other family needs are assisted through the early childhood setting. Hayden et. al. (2003) identified a hierarchy of linkage levels with various services: Early childhood settings may exchange information about services and make contact on an as-needed basis (level one); assist a service in implementing a program which addresses the needs or interests of a group of children and families from the centre (level two); work with an agent or agency to assist particular children and families who have short-term needs (level three); or engage in regular interaction with the service, including visits both ways and other shared activities (level four) (Hayden , De Gioia, Fraser & Hadley, 2003). The key to sustained linkages is to remain in touch with services in all relevant sectors in the community. Early childhood settings are in ideal situations to mobilise family and community interest groups who can lobby for changes or additional services when needed.

4. Health promoting early childhood programs emphasise sustainability.

5. In health-promoting settings, systems are put in place whereby accomplishments are carried over from one year to the next. This includes apprenticeship programs and parent mentoring programs. The use of 'parent facilitators' [i] is an effective way to ensure sustainability of health-promoting activities.

2) The health-promoting benefits of the early childhood sector are not commonly understood or acknowledged.

In the NSW study, health professionals and other potential community partners were shown to be ill informed about the activities of the early

childhood sector and about the benefits of collaboration with that sector. This finding was reflected in a review of the international literature on child care centres published in journals for health professionals. The vast majority of articles written by and for medical professionals, correlated group child care with a prevalence of infectious diseases. Warnings were given about the incidence of diarrhoea, upper respiratory tract infections, otitis media, gastroenteritis, and conjunctivitis and skin infections. No article mentioned positive aspects for children and families which could be facilitated through child care experiences (see Hayden & Macdonald, 2000).

This focus on the pathological aspects of health in childcare centres is reflected in many of the guidelines, policies and regulations that direct and monitor child care service delivery in western nations. While this is improving in some areas, guidelines for facilitating social determinants, including a focus on relationship-building and assisting with community linkages for families, are still rare in documents that define standards and accountability for childcare centres.

Despite an acknowledgement of the importance of connecting with the community, the NSW study found that service links between early childhood services and other community agencies were not well developed. Early childhood staff consistently reported lack of time as the major constraint for this activity. Many community agencies were shown to be unaware of the role, activities and potential benefits of linking with their local child care centre (Hayden et al, 2002).

In developing countries, this lack of connection between services is less common but does exist, especially in urban areas where a number of non government organisations may be working in isolation from each other. The strategies described below could be adapted to any situation.

Strategies which were trialed and found successful for improving the public image and increasing community linkages include:

1. Development of print (or other) information highlighting benefits to health and other community services. A centre-based ‘brochure’[ii] was used to initiate links between the early childhood centre and its community. The purpose of the brochure was to raise awareness of the benefits provided to the community by the early childhood service. The development of the brochure involved a number of steps. Firstly staff and parents of the child care centre brainstormed together to create their list of ‘benefits’ - the positive items that the child care service offers its surrounding community. This process itself served to facilitate communication and networking amongst participating staff and families. A delegation of parents (sometimes with a staff member) took their list (in the form of a

draft brochure) to community agents for comments prior to distribution. In several cases community businesses volunteered to design and/or to pay for printing of the final brochure. In exchange, a message or logo was included. The final brochure, outlining how the early childhood service could benefit the community was disseminated widely.

2. Holding family/community meetings around specific topics nominated by the families. A second strategy for enhancing community linkages was the facilitation of information sharing meetings for families and community organisations. Parents were canvassed about topics of interest to them. In the statewide study there was surprising consistency in the types of information wanted. For parents of 0-3 year olds the topics of feeding, guiding behaviour and sleeping routines were overwhelmingly requested. Early childhood services solicited experts from the community to lead discussions on these topics. Families found the evening especially valuable when they had the chance to take part in small group discussions. This strategy served to acquaint community agents with the early childhood service and vice versa. In many cases, longer-term linkages were formed between the early childhood service and participating agencies. In developing areas this meeting may be less formalised. A community meal or a gathering after a church service could be used as the entry point for discussions and information dissemination.

Conclusion

The study described here has shown that early childhood services represent relatively untapped yet surprisingly effective settings for comprehensive health promotion.

Health promotion is seen as a way to facilitate protective factors against the development of psychosocial, mental and biomedical health problems. Sustainable health promotion programs are participatory (involving families), multi-sectoral (working in partnership with other agencies) and community based. Health promotion incorporates the enhancement and sustainability of trust relationships and supports associated with social capital and cohesive communities. Health promoting settings reflect and build environments which further these goals.

Early childhood settings serve a vital role in a society which is increasingly recognising the need for partnerships and collaborations. They present ideal opportunities for holistic approaches to working with families and communities including the facilitation of the less tangible aspects of health promotion such as enhancing social capital, preventing social alienation and increasing opportunities for inclusion and development of trust in families of young children. In this way early childhood settings have become significant

players in the development and dissemination of knowledge, skills, and attitudes towards children, families and communities (Dahlburg, Moss & Pence, 1999).

The study described here took place in Australia and addresses the issues associated with a relatively well developed and well resourced system of early childhood services. In Australia and other OECD countries supports such as regulatory structures and a trained work force create specific conditions which allow for health promoting activities. Ironically, many of these activities already prevail in developing areas. Community responsibility for children, community cohesion and linkages between service providers and parental involvement in all aspects of service delivery are not uncommon even in the poorest of districts in many Third World nations, especially in rural settings. These capabilities can be built upon. Awareness of the strengths in many communities may be the first step in increasing the knowledge base and the infrastructure needed to develop sound early childhood programs and services.

It is hoped that the findings in this article can provide a way forward for both minority and majority world advocates who want to advance the health promoting attributes of their respective situations.

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Endnotes

1. Readers are invited to contact Dr Jacqueline Hayden for more information on this study j.hayden@uws.edu.au or visit www.healthychildhood.org

2. The findings from all phases of the study were analysed using Qualitative Solutions and Research, Non–numerical Unstructured Data* Indexing Searching and Theorizing 6.0 (QSR International, 2002).

3. These are volunteer or paid parents who serve as liaison with other parents – linking families with professionals.

4. This could be a simple flyer, a poster, cartoon or other item appropriate to the context which services to ‘advertise’ or promote the early childhood service.

Effectiveness of Community-based and School-based Early Childhood Development Program in Nepal

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The Context

A form of Early Childhood Development (ECD) was introduced in Nepal by establishing the Montessori School in 1949. This school was located in Kathmandu, the capital of the country. The Montessori School was merged into the Laboratory School run under the College of Education established in 1956. As a result, the Montessori School lost its separate identity, and eventually, the Montessori classes were turned into Lower Kindergarten (LKG) and Upper Kindergarten (UKG) classes.

In 1965 Nepal Children's Organization (NCO) introduced pre-school classes as an innovative ECD program by the name of Bal Mandir (Children's Home). NCO established one Bal Mandir in the headquarters of each district. Bal Mandir was innovative in the sense that it was outside the formal school system and worked for the holistic development of early-age children. Bal Mandir consists of two sections – Nursery and Pre-school.

Pre–primary schools began to be established in the private sector in 1979. So the ECD program in the name of Preparatory and/or Nursery and/or Kindergarten, etc. was being run in the private sector. Most of the private schools have ECD programs operating at 3 or 4 levels: play group (2+), Nursery (3+), LKG (4+) and UKG (5+). This is a typical model in the urban areas. However, although the private schools are running ECD programs in the form of pre-primary classes, they have not followed the ECD strategies of the government. They are only imparting knowledge to the children in a formal way rather than helping them to learn (Joshi, 2004).

The ECD program did not come under the auspices of the government until the start of Shishu Kaksha (SK) under the Basic and Primary Education Project (BPEP) in 1991/1992. In the beginning, the goals of SK were to remove under-age children from grade I and improve instructional practices in primary schools. It was found that all SKs were attached to government-aided schools. Generally, SKs were to be established under the joint initiative of the project and the community. However, direct community involvement was not found. In most cases, the schools themselves provided physical facilities and teachers/facilitators. Training for the facilitators and basic teaching-learning materials were provided by BPEP which also carried out

the task of monitoring and evaluating the operation of SKs. SK was conceived as pre-school class to prepare children for schooling. It was more content-oriented than process-oriented. Hence, it could not work for the holistic development of children. So in order to provide a stimulating environment, it was made a community-based program and was later conducted as an ECD model using the holistic development approach. In this way, in the second phase of BPEP, the Department of Education (DOE) changed the school-affiliated SK to Community-based Early Childhood Development (CBECD) Program in 1999. The main purpose of the CBECD program was all-round development of the child. Moreover, the ECD program was expected to be helpful in (i) reducing the number of under-age children in grade I, (ii) increasing the retention rate in primary grades, (iii) increasing enrolment for grade I, (iv) increasing the attendance of the students in primary grades, and (v) boosting the achievement of the students in primary grades (Malla, 2004).

Realizing the importance of the ECD program for the holistic development of children, the Tenth Plan targeted to establish 13,000 ECD centres by 2007. Similarly, the EFA National Plan of Action 2001 - 2015 has set the target of establishing 74,000 ECD centres by 2015 (EFA-NPA, 2001-2015). This target, however, could not be met by establishing separate ECD centres at the community level. The Seventh Amendment of the Education Act in 2002 recognized both the school-based pre-primary classes i.e. School-based Early Childhood Development (SBECD) centres and CBECD centres. Considering this reality, the study undertaken by Malla et al, 2004 recommended the establishment of both CBECD centres and SBECD centres for the rapid expansion of ECD.

In order to establish and implement CBECD centres and SBECD centres, DOE provides the establishment cost, remuneration for the facilitators, Children's Learning Materials (CLMs) and Teaching Resource Materials (TRMs). These supports aside, physical facilities (land, building, playground, toilet, drinking water, furniture or sitting materials, additional CLMs, extra remuneration to the facilitator and the like) must be managed by the community for which a Management Committee (MC) should be formed as per the ECD Program Operation Directory, 2004. Regarding the formation of MCs for CBECD centres, the formative research conducted by Malla et al in 2003 put forth two conclusions. First, some CBECD centres formed their MCs as per the DOE Directory whereas other centres formed their MCs in their own way. Second, whatever the formation process, CBECD centres where the MCs were active were found to have been running effectively. For the management of physical facilities and other financial supports mentioned above, a sub-committee under the School Management Committee (SMC) for each SBECD centre needs to be formed as per the ECD Program

Operation Directory, 2004. However, in practice, the way they are being formed has been a matter of concern. In this regard, no study has yet been undertaken to see whether the SMC of the school itself looks after the SBECD centre or a separate sub- committee does. Hence, the present study endeavored to ascertain improved ways of forming MCs for both CBECD centres and SBECD centres.

The ECD program demands active participation of local community for monetary and non-monetary support, which would be met only when there is mutual relationships between the community, parents and ECD centres. Hence, it is urgent to assess such relationships of ECD centres. It is equally important to examine the ECD environment, which certainly plays a role for the effective implementation and quality improvement of ECD program. At present, the ECD program is being conducted within school premises as the SBECD centre and in the community as the CBECD centre. The environment of SBECD centres may differ from that of CBECD centres. However, no study has yet been conducted to find out which environment is appropriate for the holistic development of the children and for the improvement of the ECD environment in both.

The studies undertaken by Malla et al in 2003 and in 2004 and by UNICEF in 2003 clearly revealed that the product/output of the ECD program was satisfactory in the sense that the socio-emotional development of children with ECD experiences were found better than those of the children without it. Similarly, the program also helped to increase school attendance, retention rate and achievement level of grade I children with ECD experience. However, this depends, by and large, on the activities conducted in the ECD centres. In this regard, the activities being carried out in both CBECD centres and SBECD centres need to be assessed and the measures to improve those activities are to be investigated as recommended by previous studies (Malla et al 2003 and 2004).

Objectives of the Study

The objectives of this study were:

- To find out the ways of forming management committees in CBECD centres and SBECD centres and delineating their nature.
- To assess mutual relationships between community, parents and ECD centres.
- To compare the ECD environments in CBECD centres and SBECD centres.

- To identify and assess the activities being carried out in CBECD centres and SBECD centre

Study Procedure

In order to accomplish the objectives of the study, 24 CBECD centres and 14 SBECD centres were selected from 5 (Ilam, Kavre, Lalitpur, Banke and Kailali) out of the 75 districts of the country. Four types of instruments-ECD Centre Survey Form, Interview Schedules, Guidelines for Focus Group Discussion (FGD), and ECD Activities Observation Form were prepared to collect the required data. These instruments were finalized based on the results of pre-testing. In order to collect the required data the researchers first visited DOE at the central level.

Second, the researchers proceeded to the sample districts. In each sample district, the District Education Officer (DEOr) and/or FP were consulted with regard to the selection of CBECD centres and SBECD centres. Then, DEOr, FP, officials of DDC, NGOs and INGOs were interviewed.

Third, the researchers visited the sample ECD centres. In each ECD centre, the researchers interviewed the facilitators and HTs, filled in ECD Centre Survey Form, and conducted FGDs with parents and chairpersons/members of MC. The researchers observed the ECD activities and filled in the ECD Activity Observation Form.

The data obtained from FGDs, Interview Schedules, Survey Forms and Observation Forms were separately tabulated under different themes. The tabulated data of CBECD centres and SBECD centres were analyzed and interpreted logically and comparatively.

Findings of the Study

The findings of the study are presented below under the following headings:

Formation of MC

- The pre-establishment activities for CBECD centres and SBECD centres supported by the government commenced with community gatherings in which MC was formed, facilitator selected, site for the centre identified and lists of 3 to 5 year old children prepared. However, prior to the community gatherings, situation analyses/Participatory Rural Appraisal (PRA) were conducted for the purpose of community mobilization in CBECD centres supported by INGOs. Moreover, observation visits of selected community leaders to model CBECD centres of other districts were organized as pre-establishment activities by an INGO. These

additional pre-establishment activities conducted by INGOs can be considered as an effective instrument for organizing wide community gatherings.

- All the sample CBECD centres had MCs whereas MCs were formed only in 6 SBECD centres out of a total of 14. MCs were formed in all the CBECD centres and in the SBECD centres (with MCs) in community gatherings, except in one SBECD centre where MC was formed in the meeting of school staff of the concerned school.
- The number of members in MC was 5 in the SBECD centres supported by the government; 7 in the CBECD centres supported by the government and supported by Save the Children Norway (SCN); 9 in the CBECD centres supported by Save the Children US (SCUS) and supported by Plan Nepal; and 10 plus in the CBECD centres supported by UNICEF as per the guidelines issued by the government and the respective INGOs. In some CBECD centres and SBECD centres, the number of members agreed with the number given in the guidelines. However, the number of members in MC was greater in some CBECD centres and SBECD centres and smaller in other centres than the number specified in the guidelines.
- MCs of both CBECD centres and SBECD centres should have 3 types of portfolios - chairperson, members and member-secretary--as per the government guidelines and INGO guidelines. In both the cases, the number of portfolios conformed to the guidelines in some of the CBECD centres and SBECD centres whereas in some other centres additional portfolios such as vice-chairperson, treasurer, joint-secretary, patron and advisor had been created. According to the guidelines, guardians should be selected for chairpersons in the MCs. But this is not practiced in 33% of the sample CBECD centres and 66% of the sample SBECD centres.
- In order to form MCs of CBECD centres and SBECD centres in an improved way in the future, guardians, community people and representatives of concerned GOs/NGOs/INGOs should be informed on time for the community gathering. In the gatherings, rights and duties of MC chair and members should be explained prior to the formation of MC so that interested and capable guardians could be included in MC. MC should include Dalit (socially and economically disadvantaged group) representatives wherever possible in order to increase children's enrolment from their respective groups.

Mutual Relationship between the Community, Parents and CBECD Centres/SBECD Centres

- A relationship between community, parents and CBECD centres/SBECD centres was required for obtaining financial and non-financial support, preparing CLMs and increasing enrolment of children. Moreover, the centres should have good relationships with the parents for their involvement in ECD activities as assistant facilitators in rotation, and for receiving information on the socio-emotional behavior of their children at home.

- In most of CBECD centres, the relationships between the community, parents and CBECD centres was found satisfactory in terms of attendance of community people in the meetings/gatherings; donation of land, labour and materials for physical infrastructure development; and collection and mobilization of funds. Parents cooperated with CBECD centres by setting up Children's Saving Fund and by paying tuition fees. The main reason behind this reality was that all the CBECD centres had MCs. On the contrary, most of the SBECD centres did not have MCs, which should liaison between the community, parents and SBECD centres. As a result, they could not establish close relationship with the community and parents. Hence, the financial and non-financial supports they received were less.

- Awareness-raising, orientation, adult education and income generating programs, parents' day, children's day etc should be organized to strengthen the relationship between the community, parents and CBECD centres/SBECD centres. Similarly, community people and parents should be involved in infrastructure development. Financial transparency should be maintained at the ECD centre for strengthening the relationship between them. In the SBECD canters where MCs have not been formed MCs including parents should be formed. Similarly, involving parents in preparing CLMs and inviting them to the ECD centres to inform them about their children's progress can improve the relationship between parents and CBECD centres/SBECD centres.

Environment in CBECD Centres and SBECD Centres

- Most of the CBECD centres and SBECD centres were located in open, wide, peaceful and safe places. The external physical environment of SBECD centres was better than that of CBECD centres in terms of fencing, playground, toilets and drinking water facilities. On the other hand, physical environment inside the rooms of most of CBECD centres was better than that of SBECD centres in terms of sitting materials,

space for resting children, and conducting activities because some of the SBECD centres obtained furniture for sitting--which caused difficulty in conducting activities and for resting children. SBECD centres had bigger playgrounds than CBECD centres. Thus, the children got more opportunity to play outside the room.

- In both CBECD centres and SBECD centres, the external learning environment was not satisfactory. However, on the whole, the external learning environment of some CBECD centres was better than that of SBECD centres in terms of wall paintings and fixed play materials. In regards to the internal learning environment, CBECD centres were better than that of SBECD centres in terms of availability of types and numbers of CLMs such as locally available materials, facilitator/parent-made materials and ready-made materials, management of learning corners, and wall decoration with CLMs.

Activities in CBECD Centres and SBECD Centres

- TRMs developed by DOE consisted of various activities such as practice, play, discussion, singing, observation, story telling, excursion, role-play, experiment, free expression, reciting poems/rhymes, experience, and dance. However, these activities were adequate for the physical, social and cognitive development of the children and inadequate for their emotional development.
- The facilitators of most of CBECD centres and SBECD centres conducted activities, following the daily schedule. The activity hour ranged from 3 to 6:15 hours in CBECD centres and 3:30 to 5:40 hours in SBECD centres. Although ECD canters need to conduct activities 4 hours a day as mentioned in the ECD Program Operation Directory, in some CBECD centres and SBECD centres the activity hour was below 4 hours.
- In all the CBECD centres, activities were carried out based on the play-way method and the child-centred method whereas in the majority of SBECD centres, subject teaching was being practiced as in the primary grades. Hence, ECD activities in CBECD centres were more joyful to the children than those in SBECD centres. In the SBECD centes, more emphasis was given to the 3Rs than in CBECD centres.

Recommendations

Based on the findings, the following recommendations have been made.

- PRA/situational analysis should be conducted at the grassroots level through officials of NGOs for identifying 3 to 5 year old children and sites

for the ECD centre and for making the establishment of the ECD centre demand-driven. This responsibility should be shifted from NGO officials to the teachers of nearby schools.

- The formation of MC should be made mandatory for which strict monitoring either by DEO or by NGOs is necessary. However, there should be a provision of flexibility in the guidelines regarding the number of members and portfolios in MC. MCs of both CBECD centres and SBECD centres should be formed in wide community gatherings composed of cross-sections of the community including Dalits and female representatives and representatives of the VDC/Municipality.
- The external physical environment of CBECD centres should be improved with fencing, wall painting and installation of play materials.
- SBECD centres should have separate playgrounds and toilets.
- CLMs should be displayed in SBECD centres and learning corners should be created and managed.
- SBECD centres should be encouraged to carry out activities based on the ECD principles. Subject teaching should be avoided.
- The Village Education Plan should include the plan of establishing ECD centres in different wards of the Village Development Committee. Information about this should be sent to the District ECD Committee.
- To strengthen the relationship between parents and ECD centres, parental education program should be conducted in CBECD centres and SBECD centres, once a week, by the facilitators themselves. This should be conducted at the end of the activity hour when the parents come to collect their children.
- Both CBECD centres and SBECD centres should maintain financial transparency to earn the trust of the community people. For this, written statement of income and expenditure should be displayed in the centres and read out in the community gathering.
- Training for the facilitators and training for the MC chair/members of both CBECD centres and SBECD centres should be conducted by the teachers of nearby schools. The present duration of facilitators' training should be increased. The training should focus on the creation of better environment in the centre; preparation, display and use of CLMs; management of learning corners; and activities to be carried out in the centre. Training of Trainers (TOT) for school-teachers and orientation

program for HTs of the schools having SBECD centres and nearby schools should be conducted by NGO officials.

- Monitoring of ECD centres should, for the time being), be done by NGO officials. Later, this responsibility should be shifted to the teachers of nearby schools and capable MC members.
- Inter-centre observation for the facilitators should be arranged once every two months--within the district. This will help in the sharing of experiences. Moreover, regular interaction of the facilitators of the cluster ECD centres will help identify the problems related to ECD activities and the ways to solve them.
- The composition of District ECD Committee should be revised. The committee should include representatives of NGOs and INGOs working in the field of ECD. This will make the committee more functional. A secretariat should be established under this committee.
- The curriculum should be so revised that it include activities related to 3Rs to meet parental expectation. TRMs and the training package should be revised accordingly.
- Revision in the ECD Operation Directory, 2004 should be made with regard to the composition of MC, conducting PRA/situation analysis, distribution of ECD centres, financial transparency in the ECD centres, conducting training at the grassroots level, and composition of District ECD Committee.

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A Time To Laugh, A Time To Cry: The Grieving Process

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"We're worried about Janine hitting her classmates the past few weeks. She's begun hitting her little sister, too and we don't know what to do about it." Janine's parents sat in small chairs across the table from Ms. Lui, Janine's' teacher

"Is there anything different going on at home?" Ms. Lui asked.

"No, everything is the same as usual," Janine's parents said.

After talking over ways to respond to Janine's hitting her parents gathered their coats to leave. Janine's mom said, "Thank you so much for giving us some new discipline ideas. On top of helping my mom go through dad's things since his death last month, I've felt too overwhelmed to cope with this hitting."

The Misbehavior Link

Uh oh! Reverse the tape. What was that? *Grandfather died last month? 'Everything'* is definitely not the 'same as usual'. It is easy to be so caught up in our own struggles when facing life crises that we fail to recognize their connection to a child's behavior. The loss of a family member, a friend or even a pet can bring about significant changes. One child may begin to wet the bed, another may refuse to eat and another, like Janine, may hurt others.

Improved discipline is not likely to resolve unresolved grief.

Children's Grieving

Grieving is a process that both children and adults experience but children do not grieve in straightforward ways. They may 'act out' in ways that seem unrelated.

When Aunt Lizzie dies, little Julio may tear the pages of his *Curious George* book, his sister Juanita may complain of stomachaches and not do her homework, and their cousin Bonita may refuse do her chores or pick up her toys.

Without words to name their feelings, children 'speak' through actions.

Death is Permanent

Grappling with death is difficult for all of us, but for children its meaning changes with their age and developmental level--death is permanent. This is a concept that children under five cannot grasp. The morning that our goldfish floated to the top of its bowl was a landmark for one of our children in understanding this concept. Our five-year-old daughter became very upset over the death of this goldfish but it was not a simple matter of racing to the pet store to get a replacement as we had done when previously a fish had left this world. This fish was gone–forever.

And that was the real meaning of this loss for her–for ever. At that moment, understanding that this fish would never swim, eat its fish flakes or wiggle its tail again, our daughter began to understand death's permanence.

Death is Universal

Another of our daughters at the age of four had not grasped this idea of permanence. When we drove past the local cemetery on our way to her preschool, she would smile and point to it saying, "That is where the dead people live," as if we were passing an interesting apartment complex. To her 'death' had no permanence nor did she understand that it was the end of 'living'.

She also could not understand the 'universal' nature of death. In her mind, death was reserved for those people 'living' within the cemetery gates.

Death by Any Other Name . . .

Young children are very literal. Referring to 'losing' a person may lead a child to believe that the person will later be 'found'. Avoid describing death as 'going to sleep' thus preventing the association of sleep with death. Use simple words to describe death. "Granny died last night. She is not alive anymore."

Allow Feelings

When a child feels sad, distracting him or telling him the person is in a 'better place' can undermine grieving. Feelings are a messy business but the grieving process cannot be hurried. It is only by going 'through grieving' that we can emerge on the other side and 'begin healing'.

Children may become angry, withdrawn or even act as if they are oblivious to what is going on. This last reaction is a sort of 'frozen' state, where a child acts silly or unconcerned because the enormity of his feelings overwhelms him. It is important to let a child know that no feeling, no matter how

unpleasant, cannot be talked about with a parent or caring adult. If your own grief is too acute, ask a trusted friend or family member to be available to your child.

Waves of Feeling

Grieving affects our bodies as well as our minds and emotions. Feelings of grief are often experienced as waves that move through the body. When we try to stop the wave it becomes stuck inside us. Our throats squeeze tight and words can't get past. We may feel pressure in our chests, against our eyes, or at our foreheads. Other times the wave seems to twist around our hearts and we truly feel 'heartbreak' as if the pain is 'breaking' our hearts apart. Children experience these feelings too but don't understand them.

The grieving process comes in cycles and children need breaks from its intensity. Planning times to run at the park, go for a swim or play catch in the backyard will give a child needed relief.

Healing Tears

When we allow the waves of grief to wash through us, they often flow out as tears. These tears are healing, containing toxins that our bodies are shedding. Not everyone cries to process their grief but understanding the need to allow these waves of feeling to flow out of our bodies is important. If we do not honor this process the sadness can lodge inside us, trapped like glowing embers. A later loss can fan these embers into new flames, that grow bigger the longer they have smoldered.

Allowing a child to see or share in one's tears is healing for both the adult and the child. There is nothing weak or shameful about our tears.

We model grieving just as we do other things.

Saying Good-Bye

We all need ways to say good-bye after a death. Over the years, raising four children meant saying 'good-bye' to a wide assortment of pets. There were gerbils (some had to be kept in the freezer if the ground was too hard to dig a hole when they chose to leave us), numerous fishes (including the ones that died when one child tried out a new wooden hammer on the aquarium glass), and of course various dogs and cats.

For each burial we would gather wherever my husband had dug the correct-sized hole, and place the pet, contained in its cardboard box, baggie or sack, into the ground.

Often our pets got 'planted' in the garden so they could become part of the new life that would grow there. In the wonderful children's book, *The Tenth Good Thing About Barney*, by Judith Viorst, thinking that his beloved cat, Barney, can now help make plants grow, '*a pretty nice job for a cat,*' helps the little boy begin to accept the loss of his pet.

Memories

As part of our pet burials we would talk about how much we loved that particular fish, rat, cat or dog. We shared our stories: the time one dog walked across the newly painted porch and made yellow paw prints all over the hall carpet; the bravery of the cat that sent a visiting rottweiler cowering behind its owner; or the way a certain rat enjoyed taking rides nestled inside a shirt collar (not mine!). These stories brought laughter, sighs and tears and helped us to say good-bye.

Sharing our memories makes losses easier to bear.

Funeral/burial – child's choice

The decision of if or how a child should participate in a funeral ceremony or burial is an individual one. Allowing the child to choose to attend but not insisting if he or she refuses is best.

If a child does choose to take part, be sure to describe what will take place, including adults being sad and crying, so that the child will not feel alarmed. Allow children to help with planning, such as choosing a scarf or clothing item for the deceased to wear, picking out pictures to display or music to be played at the service.

Make arrangements with an adult to be available to take a child away from the services if need be, whether the child becomes too distressed or simply cannot be still for such a long time.

Processing Grief

Whether the child attends a funeral or not, make time for grieving. Lighting a candle, saying a prayer or going for a walk in a favorite place that brings the loved one to mind can help.

Looking through family photo albums or displaying a collection of shells from a shared vacation can bring back memories of times spent together.

Draw pictures, mold clay or create collages to express emotions - thus removing the need for words.

‘Magical’ Thinking

Young children believe in ‘magic’ and their thinking reflects that. Make time to be available to listen, giving a child an opportunity to tell something that may be troubling him, such as a belief that ‘auntie’ died because he had called her a ‘meany’. This gives adults a chance to help clear up such confusing thoughts.

Take cues from the child and do not push. Share your own thoughts and feelings to encourage a child to share hers.

Anniversaries

Grieving takes time. When a loved one dies, special dates will bring back renewed sadness. Acknowledge an anniversary of a death, a first holiday without the person’s presence or the deceased person’s birthday or other special date in some way. This helps healing proceed.

Get Help

If behavior changes continue for a several weeks, interfere with daily living or affect the child’s life in deeper ways, seek outside help.

A wonderful book for both adults and older children is *Tear Soup* by Pat Schwiebert and Chuck DeKlyen, in which the authors use the making of ‘tear soup’ as a metaphor for the grieving process. When we understand the nature of grief as a process, we can honor the time we need to heal.

There is often a connection between feelings of loss or sadness and a child’s ‘misbehavior’ when those feelings are not processed.

Deep healing, not discipline may be what is truly needed.

Books and further resources:

Britain, Lori. *My Grandma Died*. Seattle, WA: Parenting Press, 2003.

This is a simple book in which a child talks about his feelings and compares them to similar previous feelings.

Cohn, Janet. *I had a Friend Named Peter.* New York: William Morrow & Co., 1987.

A child is helped to cope with the accidental death of a friend.

Schwiebert, Pat and DeKlyen, Chuck. *Tear Soup*. Portland, Oregon: Grief Watch, 2001.

This book does a beautiful job of exploring the grief process and has extensive resources listed in its appendix.

Visna, Judith. *Saying Goodbye to Daddy.* Morton Grove, Illinois, 1991.

This book addresses the immediate needs after the death of a parent and through the funeral and first weeks.

Viorst, Judith. *The Tenth Good Thing About Barney*. Van Nuys, California: Aims Media,

A Bernard Wilets Film video. (Also available in book form.)

This story deals with the loss of a pet.

Yolen, Jane. Granddad Bill's Song. New York: Putnam and Grosset, 1994.

A child listens to others' memories, sharing his own.

For many more resources on a variety of topics go to the *Dougy* centre website:

www.doughy.org. The Dougy centre is devoted to helping children deal with death and grief.

Relationship-Based Home Visiting: Enhancing Child Development One Family At A Time

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Abstract

Home visitation programs have been around for hundreds of years. In the field of early childhood development, home visiting often touches children who otherwise would not receive the child development enhancements typically associated with child care and preschool programs. Using relationship-based techniques to support the parent-child relationship increases the chance that healthy child development will be enhanced in home-visited children. When home visitors learn and work in conditions under which they are supported and feel successful, they are more likely to use and encourage effective child development and family support strategies with children and families. Recent attention to school readiness and an increased emphasis on early language and literacy development raises the following question: Can home visiting programs effectively support child development, including early language and literacy, in very young children and their families?

Home Visitation: Introduction

The term "home visitation program" is used to describe services provided to children and families in their own homes instead of the more traditional methods of seeing families in an agency or a school setting. Visiting families in their homes provides a chance for the staff to have a deeper understanding of strengths, issues and concerns as they get to know families "on their own turf." Seeing, touching, and smelling the environment as well as talking and listening to the family provide the basis for a holistic evaluation and determination of strengths, wishes, needs, and concerns.

Many services provided to families through agencies and schools can be provided through a home visiting model if the program is open to change and willing to be innovative. Home visiting, by its very nature, requires that the staff respect many diverse families and a variety of living situations. Going to families' homes rather than expecting them to come to an agency can require a radical change in the staff belief systems. Most of us grew up assuming that one visits agencies to gain access to services. From kindergarten through college and beyond, most of us went to school, to medical practitioners and to other services. We have been conditioned to believe that

we as consumers, clients or patients must go to the professional at the professional's pleasure. Some home visiting programs have failed because the staff have attempted to transplant traditional programs and services into the home rather than develop programs and services suitable to diverse homes and family environments (Kimura, 2001).

Today, there are a variety of home visiting models with different philosophies and practices providing early intervention, child development, education, social work, mental health, nutrition, health or general welfare services to families. A relationship-based focus is part of most home visiting models. The key to a relationship-based focus is relationships – between parent and home visitor, between home visitor and child, between parent and parent, and most importantly, between parent and child.

The Positive Impact of Home Visits

Evaluation of the Perry Preschool Program, a preschool education program with a home visiting component, showed long-term impacts on children's lives. At age 27, three times as many Perry Preschool Program participants as control participants earned $2,000 or more per month and owned their own homes, and five times as many control participants had five or more arrests than did project participants (Schweinhart & Weikhart, 1983). Recent research on the Parents as Teachers (PAT) home visiting model, which started in the state of Missouri and has spread across the United States, shows the positive effects of home visits on the parenting behavior in low-income families. Those who participated in PAT were more likely to read aloud to their child and to tell stories, say nursery rhymes and sing with their child (Wagner & Spiker, 2001). Teen parents enrolled in PAT displayed a more positive home environment and, compared to the control group, children of PAT teen mothers showed enhanced child development in academic development, self-help development, social development and physical development (Wagner, Iida & Spiker, 2001).

Components of Home Visitation

This article focuses on home visitation services to families with babies, toddlers, preschool-aged children or pregnant women, in which relationship-based services include an emphasis on child development. What this relationship-based child development approach looks like on a home visit varies, but home visiting that focus on supporting child development include most of the following parts:

- A time for the home visitor and parents to discuss what has been happening since the home visitor was last there.

- Acknowledgment of and support for the parents as the primary and most consistent caregivers of their children.
- Support and encouragement for the family in determining the actual content of the home visit, within the guidelines of the program.
- A time to support and encourage the family as it works on its family-centred goals.
- Nurturing, on-going support for the parent-child dyad.
- An emphasis on developmentally-appropriate parent-child activities, done by the parent and child with modeling and support from the home visitor, during each home visit.
- And, to support children's learning, repetition of the child development activities by the parent-child dyad in the days after each home visit.

How Home Visiting Works

Infants thrive on one-to-one interactions with parents. Sensitive, nurturing parenting helps provide infants with the sense of basic trust they need to learn to believe that the world is an interesting and safe place where their needs will be met in a consistent manner (Carnegie 1994). Home visits offer a unique opportunity to understand children and families within their natural environment and to specifically tailor services to their identified needs (Bailey & Simonson, 1998). When home visitors pay attention to the uniqueness of each family and encourage positive parent-child interactions, parents are encouraged to repeat those behaviors again and again. They learn how to bring out the smiles of their child, when to take a step back and let the child rest and refuel, and when to provide help. Their attachment grows through repeated positive interactions. Home visitors provide that "cheerleading" encouragement that supports parents through the exciting and exhausting journey of raising a child.

Home visits can provide benefits to families with children of all ages. However, focusing on children of all ages is usually too much for one program. Understanding the developmental tasks of children across the age span and meeting their unique needs can be an overwhelming job. One way to narrow the focus is to consider periods of stress in families' lives. For example, expectant parents are a familiar target population for many home visiting programs because of the stress this period can generate in families. "Pregnancy is a time of anticipation and preparation, and for first-time mothers it brings anxiety that makes them especially eager for the information and reassurance that the program worker can provide" (Fair Start for Children, 1992). Home visiting models such as Healthy Families

America, the David Olds Nurse Home Visitation Model, and Early Head Start, among others, have targeted pregnant mothers as an entry point into their programs.

It is also common for families to experience stress as children move through growth surges and developmental milestones. T. Berry Brazelton's Touchpoints theory (1992) provides a useful framework for describing the predictable challenges in child development that cause stress on families. Dr. Brazelton describes those predictable periods of rapid growth as helpful times for intervention and support. According to Dr. Brazelton, understanding touchpoints and how to handle the changes in child behavior that accompany these can help parents better understand and support their child. Because of the intimate and caring relationships they often develop with families, home visitors are in a good position to use the touchpoints model as a way to support a family and prevent future problems.

Encouraging and supporting parent-child attachment and bonding through developmentally appropriate parent-child activities helps parents see their children as separate individuals rather than objects. We know now that children need much more than just food, shelter and clothing to survive. Perhaps we should rename the "3 Basic Needs" the "4 Basic Needs": food, shelter, clothing and a positive parent-child relationship. Rigid, unrealistic expectations for children's development can be a "red flag" for future child abuse. When parents see their children as individuals with individual temperaments, abilities and developmental paths, they are less likely to abuse or neglect them (Azar & Rohrbeck 1986). When parents understand child development, and adjust their expectations to realistic levels, they are better able to enjoy about their child and appreciate developmental milestones as they occur.

The Role of the Home Visitor

The role of the home visitor is similar in overall focus to that of the early childhood classroom teacher. Both professionals need to have strong communication skills to work with children, co-workers, and parents. Both are interested in documenting and supporting developmental changes in children and both recognize and accept that parents have an important role to play in their children's growth and development. The specialization of the home visitor's role comes through working closely with and supporting parents in their home environment as a technique for enhancing children's development. By providing parents with information about children's development and demonstrating and modeling effective parenting and teaching strategies, home visitors expand on the traditional role of the teacher by focusing on the child through the "lens" of the family. Because of their unique emphasis on the success of the parent-child dyad, home visitors

support the enhancement of skills in the parent-child dyad rather than directly supporting children as teachers do. The results are strong and long-lasting, particularly when home visitors begin services early in children's lives, visit frequently and stay with a family over a long period of time.

Teachers can benefit from collaborating with home visitors to support developmental follow-through at home and to encourage parent involvement in their children's learning. Teachers who visit families at home at least occasionally usually find that they can individualize for children more effectively in the classroom because they have gained a more holistic understanding of the family and its lifestyle.

Home Visiting Addresses Many Family Issues

Uri Bronfenbrenner (1992) tells us that the best child development occurs in families where all members have adequate support. Home visiting appears to have a positive impact on many family issues:

Family Stress

Many families seen in home visiting programs manage their lives and parenting well and need just a little encouragement and support in their roles. But other home-visited families may be struggling with unusual stress, poor physical or psychological health, inadequate coping skills, insufficient social support or lack of resources. Bronfenbrenner (2000) suggests that the difficulty in handling the ordinary bumps and bruises of life often increases for these overburdened families if the unpredictability in their lives continues over time. He notes, "External chaos can become internalized and reflected in your feelings and behavior both at work and at home" (Bronfenbrenner, 2000). It is critical for home visitors to be aware of the profound and pervasive impact of family stress on children and families and to be willing and able to refer families to appropriate resources. At the same time, home visitors must have the maturity and strength to avoid getting caught up in family crises to the extent that the focus on crises diminishes the focus on child development. It is true that children will have an easier road in life if their parents have their own crises under control, but it is just as true that "babies can't wait." Babies can't wait for their parents to get their lives together. Babies are learning about the world every day – whether it is a safe, healthy and comforting place or whether it is a place of unpredictability, fear and chaos. With many families, home visitors have a double task -- facilitating referrals to treatment services for overburdened parents and, at the same time, supporting and encouraging parents to be the best they can be right now for their babies. Using a structured home visit model, such as *Babies Can't Wait* helps ensure that home visitors will have time to listen to

family concerns and point families in the direction of help and also have a specific time each week to focus on child development (Kimura, 2001). Recognizing their own personal strengths and limitations as well as clearly understanding and articulating the goals and objectives of the program helps home visitors stay focused on appropriate goals and not venture into psycho-social areas that are beyond their scope of expertise. Thus, knowing community resources and understanding the value and practice of successful referral and follow-up are "must-knows" for home visitors.

Cultural Differences

Parenting is very culture-bound. Some of us are more interested and invested in our culture than others, but we all have beliefs. And a lot of those beliefs are around how we raise our children. Parenting practices have been passed down from generation to generation and there are many wonderful ways to raise children. When we visit families in their own homes, we become very aware of cultural differences. When we recognize and appreciate the cultural context of parenting, we minimize the chance of misinterpreting the parent-child relationships we observe. Home visitors who are aware of their own biases and who respect and who choose to celebrate diversity tailor their child development and family support interventions to each individual family. They often find that one of the most satisfying aspects of their job is the chance to interact with a wide variety of families who live their lives in many different ways.

Teen Parents

Many of us know teen parents who have successfully raised their children despite many obstacles. Indeed, older parents may envy the sheer energy that teens bring to parenting. However, research tells us that, on the whole, teen mothers tend to be less knowledgeable about child development than adult mothers. They generally underestimate the importance of social, cognitive and language functioning and overestimate the attainment of developmental milestones (Zeanah, Boris, & Larrieu, 1997). This makes it important for home visitors who visit teen parents to explain, discuss and help them focus on a vision of the whole child. It can be helpful for home visitors to remember the differences in life stages between very young children and teenagers. For example, in *Childhood and Society*, Erik Erikson described the primary goal or "job" of young infants as developing trust – to understand that his or her parents will be there when needed, to feed, diaper, and care for the child. Teenagers, however, have a different goal. Their "job", according to Erikson, is establishing their own identify – breaking away from their parents – to become an individual (Erikson 1950). Home visitors who work with teen parents have a special responsibility to help teens

reconcile their own strong needs with the physical and emotional demands of raising babies who have needs of their own.

Enhancing Parents' Child Development Knowledge in Home-Based Programs

Brody, Stoneman, and McCoy (1994) examined protective and risk factors to literacy and socio-emotional competency and found that engaged, positive and responsive caregiver-child interactions were strongly related to children's social and academic achievement in kindergarten; and that negativity in caregiver-child interactions was associated with children who had lower socio-emotional, literacy and cognitive outcomes. This reminds us again that focusing directly on child development is critical if home visitors are to impact children's development and future achievement. It underscores the importance of setting aside time during every home visit to focus directly on developmentally appropriate child development activities between the parent and child. Home visitors who work with young children and their families are acutely aware of the importance of the first years of life on brain development. The critical brain cell connections made during this time have a lifelong impact on the child's developing brain. Weekly parent-child play time during the home visit supports brain development by modeling and teaching developmentally appropriate, relationship-based activities that parents and children can do together again and again after the home visitor leaves. Recent research supports this view. Researchers tell us that preschool intervention programs that provide direct educational activities to children are more likely to promote cognitive development than the programs that do not have an educational component for children. Programs that focus on children only indirectly through a parent or family support intervention, such as home visitation programs without a direct child development focus, are less likely to have an impact on cognitive outcomes than programs that have a direct teaching component for children (McLoyd, 1998).

Home Visitor Training

Heather Weiss' review of home visitor training programs captured the following quality components: 1) Effective programs provide an educational curriculum and training in communication strategies for home visitors; 2) The educational curriculum includes training in child health and development as well as the environmental and psychosocial factors that influence parenting behavior; and 3) Training home visitors to transmit child development information includes increasing their sensitivity to and respect for the needs and concerns of the family.

When planning training for home visitors and supervisors, programs should first consider the background that people bring to the program. If they are child development professionals, they will need fairly extensive training in family systems, health systems, and community resources. They will also need specific training in adult learning because their job is to transmit child development information in a different way than classroom teachers do. We often think of home visitors as coaches or mentors because their teaching occurs through coaching and mentoring the parent as he or she works with the child and expands his or her own knowledge. On the other hand, if home visitors are social service professionals, the training program must be structured heavily towards child development, including ages and stages and the different needs of infants, toddlers, and preschoolers. Social service professionals may understand adult learning but will need training on the coaching and mentoring approach. All home visitors and their supervisors will need training on professional ethics and boundaries, including specific examples of supporting versus enabling strategies.

Conclusion

Relationships are the Key to Learning for Home Visitors

J. Ron Lally, Co-Director of The Program for Infant/Toddler Caregivers, reminds us that children learn through imitation and exploration in the context of close, caring relationships. This statement also resonates for adults who are home visitors. We learn when we see others do a task; and when they show us how they did it. Home visitors learn when we talk with families and begin to discover their unique ways of seeing the world. We learn as we play with babies and we learn as we watch and support the wonderful relationships that develop between parents and babies.

Relationships are the Key to Teaching

When parents work directly with their children, the impact is overwhelmingly positive. Parents and children cooperate and collaborate as parents encourage and naturally scaffold their children's play. As home visitors, we cooperate and collaborate as we share with our co-workers and support ourselves. We teach parents by supporting, coaching, mentoring, modeling and facilitating strength-based activities to help them in achieving self-sufficiency. We teach babies as we support their parents in teaching them. As home visitors we teach parents and babies as we encourage and support their movement towards interdependent, mutually-satisfying relationships.

Relationships are the Key to Success

Many kinds of child development activities can be provided to children in home visiting programs. Relationship-based, child-development-oriented home visiting means using activities that encourage parents and children to play together.

- It recognizes that home visitors can't do it alone –they need support and encouragement as much as the children and families they visit.
- It encourages a focus on supportive relationships between workers; healthy relationships between parents; respectful relationships between workers and parents; enjoyable relationships between workers and babies – and especially positive, loving and consistent relationships between parents and their children.
- These relationships – and the "work" that comes out of them – are the cornerstone of quality home visiting programs.
- Relationships provide the impetus to effectively support child development, including early language and literacy, in very young children and their families.

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Positive Teacher-Parent Communication and its Importance in Student Achievement

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Classrooms throughout the world are filled with students who are hardworking, active and success oriented. Likewise, there are students who struggle academically and behaviorally. Within this mix of students we also find a group of children who are often overlooked by teachers in the course of daily events. These overlooked children come to class, go quietly about their business, and have little interaction with the adults within their school environment. A challenge faced by teachers and school personnel is to find a way to bring these children more into the mainstream of classroom activity.

It has long been noted that the classroom teacher can have a tremendous impact on students, either in a positive or in a negative manner. A simple approach which may have great benefit in transforming the overlooked students in a classroom into the mainstream of activity could be a positive communication from the teacher to the child's parent. In order to test this idea a survey was done in a departmentalized sixth grade science class. It was found that over a three-week time period eighteen students met the criteria that was desired. In effect, they came to class, drew little attention to themselves, and in that time period did not initiate any interactions with adults. All of the students had what was considered to be average behavior for the classroom.

Once the students were identified the classroom teacher sent an individualized hand-written letter to the parents of each student. In the letter, the teacher explained that it was a pleasure to have the child in class and that the class was improved by the fact the child was in the class. Responses to the letter were interesting. One parent called the school the day he received the letter. He was very upset that his child was in trouble. His response may very well point out the weaknesses associated with teacher-parent communication. The parent automatically assumed his child was in trouble without ever reading the letter. Some parents did not read the letter right away; it was, in fact, several days before all of the parents read their letters. Responses varied once the parents read the letter; some parents called the school to thank the teacher for the letter, some parents sent a note

to school with their child thanking the teacher for the interest shown. In some manner all of the parents responded to the letter.

Student response was immediate when their parents read the letter. All eighteen students initiated conversations with the classroom teacher after the parents had received the letter. This behavior continued for the rest of the school year. The students that had initiated no interactions with the teacher in the three weeks prior to the letter now initiated on an average of three times per week for the remainder of the school year.

There was also an effect on academic performance. The letter was sent the week a nine-week grading period ended. The grades for that nine week period were compared to grades in the grading period immediately after the letter was sent. Seventeen of the eighteen students had an increase in grade point following the positive communication. One student showed a decline in grades.

The results of this study would indicate that something as simple as a positive communication to parents can have a long-term positive effect not only for the student but for parents and teachers as well. The students showed an improvement in socialization and academics which were objectives the teacher wanted to achieve. It also had the additional benefit of the child's' parent perceiving the teacher and the school in a more positive manner. This is a tool readily available to all classroom teachers and one that might make a difference in the lives of the students and the teachers. Something as simple as a few kind works about the child can make a significant change in the child's perception of the learning environment. This small investment in time might reap great rewards.

Towards Meeting the EFA Goal on Early Childhood Development: A Review of the Current Status and Major Challenges in Nepal

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Background

The World Declaration of Education for All in 1990 reaffirmed the rights of all people to education. Article 3 of this declaration states, "Basic education should be provided to all children, youths and adults." The UN Convention on the Rights of the Child (1989) in its Preamble proclaims that 'childhood is entitled to special care and assistance'. It recognizes that 'the child for full and harmonious development of his or her personality should grow up in a family environment in an atmosphere of happiness, love and understanding'. Three important provisions incorporated in the Convention make it mandatory for the signatory states to provide ECD services for children:

1. Article 6 declares that 'every child has the inherent right to life'. The signatory states have to 'ensure, to the maximum extent possible, the survival and development of child'.
2. Article 18 *ibid* requires the signatory states 'to render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities' for the purpose of guaranteeing and promoting the rights of the child. It calls upon the states to develop 'institutions, facilities and services for the care of children' and to ensure that 'children of working parents have the right to benefit from child-care services and facilities for which they are eligible'.
3. Significantly, Article 21, referring to the signatory states which permit the system of adopting children, makes it obligatory for such states to ensure that in the adoption of the child 'the best interests of the child shall be paramount consideration . . .'.

All this explains that each child has a right to be able to develop his or her potentiality to the full. Hence, it becomes the moral responsibility of the society and the government to provide necessary services to all the children irrespective of their creed, sex and socio-economic status. With this responsibility in mind and with regard to the commitments made in the

international forums, Nepal has included ECD as one of its major priority areas in the national plans and programs.

Current Status

An analysis of the current status of ECD provision has been made in Nepal, based on: existence of legal provisions, formulation of plans and policies, ECD programs and their coverage, status of gross enrollment ratio in the ECD programs and percentage of new entrants to Grade 1 who have attended some form of organized ECD program, and impact of the ECD programs.

Legal Provisions

The Constitution of the Kingdom of Nepal promulgated after the restoration of democracy in 1990 puts stress on the proper care and development of children. Article 26 (8) of the Constitution says that "the state shall make necessary arrangements to safeguard the rights and interests of children and shall ensure that they are not exploited, and shall make gradual arrangements of free education" (p. 18).

The Local Self-Governance Act (1999) has given the rights to local government bodies—Village Development Committees in the case of villages and Municipalities in the case of urban localities—to establish pre-primary schools/centres with their own resources and to grant permission to establish, implement and organize such schools/centres (Ministry of Law and Justice, HMG).

Child rights are guaranteed in Nepal by the Child Rights Act (1991).

Formulation of Plans and Policies

In response to the commitments made by the Government of Nepal in the international forums—World Summit for Children, World Conference on Education for All, and UN Convention on the Rights of the Child—national plans and policies for early childhood development have been developed.

The Government is committed to achieving the goals of Education for All (EFA) as laid down in the Dakar Framework for Action agreed on in 2000. The first goal of EFA as stipulated in the Dakar Framework is "expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children". To achieve this goal, the government has prepared two important documents—namely, EFA National Plan of Action (EFA/NPA) 2001-2015 and EFA Core Document 2004 – 2009. Both EFA/NPA and EFA Core Document have set the target to increase the gross enrolment rate (GER) for ECD to 80 percent of children aged 3 to 5.

Similarly, the percentage of new Grade 1 entrants with ECD exposure is targeted to rise to 80 percent.

The plan has broken down the target as follows:

Indicator	2000	2005	2007	2012	2015
GER for ECD	13	20	32	60	80
% of new Grade 1 entrants with ECD	10.5	30	40	65	80

Source: EFA National Plan of Action (EFA/NPA) 2001 -2015.

The estimated cost required for achieving this target is 60979.8 million Nepalese rupees (MOES, 2003).

To achieve the set target, the EFA National Plan of Action has devised the following strategies:

The Plan of Action mentions three types of ECD programs—namely, school-based ECD program that includes pre-primary classes, community-based ECD programs for children aged 3 to 5, and home-based ECD program for children below 3 years of age.

It seeks to promote the community-based approach for the effective implementation and sustainability of the program.

An approach of full government support with required facilities will be developed to establish and run ECD centres in the areas of deprived and disadvantaged communities.

An integrated approach to ECD will be adopted. ECD centres will receive support from all concerned ministries.

Authority to run ECD programs will be delegated to local bodies.

The Plan of Action advocates for low-cost ECD programs and therefore encourages the use of locally available low-cost educational materials. It also emphasizes recruitment of teacher/facilitators from the local community and gives preference to women facilitators in the recruitment process.

It stresses the importance of coordination, monitoring and evaluation of the child development programs run by GOs, NGOs, INGOs and other related organizations.

Mass media will be utilized to raise awareness in the VDCs to initiate ECD programs and to convey the messages of ECD to the parents in rural and remote areas.

Creating an institutional structure, centre to the grass-roots, and conducting training programs will ensure development of capacity at various levels.

Parental education programs will be consolidated and expanded, to create awareness in the parents.

Major ECD Programs and Coverage

For over a decade after the CRC and EFA commitments ECD has been a concern of the government as well as NGOs, INGOs and private institutions. In addition, health and nutrition programs have been mainly undertaken by the Ministry of Health. The ECD programs that cater for psycho-social development and, to some extent, for the holistic development of children belonging to the 3 to 5 age range can be categorized into three designations: government-initiated programs, programs managed by NGOs and INGOs, and privately run ECD programs. A description of the programs run by these organizations is presented below:

Government Initiated ECD Programs

The Department of Education (DOE) is playing a lead role in expanding ECD services over the country. Under its EFA program DOE is implementing both community-based and school-affiliated ECD programs. It is estimated that there are a total of 13,000 ECD centres being run by DOE through its District Education Offices and in partnership with NGOs and INGOs. The basket fund under EFA provides financial support to this program. Save the Children Alliance (SCA), UNICEF and I/NGOs are also working with the government to launch and expand the ECD program.

INGO and NGO managed ECD Programs

INGOs such as Save the Children/US, Save the Children/Norway, Plan Nepal and Action Aid are some of the major INGOs involved in the implementation of ECD programs in Nepal. They are running ECD centres--in most cases, through local NGOs or Community Based Organizations (CBOs), but in some cases they are also running the programs directly and independently. In most of the ECD programs run by INGOs the implementing organizations provided funds for most of the recurring expenses, such as facilitators' and helpers' remunerations, training costs and costs for materials and nutrition supplementation.

A number of NGOs are involved in the implementation of ECD programs. According to an estimate there are around 1079 ECD centres being run under NGOs and INGOs umbrellas. The ECD program run by NGOs and INGOs are considered more effective than the program conducted by

government-run centre—possibly due to the high motivational factor supporting the program implementers and support mechanism.

Privately run ECD Programs

The other category is the ECD programs run by private individuals or private schools. Most of these programs are known as pre-primary education centres or pre-schools and, as their names suggest, they are a downward extension of primary schools. The involvement of the private sector has increased access to ECD services for a large number of children. However, as these centres depend solely on the fees charged, they are expensive. They are confined to urban areas and cater only to the families of high economic status. Since there is no statistics available, it is estimated that there are around 8000 pre-primary classes being run by private schools in the names of daycare, pre-primary, nursery and kindergarten classes.

Gross Enrollment Ratio of Children aged 3 to 5

The EFA assessment includes two indicators for assessing the situation of ECD at the national level. They are the gross enrollment ratio in ECD programs and the percentage of new Grade 1entrants who have attended some form of organized ECD. The study conducted by the EFA Assessment Committee in the Ministry of Education in 2000 puts the gross enrollment ratio of ECD at 8.07. The school level statistics of Nepal (2004) shows that the gross enrolment rate (GER) of ECD was 39.4 (DOE, 2004). It is a quantum jump if it is compared with the data of 2000, which was based on the information collected from 4168 pre-primary schools spread over 23 of the 75 districts of Nepal.

Percentage of Grade 1 Entrants with ECD

According to a DOE report, only 11 percent of the children that entered Grade 1 had ECD experiences (DOE, 2004).

Impact of ECD Programs

In Nepal most of the ECD programs have been successful in making a positive effect on children's lives—especially in improving their general behavior and achievement in primary schools. The studies so far conducted and the information and data that are currently available reveal the following facts with regard to the effects of ECD.

An evaluation report of Save the Children/US (2003) showed that the promotion rate of Grade 1 children with ECD experience was 83% compared to only 42% of those without ECD experience. Similarly, the repetition rate of

children with ECD experience was only 6% compared to 37% of those without ECD experience. The drop-out rate of children with ECD experience was only 11% compared to 22% of those without ECD experience. It clearly underlines the need for expanding ECD programs (MOES/DOE, 2004).

Research Centre for Educational Innovation and Development (CERID) had conducted two studies to assess the impact of the early childhood development program of the Department of Education on children's performance in primary schools. The first study titled *An evaluation study of Shishu Kaksha program of BPEP* was conducted in 1997. It revealed that the Grade 1 children with ECD background:

- became familiar with the school environment before joining the formal school.
- attended the school regularly.
- actively participated in classroom and extra-curricular activities.
- were at ease with teachers.
- were less hesitant--and rarely frightened.

Another study entitled *Effects of Shishu Kaksha Program of BPEP on Primary School Students' Performance* conducted in 1998 showed that in primary schools the promotion and retention rates of the children with ECD background were significantly better. Statistics showed that of the children of Grade 1 with ECD 57 percent were promoted to Grade 2 in the following year. However, of the children of Grade 1 enrolled without ECD only 41.2 percent were promoted to Grade 2. Similarly, the dropout rate of the children with ECD was 24 percent, and that of the children without ECD was 28 percent.

A further study conducted by CERID was titled *In Search of Early Childhood Care and Development (ECD) Indicators: A Contribution to the EFA Year 2000 Assessment (A country Case Study).* Primary school teachers who had children with ECD exposure were asked to state if they found any difference between the children with ECD exposure and the children without it. The teachers mentioned that the children with ECD were better in terms of adjustment and participation in the teaching-learning activities. They said that these children were more confident, learned to read and write faster and participated in playing, singing and dancing activities without showing any sign of hesitation. Children with the ECD exposure could make friends easily, became involved in group activities and were punctual and regular in the school. All these characteristics did much to improve the internal efficiency of primary education.

Major Challenges

Ensuring Quality of ECD Services

The quality of most of the ECD services provided to children by the Government, NGOs and private establishments are considered low. Basic requirements to ensure quality service are lacking. Caregivers have a very low knowledge of ECD and child development. Most of them have a low academic background. Educated people are not motivated to work as caregivers because of the low financial incentives and remuneration. The caregiver-child ratio of 1:25 set by most of the programs is inappropriate for individual attention and quality service. Physical facilities and children's learning materials are mostly substandard and inadequate. As a result, caregivers or facilitators resort to the teaching of the Three R's instead of facilitating children for acquisition of knowledge through exploration and interaction that leads to their holistic development.

Integration of Program Components and Development of Institutional Linkages

Although the need for an integrated approach for child development has been stressed in EFA NPA 2001-2015, no concerted effort has yet been made to integrate the early childhood development programs being run by various GOs, NGOs and INGOs. So one of the major challenges in this field is to integrate child-related program components like health, nutrition and education being implemented by different sectors, and develop institutional linkages among the ministries, departments and national and international non-government organizations. Until and unless formal agreements are made between various relevant GOs, NGOs and NGOs, integrated programs for the holistic development of children at the national level cannot be achieved. A study conducted by CERID (2006) revealed that the GOs, NGOs and INGOs partnership was effective in infrastructure development, distribution of learning and play materials, and monitoring of the ECD centres.

Investment in Early Childhood Development

The first essential for a sustainable ECE program would be generation of adequate resources. So focus must therefore be on creating a realistic policy calculated to generate resources. Expenditure on ECD should be regarded as an investment for human resource development. It is important to recognize that the human resource development is the surest key to national development. The foundation for this development is basically laid before the child enters the primary school. The existing state of shifting

financial responsibilities for ECD to local community and parents cannot improve the quality of ECD, nor can it lead to ECD expansion. Two important things need to be considered while managing the financial resources. First, proper management can help minimize the wastage. Secondly, investment in early education can bring high returns in the future.

Control of Detrimental Practices

Moore and Dennis R. Moore (1990) argue that inappropriate educational experiences and harmful peer pressures could result in irreversible damages. Many ECD programs being run in Nepal include various types of detrimental practices. Introduction of the Three R's, practice of taking paper and pencil tests, formal methods of teaching and coercive means of disciplining children are undoubtedly harmful. Hence, one of the major challenges for the Government, non-governmental organizations and individuals is to control these practices. Enactment of a code of conduct for the caregivers seems to be inevitable in this regard. To ensure that ECD programs do not have any negative effect on the young children it is advisable to develop a national code of conduct for ECD workers. Such a code should specifically mention what a facilitator/teacher is expected to do and what not. Training programs for caregivers should adequately include contents on the basic principles of child development and also contents that specifically make the caregivers aware of the negative consequences of detrimental practices.

Use of Qualitative Parameters in Assessing Achievements

The two indicators—Gross Enrolment Ratio (GER) in the ECD programs and percentages of first graders with ECD experience—included in the EFA assessment do not present a clear and comprehensive picture of the situation of ECD in the country. Thus, in realization of the importance of obtaining further and newer information about the status and progress of ECD activities studies were conducted in some of the countries of the world including Nepal. The studies were coordinated by the Consultative Group on Early Childhood Care and Development. The study *In Search of Early C2hildhood Care and Development Indicators: A Contribution to the EFA Year 2000 Assessment in Nepal* identified the need for adapting a child right-based and multi-level framework to assess the situation of ECD services in Nepal. The study suggested the use of both quantitative and qualitative parameters. It is assumed that some of the efforts and achievements made in the field of ECD cannot be interpreted only in quantitative statistical terms (Shrestha, 2000).

Conclusions

In pursuance of the commitments made in international conventions the Government of Nepal has given priority to early childhood development service as one of the national goals of Education for All. Accordingly, the Government has developed plans and implemented programs in cooperation with national and international non-governmental organizations and the private sector. Taking ECD services to a large number of children living in disadvantaged situations and improving the quality of services are the two major challenges to meeting the EFA goal on early childhood development in Nepal. Attracting qualified manpower (human resources) to the work-force by providing justifiable remunerations and training facilities and improving the physical facilities of the ECD establishments are important to ensure quality service. Similarly, having formal institutional agreements between various relevant ministries, NGOs and INGOs are very essential for the implementation of integrated programs that include psycho-social as well as health and nutrition services for the holistic development of children.

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