2010

CORE SERVICE DESCRIPTIONS & STANDARDS

(VERSION 3 – NOVEMBER 2010)

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Interagency Head Start Network Standards

1. Introduction to the Interagency Head Start Network (IHSN)

History of Interagency Head Start Network

Interagency Head Start Network (IHSN) began in the 80's, as a collaboration between the four agencies that offered Head Start programs funded by the Federal Government through CAPC (Community Action Program for Children) or Brighter Futures. These included Clareview Head Start funded through Norwood Community Centre*, Oliver School Centre for Children*, Atonement Home: Child and Parent Head Start* and ABC Head Start. (*Note agencies names have changed and are noted below). This group of agencies began to develop Head Start Standards, hiring consultant Peter Faid to assist with bringing the agreed upon standards into an evaluative process. More Head Start programs began to open in the Edmonton area at that time, and the group expanded, creating the need for standards to better represent the larger group.

In 2005, nine Head Start agencies (staff, Board and parent representatives) came together to form a stronger voice for Head Start in Edmonton area and to develop a strategic plan that would serve all the agencies working together. From that meeting evolved the Community Response Plan. In December 2005 a facilitator, Margaret Golberg, was hired to help the agencies work toward the priorities identified within the Community Response Plan. One of the key areas was the development of a common set of standards that would reflect the goal of IHSN to achieve excellence in their practice and quality outcomes for the children and families being served.

Partner List

The partners of IHSN in the development of the Community Response Plan included the following agencies:
1. ABC Head Start
2. *Atonement Home Programs, Franciscan Sisters Benevolent Society: CAP Head Start. *Note CAP =Child and Parent*
3. Ben Calf Robe Society: Mother Earth & Me Aboriginal Head Start
4. Norwood Child & Family Resource Centre: Head Start, Early Head Start
5. *St. Albert Parents' Place: Head Start
6. Oliver School Centre Early Learning Programs for Children& Families: Oliver Head Start Child Care, Oliver/Calder Head Start, Resource Support for Early Learning& Care
7. E4C: Clareview Head Start, Early Head Start
8. Bent Arrow Traditional Healing Society: White Cloud Aboriginal Head Start
9. *Wetaskiwin Head Start.

(Note: program names and partners have changed over time.)

*Denotes program that is no longer in operation as of this current edition

Range of Services of IHSN

The Interagency Head Start Network is a group of nine Head Start agencies in the Edmonton area. Head Start describes a continuum of early learning programs that includes: Half-day Head Start, Early Head Start, Aboriginal Head Start, Full-day Head Start, and Francophone Head Start. All programs involved are not-for-profit agencies and focus on providing early learning alongside family and community support programming. The Interagency Head Start Network works together with a broad range of community partners to access the best possible services for low-income families throughout Edmonton and area. The group provides and advocates on behalf of families and services that help prepare children for a successful educational and life experience in partnership with their family and community. Directors and managers of the nine programs meet on a regular basis to ensure that the best possible Head Start services are available for low-income families in the Edmonton area. Network members work collaboratively to achieve this through promoting best program practice, advocacy, fund development and coordination of services.

2. Background to the IHSN Standards

History of IHSN Standards

The current version of IHSN standards is the second set of standards developed by the network. The original version was developed in 1999 by a small task group with a representative from the original CAPC funded Head Start programs including: ABC Head Start, Atonement Home C.A.P. Head Start, Norwood Head Start and Oliver Head Start*. The initial intent of the Standards was to qualify the services provided by Head Start programs in Edmonton. After the adoption of the Standards, IHSN contracted Community Services Consulting Services to further refine the document and inventory programs as to their compliance with the stated standards. For most of the next decade, up until the 2007 version, this set of standards served as an evaluative and planning tool to help Head Start programs better develop and define their services.

Denotes name of the agency at the time

Community Response Plan: the next step in Standards development

In January of 2005, staff, Board members and parents of nine Head Start agencies gathered together with the goal of developing a stronger more unified voice for Head Start in the Edmonton Area. From this meeting evolved the Community Response Plan. The purpose of the report is to provide a plan for Head Start programs that highlights specific goals that will assist the Head Start community to move the work forward in a coordinated manner. The report provides Head Start programs in the Edmonton area clear direction to ensure specific work is accomplished throughout the upcoming years. The six strategic goals identified at this time included advocating for core funding, raising awareness of the need and importance of Head Start programs, ratifying standards and evidence-based practice, consideration of universal access to Head Start programs, advocating for the expansion of Head Start spaces in Edmonton, and monitoring and understanding the political landscape in order to influence and further the investment in children and families. The IHSN standards were developed in accordance with the goals of the Community Response Plan, Priority 3:

> Goal: All Head Start programs have a common set of standards and agreement on evidence based practice implemented in the delivery of programs to/for pre-school children and their families.

Strategy #1: All Head Start programs agree to a set of core services for children and families.
1. Form a sub-committee to determine the definition of core services. Provide examples of different services models within this definition.
2. Bring definition to the Head Start Agencies for endorsement
3. All programs/boards adopt the definition

Strategy #2: All Head Start programs agree to a set of standards for services delivered.
1. Conduct a literature review standards related to core services. Review other standards that are in place i.e. Region 6, Alberta Learning, Parent Link Centres, etc.
2. Design protocols for standards with Head Start Agencies input
3. Seek endorsement of standards from the Head Start Agencies
4. Each program/board adopt the set of standards

5. Explore the feasibility of implementing accreditation for Head Start
6. Develop a set of principles that recognize the diverse nature of Head Start, existing services, and future services to pre-school children.

Strategy #3: Identify evidence-based practice with children and families to be implemented in Head Start programs.
1. Conduct research on evidence based practice on specific to target populations and services delivered
2. Identify outcomes for each core service/program
3. Identify appropriate tools to measure outcomes
4. Research should meet the needs of both rural and urban programs /families
5. Bring information back to Head Start Agencies for endorsement

Purpose of the Standards
The standards developed for IHSN serve the following purposes:
- To establish standards of best practice, which are inclusive of the various models of Head Start within IHSN,
- To provide staff with an opportunity to increase reflective practice,
- To strive for excellence,
- To create an ongoing means of documenting successful program practice, areas for improvement and an ongoing action plan that result in improved services for children and families.
- To serve as a framework for examining, discussing and improving practice as an IHSN partner
- To communicate IHSN standards to the public

How Standards were Developed
To develop an appropriate set of standards for IHSN, various documents and background literature was reviewed by a committee that had representation from a variety of IHSN programs. Committee members included: Kelly Hennig, ABC Head Start; Teresa Ebbert, Oliver Centre; Lynn Lema, E4C , Early Head Start; Sister Nancy Sargent, CAP Head Start and the facilitator, Margaret Golberg.

The main documents that guided the design of these standards were: the previously developed standards of the Edmonton Head Start group, the IHSN logic model, Alberta Association for the Accreditation of Early Leaning and Care Services (AELCS) standards, National Association for the Education of Young Children (NAEYC) standards, Alberta Education Standards for the Provision of Early Childhood Special Education, and the Association for Childhood Education International (ACEI) global guidelines for the education and care of young children. These documents were given primary consideration for the following reasons:
1. The previous standards and the logic model are standards that have been developed by this group, for this group.
2. AELCS has an accreditation process in place that some of the Head Start agencies are already engaged in and familiar with. The AELCS standards were developed specifically for Alberta; therefore it seemed logical to develop IHSN standards within a similar framework.

3. NAEYC standards have a long history of research and development, with a recent update, and these are standards that many US Head Starts follow in terms of best practice.
4. Alberta Education is an important component of many of the IHSN Head Start programs.
5. ACEI standards offer a more international understanding and following that we wanted to consider in our process.

Continuous Quality Improvement

The IHSN Standards and Quality Enhancement Plan (QEP) have been developed over a period of 18 months in 2006- 2007.

The IHSN Standards and QEP are intended to be a living document that is open to change that reflects program needs and ideas, as well as revision that reflects current research evidence of best practice. IHSN has committed to revisit the Standards as needed in order to keep the document current, purposeful and meaningful. The Standards are intended to serve as a means to seek continuous quality improvement.

Standards, Criteria and Indicators

The standards document sets out 10 standards. Each of these are then described more full by criteria, followed by a description of some indicators that the program can consider looking at, to determine whether or not they have met the expectation of the standard and criteria descriptors. The numbering system is for ease of referral.

The 2010 version

Consistent with the intention of continuous quality improvement, the IHSN Head Start Standards have undergone a further revision. Following the 2007 adoption Head Start programs were tasked with applying the Standards to practice. Each of the Head Start programs involved underwent a detailed review of the document as it pertained to their services. Programs were asked to consider the QEP and the associated reporting structure. In the 2009-10 program year Community Services Consulting and Phil O-Hara (a private consultant) were contracted to review the standards and the implementation process at each agency. The result identified a number of redundancies within the standards and that the QEP process was overly burdensome.

The current version reduces the number of criteria and indicators associated with each standard making for a more streamlined and simplified document while retaining the original intent and number of standards. The consulting process also identified the numerous methods Head Start agencies already use to evaluate and improve there programming. These measures have been aligned with particular standards and additional measures are being explored as a means to evaluate children's programming outcomes.

It is expected that the next few years will result in further revisions and refined methods by which Head Start can continue to demonstrate quality programming.

Definitions of Terms

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Core services: the central components necessary to serving preschool children and their families within a Head Start program

Best practice: provision of quality core services that enhance the lives of preschool children and their families

Standard: standards constitute the expectations and requirements within the required core services that programs are required to meet. They provide a framework by which all IHSN programs operate.

Evidence of best practice: the test/measure/observation that is used to assess a standard to ensure Head Start goals and objectives are implemented, maintaining the highest possible quality in the provision of core services.

Accreditation: a process by which a representative body, recognized by both the service community and the community in general, establishes standards for services. The standards are above the minimum regulatory requirements of the government. Programs can apply on a voluntary basis for evaluation against standards and if found to meet or surpass them, are granted a certificate which recognizes this fact (Doherty-Derkowski, 1995, p.113).

Community stakeholders: are those that have an interest in Head Start. Examples include funders, partner agencies, Boards, families and community members.

Reflective practice: The continuing development of professional skills, knowledge and understanding, through an inquisitive, investigative attitude (Leeson, 2004)

3. Core Services

Core Services of IHSN Head Start programs consist of the following interrelated core areas:

Early Childhood Development Programming

All programs strive to provide quality early childhood programming that enriches the lives of preschool children and their families. Qualified staff provide an early childhood development approach, guided by a Learning-through-Play philosophy. The learning experiences build social competence, enhancing the child's everyday effectiveness in dealing with his or her present environement and later responsibilites in school and life. Programming is designed to be meaningful and relevant for the child, cover a broad range of relevant content, integrated across traditional subject matter divisions and delivered through interactive teaching and cooperative learning. The goal is for children to develop capacites necessary for success in school and life within a supportive learning environment.

Family Support and Involvement

All programs are family centered and consider families the principle teacher and mentor for the child. Family involvement in the program provides families with opportunities to enhance their skills through interacting with the children and the staff. Head Start has been developed to include families in the program in meaningful ways. The program and staff are responsive and respectful to the unique needs and cultural backgrounds of families. Locally designed options and innovations allow programs to respond to the diverse needs and cultural backgrounds of families. Families are empowered through shared responsibility.

Family and Community Connections

The program is committed to children, and the family as a whole. Qualified staff plays a key role in family development by working directly with families. The unique needs and cultural backgrounds of families are respected. The goal is to empower families to access community supports which will enable them to be active participants in their children's' lives and to feel capable in their community.

Multidisciplinary and Community Partnerships

The Interagency Head Start Network works together with a broad range of community partners to access the best possible services for low-income families throughout the Capital Region. The group provides and advocates for services for families that help prepare children for a successful educational and life experience in partnership with their family and community

Assessments and interventions by a multi-disciplinary team is a key strategy in this program. The intent is to uncover potential delays and address them prior to children entering the school system. Typically interventions have greater success at this stage and ensure children are entering school at an equal level with their peers. The advantage of having the partnership with mental and primary health care service teams is that children that have physical or mental health concerns are detected earlier, when intervention is less intensive and effective more rapidly.

4. Interagency Head Start Standards

Part A: Early Childhood Developmental Programming

Standard 1:   Children are safe, secure, well cared for and nurtured.

Standard 2:   Relationships between staff and children are supportive and respectful

Standard 3:   Every child's optimal development is promoted in an inclusive early learning environment.

Part B: Family Support, Involvement and Community Connections

Standard 4:   Families are supported as the primary caregivers for their children

Standard 5:   Families are an integral part of the program

Part C: Staff and Leadership

Standard 6:   Program philosophy, policies and procedures support staff in providing high quality early learning services.

Standard 7:   The work environment supports quality service delivery.

Part D: Community Partnerships

Standard 8:   The service responds to the needs and concerns of children, their families, the staff and community.

Standard 9:   Head Start is responsive to community stakeholders*. Families and community members are actively engaged to ensure that community diversity and interests are reflected in delivery of Head Start services.

Standard 10: Head Start services participate in ongoing monitoring and evaluation processes that support continuous quality improvement and strategic planning.

5. Complete Standards and Criteria

Part A: Early Childhood Developmental Programming

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- meaningful and relevant for the child,

- cover a broad range of relevant content,

- integrated across traditional subject matter divisions,

- delivered through interactive teaching and cooperative learning.

The goal is for children to develop competencies necessary for success in school and life within a supportive learning environment.

Assessments and early interventions by a multi-disciplinary team is a key strategy in Head Start. The intent is to uncover potential delays and address them prior to children entering the school system. Typically interventions have greater success at this stage and ensure children are entering school at an equal level with their peers. The advantage of having the partnership with mental and primary health care service teams is that children with physical or mental health concerns are identified earlier, when intervention is less intensive and effective more rapidly.

Standard 1:   Children are safe, secure, well cared for and nurtured.

1.1   Policies and practices support children in forming secure attachments.

    1.1.1   Families are supported in their relationships with their child.

        1.1.2   Staff develop a supportive learning and caring relationship with children.

1.2   The program supports the nutrition and health of children.

        1.2.1   The program supports children's physical, social, mental and environmental health in partnership with the family and community agencies.

1.3   The young child's learning environment is safe.

        1.3.1   The program provides a safe, healthy environment conducive to learning.

Standard 2:   Relationships between staff and children are supportive and respectful.

2.1   **The program promotes positive relationships among all children and adults to encourage each child's sense of self worth and belonging.**

   2.1.1   Learning is fostered by building acceptance, ethnic pride, positive self-concept, individual strengths, and skills in social relationships.

Standard 3:   Every child's optimal development is promoted in an inclusive early learning environment.

3.1   **The program promotes learning and development in social, emotional, physical, language, creative and cognitive areas.**

   3.1.1   Planned experiences promote learning across all developmental domains.

   3.1.2   The use of computer, TV and video technology is limited, thoughtful and intentional.

   3.1.3   Staff can draw from an expansive repertoire of methods to recognize and support a child's own learning strategies.

   3.1.4   Staff Participate in and facilitate children's play taking on a variety of roles to guide their exploration and discovery.

   3.1.5   Staff provide a balanced program of staff-directed and child-initiated activities.

3.2   **Young children build a common set of experiences through interaction with others.**

   3.2.1   Children have opportunities to interact with others in a variety of individual and small and large group activities.

3.3   **Children are guided as they begin to develop social and problem solving skills and take responsibility for their own actions**

   3.3.1   Rules, consequences and limits are geared to the child's developmental level and explained in language they understand.

3.4   **Program modifications and intervention efforts increase children's ability to participate positively and actively in program activities.**

   3.4.1   The program accommodates children's needs by adapting curriculum, individualizing teaching and informing program development.

   3.4.2   Systematic assessments of children's growth and development are discussed with parents and considered in the planning process.

Part B: Family Support, Involvement and Community Connections

All programs are family centered and consider families the principle teacher and mentor for their children. Family involvement in the program empowers families through building a partnership that celebrates family strengths and builds opportunities to enhance skills and acquire supports. Head Start has been developed to include families in the program in meaningful ways. The program and staff are responsive and respectful to the unique needs and cultural backgrounds of families. Locally designed options and innovations allow programs to respond to the diverse needs and cultural backgrounds of families.

The program is committed to children and the family as a whole. Qualified staff play a key role addressing the health and social barriers that may impact families' effectiveness as their child's first teacher and nurturer. Staff work together with families to build family capacity and support the child's healthy development. The unique needs and cultural backgrounds of families are respected. The goal is to engage families in a process that will positively impact their children and their lives.

Standard 4: Families are supported as the primary caregivers for their children.

4.1   The program staff build a positive relationship with each family.

4.1.1   There is a clear intake process, which facilitates exchange of information between the family and the program.

4.1.2   Partnership building is initiated by staff taking into consideration each family's readiness and willingness to participate in the process.

4.2   Programs are family centered, with families considered the primary teacher and mentor of their children.

4.2.1   Staff consult families about their needs and preferences in regard to child rearing, and the transmission of values, beliefs and cultural heritage.

4.2.2   Families have regular opportunities to interact with other Head Start families or community members on activities of interest to them.

4.2.3   Staff work collaboratively with families to identify strengths and needs and obtain access to referrals to community services, resources and agencies.

Standard 5: Families are an integral part of the program.

5.1   Families have meaningful and informed involvement.

5.1.1   Families are encouraged to participate in the development of the individual learning plan and in activities in the classroom.

5.1.2   Families have the opportunity to engage in activities that can be used in the home to reinforce learning and development that takes place in the classroom;

5.2   Clear, simple processes that support regular exchange of information between families and service providers

5.2.1   There is ongoing two-way communication between families and staff and community partners.

5.2.2   Families have access to files as per FOIP guidelines.

Part C: Staff and Leadership

The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, fiscal, and program management so all children, families and staff have high quality experiences.

Standard 6:   **Program philosophy, policies and procedures support staff in providing high quality early learning services.**

6.1   **There is a clear statement of program philosophy, goals and objectives, which is reviewed annually with input from staff and management.**

6.1.1   Statements are easily accessible and understood by staff.

6.1.2   Staff have a clear sense of their roles and the expectations for best practice within the organization.

6.2   **Policies and procedures are clearly reflected in everyday practice.**

6.2.1   Polices and procedures are developed and reviewed with staff input.

Standard 7:   **The work environment supports quality service delivery.**

7.1   **The program has well-defined practices to recruit and retain staff in a positive work environment.**

7.1.1   The program employs and supports educators and outreach workers who have predetermined criteria relating to education, knowledge, and professional commitment.

7.1.2   Professional staff meet the educational standard and practice the code of ethics required for their field. All other staff have some training relevant to their position.

7.1.3   Written job descriptions are in place for each staff position and are reviewed biannually.

7.1.4   A clear policy and procedure is used to recruit and orient new staff.

7.1.5   A clear policy and procedure is used to provide regular supervision and feedback for staff.

7.1.6   There is an annual performance review process for staff.

7.2   **The organizational climate is positive.**

7.2.1   Program staff has access to specialized knowledge and resources needed to perform their jobs.

7.2.2   Staff have formal opportunities to provide input into decisions affecting operations.

7.2.3   Staff are informed about program or policies or changes that might affect them directly.

7.2.4   Staff are encouraged to participate in courses related to their work and professional development.

Part D: Community Partnerships

The Interagency Head Start Network works together with a broad range of community partners to access the best possible services for low-income families. The group provides and advocates for services for families that help prepare children for a successful educational and life experience in partnership with their family and community.

Standard 8:	**The service responds to the needs and concerns of children, their families, the staff and community.**

8.1   The program demonstrates awareness of trends, issues, and needs of the broader community.

    8.1.1   Community members and families are consulted.

    8.1.2   Volunteers are encouraged to participate in programs.

    8.1.3   The program attempts to establish ongoing collaborative relationships with community organizations, shares information and promotes the access of children and families to community services.0

8.2   The agency is a member of the Interagency Head Start Network.

    8.2.1   The agency is an active participant in the Network.

    8.2.2   Directors and managers meet on a regular basis to ensure that the best possible services are available.

    8.2.3   The network's working documents are reviewed and updated every three years, or sooner if need is indicated.

Standard 9:	**Head Start engages families and other community stakeholders to ensure that diverse perspectives are reflected.**

* Community stakeholders are those that have an interest in Head Start. Examples include funders, partner agencies, Boards, families and community members.

9.1   There is a clearly defined process for involving community members in governance.

    9.1.1   Families and other community members are invited to participate in an advisory capacity and/or sit on the Board of Directors.

    9.1.2   The governance model clearly outlines stakeholders' roles and responsibilities, which reviewed every other year to ensure alignment with program outcomes.

    9.1.3   There is an orientation process for individuals and agencies directly involved in the program.

    9.1.4   There is a process to support clear communication between management and community stakeholders.

9.1.5   The programs use mechanisms (e.g. focus groups, parent advisory committees, council, board) to empower families and encourage their involvement in decisions on program development and implementation.

Standard 10:   Head Start programs participate in ongoing monitoring and evaluation processes that support continuous improvement and strategic planning.

10.1   The program uses an annual review process to set goals for the coming year and develop action plans to implement those goals.

10.1.1   There is regular consultation with staff, families and other stakeholders.

10.1.2   Data collection is monitored regularly to ensure compliance with relevant privacy legislation.

10.1.3   Goals and action plans are concrete and realistic.

6. Literature Review

Introduction

A brief literature review is included to provide some background on the topics of quality standards and reflective practice. IHSN seeks to offer the best quality services for children and families served by their Head Start programs. Literature is drawn from a small number of Canadian research and policy documents, empirical literature, which is primarily from the United States, and policy analyses literature from Western Europe. The literature reviewed includes, but is not limited to Head Start programs. The review encompasses various learning and care services provided outside the child's home for children under the age of six, that support children's development and well being, as well as supporting and complementing the family in its child-rearing role. Indicators of quality in family supports were also reviewed to address the focus on family empowerment that is implicit with Head Start.

The information is organized into 2 main sections. The first is a section summarizes research based evidence of quality practice in early learning and family support. The second section discusses theory that impacts Head Start practitioners and the concept of reflective practice.

Quality Practice in Early Learning and Family Support

What are High Quality Standards in Early Learning?

Defining what constitutes high quality early learning is a challenging task, considering there are many perspectives as to what constitutes quality. As noted by the European Commission Child Care Network:

> Any definition of quality is to an extent transitory; understanding quality and arriving at quality indicators is a dynamic and continuous process of reconciling the emphasis of different interest groups. It is not a prescriptive exercise. On the other hand it needs to be a detailed exercise which is of direct practical use to those working with young children (Balageur, Mestres, & Penn, 1990, p. 5).

In other words, while it may be difficult to define quality early learning, it is important to those who work in Head Start to have a practical understanding of what they are trying to achieve.

Indicators of Quality Practice in Early Childhood Programs

With the underlying assumption that high quality practice will lead to better outcomes for children, comes a search for what are those best practices, what indicators exist to demonstrate that those best practices are occurring in the early learning centre, and how can that be observed, recorded and rated? The identification of quality indicators, which form the basis of selection of quality criteria, is based on research evidence.

Research in early childhood settings has indicated that certain factors predict higher levels of quality early learning and childcare. It is important to note that work in an inter-related, synergistic fashion. However, they have typically been examined separately. For the purpose of

this review, three categories of variables have been identified: structural, process and contextual.

Structural. Structural variables are those easiest to examine and tend to be those that fall under government regulations, such as child/staff ratio, group size, training of the staff, and physical environment. High quality programs offer small child/staff ratios and group size, which allows interaction to be frequent, personal and individual (Clarke-Stewart, Vandell, Burchinal, O'Brien,& McCartney, 2002; Goelman et al., 2000; Helburn, 1995; Howes, Smith & Galinsky, 1995; Peth-Pierce, 1998; Phillips, Mekos, Scarr, McCartney & Abott-Shinn, 2000). Formal, college level education specific to early childhood is associated with appropriate teacher behaviour and effective teaching and results in better outcomes on tests of cognitive and language development (Devine-Hawkins, 1981; Doherty-Derkowski, 1995; Goelman et al., 2000; Whitebrook, Howes & Phillips, 1990). Finally, the quality of the physical environment is related to the well-being of children, parents and staff (Koralek, Colker & Dodge, 1995; Peth-Pierce, 1998).

Process. More difficult to examine, but very important are process variables: what is the daily experience of the child, how do staff interact with them and with each other? Process variables include: staff/child interaction, beliefs of staff, program planning and curriculum, staff/parent interaction and staff leadership. Research has demonstrated that children have better outcomes on tests of language and cognitive development in early learning settings where individualized care and warm, sensitive interaction is provided by staff (Clarke- Stewart et al., 2002; Doherty-Derkowski, 1995; NICHD, 1998). Child-centered beliefs focus on the idea that learning is active and should be initiated by the child. The teacher encourages children to choose and develop their own learning and the child's social and emotional needs are considered more important than academic learning (Marcon, 1994). Child-centered beliefs result in positive care-giving (Clarke-Stewart et al., 2002; Peth-Pierce, 1998). High quality programs offer more learning opportunities through programming that focuses on joint attention/shared cognition (Carr, 1998). Appropriateness of learning activities enhances socio-emotional and cognitive development for children (Bredekamp & Copple, 1997; Peth-Pierce, 1998). Children's success in later school grades is improved by active, child-initiated learning experiences in preschool (Marcon, 2002). Some classroom content and process similar to those of traditional schooling helps facilitate transition to school. Ongoing child-focused communication between parents and staff is another indicator of quality care (Frede, 1995). Leadership within the early learning program influences values and quality practices (Frede, 1995; Jorde-Bloom, 1992). Staff need the support of their program director to reflect on and improve practice (Hatherly, 1999).

Contextual. Other variables that exist within the early learning context such as staff salaries and level of funding have also been found to influence the quality of care provided. Contextual variables include: auspice, staff turnover, level of funding to the program, staff salaries and benefits, and level of standards and regulations. Nonprofit auspice is associated with higher quality care (Doherty, Friendly & Forer, 2002; Friesen,1995; Helburn, 1995; Mitchell, 2002). High quality programs have less staff turnover (Whitebrook et al., 1990). Children in centres with high turnover spent less time in social activities and more time in aimless wandering (Helburn, 1995). Early learning and child care centres with subsidized rent and/or utilities demonstrate higher quality care, higher wages and less staff turnover (Goelman et al., 2000; Scarr, Phillips, McCartney, & Abbott-Shinn, 1993). Higher staff wages are associated with the provision of developmentally appropriate practice, lower ratios and lower staff turnover. Favourable wages and working conditions are linked to overall quality (Goelman et al., 2000; Scarr et al., 1993; Whitebrook, Howes & Phillips, 1989). These financial dimensions of quality

contribute to less staff turnover, resulting in teacher-child attachment which in turn results in better program quality and child development (Phillips et al., 2000). Higher child care licensing standards, regulations and enforcement is linked to higher quality practice (Helburn, 1995; Howes et al., 1995; NICHD, 1999), because standards and compliance to standards are closely monitored.

Indicators of Quality Practice in Family Support

"Families are empowered when they have access to information and resources and take action to improve the well-being of children, families and communities" (Family Resource Centers, http://www.familyresourcecenters.net/ppfs.htm). Recent evidence suggests that quality support programs focus not only on individual family goals, but community-wide family strengthening activities. These include validating families' knowledge, building families' capacity to get and use data, supporting families' use of data, and connecting information and resources with opportunities for action (Lopez, 2002). Specific efforts must be made to engage parents from marginalized communities, otherwise only those who are already disposed to participate will do so (Benner, 1999). Peer support opportunities for parents, parent groups and professional staff are noted as important program characteristics, whose effects doubled within a best practice environment (McCartney and Dearing, 2002).

Because of growing racial, ethnocultural and language diversity in Canada, the principle of diversity must be considered as part of best practice, offering a range of possible ways to be responsive to the diverse needs of children and families. (Langford & Janmohamed, 2006).

Towards Reflective Practice

Developmental Theory Influences Early Childhood Policy and Practice
Early childhood policy and practice, including standards development, are influenced from a number of theories that deal with how children develop and learn. Historically, there were two contrasting views of human nature: the nativist and the nurturist (Seefeldt & Barbour, 1998). The nativist view is based on the idea that the child is genetically pre-programmed to unfold in certain ways. This philosophy began with Rousseau and has continued in the work of Gessell, Erickson and Chomsky. In early childhood practice, this philosophy results in the view that children need to play and develop creatively, while the adult's role is to offer help, but not interference with the child (Bruce, 1997). The nurturist view arises from the philosophy of John Locke, and sees the child as passive and receptive, with learning arising as a result of interaction with the environment (Seefeldt & Barbour, 1998). The behaviourist theories of Watson and Skinner arose for this view. The role of the adult in this view is to identify and select experiences to shape the development of the child (Bruce, 1997). An alternate and most popular view arose from these two perspectives. It is based on the assumption that both nature and nurture influence child development (White & Coleman, 2000). This view arises from the philosophy of Kant and Popper and the work of Piaget, Brofenbrenner and Vygotsky. This perspective is supported by research in the areas of social constructivist and the socio-cultural perspective, as well as by brain research. In this view, the role of the adult is critical, in helping children develop, and maximizing the use of the environmental and cultural setting (Bruce, 1997). Developmental theory arises within the interactionist view, based on the concept that development takes place in an orderly, sequential and increasingly more complex level of functioning as the child advances in age, and takes place across three domains of development: physical, cognitive and social-emotional. Principles deriving from this theory include: development is holistic; children

develop at their own pace, children develop best in a supportive environment; and children develop within an ecological context. The early childhood profession is North America is strongly influenced by the NAEYC guidelines on developmentally appropriate practice (DAP), which cover curriculum, adult-child interactions, relations between home and school and developmental assessment of young children. "The importance of the DAP philosophy in defining early childhood practices is perhaps best reflected in a movement by NAEYC to accredit early childhood programs that voluntarily meet DAP standards" (White and Coleman, 1998, p. 70).

> The concept of standards is embedded in developmental theory. The underlying assumption is that high quality practice will lead to better developmental outcomes for children. The research on quality indicators and criteria arising from quality indicators looks at how these factors influence the child's development.

Exploring the Postmodern Views of Quality in Child Care

The search for a way to define quality that can be observed and measured through standards and criteria arises from the modernist perspective. The quality quest within early childhood settings in America has arisen within the assumptions of developmental psychology, which espouses a positivistic, decontextualized and universal approach to children (Kvale, 1992). The postmodern movement not only challenges the established child development research, it provides a new paradigm for evaluating the customs and institutions that influence children and questioning our ideas about children and childhood (Zimiles, 2000). The postmodern perspective emphasizes diversity and multiple perspectives rather than a search for definitive criteria (Dahlberg, Moss & Pence, 1999). "The very concept of quality does need questioning- because there is a problem with the concept of quality" (Dahlberg, Moss & Pence, 1999, p. 4). The problem is that quality is subjective: it arises from a subjective view that is shaped by socio-political factors, and cultural and personal values. Once quality is defined through a set of standards and criteria, it is no longer inclusive of diversity, multiple perspectives and contextual issues (Dahlberg, Moss & Pence, 1999).

The concept, assumptions and practices arising from child development theory have been criticized, by Canella (1997), as unjust and hostile to children, because they are based on multiple forms of privilege and subjugation, social regulation, a hierarchy of human beings and a deficiency model of human beings. Canella (1997) views child-centered programs as being imposed by adults without the input of children. Likewise, she sees the beliefs of early childhood education based in developmental psychology's understanding and explanation of the child being imposed upon children, silencing them and assuming there is one best way to learn. Within this context, there is also a questioning of the acceptance of Developmentally Appropriate Practice (DAP). First developed in 1987, by the NAEYC, this publication was intended for use by early childhood educators, to "help interpret accreditation standards and, especially, in response to the trend toward a push-down curriculum, and away from child-imitated learning and play in preschool and kindergarten" (Bredekamp, n.d.). It was developed to meet the need for a shared vision and common standards of professional practice for the early childhood field (Bredekamp & Copple, 1997). The original version received criticism because it overemphasized the individual child and did not recognize the role of the teacher, the relationship with family or the role of culture (Bredekamp, n.d.). DAP was based on individualistic, positivistic assumptions and ignored the "role of personal voices, cultures, caring and care-taking, interconnectedness and personal responsibility" (Jipson, 1991, p. 133). It was critiqued as coming from a white-middle class perspective that worked for advantaged, Anglo children and not for children from other backgrounds who did not have the knowledge skills and

dispositions to benefit from the DAP approach (O'Brien, 2000). The revision in 1997 involved much consultation and attempted to reflect learning from the Reggio Emilia approach, including social construction of knowledge, the role of teacher as co-constructor of knowledge and the importance of parental involvement in the early childhood program (Bredekamp, n.d.). But from the postmodern perspective, there is no need for a common standard: it is more important to develop a reflective stance and to value diverse perspectives and local circumstance.

Lubeck (1998) critiques the revised version of DAP as being contradictory because it attempts to build a shared vision of practice, while at the same time emphasizing culture and diversity. She questions the notion that we can hold diverse views within a common experience, or if this renders obscure the differences that we have. She suggests that instead of writing down rules and agreeing on standards, those in the early childhood field should build ways to have intense, sustained conversation about practice in context and over time (Lubeck, 1998). Canella (1997) proposes themes of social justice, listening to children and development of educator's critical thinking skills as means of improving early education. Another proposal is to educate early childhood educators through "engaged pedagogy" to become reflective practitioners, who analyze ways that inequality is maintained, and work toward social justice, though concrete actions in the classroom (O'Brien, 2000). These recommendations are also put forward by Dahlberg, Moss and Pence (1999). They propose "the discourse of meaning making" (p. 106), which is a means of constructing understandings through an interactive and dialogic process of critical enquiry and study of actual practice. Included in this vision is the notion of early childhood institutions as forums of civil society, where "children and adults participate together in projects of social, cultural, political and economic significance" (p. 73). The "discourse of meaning making" is subject to disagreement and does not require consensus. While both the discourse on quality and the discourse on meaning making seek answers as to what "good" is going on in the early childhood community, there is a different understanding of "good": the postmodern notion of "good" is based on discursive practice, contextualized in time and space and open to negotiation. The discourse on quality from the modernist perspective is based on seeking and sharing a common understanding of "good" practice. Elkind (2000) sees the postmodern challenge to early childhood educators as being able to combine the modern concept of developmentally appropriate practice with the postmodern focus on individually appropriate practice that values ethnic, cultural, racial and gender differences.

Reflective Practice
Reflective practice in early childhood settings derives from the postmodern perspective of constructing understandings through process of critical enquiry and study of actual practice. It is seen as a means of evaluating and assessing appropriate practice in work with young children and families (Moss, 2000; Perry, 1997). According to Kaiser & Rasminsky (1999), it provides the practitioners with an opportunity to question and discuss daily interactions and tasks, resulting in personal understanding and program ownership, plus renewal and growth as a professional. For administrators, it affords a focus on program strengths and needs for support (Ceglowski, 2001).Reflective practice requires: an orientation and sensitivity to the needs of the children and families; an ability to question what we are doing, and what we want to do in the long term; a willingness to acknowledge that conclusions are tentative; an understanding of the importance of feedback; a penchant for both imaginative and strategic thinking; the capacity to hear others voices and see both other adults and children from a reverse perspective; and an understanding that professional growth is an ongoing process(Kaiser & Rasminsky, 1999). Through the process of critically examining program practice and arriving at new understandings based on theory,

research and practice, knowledge is constructed, rather than reproduced (Moss & Petrie, 2002). The continuing development of professional skills, knowledge and understanding, through an inquisitive, investigative attitude, becomes part of working life (Leeson, 2004).

Conclusion

The review of quality practice in early childhood family support programs is based on current literature, but ongoing research and evaluation of programs will result in changing practice over time. Reflective practice requires an active pursuit of current knowledge, alongside an ability to examine daily practice and dialogue with other Head Start practitioners within the community, not necessarily to come to consensus, but to be critically aware and take ownership of daily practice. This evaluative framework forms the basis for a learning process building on documentation and reflection. It is hoped that this literature review will help inform best practice within IHSN programs and serve as a staring point for further reflection on what constitutes quality programs.

7. References

Balageur, I., Mestres J., & Penn, H. (1990). *Quality services for young children, a discussion paper.* Brussels, Belgium: Commission of European Communities,   Director for Employment, Industrial Relations and Social Affairs.

Benner, A. (1999). Community development: Models of engagement and evaluation. In S. Sullivan, K. Bose & L. Levesque (Eds.) *Research connections Canada: Supporting children and families* (pp. 106-128). Ottawa, Canada: Canadian Child Care Federation.

Bredekamp, S. (n.d.) Developmentally appropriate practice meets Reggio Emilia: A story of collaboration in all its meanings.

Bredekamp, S., & Copple, C. (Eds.). (1997). *Developmentally appropriate practice in early childhood programs* (Rev. ed.). Washington, DC: National Association for the Education of Young Children.

Bruce, T. (1997). *Early childhood education* (2nd ed.). London: Hodder & Stoughton.
Canella, G. S. (1997). Deconstructing early childhood: Social justice and revolution. New York: Peter Lang.

Carr, M. (1998). *Some thoughts about early childhood quality improvement systems and Indicators* (Discussion paper). Paper presented at Children's Issues Centre Seminar, September 1998: University of Otago, Dunedin, New Zealand.

Ceglowski, D. (1991). Who's making these policies anyway? How Head Start staff interpret official policies. In J.A. Jipson & R.T. Johnson (Eds.), *Resistance& representation: Rethinking childhood education* (pp. 222-251). New York: Peter Lang.

Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly, 17*, 52-86.

Dahlberg, G., Moss, P., & Pence, A. (1999). *Beyond quality in early childhood education and care: Postmodern perspectives*. London: Routledge Falmer.

Devine-Hawkins (1981). *National day home studies*. Washington, DC: Center for Systems and Program Development Inc.

Doherty, G., Friendly, M., & Forer, B. (2002). *Child care by default or design: An exploration of non-profit and for-profit child care centres using the You Bet I Care! data sets.* Toronto, ON: Child Care Resource and Research Unit, University of Toronto.

Doherty-Derkowski, G. (1995). *Quality matters: Excellence in early childhood programs*. Don Mills, ON: Addison-Wesley Publishers Limited.

Elkind, D. (2000). A quixotic approach to issues in early childhood education. *Human Development* 43 (4/5), 279-264.

Frede, E. (1995). The role of program quality in producing early childhood benefits. *The Future of Children 5*(3), 115-132.

Friesen, B. (1995). *A sociological examination of the* child *care auspice debate*. Toronto, ON: Child Care Resource and Research Unit, University of Toronto.

Goelman, H., Doherty, G., Lero, D., LaGrange, A., & Tougas, J. (2000). *You bet I care: Caring and learning environments: Quality in child care centres across* Canada. Guelph, ON: Centre for Families, Work and Well-being, University of Guelph.

Hatherly, A. (1999). *Organizational culture: Evaluating effectiveness from an organizational perspective*. Paper presented at Children at the Top, Australian Early Childhood Association Conference, July 1999: Darwin, Australia.

Helburn, S. (Ed.). (1995). *Cost, quality, and child outcomes in child care centers*. Denver, CO: Economics Department, University of Colorado at Denver.

Howes, C., Smith, E., & Galinsky, E. (1995). *The Florida child care improvement study*. New York: Families and Work Institute.

Jipson, J. (1991). Developmentally appropriate practice: Culture, curriculum, connections. *Early education and development* 2(2), 120-136.

Jorde-Bloom, P. (1992). The child care director: A critical component of program quality. *Educational Horizons 70,* 138-145.

Kaiser, B. & Rasminsky, J.S., (1999). *Partners in quality: Relationships.* Ottawa, Canada: Canadian Child Care Federation.

Koralek, D. G., Colker, L. J., & Dodge, E. P. (1995). *The what, why and how of high-quality early childhood education: A guide for on-site supervision*. Washington, DC: National Association for the Education of Young Children.

Kvale, S. (Ed). (1992). *Psychology and postmodernism*. London: Sage.
Langford, R. & Janmohamed, Z. (2006). Broadening and deepening definitions of best practice in the Canadian early childhood profession. *Interaction 20* (2), 28-29.

Leeson, C. (2004). In praise of reflective practice. In J. Willan, R. Parker-Reeves & I. Savage (Eds.), *Early childhood studies: An introduction to children's worlds and children's lives* (pp.132-145). Exeter: Learning Matters.

Lopez, M. E. (2002). Learning from families. *The Evaluation Exchange 8*(1). 2-3
 Lubeck, S. (1998). Is DAP for everyone? *Childhood Education* 74(5), 283-292.

Marcon, R. A.   (1994). Doing the right thing for children: Linking research to practice in the District of Colombia Public Schools. *Young Children, 49*(6) 8-20.

Marcon, R. A. (2002). Moving up the grades: Relationship between preschool model and later school success. *Early Childhood Research & Practice 4*(1).

McCartney, K. & Dearing, E. (2002). Evaluating effect sizes in the policy arena. *The Evaluation Exchange 8*(1). 4, 7.

Mitchell, L. (2002). *Differences between community owned and privately owned early childhood education and care centres: A review of evidence*. New Zealand Council for Educational Research. Retrieved July 7, 2003, from www.nzer.org.nz/pdfs/11743.pdf.

Moss, P. (2000). Training of early childhood education and care staff. *International Journal of Educational Research 38*, 31-53

Moss, P. & Petrie, P. (2002). *From children's services to children's spaces: Public provision, children and childhood.* London: Routledge Falmer.

National Institute of Child Health and Human Development (1998). Early child care and self control, compliance and problem behaviour at twenty-four and thirty-six months. *Child Development 69*(3), 1145-1170.

National Institute of Child Health and Human Development (1999). Child outcomes when child care center classes meet recommended standards of quality. *American Journal of Public Health 89*(7), 1072-1078.

O'Brien, L. M. (2000). Engaged pedagogy: One alternative to "indoctrination" into DAP. *Childhood Education* 76(5), 283-288.

Perry, R. (1997). Teaching practice: A guide for early childhood students. London: Routledge. Peth-Pierce, R. (1998). *The NICHD study of early child care*. Bethesda, MD: National Institute of Child Health and Human Development.

Phillips, D. A., Mekos D., Scarr, S., McCartney, K., & Abbott-Shinn, M. (2000). Within and beyond the classroom door: Assessing quality in child care centers. *Early Childhood Research Quarterly 15*(4), 475-496.

Seefeldt, C. & Barbour, N. (1998). *Early childhood education: An introduction* (4th ed.). Upper Saddle River, NJ: Prentice Hall, Inc.

Scarr, S., Phillips D. A., McCartney, K., & Abbott-Shinn, M. (1993). Quality of child care as an aspect of family and child care policy in the United States. *Pediatrics 91*, 182-188. White, C.S., & Coleman, M. (2000). *Early childhood education: Building a philosophy for teaching.* Upper Saddle River, NJ: Prentice Hall, Inc.

Whitebrook, M., Howes, C., & Phillips, D.A. (1989). *The national child care staffing study: Who cares? Child care teachers and the quality of care in America*, *Final report.* Oakland, CA, Child Care Employee Project.

Whitebrook, M., Howes, C., & Phillips, D.A. (1990). *Who cares? Child care teachers and quality of care in America.* Oakland, CA: Child Care Employee Project.

Zimiles, H. (2000). On reassessing the relevance of the child development knowledge base to education. *Human Development* 43 (4/5), 235-246.