

Quality Child Care and Community Development: What is the Connection?

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INTRODUCTION

The challenge of reforming services to children and families in order to approximate more closely the goals of protecting and promoting children's well-being has been taken up by numerous provinces and states across North America (Dombro, O'Donnell, Galinsky, Melcher, and Farber, 1996), including British Columbia (Morton, 1996). There are widespread efforts to coordinate and integrate services for children and families and to bring them closer to the community. There is also a broad recognition of the importance of the early years in shaping children's later lives, including their capacity to be productive, independent citizens in the future (Carnegie Corporation, 1994; Keating and Hertzman, 1999; Shonkoff and Phillips, 2000). Increasingly, the importance of quality child care in promoting the healthy development of children is recognized as a central component of policies, programs, and implementation practices intended to protect and promote the well-being of children and families (McCain and Mustard, 1999; To, Cadarette, and Liu, 2000). There is striking similarity in the language used across North America in calls to reform service delivery systems and to give families a greater voice in service provision (Schorr, 1988; Cornell Empowerment Project, 1989; Cochran, 1991a and 1991b; Adams and Nelson, 1995; Bouchard, 1996; Dombro et al., 1996; Healthy Child Development Project, 1996; Morton, 1996).

This overarching similarity in rhetoric, however, conceals very different understandings about: who is to be included in the definition of community; the extent to which communities should be involved in service planning, delivery and evaluation; practical strategies for bringing community goals and viewpoints into focus; and the overall purpose of community involvement.

Accordingly, there is considerable variability among North American program approaches with regard to: the degree to which they planfully and actively seek and support community involvement; the extent to which decision-making authority is devolved to communities; and the breadth of

involvement of the whole community rather than only community leaders and service providers. Often, what is described as 'community involvement' means only an invitation to attend a public meeting or to provide feedback on a strategic plan (Dombro et al., 1996). This is a limited, tokenistic vision of community participation which may ultimately alienate community members from involvement in program development (Fullan and Miles, 1992).

The basic premise of this chapter is that quality child care and community development can be reciprocally enhancing processes that can co-evolve as both means and ends. We argue that this potential is worth serious exploration in reconceptualizing child care policy and capacity building in Canada. In this chapter, we describe several child care initiatives that have actively sought to bring elements of the community into focus and to enlist the active participation of community members in the interest of ensuring quality child care and other family services. These examples are discussed with a view to how they can stimulate and guide a reconceptualization of the child care systems and the relationship of child care systems to other elements in the broader ecology of Canadian families and communities.

We begin with a rationale for challenging prevailing approaches to child care policies, program design, and service delivery strategies. We then review illustrative approaches to mobilizing and involving community in the design and/or implementation of child care programs. Finally, we describe a child care capacity building initiative involving the first two authors and eight First Nations communities in western Canada from 1989 to the present. This training initiative explicitly links the development of child care services and the development of the participating communities as both means and ends. A recently completed evaluation of these 'First Nations Partnership Programs' (Ball, 2001) provides evidence of the effectiveness of this approach, and yields guidelines for changing approaches to child care policy and programs in order to ensure their relevance and utility in achieving developmental goals of children, families, and communities.

PROBLEMATIZING CONCEPTIONS OF 'QUALITY'

To answer the question posed in this chapter, "Is there a connection between quality child care and community development?", the ways in which quality has been conceptualized needs to be problematized. The examples of approaches to community development in the context of child care and other family services discussed in this chapter are intended to suggest that quality child care can play a positive role in the development of "high quality" communities. However, the connection between optimum community development and quality child care may not be transparent. This is in part because of the limited way that quality child care has been conceptualized in North America.

A major undertaking of child care researchers over the past two decades has been to identify key features of quality child care (Phillips, 1987; Melhuish, 2001). Canadian research has confirmed that a number of features, including licensing/regulation, child care training/professional development, and low child/staff ratios, are associated with enhanced physical, emotional, social, and cognitive development for children (Goelman and Pence, 1987; Doherty and Stuart, 1996; Doherty, Lero, Goelman, Tougas, and LaGrange, in press; To et al., 2000). Child care programs that include these regulatable features generally receive higher scores on global aspects of quality, as measured by instruments such as the Early Childhood Environment Rating Scale – Revised (Harms, Clifford, and Cryer, 1998) and Quality of Day Care Environment Scale (Bradley, Caldwell, Fitzgerald, Morgan, and Rock, 1996), than programs that do not. Because these features are specific and measurable, they lend themselves to the development of policies and programs that support quality child care, as this concept has been operationally defined in North American child care research findings.

Katz (1993) identifies five perspectives on quality in early childhood programs:

- top-down: quality as seen by the adults in charge of the program;
- bottom-up: quality as experienced by the children participating in the program;
- inside-outside: quality as experienced by the families served by the program;
- inside: quality from the perspective of the staff working in the program; and
- outside or ultimate: quality as seen by the community and the larger society served by the program.

North American conceptions of quality child care tend to be dominated by the “top-down” perspective, which typically takes into account such program features as: staff/child ratios, staff qualifications and working conditions, characteristics of adult-child relationships, quality and quantity of equipment, materials and physical space, and health and safety provisions (Katz, 1993). These features, often included in licensing standards, are associated with positive developmental outcomes for children (Goelman and Pence, 1988; Harms and Clifford, 1980; Howes, 1988; Howes and Smith, 1995), but they only constitute one aspect of quality, within the framework offered by Katz. These features do not take into consideration the perspectives of children, parents, caregivers, or the community at large—or the complex inter-relationships among these perspectives.

The features associated with the “top-down” approach, as described above, have come to dominate the “discourse of quality” (Moss, 1997; Dahlberg, Moss, and Pence, 1999). As Moss notes, while these features are useful, it is important to recognize that their esteem derives primarily from a business model of

quality assurance, where the primary objectives are "standardisation, reliability and objectivity of measurement, the aim being to reduce the complexity of the service to basic measurable parameters; and reduction in the variation of products, since variation is equated with defects" (Moss, 1997, p. 9). The trend towards promoting universal 'standards' of quality can be found not only in North America but also in Europe (Dahlberg and Asen, 1994; Jensen, 1994). This trend has led a Danish child care expert to reflect:

*In the past, 'quality' was generally used to provide a brief reference point in describing an experience and as a way of expressing in shorthand a complexity which was hard to define otherwise without using thousands of words—and even if thousands of words were used, the feeling remaining would often be that the description had only scratched the surface of what had actually been experienced. The concept of quality is used differently today, especially in Danish business life where the subject has been addressed for some time. The results achieved do not look promising, at least for child care services. The key words seem to be 'quality management' and 'quality control,' and **there is no mention of the kind of quality which might lead to indefinable change.** These days, quality has to be defined and measured precisely. **Perhaps true quality is no longer really required.** Perhaps the main aim is simply to achieve tighter management and tighter control (Jensen, 1994, p. 156, our emphasis).*

These reflections, although they may be dismissed by some as nostalgia or disenchantment, serve nonetheless to place "top-down" conceptions of the discourse of quality into question.

Indeed, an expert-driven conception of quality is by no means universal, or without historical context. Recently, some child care researchers have begun to question the foundation on which these conceptions rest. Research in 'minority' community settings in North America (Bernhard, Corson, Gonzalez-Mena, Stairs, and Langford, 1996) and elsewhere (Nsamenang, 1992; Kagitcibasi, 1996; Woodhead, 1996) has highlighted the relative, context-dependent meaning and measurement of 'quality' (Moss and Pence, 1994; Dahlberg, Moss, and Pence, 1999) and of child development (Katz, 1996; Lubeck, 1996; Masten, 1999; Stott and Bowman, 1996). The emerging impetus among early childhood educators to re-think foundational aspects of the field is oriented towards deconstructing the knowledge base that has informed child care research and practice for the past few decades in order to recognize, make explicit, and problematize the culturally constructed, values-based nature of the field. For example, conceptions of child development and quality child care that are rooted in a dominant North American cultural context tend to privilege cognitive over social competence, individual over group development, measurable over intangible goals, and professional over lay perspectives (New, 1997; Rosenthal, 1999). These values conflict with, diminish, or even extinguish the potential

contributions of 'lay' communities to the development of a quality child care system, even as child care researchers and practitioners increasingly recognize the importance of community involvement in developing and delivering child care services (Moss and Pence, 1994; Dombro et al., 1996; Kagan et al., 1996; Woodhead, 1996). As stated by Moss:

... 'quality' in early childhood services is a relative concept, not an objective reality. Definitions of quality reflect the values and beliefs, needs and agendas, influence and empowerment of various 'stakeholder' groups having an interest in these services. 'Quality' is also a dynamic concept; definitions evolve over time. The process of defining quality involves stakeholder groups, and is not only a means to an end but is important in its own right (Moss, 1994, p. 1).

Within this context, professionally-driven conceptions of quality child care may be seen to compromise the development of community-oriented conceptions of quality care. More significantly, the dialogue that could support negotiation on these differing conceptions has, with a few exceptions, not yet begun. North American social systems do not provide, on a broad scale, meaningful opportunities to engage in this kind of dialogue.

This discussion highlights the need for a "counter-discourse" which:

... needs to be able to accommodate features of advanced modernity which the 'discourse of quality' is not well equipped to handle: increasing diversity and multiple perspectives; increasing change; uncertainty; reflexivity; contradictions and ambivalence; and subjectivity. It should be based on the concept of citizenship, defining a place for all its members, children and adults, and on values that are not easily accommodated in the 'discourse on quality: solidarity and reciprocity; democracy and inclusion; tolerance and trust; mutual respect; dialogue and confrontation. Finally, the counter-discourse needs to include a concept of services for young children as societal institutions, with cultural and social significance, where varied cultural and social projects take place... (Moss, 1997, p. 11).

Clearly this kind of discourse, which is simultaneously a counter-discourse to the established discourse of quality and an integral component of a broader conception of quality, can only take place with the full participation of the community. Within this framework, quality child care—its definition and implementation—is inseparable from community development. How can such participation be encouraged? Where can it take place? Are communities interested in participating in this kind of dialogue?

In the next section of this chapter we present a number of examples of participatory processes that draw upon and stimulate community development processes in relation to child and family services. We have drawn these examples from international literature and our own work in partnerships with First Nations in Canada. Our aim is not to provide a comprehensive, exhaustive

account of community development strategies from around the world. Rather, the examples have been chosen as a means of promoting the dialogue on child care and community which is necessary to support a quality child care system that embodies and furthers the child care goals, knowledge, and experiences within communities.

THE CONTINUUM OF COMMUNITY AND COMMUNITY INVOLVEMENT

Before moving on to examples of various approaches to community involvement, it is useful to reflect on what is implied in the terms "community" and "community involvement." A community may be defined as "a group of people brought together by geography, culture, or common interests" (Dombro et al., 1996, p. 7). Within that community, a variety of groups exist. Schaeffer (1995) identifies a range of "internal" and "external" actors. "Internal actors" may include: nuclear and extended families; voluntary, community, and non-governmental organizations; religious organizations; agencies of local government; and local private enterprise and media. "External actors" include: national and international non-government organizations; agencies of national and provincial governments; and national media. Community development involves mobilizing all these community members.

Similarly, community participation exists along a continuum. At one end lies the simple use of a service. Moving along the continuum to greater degrees of participation are: passive involvement through attendance at meetings; participation in consultation on particular issues; involvement in the actual delivery of a service; and decision-making power with respect to services (Schaeffer, 1995). It is our position that only the greatest degrees of community involvement are likely to result in widely endorsed, sustainable, quality services that are seen as having 'quality' and that yield lasting benefits to children, families, and communities. Our position is echoed by a growing number of child care advocates, community service providers, and governments (Bouchard, 1996; Dombro et al., 1996; Kretzmann and McKnight, 1993; McKnight, 1995). The challenge lies in putting that principle into practice and learning to distinguish community from its counterfeits (McKnight, 1995).

There are a variety of factors that make community mobilization a challenge. As Schaeffer points out, "despite the way 'the community' is often conceptualised, as a seemingly homogeneous force capable of organising itself for the common good, the fact is that communities are usually extremely heterogeneous entities" (Dalais, Landers, and Fuertes, 1996, p. 19). Also, community members, from the most powerful to the most marginalized, may lack the attitudes, skills, experiences, and resources to participate in collaborative discussion and decision-making that benefits the entire community. In order for community involvement to be effective, the culture in which it is grounded must genuinely value the input of all of its citizens, and must promote the

development of problem-solving skills and the ability to respect and respond creatively to differing points of view (Dombro et al., 1996). In reviewing the examples presented below from North America, Europe/Australasia, and Majority World (or "developing") countries, it is useful to consider whether the full range of community members is involved in the development of services; to what degree they are involved; and to what extent the culture in question promotes the values and skills that allow community involvement to be most effective.

North America

Across North America, within the past decade, the trend in child and family services has been to improve coordination and integration of a continuum of services at the local level. Related to this trend is a call for greater community involvement in the planning, delivery, and evaluation of services. Several sometimes conflicting factors provide the impetus for such change, including the rising incidence of family stress and child poverty, producing an ever larger "at risk" population (Canadian Council on Social Development, 1996), as well as the need to manage public funds more efficiently. The following description of current activity in the United States reflects the current situation across North America:

It has become increasingly evident that to improve the well-being of young children, the service delivery systems that support them must be significantly changed. This requires identifying and leveraging areas where flexibility currently exists and encouraging state and local policymakers, program supervisors, and frontline staff to determine where additional flexibility would enable them to better meet the needs of children and families. It requires recognizing the diversity in states, communities, and individual families as well as their concerns, priorities, and resources. It entails exploring the constraints of the current system and experimenting with promising strategies to simplify and rationalize that system (Dombro et al., p. 313).

One approach to empowering communities in the management and delivery of child and family services is to move decision-making to the local level. However, the degree to which communities have control over the decision-making process can impact the usefulness of this approach. The contrasting experiences of North Carolina's Smart Start initiative and Indiana's Step Ahead initiative illustrate differences in commitment to community empowerment and the consequences for community development.

North Carolina's Smart Start initiative, introduced in 1993, was intended to guarantee every child access to comprehensive, integrated, high quality services, including early childhood education, child care, and health care. Through the initiative, partnerships of families, child care providers, health

and human service agencies, businesses, schools, churches, and local governments were established in 32 counties to develop and implement innovative local plans to meet children's needs. To support and guide the county partnerships, and to enforce state-wide standards, a central, non-profit, public/private corporation was established (Dombro et al., 1996). A preliminary evaluation of the Smart Start initiative indicated that the initial emphasis on local decision-making power was limited by plan approval mechanisms, budgetary deadlines, and state-wide standards required by the central government. Local participants indicated that while, in theory, Smart Start operated on a "bottom-up" model of governance, genuine decision-making authority was maintained centrally (North Carolina Department of Human Resources, 1994).

In contrast, Indiana's Step Ahead initiative, which is similar in intent to Smart Start, genuinely delegates decision-making power to the local level. Through the initiative, each of the state's 92 counties formed local councils with representation from parents, local and state agencies, schools, churches, businesses, and community services, to develop comprehensive service delivery systems for children and families. Early child development, including child care and preschool service, is a particular focus of the initiative (Kagan et al., 1995). The experience with Step Ahead suggests that when communities have genuine authority over decision-making, community ownership and enhanced civic participation are possible. One local council member, following a survey of licensed child care providers, describes the impact of Step Ahead in strengthening her community:

Our data reflected that families' needs were being met in town but not in rural areas. This was important information but even more valuable was how the process brought us together and gave us a new way of looking at how best to support families. Now that we've gained experience and gotten a large cross-section of the community involved in the Council, we are reframing our work. Rather than think about how we can spend the money we get... we are looking at how we can get the whole community involved and use our resources to meet our needs (Dombro et al., 1996, p. 57).

A common theme in the North American literature on child and family services is the need to support community-based prevention and early intervention initiatives, rather than focus resources on problems once they have already occurred (Dombro et al., 1996; Morton, 1996). Early intervention and prevention initiatives, often directed at disadvantaged families, vary widely in the degree to which they focus on family strengths rather than weaknesses, and in the extent to which they promote family and community involvement in defining issues, developing solutions, and providing services.

One highly regarded program in the United States is Healthy Start, a home-based intervention program which originated in Hawaii and has been adapted

in 20 other states. Healthy Start provides postpartum screening assessment, paraprofessional home visitation, child care, parent support groups, and community education to disadvantaged families. Services are voluntary and continue until children reach the age of five. The program has been successful in substantially reducing the incidence of child abuse and neglect among families considered at risk, from 18 to 20% in the disadvantaged population generally, compared to less than 1% among program participants (Dombro et al., 1996).

Healthy Start is a good example of a flexible, coordinated, family-centred program delivered at the community level which generates positive outcomes for its intended beneficiaries. By North American standards, it might be called a "high quality" program. Yet it is also an example of a program which defines families by their deficiencies rather than by their strengths, and which provides participating families with few opportunities to be involved in the actual management and delivery of the services that touch their lives. With this program, as with many other similar programs across North America (e.g., New Brunswick's Early Childhood Initiatives), families are at the "receiving end" of a program which may assist them to "fit into," but not necessarily to shape, their communities; a program which protects them against risk factors in their lives, but may not help them to thrive.

It is only by way of contrast with other approaches to early intervention and prevention that the limited potential of programs like Healthy Start to strengthen families and communities is made visible. The American Head Start program, for instance, is also a comprehensive, multi-service, family-centred program targeted to disadvantaged families. In contrast, however, it explicitly aims to build on the strengths of low-income families in their own neighbourhoods. The direct involvement of parents in the management and delivery of the services (often including employment in the services) is one of the tangible ways this commitment is demonstrated (Schorr, 1988). One central feature of strength-oriented as opposed to deficit-oriented approaches is that the former provides families and communities with opportunities to transform the social and economic conditions which make them disadvantaged in the first place, while the latter tend to leave these 'macrosystem' conditions intact (Kretzmann and McKnight, 1993; McKnight, 1995).

The innovative 1,2,3, Go! project in Greater Montreal is an example of a strength-oriented initiative aimed at empowering children and families within a holistic conception of community:

1,2,3 Go! is an experimental project whereby some communities of the Greater Montreal area were selected and invited to mobilize whatever resources they needed, be they material, intellectual, social or political, in order to develop and sustain a culture concerned with the well-being and development of their 0 to 3 year olds.... Although there is a specific concern with offering the project to communities in which risks are higher for children for developing problems....

the overall objective is more in line with a health or well-being promotion approach than with a prevention or remedial approach. As such it relies on three main strategies: enhancement of individual competencies, institutional and organizational changes and mass influence.... 1,2,3 Go! results in the postulate that communities can and ought to empower themselves around the issue of children's development and well-being (Bouchard, 1996, p. 3).

Results to date indicate that the program has been effective in mobilizing communities (including parents) to collaborate in identifying problems, setting priorities, and developing solutions (Bouchard, 1996). Another Canadian initiative with a similarly holistic focus is Ontario's Better Beginnings, Better Futures initiative (Peters and Russell, 1996).

While direct, intensive mobilization of communities presents challenges, experience suggests that the greater the autonomy in local decision-making on the part of those directly affected by services, the greater the impact in strengthening the community as a whole (Adams and Nelson, 1995; McKnight, 1995). "Clients" are afforded their rightful recognition as citizens.

An example from New Mexico's Family Development Program shows how the development of early childhood services by and for families can become the vehicle for community development in a broader sense. In 1985, a group of families in low-income, predominantly minority families were provided with the opportunity to design an early childhood program to meet their own needs. These families created a comprehensive preschool program, including parent involvement and education, family support, infant and toddler services, and an after-school program for older children. Evaluations of the program showed benefits for children and parents in these families, including improved school performance among the children, economic independence for many of the families, and a greater degree of civic involvement (Dombro et al., 1996, p. 330). Although the program was originally designed to address parents' child care needs, it became the vehicle for broader involvement in community development. As noted by the program coordinator:

Community action is becoming a reality: program parents have petitioned the city school board to obtain better transportation for their older children, the police department for more effective patrolling, the city waste management division for neighbourhood clean-up services, and the neighbourhood public schools to establish parent-teacher associations (van der Eyken, 1991, p. 8).

The foregoing examples of community development approaches by no means capture the extent of activity underway in the reform of child and family services across North America. Fortunately, we are seeing a small but growing number of programs in Canada and the United States which genuinely give communities authority over program planning and delivery, and which value citizen involvement in child and family services as a means of enriching

the community as a whole. If these approaches are implemented more broadly, they have the potential to support community dialogue and action towards creating a comprehensive system of services for children and families, including quality child care.

Europe/Australasia

Child care in Europe and Australasia is distinct from child care in North America in a number of ways, primarily in the extent of publicly funded services available, and in the presence of strong national policies for children and families—minimally in countries in the United Kingdom and maximally in the Nordic countries, with most other countries falling somewhere in the middle of this continuum (Cochran, 1993; European Commission Network on Child Care, 1996). Generally, the presence of national systems of early childhood education and comprehensive family policies make for a more stable, well resourced child care system, and a stronger basis for community development and public dialogue on issues pertaining to child and family services. Examples of efforts to enhance community involvement in child care are described below.

In the late 1980s, New Zealand undertook a major reform of its child care system with the introduction of a system of chartering:

Chartering is a process where various stakeholders (parents, staff and the community) are given the opportunity to define quality at the individual centre level in negotiation with a government agency. The intent of the process is to strike a balance between centrally determined criteria of quality and the philosophy and local needs of centres.... Charter documents contain an outline of centre policies, philosophies and characteristics.... The charter is a quality assurance mechanism for government. The funding of individual centres ... is linked to the development and approval of charters with the Ministry according to the level of quality the government is prepared to support (Smith and Farquhar, 1994, pp. 123, 125).

In theory, chartering provides a mechanism for the greater involvement of parents and the community to shape individual child care centres, while maintaining a minimum standard of quality nationwide, allowing for a conception of quality which is relative but not arbitrary. Yet the experience of chartering in New Zealand highlights the need for processes which promote ongoing, meaningful involvement in the definition and implementation of quality child care.

Smith and Farquhar (1994) studied the effects of the charter in four kindergartens, three child care centres and two play centres. Generally, the charter was considered a useful statement of a centre's goals, objectives, and policies, but was consulted more frequently by staff than parents, and proved not to be a particularly useful way of meaningfully involving child care providers, parents, or the community in discussions of quality child care. As noted by Smith

and Farquhar, many child care providers perceived the charter as a bureaucratic exercise. As for parent participation:

Many centres did not find it easy to get parents interested or involved in writing the charter. All centres experienced some difficulty in getting parents to participate and many lowered their expectations after an initial failed attempt.... The process of charter development was perceived as making large physical and emotional demands on staff and parent time (Smith and Farquhar, 1994, p. 131).

Given that the charter was a requirement in order to access public funds, and that its form and content were, to some extent, predetermined by the central government, it is not surprising that it may have been experienced by many as an elaborate grant application. Also, the nature and variability of parent and community participation may not have been conducive to producing a meaningful, "living document":

There were many variations in the methods of consultation and the number of people who participated in consultation and discussion in different centres. These methods included written procedures such as displaying the charter on notice boards, notices or newsletters sent home with children; more systematic data gathering procedures such as the use of questionnaires or telephone interviews; and more interactive procedures varying in formality from small subcommittees intensively working together and public meetings to informal conversations and social events (Smith and Farquhar, 1994, p. 131).

The consultation methods described above cannot, in isolation from provisions for ongoing dialogue and involvement of parents and community members on child care, support true community involvement in the development of a quality child care centre, let alone a quality child care system.

By contrast, Denmark has employed a different mechanism to provide a balance between centralized standards and development of quality at the centre level:

... the [Danish] system is... characterized by a high level of autonomy for individual centres.... The state and communities lay down only a few general guidelines and targets, leaving the rest up to the child care centre concerned... decentralization has led to great activity in and around individual child care centres, and children, staff and parents all feel that they can contribute to an active democratic process in which changes are allowed and even approved of. This means that children, parents and staff at child care centres can be given the chance to be the leading figures in their own centre... They have great influence on daily routines, the way groups are made up, the activities and rules in the centre, and so on. This has

led to a more flexible and open understanding of what is required and an ability to put good ideas quickly into practice (Jensen, 1994, p. 154).

The contrasting experiences of New Zealand and Denmark, both of which enjoy comprehensive public funding and provision of child care, suggest that national policies can support or detract from communities' ability to meet local child care needs. Furthermore, this contrast illustrates that the nature of the processes intended to support community decision-making is critical. If the involvement takes place at a few distinct points in time, rather than on an ongoing basis, and if the involvement is indirect as opposed to direct, the impact of the processes on quality care will differ significantly.

However, it is important to recognize that the decentralized structure and processes described by Jensen do not exist in isolation; they exist within a culture that supports children's rights, parental involvement in the daily routines and overall management of child care centres, highly trained and committed child care staff, and "a strong underlying coherence in the system due to generally shared cultural values which manifest themselves in widespread support for certain priority objectives: fellowship, the importance of children's own play, self-determination" (Jensen, 1994, p. 156). Without this supportive cultural context, it is possible that a decentralized system would produce little public involvement in child care, and perhaps even poor quality environments for children.

In discussing the European (and particularly the Nordic) conceptions of community involvement in quality child care, it is useful to highlight the extent to which children are increasingly perceived as active citizens with useful contributions to make—a view that receives scant consideration in the North American literature on "community stakeholders." In North America, childhood is usually conceived as a preparatory phase; children are citizens of the future, but not of the present (Mayall, 1996). In contrast, a number of European initiatives, including the European Childhood as Social Phenomenon Project (Qvortrup, Bardy, Sgritta, and Wintersberger, 1994), the *BASUN* (Childhood, Society and Development in the Nordic Countries) Project, and the Danish Children as Citizens Project (Langsted, 1994) seek to understand childhood from children's perspectives and to promote children's greater involvement in civic life, including agency even to very young children. For example, one component of the Danish Children as Citizens Project involved a nursery for children from six months to three years:

Here the staff [had] been preoccupied with rules, frequently regulating the behaviour of children by prohibitions. On the assumption that even very young children have the right to control themselves in their everyday life, and that they are able to do so, the staff have reviewed the rules and try to listen more to the children. This means,

among other things, that children have got the right to say 'no'.... One of the consequences is that there are fewer conflicts between adults and children. On the other hand there are more conflicts between the children. But this is seen as another right that children have—the right to try to solve their own conflicts. And on many occasions they are able to do so (Langsted, 1994, p. 32).

Within this framework, child care settings may be seen not only as part of the community, or as a means for community development, but as communities in development. They provide children, parents, caregivers, and community members with opportunities to interact in new ways that break down barriers between adults and children, between caregivers and parents, between different socio-economic and ethnic groups within the community, and between families and the larger community (Woodhead, 1996; New, 1997). The *creches parentales* in France provide an interesting example of how parent involvement in the provision of child care can effect such changes.

The *creches parentales*, or parent-run day care centres, comprise a minority of the child care provided for preschool children in France, which has one of the highest levels of publicly funded child care in Europe (Cochran, 1993). Parent-run day care centres are now recognized as a valuable alternative to centre- and family-based child care. Participating parents spend approximately one half day per week working with their own and other people's children; all *creches* employ some professional caregivers to ensure continuity and support for children and parents. Over the past 20 years, use of the *creches* has mostly been confined to professional, middle class parents, but recently the *creche parentale* model has been extended to multicultural and disadvantaged families, with approximately 40 multicultural *creches* in operation (Woodhead, 1996). The description of one *creche* presents a contrast to that typically observed in "traditional" child care settings:

The families using the creche live mainly in the apartments above, or within walking distance of the creche. As parents arrive to take their children home, there are lots of hugs and talks. The atmosphere is very informal. Parents wander into the playroom, the kitchen, and the bedroom in search of their little ones. One even lingers for a coffee. This is the moment when the contrast with a conventional nursery is most clear—these parents are chatting with the 'staff' as if they are old friends, but then they are old friends, or if not, at least there are no status or professional barriers that might distance them. There are two more creche parentale within a few miles of this one. They are all different, but all using premises that have been adapted and all locally managed by parents themselves. The one thing they have in common is the enthusiasm to provide a child care system, by parents and for parents (Woodhead, 1996, p. 34).

This description would not be so striking were it not for the very different situation revealed by much current research into the relationships between parents and caregivers in North America:

Although the idea of 'parent-professional partnerships' is widely touted, few professionals have been trained or feel prepared to manage relationships with parents. Training is needed to prepare professionals to relate to parents as equals, not only as experts, and to help them understand the implications of cultural diversity for programme practices and relationships with families. Even with training, however, it will be difficult for professionals to invite parents to join them as full and equal partners in discussions of child care and its quality, since that necessarily involves sharing control and relinquishing status (Larner and Phillips, 1994, p. 58).

A study of the multicultural *creches parentales* suggested that parental involvement of this scope not only produced a greater sense of community cohesion, but resulted in improved outcomes for both children and parents:

The study of creches parentales illustrates the possibilities for bridging the gulf between the micro-systems of creche and home, institutional and familial care, and professional and parental care giving.... Parental participation mediates the relation between social or ethnic membership and the level of cognitive interaction.... when parents... are present and involved in the daily educational activities of the parent-run day care centre, they participate, and get the children to participate, in more complex cognitive interactions The parents acquire a sense of pedagogical responsibility in the day care centre: they see themselves as 'teachers,' they think about pedagogical issues and thus develop their pedagogical capacity (Woodhead, 1996, pp. 35, 36, and 79).

Parental and community involvement in child care supports the reflectiveness necessary for communities to engage in meaningful dialogue about quality child care and the role of child care in the lives of children, families, communities, and society. Without meaningful involvement, parental and community input to such processes as public meetings, charters, or strategic plans has a shaky foundation, and is easily co-opted by more powerful stakeholders, or by the particular dictates of the chosen process (e.g., the limited time of a public meeting; the accepted format of a strategic plan). If communities are not meaningfully involved in child care (or in any issue that affects their lives), the agenda is more or less set in advance. As Dahlberg and Asen point out in discussing Swedish efforts to renew the public sector:

The goals of economy and efficiency are presented as value-free, to be shared by everyone, while political and values-based questions, such as whose welfare the reforms improve, are avoided (Olsen, 1991).

We are convinced that the question of how to restore legitimacy under existing conditions can only be tackled if the economic aspects are more closely connected with the pedagogical and values-based aspects of early childhood education. A prerequisite for this is that pedagogical practice and its functions must be made visible outside the world of schools and child care centres and become a part of public discourse... this requires the participation of a variety of concerned groups and a pedagogical practice based on empowerment, participation and reflective discourse between parents, staff, administrators and politicians (Dahlberg and Asen, 1994, p. 166).

Dahlberg and Asen propose an "associative model" of child care governance to complement the existing political and professional models and to counter the increasingly powerful "market-oriented goal-governing model." To support the associative model, it is necessary "to create forums or arenas for discussion and reflection where people can engage as citizens with devotion and vision—not only as stakeholders positioned in an administrative perspective" (Dahlberg and Asen, 1994, p. 166). Within recent years, a number of "arenas" or "plazas" have developed in Sweden. Dahlberg and Asen believe these forums may provide a basis for the broader dialogue on child care quality which is called for in the associative model:

In these plazas politicians, administrators, teachers and other representatives come together to discuss different aspects of early childhood education.... The purpose is to establish a dialogue, characterized by debate, confrontation and exchange of experiences (Gothson, 1991). The plaza should not be seen primarily as the place for traders, but as the place for a dialogue between independent citizens. It is the symbol of a vibrant democracy. 'Bring forward your experience into the plaza' has been the motto for one of these plazas.... This motto refers to "the idea that exchange of experience creates respect for different approaches and conditions and counters superficial acceptance of models and general organizational solutions. ... It also refers to the idea that everyday and practical work must be the starting point for all leadership and development work" (Gothson, 1991, p. 11, quoted in Dahlberg and Asen, 1994, p. 167).

Clearly it is impossible to uproot structures and processes that have grown up organically in other contexts and transplant them in a foreign environment. Nonetheless, it is impossible to read the description above and fail to notice the difference between the dialogue of the Swedish plaza and the exchanges that take place at most North American public meetings which are presumably designed to solicit public input, on child and family services or any other issue. In fact, it is reasonable to question whether public meetings and strategic planning processes can have any validity without structures and processes,

adapted to our own contexts, that serve the purpose of the plazas: promoting the shared reflection of the entire community. Indeed, without such reflection, what is a community?

The Italian town of Reggio Emilia is an example of a community in which the child care setting itself functions as a kind of "arena" or "plaza." It is a community in which barriers to community development disappear or at least become permeable: barriers between adults and children, between caregivers and parents, between child care and the surrounding community, between theory and practice, rhetoric and reality. In this environment, quality child care is not defined or discussed, then implemented; rather, it emerges in the process of definition and discussion itself, a process which engages the entire community in a constantly evolving "work in progress" (Gandini, 1992). Consider the concept of "documentation" in the Reggio Emilian context, particularly its contribution to quality child care and healthy child development:

Documentation as conceptualized in Reggio-Emilia requires that adults observe, interpret, articulate and share what it is that they have learned from young children in collaboration with one another. These additional challenges of articulation and sharing make the role of the teacher akin to that of a collaborative action researcher (New, 1994, p. 9)... Documentation's contribution to conceptions of quality and developmentally appropriate practices is especially apparent through its ability to entice adults into discussions regarding children's care and education.... The documentation panels that grace the halls and classroom walls of Reggio Emilian schools then serve as a starting place for prolonged deliberations among not only those who participate in the process itself but others who ultimately view its products as well. As parents and citizens of the community view and discuss the documentation, they benefit from and contribute to shared understandings of educational goals and standards. In this way documentation promotes a sense of community as well as expanded knowledge of child development among all of the adults (New, 1997, p. 10).

Like child care centres across Italy, Reggio Emilia has been required by law since 1971 to have its child care centres managed by families and representatives of social organizations. In addition, in Reggio Emilia there are formal meetings throughout the year for parents, teachers, and community members to discuss issues relating to the local child care programs (New, 1997). It is important to note, however, that the meetings and management structures could not, of themselves, guarantee meaningful community involvement in child care; they rest on a foundation of daily reflective practice and citizen involvement that is, in turn, rooted in a history and culture of civic involvement extending back hundreds of years (Putnam, 1993). Like the Swedish plazas, the approach

to child care in Reggio Emilia cannot be replicated exactly in a different socio-political context. However, Reggio Emilia demonstrates that quality child care and community development can be both a means and an end (New, 1997). That possibility, and the means of realizing it in practice, are worth exploring in communities across North America.

Majority World

It is useful to review examples of community development in Majority World countries with respect to early childhood services because they provide important evidence that quality child care and meaningful community involvement can occur in contexts where material resources are scarce. As noted by Woodhead (1996):

Programmes that might be judged as "low resource" in materially affluent nations may in fact be "high resource" in a local context. Likewise, some on-the-face-of-it "high resource" programmes in affluent contexts might more appropriately be re-labelled "low resource," in terms of community endowment (Woodhead, 1996, p. 51).

The example of Kenya serves as a particular example of a country which is economically challenged, but which has a strong national commitment to a community-based system of early childhood education (Swadener, Kabiru, and Njenga, 2000). Nearly all of Kenya's preschools, which provide care and education to approximately 30% of the 3 to 5 year-olds in the country, have developed since the country attained independence in 1963. The Kenyan early childhood system was founded on strong national values, rooted in centuries of African traditions. With independence, the Kenyan people adopted the motto "harambee," the Swahili word meaning "let us pull together." The spirit of harambee, as described in the early 1990s, continued to infuse the early childhood education system in Kenya:

There is much in our African heritage, especially concern and respect for others, the Harambee spirit, the dedication to integrity, and the respect for the family, which we must maintain. Indeed, we must strengthen these traditions because they, together with development, are the principal means by which we can enhance the moral and material well-being of our children. And it is through our children that we build the future of our children (President Kenyatta, 1963, quoted in Kipkorir, 1993, p. 338).

Preschools in Kenya, frequently managed by parent/community committees, often with very few financial resources and equipment (Woodhead, 1996), have a greater claim to a community base than programs in many other countries:

To set up the programme in a particular location involves creating awareness in the community, formation of a committee, providing advice to the community, locating and equipping a site, and choosing a teacher. At the community and classroom level, running the programme can involve, in addition to classroom teaching, working with parents and community groups (Myers, 1992, p. 6).

The Kenyan preschool curriculum draws on local stories, dances, and games, and exists in at least 13 different languages. The system is decentralised, with county, town, and municipal governments taking an active role in administering the programs in partnership with parent/community committees. While scarce resources do present challenges to the accessibility and availability of quality child care (Woodhead, 1996), the foundation of community involvement ensures that programs are responsive to diverse local needs and that community members are committed to the continued development of the child care system—key conditions for quality child care.

Colombia is another example of a country which, despite few resources, developed a community-based response to the needs of young children, while simultaneously attempting to strengthen the economic position of community members, particularly women. The Colombian programme of “Homes of Well-being” is a large-scale, neighbourhood-based system of family child care for children aged 0 to 7. The degree of community involvement in the design and delivery of the program is extensive:

Community members participate in an initial analysis of the communities [sic] needs for services, taking into account children's ages, family income and employment, and physical and environmental variables. (If services are needed that the programme cannot provide, links are made to other organizations that can assist.) The community also determines the number of “Homes of Well-being” that will be necessary to meet children's needs and selects local women to become home day care mothers. Local management is the responsibility of a board consisting of parents who are responsible for purchases and payments to the community mothers.... Day care mothers receive training in the care and development of children as well as in family and community relationships, and in nutrition and health (Myers, 1993, p. 85).

In Majority World countries, as in North America and Europe, there are many programs which focus on the child or the caregiver, using community involvement as a means to accomplish the desired goal (Myers, 1994; Dombro et al., 1996; Healthy Child Development Project, 1996). A different approach, however, is to view children as the entry point for community development, which, as noted by Myers, “is seen as the most appropriate means for fostering the improved development of children in the long run” (Myers, 1994, p. 73). One particularly striking example of this approach is the PROMESA project,

which began in 1978 in the Choco region of Colombia. The PROMESA project was based on the assumption that individuals must have direct involvement in the intellectual, physical, economic, and sociocultural conditions that impact their well-being and development. As described by the project coordinators, what began as a project focused on the development of children soon evolved into a comprehensive community development process led by community members:

The program began by encouraging groups of mothers, under the leadership of "promotoras," to stimulate the physical and intellectual development of their preschool children by playing games with them. Gradually, during the meetings the mothers started to identify other problems related to topics such as health, nutrition, environmental sanitation, vocational training, income generation and cultural activities. Over time therefore, as individuals gained confidence and developed a greater understanding of their overall needs, PROMESA expanded into an integrated community development project, with the entire community participating in one or more aspects of the program (International Center for Education and Human Development, quoted in Myers, 1994, p. 73).

A number of other programs are underway in Majority World countries that support children and families, while promoting community dialogue on early childhood programs and other issues affecting the community. Chile's Parents and Children Programme (PPH) is a good example. The program integrates the goals of healthy child development, personal growth for adults, and community organization, as follows:

To achieve these goals, weekly meetings are organized in participating rural communities.... The meetings are timed to coincide with a radio broadcast over a local radio station which uses radio dramas and other devices to pose a problem and to stimulate discussion. Discussions at the meetings centered, originally, around different aspects of the up-bringing of children.... These topics have broadened to include questions related directly to earning a livelihood. Within the project, the child development goal is also promoted through preschool exercises for children.... An evaluation of the programme has shown positive effects on the children, on their parents, and on the community at large (Richards, 1985).... The evaluation identified changes in adult attitudes and perceptions... [in] the ease with which they reached agreements, and their ability to act on conclusions. The basic change identified was from "empathy" to participation in constructive activities as a sense of self-worth was strengthened" (Myers, 1993, pp. 92-94).

As in the discussion of community development in North America and Europe, the examples above provide a snapshot of only a fraction of the

activity underway with respect to early childhood development in Majority World countries. As noted previously, many Majority World countries are successful in creating community-based early childhood services of good quality with few economic resources. In these countries, the importance of mobilizing people—often the greatest resource—is particularly evident. In some respects, Majority World countries are more successful than more affluent countries in providing coordinated, community-based services to children and families, precisely because they are constructing their systems from the ground up. By contrast, North American and European countries are faced with a different challenge: reforming highly developed service infrastructures which have grown up independently and which have become entrenched in bureaucratic structures and traditions that tend to exclude community perspectives (Pence and Benner, 1997). As such, Majority World countries provide useful examples of alternative approaches to the delivery of services to children and families; and, given their relative lack of financial wealth, provide clear evidence of the contribution of community development in promoting quality child care.

FIRST NATIONS PARTNERSHIP PROGRAMS

In Canada, evaluation research focusing on our own work as partners with eight First Nations community groups in British Columbia and Saskatchewan yields insights into how building capacity for quality child care can be synchronous with community development (First Nations Partnership Programs, 2001). Through these partnerships, a unique approach has evolved, which we call the 'Generative Curriculum Model', in which a socially inclusive and culturally reconstructive approach is the means to achieving both quality child care and community development (Pence, 1999).

From 1989 to the present, eight different First Nations groups, consisting of 47 communities in total, have initiated partnerships with a team based at the University of Victoria. In each case, the goal has been to strengthen the capacity of community members to meet the developmental needs of young children and families through the provision of culturally sustaining, community-appropriate child care programs and other services (Ball and Pence, 1999). This goal is consistent with priorities articulated in the Canadian Royal Commission on Aboriginal Peoples:

Our recommendations emphasize the importance of protecting children through culturally-appropriate services, by attending to maternal and child health, by providing appropriate early childhood education, and by making high quality child care available, all with the objective of complementing the family's role in nurturing young children (Canadian Royal Commission on Aboriginal Peoples, Vol. 5, Ch. 1, s4.1).

All of the First Nations that initiated the partnership program had identified enhanced capacity to provide quality care for children as a top priority in their overall community social and economic development strategies. For example, in 1989, the first community partner to initiate a community-participatory child care training program formulated their community development strategy as follows:

The First Nations of the Meadow Lake Tribal Council believe that a child care program developed, administered, and operated by their own people is a vital component to their vision of sustainable growth and development. It impacts every sector of their long term plans as they prepare to enter the twenty-first century. It will be children who inherit the struggle to retain and enhance the people's culture, language, and history; who continue the quest for economic progress for a better quality of life; and who move forward with a strengthened resolve to plan their own destiny (Meadow Lake Tribal Council Vision Statement, 1989).

Systematic evaluation of the partnership programs documented positive outcomes for individuals who completed the training and subsequently have become employed in child and family services. Across the seven partnership programs that were evaluated, 60 to 100% of students completed the 2 year, diploma level training. Most program graduates have 'given back' to their community by remaining and starting new programs: 87% are currently employed, primarily in programs for children 0 to 6 years of age. Children's programs initiated or staffed by program graduates have included: centre-based daycares in licensed care facilities; in-home family daycares; Aboriginal Head Start; infant development programs; home-school liaison programs; parent support programs; individualized supported child care for special needs; language enhancement programs; and after-school care programs. Immediate and extended family members of students have reported enhanced commitment to effective parenting and family cohesion. Program evaluation research also yielded abundant evidence of positive outcomes for the partner communities as a whole, including: cultural revitalization; community-wide advocacy for child well-being initiatives; community empowerment; development of a cohort of skilled community leaders; social cohesion; cultural healing/recovery of cultural pride. As described by a representative of the Meadow Lake Tribal Council:

There's much more talk in the communities these days about improving the environment for children. There's definitely a ripple effect. And it took a program like this to get things rolling.

Evaluation of the First Nations Partnership Programs provided evidence that the key to success in these capacity building initiatives was the socially inclusive nature of the approach. As the employment and training director at

Mount Currie First Nation who initiated the training program in her community described:

There was extensive community involvement all the way through, from planning and delivering the training program to creating and delivering the new services for children and families here in our community. The program wasn't just for the students who took it. It involved the elders, other parents, children, and other community members who participated in various ways. Everyone benefited and everyone will continue to benefit because our cultural traditions are integrated right into the programs we are developing through our social services department.

First Nations Partnership Programs continue to be delivered through partnerships between First Nations communities and a team at the University of Victoria. In each case, the program is operated by First Nations administrators, who recruit and contract with instructors, intergenerational facilitators, and students. The training program is delivered in the community, enabling many community members in addition to those who register as students to participate in various ways in the program delivery. In most of the partnership programs, this has led to the consolidation of an inclusive, enduring, mutually supportive 'community of learners.'

The two year diploma program in Early Childhood Education is designed with an 'open architecture' requiring community input into course content and community involvement throughout the teaching and learning process. In each partner community, instructors and Elders who have taught the program facilitate dialogue among community members about their own contemporary and historical child care practices and about Euro-western research and practices for promoting optimal child development.

This open-ended, co-constructed curriculum model encourages and accommodates variations from one community partner to another with regard to socio-cultural characteristics and local circumstances that shape child care. Elders' involvement in co-constructing the training curriculum has resulted in a good 'fit' between the attitudes and skills reinforced through the training program and the specific goals, needs, and circumstances of the children and families in their particular cultural community. Louise Underwood, an Elder in that partnership with Cowichan Tribes, described:

In order to ensure that our culture would be reflected in the structure of children's services, we had to bring the training program to the community and bring the community into the training program. It was like a big circle.

Because the community is actively involved in co-creating and delivering the program, the community members who complete the training program experience high levels of community support and participation in programs for children and families that they initiate following program completion.

The core message in the findings of evaluation is that capacity building initiatives must be anchored deeply in the community's context, existing strengths, potential for cultural reconstruction, and ability to push forward their own agendas towards self-identified goals. Research evaluating the programs identified several interacting factors that account for the synchronous progress towards provision of quality child care and community development goals in the partnering communities:

- (1) Community initiated and driven agenda.
- (2) Partnership, involving reciprocal guided participation of willing community and institutional partners.
- (3) Community-based delivery that enabled access and community inclusion in all phases of program planning, delivery, and follow-up.
- (4) Student cohort involvement in capacity building that was always accountable to—and supported by—the community.
- (5) Open architecture curriculum that depended upon cultural input by community members.
- (6) Intergenerational facilitation of cultural teaching and learning involving Elders.

The evaluation showed that the *combined effects* of these program elements, embedded in a community-driven agenda, were causally related to positive program outcomes consistent with each partner community's child care and social development objectives. At present dollars are being sought to continue the evaluation process, following up on children and families who have participated in the services that have been developed in the communities since the partnership training and those that are staffed by graduates of the program.

CONCLUSION

This chapter has reviewed findings of program evaluations, anecdotal commentaries, and interpretive analyses of program models that link community development, cultural congruence, and quality child care. The range of examples chosen illustrate some of the approaches taken within and beyond a North American context to foster an environment that would support public engagement in issues relating to the needs of children and families. The examples chosen do not necessarily represent the most evolved state of community development within a global context. They do, nonetheless, highlight some of the movements underway that, at the very least, provide a starting point for outlining the foundations upon which a genuine public commitment to children and families might be constructed.

Insights derived from understanding these examples are only as useful as there are willing "users" who are positioned to make a difference in how we

think about quality child care and how to achieve it within the widely varying community and cultural contexts in which children and families live. Training and development assistance institutions, policy-making bodies, and agencies which are involved in establishing and enforcing criteria for funding and delivering training and services for children all have a role. The examples underscore the need for institutions to: open up the foundations of how programs to develop and refine services for children are conceived and delivered; how optimal child care and development is defined; and how communities can play leading roles in ensuring quality child care while strengthening social cohesion and furthering community development goals.

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