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**QUALITIES OF CARING:
GOOD PRACTICES IN INFANT AND
TODDLER GROUP CARE**

Chloe O’Gara

Diane Lusk

Judy Canahuati

Gary Yablick

Sandra L. Huffman

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QUALITIES OF CARING: GOOD PRACTICES IN INFANT AND TODDLER GROUP CARE

Prepared for the World Bank's Human Development Network by

Chloe O'Gara, Ed.D.
Diane Lusk, Ph.D.
Judy Canahuati, M.Phil.
Gary Yablick, Ph.D.
Sandra L. Huffman, Sc.D.



1875 Connecticut Avenue NW, Washington DC 20009

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Good Features of Group Care for Infants and Toddlers in Resource-Limited Settings

Executive Summary

Good care is critical during the first three years of life, the period of most rapid brain development in humans. But good care for infants and toddlers is endangered, especially in resource-poor settings where families are stressed by work demands and economic pressures. Young children's healthy development is compromised by poor feeding, hygiene, and care, and for many the interpersonal interactions and environments that enrich early psychosocial and intellectual development are not available.

There is a dearth of information about comprehensive care programs for children under age three in resource-poor countries. But care for infants and toddlers in group settings is an option to which families and communities increasingly turn to improve their children's learning, health and development. To expand the knowledge base about child care in developing countries, this paper presents descriptive case studies based on self reporting by a convenience sample of programs that deliver group care using very limited resources. Examples are included from seven countries: Bolivia, Chile, Colombia, Guatemala, Peru, the Philippines, and Venezuela. Highlights of findings include:

Most of the programs worked hard to educate and involve **parents** in their children's care. Parent education, contributions of time and skills, community action or entrepreneurial projects are common strategies. By recruiting teachers locally and encouraging parents and community figures to share their skills and arts with children, the culture of each **community** is brought into care settings, giving children a sense of familiarity and security.

Interest in children and nurturing are considered more critical qualifications than education or training for **staff**. All programs give new staff some training about child development. Team building, respect, and supervision were mentioned as important performance incentives by several programs. Some of the larger organizations have education and child development resource advisors or traveling supervisors. A few have social workers and health care professionals on staff. However, one of the larger organizations acknowledged that its training and supervision procedures had been overwhelmed by high demand and rapid growth.

Caretaker to child **ratios** range from 4:1 to 12:1. While the higher ratios reduce costs, they also reduce the possibilities for adult child interactions which are so important for young children's development. The success of two programs with low ratios is encouraging.

Every program relied on three or more sources of human, financial, or in-kind **support**. Parent fees, income generation, fund raising, and in-kind contributions from families and communities provide partial support for the majority of programs. In addition, local, state or federal governments; food distributions; private enterprise; international donors; foundations; and churches are sources of program subsidies. Per child costs appear to cluster around US\$2 - \$3 per day. The assumptions underlying the costs varied across programs making cost analyses unreliable and cost comparisons misleading.

Physical environments range from networks of private homes, to group homes managed by several caregivers, to large institutional facilities. The multi-home models offer small group home-like settings while caring for enough children to mobilize and stabilize a community of parents. Caretakers work as teams and so do not suffer from isolation as sole providers do.

All the programs concentrate on good **nutrition**, from breastfeeding for the youngest children to substantial portions of daily intake needs for older toddlers. Several programs emphasize the importance for development and learning of caretaker child interaction during feeding.

In addition to **hygiene** and **environmental safety**, monitoring of **health care**, (e.g., immunizations), and referrals to health services are routine in most programs. Larger programs offer services or provide services from other agencies at specified days and times.

Psychosocial development of young children is a focus of all these programs. All emphasize adult child interaction, respectful peer interaction among children, and warmth of touch and movement. Discipline policies accent the positive: affection, warmth, and fostering children's self-esteem. Several programs work with parents to shape children's behavior in the home as well as at the care setting.

Most programs acknowledge that **cognitive development** in these early years evolves with social and physical interaction, that young children need comforting familiarity as well as challenging stimulation for optimal cognitive development. Language interactions, play, rhyming, music, large and small muscle activities are all prominent in the curricula of these programs. Several plan their operations around monthly, weekly, or daily topics or learning themes. Most instructional materials are made by caregivers, although some programs purchased systems of teaching tools. Caregivers' careful planning and ingenuity create a variety of environments and activities for young children even in cramped quarters with limited resources.

To the Reader

This paper is a preliminary compilation of information about programs that provide day care for groups of infants and toddlers in resource-poor settings in developing countries. We would greatly appreciate receiving additional information about other programs in developing countries serving infants and toddlers. If you have information to share, please send reports to us via email (cogara@aed.org) or postal mail (Chloe O'Gara, Ready to Learn Center, Academy for Educational Development, 1875 Connecticut Ave., N.W, Washington, D.C. 20009 USA).

The ingenuity, dedication, and wisdom of the caregivers who shared their successes and challenges in this study demonstrates what *can* be done for infants and toddlers growing up in poverty to meet their needs for food, health, and safety; to provide warm, caring, and consistent caregivers; and to encourage young children to explore and interact with their world. We hope it will stimulate others to strive and succeed at giving young children the very best care possible.

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Introduction

Neuroscience has revealed the biological mechanics of rapid brain development in the early years of life. The discoveries of the past 15 years have confirmed what child development specialists have long known, that the infant and toddler years are critical determinants of individual potential. *Early experiences, along with genetic endowments, literally “wire” the human brain.*

Good care is critical during this period of rapid brain development, but good care for infants and toddlers is more endangered now than never before. Rapid urbanization, the global economy, migration, wars, disasters, emergencies, the proliferation of single-parent households (more than one-third of households around the world), women's changing work patterns, and economic and social pressures in resource-poor nations threaten traditional family and community supports for the healthy development of very young children.

Group childcare programs for children aged 0-3 are one way modern societies have responded to children's need to grow and learn in healthy environments. Group care programs can contribute to family viability, community cohesion, and children's nutrition, health, welfare, and quality of life. By enhancing children's ability to learn, improving school readiness, and increasing school achievement, good childcare programs can be efficient investments leading to lifetime gains in learning, increased economic productivity, and responsible citizenship.¹

However, comprehensive group care programs for infants and toddlers that address the development of the whole child—physical, social, emotional, and cognitive—are relatively rare in resource-poor countries. Even in resource-rich nations the availability and quality of programs to ensure good care for infants and toddlers remains problematic; public and private investment in quality programs continues to be a subject of intense debate, despite rising demand for quality services.

If some of the wealthiest nations balk at investing in infant and toddler care, how can communities in resource-poor nations meet this challenge? To inform discussion of this critical challenge, this paper describes practices of a convenience sample of group childcare programs that serve low-income children in developing countries. Some basic features of good care for infants and toddlers demonstrated by these programs are identified, the significance or utility of certain approaches is explained briefly, and case examples are used to illustrate what is feasible and practical. All of the operations described are programs with very limited resources.

Leilani Pennel of the Migrant Head Start Quality Improvement Center, which supports caregivers in resource-poor settings in the United States, writes: “In my experience, a country is rich in the resources to develop quality childcare programs if they have adults who will talk to the babies all day long, touch and hold them, respond quickly when they need help, watch what each baby is doing and let learning come from the baby's

interest." The cases here are evidence that her vision is a reality in some childcare environments.

Methodology

Information was collected from functioning programs that provide childcare services for groups of infants and toddlers from low-income families in seven countries: Bolivia, Chile, Colombia, Guatemala, Peru, the Philippines, and Venezuela. Additional cases are being compiled in Asia, Africa, and the Newly Independent States (NIS) and will be presented in a supplement to this document.

A self-report questionnaire (see Appendix, Group Child Care Inventory), supplemented by fax, email, telephone interviews, and two site visits, examined the following aspects of group care programs for infants and toddlers:

- Program history and purpose
- Child development goals
- Population served
- Parent and community participation
- Per child costs
- Funding
- Locale and space
- Play and instructional materials
- Assessment/testing instruments
- Scheduling and calendars
- Child/caregiver ratios
- Human resource policies and procedures
- Staff recruitment and hiring
- Training for staff, parents, community
- Training tools
- Staff supervision
- Community outreach
- Integration with other programs
- On site and referral resources
- Evaluation systems

Data and descriptions of each program were abstracted from profiles 5-15 pages in length. For some programs, training, supervision, and instructional materials were also reviewed.

This study is based largely on self-report; thus we do not know how *well* the programs are being implemented. The site visits, however, were reassuring. The programs functioned as they were described, giving us confidence that our analysis of program strengths depicts what is feasible in resource-poor settings.

Sample

The convenience sample on which this report is based is made up of programs for infants and toddlers that we were able to identify and contact within a relatively short time; for reasons of proximity, familiarity, and communications, most are from Latin America. We report only on operating programs that we have questioned directly. All of the programs responded enthusiastically and generously shared their information and experience. Table 1 shows the diversity of group structure and client coverage represented by these programs.

Table 1: Program Sample: Numbers of Centers and Children Served			
Program (Country)	No. Served per Center	No. of Centers	Total Children Served
Arugaan (Philippines)	150	5	750
Children's Houses (Guatemala)	500 - 550	6	3,200 (<7 yrs) ~1,600 (<3)
Daily Care Houses (Venezuela)	8	23,000	351,000(<6) 183,000 (<3)
Daily Care Multi-Homes (Venezuela)	30	5,400	
Jardin Infantil Municipal: los Ninos de Santa Clara (Guatemala)	240	1	240 (<6 yrs) 70 (0-3)
Junji Kindergarten (Chile)	300	10	3,000 (3 yrs)
Integrated Program for Child Development Programa Integral de Desarrollo Infantil [PIDI] (Bolivia)	30 to 150	NA	4,000 (<2) 16,000 (2 - 4)
Costa Atlantica Project of the Universidad del Norte de Barranquilla [UNINORTE] (Colombia)	various	127	NA
United for a Better Life <i>Unidad Para la Vida Mejor</i> [UPAVIM] (Guatemala)	30	1	30 (<3 yrs)
Wawa Wasi (Peru)	<9	5,924	28,600 (6 - 36 mos)

NA=information was not available.

Program Descriptions

Infants and toddlers need safe environments that give them opportunities to be active using all of their senses. In addition to complete nutrition and adequate health care, they need interaction with adults, preferably the same adults, day after day, so that they can confidently explore and experience a world that responds to their growing abilities.

The programs described below reflect a variety of approaches to meeting the needs of infants and toddlers in groups. Some are networks of small community homes; some are dedicated facilities in large urban centers. Some programs exist mainly to protect children at health and developmental risk, others to empower working families. Funding for these programs comes from private foundations, parents' fees, governments, or combinations of all these and more.

Some focus exclusively on children under three years of age; some offer care or education for older children as well; Only questions about infant and toddler services were asked.

Arugaan Programs, the Philippines

The Arugaan program provides worksite care for groups of infants and toddlers. A total of 750 infants and toddlers receive care in Arugaan's five creches. Begun as a pilot project at an NGO headquarters in 1989, Arugaan now offers four other creches for 0 to 3-year-olds at factory sites, a farming/fishing village, and a government office. This expansion, and the program itself, is dedicated to "the harnessing of what is available, appropriate, and sustainable."

This approach was manifest in the creation of each new center. Each achieved start-up in a unique way, and each has hours and parent fees suited to its location. Their settings range from factory canteens and union offices to special sites built by farming and fishing fathers.

Although regular schedules and monthly themes provide a clear structure, the curriculum harnesses what is available and appropriate as well: stories of the morning trip to market for fresh food provide extra language stimulation; counting leaves and learning about ants in the garden offer extra math and science.

Arugaan's nutrition program emphasizes breastfeeding, fresh and natural local foods, and juices in small doses. Arugaan teaches breastmilk storage and offers wet-nursing if needed.

Children's Houses, Guatemala

The Children's Protection Society, *Sociedad Protectora del Nino*, a private social welfare institution, sponsors six children's houses in Guatemala City for working parents

in economically difficult situations. Approximately half of the 3,200 children cared for in the children's houses are infants and toddlers.

Comprehensive, detailed activity guides cover exercises in four developmental areas that are integrated in a daily schedule. The coordination of all these efforts is explicitly grounded in a philosophy of loving, child-focused care: themes of affectionate caregiving and self-esteem are threaded throughout caregiver training and daily activity guides.

The Sociedad also offers a social assistance program. Staff members for these integrated services include psychologists, pediatricians, social workers, childcare specialists and auxiliaries, a cook, a seamstress, laundry and cleaning workers, a secretary, and other administrative support personnel.

Daily Care Homes and Multi-Homes, Venezuela

The daily homes and Multi-Homes, *Hogares y Multihogares de Cuidado Diario*, represent an enormous outreach program to children under age 6 in extreme poverty. A total of 351,000 children received care through this program in 1997.

Two models of group care are offered. In daily homes a community mother takes care of eight children in her own home; in Multi-Homes three community mothers cooperate to care for 30 children.

Priority goals include reducing the prevalence of protein-energy malnutrition among children under age 5 by 50%, and fostering adequate health, growth, and development to promote later school success.

Responsibility for the program is currently shared by the Ministry of the Family, which supplies substantial financial support, and 400 NGOs, which administer the program locally, recruit caregiving mothers and promoters, supply training and supervision, and link with neighborhood and parent associations.

Jardin Infantil Municipal, Santa Clara, Guatemala

The Jardin Infantil is a municipal project of the city of Santa Clara. It serves 240 children of the local trash pickers and tortilla makers. Approximately one-third of the children are infants and toddlers.

Beginning with an individual needs assessment to determine the interests and difficulties of each child, teachers plan how to satisfy educational needs "once needs for love, food, and play are satisfied." The curriculum includes a regular schedule with time set aside for activities and exercises in four areas of development, it has monthly themes, and uses Montessori materials and flashcards. Caregivers focus on allowing children to learn about the world through all of their senses, stimulate their

imaginations, and “acquire human virtues through play, focusing on living together, friendship, respect, and loving care.”

This program, oriented around affection and respect for young children, is implemented by a team of technical personnel. The Jardín Infantil has a half-time doctor; a full time nurse, social worker, and music teacher; and teachers, childcare workers, and cooking and cleaning personnel.

Junji Kindergarten Programs, Chile

The Junji Kindergarten program is the only one of Chile's ten kindergarten programs that emphasizes daily group care for children under age 3. Educational, social, nutritional, health, and childcare services are offered free of charge in large urban poverty centers supported by the Ministry of Education. Each center serves 316 to 490 children.

Funded by the Ministry of Education, the Junji programs are specifically aimed at children from age 3 months to 5 years who are at nutritional and educational risk, were born to female-headed households, and/or are living in urban poverty. Integration is the cornerstone of the program: integration of staff, family, and children in the planning, implementing, and evaluating of education; integration of children's biological, psychological, and spiritual aspects in harmonious development; strengthening and empowerment of children's cultural links to all of their environments, from local through regional and national to global; and integration of the curriculum. A team of early childhood educators, social assistants, and nutritionists supervise education and care. Regular meetings with parents help integrate the kindergarten program and family efforts.

The PIDI Program, Bolivia

PIDI supports small to medium-sized centers serving 30-150 children each. Centers are set in churches or community centers or are built for the community. In 1997 almost 4,000 infants and young toddlers, as well as nearly 16,000 children between ages 2 and 4, received attention in local PIDIs.

PIDIs are the realization of a national goal at the community level— to seek out children at risk of growth or developmental deficit and provide them with adequate food, access to health services, and early education. Each local community chooses its caregivers (mother educators) and its program promoters. The National Treasury pays the salaries of caregivers and technical personnel, and provides substantial support for complementary foods, administrative costs, program norms, and coordination with nutrition and health services, supported by the World Food Program and UNICEF.

UNINORTE, The Costa Atlantica Project, Colombia

Colombia has an extensive system of early childhood education and care. One of its many programs is UNINORTE, a project of the Universidad del Norte de Barranquilla that has become as much a venture in community development as it is a program for early childcare and education. One hundred twenty-seven communities are involved in UNINORTE, and each UNINORTE community has its own style of childcare program.

Programs are diverse. Some are run by educators, some by parents, some by community personnel. Parents and the local community are involved in designing the curriculum; groups of parents research problems and report back to other parents in monthly meetings; and parents help with the upkeep of childcare homes. There are special centers for children with developmental difficulties.

Parents have worked for other projects as well—founding an adult school, organizing economic projects, developing a community pharmacy and a community library, and building a high school.

UPAVIM, Guatemala

The UPAVIM center currently cares for about 30 children between 45 days and 3 years old. UPAVIM is a community group united by its work producing and selling Guatemalan crafts and by its participation in the childcare center.

Childcare is provided in an UPAVIM building (built with Rotary Club funds) that houses a medical and a dental clinic as well as a workshop for crafts. Community women are trained by a group of nuns who are specialists in the Montessori method and continue to provide yearly training. Although the program is primarily dedicated to preparing children for school, infants' and toddlers' nutritional needs are carefully monitored and met as well. The UPAVIM center is an example of how much an organized parent group can accomplish without government assistance. Fifteen to 20% of the craft cooperative profits go to support the school; parents pay a small monthly fee and contribute 32 hours of work each month to the cooperative.

The Wawa Wasi Program, Peru

The Wawa Wasi program is a network of daycare homes for children age 3 to 36 months of working mothers in poverty. Currently 28,600 infants and toddlers receive care in Wawa Wasi homes.

The Wawa Wasi program is semicentralized in structure. Individual mother educators work alone with eight children under age 3, but they are part of a module of 20 mother educators who meet monthly with technical staff to share experiences, identify problems, and receive training. Financial support is also semicentralized: parents and community kitchens supply about 60% of financial support and the state and international organizations each provide 20%.

While providing integrated educational, nutritional, and health services to infants and toddlers, the Wawa Wasi program also aims at cultural change in poor areas: the purposes of the program include making early stimulation part of the public agenda and developing a “child-rearing culture” in Peru that is sensitive to the development of each child. Impact indicators include “changes in the community” that reflect how daycare homes bring food and health services as well as employment opportunities into communities. Wawa Wasi are seen as means for teaching parents more appropriate child-rearing approaches where traditions are very restrictive; programs also try to promote active involvement of fathers.

Good Features of Group Care

Based on reports from the programs displayed in Table 2, on evidence provided by the authors, and on reviews of program evaluations throughout the world, certain features of group care programs for children under age 3 appear to be indicative of good environments for young children and achievable in situations of scarce resources.

GOOD FEATURES OF PROGRAM ORGANIZATION

Organizational policies for parents, staff, and funding are crucial to the long-term viability of programs. More important, they impact directly on young children’s well-being. This section explores the strategies programs use to manage their organizations for sustainable parent, teacher, and program outcomes.

• Parent Policies

Most successful programs adopt policies and procedures that strengthen parent understanding of the program’s goals and methods and require parent involvement in the program’s development. Opportunities to enhance children’s development are lost when there is no relationship between parents and childcare centers, and when parents see a care home or center as a place to warehouse their children during the day.

Parents’ contributions can make possible high-quality care for children that otherwise would be out of reach. Involvement makes parents comfortable and confident; thus, involved parents are more likely to communicate to sensitive infants and toddlers the sense of trust, confidence, and purposefulness that gives young children essential security. Involved parents bring local and family culture to the care environment, which helps young children transition from home to the care setting. And finally, involved parents bring skills, time, and financial resources to programs.

Involving Parents

It is axiomatic that parents of children in group day care are busy people. Programs must work hard and strategically to achieve parental involvement, but most believe it is worth the effort. Parent cooperation not only accomplishes specific program goals, it also helps to create a sense of the parent group as a community with shared interest in its children. It stimulates teamwork, demonstrates the power of communal action, and builds the skills needed to make future community action successful.

Children benefit directly and immediately from parent involvement. Many parents who contribute to their child's care setting suddenly "own" it in a new way. As benefactors, they feel freer to ask questions and make suggestions to improve the quality of care.

- UNINORTE reports that "when problems develop, such as hyperactivity, a group of mothers goes to the library and researches the subject...the group presents its findings to the other mothers so that people can discuss and share experiences."
- In the PIDI and Wawa Wasi programs parents are responsible for choosing staff and developing curricula.
- Parents can make local culture come alive in the care environment through song, stories, art, games, and dance. Arugaan brings parent talents into its centers, including musicians, artists, first aid trainers, and cooks.
- In some programs (UNINORTE, daily homes and Multi-Homes) parents take responsibility for building the center itself or for renovations, repairs, or new materials.
- UNINORTE's parents raise money for ongoing expenses or special projects by holding dances.
- Jardin Infantil's parents sell raffle tickets.
- Arugaan's parents cook and sell meals to fellow factory workers.

Some childcare centers are organizationally designed to depend on parents—for a building, staff, materials, funding. One significant benefit of parent contributions and volunteerism is the active, cooperative community that typically emerges. On the other hand, some children who need care do not get it because their parents are unwilling or unable to participate in or contribute to the support of the group care.

In some programs where mutual support is not a condition for participation, parent involvement is low and a parent community does not form. Anecdotally, this seems more common where parents are less responsible for the costs for care. Where a community-oriented dependence of childcare programs on parents is less visible, however, or a distant government is held as all responsible and parent involvement is weak, programs sometimes impose requirements for family participation and sanctions when families fail to meet those requirements. In one center, failure to attend parent education or orientation meetings is grounds for expulsion.

Educating Parents

Involved parents who learn about the child-rearing approach taken in their childcare

center can understand their children's experiences better, and work as partners with teachers and caregivers. The benefits of parents' knowledge about childcare can be multiplied if they use some of the approaches at home and share their home-based experiences with caregivers.

Many programs use a pre-enrollment orientation for parents to initiate a process of interaction and feedback.

- In Arugaan centers, parents must attend eight one-hour orientation sessions during lunch hours.
- Children's houses require parents to attend orientation meetings to enroll their children. Regular meetings replace or supplement orientation meetings in some programs. Social workers in the children's houses hold monthly meeting about child-rearing.
- UPAVIM requires parents to attend quarterly meetings.
- The Jardin Infantil holds two-hour meetings every two months. They begin with a class on practical parenting skills such as making soft foods, enriched cookies, or bathing a child, and end with individual parent-teacher conferences.
- Daily homes hold monthly meetings with parents.

Generating Community Action

Community action is an important means of maintaining sustainable programs and providing continuity between early care and later schooling. In several countries, childcare programs have helped whole communities by becoming focal points for community energy. Two programs provided specific information on community impact.

- The Arugaan centers offer parents counseling and training seminars on domestic violence. They have supported campaigns opposing violence against women in the communities surrounding the factory creches.
- UNINORTE describes the "expected outcome" of its project this way: "Originally, improving the quality of early childhood care and development...[but it] has evolved in such a way that the 'home' for children has become a catalyst for community development in a much more general fashion." One offshoot was the founding of an adult school with courses for community members in first aid, nutrition, family relations, sex education, carpentry, dressmaking, child psychology, and family rights. Energy initially mobilized for childcare has resulted in the development of a community pharmacy and a community library; with help from the Dutch government the community of La Playa now has plans to build a high school.

Information about the characteristics of communities that experienced this kind of mobilization, and a study of the factors contributing to differences in degree of community mobilization might help us understand the factors that catalyze action among parents already known to each other through their children, and perhaps already mobilized by involvement in the building, staffing, or funding of a center, to

become action groups for other community needs. There may also be trade-offs in the quality of childcare when parents or staff use some of their time for other community needs.

A review of early childhood policy and programs in sub-Saharan Africa (Colletta and Reinhold, 1997) suggests that community participation may be best mobilized when the following elements exist: external financial support for start-up, fee-paying parents, local training expertise, available and qualified community members to train, and components of the program designed to influence community participation. Successful programs began with small pilot efforts in a few communities. These factors were all present for both Arugaan and UNINORTE programs.

Childcare Centers as Family Resource Ports

Childcare centers and homes serve as access ports for many of the services children and families need. Multi-use service centers provide the integrated support so essential for parents and children in working or stressed families whose time and resources are limited. By making families more efficient and ensuring their contact with and access to multiple social services, childcare centers make other program and service efforts more effective as well.

Parents who are too tired, busy, shy, wary of unfamiliar professionals, uninformed, or geographically distant to contact the services they or their children need, can get help at their childcare center when it is available. The childcare center may increase effectiveness primarily through its personal relationships—here are people parents already know and trust to some extent—or simply by being a place they go every day anyway. The total package can be quite powerful, even when small in size. The Wawa Wasi program, a system of related home care providers serving eight children, reports: “The neighborhood that has a home has immediate benefits in childcare and education, food and health services, the possibilities opening up for work for the biological mother, and the income that the Mother Educator receives.”

The programs reviewed extend services other than childcare in a variety of ways. Some *provide services directly*:

- PIDIs distribute food donated by the World Food Program and local governments, dispense vitamin A supplements, and de-worm children.
- The UPAVIM program delivers vitamin A on the first and fifth day children age 7 months attend, and zinc and iron supplements for the first four to six months of attendance; when a baby over 8 months is malnourished, special supplementary foods are provided.
- Wawa Wasi distributes food from the National Food Support Program.
- The Junji kindergartens, and daily homes and Multi-Homes providers, are expected to provide 75-80% and 85% of caloric needs, respectively; both provide 100% of protein requirements.

Some childcare centers *monitor health and development*:

- PIDIs monitor immunization, growth, and development records.
- Junji kindergartens make their own height, weight, and developmental assessments, as do the factory creches of the Arugaan project in the Philippines.
- Caretaking mothers in daily homes bring children to the local health post each month for health and development monitoring.

Some centers *provide a central site for visiting or permanent professionals*:

- UNINORTE childcare homes serve as sites for monthly physician visits.
- Jardin Infantil has an on-site medical clinic with a half-time doctor and a full-time nurse who provide maternal and child health services and dispense medicines.
- UPAVIM's center has a half-time doctor, full-time nurse, and a dentist in its building.

In most programs surveyed, caregivers or their supervisors also *give parents appropriate referrals for health or behavioral problems*. Referrals were most common to local governmental health posts for physical concerns and to non-governmental agencies for behavioral issues.

While the availability of multiple services through contact with a childcare provider undoubtedly is of great benefit to children and their parents, it may not be a completely unmixed blessing. Group childcare is hard work; to provide quality care, a sustainable program must also take care not to overburden caregivers.

The presence of food programs, health care tasks, or professionals in the lives of childcare providers may be a source of enrichment, but it may also entail extra work from caregivers already working at too many tasks. For example, the PIDI program lists among its four design tools the "Guide to Managing PIDI forms," a clear contrast with "Play for Discovery."

• **Staffing**

Stability of staff in infant and toddler care is essential for quality services. Recently neuroscience has confirmed that young children need consistent caregivers with whom they have an emotional bond; young children learn best when engaged in interactions that touch them affectively as well as physically and emotionally. Programs are challenged to recruit, train, and retain caregivers in a profession that is rewarding but seldom well-paid. Most encourage staff to stay and grow in their programs by stimulating teachers/caregivers with regular training and support. The descriptions that follow show some of the strategies programs used for each stage of staffing and personnel management.

Recruiting Nurturing Staff

While some childcare programs require extensive training for their personnel, many recruited teachers, caregivers, and supervisors primarily on the basis of their interest in

children and their nurturing abilities.

- PIDs specify that their staff of popular educators “must have basic education and show capacity to work with children.”
- Children’s houses look for “young women with a primary school education who like working with children.”
- Jardin Infantil looks for “creative and imaginative caregivers.”
- Zimbabwe’s manual for the Childhood Education and Care Programs describes the qualities that supervisors and teachers should have: “an interest in children and nurturing abilities; respect and empathy; the sympathy to be approachable and the ability to listen well; the ability to accept criticism and advice; a cheerful, motherly, patient, honest, clean, responsible, humble approach and a sensitivity to children’s needs, a sense of humor and a sense of punctuality.”

Community Hiring

Community hiring might be counted as a companion best practice to identifying the nurturing character of potential caregivers as a key criterion for recruitment and hiring. Members of a local community are likely to have the most certain knowledge of who among them exhibits nurturing skills and interest in children. Furthermore, communities typically can control performance of caregivers if the caregivers live among them; this gives parents a greater level of comfort about the safety and well-being of their children. Some programs in this survey did not describe caregiver qualities but did stipulate that caregivers were recruited and chosen by the community.

PIDs, Wawa Wasis, Arugaan and the NGOs in charge of hiring caretaking mothers look to community leaders for recruitment.

The emphasis on caring and creativity reported by these programs coincides with the guidance offered by many experienced childcare program managers in wealthier countries. Most acknowledge that effective caregivers are first and foremost caring individuals who enjoy children and, secondarily, benefit from education and training. Many childcare program managers develop strategies for selecting among applicants for positions, such as asking applicants to tell stories about children they have cared for, or to discuss the toys they find most useful and why. Almost all suggest that observing a job candidate work with children in the care setting is an essential prerequisite to hiring.

Children under age 3 are intuitive; they are sensitive to and affected by the affect and attitudes of adults who care for them. While training can enhance nurturing skills, it may not suffice to instill the nurturing and encouraging attitudes so critical for caregivers of infants and toddlers. Expensive and time-consuming training programs for inexperienced, would-be caregivers can result in short-lived careers when trained personnel discover they lack the patience and flexibility required for day-to-day childcare.

Training Caregivers in Small Doses

Defining criteria for recruiting staff is only a first step. Staff development follows staff recruitment to ensure program quality and job satisfaction. Easily accessible local training, both pre-service and in-service, can not only fill gaps in knowledge, but add pride, interest, and confidence to the daily work as well.

Trainers know that, especially when trainees are adults with relatively low levels of education, training must be active, repeated, and continuous in the workplace. Extensive pre-service training is typically less effective than shorter pre-service training with good in-service follow-up. Most of these programs recognized in practice that early childhood educators and caregivers can drink in the refreshment of larger concepts and new practical ideas most deeply when these are available in small, regular doses.

- PIDIs train local teachers in two initial six-day workshops, followed by on-site supervision.
- The daily homes caregiving mothers attend an initial three-day course followed by monthly meetings (in the Multi-Homes) with state-level Family Ministry supervisors who offer programmatic and administrative support.
- Wawa Wasi Mother Educators are trained initially for five days and then meet monthly with each other, promoters, teacher coordinators, and members of a regional team. At these meetings "there is an interchange of experiences, identification of problems and technical-pedagogical follow-up to reinforce training." Supervisory relationships, especially those with off-site personnel, can be fraught with tensions. These monthly meetings with groups of caregivers suggest a low-cost and potentially nourishing alternative.
- The content of training, where described, was often general: health, nutrition, growth and development monitoring, food preparation and management, early childhood psychosocial development.
- UNINORTE and Arugaan programs offered training in community development work as well.
- Two programs described examples of short, in service, hands-on training for caregivers, "Crafting Stories and Songs; Songs and Toys from the Environment" (Arugaan), and "Use of Recycled Trash Materials in Order to Stimulate the Use of Imagination"(Jardin Infantil).

Research shows that caregiver knowledge of child development enhances both job satisfaction and the quality of childcare provided. However, as the Peru group reported, providing frequent, local training is a challenge when enrollment growth and turnover are high. Along with other information provided for Peru's Wawa Wasi home care program was the regret: "The program has grown very quickly and in many cases the Mother Educator has little knowledge of the development indicators and how to stimulate the children, especially in language and motor development."

Creating Team Settings for Caregivers

The relentlessness of young children's requirements for adult aid can wear out the strongest and most motivated; thus, very young children are usually best cared for when adults care for them in a team setting. The social environment of caregivers can have a great impact on children. Fellow caregivers' company and understanding can sustain interest and patience, and, on the inevitable bad days, as a natural restraint.

With a team of caregivers, the probability is much better that every child will find a caretaker who is a good fit or with whom there is positive "chemistry." Infants and toddlers vary tremendously in personal style; among two or three caregivers that style has a greater chance of finding an appreciative audience. The idea that a fit between the personalities of mother and child plays a major role, not only in family happiness but also in a child's entire psychological profile, self-esteem, later learning ability, and adjustment is increasingly discussed in the United States. Interaction is the key to healthy development, and interaction is usually more positive when both parties like and enjoy one another. Caregivers with infants and toddlers are no exception.

Most center-based programs use teams for childcare:

- In PIDs, mother educators care directly for children; promoters and educators administer the centers and cook; doctors, nutritionists, social workers, and early stimulation technicians are all on board.
- Children's houses use large and have complete teams: director, assistant director, secretary, seamstress, kitchen administrator, social worker, two pediatricians, preschool teacher, psychologist, certified childcare workers, auxiliaries, laundry workers, and cleaning personnel.
- Smaller programs, like the Arugaan creches and UPAVIM center, have teachers or caregivers working together, medical help nearby, and a roving aide or two for help with clearing, cleaning, and general assistance.

Creating teams in home based care is difficult. However, if at least half of the children are over age 3, and if there are grandmothers, aunts, neighbors, or older children around to provide assistance, company, and witness, then these home-based family-style settings can be comfortable for infants, toddlers, and caregivers.

- The largest programs surveyed—the Wawa Wasi network (28,597 children) and the daily homes (182,624 children)—rely on women working out of their own homes, with no other staff officially present all day long. These homes have eight children under age 6. Information is not available on how many of the eight children are under age 3 or exactly how alone the caretaking mothers are, and these two factors make an enormous difference.

Consistency of caregivers is key to children's sense of security; job satisfaction is essential to keep caregiver turnover at a minimum. Since most adults enjoy more job satisfaction when they work with colleagues, teaming is a good strategy for improving consistency of caregiving.

Finally, consistency between the care environment and the home environment is important, too. Teams in group settings bring local culture to the care environment, reassuring and enriching children with familiar sounds, rhythms, movements, arts, and patterns of adult interaction.

Lower Child-to-Caregiver Ratios

Very young children require a great deal of simple physical support. They learn best from responsive, back-and-forth interaction with adults, and they depend on regular relationships between needs experienced and their relief (get hungry—get fed) to make sense of their world and to maintain exploratory energy.

The Arugaan factory centers in the Philippines have achieved a 4:1 ratio, which begins with one caregiver to one infant and two toddlers, expanding to four children only after the first three are settled.

- The UPAVIM Nursery uses a 6:1 ratio.
- Ratios of 9:1, 8:1, and 7:1 are most common in programs reviewed for children under age 18 months.
- Since teacher and caregiver wages are usually the most expensive part of childcare programs, however, it is not surprising to find 10:1 and 12:1 child/adult ratios in several programs (PIDs, Multi-Homes).
- Also of concern is the switch to 14:1 and 18:1 for those age 2-3.

The viability of the lower-ratio centers is encouraging, because lower ratios are probably essential for excellent care. Quick responsiveness to individual children becomes increasingly difficult as the number of children in an adult's care increases.

Resources and Sustainability

Organizational development and funding histories among group care programs are remarkably diverse. Childcare is not a profit-making undertaking for any of these groups, although there are systems of for-profit centers for wealthy clients. Instead it is an endeavor based on creative assembly and integration of resources at every level, from instructional materials, to daily schedules, to staff volunteers, to annual funding. These programs do not depend completely on a single funding source—whether that is parent fees or a central ministry budget—so that they can survive minor economic and political changes.

Using Multiple Sources of Support

The programs in this survey draw on multiple sources of funding, making the best program possible using the human, financial, and in-kind resources available. Most programs reviewed drew funding from at least three sources:

- PIDs use food donated by the World Food Program and local foods provided by local governments; the National Treasury pays technical and caretaker salaries, provides complementary foods, and pays administrative costs; UNICEF provides training and materials, supervision and follow-up, and needs assessment for each PID.
- The ten different kindergarten programs in Chile rely on different sources of funding: metropolitan kindergartens are funded by the Ministry of Education, family kindergartens by local municipalities, and workers' kindergartens by parent fees with some help from the municipality.
- The UNINORTE program relies on a 3% tax on all workers' salaries, as well as funds from the university, the Colombian Institute of Family Welfare, and the Bernhard Van Leer Foundation. Fund-raising activities such as dances for building renovation are the responsibility of the parents' associations.
- The Jardin Infantil is supported by the municipality, donations, and small monthly fees paid by parents.
- The UPAVIM program relies on parent fees and volunteer labor, and its association's sale of crafts (15-25% of profits from the cooperative go to the school).
- Parent fees, the community kitchens, the National Food Service, and food subsidized by the European Economic Community all help support mother educators in the Wawa Wasi program. The mother educators themselves donate water, electricity, and soap.
- Venezuela's very decentralized approach has successfully reached a great number of young children; a more centralized expansion is planned. SENIFA (*Sevicio Nacional Autonomia de Atencion Integral a la Infancia*) is negotiating agreements with state governments and local municipalities for co-financing to expand the program from 42% of children in extreme poverty to 100% of those who are in extreme poverty and 50% of children in poverty. The state governments will finance 80-90% of the costs in "care coupons" and "food coupons", and SENIFA will assume the costs of setting up the homes, including training, provision of materials, and extra operating expenses.

Some programs relied mostly on parent and community efforts:

- Support for the children's houses comes from parents (sliding-fee scale), donations by members of the Children's Protection Society and others, raffles, and a tax-free shop that sells Guatemalan folk art at the airport.
- In the Arugaan creches, parents pay operating expenses in cash or kind, the factories provide utilities, parents raise money by selling vegetarian meals to other workers, and the staff produced a video on working mothers. In particular sites, both the Benedictine order and ICCO, a Dutch funding agency, have contributed funds for building materials, supplies, or training.
- Daily homes and Multi-Homes have central support from the Ministry of the Family; 400 NGOs assist in facilitating the program. Flexibility in financing and fund raising

for childcare is perhaps a virtue born of necessity, but a virtue nonetheless. A multiplicity of funding sources and strategies augurs well for childcare stability.

Many programs manage to provide good infant and toddler care for approximately \$2-\$3 per day. Most of the programs provided us with per child cost data; we chose not to include it in this presentation because we concluded that the assumptions behind the costs were not comparable across programs. A careful cost-effectiveness analysis of different kinds of care would be invaluable to policy makers, but the assumptions must be clear and consistent, the data must be reliable, and the analysis rigorous to ensure that conclusions are accurate and meaningful.

GOOD FEATURES OF PHYSICAL ENVIRONMENTS

- **Safe and Welcoming**

Physical environments communicate. A grand public building may speak to us of the majesty of the law; a beautiful church expresses the greatness or sweetness of spirituality; a small, bright kitchen invites cozy talk. A good physical environment for infants and toddlers is not only safe in practical terms (free of poisons, choking and falling hazards, communicable disease) but also communicates warmth and safety. Two effective and different ways of communicating warmth and safety to infant and toddlers are 1) using home-like environments, and 2) creating child-oriented environments.

Many programs use actual community homes for early childcare—in this sample, the Wawa Wasi program and the daily homes. Here the difficulty of overcoming a potentially cold institutional environment is already met; the challenge lies in preserving a home-like atmosphere. Accommodations to convenience in caring for many small children in a small space can destroy the natural welcoming message of a home setting. That both caregiver and parents carry with them and have confidence in their knowledge of a true home environment remains a constant advantage; they can work together more easily to provide or maintain the feeling of home.

Creating a child- and family-centered environment in a non-family setting is a more challenging but nevertheless exciting alternative. For children, bright colors, pictures on the wall at eye level (realistic pictures or photographs are best at young ages), cozy spaces, open spaces, photos of family members—all of these help. What speaks of warmth and safety to parents may differ more widely among cultures, but many parents may experience that welcome from having something in the environment that is just for them: a calendar of events in the childcare classroom or in the community, children's artwork, notices of workshops or other local resources, a lending library of books or toys.

Survey information did not include much detail about physical environments, but several program profiles reflected sensitivity to the importance of child-friendly factors.

- In the UPAVIM program, "Strong primary colors are used in decoration and in

objects. Each infant has his/her own crib. The cribs are at ground level so the infant can leave the crib and creep or crawl on the floor.”

- In the children’s houses: “The rooms are large and well-ventilated, and there are play areas adapted for each age group...as well as space for play and rugs for them to be comfortable on the floor.”
- The Jardin Infantil uses child-sized furnishings.
- PIDs are careful to use “furniture that does not place infants and children at risk.”

- **Small-scale**

Some very large centers were reviewed: Junji Kindergartens in the metropolitan area serve 300 children each; the six children’s houses serve 3,200 children altogether; PIDs range from 30 to 150 children.

Research in the United States has indicated that childcare centers with fewer than 50 children enrolled have greater success in maintaining quality-of-care indicators than larger centers. It must be easier for children, staff, and parents to become familiar, function at their best, and feel valued within a smaller setting. With this in mind, the smaller physical scale of the majority of the programs surveyed is heartening.

However, against the advantages of the smallest sizes (eight children in Wawa Wasi homes and daily homes) must be weighed the disadvantages of caregiver isolation in these one-woman operations. Too many very young children and too little extra help can be unhealthy for children and caregivers alike.

Daily Multi-Homes with three caregivers and 30 children each may present a good compromise between the isolation of home day care and the monolithic organization of larger centers. Survey information noted that Multi-Homes have become increasingly popular. Their ability to accept 30 children with three caregivers, instead of the 24 children three separate caregivers would manage, is the prime reason for their growth. ARCA (*Ampliación, Reconstrucción, Construcción y Adquisición*—Remodeling, Reconstruction, Construction and Acquisition) works with communities to acquire and adapt houses or community centers, and the three caregiving mothers manage it cooperatively. A concentration of 30 children is apparently enough to mobilize the community to work with ARCA and build, remodel, or acquire a community center. The childcare provided stays small enough to feel local and familiar and command loyalty, and no adult is working in isolation.

GOOD FEATURES OF FEEDING, HEALTH, AND HYGIENE PRACTICES

The basic principles for infants and toddlers in group care are the same as those for children kept at home.

- **Breastfeeding**

Infants and toddlers in group care have the same feeding needs as infants cared for in their own homes. From 0-6 months the best and only food a baby needs is breastmilk. The act of breastfeeding ensures touching, holding, eye contact, and maternal-infant interaction, even in the busiest, poorest household. Inevitably, round-the-clock breastfeeding brings with it verbal interaction between mother and baby, and mother with other people in her environment, both key to language development.

The challenge for group care is to support breastfeeding or approximate in the childcare setting the natural combination of optimal food and guaranteed interaction with a consistent caregiver that breastfeeding provides.

Programs reflected their awareness of the importance and value of breastfeeding for young infants in various ways:

- The Arugaan programs encourage mothers to breastfeed their children at the centers or to express their milk; caregivers then feed infants the breastmilk. Touching and holding during feeding, which mimics the behavior of breastfeeding, is emphasized. They also offer wet-nursing services for mothers who are unable to provide sufficient breastmilk for children under age 1.
- PIDs do not admit children before age 6 months so as not to interfere with exclusive breastfeeding.
- At children's houses, mothers are encouraged to come and breastfeed their children or to bring expressed breastmilk. Support for breastfeeding is organized in coordination with CONAPLAN, the National Breastfeeding Commission.

Many babies in group care are given formula, milk, or other fluids. Just as formulas attempt to replicate breastmilk, caregiver behaviors while feeding young infants should replicate mothers' behaviors during breastfeeding of touching, holding, talking, and making eye contact.

- **Interactive Feeding**

Between age 6 months to 3 years the feeding needs of children change rapidly. Breastmilk remains the best food for infants and toddlers, and sustaining it improves the child's health, reduces other foods needed, and holds down costs. However, from six months onward other foods become important as well. The amount of food, frequency of feeding, and diversity of food all increase as the child grows. Caloric density increases and texture changes from liquids, to purees, to semi-solids, to solid foods. Managing these changes for a group of children is challenging, but some of the programs surveyed do just that, assuming responsibility for most of the nutritional needs of the children in their care.

For older infants and toddlers, the routines and interaction when caregivers feed them are almost as important as the food given to them. Caregivers in the children's houses are given a succinct summary of the principles of interactive feeding: "when giving food

to the child, do it affectionately, and talk with him/her.” Responsive and caring interaction ensures that feeding is an aspect of care that improves a child’s development and learning, health, and growth.

- Junji kindergartens provide 75-80% of children’s daily requirements in breakfast, lunch, and a snack (or an additional meal if the day is extended).
- Children at Jardin Infantil receive three meals a day and parents are given an extra food allotment for the two months of school vacation.
- Cooks at children’s houses receive weekly menus from the Nutrition Department that incorporate fresh, local foods.
- At UPAVIM, malnourished infants over age 8 months receive supplemental feedings, depending on their degree of malnutrition.
- Children in Arugaan programs receive small amounts of natural foods every two hours to improve their health and appetite.

- **Hygiene**

Breastmilk comes in an ideal hygienic delivery system and brings with it active antibacterial properties that keep it clean even when stored at room temperature for up to a day. By comparison, formula, milk, juice, or sweet tea are all readily contaminated.

- Most of the programs have a defined space for feeding and eating where caregivers maintain food and utensils, help children eat, and develop routines to minimize sharing, dropping, and insect contamination.

Hygiene of containers, especially bottles, is important—and very challenging—in group settings. All the programs surveyed included training or regular contact with local health posts on key elements of good health, which presumably include hygiene. Programs did not give us specific information on food hygiene routines or hands-on management of foods, formula, and utensils.

- Daily schedules at Jardin Infantil, children’s houses, and Arugaan programs included regular times for hygiene among children.
- Cleaning, diapering, and bathing provide opportunities for verbal and tactile stimulation.

- **Health**

Preventive health care (such as immunizations) and curative care are critical to ensuring that group care environments are safe.

- Referral or cooperative systems with other programs are the health care strategies of the majority of programs.
- Several programs supply immunizations on-site through their own physicians.

- Arugaan creches monitor immunization records of their children.
- UNINORTE's parents organize vaccination campaigns.
- Wawa Wasi caretaking mothers take children to the local health post once a month.
- Several large centers have nursing or medical care on-site during part of each day.

The rapid evolution and stabilization of nutrition and health needs during the early years is facilitated by guidance from trained health care providers. However, parents are the most critical partners for maintaining good health and nutritional status of young children. To meet the challenges of rapid growth and development, a partnership of caregivers, parents, and health personnel is the best approach to monitoring children's needs and progress; ensuring adequate and appropriate protein, calories, vitamins, and minerals; and making certain that every child benefits from assessment of growth and development, immunizations, deworming (as needed), and integrated management of child illnesses when they occur.

GOOD FEATURES OF SOCIAL ENVIRONMENTS

Infants' and toddlers' social environments begin with touch and holding, but extend through relationships with caregivers and peers to the wider world of parents and communities. A good childcare setting honors social relationships between children and caregivers, between children and their own families, and among the children themselves. When children's families participate in the life of the childcare setting through daily talk with caregivers, meetings with other parents, educational or fund-raising activities, children can know even more securely that one safe and loving world of adults encompasses them.

Simple as these guides for action sound, they do not come easily and naturally to all caregivers, nor do they meet with universal approval. Some programs and caregivers concentrate on stimulation or instruction rather than responsive interaction with young children. Others fear "spoiling" infants and toddlers so much that they hold back the very things that nurture young children most.

• **Touch and Movement Stimulation**

Studies of touch and movement stimulation show that it can enhance growth and healing in premature infants, and can calm and steady even developmentally compromised adults. Studies of attachment and separation in animals show that young animals separated from mothers but raised with the comfort of touch from their peers are able to achieve more normal growth than those raised alone.

Touch and movement stimulation can be difficult to provide in a group care setting, especially where caregiver-to-child ratios are high. Many programs use dance to engage young children in motion. Young children are responsive to dance, music, and

rhythm, all of which also enrich group care settings by bringing in local culture.

- The sample activities guide from the children's houses includes many exercises that involve caregivers working with legs, arms and hands. Caregivers are instructed to "sing to the child and dance with him/her," "caress the child at naptime," "teach the baby how to embrace another child."
- The curriculum for infants and toddlers at the Jardin Infantil asks caregivers to "Embrace the child, sing, play with him/her so that s/he feels good."
- In the Arugaan programs, infants under age 1 are offered wet-nursing if needed, and a typical day begins with "Cuddling by Caregivers." The day also includes bathing and massage with herb oils.

- **Positive Discipline**

Very young children require guidance from adults to attain reasonable eating and sleeping habits, cooperation with family or group needs, and socially acceptable ways of dealing with frustration and conflict. When this guidance is physically or emotionally harsh, children are more likely to become violent, anxious, or depressed in later years; to have difficulty learning and making an adequate social adjustment to school; and to become violent adults. When this guidance is clear, but sympathetic and patient, the children grow up to be happier and better citizens.

A healthy childcare setting does not permit hitting, prolonged isolation, or deprivation of food as disciplinary actions. An ideal setting has expectations of children appropriate to their age, and treats "discipline" problems as education problems: how can we teach children more appropriate ways to get what they need? It emphasizes redirecting children to positive activities, along with noticing and praising desirable behavior as disciplinary techniques. A strong sensitivity to these issues was suggested in some program profiles:

- Caregivers in the children's houses are directly trained in "Affectionate Child-rearing, Human Relations, and Self-Esteem."
- At the UPAVIM center, "caregivers are taught to never raise their voices to children..."
- The Jardin Infantil directs that "A loving and understanding environment must be produced. The child must feel valued and loved. Affection in the nursery and in the home is the basis for the security of the child." When there are behavior problems with children, such as fighting, caregivers hold special sessions with parents "to assist them in altering their conduct at home."
- Among the expected results for Arugaan programs are "Less violence in relationships. More caring of children for others." Arugaan caregivers and parents participate in training for the community on domestic violence and campaigns against violence.

- **Honoring Social Relationships**

Infants and toddlers find great comfort, security, and freedom to grow in a web of personal relationships. Attachment studies have long indicated that social relationships play an important role in physical and mental health. Studies of attachment in animals have revealed the critical role of peer attachments in exploratory behaviors and in later ability to reproduce and nurture the young.

A good childcare setting honors social relationships between children and caregivers, between children and their own families, and among the children themselves. Ideally, children have consistent caregivers rather than different ones every day, and families are welcome to participate in the life of the childcare setting through daily talk with caregivers, meetings with other parents, and educational or fund-raising activities.

- In Arugaan programs, family events like last night's dinner are discussed at morning greeting times; older children tell younger ones stories; parents make books while children watch; childcare staff are celebrated as "lovers" of children at an annual Valentine's Day party where all creche staff are given awards and recognition for their roles and jobs.
- The Jardin Infantil lists as one of its primary program goals teaching children "To acquire human virtues through play, focusing on living together, friendship, respect and loving care."
- The children's houses have as part of their activities guides for caregivers teaching children to greet each other and say goodbye affectionately at the end of the day, and to hug their companions.
- Junji kindergartens list as one of five design tools: "Cultural Appropriateness: Strengthening and empowerment of the links of the children with different cultural environments (local, regional, national, Latin-American, western and global) with which s/he may interact, through the intentional selection of cultural items."

GOOD FEATURES OF COGNITIVE ENVIRONMENTS

All efforts to create supportive physical, biological, and social environments are also efforts to create strong intellectual environments. Infants and toddlers learn through action and interaction, using all their senses. When they are hungry, sick, cold, or afraid, energy is stolen physically and psychologically from their drive to learn.

- **Stimulating Language Development**

Case studies of children raised without hearing language in their early years (children raised in the wild or in abusive situations) have taught us that some exposure to human speech in the infant and toddler years is essential to later language learning. Beyond simple exposure to language, there is less certainty about what helps. It is believed that working at the forward edge of a child's current language ability and interactive

language exchanges work best: when babies babble, babble back; when they point, name what they see; when they talk, talk back.

- The children's houses' language stimulation program for 6 to 12 month-olds includes singing nursery songs, naming objects in the nursery, helping children name their clothes, showing infant pictures and repeating the names of the objects in the pictures, teaching the infants short songs, teaching children to say good-bye and waving their hands, talking with children about their toys, having the children repeat onomatopoeic sounds, making noises so that the infants imitate the sounds, and telling the children short stories and imitating the characters.
- The Arugaan programs use action songs, stories told by the cook about the market that morning (naming of the vegetables bought), stories told by older children, books made by parents, "verbal interaction with questions on the color of dress, hair clips, shoes," and events at home. In addition, each week is devoted to one sound of the alphabet.

Some programs expressed concern with teaching young children correct pronunciation or correct words rather than baby talk. In the United States acquisition of many sounds is primarily a matter of age: the consonant sounds of *m*, *n*, *p*, *f*, *h*, and *w* come in early (by age 3), but *v*, *l*, and *th* sounds often do not appear correctly until age six. Assuming this natural evolution of syllable sounds is a matter of time in other languages as well, and that much correct whole word use will also appear naturally with age, caregivers might be relieved of concerns for early correctness. Corrections carry the danger of discouraging some children from speaking, and, with very young children at least, the more talk the better.

- **Large and Small-muscle Activities**

Although older children can learn a great deal from language alone, infants and toddlers need to exercise their developing abilities in action. They need to touch, hold, and carry objects, and to crawl, walk, and climb. They need the space, materials, time, and permission to be as active as possible. Most programs recognized these needs.

- PIDs are constructed with activities rooms and interest corners separate from dining rooms and dormitories. "Play for Discovery" is their principal learning methodology.
- The children's houses have daily activities guides that include two large and two small-motor activities daily, specified separately for each six months of life.
- Caregivers at the Jardin Infantil devote 15 minutes each day to small-muscle activities and another 15 minutes to large-muscle activities.
- The UPAVIM program keeps infants' cribs on the floor so children can crawl out of them for exercise; they use the Montessori method, an active learning approach, with their toddlers.

- **Variety in Stimulation**

Very young children are comforted by familiarity; a certain degree of sameness frees them to try new things with “old” objects. Development itself brings out variety in materials— for example, when very small, a child may crumple a piece of paper and use it for a ball; and later the child will use paper to practice drawing and writing.

Some experiential variety is also important. Human brains are constructed to tune out repetitive stimulation; change is what catches attention and creates learning opportunities.

Providing variety in interactions means making time for children to play together without much caregiver input (free play time), time alone if wanted (some infants and toddlers can be overwhelmed by stimulation in a group and need quiet time and space), and time with caregivers in regular activities.

Programs provided a variety of experiences, for example:

- The PIDs have different spaces for eating, sleeping, activities, and interest corners. Programs without as much space create this variety by changing one space to meet these needs as they occur.
- Planned routines that assign different activities to different times of the day offer a good balance of predictability and variety for young children (Arugaan, children’s houses).

- **Strategic Planning**

Many programs used specific tools or personnel to achieve an active intellectual environment for infants and toddlers.

- PIDs hire early stimulation technicians, have a Program and Curriculum Guide, and use a Nutrition, Health, and Early Stimulation Manual produced by UNICEF.
- In Junji kindergartens an early childhood educator supervises four assistants; the semi-structured curriculum is based on Ministry of Education programs.
- There is great variety in the 127 communities reached by the UNINORTE; generally, parents and the community design the curriculum around themes related to the social experiences and common interests of the children.
- The Jardin Infantil has detailed curriculum guides that allow flexibility to adapt to the individual situation of each child, devotes two months each to five topics, and uses Montessori materials and flashcards adapted from Glenn Doman’s Institute for the Achievement of Human Potential.
- Daily activities guides covering gross motor, language, visual/fine motor, and social/emotional activities are provided for caregivers, along with detailed daily schedules, in the children’s houses.
- UPAVIM’s caregivers are trained in Montessori approaches; guidelines for working with the children are adapted from *The Montessori Method from Philosophy to*

Practice (M. Vallet)

- Twenty WAWA WASI homes form a module that is supervised by an early childhood educator coordinator.
- Caregivers in Venezuela's homes and Multi-Homes receive training in planning educational and recreational activities. Two manuals are available: *Let's Play with Children in the Multihome* and *Playing and Learning in our Home*.
- Arugaan's programs train caregivers in early childhood education, have monthly themes, and weekly letters of the alphabet. A typical day includes singing, stories, free play, art activities, games, and outdoor play that encompasses math and science.

Table 2: Summary of Good Features of Group Care for Infants and Toddlers

Program Organization	Physical Environments	Nutrition, Health and Hygiene Practices	Social Environment	Cognitive Environment
<ul style="list-style-type: none"> • involving and educating parents • generating community action • using childcare centers as family resource ports • recruiting nurturing staff from the community • training caregivers in small doses • creating team settings for caregivers • supporting lower child/caregiver ratio for younger children • using multiple sources of support 	<ul style="list-style-type: none"> • creating safe and welcoming physical environments • operating small-scale centers 	<ul style="list-style-type: none"> • breastfeeding • interactive feeding • hygiene • health 	<ul style="list-style-type: none"> • touch and movement stimulation • positive discipline • honoring social relationships 	<ul style="list-style-type: none"> • stimulating language development • large and small muscle activities • variety in stimulation • strategic planning

Conclusion

This report has focused on positive features of a convenience sample of group care programs for low-income infants and toddlers for which information was fairly accessible. Since communication capabilities and documentation are probably a luxury of well-organized programs, there is still much more to learn about how most children in resource-poor nations are facing the 21st century.

These reports inspire hope that good-quality care can be provided almost anywhere. The Guatemala center for children of trash pickers (Jardin Infantil) provided one of many examples of dedication, ingenuity, and discipline. The center rejoiced in its location at the trash dump because, staff said, it was an excellent source of materials for making instructional materials and toys. Truly, the critical resources for good childcare are people.

It appears that the programs reviewed here have much to teach each other. Each program surveyed has important strengths, but few incorporated every good feature. The next challenge is to support them to be resources for each other, so that policy makers, program designers, managers, trainers, and supervisors might be better equipped with a variety of practical strategies, success stories, and visions of excellence in care for infants and toddlers.

References

Chiesa, J., Everingham, S., Greenwood, P., Houbé, J., Karoly, L., Kilburn, M., Rydell, C., Sanders, M. 1998. Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions, RAND.

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¹ See the Rand Corporation report, 1998.

Appendix

Group Child Care Inventory

Program Description	<p>Please provide a short description of your program noting especially its</p> <ul style="list-style-type: none"> • strengths, • weaknesses, and • challenges. <p>What is the purpose of the program?</p> <p>How does the program evaluate progress toward its goals?</p>
Child Development Goals	<p>What are the intended developmental and educational outcomes for children</p> <p>What other benefits (e.g., health, nutrition, family) children expected to get out</p>
Population Served	<p>Children:</p> <p>For what age ranges of children is the program intended?</p> <p>What groupings of children are in the program?</p> <p>What are the age ranges in each group?</p> <p>How many children are in each group?</p> <p>What is the child/caregiver ratio for each group?</p> <p>Community:</p> <p>What communities does the program serve (multicenters)?</p> <p>How were the communities identified?</p> <p>How do they define themselves?</p> <p>How did they develop the program, or how was it brought to them?</p> <p>What population of families or parents is served by the program— e.g., income level, location, ethnicity, other characteristics?</p>
Community Programs and Goals	<p>What are the program goals for community and family involvement, education, and support?</p> <p>What are the program strategies for community and family involvement, education, and support?</p> <p>What services other than childcare does the program offer?</p> <p>Is the program linked with or does it refer families to other programs or services?</p> <p>If other services are offered, how is staff time allocated?</p> <p>How do other services affect child outcomes?</p> <p>How do other services affect community participation?</p>
Hours of Attention and Calendar Year	<p>What is the calendar year for the program?</p> <p>What hours are children cared for each day?</p> <p>What is the program's daily schedule of activities and routines (from parent</p> <p>What are the feeding routines for each age group?</p> <p>What foods are provided and when?</p> <p>What are the program routines for diapering and toilet training?</p> <p>What are the program's sick-child and emergency policies and procedures?</p> <p>How are children's inappropriate behaviors handled in the classroom (policies</p>

Group Child Care Inventory	
Setting	<p>Please describe the physical environment:</p> <ul style="list-style-type: none"> • buildings and environs • amount and kinds of space for children's activities • amount and amount and kinds of space for staff activities • amount and kinds of space for community activities • amount and kinds of equipment for children (pictures are best)
Human Resources	<p>How are primary caregivers recruited? What criteria are used to select caregivers? What education or training have the primary caregivers had? What is the program director's background in childcare? Are there other adults besides the director and caregivers (for example, nurse, janitor, cook) providing services for the program on a regular basis? Are volunteers, students, teacher's assistants, aides, etc. part of the program? What responsibilities do they have? What training, supervision do they receive? What incentives or benefits? How are unanticipated, temporary caregiver or other staff absences handled?</p>
Support	<p>What are the sources of funding for the program? What strategies are used to sustain support? What is the per child cost of care for each age group? What in kind and volunteer support sustains the program?</p>
Assessment Tools	<p>What assessment tools are used with children? What assessment tools are used with families? What assessment tools are used with staff? (Please send us samples of your materials if you are able to do so.)</p>
Design Tools	<p>What curricula and educational materials do you use?</p>
Training Tools	<p>Staff What training approaches and tools are used with staff? (Please send us samples of your materials if you are able to do so.) What in-service support (training and supervision) do they get? From whom? How often? Community/Families What training tools are used with children, families, community? (Please send us samples of your materials if you are able to do so.)</p>
Other	<p>Please tell us about the most valuable and important features of your program, their impacts, and why they are significant.</p>



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For more copies, contact
Mary Eming Young
The World Bank
1818 H Street, N.W.
Washington, D.C. 20433
Phone: (202) 473-3427
Fax: (202) 522- 3233
Email: myoung3@worldbank.org