



INTERNATIONAL
STEP by STEP
ASSOCIATION



A QUALITY FRAMEWORK

for Early Childhood Practice in Services
for Children under Three Years of Age

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for Children under Three Years of Age

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A QUALITY FRAMEWORK

for Early Childhood Practice in Services for Children under Three Years of Age

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ISSA IS A MEMBERSHIP ASSOCIATION that connects professionals and organizations from across Europe, Central Asia and around the world. It has become the pre-eminent early childhood development network in Europe and Central Asia. ISSA began in 1999 as an association of organizations implementing the “Step by Step Program” developed by the Open Society Institute in 1994. Today, building on its expertise in promoting the child-centred approach in early childhood services for children from birth to 10 years of age, primarily in Central Eastern Europe and the Commonwealth of Independent States (CIS), ISSA focuses its efforts on promoting professionalism in early childhood services and creating equitable and high-quality early childhood systems.

Competent Educators of the 21st Century is the core document that ISSA developed in 2010 (based on a previous version entitled *ISSA Pedagogical Standards*, 2003). It aims to create a shared vision with respect to what “quality” means for those looking into what practitioners do in regard to early childhood education and care services for children aged 3–10. The document is the leading framework for inspiring and supporting ISSA members’ work towards quality improvement. This has been achieved by working in close partnership with governmental and non-governmental organizations in their respective countries.

Building on its several decades of expertise in providing professional development support for those who work with children under three years of age, ISSA embarked on an ambitious process of developing a framework for quality practices that are specific to this age group. Over the years, as knowledge of the particular needs, characteristics and abilities of this age group has grown, we realized that a document that explicitly addresses this special period of life would be beneficial to anyone working with children under three, as well as to their families. While ensuring a much-needed consistency and continuity, the Quality Framework for practices in services for children under three takes its starting point from ISSA’s *Competent Educators of the 21st Century: Principles of Quality Pedagogy*. However, its particular nature is due not only to the fact that children in this age group are developmentally distinctive, but also because it addresses a wider audience than educators alone. The need for such a framework stems from the fact that a broader range of services have traditionally

PREFACE

Why a Quality Framework for early childhood practices in services for children under three years of age?

been more closely involved in working with this age group and their families; these include health and social services and caregivers. Today, there is a clear demand for the provision of formal day-care, education and home-visiting services, as well as other caregiving services specifically for this age group in Europe, Central Asia and around the world. There is also a need for better coordination among agencies providing different kinds of services to infants, young children and their families.

These requirements, along with an increased recognition of the importance of the very first years in a child's development, have fuelled the desire for ISSA members to work under a unified framework, with principles that address the specific needs and rights of this age group and their families.

By producing this document, ISSA is acknowledging the importance of putting very young children and their families at the centre of all early childhood interventions and programs provided through a very diverse range of services. ISSA also acknowledges that for this age group, the shared understanding of quality is crucial in consistently addressing a child's uniqueness and very specific needs by all early childhood service providers across sectors (health, education, social welfare).

The Quality Framework comprises principles and recommended practices grouped around 9 *Focus Areas*. ■

How is the document structured?

THE FIRST SIX FOCUS AREAS ARE: Relationships; Family and Community; Inclusion, Diversity and Values of Democracy; Health, Well-Being, and Nutrition; Development and Learning; and Observation, Documentation, Reflection, and Planning. These Focus Areas address practitioners in early childhood settings **who work directly** with children under three and/or their families, in different settings. The **final three Focus Areas** (Enabling Environments, Professional Development, and Intersectoral Cooperation) pertain to all professionals, those working directly and indirectly with children, and address families and caregivers.

Focus Area 1:	Relationships	(5 Principles, 20 Recommended Practices)
Focus Area 2:	Family and Community	(4 Principles, 17 Recommended Practices)
Focus Area 3:	Inclusion, Diversity and Values of Democracy	(4 Principles, 16 Recommended Practices)
Focus Area 4:	Health, Well-Being and Nutrition	(4 Principles, 22 Recommended Practices)
Focus Area 5:	Development and Learning	(3 Principles, 14 Recommended Practices)
Focus Area 6:	Observation, Documentation, Reflection and Planning	(4 Principles, 17 Recommended Practices)
Focus Area 7:	Enabling Environments	(3 Principles, 15 Recommended Practices)
Focus Area 8:	Professional Development	(2 Principles, 10 Recommended Practices)
Focus Area 9:	Intersectoral Cooperation	(2 Principles, 12 Recommended Practices)

There are 31 principles and 143 recommended practices. Under each Focus Area, a number of principles have been formulated. They cover the most essential practices featuring that specific focus area, contributing to a better and shared understanding of the principles. For each principle, a number of recommended practices have been defined, thus operationalizing the concepts and the pedagogical realm embedded in that specific principle.

Although it is difficult to operate with clear distinctions between areas of practice, the language used for the principles and recommended practices is intended to stress a specific aspect of each area, with the aim of emphasizing the current breadth and complexity of understanding early childhood professions.



THE QUALITY FRAMEWORK BUILDS ON ISSA'S VISION OF A SOCIETY in which families, communities, professionals and governments work together to support all children to reach their full potential. Experiences in a child's first few months and years are critical to fulfilling this potential. They establish the foundations for a child's development and learning throughout their life. For children under three years of age, such experiences are the result of how society supports, respects and responds to them; of how society values their right to have quality experiences and services. On the understanding that it "takes a village" to fulfil this vision, the Framework builds on the strengths of young children under three, and their families, and encourages greater dialogue around the question of what constitutes the quality services and experiences that will best support them to reach their potential.

While this Framework articulates a definition of quality services for young children, it also recognizes that "quality" is a term laden with cultural values—one that is constantly evolving and under negotiation. As a policy framework document, it provides a platform for professional discussions at international and national levels, connecting policies around services for children under three and their families. Moreover, it provides a shared vision between sectors and the services that work with the children and their families. With the intention of developing intersectoral programs that are responsive to these children and their families, it aims to reach out to: *policy and decision makers at national and local levels, as well as to educators; health-care and social workers; home-care providers; home visitors; pre- and in-service training providers; those who manage and develop any of these services; and, of course, families who use these services.*

The Framework outlines the guiding principles in nine different focus areas and recommends practices that describe ways to meet them. The principles are based on humanistic and emancipatory values, informed by state-of-the-art research and theory, a rights-based approach to the provision of services, and a belief that care, learning, and development occur together, and are founded on personal relationships. The Framework briefly describes why children and families have the right to *quality* services and processes in order to support the development and learning of children under three.

INTRODUCTION

Impetus for the Quality Framework

The Importance of Quality Services for Children under Three Years of Age

The Framework is underpinned by the most current research conducted into how children under three learn through quality experiences and relationships. What is more, it is aligned with other important international frameworks and position papers, such as the *European Quality Framework for Early Childhood Education and Care* (2014), OECD's Review of Policies and Practices for Monitoring and Evaluating Quality in Early Learning and Development in *Starting Strong III* (2012), and documents from UNESCO and UNICEF. It also presents new ways of looking at care and learning. ■

A CHILD'S EARLY YEARS ARE A PERIOD OF IMMENSE VULNERABILITY AND OPPORTUNITY. What is done or not done during these special years can have a life-long impact on the individual's health, ability to form relationships, and success in education and employment.

Services for infants and very young children under three years of age are increasingly the focus of national policies, research and financial support. Participation rates of children under three in early childhood services are rising (OECD, 2001, 2006; UNESCO, 2014). Countries increasingly observed that the supply of services is unable to meet demand (ISSA, 2013). However, simply providing access to services in isolation is not enough. Countries must also provide structural and process quality in all early childhood services working with this age group.

There are compelling reasons for asking governments to focus on quality in services for all young children, including the following.

- ❖ This provision is a fundamental human right of every child, as outlined in the United Nations Convention on the Rights of the Child (UNCRC).
- ❖ There are a growing number of children under three years of age in out-of-home services.
- ❖ More than 90% of young children and their families are reached by such health services as antenatal care, delivery by trained health-care providers, well-child care, immunization, growth monitoring, and the management of common childhood illnesses.

- ❖ There is greater evidence that positive parenting at this age can significantly affect the child's health, development, and learning throughout their life, so support provided to parents through home visiting and early childhood services is of great importance.
- ❖ Early-years experiences, especially in the first three years of life, lay the foundation that shapes children's future health, happiness, growth, development and learning achievement at school, in the family and community, and throughout life.
- ❖ Building this strong foundation for all children benefits society by: decreasing the effects of socioeconomic and gender-related inequalities; reducing risk factors such as poverty and exclusion; and strengthening social cohesion. In fact, quality services for children under three years of age may be a way to reduce or close inequity gaps in our societies.
- ❖ Investments in services for young children—but especially those under three years of age—yield higher rates of return than later investments in technical, vocational and higher education (Heckman, 1999). Moreover, they reduce the risk of child abuse and neglect to a greater extent than treatment services.
- ❖ The importance of providing quality services specifically for children under three is underpinned by communications from multiple scientific bodies, including those from neuroscience, developmental psychology, education and other disciplines. It shows that the specific experiences of a child under three have the profound effect of limiting or expanding their social, physical and cognitive potential.

We have known for many years that pregnant mothers, infants and very young children under three require good health and nutrition, care and stimulation, and protection from harm (they need access to social programs and services as well as protection from maltreatment and exploitation). What is becoming more evident in the research is that children under three, particularly, need consistent, nurturing and interactive relationships. Optimum development and learning for children under three is greatly supported by social processes and reciprocal, responsive, respectful and attuned relationships between them and the key adults in their lives; these include parents, other family members and

Caring and Learning Together: Relationship- Based Practice

caregivers. Furthermore, research is increasing our appreciation of the complex social, cognitive and emotional nature of development in the first three years of life. In addition, research confirms that this is an age level requiring particular attention and specific competences from those working with this age group. ■

HISTORICALLY, IT WAS SUFFICIENT IN MANY CULTURES that children under three were cared for to ensure they were kept safe, clean and fed. Today, we know that learning starts even before birth and that all experiences are learning experiences, whether they are intended to be so, or not. Children under three years old learn especially through the processes of being cared for by others. They learn whether they are valued and whether they are listened to and respected when they communicate. In addition, they learn to coordinate body movements, alongside a wide range of self-help, self-regulation, social and communication skills they will use throughout their lives.

With this knowledge, perspectives on what the quality services are for this age group have changed. As this age group has been more typically serviced through the health sector, a more medical-based model has been promoted in caring for children, which has placed more emphasis on health and hygiene practices. This model, however, does not acknowledge the multiple strengths and needs of infants and very young children, and is not sufficient when acknowledging the holistic development of children. Social and emotional nurturing for this age level is equally as important as physical care. Similarly, quality for children under three is not a scaled-down version of a preschool program to promote school-readiness skills. This means that a specialised approach is needed.

Quality service delivery for under threes in educational and care settings is increasingly referred to as a *pedagogy of care*, based on the notion of an *ethic of care* in early childhood education. In this light, caring encounters are considered to be appropriate learning experiences for the very young. A pedagogy of care means going beyond efficiently managing children and performing tasks based on pre-determined routines and procedures, and regards “the ethical perspectives involved in how a society cares for its youngest citizens” (Rockel, 2009:6). It views very young children as being vulnerable, but also as being competent learners and communicators. It

respects their role as active contributors and participants in their own learning and development. It sees them as citizens in the present day (not merely as adults-to-be in the indeterminate future) who have the right and need for quality experiences in whatever context they are located.

A pedagogy of care acknowledges that infants and very young children have agency; that they play an active role in their own learning. Children under three are amazingly adept as active social partners who contribute creatively to establishing and maintaining interactions with the key adults in their lives. This approach recognizes that development and learning are enhanced when adults recognize the individual ways in which infants and toddlers express their desire for responsive care. It builds on the crucial concept that it is the adult's and child's connectivity and interpersonal rapport during the child's care that builds the foundation for learning and development; and that the approach isn't about formally "teaching" the child.

A pedagogy of care is built on practices that enhance the relationship between adult and child through attuned interactions that respond to a child's unique needs, interests and personality. This relationship-based approach to practice acknowledges that development and learning in children under three is fostered through the relationships that key adults build with them, and is based on how these adults respond to them. Those who work with this age group therefore need to engage in a culture of thinking, reflection and dialogue. They need a deep and broad knowledge of child development and learning, with a respectful approach that acknowledges the active role that infants and very young children play in their own learning. They need to learn to hear, see and represent the child as a unique personality, and reflect on what the child is communicating so as to respond in ways that best meet the child's individual or collective needs and interests. ■

RECOGNIZING THAT "QUALITY" IS A VALUE that constantly evolves, its roots are articulated in the Convention of the Rights of the Child (CRC) and *A Guide to General Comment 7* of the CRC on early childhood. ISSA has developed this framework of principles for those who work with children under three, building on the concepts of

A Rights-Based Approach in Defining Quality Practice

a “pedagogy of care and relationship-based practice” and a rights-based approach, in order to address the needs of very young children.

Failing to provide appropriate services to children in their earliest years—the most vulnerable years—is a violation of fundamental human rights. The CRC defines the rights of every child, including: the right to life, survival and development; non-discrimination; a commitment to focus on their best interests; and a respect for their feelings and views. A rights-based approach stems from the belief that young children and their families are entitled to supportive policies, quality services and experiences from the very start of life.

Every right spelled out in the Convention is inherent to the human dignity and harmonious development of every child. It reflects a new vision of the child as human beings who are the subject of their own rights. The Convention offers a vision of the child as an individual and as a member of a family and community, with rights appropriate to his or her age and stage of development. By recognizing children’s rights in this way, the Convention firmly sets the focus on the whole child. It protects those rights by setting standards in health care, education, and legal, civil and social services. (UNICEF, 2014)

This Framework builds on a rights-based approach, alongside the concept that care, learning and development are inseparable through:

- ❖ recognizing the “centrality” of relationships;
- ❖ recognizing the child as an active participant in their own learning;
- ❖ recognizing that their development is holistic;
- ❖ recognizing that healthy and safe environments enhance development and learning;
- ❖ respecting and supporting parental and family roles in taking primary responsibility for their children’s learning and development;
- ❖ recognizing the need for an integrated and intersectoral approach to early childhood services and early child development in all policies.

The principles introduced in this Framework outline the way in which those who work with children under three and their families can: provide respectful, responsive, reciprocal and attuned relationships; provide physical and psychological safety in stress-free, enabling environments; promote well-being and health; provide a “culture of care” through individualized care activities; value the culture and language of the children, families and communities in which they work; value diversity among the children; and respect and honour the role that parents, families, caregivers and communities play in rearing their children.

Children’s rights are upheld when they are in environments that respect and nurture their natural curiosity, value supportive interactions with adults and empower their growing abilities to make their own decisions. Attention to quality is important to safeguard the rights of children at risk of social exclusion due to poverty, ethnic or cultural background, gender or disability. Quality can be seen as an essential link between policy commitments and actual results: children will only benefit from increased access to early childhood education and care ECCE services if the services being provided meet core standards for quality. (UNESCO, 2014:7) ■

THE UNDER-THREE AGE LEVEL IS DISTINCTIVE in early childhood development, as they are more physically and psychologically vulnerable; moreover, they are dependent upon adults to provide for their care. Their survival and development is built on relationships and attachment to their primary caregivers. There is “an overwhelming consensus across studies and contexts” that quality early childhood services for this age group are characterized by “attuned relationships between young children and adults” (Dalli et al., 2011).

We now realize that even new-borns are amazingly adept at initiating and sustaining relationships with the key adults they need in order to survive, as well as learning and developing. Infants are born to perceptually capture and eventually develop a sense of shared experience. What begins at birth as imitation and mirroring in face-to-face exchanges with key adults rapidly becomes reciprocation and being attuned to others, referencing objects of joint attention and negotiating values.

Recognizing the ‘centrality’ of relationships in the development of children under three years of age

Recognizing that
children under three
are active participants
in their own learning

Infants engage in proximity-seeking behaviours, promoting connectedness through engaging in intersubjective or shared reciprocal social exchanges. Intersubjectivity requires proximity, and is an important source of emotional regulation, provided that there are positive attachment relationships in place (White & Redder, 2015).

Infants develop social expectations as to what will happen next when interacting with others. In fact, they are “geared up to be social right from birth” (Murray, 2014). The establishment of attuned interaction between children and their caregivers—who are physically and emotionally present, supportive, actively listening and responsive to the interactional cues of under threes—is increasingly understood as their right: it contributes to healthy development. Very young children are physical beings who use movement and gesture to express themselves; therefore, those who work with them have to be attentive to the children’s non-verbal communication and physical actions, as well as their vocalizations.

Children from an early age are explorers with boundless curiosity, are judicious decision makers and social actors each with their own unique goals, interests, and ways to communicate feelings and intentions. On the other hand, the ability of young children to express these capabilities are dependent upon the responsiveness and support children receive from their close relationships with their mothers and fathers, their other principal caregivers, their siblings and peers and the wider network of persons in their extended families, neighbourhoods, care centres and school. (*A Guide to General Comment 7*, 2006: 32) ■

EVEN VERY YOUNG CHILDREN HAVE SOCIAL AWARENESS. They can enter into communicative and cooperative relationships with others; they can explore, inquire, play and they have agency (the capacity to act and make choices). They are not just blank slates requiring care and protection until their brains and bodies develop more fully.

Equally, infants coordinate the rhythms of their movements, their senses and engage with others’ movements, sensing their purposes and feelings. Through these movements, they are able to provoke interest and affectionate responses from others (Trevvarthen, 2010).

It has also been recognized that when infants feel secure, are in close proximity to caregivers, and are involved in dialogues that facilitate high levels of intersubjectivity, they become purposeful in engaging in sustained play events of their choice. They also show a marked increase in peer involvement, where they are able to gain an awareness of their personal influence in social contexts.

Children under three are not merely “becoming human beings”; they are born as complete human beings who are active participants in the routines and processes of daily life. They need the right conditions—particularly time—to learn, share meaning and flourish. As each child has individual preferences, needs and desires, adults who care for children under three need to see and hear them as unique individuals with their own temperaments, capacities and developmental characteristics. Adults who care for such children must have the capacity to be sensitive, and the ability to be reflective—to interpret and respond to the often subtle cues the children make in different contexts—in order to best meet the children’s needs and respond to their initiatives.

The young child is no longer powerless, voiceless or invisible, but is a positive participating social actor, actively “being” in the here and now, rather than solely “becoming” for the future. (*A Guide to General Comment 7*, para. 14) ■

THE CONCEPT OF THE WHOLE CHILD is based on the widely recognized principle that all areas of human growth and development are intimately interrelated and mutually supportive. Child development is the gradual emergence of a child’s capacities to see, hear, speak, move, think and solve problems. All children develop similar abilities, but at different rates, depending on their genetic background and environmental conditions. The ability to reach one’s full potential and develop holistically is directly related to the synergistic effect of good health, good nutrition, being protected from harm, appropriate stimulation, stable relationships, and consistent, nurturing interactions during everyday events, set routines and play. An approach that fragments the child’s development as regards health, nutrition, education, social, emotional, physical and cognitive variables often leads to incomplete or inappropriate care and support. This document takes the

Recognizing that the development of children under three is holistic

approach of not focusing on developmental domains, which tend to focus on what children are expected to achieve, but instead on areas of experiences that adults providing early childhood services are expected to offer. All areas of experience are interconnected in a young child's life, and develop concurrently. Progress in one area affects progress in others. Similarly, when something goes wrong in any one of those areas, it has an impact on all the others. A key aspect of the holistic approach is that care and learning are inseparable. As a result, both are needed for child development, thereby reinforcing the concept that a “pedagogy of care” is most appropriate for this age level.

The right to survival and development can only be implemented in a holistic manner, through the enforcement of all the other provisions of the Convention, including rights to health, adequate nutrition, social security, an adequate standard of living, a healthy and safe environment, education and play. (*A Guide to General Comment 7*, 2006: 26) ■

Recognizing the importance of healthy and safe environments

HEALTHY AND SAFE ENVIRONMENTS ARE ESSENTIAL to the development of a child under three years of age. Good health, safeguarding and nutritional practices are an important part of a healthy environment, and may be a challenge to fulfil in communities where family issues such as adequate housing, infrastructure, and economic well-being are not addressed by governments. Although these issues are beyond the realm of this document, links between policies for 0–3 year olds and economic policies are connected and should not be ignored in the dialogue around quality environments and what needs to be done to ensure that children have an equitable start in life as regards healthy and safe environments.

Toxic stress, which can be exasperated by severe poverty, low levels of parental well-being, insecure attachments, etc., has been shown to damage the brain's architecture in young children. Conversely, low-stress environments have been shown to correlate with young children's healthy development. For this age group, there are several ways to reduce stress in environments though strengthening protective factors.

One of these protective factors is to provide services and adequate resources to families to help ensure their children's well-being, development and learning. The provision of home-visiting and parenting support programs are a powerful prevention

strategy for reducing the maltreatment of children, improving parental well-being, and for enhancing healthy home-learning environments. The families prioritized are those with the highest degrees of vulnerability and disadvantage. Although young children are very vulnerable, we can also support their resilience. Studies of families in adverse circumstances show resilience to be linked to two key factors: the quality of the relationship between parents¹ and children; and supportive community networks. Resilience is not a fixed quality; rather it can be fostered by parents and family, as well as school and community. Research suggests that a capacity for resilience is determined by early experiences and attachments with primary caregivers.

Another way to strengthen protective factors is through the provision of quality day-care provision. “Quality” in this case includes ensuring that, when children are placed in care outside the home, that the adult/child ratios—in centres or home-based care—meet appropriate standards for this age category. Optimal adult/child ratios in group settings for infants are 1:3 and for 1:4 for children from 1–3 years of age, with groups of no more than six or eight children, respectively. Although these ratios are typically legislated and may not be achievable, it should be brought to legislators’ attention that ratios exceeding this number are not seen as quality services; children of this age require greater adult attention than their older peers. In addition, children need a “key” trained adult in a day-care service, who provides consistency in the children’s care over a longer period of time.

Research suggests that adherence to these ratios, and a key adult caregiver, are essential in order to reduce stress-related problems in under threes; this promotes the formation of attachment relationships with caregivers in appropriate settings (Dalli et.al., 2011). Calm, quiet environments provided by sensitive adults who understand how to interact with individual infants and very young children can reduce stress. Moreover, ensuring that those who work with children under three have adequate preparation in child-development and methodology for working with this particular age

¹ *Parents or caregivers.*

group—so that they are able to work within a pedagogy of care and relationship-based practice—can better provide the kind of environment in which children thrive.

A good start in life means that each and every child, from infancy forward, has the right to live in a nurturing, caring and safe environment that enables [the child] to survive and be physically healthy, mentally alert, emotionally secure, socially competent and able to learn (*A Guide to General Comment 7*, 2006: 12) ■

Respecting and supporting the role of parents and families to take primary responsibility for a child's learning and development

THE CRC OUTLINES PARENTAL AND PUBLIC RESPONSIBILITIES for early childhood education. Specifically, it asks governments to “provide appropriate assistance to parents in the performance of their child-rearing responsibilities” (art. 18.2) and to “take all appropriate measures to enhance parents’ understanding of their role in their children’s early education, encourage child-rearing practices which are child-centred, encourage respect for the child’s dignity and provide opportunities for developing understanding, self-esteem and self-confidence.” It further asks early childhood services to complement the parents’ role and develop services in partnership with them, “including through active cooperation between parents, professionals and others in developing ‘the child’s personality, talents and mental and physical abilities to their fullest potential’” (*A Guide to General Comment 7*, 2006: 47, art. 29.1 (a)).

Children need to form strong, secure attachments with their parents and primary caregivers, because secure attachments are associated with better social and emotional adjustment in later childhood (Murray, 2014: 19), a higher level of self-regulation, and tolerance of stress. What is more, the relationships that children form in their families help them to construct a personal identity and to acquire culturally valued skills, knowledge and behaviours (*A Guide to General Comment 7*, 2006: 42).

Parents and other family members know their own child best. Therefore, services for children under three always require dialogue with these people, and negotiation of what is best for their child. Services should be provided in partnership with parents and families in ways that support their rights and responsibilities over the child. (In extreme cases of child abuse, where children must be protected from their parents,

protection must be codified in the law and followed by the service providers.) A respectful approach to working with the family parallels and supports a respectful approach with the child. Building trustful relationships with families and communities will motivate them to engage with services and access different programs.

The family is ‘the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children’ (*A Guide to General Comment 7*, 2006: 41.)

States (and therefore, early childhood services) are obliged to respect parents’ primary responsibility for providing care and guidance for their children and to support parents in this regard, providing material assistance and support programmes. States are also obliged to prevent children from being separated from their families unless the separation is necessary for the child’s best interests. (*A Guide to General Comment 7*, Article 9) ■

BUILDING SUCH A FOUNDATION REQUIRES COOPERATION from all who have contact with under threes and their families, including home visitors, health-care and social-welfare workers, nutritionists, child-care providers and early years educators. An approach that promotes the seamless integration and alignment of services will best serve children under three and their families, while at the same time respecting the privacy, autonomy and human dignity of the family unit. Furthermore, the role of communication and interaction across sectors of early childhood services is critical to children’s development (Britto, Yoshikawa, & Boller, 2011).

In guaranteeing rights to the youngest children, states’ parties are urged to develop rights-based, multidimensional and multisectoral strategies that ensure that children’s best interests are the starting point for service planning and provision. States are to promote a systematic and integrated approach to law and policy development and provide comprehensive and continuous programmes in early childhood development, taking into consideration children’s evolving capacity in light of article 5 of the Convention. (*A Guide to General Comment 7*, 2006: 5) ■

An Integrated and Aligned Approach

The Framework as a Platform for Dialogue about Quality

IT IS OUR INTENTION that this Framework serve as a platform and reference document for connecting and aligning global, national and local policies, and practices concerning services for children under three and their families. It invites international and national stakeholders to reflect upon the crucial importance of providing quality experiences for children under three and their families, acknowledging the urgent need for intersectoral work.

Goals for improving the quality of services are developed through dialogue among key actors, including families and representatives of communities. Setting goals for quality is important because they: help focus attention on the topic; consolidate political will; strategically align resources with prioritized areas; anchor discussions for better government leadership; and promote more consistent, coordinated and child-centred services with shared social and pedagogical objectives. In addition, they advance guidance for providers, direction for practitioners, and clarity for parents (OECD, 2012: 10).

The Framework addresses **multiple audiences**, and can be used across different sectors, creating a more unified and powerful voice to ensure that very young children's rights and needs are met, with the involvement of family and community partnerships. It invites those who work in different kinds of services to engage in discussions, to reflect upon and define "quality" of service in accordance to their own values, mission, vision, capability, nature and culture. At the same time, each worker can learn about other values, missions, cultures, etc., in order to work towards supporting families, and providing a seamless transition when children under three and their families move between services.

As demonstrated in the figure below, the Framework can be used in **multiple ways** to promote quality in services for children under three. It can be used as a foundation for boosting innovation at a local level for those who embrace a shared vision of quality practice (including those who work in day care for this age level, as

well as health, welfare, home-visiting and parent-support programs). Although the Framework is not a curriculum for children under three, nor does it specify specific outcomes for children, it can be used as a way to open dialogue concerning what kinds of experiences add the greatest value to young children's development.

The Framework can also serve as a **background document** to develop monitoring and evaluation systems for quality improvement, or to develop tools to measure the quality of practices employed by adults in different services, thus providing information on how and where to improve services. This Framework mostly addresses *process quality*, focusing on the young child's and their family's experiences of early childhood services. As a Framework for process quality, it can also guide governments, programs and various institutions—including pre-service and in-service training programs, those who design professional development strategies, and those who develop curricula and policies—to incorporate principles that ensure quality experiences for children under three and their families within the combined context of early childhood service provision in their local communities and countries.

It also can be used as a tool to raise **public awareness** about the importance quality in services for children under three and their families (and to advocate for such services), as well as to raise awareness of the need for intersectoral policies, protocols, and institutional agreements.

Some aspects of quality are beyond the scope of this document, given that they require policy development and investments at national and local levels. Structural quality in early childhood services is important, and it is fervently hoped that even though the Framework might not directly address some of its aspects, the discussions around quality will also consider how to implement progressive structural quality, acknowledging that attaining quality is a process that first requires clearly planning the desired goals.



MULTIPLE USES FOR THE QUALITY FRAMEWORK AS A GROUNDING AND BRIDGING POLICY DOCUMENT



FOCUS AREAS AND PRINCIPLES

Focus Area 1: Relationships

- ❖ Relationships with each child recognize and value their uniqueness, competences, personal communication style, preferences and agency.
- ❖ Relationships are fostered through responsive interactions that create a secure attachment.
- ❖ Relationships are fostered through strategies that encourage dialogue.
- ❖ Relationships are fostered between and among children.
- ❖ Relationships support/facilitate the routine and non-routine transitions of a child under three.

Focus Area 2: Family and Community

- ❖ Knowledge and appreciation of families and communities strengthen relationships with and among them.
- ❖ Sensitive, respectful and reciprocal communication with families supports children's development and learning.
- ❖ Services are best provided in partnerships with families.
- ❖ Cooperative and collaborative partnerships with the community, to provide the best support for families and children.

Focus Area 3: Inclusion, Diversity and Values of Democracy

- ❖ Inclusion provides equal opportunities for every child and family to participate.
- ❖ Understanding and appreciating the diversity that exists among children, families and communities builds the children's identities.
- ❖ Fostering each child's sense of self, voice and agency promotes democratic values and practices.
- ❖ Inclusion is promoted through partnerships with families.

Focus Area 4: Health, Well-Being and Nutrition

- ❖ Each child's health is promoted.
- ❖ Children's nutritional needs are ensured.
- ❖ Health care and nutritional routines are a source of pleasure, learning and attachment.
- ❖ Each child is safeguarded from abuse, neglect and harm through the promotion of appropriate practices, prevention and intervention.

Focus Area 5: Development and Learning

- ❖ Children's development is approached holistically.
- ❖ Play is a source and strategy for development, well-being and learning.
- ❖ Development and learning are promoted through scaffolding.

Focus Area 6: Observation, Documentation, Reflection and Planning

- ❖ Observations provide important information about children's development, learning, interests, strengths and needs.
- ❖ Observations are most useful when documented, reflected upon and shared with parents/families and others who are involved in the child's care and well-being.
- ❖ Joint reflection on child observations and on the documentation of children's learning and socialisation in order to inform the revision of professional practices and their on-going improvement.
- ❖ Long-term and short-term responsive planning builds on individual children's strengths and needs.

Focus Area 7: Enabling Environments

- ❖ The environment promotes each child's safety and emotional well-being.
- ❖ The environment is welcoming, accessible, comfortable and creates a sense of belonging.
- ❖ The environment stimulates the child's play, exploration, autonomy and initiative.

Focus Area 8: Professional Development

- ❖ Knowledge about child development and learning contribute to the quality of the child's early experiences.
- ❖ Continually engaging in professional development activities improves quality in practice.

Focus Area 9: Intersectoral Cooperation

- ❖ Collaborating and cooperating with other practitioners and services within and across sectors, whilst ensuring the privacy, confidentiality and dignity of children and families, in order to improve the quality of services received.
- ❖ Referrals to early childhood intervention specialists for formal screening and assessment when needed in order to prevent developmental delays and atypical later in life.

Notes:

The Recommended Practices in the following section of the document are addressed to those who work directly with children under three, or indirectly with their families. However, some recommended practices apply more to those who work directly with children, especially in the following Focus Areas: Relationships; Development and Learning; and Enabling Environments. The role of the person who works directly with the family (e.g. home visitors, social workers) is then to explore and negotiate how these practices may also be brought into a home environment, respecting the diversity of home cultures and the dignity of the parents, families and communities where the child is reared.

Where the term "infant" is used, it refers to a child under one year of age (from birth to 12 months). Where the term "very young child" is used, it refers to a child aged between one and three years old.



HOW CAN YOU ENGAGE WITH THE FRAMEWORK?

- ✓ Self-reflect on and self-assess practices and policies
- ✓ Discuss with colleagues, analyse and challenge existing practices and policies
- ✓ Develop policies and innovate practices in alignment with shared values and approaches
- ✓ Gain new insights and knowledge
- ✓ Learn from and together with professionals from the same and other services
- ✓ Connect policies and practices from different services and sectors
- ✓ Challenge the framework, adapt it and improve it to make it more responsive to local contexts
- ✓ Support meaningful preparation and continuous professional development
- ✓ Critically reflect on the complex profile of the early childhood professional
- ✓ Advocate for the high recognition of the early childhood profession

The Framework invites all stakeholders who are involved in decision/policy making and in the development and delivery of services within early childhood systems to consider ways in which they can influence the policies and practice in early childhood systems by reading this document. By dividing the audience into four groups, it was intended to show that although there are various roles and positions that stakeholders have in the system, the Framework can lead to building a shared understanding among them around quality practices, and can create synergies that bridge sectors, professionals, and various levels of governance. There are many ways in which you can engage with the Framework. In this section, only a few suggestions are offered to inspire you.

If you are working in a crèche, daycare or kindergarten

- ❖ You may use the Framework to guide you in self-assessing the quality of your practice by reflecting on the recommended practices under each Focus Area. If you manage or coordinate a programme, you can invite the staff to use it for self-assessment and initiate a series of meetings to discuss specific strengths and areas of improvement in their practices.
- ❖ The Framework can help you to engage in discussions with your colleagues in the service about the practices you find the most challenging in any of the Focus Areas and together you can explore ways to address them using the recommended practices as a guide. Include coordinators/managers in these discussions and propose a plan for professional development addressing specific issues.
- ❖ You may also use the Framework to gain new knowledge and deepen the understanding of concepts or approaches that are bringing different perspectives to your common practice or to challenge them. You can further explore the terminology, research and theories presented in the Framework with colleagues, building shared knowledge and language to describe quality practice.
- ❖ You may ask colleagues, mentors, or others whose opinion you value to observe you using the recommended practices as a guide for giving you input on your strengths and areas where you may consider making changes.
- ❖ You may consider videotaping your practices at different times of the day and self-reflect on the quality of your practices in terms of the ones presented in this Framework. You can use these videos to start discussions with your colleagues as well as with parents about the quality of practices the children are experiencing.
- ❖ You may also reflect on how you can share the knowledge and experience you may gather by using this Framework with parents, supervisors, your colleagues in the service and with other colleagues working in different services.

If you work in a home visiting, social assistance, or health care program

- ❖ You may use the Framework to guide you in self-assessing the quality of your practice when working with families or with children by reflecting on the recommended practices under each Focus Area.
- ❖ You may reflect on the concepts, information and practices that are new to you and propose them for discussion or exploration together with other colleagues and/or your supervisors.
- ❖ You can share ideas that inspired you when reading this Framework with other colleagues and discuss those issues that are most challenging with your peers from the same service or from other kinds of services.
- ❖ The Framework can be used to initiate reflections on how you can improve the way you interact, communicate, cooperate, and involve families in decisions regarding their children.
- ❖ It can also help you reflect on how can you better support families to spend quality time with their young children by discussing their daily interactions, verbal and non-verbal communication, daily routines and activities, as well as the way they organize the child's home-learning environment.
- ❖ You may consider using the Framework to develop a shared understanding of quality practices in interacting/working with children and to explore ways in which you can bridge your knowledge and experiences with those of families and other peers.

If you work at the local, national, or international policy/program level

- ❖ You can use the Framework to reflect on how you can contribute to building a shared understanding and language that describes quality practice in working with children and families among decision and policy makers.
- ❖ You may explore and propose ways in which you can use the Framework to open a dialogue among different sectors and levels of governance about the importance of child and family-centred practice in early childhood service delivery and the importance of having a high qualified workforce that shares a common understanding of the foundational role that early years play in the individual's life.
- ❖ You may consider convening a group of stakeholders from different sectors that deliver services to children under three and their families to discuss/review the policies or guidelines in your country regulating early childhood services (in terms of delivery) and the system (in terms of workforce preparation including both pre-service and in-service; intersectoral cooperation and alignment, governance, and monitoring and assessment) in regards to the practices recommended in this document. This group can be asked to reflect on the extent to which these policies are child- and family-centred, promote the principles of a “pedagogy of care” and recognize the centrality of relationships in the development of children under three years of age.
- ❖ You may consider using the Framework for developing and/or aligning monitoring and assessment tools that are used for supporting the workforce through mentoring and coaching mechanisms to improve their practices.
- ❖ The Framework can be used to inspire you in designing programs (local, national/ international) aimed at promoting quality practices grounded in a shared understanding among different professionals around the importance of child and family centred practice and delivering responsive services for the youngest children.
- ❖ You may explore ways in which the Framework can be used as an advocacy tool at the local/national/international level for promoting quality practices in early childhood services that are respectful of children's rights, and their development and well-being in their earliest years.

If you work in pre-service or in-service training

- ❖ Reflect on the extent in which the current curriculum for pre-service and in-services training is reflecting the concepts and approaches included in this Framework when referring to: the ‘pedagogy of care’; ‘intersubjectivity’, family centrality and families role in child’s rearing, learning and development and families rights to be respected and participate in decisions regarding their children; the complex role professionals play in supporting children and families; and the crucial importance of regarding care and education as being equally important after the child is born.
- ❖ Use the framework to assess the extent to which the current professional profiles for early childhood professionals consider the competences required to reflect the recommended practices in this Framework.
- ❖ Explore ways in which you can engage with your students or trainees to use the Framework as a tool for analysing practices in services and for discussing in depth those areas that require knowledge, skills and attitudes which haven’t been addressed during the training programs.
- ❖ Use the Focus Areas as a road map for addressing the complexity of early childhood profession and as bridging elements between early childhood theory and practice.
- ❖ Consider providing various contexts for students and trainees to learn about various professional profiles working in early childhood services in different sectors and contribute to a creating a culture of inter-sectoral cooperation.
- ❖ Explore ways in which the Framework can inspire you to promote innovative content and approaches the in-service training programs.



Social relationships are at the heart of the development of children under three. They are fundamental to their emotional well-being, to their cognitive development, and to their being able to survive and flourish across the lifespan. Relationships develop over time by repeated, responsive, respectful and reciprocal interactions that are attuned to and synchronized with the child's attempts to communicate and respond. These interactions are the basis for stability and continuity in relationships.

Quality interactions that promote development and learning occur when adults are physically and emotionally present, actively listening or paying attention, and orienting themselves toward the child and the child's experience. Adults who are skilled at detecting and responding to children's cues and communication styles are most likely to understand their priorities, being able to interpret what their gestures, body language and utterances mean. "Infants' social acts are influenced by the adult's ability to respond, match or supplement the infant's gesture by jointly attending to the infant's experience" (White, Peter & Redder, 2015). Moreover, close physical proximity is also important in relationships to promote connectedness, safety, intimacy and the young child's emotional regulation. There is an appreciation that each child has a unique personality and is an active participant in the interaction. There is sensitivity to each child's temperament, abilities, strengths, needs, dispositions, interests, culture and language (both verbal and non-verbal) in order to promote their reciprocity in interactions.

These kinds of interactions allow a child under three to form secure attachments that provide a healthy emotional base from which to explore and learn, as well as to handle transitions.

Focus Area 1

Relationships

5 PRINCIPLES,
20 RECOMMENDED PRACTICES

Principle 1.1

Relationships with each child recognize and value their uniqueness, competences, personal communication style, preferences and agency.

Recommended Practices

- ❖ Shows the child that what they are communicating is being listened to.
- ❖ Responds to the child's cues about preferences, interests and choices.
- ❖ Responds to the child in ways that are empathetic with their pace of development, temperament, individual characteristics and personality (sensitivity, timing, intensity of speech, facial expressions, etc.).
- ❖ Shows respect for the child as an active explorer and skilled learner.

Principle 1.2

Relationships are fostered through responsive interactions that create a secure attachment.

Recommended Practices

- ❖ Stays emotionally and physically available to the child.
- ❖ Is attentive to the child's initiatives to communicate (verbal and non-verbal).
- ❖ Responds promptly to the child's signs of distress in a comforting and helpful way.
- ❖ Demonstrates respect for the child's feelings, including during transitions.
- ❖ Acts in predictable, consistent ways to help the child anticipate what will happen next.

Principle 1.3

Relationships are fostered through strategies that encourage dialogue.

Recommended Practices

- ❖ Maintains eye contact (where culturally appropriate) with the child when communicating.
- ❖ Uses a tone of voice that conveys interest, tenderness, calm, affection, concern and understanding when communicating.
- ❖ Uses body language that is relaxed, open and conveys interest and attentive expression.
- ❖ Recognises the importance of peer interactions for very young children.

Principle 1.4

Relationships are fostered between and among children.

Recommended Practices

- ❖ Encourages social interactions among children through modelling, gentle guidance and, where necessary, intervention.
- ❖ Encourages the infant to express their emotions appropriately by using the language that is at their disposal.
- ❖ Supports the very young child in understanding that others also have needs and feelings, and that these need to be considered.

Principle 1.5

Relationships support/facilitate the routine and non-routine transitions of a child under three.

Recommended Practices

- ❖ Recognizes the individual nature of each child's responses to transitions, and supports those transitions.
- ❖ Communicates and coordinates with all other adults who are involved with the child during times of transition.
- ❖ Evaluates routines regularly to ensure that the child's needs are being met, by observing how the child is responding.
- ❖ Communicates with parents/families regularly about the routines they are following, in order to provide consistency for the child.



We value the role of the family as the first social-emotional growth and learning setting of an infant and very young child. The parents/caregivers/family must be acknowledged, respected, appreciated and valued. Parents and families are their children's greatest advocates and provide vital information to professionals concerning children's care, development and education, as they know their children best. They have goals and dreams for their children, and their input into how these are achieved are essential in building partnership with them.

We recognize the great diversity among and within families including abilities, disabilities, religion, sexuality, language, culture, age and so on. Those who work with children under three must know the families and the communities in which the children live. This is in order to best inform workforce's efforts and actions in ways that are responsive, sensitive and inclusive for every child and family. Special care should also be taken when working with vulnerable groups (e.g. immigrants, Roma families, poor families, families with children with special needs, families with history of child abuse or neglect, etc.). They must also respect the privacy, dignity, autonomy, culture and

language of each family, while recognizing that there may be occasions, for the safety of the child, that the referrals and intervention of other services may be necessary. Service providers must be able to communicate with families in ways that show this respect and appreciation, and include them in all decisions about their children's development, well-being and learning. An essential component of building partnerships is to avoid stereotypical and/or judgmental thinking about parents, families and communities. Partnerships are built when we can appreciate each other's uniqueness and strengths, rather than imposing our view or values on others.

Formal and informal community partnerships among families and among other community members help promote collaborations that can act as support to better meet children's and families' needs. This includes building relationships among families who use the service. This informal social support is one of the most crucial means of support available to parents and families. Early childhood services can be one of the best places for building these kinds of relationship—a place where the entire community can come together to fulfil their vision of what they want for their children.

Parent education and support can assist in building resilience in families through developing their skills, characteristics, knowledge, and relationships. This can offset risk-exposure and can contribute to both short- and long-term positive outcomes for families and their children. Focusing on protective measures such as relaying knowledge on child development, implementing responsive and nurturing care practices, maintaining good physical and mental health, being informed in healthy family dynamics and communication, and having access to informal and formal support networks, can be a positive way to engage families when they focus on families' and communities' strengths. However, we must always understand that parent education and support is best facilitated through respectful listening, and not through persuading parents to act in a way approved by professionals. The goal should never be to “pedagogicalise” parents. Support means not “taking over” parents' roles and responsibilities, but actively supporting families by providing them with opportunities to practice, to do things and decide for themselves. It also means balancing parental needs with the child's needs and taking care of their health and well-being.

Focus Area 2

Family and Community

4 PRINCIPLES,
17 RECOMMENDED PRACTICES

Principle 2.1

Knowledge and appreciation of families and communities strengthen relationships with and among them.

Recommended Practices

- ❖ Learns about each family's values, beliefs, assumptions, expectations and practices, and incorporates them whenever possible.
- ❖ Individualizes relationships and services for families in ways that best support their needs.
- ❖ Builds on family and community strengths and, where possible, acknowledges and incorporates the “funds of knowledge” that are a part of every family and community.
- ❖ Promotes opportunities for families to learn from and support one another.
- ❖ Addresses parental physical and mental health and well-being.

Principle 2.2

Sensitive, respectful and reciprocal communication with families supports children's development and learning.

Recommended Practices

- ❖ Engages in on-going, responsive communication with parents/families to share information about the child's experiences, health and needs.
- ❖ Takes time to listen carefully, being non-judgemental with families.
- ❖ Uses various ways to communicate with families, incorporating their language and communication preferences.
- ❖ Maintains confidentiality of all information about the child and their family (unless the safety of the child is at risk).
- ❖ Manages differences of opinions, reporting and supporting in ways that bring about positive outcomes for the child.

Principle 2.3 **Recommended Practices**

Services are best provided in partnerships with families.

- ❖ Ensures each family's rights and responsibilities to be involved in decision-making, giving them the opportunity to make the final decision about their child's development, learning, well-being and services.
- ❖ Incorporates and respects families' specific goals, needs and cultural practices; upon mutual agreement, modifies routines appropriately to enhance continuity between the home and other settings.
- ❖ Strengthens and reinforces parenting practices, while offering parenting empowerment and support for improving practices when necessary.
- ❖ Promotes the involvement and engagement of fathers and other family members in a child's care and learning.

Principle 2.4 **Recommended Practices**

Cooperative and collaborative partnerships with the community, to provide the best support for families and children.

- ❖ Ensures seamless transitions when liaising with different services, in order to support families.
- ❖ Actively engages local communities to promote children's and families' rights through community outreach and advocacy activities, recognizing that children are part of the community.
- ❖ Creates opportunities for community members to be involved participants in early childhood service activities.





Promoting the right of every child and their family to be included, respected and valued, and to participate, is integral to quality service. It is crucial that all their experiences reflect the mandates of the *Convention on the Rights of the Child* and other international and national documents, so that no child or family experiences discrimination, inequality or lack of inclusion, and does not experience an inability to participate due to their gender, race, ethnic origin, culture, native language, religion, family structure, social status, age or level of ability.

Those who work with young children and their families serve as a model, and through everyday experiences, ensure that young children learn to respect and value who they are, as well as the diversity and identities of other individuals and communities. In addition, they must ensure the rights of children to be active participants in their own care, development and learning. Children should be able to develop a voice to express themselves, make decisions and contributions, and support the development of all of their identities.

Focus Area 3

Inclusion, Diversity and Values of Democracy

4 PRINCIPLES,
16 RECOMMENDED PRACTICES

Principle 3.1

Inclusion provides equal opportunities for every child and family to participate.

Recommended Practices

- ❖ Demonstrates awareness of how ones' own values, culture, beliefs, assumptions and attitudes affect communication, interactions and relationships with children, their families and communities.
- ❖ Adapts to the interactions, learning experiences and environment so that children and families with different physical and mental capabilities, or who speak different languages, or are new to the setting or service, can participate fully.
- ❖ Disregards gender and other stereotypes (including poverty stereotypes) and does not use practices, materials, language and learning experiences that promote stereotypes.
- ❖ Ensures gender equity for all girls and boys in early childhood services, as well as for male and female family members (especially fathers).

Principle 3.2

Understanding and appreciating the diversity that exists among children, families and communities builds the children's identities.

Recommended Practices

- ❖ Demonstrates awareness of and respect for the variation and diversity among families and children through incorporating interactions, learning experiences and materials that reflect the cultural, linguistic, family and individual diversity in children and their families.
- ❖ Supports families' child-rearing practices, in addition to cultural and linguistic styles, where possible. Where this is not possible, appropriate support and guidance are offered.
- ❖ Incorporates the home language(s) in interactions with the child, and encourages families to use it in their interactions with the child.
- ❖ Promotes expressions of all of the child's and family members' identities, including cultural identities.
- ❖ Demonstrates sensitivity to the different roles within families that members play, and their expectations of behaviour based on those roles.
- ❖ Demonstrates sensitivity to the need for different role models among different early childhood service practitioners.

Principle 3.3

Recommended Practices

Fostering each child's sense of self, voice and agency promotes democratic values and practices.

- ❖ Promotes varied opportunities for children to make choices, and encourages families to do the same.
- ❖ Encourages children to express themselves in multiple ways, drawing on the multiple linguistic, gestural and other non-verbal forms of communication, and encourages families to do the same.
- ❖ Values, promotes and seeks children's individual contributions of experiences, knowledge and expressions in open, non-judgmental ways.

Principle 3.4

Recommended Practices

Inclusion is promoted through partnerships with families.

- ❖ Engages in dialogue with families about how services can be more inclusive, in order to respect and value diversity, and become more democratic, giving greater voice to children, families and communities.
- ❖ Works with families and specialists to create plans for inclusion; discusses the successes and challenges of these plans, and offers observations and reflections related to working with individual children.
- ❖ Advocates for children and families in order to promote their rights, improve their living conditions, and encourage participation in decision making.



The physical and mental health of children under three is an integral part of their emotional, social, mental and spiritual well-being. Healthy hygienic practices, health procedures and routines—such as routine check-ups and immunizations, adults' knowledge of first aid and child cardiopulmonary resuscitation (CPR), age-appropriate nutrition, physical activity, sleep and rest—help ensure that children's safety, physical health, well-being and comfort are promoted.

A part of developing healthy habits is understanding and anticipating that care routines such as eating and participating in hygiene practices—for example toileting, washing hands, bathing, brushing teeth, etc.—can be a source of pleasure when done in a caring, respectful way that helps children develop attachment to the key adults in their life. Key adults are also part of the pedagogy of care, where children are learning new skills, vocabulary, knowledge and dispositions during the daily routines that are most important to them.

Caregiving routines (including feeding, changing diapers, bathing, playing, and preparing for sleep) make up a large part of the day for children under three. This provides adults with many opportunities to involve children in their caregiving experiences through respectful, reciprocal and responsive interactions. The daily program needs to provide time for these interactions to be nurtured, established and maintained. Care routines should always be approached as opportunities for the child's development, learning and well-being in ways that respond to individual strengths, needs and abilities. They should deepen relationships with key adults and other children, and provide possibilities for building the child's emerging skills.

Children under three years old are vulnerable. They are dependent on others to offer them protection and promote their best interests. Adults who work with them and their families need to ensure that both their physical and psychological well-being is protected through being able to identify the needs which arise. Protocols and procedures should also be in place to ensure that the child is safe, as well as how to work with families whose members may be showing signs of stress that could negatively impact the well-being of the child.

Focus Area 4

Health, Well-Being and Nutrition

4 PRINCIPLES,
22 RECOMMENDED PRACTICES

Principle 4.1 **Recommended Practices**

Each child's health is promoted.

- ❖ Provides and promotes a safe environment that encourages development and well-being.
- ❖ Promotes and maintains effective hygiene practices to help control the spread of infectious diseases and promote healthy habits.
- ❖ Provides immunization information and schedules that encourage parents to have their children immunized in a timely manner.
- ❖ Follows and promotes procedures to prevent and handle injuries, including first aid, child cardiopulmonary resuscitation (CPR) and home and outdoor safety education.
- ❖ Educates about the need for frequent health checks-ups and follows-up on their results.
- ❖ Provides for and educates about the child's need for physical activity, as well as rest and sleep.
- ❖ Provides healthy sleeping habits, preventing Sudden Infant Death Syndrome (SIDS).

Principle 4.2 **Recommended Practices**

Children's nutritional needs are ensured.

- ❖ Supports breast-feeding for infants by providing information about it and the conditions that enable it.
- ❖ Supports (including modelling) healthy eating habits for young children; ensures that healthy, age-appropriate food choices are offered that are culturally and regionally appropriate.
- ❖ Provides and promotes (along with other key adults) meals that meet children's individual dietary requirements (including allergies to foods).
- ❖ Follows and promotes hygienic procedures for storing, preparing and serving food.
- ❖ Discuss and negotiates with families nutritional and hygienic practices.

Principle 4.3

Recommended Practices

Health care and nutritional routines are a source of pleasure, learning and attachment.

- ❖ Promotes feeding and care routines as a source of pleasure.
- ❖ Engages in and/or promotes warm and responsive interactions (verbal and non-verbal) during feeding and care routines that reinforce attachment.
- ❖ Promotes the active participation and autonomy of the child in care and feeding routines in culturally appropriate ways.
- ❖ Promotes care routines and transitions that encourage the child to anticipate and cooperate, keeping in mind the child's mood, energy level, or attentiveness.
- ❖ Provides and promotes feeding and care routines that are flexible, responding to children's individual needs.

Principle 4.4

Recommended Practices

Each child is safeguarded from abuse, neglect and harm through the promotion of appropriate practices, prevention and intervention.

- ❖ Observes children's mental and physical health, identifying signs of abuse and/or neglect that affect their health, and reports them to the appropriate authorities.
- ❖ Observes the parents' mental and physical health, identifying signs of maternal depression and any other mental issues.
- ❖ Follows established procedures for referrals and for working with families when children show signs of atypical behaviour, depression or anxiety.
- ❖ Follows and supports families in times of crisis, stress and maternal or paternal depression.
- ❖ Demonstrates awareness of roles, legal responsibilities and procedures to protect children at risk of abuse and/or neglect, including knowing how to maintain contact with a family which is suspected of abusive behaviour.



Children under three years old experience life in a holistic way. Any curriculum followed or promoted should provide a breadth of developmental experiences and balanced opportunities for learning in ways that seamlessly integrate children into caregiving routines and play. All areas of development and learning are interconnected to each other and are equally important. They are not to be addressed separately, but should evolve in an integrated way during naturally occurring daily events when children are interacting, experimenting, exploring and playing.

Repetition, consistency and predictability are important ingredients for a child's development and learning in the first years of life. Equally important, however, is to scaffold their development and expand their emerging skills and abilities by talking with them, reading to them, allowing them to explore and experiment, engaging in playful interactions and building up their achievements throughout the day, including routines (like feeding, bathing, preparing to sleep), and transitioning from one moment or activity to another.

Playful interactions and play promote the child's exploration of ideas and experiences, and are an effective way to support learning. Play is so vital in the development and learning of young children that it is specifically listed as a right under the Convention of the Rights of the Child.

Focus Area 5

Development and Learning

3 PRINCIPLES,
14 RECOMMENDED PRACTICES

Principle 5.1

Children's development is approached holistically.

Recommended Practices

- ❖ Follows and/or designs curricula/home-based activities/programs that address all areas of experience in the child's holistic development.
- ❖ Integrates children's earlier experiences when introducing new experiences.
- ❖ Encourages and builds upon children's diverse approaches to learning (e.g. curiosity, persistence, initiative, etc.).
- ❖ Uses opportunities during care routines to promote children's development in an integrated manner during naturally occurring events.
- ❖ Offers and promotes a combination of diverse and predictable experiences that encourage the child's exploration, experimentation, independent inquiry and creativity.

Principle 5.2

Play is a source and strategy for development, well-being and learning.

Recommended Practices

- ❖ Promotes play as a source of development, exploration, discovery, engagement, self-comfort and joy.
- ❖ Promotes play experiences that are developmental and age-appropriate based on each child's knowledge.
- ❖ Demonstrates awareness of the roles that key adults serve in play and the importance of emotional and physical availability to the child during these experiences.
- ❖ Provides and/or encourages opportunities for children to play with other children and experience pleasant moments together in ways that promote recognition of and cooperation with others.
- ❖ Demonstrates how to promote play through the provision of open-ended play materials that support creative exploration.

Principle 5.3

Recommended Practices

Development and learning are promoted through scaffolding.

- ❖ Demonstrates how to adapt to the rhythm and pace of individual children, giving time and space as needed for children to process their experiences.
- ❖ Demonstrates how to respond to the child's cues, actions and comments by providing verbal and non-verbal hints and assistance—or questions, descriptions and prompts (promoting multiple back-and-forth exchanges).
- ❖ Demonstrates how to connect new concepts and skills with the child's previous knowledge and experiences, particularly those had at home and in the community.
- ❖ Demonstrates how to encourage and support children to take appropriate risks to promote their development and learning, and to persist in order to solve a problem.



Observation, documentation and shared reflections are the way in which adults who work with children under three years old can gain a better understanding of the child's developmental growth and progress. They are the basis for being responsive to and building relationships with infants and very young children. They are also the basis for planning actions that relate to the child: new learning experiences for the child; making adaptations to the child's environment/schedules/routines; and adapting interactions with the child. Observations can also be source for strengthening a relationship with a child. However, a child should never feel that they are being observed, but should feel the joy of sharing an experience with an adult.

Observation and documentation offer a means for communicating with families about the very young child's health, development, well-being and needs, and should always be made available to the parents/family. Only when parents give explicit written permission may information about the child be shared with different services, external agencies and others involved in the child's care (except in cases where the health or the life of the child is at risk). Observation and documentation allow those who work with children under three years old to gauge a child's progression over time as regards learning, development, health, family situation, etc. They may also act as a source of self-review for those who work with children, in order to make adaptations to their interactions with the child, improve their understanding of the child, the family and their needs, or to make adaptations to the environment of a service. All documentation, reflection and planning should regard every child as an individual with their own unique abilities, strengths, needs and interests.

Observations are integral to supporting the child in a particular setting, and to sharing their progress with parents. They also provide supporting evidence in situations where specialists conduct formal child assessments with the parents.

Focus Area 6

Observation, Documentation, Reflection and Planning

4 PRINCIPLES,
17 RECOMMENDED PRACTICES

Principle 6.1

Observations provide important information about children's development, learning, interests, strengths and needs.

Recommended Practices

- ❖ Values observation of the child's verbal and non-verbal behaviours (as well as the context for the behaviour) as a way to understand more about the child and to inform decisions about the child.
- ❖ Engages in a range of relevant observations about children's growth, language, development and learning, on a regular basis.
- ❖ Uses observations to determine if changes are needed in the child's learning experiences and environment.
- ❖ Uses observations to celebrate and document children's achievements, progress and development.
- ❖ Uses observations and screening instruments as a way to identify possible developmental delays, disabilities, malnutrition, chronic illnesses, or the risk of any kind of maltreatment or atypical behaviour.

Principle 6.2

Observations are most useful when documented, reflected upon and shared with parents/families and others who are involved in the child's care and well-being.

Recommended Practices

- ❖ Secures the permission of parents or the primary caregiver before sharing information with other agencies or service providers.
- ❖ Records observations in an understandable and objective way so that they can be shared easily with other people who work with the child (with parental permission).
- ❖ Uses different tools, as appropriate, to record and/or assess observations, including anecdotal records, narratives, video clips, photographs, audio recordings, dictations, drawings and checklists.
- ❖ Uses a system for organizing observations and record-keeping so that information can be used for sharing, screening, assessment and planning purposes.
- ❖ Shares observations with families and other professionals (when parental permission is granted) who work with the child, with the aim of providing seamless care for the child, and to engage them in any interventions or the involvement of other services.
- ❖ Designates specific times to review documentation with other key adults.

Principle 6.3

Joint reflection on child observations and on the documentation of children's learning and socialisation in order to inform the revision of professional practices and their on-going improvement.

Recommended Practices

- ❖ Reflects upon observations and their documentation both individually and informally with colleagues, and through peer review/peer mentoring and collective reflection to gain a deeper understanding of children's development, learning and socialising processes.
- ❖ Shares and exchanges documented observations with colleagues about the children's health, development, learning and socialisation processes to improve the practices enacted in the service.
- ❖ Co-constructs new professional knowledge with colleagues through joint work, collective reflection on documentation, in-service training opportunities, mentoring, coaching and the on-going revision of practices.

Principle 6.4

Long-term and short-term responsive planning builds on individual children's strengths and needs.

Recommended Practices

- ❖ Uses observations and documentation to establish longer-term plans for the child's experiences, including any modifications that need to be made to the adult's interactions and interventions with the child, and the child's environment.
- ❖ Creates short-term plans for learning-experience possibilities, based on the responses, interests, strengths and needs of each child.
- ❖ Implements plans by following each child's lead as they interact with the materials, people and the nature in the environment, making adaptations as needed.



An enabling environment at home and in the services provides for the physical, mental and emotional well-being of children under three years old. It provides the space for relationships with these children to be established, nurtured and sustained. It also supports the child's well-being, development and learning through undertaking actions and offering materials that can provide meaningful experiences to extend the child's skills and encourage play and exploration. The environment provides opportunities for such children to actively participate in their own learning, in order for them to acquire and master new skills, gain self-confidence, autonomy and a feeling of belonging.

The environment must also ensure that each child is safe and secure. Due to their vulnerabilities, children under three should be seen and heard during every moment of their time in a childcare setting. Supervision is required for legal reasons, but it can also help prevent many of the safety problems children under three may experience; for example, with suffocation or choking.

In centre-based environments, families need to feel welcome, well-informed and respected as key partners in the dialogue and decision making about their children. Appropriate spaces should be provided for sharing information and for peer learning among parents and staff.

Focus Area 7

Enabling Environments

3 PRINCIPLES,
15 RECOMMENDED PRACTICES

Principle 7.1

The environment promotes each child's safety and emotional well-being.

Recommended Practices

- ❖ Demonstrates awareness of the need for the environment to be safe, clean/hygienic, and free from any contamination, and that furnishing and play materials cannot harm a very young child.
- ❖ Demonstrates an awareness of stress factors in the environment and strives to reduce them.
- ❖ Demonstrates an awareness of young children's need for relaxation, sleep and quiet by providing appropriate time and space for it.
- ❖ Promotes a physical and emotional environment that minimizes conflict and nurtures positive interactions among and with toddlers through the provision of ample resources and affirmative intervention.
- ❖ Ensures that children are continuously supervised, even when they are with parents or asleep.

Principle 7.2

The environment is welcoming, accessible, comfortable and creates a sense of belonging.

Recommended Practices

- ❖ Arranges a child's space to suit their current needs, interests and ability to move freely.
- ❖ Ensures that areas for the equipment and supplies needed for care routines are conveniently located.
- ❖ Provides children with spaces that are warm, soft and invite intimacy.
- ❖ Ensures that photographs belonging to the child and the family are visible, as well as materials and resources from the local community, culture, and from nature.
- ❖ Arranges the space so that family members feel comfortable and welcome during any visits.

Principle 7.3

Recommended Practices

The environment stimulates the child's play, exploration, autonomy and initiative.

- ❖ Demonstrates the capacity to organize the environment in a way that supports the child's play, exploration, autonomy and agency (initiative and decision making).
- ❖ Provides play possibilities and materials that facilitate a child's holistic development.
- ❖ Provides a diversity of open-ended materials that invite various combinations to stimulate play and exploration.
- ❖ Ensures that children can be outside for at least part of the day.
- ❖ Participates actively as a part of the group, as a source of assistance for children and parents when needed and as a partner, but also offers enough space for children and parents to be independent.





There is a relationship between the quality of services that children under three years old receive, and the level of preparation and professional development that the adult working with them has. Everyone working with this age group needs to have had training and/or to have engaged in learning opportunities that help them understand the specific needs and characteristics of this age group, and the crucial role that adults play. Having current, up-to-date knowledge about child development, reflecting regularly on their own practice, engaging in professional dialogue, and working cooperatively and collaboratively with others (including parents), results in positive outcomes for children of this age group. One of the best ways to do this is through participation in learning communities where both collective learning and permanent professional development are reinforced (CoRe, 2011). Learning communities where practitioners from different sectors can co-reflect on practices and quality are even more enriching for professional development and better serve children and families.

Focus Area 8

Professional Development

2 PRINCIPLES,
10 RECOMMENDED PRACTICES

Principle 8.1

Knowledge about child development and learning contributes to the quality of the child's early experiences.

Recommended Practices

- ❖ Achieves competency in, and is able to communicate basic knowledge of developmental, neurological and educational theories and research.
- ❖ Follows a holistic vision of development and learning with respect to all of the child's experiences.
- ❖ Identifies major areas of experience in the child's holistic development, in order to communicate sensitively with families concerning them.
- ❖ Identifies individual differences and fluctuations in the child's learning and development that must be responded to reflectively and appropriately.
- ❖ Uses knowledge to play an advocacy role when development is impeded in some way, by actively making positive changes to the environment, activities (curriculum), approaches, interventions and the nature of the relationships that sustain a child's optimum learning and well-being.

Principle 8.2 Recommended Practices

Continually engaging in professional development activities improves quality in practice.

- ❖ Practices on-going self-evaluation and reflection.
- ❖ Seeks to support and strengthen practice through professional development activities (participating in pre-service/in-service training, being mentored or coached, working in professional learning communities, etc.) across all aspects of this Framework, including human interaction and communication skills.
- ❖ Participates in learning communities with families and others who work with the same or similar children in order to engage in thoughtful dialogues concerning practice, its impact on children, and how it can be improved to best support children's learning and development.
- ❖ Seeks professional development activities that support the development of strategies for responding to the uncertainty that is brought about because of rapid changes in society affecting child's and families' lives.
- ❖ Demonstrates awareness that personal issues and potential prejudices or barriers can affect relationships with children and families; seeks professional counselling and further training if needed.



For professionals and paraprofessionals working with and for children under three years of age and their families, it is especially important to collaborate and participate in professional-development activities with others who also provide services for this age group in the community. This should be done in order to learn from them and their work, as well as to look at ways to best advocate for the children and families in the community. However, it is essential that parents are always informed and that permission is obtained from them before talking about their child or their family to others. Confidentiality is always to be maintained: the privacy, dignity and autonomy of the child and family must be absolutely respected. It is also important to provide parents and families with consistent information from the different service providers.

Documentation of observations and co-reflections upon them assists practitioners in understanding how to be more responsive to children's strengths and needs. In addition, documentation of family members' mental health, economic and housing conditions, educational and other life goals, and parenting strengths and responsiveness to their children can also assist other practitioners in responding as needed from their own vantage point. Using a range of observation methodologies is best, in order to support young children and their families that operate under institutional agreements, protocols, and referral pathways.

Those who work with children under three and their families should also be aware that all children need to be screened on a regular basis using instruments that have been approved by each country. Screening tools do serve for labelling; they are meant to support optimal development. They are not meant to confirm a disability: they only identify children and families who might be at risk, have a delay/disability, or need further assessment and additional support. Children identified as having a possible developmental delay, disability, suffering from malnutrition, a chronic illness or an atypical behaviour must be referred to qualified and approved early childhood intervention services in a timely manner. In early childhood intervention programs, formal assessments are conducted on a regular basis to produce profiles of each child's developmental growth and progress, and to identify any possible emerging special needs or developmental delays. Early intervention services prevent many children from having lifelong traumas, delays, disabilities or atypical behaviours by providing individualized care and supportive services during this critical age period.

Focus Area 9

Intersectoral Cooperation

2 PRINCIPLES,
12 RECOMMENDED PRACTICES

Principle 9.1

Recommended Practices

Collaborating and cooperating with other practitioners and services within and across sectors, whilst ensuring the privacy, confidentiality and dignity of children and families, in order to improve the quality of services received.

- ❖ Provides information, referrals and linkages to other services to the family that they or the child may require while protecting confidentiality, privacy and dignity.
- ❖ Cooperates on an equal basis with colleagues from other services, being respectful of each other's function/responsibility/expertise.
- ❖ Networks, dialogues, reflects and participates in joint professional development activities with others who also provide services to children under three years old, in order to learn more about how to guarantee smooth transitions and coordination between their services and others'.
- ❖ Facilitates dialogue with co-workers and other service providers in order to be an advocate for the adoption of democratic and inclusive approaches to early childhood services.
- ❖ Keeps all information confidential about the child and family, only disclosing information if there is explicit written permission from the parent, or if the child is at risk.

Principle 9.2

Recommended Practices

Referrals to early childhood intervention specialists for formal screening and assessment when needed, in order to prevent developmental delays and atypical behaviours later in life.

- ❖ Shares observations with early childhood intervention specialists to help identify children who may be at risk of having a developmental delay or disability.
- ❖ Uses valid, reliable and appropriate screening instruments recommended by early childhood intervention services in order to follow children with identified delays, disabilities and atypical behaviours.
- ❖ Is open and cooperates with early intervention specialists in order to implement suggested activities with children who have been identified as having a delay or disability.
- ❖ Is sensitive when communicating with parents and families about a referral to or information received from an early childhood intervention service regarding a child's delay or disability.
- ❖ Elicits and builds on information from parents/families as part of the on-going assessment process when working with a child with a delay or disability.
- ❖ Shares observations with child-protection specialists to help identify children who may be at risk of different types of maltreatment and neglect.
- ❖ Uses the information that may be received from formal assessments conducted by specialists of early childhood intervention services or child-protection services in a confidential and sensitive manner.

A

Aligned approach This is a way of having different groups involved with a child and family to coordinate and cooperate among themselves to ensure that the services being provided best meet the needs of that child and their family members.

Approaches to learning “Young children approach learning in different ways, each bringing a unique set of attitudes, habits, and preferences to their interactions and explorations. It includes their initiative, planning, engagement, problem solving, use of resources, and reflection.”
<http://www.highscope.org/Content.asp?ContentId=719>

Attachment “Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969). Attachment is characterized by specific behaviors in children, such as seeking proximity with the attachment figure when upset or threatened (Bowlby, 1969). Attachment behavior in adults towards the child includes responding sensitively and appropriately to the child’s needs. Such behavior appears universal across cultures. Attachment theory provides an explanation of how the parent-child relationship emerges and influences subsequent development.”
<http://www.simplypsychology.org/attachment.html>

Attunement “Attunement describes how reactive a person is to another’s emotional needs and moods. A person who is well attuned will respond with appropriate language and behaviors based on another person’s emotional state. They are good at recognizing moods and emotions in another person and adapting their own response in accordance. Well attuned parents are important in that they are able to detect what their babies are feeling or thinking and respond appropriately.”
<http://www.alleydog.com/glossary/definition.php?term=Attunement#ixzz3zuNOcLsY>

C	Co-constructing knowledge	<p>“Collaboration with others to construct knowledge or working together to investigate, analyse, interpret and reorganise knowledge or learning. It takes account of the emotional aspects of learning, the dynamics of learning with others, the significance of the context and the purposes, effects and outcomes of learning.”</p> <p>https://www.nationalcollege.org.uk/transfer/open/adsbm-phase-3-module-1-enabling-learning/adsbm-p3m1s2/adsbm-p3m1s2t2.html</p>
	Critical reflection	<p>Critical reflection denotes another level of reflection beyond what you might or might not cover in other forms of reflection. It asks us to think about our practice, experiences and ideas and then it challenges us to step-back and examine our thinking by asking probing questions. It asks us to not only delve into the past and look at the present but importantly, it asks us to speculate about the future and to act.</p> <p>http://www.education.vic.gov.au/Documents/childhood/professionals/support/refram.pdf</p>
D	Discrimination	<p>Discrimination is the manifestation of prejudice in action. Discrimination can be against an individual or group because of characteristics which include, but are not limited to, heritage, race, class, gender, age, physical ability, religious beliefs, or sexual orientation.</p>
E	Early childhood systems	<p>This refers to all of the services that are involved with, or will be involved with, different children and their families.</p>
	Exclusion	<p>To not be included (intentionally or unintentionally).</p>
F	Family composition	<p>Refers to the people in the family unit that have on-going contact with the child. It is important to realize that family compositions may differ from what has been seen as the traditional family unit, consisting of a mother, father, and children. It may include single parents, parents of the same sex, grandparents living with the children, parents that may be absent but are still involved with their children, or children being raised by older siblings, among many other types of structure.</p>

H	Holistic development	The physical, emotional, relational (social), intellectual (cognitive), and spiritual aspects of a child's life.
I	Integrated approach	An approach that combines different types of people, actions, and ideas into one effective group which works together for the benefit of the child and family.
	Intersectoral approach	An approach where different organizations across sectors collaborate and cooperate. In the case of early childhood, the sectors are health, education and social protection.
	Intersubjectivity	This is the involvement between two separate conscious minds. Colwyn Trevarthen has applied intersubjectivity to the very rapid cultural development of newborn infants. Research suggests that as babies, humans are biologically wired to “coordinate their actions with others”. This ability to coordinate and sync with others facilitates cognitive and emotional learning through social interaction. Additionally, the most socially productive relationship between children and adults is bidirectional, where both parties actively define a shared culture. The bidirectional aspect lets the active parties organize the relationship as they see fit. What they regard as important receives the most focus. Emphasis is placed on the idea that children are actively involved in how they learn, using intersubjectivity.
K	Keeping the child in mind (approach)	An approach that always regards needs, strengths, interests, etc. as the important factor in the care of a child.
L	Learning communities	A group of people who share common values and beliefs, and who are actively engaged in learning from and supporting each other in learning.
O	Oppression	The systematic exploitation of one social group by another for its own benefit.

P	Pedagogy of care	This moves beyond seeing the care of children as child-minding and managing care within prescribed care regimes. It places care within an educational framework and the need to look more closely at the individual ways in which infants and toddlers express their desire for responsive care (and the adult's responsibilities in this process). http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2014/06/AJECog03.pdf
	Reflection	The action of considering a past experience or event and the impact it has had. Reflection is the process by which a person reviews his/her past performance as a means of improving future performance.
	Relationship based approach to learning	An approach to learning that focuses on the significance that learning takes place in the context of relationships and is critically affected by the quality of those relationships" (Norman-Murch, 1996).
	Resilience	The ability to recover from or adjust to misfortune or change. http://www.wordcentral.com/cgi-bin/student?book=Student&va=resilience
R	Routines	A sequence of actions regularly followed; a fixed program.
	Scaffolding	An instructional technique that provides learners with temporary support until it is no longer needed. This can include modeling, prompts, explanations, questions, visual displays, tables, graphs, etc. The educator models a desired learning task or strategy, and then shifts responsibility to the learner. Scaffolding builds on existing knowledge.
	Sudden Infant Death Syndrome (SIDS)	The sudden unexplained death of a child less than one year old, usually occurring during sleep. Although the exact cause is unknown, things such as specific underlying susceptibility, a specific time in development, and an environmental stressor (to include sleeping on the stomach or side, overheating, and exposure to cigarette smoke) may provoke it. https://en.wikipedia.org/wiki/Sudden_infant_death_syndrome
S		

T

Toxic stress Strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support.
<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

Transitions Times during the day when there is a change in activity, place, pace, or level of instruction. Transition also refers to the change from one kind of care to another (e.g. home to daycare).

W

Well-being The state of being comfortable, balanced, healthy and happy.

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