Asia-Pacific Regional Conference on Early Childhood Development (ECD) Report

Early Experiences Matter: Policies and Practices for Ensuring Holistic Development for Very Young Children

8-10 November 2011
NTUC Centre, Singapore

Organised by

Hosted by

ARNEC
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Acknowledgements

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Introduction

Early childhood is a period of incredible growth in all areas of child development. Recent research, particularly in neuroscience, placed emphasis on the importance of the first three years as a period when brain development occurs the most rapidly and depends critically upon the children's experiences, interactions and environment. These not only affect the child's readiness for school, but can also influence the quality of their relationships with others and their ability to grow up to be capable citizens.

Research and policies that support children's development in the preschool years leading to transition into primary school are well established. But research and policies related to children under three years old is relatively neglected in many countries. According to the *Early Childhood Care and Education in the Asia Pacific Region: Moving Towards Goal 1 Report (*Rao and Sun*, 2010) there is limited data specifically on the under-threes in the region, and when available it is typically in the areas of health and nutrition. The lack of data for children under three presents a challenge that needs to be addressed in order to inform better policy making.

In the last couple of years, there has been growing attention and interest in the very early years by many countries in the region. In Singapore, the Ministry of Community, Youth and Sports is implementing an Early Years Development Framework to guide centres in applying care and holistic development practices for children aged birth to three. In the global arena, the Consultative Group on Early Childhood Care and Development have selected "Zero to Three" as its thematic topic of focus in 2011.

This Conference underscores the importance of early childhood learning and experiences for very young children by exploring key policies and programmes from throughout the Asia Pacific Region that have integrated efforts from key sectors such as health, education,

child protection through effective partnership private-public spheres, civil society, families and communities. The conference report includes summaries from the plenary and individual sessions. In addition, the PowerPoint presentations are available at the ARNEC website: http://www.arnec.net/cos/o.x?c=/ntuc/pagetree&func=view&rid=1036649

Conference Objectives

1) Provide a forum to widen and enrich regional understanding on the recent research and innovations around the conference theme

2) Provide opportunities for national partners and members to review their early childhood policy provision through sharing of policy tools and experiences from other countries

3) Facilitate debate and analysis of the strengths and weaknesses as well as opportunities and threats for the improved policy and programming for very young children

4) Promote networking among participants to build stronger partnerships

5) Create opportunities for professional development and learning

Day 1: Tuesday, 8 November 2011

Opening Plenary: Inaugural Ceremony

Ms. Kanitha Kongrukgreatiyos, Communications Officer for the Asia-Pacific Regional Network for Early Childhood (ARNEC) and Mr. Jason Teo, Deputy Head of Academic Management with SEED Institute emceed the Inaugural Ceremony. They noted that the conference was organised by ARNEC and SEED Institute, and hosted by the Government of Singapore through the Ministry of Foreign Affairs with support from ARNEC's core member organisations which include UNESCO, UNICEF, PLAN International, Open Society Foundation, and Save the Children. The conference brought together 300 delegates from almost 30 countries and included local and international government officials, practitioners and experts from the private sectors, universities, research institutes, non-government organisations and UN agencies.

Welcome address by Mr. Chan Tee Seng, *Director, SEED Institute and ARNEC*

Mr. Chan welcomed special guests and conference participants, in particular noting it was the first time that the Global Consultative Group (CG) on Early Childhood Care and Development (ECCD) had held its annual meeting, co-hosted by ARNEC and SEED Institute on 5-9 November 2011, in this part of the world. He gave a brief overview of the significant work ARNEC has done over the past two years in promoting policies and good practices in the region, including documentation of ECD emergency measures, mapping and documenting noteworthy practices, and disseminating and facilitating the sharing of information through various channels. He also noted that one of the chief goals of ARNEC is to build partnerships and that ARNEC's individual membership has increased from 200 in 2009 to 1000 today. Nine institutions have become Friends of ARNEC since it was launched. Mr. Chan highlighted the work of the SEED Institute as the current host of ARNEC and its pleasure in being the co-organiser for the 2011 regional conference to facilitate sharing and learning amongst policy makers, researchers, and practitioners to ensure the holistic development of the very young. He closed by remarking that with ARNEC's presence in Singapore and its collaboration with various partners both locally and regionally, we can look forward to raising the profile of the early childhood care and education sector, creating more opportunities for learning and sharing, and achieving the goals of serving the families and children in this region. He wished one and all a fruitful and enriching conference.

Opening Address by Ms Anupama Rao Singh, *Regional Director, UNICEF East Asia Pacific Regional Office*

Ms. Singh opened by welcoming the special guests, the partners of ARNEC, and the conference delegates. She noted that she was particularly honoured to be given the opportunity to make opening remarks not only as the Regional Director of the East Asia Pacific Regional Office of UNICEF, but also on behalf of the other core team members of ARNEC, namely UNESCO, PLAN International, Save the Children, Open Society Foundation and SEED Institute. She expressed sincere thanks to the Government of Singapore for their continued support to the recent endeavours in supporting early childhood development in the region and for the support provided to country delegations which enabled them to participate in this conference. She noted the tireless efforts of the ARNEC Steering Committee in putting this conference together and thanked them.

Ms. Singh observed that with the wide range of topics to be covered, from policy and capacity building to programming to practices on the ground, that to do so in a short conference like this can be overwhelming and difficult to digest. Yet she pointed out that this is a reflection of the holistic nature of early childhood development as all of the five topics[1] are interrelated and none of them can work in isolation. The garnering of evidence and the documentation of good practices is an ongoing effort and provides a feedback loop from one to other.

She offered two primary reasons why the 2011 ARNEC conference was of critical importance and timing. First, the second special issue of the Lancet article which focuses on ECD was published in September 2011. This article reveals compelling evidence with new research from neuroscience demonstrating that the first three years of life are particularly crucial in the architecture of the brain.

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[1] The five conference topics are policy status and development; capacity building and professional development; programmes and services for very young children and families; community involvement and support for families; and cross sectoral responsibility for promoting holistic development

The Lancet 2011 argues that, quoting from the Lancet press release, "Increasing investment in early childhood programmes is a highly cost-effective strategy that could provide considerable returns with the potential to create long term growth and significantly reduce inequalities especially in lower and middle income countries." She summarised by saying that we have no more excuse not to invest in early childhood development using the lens of equity. This regional conference is one important step in acting on this global evidence and to further apply it in a regional context.

Second, the conference is timely because there is four years left until the end of 2015 and discussion on the medium term perspective can make a critical contribution to the global thinking on what the global development priorities should be in the post-2015 agenda. Ms. Singh observed that since there is no single goal in the Millennium Declaration that pulls together all of the facets of early childhood development in a holistic perspective, we see that the current approach of international development often leads to a fragmentation of ECD efforts around the world and in this region rather than putting knowledge and resources together in an integrated and effectively coordinated manner. A global group of leaders has started reviewing the current indices and has embarked on an attempt to propose a post-2015 development agenda and it is our responsibility as a regional ECD community to strongly push and advocate for the introduction of a comprehensive goal specifically related to ECD that would facilitate the integration of services that concern the youngest children in our

society. Increased emphasis should be placed on the inseparable linkages between maternal health and parental education, child protection and early child development. She recommended that the initial investment needs to be better coordinated and integrated into existing community-based programmes across a broad range of sectors including health, nutrition, education, water and sanitation, and protection. She noted that those groups most in need of services are the very ones who are not receiving services and the implication for policy makers is that we must push for equity in the integrated ECD services in the region and provide specific examples of what is being done to insure that the most disadvantaged children are indeed included. She noted that advocacy in the traditional sense is not enough anymore and action will have to follow advocacy closely. She recommended a parallel advocacy strategy, one targeting at the policy level and that builds a strong business case to get governments to invest more in ECD, accompanied by a larger advocacy strategy at the community level to mobilise community leaders, members, and parents themselves to give attention to ECD that it deserves.

Ms. Singh closed by commending ARNEC and its core members for its work in providing a forum for communication and coordinated action. She wished all a successful conference and committed UNICEF to the continued support of early childhood development in the Asia Pacific region, to ARNEC as a mechanism for helping to coordinate actions and to seeing ARNEC through its status of infancy and toddlerhood and through to full maturity.

Opening Address by Guest-of-Honour Madame Halimah Yacob, *Minister of State, Ministry of Community Development, Youth and Sports (MCYS), Singapore*

Mdm. Yacob opened by welcoming distinguished guests and conference participants to Singapore and to the Asia Pacific Regional Conference on Early Childhood Development. She noted the timeliness of the theme "Early Experiences Matter: Policies and Practices for Ensuring Holistic Development for the Very Young" as well as its relevance as research has shown that children who have gone through such programmes do better than those who do not.

In particular, she noted that both the Prime Minister and the President of Singapore have stressed the importance of achieving inclusive growth for the nation. Hence the priority that Singapore has placed on early childhood education and development as a part of achieving their vision of inclusive growth. Consequently, Singapore has focused on several areas related to ECD.

First, Singapore insures that every child has access to quality and affordable child care and development programmes. In this way, not only is the child provided with a stimulating environment, but it also helps increase the family's stability. Although preschool education is not compulsory in Singapore, every effort is made to coordinate within the ministries and the Ministry of Education works closely with the grassroots organisations to reach out to parents and persuade them to send their children to the preschool centres.

Second, Singapore raises standards and enhances quality by investing in curriculum development, teacher training and staff development. One new initiative is lowering the teacher student ratio in the childcare centres. By increasing the number of teachers in the early years, the quality of interaction between the child and the teacher is enhanced and offers children more personalised and closer attention. Through the efforts of the SEED Institute and other institutes, Singapore has enhanced the quality of teacher training and professionalism in the industry, enabling teachers to not only

earn better salaries and enjoy better career prospects, but fostering a greater sense of professionalism and job satisfaction.

Third, Singapore provides a regulatory framework which defines standards for the benefit and protection of children but which does not stifle innovation and creativity. Singapore recognises that different providers can provide different resources, strengths and ideas which can add to the vibrancy and colour needed in the sector to benefit children.

She noted the timeliness of the conference as Singapore has recently done much work in the area of ECD and in September 2011 the Ministry of Community Development, Youth and Sports (MCYS) launched the Early Years Development Framework (EYDF), an initiative to enhance the quality of centre-based childcare through building a strong foundation for the holistic development of young children aged three years and below.

Mdm. Yacob closed by observing that the conference provided a platform for examining early childhood policies through sharing of experiences and practices from various countries and this was an important opportunity for the community to network and build a resource pool for early childhood educators to benefit young children and families. She wished all an enriching experience and exchange.

Mr. Chan Tee Seng presenting a bouquet of flowers to Mdm. Halimah Yacob as a token of appreciation for being the Guest-of-Honour of the Conference.

Opening Address by Ms. Louise Zimanyi, *Director, Consultative Group on ECCD*

Ms. Zimanyi thanked the conference for the opportunity to speak on behalf of the CG and reviewed past experiences of meeting with other ECCD practitioners in the region. She emphasised how important these meetings are to gain the knowledge and experience of regional practitioners and share this knowledge and experience for advocacy purposes at the global level.

She reviewed the goals of the CG and how these goals move the early childhood agenda forward. In particular, the CG works to improve early childhood policy and practices in low and middle income countries and focusing on children prenatal to eight years of age. She noted the relevance of the early childhood agenda by citing the global statistic of two babies born every second and 78 million babies born each year. She also commented that although the early childhood agenda is not specifically included in the MDG, it is on the global agenda as young children are included in the Convention of the Rights of the Child (CRC) and indicators are being developed to help individual countries report on

young children. But the early childhood agenda is not prominent enough. The Lancet article reported there are over 200 million children who do not reach their potential and this further emphasises that the youngest children are not prominent enough in the global agenda, especially the most vulnerable and the least visible.

The CG group is 27 years old and has seen much progress, but still needs more collaboration and coordination to build consensus and to move forward. This is a challenge and it can be messy as various organisations, advocates, practitioners, researchers and policy makers try to gather round the table. But, she voiced, at least all are at the table.

Ms. Zimanyi went on to review the Four Cornerstones framework. The Four Cornerstones are four key messages about early child development and working groups have been formed around each cornerstone. Cornerstone 1 focuses on birth to three years; Cornerstone 2 focuses on three to six years; Cornerstone 3 focuses on six to eight years; and Cornerstone 4 focuses on policy. The gap

in the global network for addressing young children from birth to age three was the deciding factor that led the working group to focus on Cornerstone 1

this year. She closed by saying the CG looks forward to working more with ARNEC in future.

Opening Address by Junko Miyahara, *Coordinator, ARNEC*

On behalf of ARNEC, Ms. Miyahara opened by welcoming the special guests and thanking Mdm. Yacob, the key conference sponsors, ARNEC core members and SEED Institute for their support in making this conference possible.

She presented a brief review of the history of ARNEC, highlighting that partnering across sectors (e.g. health, education) and between public and private sectors, promotes investment in early childhood. ARNEC was originally only an idea shared by less than 30 people, and now membership numbers more than 1000. ARNEC has brought together practitioners, policy makers, programmers, etc., from throughout the Asia Pacific region to work toward the five key action pillars (activity areas) of the network: advocacy for policy change, knowledge generation, information management and dissemination, capacity

building, and partnership building. The goals for 2015 include building a stronger and more dynamic ECD community; articulating and disseminating the ECD agenda throughout the region; developing a regional database that is helpful not only to regional ECD communities but also in supporting the global agenda.

The focus on birth to age three this year was articulated in connection with the launch of the Early Years Development Framework (EYDF) in Singapore and the CG's emphasis on Cornerstone 1, bringing timely attention to a neglected area of early childhood care and education. There is progress, but much still needs to be done. This conference aims to provide a platform for ECD programming and policies; allow countries to review current policy and programming; promote networking among participants; and promote learning and exchange

across the region. The conference also signals the launch of "Early Experiences Matter: A Resource Package for Serving Children Up to Age Three" to help practitioners and policy makers advocate more effectively with stakeholders. ARNEC is excited to have a large number of participates from 32 countries, 27 of which are from within the region and thrilled about what will happen over the next three days of the conference. Ms. Miyahara closed by saying that the stage is set for all of us to be an active part of knowledge generation, capacity building and creating a stronger and more dynamic community for early childhood.

Launching of the Resource Package for 0-3

During the launch, it was introduced that the Resource Package for 0-3 was developed by ARNEC to include a range of information on ECD about very young children in the region, with specific attention to children under three years old. The package contains several items in different formats, including policy briefs, a compilation of existing programmes/ services and a video, which can be used for advocacy with different target audiences. It is hoped that with this Resource Package initiative, ARNEC can work towards developing a knowledge and sharing culture of noteworthy practices and programmes that can help not only improve the services provided for young children and families but also inform policy development and share what works, how it works, how it can be implemented and how it can be monitored.

The 3-minute video on "Strengthening Relationships and Quality Time during Care and Play", included in the Resource Package, was screened. In addition, the developers of the Resource Package Ms. Puspa Sivan and Ms. Brenda Lisenby were acknowledged, as well as the other contributors, namely Dr. Chemba Raghavan for the concept note; Ms. Junko Miyahara and Ms. Kanitha Kongrukgreatiyos for their support and advice; Dr. Alson Wai-ming Chan, Dr. Chun-bong Chow, Dr. Glen Palmer, Prof. Jacqueline Hayden, Dr. Jin Sun, Dr. Kathy Cologon, Prof. Nirmala Rao, Dr. Patrick Ip, Dr. Yvonne Becher, Dr. Yee Ping Lee and Ms. Zhang Li for the policy briefs; and Mr. Matt Blauer for the video.

Plenary 2

Keynote Address 1: Early childhood development policies and programmes: Inclusion, quality, diversity and integration, challenges and opportunities

Dr. Robert Myers, *Researcher and Programme Evaluator, and Founder of the Consultative Group on Early Childhood Care and Development*

This presentation was concerned with the four "elusive" concepts of inclusion, quality, diversity and integration in relation to ECD policies and programmes. Here, the notions of inclusion, quality, diversity and integration are challenged in the following ways:

- Inclusion: There is a need to move beyond defining inclusion as being 'in the system'. Given that there is a socio-political need to see results, it is perhaps easier to consider inclusion at the individual/local level of development and learning settings rather than at the system (and often bureaucratic) level. As such, there is a need to rethink how we as ECD professionals describe and monitor inclusion for very young children. We need to place greater emphasis on non-cognitive dimensions of development and on inclusion in health/nutrition programmes, as well as consider the wider developmental and learning environments of children rather than only in formal institutions (i.e. centre-based) so that we do not undercut diversity.

- Quality: Quality needs to be contextualised and its construction needs to be negotiated/socially constructed with all ECD stakeholders (this is especially so

as quality involves social, cultural, political and moral dimensions, as well as technical expertise). Other challenges to the idea of quality include the need to resist the tendency to define quality in relation to narrowly defined standardised tests of learning or development; to relate quality directly to the vision of the ideal world in which we would like to live; and to ensure that there is follow-up professional development opportunities available to teachers/caregivers wherever quality evaluation is done.

- Diversity: Diversity needs to pay more attention to individual, group and system levels by de-standardising curricula, teaching manuals, testing, etc. It is argued that diversity needs to be willing to live with and foster different definitions of quality that are arrived at locally and incorporate elements of an ideal world that is locally defined. Diversity also needs to be aware of the tension that exists between the terms 'diversity' and 'coherence'.

- Integration: Integration needs to be primarily concerned with the fact that a child is a whole individual. The challenges to this

end include the fact that there is a need to integrate rather than put concepts, plans, and programmes next to each other. Integration often occurs in the heads of individuals but not in reality. Therefore, sectors can perhaps contract people from other areas to help integrate content. There is also a growing need to incorporate psychosocial development more concretely into health programmes as psychosocial development matters are not automatically addressed when health and nutrition issues are dealt with. Finally, when thinking about the integration of services, we need to realise that 'convergence' may be a better way to go. For example, we can converge services on particular geographic areas.

Presentation 1: The Early Years Development Framework: Raising standards and quality care for the early years

Dr. Chan Lin Ho, *Deputy Director—Policy and Development, Child Care Division—Ministry of Community Development, Youth and Sports (MCYS), Singapore*

This presentation was a showcase of the new Early Years Development Framework (EYDF) in Singapore, which aims to raise standards and quality of care for the early years (children birth to three years old). The EYDF helps build strong foundations for holistic development and supports educarers to put the EYDF into practice.

Regarding the research and background surrounding EYDF, it was noted that research on brain development in children birth to three years old indicate that the early years matter a great deal. Children and society benefit greatly from high-quality EC programmes—for example, children tend to do better in school later in life, have larger vocabularies, etc. To this end, specific variables need to be accounted for to ensure high-quality services (e.g. strong, stable relationships with carers). Therefore, there is a need for all stakeholders to work together to insure that the infrastructure for the implementation of the EYDF is sound (e.g.

quality pedagogy, governance entities, financing mechanisms, guidelines and ongoing observations, assessment mechanisms, regulations, parent engagement and community outreach and linkages to schools and community health settings).

It is also important to note that the EYDF is part of a childcare master plan to ensure affordability, accessibility and quality of childcare services (e.g. to build 200 child care centres by March 2013 and to raise teacher qualifications). As such, the EYDF is a coherent framework to cater to the developmental needs of children, and complements the Ministry of Education's kindergarten curriculum framework.

The process involved in the formulation of the EYDF was a two-year process. This included the draft document, consultations with experts, engagement with important stakeholders, observation visits to assess the current landscapes, and so forth. As a result of the research

and processes involved in the formulation of the EYDF, the EYDF came up with five key pillars: the developing child; the intentional programme; the professional educarer; and the engaged community. Stemming from these five key pillars are more specific desired outcomes and sub-outcomes. The next steps for the EYDF include a vision to develop training and build capacity; the development of supplementary resources; building a strong community of practice; research grants; and the implementation of a national training plan on EYDF principles that will initiated in April 2012.

Post-Presentation Discussions

Questions were posed regarding research surrounding the quality of EC services—these included questions about the factors that should be considered when researchers are working on developmental scales for quality and the feasibility of scalability of projects in view of quality.

It was learned that although scales are useful for filling gaps in research, developmental scales for quality should not be thought of as indicative of all groups that exist. It was also urged that researchers who work with developmental scales for quality should try to tinker with the tool at hand by asking others for their opinions and making revisions to the tool as the project goes along. Furthermore, if developmental scales were to be used in practice (i.e. to make decisions based on the research), it was suggested that such tools should employ other qualitative methods of looking at children to provide a more holistic picture of the research at hand.

Regarding the scalability of projects beyond the pilot project stage, it was suggested that researchers should consider a scale as a puzzle that has a marginal framework—the pieces have different shapes and different colours to them. Therefore, the broad concept that may somehow aid the scalability of the project at hand is to begin with the question "What kind of world do I want to live in?"

A final question pertained to a member of the audience who sought clarification on what was meant by age '0'. This resulted in the recognition that there is a debate surrounding whether or not learning occurs before birth, and that EC professionals should take this into account.

Concurrent Session 1

Presentation 1-1: Traditional child rearing practices in Bangladesh and its impact on ECD

Mr. Mohammad Zahir Uddin, *Executive Director, Alokito Shishu, Bangladesh*

Mr. Uddin gave a detailed breakdown in the traditional child rearing practices in Bangladesh. He presented the child rearing practices focusing on birth to 24 months and then moving into the greater conceptual phase of early childhood which includes conception to eight years.

First, he mentioned some practices such as honey being given to infants, sun bathing and oil massage. When the child is older, he/she gets free play at home. Boys get to play in the outdoor more often than the girls. The speaker then shared the practices in child rearing. Women have to take on a dual role of working out in the field as well as taking care of the family. Men are less involved than the women in child rearing. Generally, girls are more malnourished than boys; on the whole, children are lacking in iron and protein. As for parenting style, children are supposed to be obedient, listen to instruction, and accept all criticism, and boys are preferred to girls. Lastly, in terms of types of family, the speaker shared that families are living together as extended families.

During the question and answer time, one asked for clarification about the sources of the practices presented, was it based on literature or actual practices in the country? Another question on gender equality was raised as the presenter mentioned that boys were getting more food and had more freedom than girls. Third, the traditional child practices were debated, if they are right and should they be carried on.

Presentation 1-2: Father's role and cognitive development of children in the early years

Ms. Irum Fatima Dehraj, *Senior Research Officer, Human Development Programme—Aga Khan University, Pakistan*

Ms. Dehraj presented research conducted on the involvement of fathers and how it could affect the cognitive development of the children in Pakistan.

A cross-sectional study was conducted in a suburban community of Sindh Province. A semi-structured questionnaire was used to collect data from 154 randomly selected fathers and their children aged birth to three years. Children were assessed through Bayley's mental developmental index (MDI) scale. Findings indicate that a father's literacy level and involvement resulted in better literacy for the child; a father's involvement increases as the child gets older; and the first child in the family gets better stimulation.

During the question and answer time, a question was asked regarding the survey as to whether the fathers keen to break the traditional roles and take on more areas. Another asked if the tools used were validated and how did the tools link

from a father's role to cognitive development. In the presentation, the speaker mentioned that children with special needs were not involved, thus a question was raised on the reason for leaving out this group of children.

Presentation 1-3: Early childhood care and development (ECCD) national action plan (NAP) development in Cambodia

Ms. Natalia Mufel, *ECD Specialist, UNICEF Cambodia*
Mr. Prak Kosal, *Deputy Director—Early Childhood Development Department, Ministry of Education, Youth and Sport, Cambodia*

The background for development of the National Action Plan (NAP) of ECCD in Cambodia was presented. Statistics indicate that undernourishment is a national issue. Approximately 40% of the children are stunted and 90% of these children are from ethnic minority groups. National action was required and the process of developing a NAP was a participatory one that involved 11 related government ministries, INGOs, civil society, academia and the private sector.

The main points addressed in the question and answer time included an observation that the decentralisation of government authorities has been identified as an opportunity for implementing the ECCD action plan; a realisation that although different community workers were under different titles and departments, it is helpful to have one focal point (a community worker) particularly for ECCD; a realisation that it was more effective to have one leading ministry for ECCD action plan implementation while integrating the remaining ten ministries at different levels. The moderator noted that the Cambodian NAP was a good example of the formation of a national policy and its implementation.

Presentation 1-4: Understanding the non-organisation and non-functionality of the Local Council for the Protection of Children in the Philippines: Evidence from selected local government units

Dr. Merlyne M. Paunlagui, *University Researcher, Institute of Strategic Planning and Policy Studies—University of the Philippines Los Banos*

Dr. Paunlagui presented the results of an evaluation of the Local Council for the Protection of Children in the Philippines. Child Protection Committees (CPCs) had been set up at the village, city, provincial, regional and national levels. The study found that while 62% of the CPCs at the provincial level are functioning, only 19% of the CPCs at the barangay (village) level (approximately 39,000 villages) are functioning. The reason for this low statistic has been identified as a problem with the composition of the Councils at the village level and limited time resources. It was recommended that the position of Secretary of the Barangay (village) CPC be placed under the city councils.

The main points addressed during the question and answer time included the observation that the majority of Barangay

Secretaries are female and that women are very active in child protection in the Philippines; a recognition that community needs should be considered when developing and implementing monitoring and evaluation of the CPCs (not just evidence); a recognition that the private sector is active in child protection and ECCD and needs to be engaged in the Philippines; a recommendation of capacity building at the barangay level to improve functionality of CPCs; the importance of sharing policy briefs with relevant government ministries to advance child protection. The moderator noted that the CPC study was a good example of understanding the functionality of policies at different levels, identifying gaps, and addressing the gaps.

Presentation 1-5: ARNEC Session—Documentation of noteworthy ECD practices (0-3)

Ms. Emma Ignacio, *Programme Officer, Consuelo Foundations, Philippines*
Ms. Laura Peterson, *Founder/Director, Hands to Hearts International, India*
Ms. Mridula Bajaj, *Executive Director, Mobile Crèches, India*
Dr. Ghazala Rafique, *Interim Director, Aga Khan University, Pakistan*
Ms. Katie Maeve Murphy, *PhD Candidate/Fellow, University of Pennsylvania, USA*

In this session, the six noteworthy practices documented by ARNEC during 2010 and 2011 were provided a platform to showcase their programme, initiative, or project with the ECD professional community at large. These practices, although not yet widely known, were deemed to be useful and practical in the way in which they responded to a particular need of young children (birth to eight years). As such, the goal of the session was to generate innovation through the inspirational models of work presented. The six noteworthy practices shared were:

- Consuelo Foundation, Philippines
  Adopted from Hawaii but adapted to the context of the Philippines, the 'Healthy Start' community-based intensive preventative programme is designed to improve family functioning, promote parent-child relationships and healthy childhood growth and development. With eight project sites catering to vulnerable populations across the Philippines, Healthy Start targets children aged birth to three, enrolling parents as partners from the prenatal period. Here, the 'Growing Great Kids' curriculum and manual (which targets issues such as basic care) are used alongside a developmental screening tool - all of which are translated into local languages. There is a strong emphasis on cultural competence - whereby parents are encouraged to create toys and experiences for children using indigenous and available materials. Similarly, the programme makes use of field workers' knowledge and experience in ensuring that it remains useful to the lives of the families participating. Notable challenges that the programme will consider for the future include the continuous capacity building of family support workers; maintaining and ensuring quality data for research and similar

undertakings; and encouraging more local government leaders to adapt/adopt the programme.

- Hands to Hearts International, India: Catering to children zero to eight and based in some of the most impoverished parts of India, Hands to Hearts International (HHI) works alongside a local NGO (Viswa Yuya Kendra) to provide an ECD education programme which aims to educate the families, health workers, ICDS workers, crèche teachers and midwives in physical, language, cognitive, social/ emotional and health issues. Depending on the intensity of the programme delivery, the training runs from 16 hours up to a period of five weeks and is conducted at locations most appropriate for the participants. Placing emphasis on relationships over resources and a participatory training model, the local culture and context is taken into consideration throughout the programme (for example, HHI trainers are local women, men are respected community leaders, etc). This programme is designed to be scalable.

- Mobile Crèches, India: Founded on the belief that government has to take ultimate control of the children of the country, Mobile Crèches is intent on remaining a small-scale operation. In setting up crèches with no/minimal facilities, it caters to the migrants whose lives are based on construction sites in India. Up to 70% of the 1500 children attending enter the programme malnourished and illiterate, with no social support

from the government. A preventative, proactive strategy caters to children from the prenatal stage to 12 years old, and a day care centre is provided at their doorstep. The provision of a safe and nurturing environment is made distinct by the response to local needs and the advocacy for the rights of the child through systemic interventions and other community outreach initiatives. Mobile Crèches is also keen on sharing their knowledge base so that others across India can work on similar programmes for the welfare of young children.

- Human Development Programme – Aga Khan University, Pakistan: Focused on ECD interventions, the Human Development Programme (HDP) consists of two strands, namely: the Releasing Confidence and Creativity (RCC) Programme and the ECD Community-based Parenting Programme. The former is concerned with schools in their initial operating stages and aims to improve the quality of teaching and learning in schools. It then extends to focusing on communities, which is the emphasis of the latter. Targeting children birth to eight and their families (including grandparents), intervention strategies to this end include home-based activities, centre-based activities and home-based periodical assessments. Given that there is a non-availability of standardised, culturally and contextually appropriate tools for assessing EC growth and development in the community settings, the HDP has developed the Child Development

Assessment tool kit, which consists of a manual and assessment tool (of which the former is in an easy-to-comprehend, pictorial form). However, as programme funding has ended, the sustainability of the programme is now uncertain.

- The Life Skills Development Foundation (TLSDF), Thailand: TLSDF is a local NGO that acts to replace Save the Children's work when they exited Thailand in 1998. Placing emphasis on community-based coalitions for ECCD, it promotes the improvement of parenting practices by providing parenting volunteers who give training in holistic child development. A host of external experts provide technical assistance to TLSDF, which consists of a dynamic and committed team of workers. In carrying out their work, the Foundation aims to increase advocacy efforts for children of ethnic minorities (focusing particularly on the need for mother tongue instruction, cultural continuity and quality care with local caregivers). It also intends to advocate for the long-term integration of parenting volunteers into the health care volunteer system, and promote a unified system for the measurement and collection of child development indicators. Similarly, the strengthening of ECCD practices for children birth to three years old is facilitated through advocacy, training and curriculum development.
- Adventist Development and Relief Agency, Cambodia: Taking an ecological approach to working directly with children, parents, local communities, commune chiefs and other local figures, 'A New Day for Kids' programme operates in a host of sectors in various Cambodian provinces, as well as the capital city – Phnom Penh. Reflecting the belief that the future of children changes when parental and societal alters, the programme places emphasis on women's, men's and children's reflect circles. In these reflect circles awareness campaigns regarding issues of ECD, health, sanitation, agriculture, financial management and the like are discussed at the home of one of the members and are led by a reflect facilitator. Subsequently, the collective acts upon the issues discussed. Whilst also providing the children with a voice, children's reflect circles also provide the children with an opportunity to learn before school begins.

The question and answer session following the presentation of the six noteworthy practices included queries on the choice of trainers for certain programmes (HHI and Healthy Start), and it was shared that that some of the most important criteria included choosing dedicated workers who were chosen by local partners. Another question was posed regarding the inclusion of male parents in the programmes highlighted, to which almost all the presenters discussed the difficulties with breaking through the cultural norm of mothers being involved in the care of young children. However, it was noted that the programmes attempted to include the men by enlisting

their input in making decisions and showing them the practicalities that come with being involved with their children's holistic development.

Presentation 1-6: Training community workers on early detection and management of children with disabilities in poor resource communities (workshop)

Dr. Geeta Chopra, *Associate Professor, University of Delhi, India*

The four objectives of the workshop were:
1. To become familiar with the various components of "An Innovative Training Module for Early Detection and Early Intervention in Childhood (birth to six years) Disabilities"
2. To learn about the training methodology adopted for training grass-root level community workers on The Innovative Module
3. To understand the usage of the module for capacity building of grass-root community child-care and health workers on childhood disabilities
4. To articulate the role trained workers can play in arresting mortality and morbidity arising due to disabilities by timely detection and intervention

In her introductory comments, Dr. Chopra noted that the rationale behind the Module was to promote early detection and early intervention for children with disabilities, focusing on building the capacity of grass roots workers (community health care and child care workers).Given that these workers are already trained on issues of mother and child care, health care, community based support systems, etc, the intention of the module was to add to their knowledge on causes, prevention, identification and management of disabilities, suiting the educational, experiential, socio-cultural and linguistic needs of the workers.

The 36 participants broke into working groups during three group work activities. During the first activity, they reviewed Guidebook 1, Book 2, the Disability Screening Schedule (DSS), and the visual aids of the Training Module. Dr. Chopra asked groups to provide feedback on the various components of the Module. During the second group work session, Dr. Chopra asked participants to role play in pairs, with one person as the carer of a child under six years of age and the other person is the community worker, who uses the DSS tool. After this exercise, Dr. Chopra explained that following a pilot test, the DSS became a short pro forma that had the following features: was able to be performed on all children in a short time; easy to understand by non-professional staff; cost of screening is minimal; test did not contain items unacceptable to the community; test should neither miss cases of disease, nor diagnose a disease or disorder in a healthy child; and should be a onetime screening instrument for all major impairments and disabilities for all children birth to age six. During the final group work session, the groups were given case study scenarios and asked to make suggestions on how to best address the situations.

Concurrent Session 2

Presentation 2-1: Building communities for change: An experience in Mumbai

Ms. Varna Sri Raman, *Research Manager, Sesame Workshop India Trust*

Broadcast to 11.4 million children each week, the work of 'Galli Galli Sim Sim' (as Sesame Street is known in India) aims to help a generation of Indian children to become better equipped for school. Kits produced from the Sesame Street workshop make learning fun for children, and children adopt important messages regarding health, nutrition and so forth quickly.

The programme is most active in the slums in Mumbai, as 40% of the Mumbai population lives in slums and the population of Mumbai accounts for 2% of India's population. Intending to fill the gaps that continue to exist in the work of the government (ICDS) in relation to ECD, 'Galli Galli Sim Sim' works with a needs analysis design—for example, doing research on what is considered to be a breakfast food in communities in Mumbai so that messages of nutrition are accurately reflected on the TV programme. Apart from normal TV programme screenings, the project is also present on community radio (which is a widely subscribed form of media in India); mobile telephony (where adults can call in and ask for ECD advice as reflected in the messages of the show);

mobile cart viewing (whereby a TV is placed on a vegetable cart and is then taken into the slums); and works with a range of preschools in India.

The results of the programme were shared, where it was stated that the children who have been exposed to 'Galli Galli Sim Sim' do twice as well on vocabulary, letter identification, hygiene, school readiness, etc. as compared to the children who have not been exposed to it.

In the question and answer session, the issue of language of instruction was raised. It was learned that the programmes were implemented in mother tongue as best as possible. For example, 'Galli Galli Sim Sim' will translate all programmes into home languages, although the scalability of the programme will be an ongoing issue as they come across more languages throughout India. It was noted in the summary that the presentation provided inspiration and shared practical advice with regards as to how well-crafted community programmes can promote the agenda for ECD in contexts where ECD is often neglected.

Presentation 2-2: Effective ECD programme: Turning knowledge into action

Ms. Mansoora Tufeyl, *National Coordinator, Aga Khan Education Service, Pakistan*

The Aga Khan Education Service's "Releasing Confidence and Creativity Programme" (RCCP) was shared in

relation to the current situation of ECD in Pakistan. In Pakistan, the present landscape of ECD is such that it is not

given enough prominence – it is recognised in the curriculum, but not in practice (e.g. there are no teachers and learning materials in many public schools). Research findings have also shown that there is often a lack of interaction between parents and infants, where little or no stimulating play and nurturing is provided for children. Living conditions which children are exposed to are also unsanitary and often lack nutritious food.

The RCCP, which is a government supported programme, acts to combat the aforementioned situation of ECD in Pakistan by providing teaching and learning opportunities in a programme serving birth to age three that follows an integrated approach as encapsulated by Bronfenbrenner's model of ECD. Outcomes from the RCCP include the provision of learning materials for homes and schools; consciousness and improved practices towards health and hygiene; support from families and communities;

and active, confident and capable children. Nevertheless, in looking to the future, the RCCP recognises that it needs to execute exit strategies/plan for programmatic sustainability and ensure the active involvement of fathers and extended family members.

In the question and answer session, the issues of community ownership of the programmes and sustainability were addressed. The RCCP explained that they had exit strategies set in place, but were still in the midst of identifying the volunteers who will be providing the ECD training following the phasing out process as ECD workers are not very well-paid. As such, the RCCP relies on the informal fees that it generates to ensure sustainability. It was noted in the summary that the presentation provided inspiration and shared practical advice with regards as to how well-crafted community programmes can promote the agenda for ECD in contexts where ECD is often neglected.

Presentation 2-3: Early experiences matter: Implications for home-based and centre-based programmes for infants and toddlers

Ms. Puspa Sivan, *Consultant and Training Specialist—Early Childhood Care and Education, Singapore*

Ms. Sivan cited research that validates the importance of early years to support infant and toddler care programme. Attachment needs and exploratory needs were reviewed. In regards to attachment, infants and toddlers need to be nurtured and cared. Key to such experiences is the consistency of the educarer and her desire to work with infants and toddlers. The 3R's of care giving are important— responsive, respectful and reciprocal behaviour of the caregiver is crucial. In regards to exploratory needs, the daily

learning activities and experiences must enhance a child's physical, social, emotional and intellectual development; activities and experiences provided must be supportive of the infant and toddler's developing interests and changing needs; and the curriculum for infant and toddler's should not be similar to a preschool curriculum but rather it should focus on play and care giving as curriculum. The presenter also emphasised that in order to translate research into best practices, there needs

to be continuity between home and programme, a recognition that professional development and teacher training is fundamental and the essential educarer qualities are accepting, stimulating and caring.

In the question and answer time, points were raised about the need to create awareness in grandparents through parenting programmes based on best practices, how to identify quality educarers and that best practices can start from the teacher.

Presentation 2-4: Indigenous ECE in Indonesia: Policies and practices in promoting multicultural awareness

Mr. Aliah Purwakania, *Lecturer and Senior Researcher, Universitas Al Alzhar, Indonesia*
Ms. Eny Suwarni, *Lecturer and Senior Researcher, Universitas Al Alzhar, Indonesia*

The presenters pointed out that there are over 300 ethnic groups in Indonesia. Consequently, Indonesia has an indigenous Early Childhood Education (ECE) model that is unique to its own country and is based on the idea that the government policies that support ECE should allow development of curriculum from the actual locality.

The ECE model in Indonesia focuses on laying the foundation of growth and physical development (fine and gross motor coordination), intelligence (thinking ability, creativity, emotional intelligence, spiritual intelligence), socio-emotional (attitude and behaviour as well as religious values), language and communication in accordance with stages of child development. But one of the challenges for the government is finding ways to involve all families in ECE as

some communities are deep rooted in their own cultures and repudiate other forms of education not based within their cultural beliefs. Therefore, research needs to be undertaken to authenticate good cultural practices and create awareness in people to uphold quality early childhood programmes and there is a need for inter-government cooperation to provide easy access to high quality ECE for all children.

In the question and answer time, it was noted that best practices can start with the teacher and need not rely on the government and that the parent's role is important in the early years. The moderator summarised by reiterating that learning is not fragmented and should not negate cultural practices, ongoing research needed and policies and practices need to promote multicultural awareness within the community.

Presentation 2-5: Spatial demand consideration in policy formulation on ECD
Ms. Ummey Qulsum Nipun, *Sponsorship Retention Officer, Save the Children, Bangladesh*

Ms. Nipun examined the special needs of children birth to age three during an emergency, analysed the importance of those special needs in the developmental years of birth to three and emphasised the importance of allocating resources

and relief by the government and development partners.

During the question and answer time, questions were raised regarding the current approach governments are taking

to allocate resources during an emergency. In particular, what are the barriers faced if adopting Ms. Nipun's proposal? What issues will be faced when implementing the proposal? It was suggested that it will in fact take time to identify and meet the actual needs, but those immediate needs are important and deserving of attention. In a brief discussion of breastfeeding vs. bottle feeding, it was highlighted that preference should be given to breastfeeding as the water condition is not favourable. Complimentary foods can be provided if available and appropriate. Yet bottle feeding can also help hydrate infants six to 12 months old, and especially when the

child is unable to feed then bottle feeding will be the option to avoid malnutrition. In a query regarding whether the results of the paper have been presented to the authorities, the presenter responded that this was an informal sharing. It was noted that play kits and baby kits are great ideas for those affected by disaster, especially when the provided shelter is not conducive to play and the kit helps to keep children occupied. Finally, it was also noted that food is provided for the older children but no agencies provided food for children birth to age three; therefore policy makers need to consider this issue.

Presentation 2-6: Quality assurance—The introduction of accreditation

Dr. Fred Ebbeck, *Senior Academic Advisor, SEED Institute, Singapore*

Dr. Ebbeck emphasised the importance of indicators of quality and that those implementing a programme need to share why and what they are doing. Accreditation is the process of quality assurance and politicians like it as it gives them evidence and provides a profit motive for private enterprise. Accreditation should not focus on the accreditation systems currently available or that have been developed in countries for EC services but rather on the importance of how principles and practices of quality assurance can enhance the quality of services provided to children. In particular, the following points should be noted when considering the quality of services to parents/clients:

    a) Adopt and analyse a particular philosophy of children's development and not the learning or schooling

    b) Get a clear understanding of what the fundamentals are

relating to the care and education of young children from birth to school age

    c) Use the self study approach to understand what constitutes a quality service provider in your context—why, what, how we are doing it. Ownership and effective staff leadership are important to team building.

    d) Comparisons between countries cannot be made of the overall quality due to the needs, resources available, and national priorities. The transplanting of quality indicators from one culture to another without modification is filled with potential problems.

Points made during the question and answer time include an acknowledgement of the challenges faced connected to

human resources and cost effectiveness when implementing assessment, in particular in relation to the importance of caring for and nurturing children; an acknowledgement that quality services start from the professional development of the caregiver; an observation that the Ministry of Education's obsession with assessment and its effect on children and their families sets the mind frame for our children to go through exams and tests and does that necessarily equate to assessment for quality and standardisation. Finally, indicators provide necessary direction to the work and will provide a guide as to the quality desired.

Presentation 2-7: ARNEC Session—The development of the East Asia-Pacific Scales

Professor Nirmala Rao, *Professor, The University of Hong Kong*
Dr. Sun Jin, *Post-Doctoral Fellow, The University of Hong Kong*
Ms. Zhang Li, *PhD Candidate, The University of Hong Kong*
Dr. Yvonne Becher, *PhD Graduate, The University of Hong Kong*
Dr. Marie Ng, *Assistant Professor, The University of Hong Kong*

The presentation began with a general description of the project to develop the East Asia-Pacific Scales. The three phases of the project were: a review of ELDS (Early Learning Development Standards) from various countries and the selection of 100 indicators (from a possible 1738); a pilot test was conducted in Fiji, Mongolia, and China; and a sampling in other countries to develop age-based norms.

In the discussion, it was reiterated that the purpose of the scale was not pedagogical assessment or programme evaluation, but rather to be used for capturing child development across a population age group (children aged three, four, and five years old). It was noted that children with disability were not included in the initial project and that diversity in other areas will need representative samples as well. Also, the scale leaves space for individual countries to add country-specific items.

Specific questions and responses from the session:

1. If each country is given flexibility, will the scale be compromised? How to ensure generalisation? Why not just separate the scales for each country? The scales are a set of country scales with equivalent construct and items. They are developed based on the goals and expectations of countries in the region for their children's development. Each country can adapt the scale with their specific cultural and contextual expectations or requirements and have country-specific items in the scales. By doing this, we can have both cultural appropriateness and item equivalence in measurement.

2. How did your scale deal with diversity e.g. children with special needs, ethnic minority children? The scales are not intended to deal with the development of children with special needs. In the process

of country adaptation, each country should consider the appropriateness of the items for the ethnic minority children in their country.

3. Did you incorporate children's feelings about their testing in your study? Not yet at this time.

4. What are the items on approaches to learning? Items in the domain of approaches to learning include items on children's consistency, attention, interest, curiosity, independence in problem learning and self-regulation.

5. How long it will take for children to complete the whole session? Three year olds will need about 30-40 minutes with the shortened version (used in Mongolia and Fiji). With the full version, it will take about 90-100 minutes (used in China). In Mongolia and Fiji, four and five year olds will need about 40-50 minutes to complete the full version; and in China, four and five year olds will need 60-80 minutes to complete all the items.

6. When looking at the passing rates of the items, can we say one country is doing better than another country? The purpose in looking at the passing rates in different countries is to verify the items but not to make cross-country comparisons. We cannot say children in one country have a higher developmental level than those in others based on the different passing rates in the items.

Specific insights and recommendations from session participants for next steps include further revising the items based on country adaptation results; ensuring that sampling in different countries is representative and includes children of different ages, gender, ethnicity, and preschool experience if possible; and a reminder that tester training is important before doing data collection.

Day 2: Wednesday, 9 November 2011

Plenary 3

Keynote Address 2: Partnering to promote healthy babies: The concept of the medical home in early childhood

Dr. Alexis Reyes, *Associate Professor, Department of Paediatrics—Philippine General Hospital*

The moderator introduced Dr. Reyes and emphasised the importance of including paediatricians when we are looking for partners in the multidisciplinary approach to serving children up age three. Dr. Reyes keynote had three parts: a review of the Asia-US Partnership (AUSP) development, the Medical Home, and the international child health grants.

AUSP: The Centre for Disabilities, University of Hawaii, and the Consuelo Foundation began working together in 2003 under the auspices of AUSP. The partnership includes extensive inter- and multidisciplinary efforts of numerous experts working cross-culturally and internationally. The goal was to expand the vision of integrated early childhood services by improving ECD and primary care through the primary care network. The Partnership has three objectives: to identify and prioritise scientific knowledge related to early childhood development that could be applicable to cross-cultural exchange; to recognise the influence of culture on principles of child development and delivery of care; to deepen interactions within a network of country specific leaders. Dr. Reyes looks forward to the AUSP 2012 meeting in Hong Kong.

The Medical Home: Dr. Calvin Sia was the "Father of the Medical Home" and the overall organiser of AUSP. The concept of the Medical Home is rooted in the 1967 efforts of the AAP (American Academy of Paediatrics) to centralise medical records for children with special health care needs. There was a concern that these initiatives lacked a primary care component, so the medical home strategy was developed in the 1980s to address this concern. Statistics revealed that in the US, one out of five homes have Children with Special Health Care Needs (CSHCN) and the Medical Home with its attributes of accessibility, cultural effectiveness, and family-centred, comprehensive, continuous, coordinated, and compassionate service could best identify these children and support their families to get quality care for chronic conditions. In particular, the Medical Home communicates to families that they are valued members of their child's medical team.

The Health Care Grant: The international community health care grant was used to implement the Medical Home in Bagong Barangay (Village). As Filipino children are at greater risk because of high child/maternal mortality rates (Philippines is ranked 29 of all countries in sheer children under five years deaths), they used the first grant to focus on high risk pregnancies. It was discovered that most high risk pregnancies are not

identified because of low access to prenatal health care and lack of awareness of prenatal care and health services. The Bagong Barangay programme was a three year project that had three objectives: to conduct needs assessment; to partner with community health care providers; to jointly implement the identifying, referring and tracking of high risk pregnancies and newborns. The results indicated that although prenatal care is adequate, high risk pregnancies can still go undetected unless continuous and comprehensive care is provided. Since basically every pregnancy is high risk, the programmed cannot discriminate and must monitor all pregnancies.

The first question raised during the question and answer time concerned the sustainability of this approach and whether any costing per intervention per child had been done. Dr. Reyes responded that there is no complete answer about the sustainability of the programme and that the research is ongoing. One positive outcome is that the mayor of Manila is interested in providing programme support using his resources, and therefore the programme may be able to get the help of political partner which will enhance sustainability. A second question regarding whether only one antenatal visit was sufficient to detect high risk pregnancies was raised. Dr. Reyes responded that she agreed, one was not sufficient, but that in the community they think only one is enough. A final comment was made regarding the sustainability of the programme—since it is a community based programme and all doctors, families, nurses and teachers have input into it, then the sustainability is perhaps increased as the services are supported across sectors.

Concurrent Session 3

Presentation 3-1: Parenting education and support programme: Comparison of the effectiveness of a service- and community-based parenting programme

Mr. Mohammad Imam Nahil, *Deputy Programme Manager—0 to 3 Intervention, Save the Children, Bangladesh*

Mr. Nahil presented research regarding the effectiveness of parent education and support models. The background of the project included a baseline survey in 2010 which indicated that caregivers had poor knowledge of child development, mothers had a high rate of depression and mother's mobility was low. Save the Children partnered with the Bangladeshi government to implement two programme models, one a service-based intervention and the other a community-based intervention model. The service-based intervention model was run by paid service providers and the community-based intervention model was run by volunteers, mainly mothers. Effectiveness was measured by three outcomes: coverage outcomes, knowledge outcomes and practice outcomes. Results indicated that community-based intervention programmes effectively reach more children and that the service-based interventions had comparatively better service quality.

Discussion in the question and answer time focused on how community volunteers are trained and whether there was a high dropout rate. The response was that training is provided on a monthly basis and the dropout rate for the volunteers was about 20%. A final comment was made that perhaps the ideal would be for the government to take responsibility and "marry" these two models in some way. The moderator closed by reiterating the importance of parenting programmes and that there was a need to ensure that they are sustainable, accessible and acceptable.

Presentation 3-2: Ensuring the best start for every child: Establishing public services system to guide and promote early care and education in Shanghai

Dr. Hu Yu, *Associate Professor, Shanghai Academy of Educational Sciences, China*

Dr. Hu presented an action research project that aimed at six innovations and outcomes. The intention was to carry out interdisciplinary, collaborative research; study theories of early childhood care and development; develop a series of ECCD policies; establish a public service system in a large city to promote ECCD; explore diverse early education services for parents of children under three; and develop occupational qualifications and courses for nursery teachers. The project grew out of a 2001 State Council initiative entitled the Chinese Children Development Programme. Two documents were planned to address education for children birth to age three and the Shanghai Action was a part of that plan. The research was begun in 1999 and took eight years to complete. Some

achievements of the action include the establishment of 18 district level ECCD guide and services centres as well a service rate of parents with children below the age of three of 95%.

Discussion during the question and answer time focused on the parents' acceptance of ECCD. Dr. Hu responded that initially parents were sceptical, thinking it a commercial venture. But this changed as the parents discovered the knowledge shared with them was useful to raise their babies. The moderator closed by reiterating the importance of parenting programmes and that there was a need to ensure that they are sustainable, accessible and acceptable.

Presentation 3-3: ARNEC Session—Capacity building on ECD

Ms. Ferdousi Khanam, *Faculty, ECD Resource Centre, BRAC University, Bangladesh*
Ms. Ho Yin Fong, *Academic Director, SEED Institute, Singapore*
Dr. Ghazala Rafique, *Interim Director, Aga Khan University, Pakistan*
Prof. Jacqueline Hayden, *Professor, Early Childhood and Social Inclusion, Institute of Early Childhood, Macquarie University, Australia*

At the beginning of the four presentations, participants expressed interest in the following areas as related to capacity building: global perspectives and success stories; policy advocacy; tools models and approaches; training-practice and in-service models. Perspectives from Pakistan, Singapore, Bangladesh and Australia were shared in the presentations.

Ms. Khanam shared about capacity building for development of knowledge of providers involved in ECD programmes. To this end, an ECD Resource Centre was established and various approaches to capacity building are discussed in MSc programme for ECD at BRACU. Short courses are also offered for professionals. Additionally, BRACU collaborates with Government agencies and is involved in partnership and networking throughout Bangladesh with the ECD Network.

Ms. Ho presented the ECD capacity building structure in Singapore. Briefly, a license is required for all to become ECD worker and SEED Institute provides a variety of programmes for capacity building of ECD workers. The Singapore government provides full and partial funding for joint training programmes. Additionally, SEED Institute is also focusing on conducting research in order that theory can be translated into practice.

Dr. Rafique presented the Human Development Programme of Aga Khan University (AKU). AKU provides an in-service multi-disciplinary programme and advanced diploma courses, as well as certificate training and community-based training for field workers. The programme also includes distance learning for four to six weeks and then the remainder face to face

Prof. Hayden introduced the ECD programme at Macquarie University, explaining efforts to internationalise the Institute of Early Childhood (IEC) research fields and community. To date there are 18 ECD programmes for capacity building and one of the goals of the IEC is to support ECD in the Asia

Pacific region through capacity building and partnerships.

Questions raised and comments shared during the question and answer time covered a wide range of issues related to capacity building:

- How to promote men in ECD to address gender issues?
- How to calculate the hours needed for accreditation of the training?
- To Bangladesh—How do you link theory and practice in your training especially in-service training? How to make resources available online and in virtual modes where there is no access? How do you take care of short term training programs?
- Research should be one of the parts of capacity building and improving the ECD environment is equally important. It was noted that research is a part of the total programme in Bangladesh and SD 8000 is given for action research to anyone interested in undertaking research in Singapore.
- If there is no follow up, then training will not be effective.
- Bangladesh has provision of full scholarship for government officials willing attend the training programmes.

Presentation 3-4: Planning for equitable early childhood intervention

Ms. Sara Dang, *Early Stimulation Consultant, UNICEF Regional Office for South Asia*

Ms. Dang presented a study that purposed to recommend a set of strategies to promote early stimulation and reduce disparities in child outcomes and integration of stimulation in existing programmes. Ms. Dang first elaborated the definition of early stimulation, reasons for the early childhood intervention projects, and the beneficiaries of such projects. The methods of this study were basically a bottleneck analysis on the early intervention projects in three countries (Nepal, Sri Lanka, and Bhutan). A specific model, the Tanahashi Model with six indicators (commodity, human resources, access, utilization, continuity, and effective coverage), was used in the analysis. The recommended strategies were proposed based on these six indicators in the above three countries.

The presenter clarified the concept of early stimulation and some of the research methods. Limitations were noted as each country approaches early stimulation differently. There are a variety of data sources for each country, all inconsistent and therefore there is no representative data available. But as a result of the study parenting programmes with stimulation were recently introduced through ECD centres in some form in the three countries of the study. The study concluded that convergence would be important, somehow identifying the areas to converge in these countries. Equity also emerged as an important concept: how to focus efforts on children from birth to three in these countries and reduce the gaps and equity barriers.

Discussion in the question and answer time focused bottleneck identification and the six indicators, which need contextualised strategies in different countries; on improving the community's involvement; and on the need for ongoing training and support for toy provision and stimulation.

Presentation 3-5: Engaging marginalised parents in early intervention: A case study

Dr. Emma Pearson, *Senior Lecturer, Universiti Brunei Darussalam*

Dr. Pearson explained the background of the project as an attempt to answer the question: why don't families with culturally linguistically diverse backgrounds access our services in Australia? In the case study, marginalisation is noted to be a contested term from disability studies and a preference for a social model perspective, emphasising disablement (or in this case, marginalisation).

In Australia, mobile playgroups catering to communities of high cultural and linguistic diversity called PlayLinks have been established. PlayLinks are provided free to parents with a child with a disability for three hours once a week. PlayLinks structure and philosophy focus on play-based support (interaction between parents and children' informal exchanges and parent-parent or staff-parent exchanges); family-centred practices (home visits, parents identify issues of concern/acknowledged as experts); providing a multi-disciplinary team (multiple sources of advice/support available; helping parents to navigate diagnosis).

The research objective was to document family experiences and explore sources of support, challenges and possible marginalisation for families from culturally diverse backgrounds. It was ethnographic participant-focused with four participating families over nine months. The data sources included formal interviews; informal conversations and participant observations; field notes.

The case study documented advantages of the PlayLinks playgroup: its informality, with no assessment or parent education, but valuable advice and support where wanted; its emphasis on parent-child interactions/play-based approach; home visits; assistance in making sense of diagnosis and next steps; a multi-disciplinary staff; and a family-centred approach/being listened to.

It also revealed parents' broader experiences of diagnosis. Sources of marginalisation identified include systemic sources such as lack of time for interaction or providing individual attention or acknowledging parent expertise in the diagnosis process. Sources of support were revealed to be spiritual healing for parents with different ethnicities. The implication is that contemporary approaches in early intervention favour the partnership approach versus the medical approach or telling parents what to do and relationship-based approaches where there is not only knowledge transfer but also relationship building. The process is neither simple nor static.

Presentation 3-6: Play tips, play things, play time (workshop)

Ms. Esther Ho, *Field Practicum Facilitator, SEED Institute, Singapore*
Ms. Annie Leung, *Field Practicum Facilitator, SEED Institute, Singapore*
Ms. Irene Teo, *Field Practicum Facilitator, SEED Institute, Singapore*

The goal of the workshop was to identify good practice using age-appropriate toys and articulate a rationale for selecting age-appropriate toys for children birth to age three. It was emphasised that for play time, any activity and any type of play offers children the opportunity to learn and practice new skills. It's about interaction, not just the toys, because children learn through play, observation and imitation. Follow the child's lead and encourage with lots of different ways of playing with toys. Read the child and be ready to stop or change the activity. Make sure the play space is friendly and safe.

Guiding principles for choosing good toys include ensuring that toys are open-ended, interactive, encourage exploration and problem solving, grow with the child, and are safe. Play things can also be easily made from recycled materials. During the hands-on play time, participants chose toys from a selection—and all chose home-made toys over commercial toys when divided into groups to explore, learn and practice with the new toys. The rationale was that the toys were more open-ended and parents can make the toys themselves and are therefore cost-effective.

Participants during the workshop on Play Tips, Play Things, Play Time

Plenary 4

Panel Discussion: Multi-sectoral integration for the holistic development of children from birth to three years: Policies, structures and implementation

Dr. Chan Chok-wan, *Former President, International Paediatric Association*
Ms. Marilyn F. Manuel, *Deputy Executive Director, Early Childhood Care and Development Council, Philippines*
Dr. Mugyeong Moon, *Director of Trend Analysis and International Cooperation Team, Korea Institute of Child Care and Education, South Korea*
Dr. Khoo Kim Choo, *Ministry of Community Development, Youth and Sports, Singapore*

Dr. Chan opened the panel with the perspective from the medical field and shared the concepts of early childhood health from a paediatrician's point of view. Basically, the concept of child health has evolved from a disease focus to a wellness model that includes health, social, educational, etc. needs. And today, it is not just doctors but teachers and parents as well who are involved in advocating for child health.

Dr. Manuel summarised the perspective from the field of social work in the Philippines, which now has a comprehensive law that outlines an ECCD framework for serving children birth to age six. Children at different ages and stages are served from appropriate venues, e.g. home, village, centre-based services, and by initiatives from the community level to the national level. There is an ECCD council that oversees implementation. The Philippine law recognises that birth to age six is the first cycle of educational development, that includes the foundation years, and primary, secondary and tertiary education. It includes an advocacy agenda that conducts research to support decision making by stakeholders and policy makers.

Dr Moon represented the education sector and observed that although children aged three to five had received attention in recent years, the developmental needs of children birth to age three are the current focus. This is particularly so in Korea as statistics indicate a very low fertility rate and so the government is increasing support to families with children under the age of three. The child care policies in Korea are administered under the Childcare Acts of 1991, 2005 and 2010. The Childcare Act provides for subsidies to children under three, a childcare accreditation system, a national childcare curriculum and upgrading qualifications for childcare workforce. The Prime Minister's office also has supportive measures that include family health centres and childcare information centres. A recent innovative strategy is the Young Children's Plaza—a network that integrates teachers, families and community libraries—and Dream Start centres—a social service network in low income areas to support pregnant women and the delivery of children. Dr. Moon also outlined some of the challenges facing ECCD in Korea: a need for a higher body for coordinated policy; establishing a legal basis for coordination and collaboration among sectors; regular professional meetings to share

information and research findings; finding ways to strengthen parental competence.

Dr. Khoo, the moderator, commented on the ideas of integration and collaboration, as generally we have focused on the discrete needs of children's development and health. How do we integrate and collaborate? What models or structures exist? Or are effective? Do we go across sectors? Do we move from top down, vertical versus horizontal?

Dr. Chan responded that advocacy should happen from the bottom up, as it is important to first convince all of the importance of ECD. To provide effective advocacy, we need to have the evidence and we need to have a plan for resourcing ECD. Parents must to be involved and the endorsement of the government is necessary.

Dr. Manuel cited the experience in the Philippines where there is strong support at the national level (top), but the challenge emerges in the implementation stage at the village level, as there are about 42,000 villages. The functionality of the ECCD council structures at the village level is weak. Another challenge is including the youngest. Even though the policy is for children birth to age six, children aged four to six are more easily served as they go to centres. Children birth to age three are still underserved. Research is planned to understand the current situation of home-based ECCD and provide guidance for future policy and programme development.

Dr. Moon commented that with the increasing awareness of the importance of serving children under three, efforts are made in Korea to ensure that the document integrates the care and education of children under the age of three, but the reality is not ideal. Finance is an issue when we try to collaborate—who actually pays for the programme or services? Should national, local, or specific centres provide funds? Having only one source of funding would be easier, that would in turn designate to the separate sectors. Dr. Moon also noted other challenges, including: the lack of mobility for the workforce to move between childcare centre and education sectors; the fragmentation of services for children under three; and exactly what kind of evidence in support of ECCD is most helpful—quantitative versus qualitative data, data that need to be consistent with the goals of ECCD.

Dr. Khoo pointed out that it is known that institutional care for children birth to age three is not as effective as home-based care. It seems there is a model in the Philippines that when children go for medical care services, parent education and early learning knowledge is also introduced to parents. What are the training implications? How are medical personnel trained so that they can include the early learning knowledge in the medical sector and services?

Dr. Manuel confirmed that there is a model and that efforts are made to use a variety of entry points to serve children. There are plans to scale up the model and also develop a national ECCD centre that can be a training centre for parents with younger children (birth to age two), and centre-based programme for the children aged three to four. (Children aged five to six are under the education sector.)

Dr. Moon commented that in Korea, care helpers are sent to provide home visit

services. This is expensive but effective, and preferred by families. Korea also tries to differentiate the policies between working/non-working mothers, and involve men more, to promote home/work balance and to get genders to collaborate.

During the question and answer time, a question was directed to Dr. Manuel regarding the major interventions and play list that are included in the home-based ECCD model. Dr. Manuel explained that there were two primary types of ECCD interventions: parent education and conducting play groups for children while the mothers are doing their parent education. The interventions build on what already exists and is reaching mothers, and fathers, whose children are not attending any ECCD centre. They use indigenous materials, lots of mother/baby interaction and play. All the NGOs (PLAN, Save the Children, etc.) have their own parent education modules and make adaptations for local home-based programmes. In future, it is hoped to make these resources available online. Dr. Chan responded to a comment about parenting, not to exclude fathers even though it is a challenge, because fathers are also needed to parent a child well. When questioned about getting grandparents involved and should they be provided training as well, Dr. Chan suggested it would be helpful as the grandparents had done their parenting work many years before.

Concurrent Session 4

Presentations 4-1 through 4-5: Global Leaders for Young Children—Advocacy Projects for ECCD

As part of a programme which entails leadership and advocacy training to develop effective leaders in the Asia-Pacific region to take on leadership roles in supporting the well-being of young children and their families, the World Forum Foundation, in collaboration with ARNEC, has selected six Global Leaders for Young Children in the year 2011. This session provides five Global Leaders to present an update of their national advocacy projects to the ECD community at large. The five projects shared were:

Voices of men in Early Childhood Education: Ms. Esther Ho, *Field Practicum Facilitator, SEED Institute, Singapore*

This project aimed to provide insight into what male EC teachers are going through in their work within the field of EC in Singapore. In aiming to find out the concerns, challenges and support that male EC teachers need to continue on in the field of EC, the researcher conducted surveys amongst the men in the SEED training institute (a local early childhood teacher training facility), as well as some of the men already working in the field of EC in Singapore.

Out of the approximately 12,000 EC teachers in Singapore, only 50 of these are men. The research project managed to interview 20 male teachers. From their opinions, it was found that the perceived benefits of being a male teacher included the fact that they could create a balanced learning environment, and that they could

encourage greater participation from fathers. However, male EC teachers also faced many challenges, including the fact that female teachers were often unaware of the restrictions that were placed upon male teachers' work; that parents still had a stigma towards male teachers; and the fact that male teachers appeared aloof because they had to be extremely cautious in the way in which they worked with children and female teachers.

Conclusions for the project included the usage of media to create a positive light for male teachers; to review the salary of teachers; to have a mentor/guide to support male teachers; and for the government ministries to support men in this profession in terms of policy/guidelines.

Strengthening the case for ECCD: Mr. Karma Gayleg, *Programme Coordinator—ECD, Ministry of Education, Bhutan*

This project aimed to create an awareness of the Early Years in Bhutan. It involved consultation meetings with key stakeholders to identify approaches and areas for advocacy; situational analysis of ECCD awareness in two districts; development of ECCD advocacy materials and the piloting and dissemination of the advocacy package in two districts. As part of this project, a number of materials were developed. These included an illustrated booklet/poster for policy makers and leaders titled "I am a Champion for ECCD", which stresses the importance of building confidence in all

young children, encouraging holistic breastfeeding, advocating for male participation in the care of children, etc; illustrated posters with easy to understand and easy to remember slogans; and illustrated bookmarks in English and their national language. The future steps for this project involve piloting materials in two more regions, and the possible implementation of the project on a larger scale should these future pilot projects prove successful.

An advocacy journey towards Education for Sustainable Development (ESD): Ms. Kelly Hor, *Former Managing Director, Odyssey the Global Preschool, Singapore*

Introducing the concept of ESD in the Singapore context, the rationale behind this project is that resource-scarce Singapore should focus on imbuing in the young values that can help them to understand issues pertinent to ESD – for example, social sustainability.

A pilot project was carried out at Odyssey, the Global Preschool, with ESD work being implemented through a range of modes, including artwork, community events, etc. Highlights of the pilot project include how some preschool classrooms focused on issues like recycling the children's toys; the children being engaged in community involvement with the Salvation Army (and thus learning about what it does as an organisation); and an art exhibition that resulted in the funds collected then being donated to a charity.

The conclusion of the pilot project saw that children, teachers and parents learned about and became increasingly appreciative of sustainability issues. The next steps of the project is to continue the publicity campaign to create greater awareness of ESD, to attempt to influence policy makers to incorporate ESD into the EC framework, and to inspire other ECE programmes and educators to adopt similar ECD practices.

Advocacy project on early learning and development standards (ELDS): Mr. Mukunda Prakash Kshetree, *Project Manager—ECD, International Child Resource Institute, Nepal*

This project aims to create ELDS for the first time in the Nepal context. In doing so, the ELDS will act as "a national standard of measuring physical, cognitive, cultural, linguistic, social and emotional status of children up to 60 months old". When a new constitution came into place a few years ago, there were no fundamental rights for young children aged birth to three in Nepal. The ELDS is therefore considered to be essential for capacity building, to build uniformity in ECD programmes, and to contemporise the ECD curriculum. The proposed ELDS spans five domains and addresses physical, social, cultural and language development and includes 14 sub-domains and 36 specific aspects (including learning environment and activities, and indicators of development). Although yet to be approved by the local Ministry of Education, foreseeable challenges include the idea that the ELDS should remain in the hands of the stakeholders.

Evidence-based Policy Advocacy on ECCD in Emergencies: Ms. Nanditha Hettitantri, *Head of Social Research, Lanka Market Research Bureau, Sri Lanka*
This project focused upon ECCD policy in the disaster management/DRR (disaster

risk management) field in Sri Lanka. The project is important given that Sri Lanka is a country that faces many man-made and natural disasters, yet places very little emphasis on disaster prevention—let alone in conjunction with ECCD policy. The presenter stated that there are many gaps in the field—for example, there is no institutional mechanism for interaction and collaboration of ECCD within disaster risk management (DRM) that exists; and ECCD is not a priority area for disaster management. The process involved in this project included interviewing directors of key government institutions and other key stakeholders and desk study on ECCD in emergencies. Key institutions for policy advocacy were also presented with the project at hand—these included the disaster management centre and the Ministry of Disaster Management and Human Rights. Key outputs of the project include a study report, policy and a practice brief/publication. Time and budget were challenges that this project faced.

Poster Presentations 4-1 through 4-4

Early stimulation and nutrition: Ms. Narmaya Thapa, *ECD Coordinator, Save the Children, Nepal*

Posters used in the early stimulation and nutrition programmes in four districts in Nepal were presented. These programmes are in partnership with the Child Health Division and the Department of Education and focus on pregnant women and families with children under the age of three. This innovative project found it more effective to integrate early stimulation and nutrition programmes, especially in the remote areas of Nepal, and demonstrated behavioural changes in caregivers by providing knowledge and skills.

A pilot study: Effectiveness of play on ECD—Child to child approach: Ms. Anjum Yameen, *Coordinator Community Programmes, Aga Khan University, Pakistan*

The posters presented the importance that child-to-child approach can play in child development, especially in a younger child's life. Younger children who have older children to interact with demonstrated improved abilities. The study included 12 children aged eight to 12 years old, who had younger siblings aged three to six years old. The older children were able to read, write and spend regular time with their younger siblings. The older children were then trained to provide specific play activities. In the beginning the children were observed by a supervisor, but then later worked independently and kept a diary of their play activities. A checklist for pre and post assessment was administered to the younger children.

Assessing the home environment for ECD in two communities of Pakistan: Ms. Sanober Nadeem, *Instructor, Aga Khan University, Pakistan*

Family environment plays an important role in ECD. The Home Observation for Measurement of the Environment (HOME) was presented as a helpful tool for determining the quality and quantity of support and stimulation provided in the home. A cross-sectoral study was conducted in two communities in Pakistan in which all mothers with

children under the age of three participated. Considerable evidence was found that poor home environment hinders intellectual growth. The HOME inventory identified about 23% of the children as being potentially at risk and there is a need to develop culturally acceptable, evidence-based parenting interventions to improve the home environment.

International comparison of ECD policies: Introducing the SABER-ECD framework: Ms. Amanda Epstein Devercelli, *Consultant, World Bank*

The SABER (System Assessment and Benchmarking for Education Results) programme of the Human Development Department of the World Bank includes ECD information. It is an initiative to collect, synthesise and disseminate comprehensive information across various systems in order to enable policy makers and World Bank staff to learn how different countries address similar policy challenges. The SABER-ECD framework includes three core goals:

- establishing an enabling environment, ensuring support, resources, and coordination among sectors
- implementing widely, ensuring wide coverage
- monitoring and assuring quality, ensuring appropriate standards and monitoring systems

For each policy goal, a set of actions is identified that decision-makers can use to strengthen ECD. The SABER-ECD framework can be used to benchmark countries' ECD systems and the comparative lens provides lessons from experiences of other countries and policy options available to strengthen ECD at national and sub-national levels.

Poster Presentations 4-5 through 4-7

Contesting the nanny care of young children in Thailand: Dr. Promjawan Udommana, *Research Scientist, Graduate School of Education and Information Studies, University of California, Los Angeles, USA*

The study looked at how children are cared for by non-parental caregivers, or nannies, who provide extensive care in children's homes in Thailand. Nannies are not expected to do housework or chores but rather are expected to provide childcare and physical care routines. Boundaries are maintained by excluding nannies from family activities during the weekend. Family time is exclusive to immediate families. The nannies role is different from the Thai mother, who functions more like a manager and sets a home environment within which the nannies deal with childcare routines, i.e. sleeping in the same bedroom with the child, buying food for the nanny to cook, providing a uniform for hygiene purposes, limiting TV time. There is a noted lack of smiling and talking from nannies, who use short verbal commands to direct the child to do things. The Thai mother also takes on the role of educator. They enrol children in classes, play with children and stimulate them at intellectual level. The implications of the study are to understand the implications of nannies providing home-based care within a specific cultural context, to understand

the prior experiences of children before entering formal schooling in Thailand and to help raise public awareness of regulation of domestic workers who work with young children. During the question and answer time, it was suggested that further research be done in other countries in order to provide a comparative study.

Raising the standard of ECCD programmes in Southeast Asian countries: Dr Ethel Agnes Valenzuela, *Senior Specialist, SEAMEO INNOTECH*

Dr. Valenzuela opened by commenting that the greater focus on the quality of ECE in 2010 warrants the need to audit the quality assurance systems in the ten Southeast Asian countries. Quality assurance indicators in ECCD include regulation and accreditation; teacher qualifications and training; instruction (the weakest link); curriculum standards (need to be contextualised); assessment policies; supervisory and regulatory monitoring standards; learning environment; and hygiene and health standards.

Conclusions from the audit indicate that ten SEA countries have differences in their ways of defining quality (definition of quality differs according to their local cultural context); while most countries have the quality indicators in their policies and protocol, the levels of implementation and development differ among countries; that qualifications of teachers may differ; that most countries have monitoring and evaluation procedures. It was recommended to document some of the good practices observed in the quality assurance systems of these ten SEA countries. During the question and answer time, discussion

focused on whether the report would be made available on the internet. It will be available after the toolkit and guidelines for certain quality indicators are developed.

The development of WEBEASR (Web-based Ecological Assessment of School Readiness): Prof. Puan Sri Rohaty Mohd Majzub, *Professor-ECE, Universiti Kebangsaan, Malaysia*

The Ministry of Technology project started in 2003 and is still in progress for improvement. The WEBEASR is current for age's four to six. Future goals include aligning the web-based assessment to the preschool national curriculum and the birth to four new framework as well as developmentally appropriate practices. The WEBEASR is based on Bronfenbrenner's ecological model of human development and highlights the important factors of home, community and global readiness as compared to child readiness. There are indicators for school readiness, child readiness, home readiness, community readiness and global readiness. The discussion focused on the implications of this project and how it will be used. Professor Majzub commented that it has policy implications on investment, particularly on building infrastructure and community facilities.

The moderator summarised the three presentations as looking at quality from different perspectives: it is important to have qualitative data that allows us to understand informal populations such as nannies and their role in the care of young children; going beyond standards to indicators is a important step toward developing understanding of quality in different cultural contexts; and the WEBEASR model reminds us of the

importance of how different parties play a part in ensuring child readiness. The additional indicator of global readiness in the WEBEASR model as we move into the 21st century resonates with Dr. Meyers vision on quality, inclusion and integration shared earlier in the conference.

Plenary 5

Presentation 1: New evidence on early childhood development 2007 and 2011

Dr. Meena Cabral de Mello, *Senior Scientist, World Health Organisation*

Dr. Cabral de Mello presented a review of *The Lancet* 2007 and 2011 series on child development. The 2007 series was called the "Early childhood development: The global challenge." Its goal was to draw more attention to young child development in low and middle income countries and present strong evidence about the importance of the early years. The series was successful in raising the profile of early childhood development. And in 2011 it was felt that there was sufficient new evidence to warrant producing a new series thereby sustaining the momentum of the early childhood advocacy agenda.

The 2007 series revealed that there were more than 200 million children under the age of five in low- and middle-income countries not reaching their potential and identified the major risk for poor child development. Available evidence for effective interventions was presented.

The 2011 series reviewed new evidence on causes of developmental inequality and effective interventions. A key goal of the 2011 series was to provide the evidence needed to set priorities for early childhood policies and to design effective programmes to reduce inequalities. The series also estimated the cost of not investing in early childhood programmes. The remainder of the presentation dealt with a summary review of the new evidence on brain development, biological and psychosocial risks, protective influences, effective interventions that increase protective influences and reduce the biological and psychosocial risks, parenting interventions, ECE interventions, benefits of investing in ECD, and the importance of integrated interventions.

The Lancet series is available at http://www.thelancet.com/series/child-development-in-developing-countries-2

Presentation 2: Maternal mental health and caregiving capacities in resource-constrained settings

Dr. Jane Fisher, *Professor - Women's Mental Health, Monash University, Australia*

Dr. Fisher opened by expressing appreciation for the recent acknowledgement in the 2011 Lancet series that a women's psychological functioning does have an effect on her capacity to provide care for her young child. She provided the most current evidence on the mental health of women who were in the phase of life where they were pregnant or had just given birth and are seeking to provide optimal care for young children.

In western countries, substantial research has helped to understand the contributory factors of mental health to maternal morbidity. Suicide is ranked as one of the highest causes of maternal

morbidity in higher income countries. Now maternal mental health is becoming a focus of research in low- and middle-income countries. In higher income countries, symptoms indicating post-natal depression and anxiety occur in about 13% of women after delivery, and in about 10% of pregnant women. Psychological features of depression and anxiety are women taking no pleasure in anything, including their babies, being anxious, socially withdrawn and generally feeling flat and lacking in motivation and energy.

A recent review of the evidence from low- and middle-income countries regarding maternal mental health found that there were only 13 studies about ante-natal mental health problems and only 34 studies of post-natal problems, and over 80% of the countries have no local evidence at all with which to address maternal mental health policies.

The studies were conducted in a variety of settings from tertiary hospitals to community clinics. The statistics indicate that women who give birth in tertiary hospitals, which are available to only those with more resources, the prevalence of mental health issues is about the same as in higher income countries. But the statistics from the other settings where the poorest women were most likely to give birth indicate that nearly one out of every two show evidence of compromised mental health. So the poorest of the poor have greater need for mental health support.

Post-Presentation Discussions

A comment was made in support of the emerging acknowledgement of the need to empower women by helping them to

The risk factors for poor maternal mental health are similar to risk factors for poor development in children—poverty, being a member of an ethnic minority, living in a rural area, and insufficient resources to pay for food or health care. Evidence also indicates that the poor relationship with the woman's intimate partner or with a mother-in-law increases the risks. Protective factors include education, ability to earn income that she has control over, positive and nurturing relationship with her partner and receiving post-delivery care from her own mother. If she has these factors then her mental health is more likely to be protected. Multiple factors interact to enhance or compromise child development and now maternal mental health has been identified as one of the most important factors. Risk factors affect a woman's ability to respond to her baby with warmth and pleasure, and these are at the core of the formation of emotional attachment and affect the babies own cognitive development and ability to grow in their own social and emotional capacities. The implications are that ideally we integrate strategies to care for a woman in our interventions to improve the developmental outcomes of young children. Dr. Fisher recommended the following article to help in advocacy for maternal mental health, "The Ha Noi Expert Statement: recognition of maternal mental health in resource-constrained settings is essential for achieving the Millennium Development Goals" and available at the open access *International Journal of Mental Health Systems* link: *http://www.ijmhs.com/content/5/1/2*

good mental health. A second comment led to discussion of the impact of chronic stress and anxiety during pregnancy. Dr.

Fisher responded that research is now being done in the US and UK and early indications are that chronically elevated high levels of stress during pregnancy do impact a child's capacity for emotional regulation. But she cautioned making the links without looking at the social context in which the woman is living because the question is now being investigated as to why the woman is experiencing chronically high level of stress and more often than not it is related to domestic violence.

Consultation for Post-2015 Global Agenda

The Consultation opened with brief summaries from Dr. Sheldon Shaeffer and Dr. Robert Meyers, prompted by two questions from Moderator Ms. Junko Miyahara:

1. What future do you envision?
2. What do we need to do to achieve that vision?

Dr. Shaeffer suggested that the future goals may not focus on national aggregate statistics, but rather in reducing gaps or disparities between groups within individual countries. Also that goals should not focus only on the number of people served or provided with access to services, but rather on the quality of services—outcomes measured by quality rather than numbers. The challenge is therefore how to develop or articulate holistic educational development goals that consider psychosocial aspects of development as well. Shaeffer also noted that including children from birth to age eight in early childhood provides a platform for considering the importance of the transition into primary school and allowing for a seamless curriculum from preschool through the early grades.

Dr. Meyers suggested that future directions need to be more concerned with the process of advocacy rather than content; e.g. who will be present at the regional meetings, who will be able to push the desired agenda in the global meetings and decision-making meetings to get EC issues included in the global agenda. This will require a planned lobbying process. Meyers also indicated a preference for 'care and development' over 'education' per se, the original language of the Jomtien document. He suggested that indicators should be selected that include not only health, but also education and other developmental areas.

Questions and Comments from Delegates:

1. Delegate from Singapore suggested we could perhaps look at 'learning', as opposed to education (which has a formal tone) or care and development (which suggests a natural process). Learning can catch people's imagination and interest.
2. Delegate from UNICEF Nepal reiterated the importance of the brain development window for children birth to age two, and the necessity of helping all stakeholders understand this importance.
3. Delegate representing private sector preschools in Nepal: Emphasised the possibility of bridging the gap between public and private sector, as the public sector is provided an umbrella of

government support and the private sector can provide a wealth of knowledge.

4. Delegate from Pakistan: Returned to the 'care and development' issue, and wanted to raise the question of just how to develop indicators for a variety of settings, particularly in the home setting. What kind of indicators would measure development in home settings?

5. Delegate from Sri Lanka: reiterated the importance of considering children affected by natural disasters and how to facilitate their learning.

6. Delegate from UNICEF Regional Office: Commented on the reduction of disparities and the need to include indicators that would support the underlying capacity to learn; e.g. nutrition and health.

Dr. Shaeffer acknowledged that there is already conversation about 'learning for all' (rather than education for all) in the post-2015 agenda. The challenge is how to get the ministers involved to acknowledge and to claim the need of cross-sectoral collaboration. He also noted that the private sector has most of the wealth resource-wise, not just knowledge-wise, and agreed that the challenge is how to bridge the public-private gap and facilitate a shift. Dr. Shaeffer also shared his observation that what began as linear thinking about global development has since 2000 developed into a new way of thinking, and with it the awareness that future goals need to be radically different.

Dr. Meyers expressed concern that measurement for disparity would still be enrolment and reminded the delegates that care should be taken as to how we approach disparity and measurement. He also shared his observation that 'learning' tends to be equated with test scores, and so cautioned about going in this direction. He summed up by trying to articulate a concrete plan for going forward: 1. Develop a systematic way to evaluate the development of young children (countries can define their own). 2. Apply it. 3. Use it to evaluate the whole process and to develop further.

7. Delegate from Indonesia: Observed that the Ministry of Education is always seen as providing formal education, so if early childhood is put into the Ministry of Education, then there is a need to re-orient the Ministry's mindset. Dr. Shaeffer interjected with agreement that the ministry would need to be 'un-trained' and then 'retrained' as it is indeed risky to entrust children birth to age four to Ministries of Education.

8. Delegate from Nepal: Noted that universal and free compulsory ECD should be provided for children birth to age five or age eight, and the annual budget should be developed in proportion to the number of children at each age/stage.

9. Delegate: Expressed a desire to see parent education in the post-2015 goals. Dr. Meyers interjected with a question about how to measure parent readiness, how to develop readiness indicators? And he also questioned how to reframe the current practice so that parent education is not just lectures about what parents should do, but how to support the learning process of

parents. [Rapporteur comment: It was shared in the early CG research report findings that parent education must be coupled with support in order to be effective. Classes alone are not effective for facilitating change.]

10. Delegate: Expressed that the MDGs need to be localised MDGs, not globalised MDGs, as this was important in terms of political commitment.

11. Delegate from UNICEF Cambodia: Shared the work of targeting the youngest and most marginalised populations in terms of malnutrition. Dr. Meyers commented that focusing on 'target populations' is one way to work, and can be effective to a certain degree but cautioned that we cannot be sure that just because the nutritional goals are met, then development will occur. This is a survival goal rather than a development goal. We need to find ways to do both, so that nutrition and development happen simultaneously and the process is holistic.

Day 3: Thursday, 10 November 2011

Plenary 6

Keynote Address 3: Early experiences matter: The curriculum for the birth to three

Dr. Marjory Ebbeck, *Emeritus Professor—Early Childhood Education, University of South Australia; Senior Academic Advisor, SEED Institute, Singapore*

Dr. Ebbeck's presentation was primarily concerned with the importance of early experiences from birth to age three and focused on two areas: 1) translating research into practice with regards to why EC experiences matter in the birth to age three group; and 2) presenting the NTUC (National Trades Union Congress, Singapore) learning for life curriculum framework.

In addressing the first aim of the presentation, the speaker explained the importance of having a curriculum that caters to children in their early years. This is especially so in recent years due to a host of factors, including an increase in women in the workforce and evidence that early childhood education matters to opportunities in life. Given that the kinds of experiences that babies have can have a profound effect on their life chances, early experiences are critical. Research shows that early experiences play a fundamental role in forging physical brain development, which consequently impacts upon social development, language development, cognitive development, mental health and so on. Learning takes place before birth, and babies are very competent at birth. How carers, teachers and parents engage in best practices that can best cater to babies' development is therefore critical. To this end, EC professionals need to acknowledge and build upon the knowledge of parents; show affection and care for children; provide for experiential and constructive approaches to learning; and to ensure well-planned and implemented play in early learning settings.

The second part of the presentation provided an overview of the NTUC First Campus Curriculum, which intends to address the importance of early years experiences are extremely crucial. In viewing the NTUC First Campus Curriculum, it is seen that a curriculum should be founded on the basis of social attachment—all children need to feel secure with their carers, and that it should take into account children's cultures and therefore build upon partnerships with families. As such, the curriculum being presented is aimed at assisting EC educators to ensure that children's early experiences are optimized in a host of ways.

Following the presentation, many questions were raised with regards to the NTUC First Campus Curriculum and the importance of early learning experiences. It was learned that a parallel programme for parents was not formally available, but that the NTUC First Campus staff worked with parents in informal ways and emphasised the need to interact with parents. Regarding the empowerment of parents, it was suggested that this was

important but that there is some degree of caution that EC professionals need to take in this area. A question from India probed about the debates surrounding a formal curriculum for very young children, and the ideal child/staff ratio in an early learning setting. There were no easy answers as the child/staff ratio was dependent upon context (i.e. resources available). With regards to a compulsory curriculum, predictable routines were said to be important, but there was also a need to remember that the curriculum is not a rigid framework. All children require choice and a certain degree of flexibility to explore things in their own time so that they can develop independence. A final question pertained to whether or not it was possible for the "damage" done to the brain of a yet unborn child (e.g. an unborn child with a stressed mother) to be "undone" following birth, to which it was suggested that children were resilient and that parents required as much help as possible in bringing up their child, particularly in the first few weeks of their babies' lives.

Concurrent Session 5

Presentation 5-1: Advancing the cause for quality ECCD service through professional development framework for ECCD workers

Ms. Maya Nayo, *ECD Advisor, Save the Children, Philippines*

Ms. Nayo outlined the provision of better quality services and care to young children in the Philippines through upgrading ECCD workers' skills and competency in caring for young children. A collaborative body comprised of Save the Children and the Philippine government worked together to develop a framework based on child developmental criteria and guiding principles to improve the quality of care of young children.

During the question and answer time discussion focused on who had authority to accredit professional ECCD worker. The Philippine government has this authority and it was suggested that looking at the NAEYC (National Association for the Education of Young Children) model of professional development might be helpful, as well as using an assessment mechanism for credentialing child development associates which might lead to increased competency acquisition.

The moderator summarised the above discussion with a list of key words for our reflection. They were 'constant learning', 'professionalisation', 'critical reflection with practice' and 'collaboration within the community'.

Presentation 5-2: Early childhood leadership: Case studies of leading and managing EC centres in the UK and implications for the Asia Pacific

Dr. Lynn Ang, *Senior Lecturer—Early Childhood Studies, University of East London, UK*

Dr. Ang explored the concept of effective leadership, its roles and impact and how strong leadership could play a crucial role in rendering quality care and services for the early childhood service. According to the speaker, high quality early years settings are characterised by effective leadership with low staff turnover. Having good quality service and a well-designed curriculum is insufficient if we do not have able and effective leaders to take that vision forward and keep it sustainable. Dr Ang discussed the different perceptions of leadership roles as interpreted by early childhood leaders from her recent national research study conducted in England, involving 359 early childhood leaders (funded by NCL-National College for Leadership of Schools and Children Services). She then examined its implications for the Asia Pacific region. There were three key themes that emerged from the research study in regards to what it means to be an effective leader in the early childhood service. Firstly, as opposed to the autonomous, top-down approach of a managerial position, effective EC leadership takes on a 'team culture' and the leaders play 'multi-faceted' roles in giving holistic support to the children under their care. Secondly, effective

leadership is collaborative and facilitative in nature. As effective EC leaders, they are as good as the team they work with, through a collaborating and facilitating process. Thirdly, effective leadership takes place in a communal setting. The leader is a pedagogical and reflective learner, learning from fellow teammates in a pedagogically enhanced and shared learning environment. Dr. Ang also urged early childhood leaders to play a more active role in responding to government initiatives and early childhood policies and to improve the health, education and economic outcomes for young children and their families. They are to see themselves as advocates to make a difference to the lives of young children and their families and scale new heights in raising the standard quality and care through effective leadership and good governance. In summary, the hallmark of an effective EC leader is someone who is 'ethical, transformational and sustainable'. The moderator summarised the above discussion with a list of key words for our reflection. They were 'constant learning', 'professionalisation', 'critical reflection with practice' and 'collaboration within the community'.

Presentation 5-3: Me too! Exclusion of children from ECD and its long-term impact

Dr. Renu Singh, *Senior Advisor, Save the Children; Country Director, Young Lives, India*

Dr. Singh presented evidence on the exclusion of children birth to age three from various ECCD interventions and its impact on the children's development. The speaker then went on to identify the cause as gaps in policies for young children and the need to strengthen those policies. This requires increased advocacy and recommendations on behalf of young children as well as the need for a champion to lead the policy implementation.

Question and answer discussion focused on the clarification of scientific evidence on the first years being recognised as a critical period for development as well as the need for specific recommendations on the strategies required to translate policy into practice.

Presentation 5-4a: Connecting ECCD policy with practice—end to end community management

Ms. Ananda Jyothi Vaddadi, *Project Executive—Community Managed Education Services, Society for the Elimination of Rural Poverty, India*

Ms. Vaddadi presented background on social issues in the selected communities and an overview of the concept of community-based ECD centres. The speaker highlighted the role of communities in managing and supporting the centres, as well as reviewing reporting and accountability systems. Discussion focused on understanding subsidies for women's groups in the communities as well as a concern for monthly development evaluation of all children in the centres.

Presentation 5-4b: Policy and practices in the context of ECCD: Experiences of FORCES network

Ms. Savitri Roy, *National Coordinator, FORCES (Forum for Crèches and Child Care Services), India*

Ms. Roy explained that FORCES is an informal network for development of women and children. Its goals include advocacy for mother and child related policies, identifying gaps in existing policies and programmes related to women and children and recommendations for improvement of policies regarding women and children.

Presentation 5-5: A regional overview of the evidence concerning child maltreatment during early childhood and promising interventions for prevention

Ms. Amalee McCoy, *Child Protection Specialist, UNICEF East Asia and Pacific Regional Office*

Ms. McCoy began by citing the statistics related to child maltreatment in Asia— 67% in South Asia and 28% in Asia Pacific. Child maltreatment rates are ten times higher than cancer rates, yet there is no money spent to research this problem. Statistics further indicate that maltreatment has adverse effects on child development, especially social emotional development. UNICEF EAPRO (East Asia Pacific Regional Office) statistics indicate that emotional abuse is moderate while physical abuse is severe. Ms. McCoy provided examples of promising interventions including the Triple P (Positive Parenting Programme) and service provider partnerships. Discussion focused on who/what contributed to the maltreatment of children. It was acknowledged that there were contributing and compounding factors and there was a correlation between parents, practices and philosophies. Various participants shared about child protection measures in their own country-specific contexts.

Presentation 5-6: Paediatricians and ECD professionals holding hands towards promoting optimal child development

Dr. Jigisha Shastri, *ECE Consultant, Pragati Development Consultancy Services, India*

Dr. Shastri began by explaining the current situation in India: paediatricians are viewed as gods in India, family patterns and lifestyles are changing, and traditional knowledge is less available for parenting. Consequently a pilot programme was introduced in a private clinic that has paediatricians, parents and ECE professionals converging to provide a 'child life programme'. The purpose of the programme is to reduce anxiety for parents and children on visit to clinics or hospitals. It has since been established in the hospital as well. The initial feedback from paediatricians was positive as they receive help from the ECE professionals to understand developmental milestones. Parents also were eager to learn and become informed about child development.

Presentation 5-7: ARNEC Session—ECD and Disaster Risk Reduction: Building capacities in assessing needs at the community level

This session was a presentation of ARNEC's ECD Emergencies Project (supported by UNICEF Asia Pacific Shared Services Centre and Macquarie University). A platform for discussion was provided for the pilot countries and a new participating country (Sri Lanka) to share their field experiences, findings and perspectives towards ECD in disaster risk reduction (DRR). The following presentations were made:

Child centred disaster risk reduction (DRR) ECD and community level programmes: Dr. Jacqueline Hayden, *Professor—Early Childhood and Social Inclusion, Institute of Early Childhood, Macquarie University, Australia*

This presentation brought to the forefront the importance of considering DRR alongside ECD. Generally speaking, young children are vulnerable to morbidity, malnutrition and disease, and breakdown in social networks when disasters strike. Despite being the most affected pocket of the general population, very young children are barely mentioned in research and programmes pertaining to DRR. This is so although young children are highly receptive to interventions—especially group interventions.

In considering DRR in relation to ECD, it is proposed that there was a need to assess the social variables of DRR at the community level as strong communities play a distinctive role in the emergency recovery process. When viewing such community resilience, it is useful to take a two-prong approach that encompasses the physical (e.g. infrastructure) and the social (e.g. attitudes, inclusion).

Finally, this presentation addressed the processes involved in and the lessons learnt in the formulation of the document *Disaster Risk Reduction and Young Children: A Guidebook for the Asia-Pacific Region*. The guidebook was piloted in four nations (Bangladesh, the Philippines, Papua New Guinea, and Vanuatu) that were picked according to a number of factors related to areas that were prone to/have experienced disasters. Lessons learnt were numerous, including the fact that local input and adapting vocabulary was so crucial to the DRR process. The lessons encompassed having to adapt tools; the importance of involving all community groups; and the importance of community ownership and participation (building trust). To end off, the presenter then provided tips for using the publication at hand, suggesting that allowance for extra time and flexibility were crucial factors in ensuring that the DRR tool would be effective.

ECD in emergencies: DRR for young children: Dr. Chemba Raghavan, *Research Advisor, ARNEC; Consultant, UNICEF East Asia Pacific Regional Office*

In this presentation, the importance of focusing on ECD in emergency situations was highlighted. The Asia-Pacific region in particular needs to take note of this as it represents a geographical area that is at very high risk for natural disasters. The broader goals of the DRR project were discussed and country partnerships were acknowledged. The presentation also provided a summary of the project work completed thus far, and sought to give an overview of the emerging directions

towards policy and advocacy for ECD in DRR.

The presentation started off with the acknowledgment that emergencies were a great threat to the well being of children. However, emergencies can also act as opportunities for the advocacy of ECD. The notion of preparedness in relation to disasters was highlighted, as was the inclusion of indigenous communities. The focus on ECD in emergencies was reiterated, and it was proposed that ECD and DRR were not addressing each other's needs—the concepts and actors needed to work together and include each other. As such, the larger goals of the DRR project were: 1) to facilitate situational analysis/research, leading to a comprehensive list of community level indicators not previously available; 2) to facilitate the development of strategies and policy focusing on ECD in DRR; 3) to facilitate multi-sectoral networking and learning. At present, Papua New Guinea, Vanuatu, the Philippines and Bangladesh are part of the project, and each country's input has been received, with one country even completing their side of the work. New countries have also been initiated, with Sri Lanka, Timor-Leste and Indonesia coming on board with the DRR project.

In summarising the work thus far, it is seen that a rich body of data has emerged, with lessons on indigenous practices in the region. These provide researchers with considerations regarding the need for process documentation and capacity building, the feasibility of some of the research methods used, and a need for grassroots and high level advocacy, to name a few. In looking to the future of the project, it is seen that different partner countries are at different stages of the project, and that the Guidebook can benefit from further refinement in this ongoing project.

Development of capacity assessment tool on ECCD in DRR management: Ms. Marilyn F. Manuel, *Deputy Executive Director, Early Childhood Care and Development Council, Philippines*

The Philippines was one of the countries that were involved in the pilot testing of the DRR tool that was initiated by ARNEC and their respective partners. In this presentation, the country's objectives, the processes involved, the findings gathered, and the future steps for the project were shared with the wider ECD community.

The Philippines' involvement in this DRR project spawned two objectives: 1) to develop a tested tool for assessing capacity of stakeholders to extend services before, during and after emergencies; and 2) to assess the capacity of ECCD service providers in representative sample communities. In addressing these objectives, it was seen that extensive research was carried out. In particular, the process involved the integration of ethnic concepts, mechanisms and processes of ECCD in emergency situations into the research framework. Purposive sampling in areas across the country that were prone to disasters (including flooding, armed conflict, typhoons) was undertaken, and the national ECCD structure was scrutinised in relation to the issue at hand. Throughout the process of the project, it was seen that the importance of the 'Barangay'—or local community—was acknowledged.

The findings indicated that there was a diversity of definitions with regards to

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the term 'disaster' (e.g. even 'poverty' was listed as a response from research participants); knowledge of ECCD and DRR laws were low; ECCD programmes and services were relatively accurate; there needed to be clearer differentiation between different departments of the education sector, etc. In view of these findings, the next steps of the DRR project in the Philippines include revising the existing research instruments; disseminating the results of the pre-testing; reviewing and finalising the revised tool; and initiating the meeting between the ECCD Council and NDRRM (National Disaster Risk Reduction and Management) Council regarding ECCD concerns in DRR management (or vice versa). The end result was a Filipino DRR tool that spanned 36 pages, divided across sections such as health and nutrition, education, social protection, etc.

Guidebook for assessing ECD/ECCD as a component of DRR in the Asia Region: Ms. Mahmuda Akhter, *Head— ECD Resource Centre, BRAC University, Bangladesh*

In this presentation, the objectives, principal findings and next steps for Bangladesh's participation in the DRR project were shared. Bangladesh's objectives were as follows: 1) to identify capacity for families in terms of more knowledge, skills, etc. in ECCD and DRR; 2) to incorporate ECCD in DRR policy; and 3) to initiate mapping of ECCD in DRR for the country. As the indicators for the DRR tool were formulated by an Australian institution (Macquarie University), these needed to be adapted to the local context of Bangladesh. Target communities in this project were families of with children birth to eight years old in the coastal area of the Bay of Bengal. In this sample, sub-

points such as attitudes and behaviours, government initiatives and safety were studied.

Principal findings provided a vulnerability rank of the sampled population, as well as other findings related to communication, education, attitudes and behaviours, government initiatives and the like during times of disasters. It was thus concluded that people have less knowledge about the process of DRR; that there were no initiatives to help children recover from trauma following disasters; and that the vulnerability of the community was closely related with family income and educational qualifications. In looking to the future, the Bangladesh DRR project is going to share and disseminate their findings; come up with a report; map this project throughout the country in 2012; and to eventually include their work in Bangladesh's DRR policy.

ECD in Emergencies: research project in Sri Lanka: Ms. Nanditha Hettitantri, *Head of Social Research, Lanka Market Research Bureau, Sri Lanka*

Sri Lanka is an incoming participant of the DRR project. In this presentation, Sri Lanka's initiation to the project, their disaster profile, and their expected outcomes from this project are discussed with the wider ECD community. Sri Lanka is country that has experienced and continues to experience many human-induced (e.g. 30 year long armed conflict which ended in 2009) and natural disasters (tsunamis, tidal waves, floods, droughts, earth slips, etc.) Within the ECCD policy framework, DRR is not addressed. Similarly, ECCD is not integrated into the DRR framework. In the Sri Lanka context, there is a need to

evidence the integration of both DRR and ECCD. At the present stage, field locations for the study have been negotiated and expected outcomes include a long-term project that will address the gaps that have been identified so far.

Following the presentations, a range of questions were posed to the presenters. These included issues regarding how young children with disabilities and women were addressed in field of DRR; recommendations on other areas on which to do pre-testing if feasible; and whether or not there were standard minimums with regards to ECCD and emergencies in the countries that pilot testing took place in.

A key outcome after the session was the voicing of an intention to participate by three countries: UNICEF China expressed a willingness to be part of this initiative and in principle, agreed to lead the initiative with the relevant ministries in China. The ARNEC representative from Fiji expressed the intent to participate and agreed to coordinate the initiative in that country and the Government representative from Solomon Islands also expressed a desire to participate in the initiative. As stated earlier, Sri Lanka and Timor-Leste had already expressed their interest in the initiative prior to the conference, and were announced as new countries for 2012 during the session. With the addition of three more countries (China, Fiji and Solomon Islands) after the session, the total number of countries likely to participate in this initiative in 2012 will be nine (four pilot plus five new countries).

Presentation 6-1: Certification of infant and toddlers educarers: A training programme at SEED Institute

Dr. Siat Yeow Kok, *Head—Centre for Continuing Professional Development, SEED Institute, Singapore*

SEED Institute, Singapore, started its first intake of state accredited Certificate in Infant and Toddler programme in 2003. This programme was started with the goal of raising the quality of care in infant and toddler centres through equipping educarers with the knowledge and skills in working with this age group. The programme emphasises the holistic development of the very young. Based on the principles of the 3Rs (respect, reciprocal and responsive) in infant and toddler care and education, the implications for caregiving, teaching, and learning are examined. Recognising the families as the most influential people in a young child's life, the programme also emphasises the collaboration between the families and educarers to the learning and development at home and in childcare setting. The presenter examined the role of educarer in an infant and toddler centre and provided an overview of the Certificate in Infant and Toddler Educare. The results of the students' evaluation of the training programme were also shared. (*adapted from Conference Programme abstract and session powerpoint*)

Presentation 6-3: Ensuring holistic development for very young children in China: A preliminary evaluation on the effects of the Fujian Pilot Project

Dr. Xunyi Lin, *Lecturer, Fujian Vocational College of Child Development, China*
Dr. Jiancheng Zheng, *Lecturer, Fujian Vocational College of Child Development, China*
Dr. Hui Li, *Faculty of Education, The University of Hong Kong*

The presentation highlighted the Chinese government's effort to incorporate children birth to age three into preschool education. The Fujian Pilot Project (FPP) began in 2008 for all the families with infants and toddlers in the pilot cities. It included developing a kindergarten-based ECCD model to promote accessibility, affordability and accountability of early childhood care and education in the community.

To examine the effectiveness of FPP's local programmes, a preliminary evaluation was conducted in four pilot cities through a quasi-experimental study of 496 families with very young children in the project counties and 525 in the comparison counties, using questionnaires with mothers or primary caregivers. The results showed that the participating families had significantly higher income, better parental education and occupational status than non-participating ones. The parents in project counties reported: 1) higher accessibility to and better quality of community ECCD resources; 2) better understanding of the importance of the first three years in the life and of care and education for very young children; 3) increased parental involvement by mothers; and 4) more positive (responsiveness) and less negative parenting behaviours (worries and too-much protectiveness). In addition, the effects of the FPP varied across different pilot cities. Differences of the accessibility of ECCD resources between project counties and comparison counties were enormous. Basically they were not available in undeveloped cities and very limited in developed cities. It seemed that the kindergarten-based ECCD model provided greater benefits to families with very young children in the cities with lower socio-economic developmental level and a lack of ECCD resources. The moderator highlighted the co-parenting emphasised in the FPP as well as the need to make ECCD more accessible to those in lower resourced areas.

Presentation 6-4: Facilitating the development of the under threes: Observations from Hong Kong

Prof. Nirmala Rao, *Professor, The University of Hong Kong*
Ms. Carrie Lau, *PhD Candidate, Faculty of Education, The University of Hong Kong*
Ms. Diana Lee, *PhD Candidate, Faculty of Education, The University of Hong Kong*

The presenters outlined challenges, current policies and implications for child development in the Hong Kong context. Challenges include one of the world's widest income gaps, the influx of Mainland China mothers giving birth in Hong Kong, the lack of multi-cultural/multi-lingual educational programmes and the over scheduling of children from high socio-economic

backgrounds. Current policies include families receiving a government voucher to enrol in child care or kindergarten programmes, programme quality assured under a quality assurance system and teacher/child care provider certification programmes. The presenters went on to critically evaluate the territory's status and challenges in terms of maternal health; child health; parenting programmes; early childhood programmes for the under-threes; equity; legal protection; and political commitment for the under-threes. Discussion during the question and answer time focused on the negative effects of over scheduling children and the contents of kindergarten interviews. The moderator summed up and commented on the pressure to perform put upon children in the Hong Kong context, and the need for practitioners to stay grounded in a healthy EC perspective so that we can be a positive voice for children.

Presentation 6-5: Uplifting Sri Lankan families to give its children the best start

Ms. Madusha Dissanayake, *Founder, Home-Start Worldwide, Sri Lanka*

The presentation explained how Home-Start Lanka (HSL) works within the community through trained parent volunteers while encouraging and empowering them to become active citizens. HSL is unique in its approach as it emphasises identifying and mobilising community resources and services to meet children and family needs. It highlighted the strong partnerships established with local state and non-state institutions for service provision and the cooperative efforts of Home-Start Lanka and local bodies in early childhood development and care. HSL also address five of the eight MDGs (Millennial Development Goals): eradicating extreme poverty, universal access to primary education, gender empowerment, child health and maternal mortality.

The evidence-based information comes from the work carried out by HSL with marginalised, low-income families who have at least one child under five years old, living in a community housing in the capital city of Colombo. HSL focuses on localised methods to support parents/carers to ensure that children receive the best possible start and recognises the importance of time that is needed to help the family identify it specific needs and resources that can help them. In this way, HSL demonstrates that its intervention programmes address child abuse and neglect. These programmes ensure holistic development of the entire family while concentrating on safeguarding children in the most suitable and productive manner without stigma or discrimination. Parenting is key to the organisation and services begin from pregnancy onwards to ensure that parents are capable of providing sustained, informed care for each individual child within the family.

Key lessons learnt during the past years include:
- Quality assurance—do not bargain, as standards are essential
- Capacity building—ensure culturally appropriate training (asking the right question has more impact than knowing the

correct answer and promoted resilience in families, built strength and skills in families, and was in the best interest of the child)
- Management—is cost effective and sustainable if strong partnerships are built
- Monitoring and evaluation—keeping records, promoting record keeping and sharing good practices are important
- No matter what—safeguarding children is paramount!

Recommendations from HSL experience:
- A stronger focus should be on disadvantaged, marginalised, most in need and hard to reach families with young children.
- Long term programmes need to be established to provide sufficient intensity and duration and include direct contact with children beginning early in life.
- Greater need for establishing strong partnership through a well implemented channel of communication with service providers and service users from top to bottom of the organisation (parents and families as partners with midwives/health visitors, teachers, caregivers and local decision makers)
- Provide opportunities for parents to gain understanding of how children should be encouraged to initiate and instigate their own learning and exploration of their surroundings with age-appropriate activities.
- Use training that is suited to the cultural context where traditional child-rearing practices and cultural beliefs and approaches are built in to the training.
- More in depth training needs to be provided for early child development staff (those in Education, health and social service) with regular in service training, supportive and continuous supervision so that they could understand the need for integration of services to provide a best possible start to young children.

In conclusion, HSL feels its success was due to two reasons, namely 1) a strong focus on capacity building as evidenced in the provision of suitable, culturally acceptable and evidence based training for its staff volunteers and provision of good awareness to referrers and 2) all the necessary ingredients that support a holistic multi-sectoral approach such as continuous commitment to the integration of health, nutrition, education, social and economic development, as well as legal services and collaboration between governmental agencies and civil society. (*Adapted from Conference Programme abstract and PowerPoint presentation*)

Presentation 6-6: Community-based playgroup for early learning and development

Ms. Erlinor Umali, *Assistant Manager—Metro Manila Programme, Save the Children, Philippines*

The presenter gave an overview of the history of ESSS (Early Steps to School Success) and the particular early child development needs within the Philippine context. Under the ESSS programme, a particular focus is pregnant mothers and children under the age of three who are served by Healthy Start and Community-based Playgroups. The presentation dealt mainly with introducing the Community-based Playgroup initiative.

In communities that are fortunate to have functioning support groups like local health workers, the parents can have access to health and nutrition interventions for their young children. However, education on early stimulation is usually lacking or not even mentioned. Therefore, Save the Children has put a special focus on developing a portfolio on early stimulation and has implemented the Parent and Child Playgroup Session. The Playgroup aims to enhance the capacity of parents to support their children's learning abilities in the areas of language and literacy, thinking skills, socio-emotional and physical skills. They train community volunteers in developing soft toys for children and in conducting parenting education sessions. They then went back to their communities and conducted weekend sessions with small groups of parents and their children. The strategy used is mostly around allowing parents to interact with their very young children through play and the use of manipulative materials. After a while, the Playgroup Volunteers decided to expand their service and created a mobile kit containing story books and learning materials that parents can borrow and use for their children at home.

This intervention became a showcase of an effective model of providing support for young children and was able to gain support from the local government units and the parents' association. It also opened an opportunity for community livelihood through the production of soft toys by the Playgroup Volunteers which they have marketed to other interested individuals and groups. The income from sales was then put up as a sustainability fund and used to support their activities for young children. (*Adapted from Conference Programme abstract and PowerPoint presentation*)

Presentation 6-7: An overview of care for development appraisal tool for child assessment and advice during the first three years of life (workshop)

Dr. Ghazala Rafique, *Interim Director, Aga Khan University, Pakistan*
Ms. Sanober Nadeem, *Instructor, Aga Khan University, Pakistan*

An overview of the CDA (Care for Development Appraisal Tool for Assessing and Monitoring Child Development: First Three Years) tool was presented that included its purpose, contents and utilisation. It is not a diagnostic tool but rather is to be used by community-based workers for monitoring

and assessing whether a child is developing appropriately. It has been tested for reliability and translated into two local languages in Pakistan. The testing kit includes a manual for administering the assessment as well as a pictorial booklet for mothers. The participants had two activities to facilitate their understanding and use of the CDA tool. First, sketches were presented and the participants had to match the sketches with the appropriate domain and chronological age. Then, they practiced administering the CDA tool.

During the question and answer time, concern was raised about using milestones in the very early months as an evaluation measure and perhaps there is a danger of labelling a child too early. The presenter explained that the CDA actually provides a range, and that the CDA does help identify developmental delay and children at risk and also educate mothers. In response to a query about how mothers are educated, the kit booklet is used in discussion with the mothers. Another participant asked what services were available if a child was identified as developmentally delayed. In summarising, the moderator noted the urgent need for developing culturally appropriate tools that can be used in situations with limited resources, as well as cautioning practitioners about the danger of labelling a child too early. It is important to assess whether the child is making progress and plot the progress before recommending for further screening.

Plenary 7: Concluding Session

Conference Learning Summary

Ms. Brenda Lisenby, *Chief Rapporteur, Consultant in Early Childhood Development*

A review of the conference of objectives and learning strands was presented. Five common learning themes were identified from throughout the week.

First, it was emphasised repeatedly about the need for evidence-based ECD practice. But the debate centres around how to get the evidence in the most appropriate way to support policy and programme goals.

Second, the need for culturally and contextually appropriate ECD policies, programmes and interventions was emphasised. There seems to a genuine desire among participants to listen to and work with national and local governments, communities and parents to find the right fit of policies and programmes to serve young children, as well as international and local partners working together in mutual respect to find ways to train, learn together and serve the youngest children.

Third, it was acknowledged that there is an ongoing need for an effective communication platform to share ECD knowledge and experience in the region. Time and again, it was mentioned how ARNEC is providing a valued service in facilitating networking and the exchange of knowledge in the Asia Pacific region.

Fourth, it was acknowledged that there is a need to find effective ways to influence national ECD policies as well as the post-2015 global agenda.

Fifth, it was acknowledged that there is a need to continue to develop a range of entry points to serve very young children and their families when confronted with the reality of various sectors providing services in isolation. Yet we can observe progress as many presenters shared very practically about research, projects and programmes within their own countries and contexts.

Next Steps and Commitments

Australia & Laos
1. Desire to support global campaign action week on ECCD next year (22-28 April 2012)
2. Laos preschool MOE education division – increase interest and voice of men in ECD
3. Laos preschool education division – ECCD programmes emphasise holistic development of the very young and increase collaboration between families and educarers

Bangladesh
1. Approval of the comprehensive ECCD policy; it is in the pipeline – we will ensure the approval of this policy
2. ECCD and disaster reduction will be dealt with – we have many climate victims, it is an important commitment for us. Disaster risk management linked with ECCD.
3. Implementing ECCD through private, public and NGO partnership – a lot has yet to be done and would like to do it through the collaboration and co-operation of the private and public sector

Bhutan
1. Strengthen partnership with health and other stakeholders to promote birth to age three parenting programmes
2. Step up advocacy on ECCD with focus on birth to three years old – many people are not aware of ECCD and we want to promote this

Brunei Darussalam
1. Develop culturally and contextually appropriate quality assurance framework
2. Review and revise existing quality framework for five year olds
3. Develop a Brunei specific EC curriculum for three and four year olds for private school

Cambodia
1. Strengthening ECD network and partnership in Cambodia, to connect to ARNEC
2. To lobby for the approval of ECD-National Action Plan and to implement it
3. Ensure that ECD parenting curriculum is revised

China
1. Learning the experience from other countries
2. Building the Network for CNECCD (China Network for Early Childhood Care and Development)
3. To suggest the conference to give us a name list to contact all the participants from this conference so we can contact each other

Democratic People's Republic of Korea (DPRK)

1. Improve quality of existing ECCE – update existing curriculum (ELDS) with close collaboration, strengthen training of personnel, improve learning/teaching environment and conditions
2. This conference was a very good experience; we are going to study good ECCD experiences in the region for possible introduction in the country
3. Further strengthen the participation of families and communities in the work of ECCD

India

1. Increase stakeholder participation at all levels to realise the rights of children under three years of age
2. Ensure need-based, flexible comprehensive culturally appropriate programmes which promote quality and equity and universalised in a phased manner through professional cadre
3. Intervene actively in developing the national policy for children under threes- curriculum, norms and regulations, accreditation and capacity building.

Fiji/Solomon Islands

1. Ensure that all Pacific Island countries' ECD policies are inclusive and holistic (some special needs, under three policies are not present; strengthen health and nutrition in policy)
2. Advocate to Pacific Island countries, EC coordinators and other stakeholders to become friends/affiliates of ARNEC
3. Advocate for sustainable environment (given that Pacific Island countries are facing environmental issues)

Indonesia

1. Share key learning points from conference through as many channels as possible that we have
2. To strengthen ECCD networking among different stakeholders through national ECD coalition
3. To translate into practice the national strategic of holistic and integrated ECD

Malaysia

1. Quality ECD/ECCE for all, especially for children in marginalised communities (indigenous; poor-underprivileged; children from non-married mothers and single parents; urban poor; stateless, undocumented refugees
2. To strengthen multi-sectoral collaboration and integration agencies (public, private, individuals)
3. Advocacy for quality ECCE for evidence-based practice (e.g the ELDS/Regional ECD scale)

Mongolia

1. To develop Nation Action Plan of policy for ECD
2. To establish national team and national network of ECD

3. To develop for human resource capacity building (in-service training)

Myanmar
1. Reinforcement of National Action Plan into practice through evidence-based advocacy
2. Strengthening inter-sectoral linkages for promoting holistic development of young children
3. Improving capacity building of ECCD practitioners at different levels through collective efforts by ECD technical working group focusing on under threes

Nepal
1. National policy – establishment of special body for ECD under the Prime Minister; ECD concept will be ensured in two bills (Child Right Act and Education Bill); approve the ELDS as soon as possible (by 2012); ensure ECD concept in new constitution
2. To establish national strategy for holistic ECD approach
3. To strengthen public and private partnership to make ECD approach effective

Pakistan
1. Develop a network and partnership amongst the government, agencies and institutions synergising the efforts towards ECD and working for a common goal
2. ECD policy dialogue on enhancing resource allocation for ECD
3. Develop a strategy document – reviewing ECD policies/advocacy, public and private input and partnerships for future development of a national ECD framework and guidelines.

Philippines
1. To have a reflection planning session of core group participants of ARNEC Singapore conference (Nov 15)
2. Move the ECCD prenatal-to-three agenda (long-term goal)
3. Convene the Consultative Meeting – formation of an ECCD network (various sectors) through participatory/consultative process.

Singapore
1. Formalise inclusionary practices within preschools by building capacity for special needs teachers and to tap on expertise to do so
2. Bridge theory to practice through research – we are lacking in research, build upon this through evidence-based practices
3. It takes a "village to raise a child", learning through parents and community as a resource. Engage parents in their children's development and learning through centre-based informal education and sharing

Sri Lanka
1. Strengthening existing ECD networks – at provincial and national levels; at Asia Pacific level through ARNEC.

2. Strengthen ECCD component within the parental education (with involvement of the education set-up)
3. Policy improvement towards ECD in emergencies/DRR

Thailand
1. Raise awareness of mother tongue ECCD – advocate for birth to three year old children
2. Strengthen multi-sectoral collaboration
3. Advocate more research in birth to three year old area

Timor-Leste
1. Share information and experience or ARNEC conference to ECCD national working group
2. Actively develop follow-up activities to advocate campaigns to communities, national NGOs, partners and government
3. Share experiences and information during development process of holistic (birth to age eight) ECD policy in Timor-Leste

United States
1. Do our best to connect ARNEC to the business community. Share lessons learned from US experience with public-private partnerships
2. Represent ARNEC's presence and raise awareness in our own country

Vietnam
1. Try to learn from you all the good practices in order to adapt and to apply to the pre-service and in-training
2. Try to advocate the government for better and more effective mechanism for the inclusion of birth to three year olds in the formal system, this includes more investment, increase duration of maternity leave, equality of public and private entities
3. Strengthen awareness of stakeholders from various levels on the importance of ECD for children under three

Closing Remarks

Ms. Junko Miyahara, *Coordinator, ARNEC*

ARNEC is pleased and overwhelmed with the work ahead of us. We hope to continue on with our work and be better able to serve as a meaningful and helpful platform for early childhood in the Asia Pacific region. Ms. Miyahara shared a slide of a Chinese saying: "by the age of three, the character and values that we impart to our children will pretty much develop how our children will do in life. The emphasis on the foundation years (birth to age three) is reflected. A person's life is very complicated and environment and experience both matter. We will all change as time goes by—however, it is important to maintain the soul of a three year old. Curiosity, persistence, welcoming challenges…until you reach the age of 100!"

In this process, reflective practices as well as partnerships are important. ARNEC looks forward to working together with each and every one of the participants for improvement and to ensure every child's rights in the Asia Pacific region as well as influencing the global agenda.

Dr. Siat Yeow Kok, *Chairperson, ARNEC; Head—Centre for Continuing Professional Development, SEED Institute, Singapore*

Dr. Kok remarked that a conference of this scale, involving so many from so many different countries would not have been possible if not for all of us working together to make it happen. She thanked the moderators and those working quietly behind the scene. She thanked the ARNEC Steering Committee members for their advice and input from time to time. She thanked the ARNEC Secretariat, Ms. Junko Miyahara and Ms. Kanitha Kongrukgreatiyos. She thanked the SEED Institute Conference Committee, in particular Academic Director Ms. Ho Yin Fong, Mr. Terence Chia, Ms. Wendy Low and the administration team who handled the registration as well as the smooth running of the secretariat office. She thanked the Conference Working Group, namely Ms. Mahmuda Akhter, Dr. Soo Boon Ng and Dr. Xin Zhou. She thanked those who arranged the post-conference field visits, namely Ms. Esther Ho, Ms. Annie Leung, Ms. Irene Teo, Ms. Sukuna Suppiah, Ms. Lay Yan Teo and Ms. Mandy Goh. She concluded by saying it had been a privilege to host the participants and that that much was learned. Following Dr. Kok's remarks, a six minute montage of conference moments was screened.

Conference Photo Gallery

A busy morning as over 300 local and international participants arrived for registration on Day 1

Mr. Chan Tee Seng, SEED Institute/ARNEC and Mdm. Halimah Yacob, MCYS walking to the Auditorium for the Inaugural Ceremony

Left to Right: Ms. Belinda Tay, Singapore Ministry of Foreign Affairs; Mdm. Halimah Yacob, MCYS; and Mr. Chan Tee Seng, SEED Institute/ARNEC

Left to Right: Dr. Jane Fisher, Monash University and Dr. Meena Cabral de Mello, World Health Organisation listening to the opening addresses

ARNEC Steering Committee members (Left to Right: Dr. Cliff Meyers, UNICEF; Ms. Haki Hayashikawa, UNICEF, Ms. Mami Umayahara, UNESCO; and Ms. Divya Lata, OSF

Distinguished guests and speakers during the Inaugural Ceremony

Dr. Robert Myers (middle) and Dr. Alexis Reyes (left), Keynote Speakers during the Conference

Ms. Junko Miyahara, ARNEC (right) presenting the Resource Package for 0-3 to Ms. Anupama Rao Singh, UNICEF (left)

Conference Delegates standing next to the Conference Banner Stand

Delegates browsing the display area which showcased materials from ARNEC Core Team organisations and Friends of ARNEC

Conference Delegates looking over the programme

ARNEC Steering Committee and Secretariat taking a group photo with the Guest-of-Honours

CONFERENCE PROGRAMME

Day 1

Location	Time/Programme
	08.00 – 09.00 Registration and setting up of posters (for presentation and exhibition)
Plenary 1 **Auditorium**	**09.00 – 10.30** **Inaugural Ceremony** MC: Ms. Kanitha Kongrukgreatiyos, Communications Officer, ARNEC Mr. Jason Teo, Deputy Head – Academic Management, SEED Institute, Singapore **Welcome address** Mr. Chan Tee Seng, Director, SEED Institute/ARNEC **Opening addresses** Ms. Anupama Rao Singh, Regional Director, UNICEF East Asia Pacific Regional Office Mdm. Halimah Yacob, Minister of State, Ministry of Community Development, Youth and Sports, Singapore Ms. Louise Zimanyi, Director, The Consultative Group on Early Childhood Care and Development Ms. Junko Miyahara, Coordinator, ARNEC **Launching of the Resource Package for 0-3 "Early Experiences Matter"** **Photo session**
	10.30 – 11.00 Tea break
Plenary 2 **Auditorium**	**11.00 – 12.30** <u>**Keynote Address 1**</u> **Early Childhood Development policies and programmes: Inclusion, quality, diversity and integration, challenges and opportunities** Dr. Robert Myers, Researcher and Programme Evaluator, and Founder of the Consultative Group on Early Childhood Care and Development **The Early Years Development Framework: Raising standards and quality of care for the early years** Dr. Chan Lin Ho, Deputy Director – Policy and Development, Child Care Division - Ministry of Community Development, Youth and Sports, Singapore
	12.30 – 13.30 Lunch
Concurrent Session 1	**13.30 – 15.00**
Auditorium	**Moderator:** Dr. Cliff Meyers, Regional Education Advisor, UNICEF East Asia Pacific Regional Office **Rapporteur:** Ms. Esther Ho, Field Practicum Facilitator, SEED Institute, Singapore **Presentation 1-1: Traditional child rearing practices in Bangladesh and its impact on ECD** Mr. Mohammad Zahir Uddin, Executive Director, Alokito Shishu, Bangladesh **Presentation 1-2: Fathers' role and cognitive development of children in early years** Ms. Irum Fatima Dehraj, Senior Research Officer, Human Development Programme - Aga Khan University, Pakistan

Room 903	**Moderator:** Dr. Chemba Raghavan, Research Advisor, ARNEC; Consultant, UNICEF East Asia Pacific Regional Office **Rapporteur:** Ms. Nanditha Hettitantri, Head of Social Research, Lanka Market Research Bureau, Sri Lanka **Presentation 1-3: Early Childhood Care and Development (ECCD) National Action Plan (NAP) development in Cambodia** Ms. Natalia Mufel, ECD Specialist, UNICEF Cambodia Mr. Prak Kosal, Deputy Director - Early Childhood Development Department, Ministry of Education, Youth and Sport, Cambodia **Presentation 1-4: Understanding the non-organisation and non-functionality of the local council for the protection of children in the Philippines: Evidence from selected local government unit** Dr. Merlyne M. Paunlagui, University Researcher, Institute of Strategic Planning and Policy Studies - University of the Philippines Los Banos
Room 801	**Moderator:** Dr. Ivelina Borisova, Asia Early Childhood Development Advisor, Save the Children **Rapporteur:** Ms. Debbie Fang, Student, International and Comparative Education, Stolkholm University, Sweden **Presentation 1-5: ARNEC Session-Documentation of Noteworthy ECD Practices (0-3)** Ms. Emma Ignacio, Programme Officer, Consuelo Foundation, Philippines Ms. Laura Peterson, Founder/Director, Hands to Hearts International, India Ms. Mridula Bajaj, Executive Director, Mobile Crèches, India Dr. Ghazala Rafique, Interim Director, Human Development Programme - Aga Khan University, Pakistan Ms. Katie Maeve Murphy, PhD Candidate/Research Fellow, Interdisciplinary Studies in Human Development, University of Pennsylvania, USA
Room 701	**Rapporteur:** Ms. Amalee McCoy, Child Protection Specialist, UNICEF East Asia and Pacific Regional Office **Workshop 1-6:** **Training community workers on early detection and management of children with disabilities in poor resource communities** Dr. Geeta Chopra, Associate Professor, University of Delhi, India
	15.00 – 15.30 Tea break
Concurrent Session 2	**15.30 – 17.00**
Auditorium	**Moderator:** Ms. Sukuna Suppiah, Senior Lecturer, SEED Institute, Singapore **Rapporteur:** Ms. Debbie Fang, Student, International and Comparative Education, Stolkholm University, Sweden **Presentation 2-1: Building communities for change: An experience in Mumbai** Ms. Varna Sri Raman, Research Manager, Sesame Workshop India Trust **Presentation 2-2: Effective ECD programme: Turning knowledge into action** Ms. Mansoora Tufeyl, National Coordinator and Ms. Anzee Altaf, Monitoring, Evaluation and Research Officer, Aga Khan Education Service, Pakistan
Room 903	**Moderator:** Dr. Adarsh Sharma, Visiting Professor, CECED, Ambedkar University, India **Rapporteur:** Ms. R. Vathsala Naidu, Lecturer, SEED Institute, Singapore

	Presentation 2-3: Early Experiences Matter: Implications for home-based and centre-based programmes for infants and toddlers Ms. Puspa Sivan, Consultant and Training Specialist – Early Childhood Care and Education, Singapore **Presentation 2-4: Indigenous ECE in Indonesia: Policies and practices in promoting multicultural awareness** Mr. Aliah Purwakania and Ms Eny Suwarni, Lecturer and Senior Researcher, Universitas Al Alzhar Indonesia
Room 801	**Moderator:** Ms. Ho Yin Fong, Academic Director, SEED Institute, Singapore **Rapporteur:** Ms. Mona Tan, Lecturer, SEED Institute, Singapore **Presentation 2-5: Spatial demand consideration in policy formulation on ECD** Ms. Ummey Qulsum Nipun, Sponsorship Retention Officer, Save the Children, Bangladesh **Presentation 2-6: Quality assurance – The introduction of accreditation** Dr. Fred Ebbeck, Senior Academic Advisor, SEED Institute, Singapore
Room 701	**Moderator:** Ms. Maki Hayashikawa, Education Specialist, UNICEF East Asia Pacific Regional Office **Rapporteur:** Ms. Divya Lata, Senior Programme Manager, Open Society Foundation **Presentation 2-7: ARNEC Session - The development of the East Asia-Pacific Scales** Prof. Nirmala Rao, Professor; Prof. Patrice Engle, Honorary Professor, Dr. Sun Jin, Post-Doctoral Fellow; Ms. Zhang Li, PhD Candidate; Dr. Yvonne Becher, PhD Graduate; Dr. Marie Ng, Assistant Professor, The University of Hong Kong
Room 701	**18.00 – 19.00** Reception hosted by the Singapore MFA (invitations only)

Day 2

Location	Time/Programme
Plenary 3 **Auditorium**	**09.00 – 10.00** **Keynote Address 2** **Partnering to promote healthy babies: The concept of the medical home in Early Childhood** Dr. Alexis Reyes, Associate Professor, Department of Pediatrics - Philippine General Hospital
	10.00 – 10.30 Tea Break
Concurrent Session 3	**10.30 – 12.00**
Auditorium	**Moderator:** Ms. Maki Hayashikawa, Education Specialist, UNICEF East Asia Pacific Regional Office **Rapporteur:** Ms. Loh Wai Fun, Lecturer, SEED Institute, Singapore **Presentation 3-1: Parenting education and support programme: Comparison of the effectiveness of a service- and community-based parenting programme** Mr. Mohammad Imam Nahil, Deputy Programme Manager – 0-3 Intervention, Save the Children, Bangladesh

	Presentation 3-2: Ensuring the best start for every child: Establishing public services system to guide and promote early care and education in Shanghai Dr. Hu Yu, Associate Professor, Shanghai Academy of Educational Sciences, China
Room 903	**Moderator:** Ms. Divya Lata, Senior Programme Manager, Open Society Foundation **Rapporteur:** Dr. Kishor Shrestha, Professor, Tribhuvan University, Nepal **Presentation 3-3: ARNEC Session - Capacity building on ECD** Dr. Alan Pence, Professor, School of Child and Youth Care - University of Victoria, Canada Dr. Ghazala Rafique, Interim Director, Human Development Program - Aga Khan University, Pakistan Ms. Ho Yin Fong, Academic Director, SEED Institute, Singapore Ms. Ferdousi Khanam, Faculty – ECD Resource Centre, BRAC University, Bangladesh Dr. Jacqueline Hayden, Professor - Early Childhood and Social Inclusion, Institute of Early Childhood, Macquarie University, Australia
Room 801	**Moderator:** Dr. Sven Coppens, Programme Support Manager, Plan International, Vietnam **Rapporteur:** Dr. Sun Jin, Post-Doctoral Fellow, Faculty of Education, The University of Hong Kong **Presentation 3-4 : Planning for equitable early childhood interventions** Ms. Sara Dang, Early Stimulation Consultant; Dr. Nuzhat Rafique, Regional Health Specialist, Ms. Lieke van de Wiel, Regional Education Adviser; and Dr. Willibald Zeck, Mother and Newborn Health Specialist, UNICEF Regional Office for South Asia **Presentation 3-5: Engaging marginalised parents in early intervention: A case study** Dr. Emma Pearson, Senior Lecturer, Universiti Brunei Darussalam
Room 701	**Rapporteur:** Dr. Yvonne Becher, PhD Graduate, The University of Hong Kong **Workshop 3-6** **Play Tips, Play Things, Play Time** Ms. Esther Ho, Ms. Annie Leung and Ms. Irene Teo, Field Practicum Facilitators, SEED Institute, Singapore
	12.00 – 13.00 Lunch **Lunch Meeting (Room 901): Friends of ARNEC and ARNEC Steering Committee members** **Moderator:** Dr. Sven Coppens, Programme Support Manager, Plan International, Vietnam **Rapporteur:** Ms. Ufemia Camaitoga, Lecturer, Fiji National University
Plenary 4 **Auditorium**	**13.00 – 14.15** **Expert Panelist Discussion and Q/A** **Multi-sectoral integration for the holistic development of children from 0 to 3 Years: Policies, structures and implementation** **Moderator:** Dr. Khoo Kim Choo, Advisor, Ministry of Community Development, Youth and Sports, Singapore **Panelists:** Dr. Chan Chok-Wan, Former President, International Pediatric Association Ms. Marilyn F. Manuel, Deputy Executive Director, Early Childhood Care and Development Council, Philippines Dr. Mugyeong Moon, Director of Trend Analysis and International Cooperation Team, Korea Institute of Child Care and Education, South Korea

	14.15 – 14.30 Intermission
Concurrent Session 4 Poster/Presentations	**14.30 – 15.30**
Room 903	**Moderator:** Dr. Sheldon Shaeffer, Former Regional Director, UNESCO Bangkok **Rapporteur:** Ms. Debbie Fang, Student, International and Comparative Education, Stolkholm University, Sweden **Global Leaders for Young Children – Advocacy Projects for ECCD** **Presentation 4-1: Voices of Men in Early Childhood Education** Ms. Esther Ho, Field Practicum Facilitator, SEED Institute, Singapore **Presentation 4-2: Strengthening the Case for ECCD** Mr. Karma Gayleg, Programme Coordinator - ECD, Ministry of Education, Bhutan **Presentation 4-3: An Advocacy Journey towards Education for Sustainable Development** Ms. Kelly Hor, Managing Director, Odyssey The Global Preschool, Singapore **Presentation 4-4: Development, Display and Distribution of IEC Materials on Early Learning and Development Standards** Mr. Mukunda P.K., Project Manager - ECD, International Child Resource Institute, Nepal **Presentation 4-5: ECCD and Emergencies: Experiences of a Global Leader** Ms. Nanditha Hettitantri, Head of Social Research, Lanka Market Research Bureau, Sri Lanka
Room 801	**Moderator:** Ms. Bernadine Ha'amori, Director – ECE, Ministry of Education and Human Resources Development, Solomon Islands **Rapporteur:** Ms. Gunathiken nee Rajalachmie, Lecturer, SEED Institute, Singapore **Poster Session I** **Poster 4-1: Early Stimulation and Nutrition** Ms. Narmaya Thapa, ECD Coordinator, Save the Children, Nepal **Poster 4-2: A Pilot Study: Effectiveness of play on ECD – Child to Child Approach** Ms. Anjum Yameen, Coordinator Community Programmes, Aga Khan University, Pakistan **Poster 4-3: Assessing the home environment for ECD in two communities of Pakistan** Ms. Sanober Nadeem, Instructor, Aga Khan University, Pakistan **Poster 4-4: International comparison of ECD policies: Introducing the SABER – ECD framework** Ms. Amanda Epstein Devercelli, Consultant, World Bank
Room 701	**Moderator:** Ms. Marilyn F. Manuel, Deputy Executive Director, Early Childhood Care and Development Council, Philippines **Rapporteur:** Ms. Raine Too, Education Development Specialist, NTUC First Campus, Singapore **Poster Session II** **Poster 4-5: Contesting the Nanny Care in Thailand** Dr. Promjawan Udommana, Research Scientist, Graduate School of Education and Information Studies, University of California, Los Angeles, USA Dr. Carollee Howes, Professor, Graduate School of Education and Information Studies, University of California, Los Angeles, USA **Poster 4-6: Raising the standard of ECCD programmes in Southeast Asian countries** Dr. Ethel Agnes Valenzuela, Senior Specialist, SEAMEO INNOTECH

	Poster 4-7: The Development of WEBEASR (Web-based Ecological Assessment of School Readiness) Prof. Puan Sri Rohaty Mohd Majzub, Professor – Early Childhood Education, Universiti Kebangsaan, Malaysia
	15.30 – 16.00 Tea break
Plenary 5 **Auditorium**	**16.00 – 16.30** **New Evidence on Early Childhood Development 2007 and 2011** Dr. Meena Cabral de Mello, Senior Scientist, World Health Organisation **Presentation 5-2: Maternal mental health and caregiving capacities in resource-constrained settings** Dr. Jane Fisher, Professor – Women's Mental Health, Monash University, Australia
Side Events **Auditorium**	**16.30 – 17.30** **Consultation: Post 2015 Global Agenda - MDG/EFA** Convener: ARNEC, UNICEF UNESCO, and CG

Day 3

Location	Time/Programme
Plenary 6 **Auditorium**	**09.00 – 10.00** <u>Keynote Address 3</u> **Early Experiences Matter: The Curriculum for the Birth to Three** Dr. Marjory Ebbeck, Emeritus Professor – Early Childhood Education, University of South Australia; Senior Academic Advisor, SEED Institute, Singapore
	10.00 – 10.30 Tea break
Concurrent Session 5	**10.30 – 12.00**
Auditorium	**Moderator:** Ms. Mami Umayahara, Programme Cycle Management Specialist, UNESCO Asia and Pacific Regional Bureau for Education **Rapporteur:** Ms. Teo Lay Yan, Research Associate, SEED Institute, Singapore **Presentation 5-1: Advancing the cause for quality ECCD service through professional development framework for ECCD workers** Ms. Maya Nayo, ECD Advisor, Save the Children, Philippines **Presentation 5-2: Early Childhood Leadership: Case studies of leading and managing EC centres in the UK and implications on the Asia-Pacific** Dr. Lynn Ang, Senior Lecturer – Early Childhood Studies, University of East London, UK
Room 903	**Moderator:** Dr. Soo Boon Ng, Senior Assistant Director, Curriculum Development Division, Ministry of Education, Malaysia **Rapporteur:** Mr. Karma Gayleg, Programme Coordinator – ECD, Ministry of Education, Bhutan **Presentation 5-3: Me Too! Exclusion of Children from ECD and its Long-term Impact** Dr. Renu Singh, Senior Advisor, Save the Children; Country Director, Young Lives, India

	Presentation 5-4: Connecting ECEC Policy with Practice: The take-up, experiences and expectations of low-income working mothers in Indian slums Ms. Mahima Mitra, Department of Social Policy and Intervention - University of Oxford, UK
Room 801	**Moderator:** Dr. Nittaya Kotchabhakdi, Associate Professor, National Institute for Child and Family Development, Mahidol University, Thailand **Rapporteur:** Dr. Lily Wong, Executive Director, Advent-Links SAUC, Singapore **Presentation 5-5: A regional overview of the evidence concerning child maltreatment during early childhood and promising interventions for prevention** Ms. Amalee McCoy, Child Protection Specialist, UNICEF East Asia and Pacific Regional Office **Presentation 5-6: Paediatricians and ECD professionals holding hands towards promoting optimal child development** Dr. Jigisha Shastri, ECE Consultant, Pragati Development Consultancy Services, India
Room 701	**Moderator:** Dr. Cliff Meyers, Regional Education Advisor, UNICEF East Asia Pacific Regional Office **Rapporteur:** Ms. Debbie Fang, Student, International and Comparative Education, Stolkholm University, Sweden **Presentation 5-7: ARNEC Session-ECD and Disaster Risk Reduction: Building capacities in assessing needs at the community level** Dr. Chemba Raghavan, Research Advisor, ARNEC; Consultant, UNICEF East Asia Pacific Regional Office Dr. Jacqueline Hayden, Professor - Early Childhood and Social Inclusion, Institute of Early Childhood, Macquarie University, Australia Ms. Marilyn F. Manuel, Deputy Executive Director, Early Childhood Care and Development Council, Philippines Ms. Mahmuda Akhter, Head – ECD Resource Center, BRAC University, Bangladesh Ms. Nanditha Hettitantri, Head of Social Research, Lanka Market Research Bureau, Sri Lanka
	12.00 – 13.00 Lunch **Lunch Meeting (Room 901): ARNEC Country Coordinators and ARNEC Steering Committee members – Partnership Building with Countries: Building a Better Networking Platform to Strengthen the ECD Community in the Asia-Pacific region** **Moderator:** Dr. Adarsh Sharma, Visiting Professor, CECED, Ambedkar University, India **Rapporteur:** Dr. Ivelina Borisova, Asia Early Childhood Development Advisor, Save the Children
Concurrent Session 6	**13.00 – 14.30**
Auditorium	**Moderator:** Ms. Mahmuda Akhter, Head – ECD Resource Centre, BRAC University, Bangladesh **Rapporteur:** Ms. Ufemia Camaitoga, Lecturer, Fiji National University **Presentation 6-1: Certification of infant and toddlers educarers: A training programme at SEED Institute** Dr. Siat Yeow Kok, Head – Centre for Continuing Professional Development, SEED Institute, Singapore **Presentation 6-2: ECCD capacity building for health personnel and parents: Key to**

	closing the disparity gap Dr. Nittaya Kotchabhakdi, Associate Professor, National Institute for Child and Family Development - Mahidol University, Thailand
Room 903	**Moderator:** Ms. Puspa Sivan, Consultant and Training Specialist – Early Childhood Care and Education, Singapore **Rapporteur:** Dr. Promjawan Udommana, Research Scientist, Graduate School of Education and Information Studies, University of California, Los Angeles, USA **Presentation 6-3: Ensuring holistic development for very young children in China: A preliminary evaluation on the effects of the Fujian Pilot Project** Dr. Xunyi Lin and Dr. Jiancheng Zheng, Lecturers, Fujian Vocational College of Child Development, China; Dr. Hui Li, Faculty of Education, The University of Hong Kong **Presentation 6-4: Facilitating the development of the under threes: Observations from Hong Kong** Prof. Nirmala Rao, Professor; Ms. Carrie Lau and Ms. Diana Lee, PhD Candidates, Faculty of Education – The University of Hong Kong
Room 801	**Moderator:** Dr. Kishor Shrestha, Professor, Tribhuvan University, Nepal **Rapporteur:** Dr. Mugyeong Moon, Director of Trend Analysis and International Cooperation Team, Korea Institute of Child Care and Education, South Korea **Presentation 6-5: Uplifting Sri Lankan families to give its children the best start** Ms. Madusha Dissanayake, Founder, Home-Start Worldwide, Sri Lanka **Presentation 6-6: Community-based playgroup for early learning development** Ms. Erlinor Umali, Assistant Manager – Metro Manila Programme, Save the Children, Philippines
Room 701	**Rapporteur:** Dr. Meena Cabral de Mello, Senior Scientist, World Health Organization **Workshop 6-7** **An overview of care for development appraisal tool for child assessment and advice during the first three years of life** Dr. Ghazala Rafique, Interim Director, Human Development Program - Aga Khan University, Pakistan Ms. Sanober Nadeem, Instructor, Human Development Program - Aga Khan University, Pakistan
Plenary Session 7 **Auditorium**	**14.30 – 16.00** **Concluding Session** **Conference learning summary report** Ms. Brenda Lisenby, Chief Rapporteur; Consultant in Early Childhood Development **Next steps and commitments** - Country/group work - Plenary presentation by country teams **Closing remarks** Ms. Junko Miyahara, Coordinator, ARNEC Dr. Siat Yeow Kok, Chairperson, ARNEC; Head – Centre for Continuing Professional Development, SEED Institute, Singapore
	16.00 – 16.30 Closing Tea Break