



Curriculum and Quality Analysis and Impact Review
of European Early Childhood Education and Care



613318, CARE

Curriculum Quality Analysis and Impact Review of European ECEC

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Early childhood education and care: promoting quality for individual, social and economic benefits

D6.1 Initial framework for evaluating and monitoring ECEC quality and wellbeing

D6.1 An initial framework will be established to guide and integrate the work across WPs. Toward this goal a brief literature review will cover the current wisdom and perspectives with regard to ECEC curriculum, practice and quality as well as with regard to child well-being as preparation for a work conference for all WPS at the start of the project. The conference will consider developmental and educational goals within ECEC and alternative definitions of child well-being. A working paper will be written after the work conference to provide a framework that can be used by all work packages in order to link and integrate across work packages.[month 3]

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Curriculum and Quality Analysis and Impact Review
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WP6: European Indicators of Quality and Well-being in ECEC

MODEL FOR AN INITIAL FRAMEWORK – WORK IN PROGRESS

Introduction

According to objective 7 in the CARE –application, Work Package 6 (WP6) will take the lead in developing a set of indicators of well-being based on a framework that is sensitive to cultural variation in ECEC and to differences in the priorities of countries, for monitoring child well-being and governing ECEC (CARE, 2013, p. 6). As part of the project relevant national-, regional and local literature, in in the languages of CARE-partners will be reviewed and taken into account in order to value cultural perspectives on quality, pedagogy, etc., and to point out what is common and what is different. Also, in addition to a literature review in English, across cultures, terms and concepts may be used differently and non-English literature reviews will be conducted by each national team as it will give a specific cultural perspective on core concepts in order to discuss a common framework in culturally sensitive way. For example, *education*, *pedagogy*, *upbringing* and *curriculum* are terms that can be interpreted differently in different cultures. Different cultures may use different distinctions concerning cognitive and socio-emotional development, and may view the functions of peer interaction differently (e.g. Tobin, Hsueh, & Karasawa, 2009; Tobin, Wu, & Davidson, 1989).

In the same way, in different cultures different importance may be given to various aspects of ECEC. For instance, in some countries care aspects may be considered more important compared to educational aspects, in relation to the age of the child.

ECEC services have been developed and decisions about children taken. The presence or absence for decades of quantitative and longitudinal studies on outcomes and impact should not be interpreted as a lack of resources or scientific interest, rather as a theoretical (and political) perspective, referring to different research paradigms who in a sense refuse the idea of early childhood education as a mere “investment” and have doubts about the

possibility of finding relevant evidence on specific aspects. Traditionally local variables and their meanings are poorly defined (e.g. adult/child ratio, Tobin, 2005). The reader should be made aware of this. This also applies to the instruments and measures we will use: when possible we will apply and compare elsewhere standardized instruments with local ones and include the local interpretations of items and results.

Also we will not treat local differences as “unscientific folklore” but rather use them as indicators of diversity that can be based both on different theoretical/philosophical assumptions and on local history and traditions. This is particularly evident in ECEC where political, educational, labour, social, and developmental community issues come together. It is also a crucial European issue. However, though cultural aspects will be taken into consideration, we intend to agree upon a conceptual framework that will set to the forefront the quality of services preschoolers receive and would inform policy makers on a variety of issues regarding the significance and improvement of quality of ECEC in a country level.

To achieve this objective as well as to create a common conceptual basis for the entire CARE project, WP6 will initiate, contribute to, and coordinate the development of an initial framework for evaluating and comparing curriculum characteristics, pedagogical approaches, and quality dimensions of ECEC systems and provision across European countries, specifying important developmental and educational goals in early childhood education and defining child well-being. This is of particular importance, since extensive variations exist across Europe, in terms of services, policies, philosophies and initiatives.

According to the deliverables defined in Description of Work¹ (CARE/DOW, 2013, p. 22) this initial framework should be finished after the Oxford conference and guide and integrate the further work across WPs. Toward this goal a brief literature review will cover the current wisdom and perspectives with regard to ECEC curriculum, practice, and quality as well as with regard to child well-being as preparation for a work conference for all WPS at the start of the project. The conference will consider developmental and educational goals within ECEC and alternative definitions of child well-being. A working paper will be written after the work conference to provide a framework that can be used by all work packages in order to link and integrate across work packages.

The current initial framework brings more clarity to the conceptual issues in the ECEC field. We elaborate on the bioecological model of child development, proposed by Bronfenbrenner, and present this as a framework to identify the systems and relations between systems that directly or indirectly influence child well-being and child development within ECEC. Current literature on well-being and quality in ECEC has been collected and was discussed on two plenary meetings of CARE. This draft to an initial framework includes part of the provided literature, but a more complete review will become available later.

¹ "Description of Work", CARE Application, Annex I

Initial framework for evaluating and monitoring ECEC quality and well-being

The initial framework shall contribute to formulating central concepts, e.g., quality and well-being, and develop a common basis for evaluating and monitoring ECEC quality and child well-being in a culturally sensitive way. The following Figure 1 provides a visualization of the main content elements of the CARE-project according to the project description (CARE, 2013):

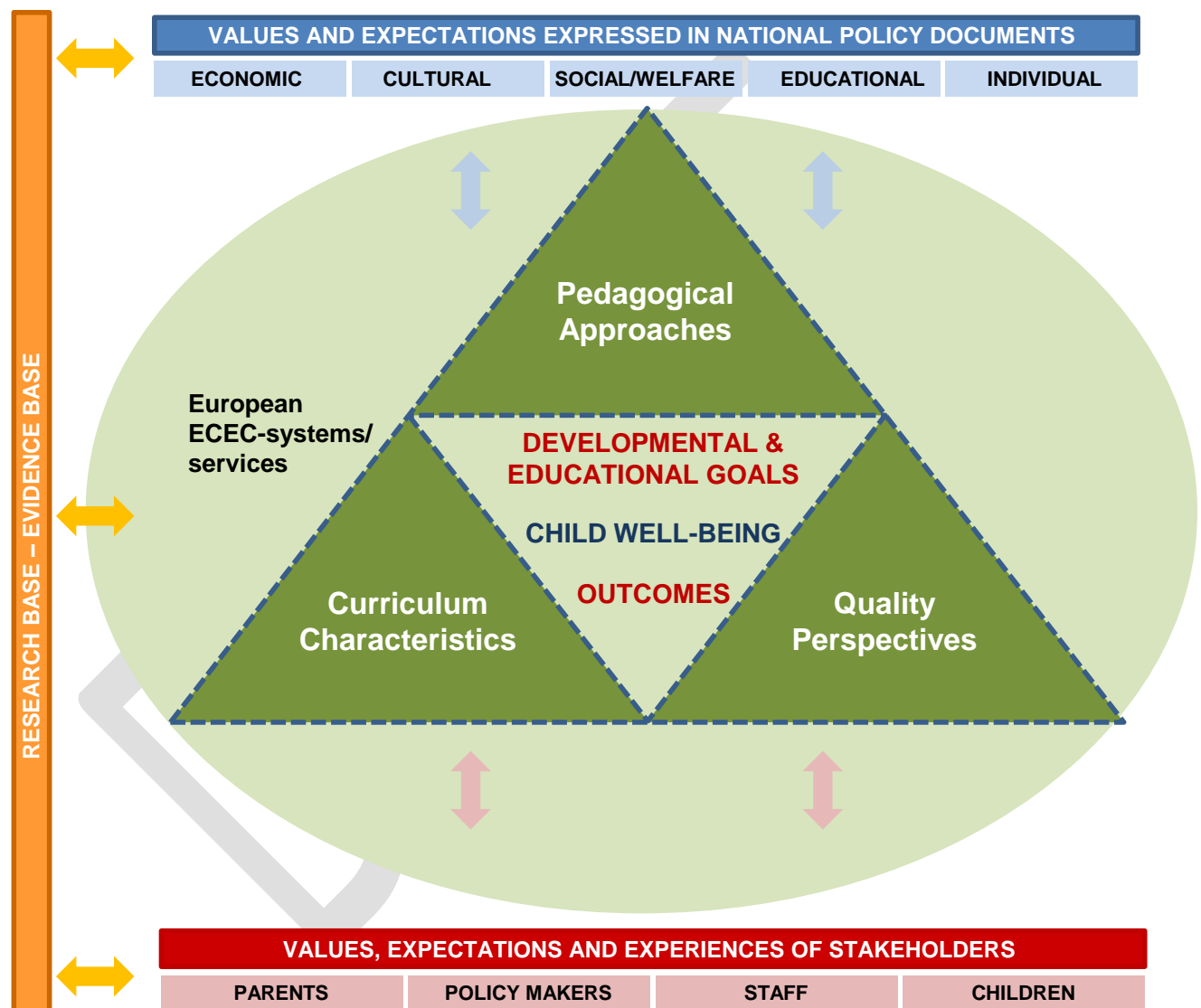


Fig. 1. Main content elements of the CARE project.

The core elements of CARE are the inter-related concepts of child well-being, developmental goals, and outcomes. Any national ECEC-services will strive for some developmental and/or educational goals, which, to some degree, will be guided by particular outcome expectations. Even at such a fundamental level it is obvious that there are significant

differences between countries (see eg Economis Intelligence Unit & Lien Foundation, 2012; OECD, 2012). We are aware of these differences, and will take them into account. Child well-being (Kammerman, Phipps, & Ben-Arieh, 2010; Collette MacAuley & Rose, 2010), may be seen as an educational goal, developmental goal, or outcome of ECEC services as well as being a focus for all ECEC institutions. Developmental goals and (expected) outcomes reflect public policies and regulations, ECEC funding and organisation, cultural and societal values, staff competence and pedagogical practices and approaches, curriculum and perspectives on quality. Also child well-being is partly dependent of these aspects, but additionally a wide range of other factors (e.g., health; economy and material situation; welfare system; family policy; social relations; risk and safety conditions; housing and environment; children's rights; participation; individual and subjective aspects) will affect the children's entire life situation (e.g. Bradshaw & Richardson, 2009).

Thus educational and developmental goals and outcomes are elements in the core triangle that reflect perspectives related to factors external to the individual child, while child well-being involves the child's subjective perspective also. There are wider "child-external" factors such as family, institutions, economic, social and cultural prerequisites at different levels of society (from family to national welfare politics) that influence all aspects.

The triangles representing distinct attributes of ECEC institutions, curriculum characteristics, pedagogical approaches, and quality perspectives affect the character of ECEC systems and services children are exposed to, and thereby constitute a significant part of the preschool child's environment. Using Bronfenbrenner's (1996) terminology, curriculum characteristics, pedagogical approaches and quality perspectives of ECEC institutions are aspects of the meso-system which have an impact on the microsystem (child; family). ECEC-institutions as well as families will be indirectly affected by elements within the exosystem (wider society), for example, stakeholders. Similarly, curriculum characteristics, pedagogical approaches, and quality perspectives will, in varying degrees, be influenced by parts of the exosystem, e.g., some curricula will explicitly demand that ECEC-institutions should have an active and open relation to the society "around" institutions, and hence provide children with experiences with more distal environments, others will not. Societal and cultural values, norms and ideologies and associated expectations are of great importance for the provision of ECEC services and can be understood as accompanying to the macrosystem according to Bronfenbrenner's ecological (1996) and bioecological systems theory (Bronfenbrenner, 2005).

Bronfenbrenner's ecological and bioecological systems (1996; 2005) theory could be used as a theoretical point of departure to conceptualize the initial framework and guide relevant research. Figure 2 provides a preliminary working model for the CARE project based on this theory:

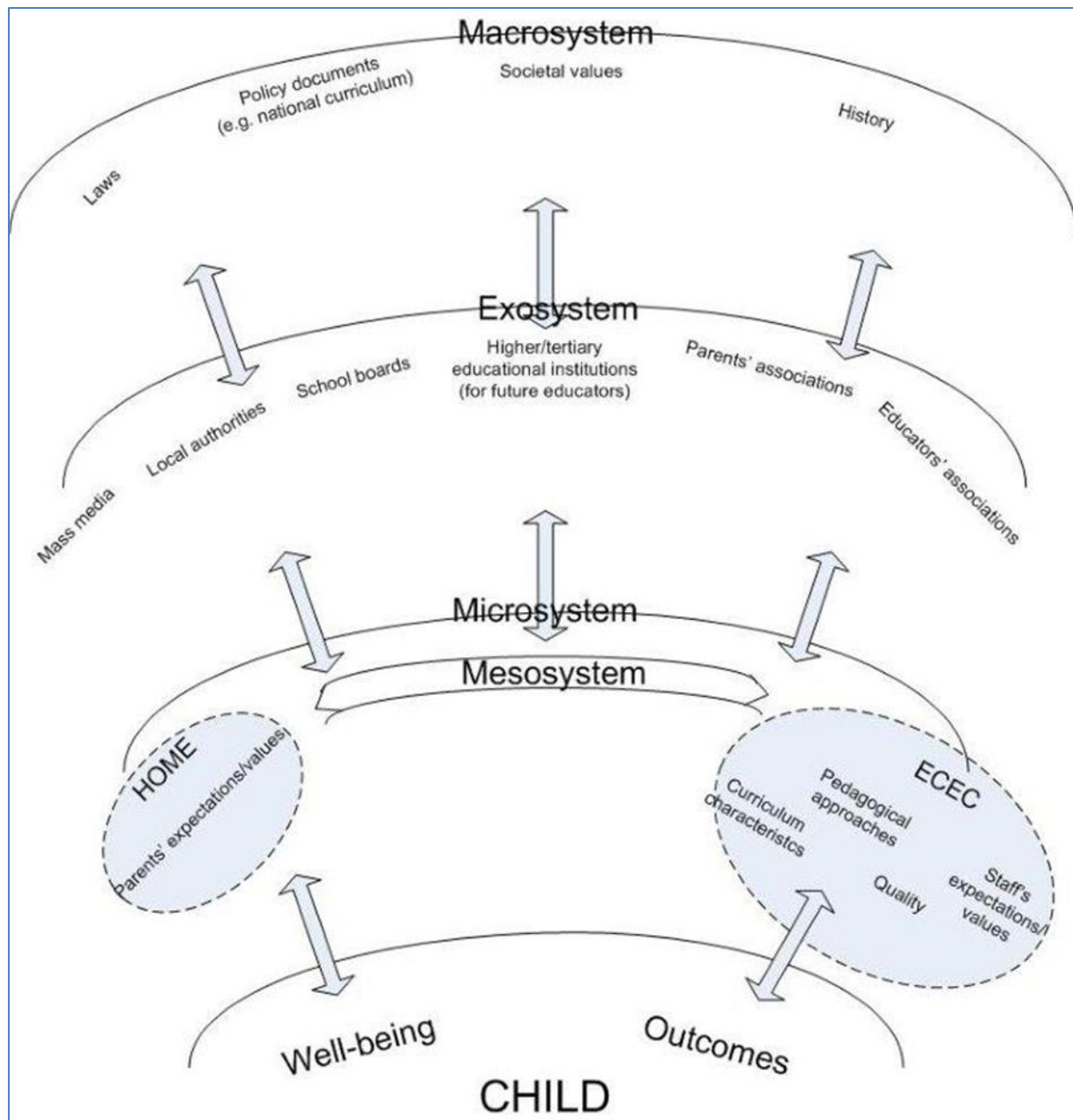


Fig. 2. A preliminary initial framework for the CARE project based on Bronfenbrenner's ecological and bioecological systems theory.

The initial framework includes aspects of all the nested systems or levels of the ecological context. Having the child in the center of the ECEC system, ECEC institutions constitute structures in the **microsystems** level that frame the child's immediate experience. The relationship between parents and teachers and parental involvement in the ECEC institutions, which is considered a key indicator of quality, is a component of the **mesosystem**, a level which actually encapsulates the interrelations among two or more settings in which the child actually participates (Bronfenbrenner, 1979, p. 25). Quality indicators concerning ECEC's settings (e.g., children-teacher ratio) are mandated by policy-

making, which refers to the **macrosystem**, a level that is distal and influences child indirectly. Other characteristics of the initial framework such as values, beliefs and expectations that are expressed in national policy documents, or even curriculum characteristics, also refer to the macrosystemic processes. Child-teacher interaction refers to the microsystem itself. Caretaking competences may be compromised with an impact on microsystem influences on proximal processes. The school policies, the pedagogical approaches and functioning regulations can be considered as **exosystemic** influences on the child (Krishnan, 2010). Apart from the necessity to take into account aspects of all the levels of the ecological context when considering ECEC systems, Bronfenbrenner's bioecological theory provides a useful model for identifying the critical components of the wider care and education systems and the institutions of society that directly and indirectly co-determine child well-being and developmental outcomes. Moreover, the theory provides considering the coherence (or lack thereof) of practices and policies at the different levels of the system. Bronfenbrenner's model emphasizes:

- (a) a focus on the child as actively co-determining his or her own developmental processes and outcomes through engaging in increasingly complex interactions with objects, persons and symbols in the immediate external environment, referred to as proximal processes and seen as the *engines of development* (Tudge, Mokrova, Hatfield, & Karnik, 2009),
- (b) the need to take individual differences between children into account, which are based in children's genetic-biological make-up and present both potentials to be realized through proximal processes as well as possible risks against which the developing child has to be protected through (good quality) proximal processes,
- (c) the importance of considering the quality, quantity and content of proximal processes as they occur in the microsystems of the family, the ECEC centre, the school, or the peer group in observable and mouldable forms of activities and interactions (for example when the child engages in object exploration, adult-child talk, peer play, literacy and mathematics learning, using information technology et cetera),
- (d) the need to establish coherence, consistency and developmentally appropriate structure in the proximal processes between the microsystems of the child, both concurrently (for example, between family and ECEC centre) and over time (for example, between ECEC centre and school) in order to strengthen the developmental effects of proximal processes in view of the long term developmental trajectories that realize children's potentials into personally, socially and economically valued competences and skills, which refers to characteristics of the mesosystems that connect the child's microsystems,
- (e) the embedding of the child's micro- and mesosystems in the macrosystem of the wider society through several exosystems, which link the processes in the micro- and

mesosystems to societal institutions, including statutory regulations, macrolevel policies and macrolevel economic structures, and

- (f) the influence of various aspects of *time* related to the experiences of the child, either personal (e.g. chronological age, developmental stage), setting-specific (duration, stability, periodicity or transitions between contexts), or macro-historical (changes in economy, increasing cultural and linguistic diversity), which are elements of the **chronosystem** level.

Quality

The concept of quality in ECEC services is complex (Dahlberg, Moss, & Pence, 2007; Katz, 1992) and even more challenging when looking at quality in an international and culture-sensitive perspective (Rosenthal, 2003; Siraj-Blatchford & Wong, 1999; Tobin, 2005). In the field of ECEC, the term quality is mostly used as an overarching multidimensional concept referring to the extent to which ECEC provides an environment that enhances child development and child well-being. Outcome indicators related to educational and developmental goals are often seen as validating quality indicators. The distinction between structural and process quality is common in ECEC quality discourses.

Process quality

Process quality refers to characteristics of the child's daily experiences (Philips & Lowenstein, 2011; Sylva et al., 2006). In terms of Bronfenbrenner's bioecological model, process quality is about the child's proximal processes which can be characterized by quantity (developmental timing, duration, consistency, regularity), quality (acknowledging the active role of the child, reciprocity and sensitivity to children's specific needs, cooperation in interactions), and content (the competences, knowledge and skills presented in activities, and in the play and learning materials provided). General characteristics, or dimensions, of process quality, as adapted from several sources (see for example Giudici, Rinaldi, & Krechevsky, 2001; Melhuish, 2010; Musatti, 1993; Rimm-Kaufman, Curby, Grimm, Nathanson, & Brock, 2009; Slot et al., submitted; Thomason & La Paro, 2009), are:

- adult-child interaction that is responsive and affectionate and characterized by a high level of verbal stimulation, guidance and scaffolding, reflected in the quality of adult-child relationship
- varied peer interaction opportunities
- cooperative peer relationships
- a general positive affective classroom climate with positive social relationships between children and between adults and children
- developmentally appropriate opportunities to learn and to explore materials, toys and tasks

- well-implemented pedagogically structured activities
- involvement of the voices of children and families

Structural quality

Those quality aspects of ECEC-provisions that are relatively stable from day to day, are usually referred to as structural quality. Structural quality includes aspects such as the design and furnishing of the indoor and outdoor space, available play and learning materials, group size, children-to-staff ratio, committed and stable staff, and staff professional competences, personnel's salaries and work status, health and safety measures, the principal's competences, internal regulations and practices of group composition. Recent studies include among structural quality also (a) the use of well-designed, developmentally appropriate education programs, or curricula in a narrow sense, that regulate the provision of developmental and educational activities, and (b) the presence at the team and centre-level of systematic activities that serve continuous professional development of the staff (CoRe, 2011; Slot, Leseman, & Mulder, submitted; Zaslow et al., 2010). In Bronfenbrenner's model, structural quality is (a) about the mesosystems (at the centre level) that connect, and give coherence, developmental structure and stability, to the series of proximal processes the child engages in during his or her stay in ECEC, and (b) about the exosystems that connect the child's micro-systems to societal institutions such as, for example, teacher education institutes, statutory quality regulation and monitoring systems, funding policies, and macro-economic factors. For example, a recent analysis of the budget cuts in Dutch ECEC, a consequence of the financial crisis, provides evidence of a negative effect on process quality through an increase of the group size and a reduction of time for continuous professional development (Akgündüz, Jongen, Leseman & Plantenga, 2013).

Structural quality characteristics are seen as distal determinants of child outcomes and thought to determine child outcomes via process quality (Burchinal, Cryer, Clifford, & Howes, 2002; Sylva et al., 2006). Structural quality is also about the costs of ECEC, whereas process quality is about the potential personal, social and economic benefits of ECEC. Hence, the relationship between structural and process quality is, from the point of view of economic efficiency, a critical characteristic of the ECEC system.

Curriculum quality

Children's experiences have particular contents and can through their contents serve particular valued developmental and educational goals. Planning what children can experience by the activities offered to them and which competences and skills are to be developed can be referred to as the *curriculum* (Pianta et al., 2005; Sylva et al., 2007). An important function of the curriculum is to coordinate the child's experiences in order to provide consistent support to children's development across differing contexts and over time, while striking a balance between the short and long term interests of children, the

values of families, the requirements for school, as well as the interests of the wider society (Oberhuemer, 2005).

Moreover, the curriculum provides guidelines for both process quality and structural quality. An explicit curriculum sets a plan for the activities of the children (structural quality aspect), and will thereby affect the daily experience of the child (process quality aspect). Ideas and values about what children should learn and how they should develop cannot be separated from the material and social contexts in which children develop (Corsaro, 1997). This can be seen in how some approaches to curriculum are based on a framework of systematic activities oriented by goals, and may involve working with projects as an heuristic process of co-construction of the experiences by teachers and children (e.g., Giudici et al., , Krechevsky, & Rinaldi, 2001, 2009).

In Bronfenbrenner's model, the ECEC curriculum can be regarded as an exosystem that connects structural and process characteristics of ECEC with the external interests of the society, defines a response of ECEC to particular cultural-historical changes in society at large, for example to the increased need for child care to support parents in combining care and work, to the increased need to accommodate children with diverse linguistic backgrounds, or to the demands of learning economies that are capable of absorbing the rapid technological changes.

The term curriculum is used in many different ways. In some cases, it refers to the developmental and learning goals (and activities that serve these goals) in a strict sense, like a learning plan or education programme. In other cases it is understood as an overarching (national) plan, including a set of content oriented norms, that should be the (obligatory, lawful) content and quality in ECEC. In yet other cases curriculum is understood as a set of broad national aims regarding development, socialization and learning in young children. In the CARE-project curriculum is understood as:

- the basic values (e.g. the understanding of children and childhood),
- societal expectations (e.g. requirement to the staff; parental cooperation; other social and welfare-services),
- goals and quality criteria,
- contents,
- methods,
- resources, facilities and
- forms of assessment of quality and goal achievement

that should apply to early education and care services. In most cases the curriculum is presented as a written document which to varying degrees is mandatory for ECEC-services.

Participatory and dialogical quality

There is increasing awareness that the concept of quality in ECEC should include the perspectives and interests of important stakeholders, in particular parents and representatives of the wider society, in defining desired processes, creating optimal structural conditions and defining the shared developmental and educational goals (contents, values, pedagogical approaches) that serve as building stones of the curriculum. This leads to an additional quality aspect that emphasizes participation of and continuous dialogue between (representatives of) these stakeholders and the ECEC system, more in particular the ECEC professionals. Also to increase coherence across the child's microsystems, parent involvement and coordination with schools is essential. In the Bronfenbrenner model, systematic approaches to involving parents and other stakeholders serve as mesosystems to establish concurrent coherence and consistent developmental structure over time in the microsystems of the child.

In considering participatory and dialogical quality within ECEC it is necessary to make *explicit* the differing cultural perspectives on quality and well-being, and to reconcile possible differences in views in a co-constructive process of negotiation. In some countries, for example Italy (e.g., Musatti & Mayer, 2001), well-developed examples can be found of systematic local, bottom-up, participatory and multi-vocal approaches to define and evaluate quality in ECEC, which may serve as a standard. Also there can be tension between some polarized categories: national vs. local approaches, top-down vs bottom-up criteria and instruments for evaluation. All this needs to be taken into account.

Other approaches

Other approaches than the traditional distinction between structural and process quality are conceivable, but likely incorporate the quality aspects described above. For instance, Myers (2004) suggested, on basis of the examination of ECEC quality studies, a list of characteristics of good quality categorizing them through four dimensions; input; organization and management; educational process; relation with parents and community. We have adapted his approach as follows:

1. The quality of inputs -what is brought to the task

- The physical environment and infrastructure (e.g., adequate space -- indoor and outdoor -- for children and teachers, lighting, ventilation, heating, toilet,, washing and cooking facilities, safety precautions, sufficient and appropriate equipment in good repair)
- Sufficient toys, books, and materials
- The quality of the staff (teachers with a good level of education, well-trained in ECEC, with good motivation, and with low turnover)

- A curriculum or programme approach with clear goals, that is proven, covers diverse areas or dimensions of development/focuses on the “whole” child and is integrated/holistic approach of knowledge, is context sensitive/inclusive (takes into account cultural, personal, familial, social, and other issues)
- Small numbers of children per class and per caregiver

2. The quality of how ECEC is organized and managed

- Continuous planning, present and future, both at the centre and classroom level
- Continuous evaluation and monitoring, of programme and children
- Frequent/responsive-supportive supervision and accompaniment
- Opportunities for continuous training and professional growth
- Leadership that fosters communication, team-work, information sharing, respect
- Efficient administrative procedures

3. The quality of what happens in the educational process, involving

- Frequent, warm and responsive interactions between caregivers and children
- Good communication that includes listening
- Activities that cover multiple dimensions of learning and development and encourage reasoning, problem solving as well as other skills.
- Activities that are pertinent and culturally appropriate
- Equitable treatment for all children
- Opportunities to be in larger or smaller groups or alone
- Opportunities for children to initiate as well as listen
- Consistency in discipline and responsiveness
- Variation in the forms of communication used
- Good time management

4. The quality of the relationship between the ECEC programme and its immediate environment of parents and community

- Continuous communication with parents about children’s progress
- Active parental involvement in school activities
- Use of community resources
- Less frequently included in the equation but also noted as important contributors to the quality of care are such supportive and system-level characteristics as: Decent wages and working conditions (including support and resources), a regulatory framework, access to supportive and referral services, and stability of teachers and students.

Well-being

In general it has been shown that it is quite challenging to define the concept of well-being, “many attempts at expressing its nature have focused purely on dimensions of wellbeing, rather than on definition” (Dodge, Daly, Huyton, & Sanders, 2012, p. 222).

Wellbeing has been defined as a good or satisfactory condition of existence or a state of an individual characterized by health, happiness, and prosperity. More recent perspectives have made the concept wider. While the concept of quality is extensively discussed in ECEC practice, the concept of child well-being has not received the same attention even though it is a core concept in a number of national guidelines (Bagdi & Vacca, 2005; Niikko & Ugaste, 2012; Norwegian Kindergarten Act, 2006). Also while there is an extensive body of high quality data on child well-being across European countries, these data have an emphasis on older children (Bradshaw & Richardson, 2009). Thus, there is a clear need to develop indicators of child well-being for younger children; particularly as early well-being can largely determine the developmental trajectory of well-being for children as they move toward becoming adults.

There are numerous perspectives on child well-being, some of which are based on available data and some are based on theoretical models and hence may include aspects for which data do not exist as yet. Some adopt a child development perspective, some a health perspective, and some a child rights perspective. Following these perspectives a range of indices of child well-being have been constructed, and some include measures of context and others distinguish between well-being and the contexts that influence well-being. A general trend in the development of these perspectives is a move away from measures of the presence and/or absence of indicators of negative well-being to a greater emphasis on indicators of positive well-being. What is clear is that well-being is a multi-dimensional construct. As developed countries become more focussed on optimal conditions for their populations, demand from policy-makers for indices of well-being increases, particularly for summary indicators of well-being as policy-makers do not want to be involved in the detail of measures.

Child well-being can be seen in relation to the UN Convention on the Rights of the Child, which offers four general principles that can also be used to evaluate ECEC provision and policy. Child rights such as non-discrimination takes into account the life situations and well-being of children from excluded groups; survival and development promotes the idea that all aspects of children's complex lives are interrelated, giving equal weight to their civic, political, social, economic, and cultural rights; and respect for the view of the child acknowledges children's right to be heard and to have their view in matters that affect them. The child's rights perspective warrants an ecological approach, which views the individual child as a member of a group and the wider society. Related to child well-being as a subjective condition, therefore, relevant indicators to consider are, among others, the impact on development and educational outcomes, and the inclusiveness of ECEC.

To define and assess child well-being, several models are available. For example, Roberts (2011) defines well-being in four main constructs mainly focusing on individual aspects and including agency:

- physical well-being
- communication
- belonging-and-boundaries
- agency

Bradshaw and Richardson (2009) consider seven dimensions including both individual and environmental aspects:

- subjective well-being, characterizing current life situation
- health
- personal relationships
- material resources
- education
- behaviour and risks
- housing and the environment

Another primarily psychological and health -oriented multidimensional model of child well-being has recently been provided by Moore, Murphey, and Bandy (2012):

Physical Health

- overall health status;
- absence of one or more chronic health conditions; and
- frequency of health promoting behaviours, namely, adequate sleep, exercise, and limited time spent watching television.

Psychological Health

- absence of internalizing behaviour such as depression;
- absence of diagnosed conduct or behavioural problems;
- no concerns about the child's self-esteem;

Social Health

- quality of the parent–child relationship, namely, communication;
- frequency of engagement in sport, community, and club activities;
- frequency of positive social behaviours such as respect, getting along with other children, empathy, and resolving conflicts.

Educational Achievement and Cognitive Development

- absence of school problems including grade repetition;
- absence of concerns about learning difficulties and presence of diagnosed learning disabilities;
- frequency of school engagement and reading for pleasure

With regard to ECEC, most of these dimensions are addressed in current quality concepts and assessment systems. Especially the aspects of material resources, communication, belongingness, relationships, agency and education can be directly related to core aspects of process and structural quality, emphasizing positive and secure relationships, sensitivity and responsiveness to the child, respect for the perspective of the child, and opportunities for development and learning.

In addition, assessment instruments have been developed to assess individual children's subjective well-being in care and education settings, based on being free of signals of stress, while expressing positive emotions, enthusiasm and involvement, and having experiences of competence (De Kruif et al., 2009).

Studies show that classroom process quality relates positively to observed subjective well-being (De Kruif et al., 2009; Huijbregts, Tavecchio, Leseman, & Hoffenaar, 2009) and, negatively, to physiological measures of stress (Groeneveld, Vermeer, Van IJendoorn, & Linting, 2010; Gunnar et al., 2010; Watamura et al., 2009).

Considering the issue of children's voice and children's subjective well-being, C. MacAuley, Morgan, and Rose (2010) have provided an overview of what children and young people perceive as well-being. Beyond the more traditional indicators (being safe; being healthy; enjoying and achieving; making a contribution; economic well-being) children mentioned the following aspects as important to them as revealed in studies in 2005 and 2010 by MacAuley et al. (2010, p. 42f):

2005

- Having family
- Having friends
- Having enough food and drink
- Having fun
- Being loved
- Being respected
- Being happy

2010

- Being healthy
- Feeling loved
- Having a home
- Enjoying activities and having fun
- Feeling happy
- Being cared for
- Being safe
- Having a family
- Having friends
- Being supported

Changes in the understanding of well-being

Since the beginning of research on well-being, there have been significant changes in the indicators used to conceptualize children's well-being (Ben-Arieh, 2010, p. 131f):

- Early indicators tended to focus on child survival, whereas recent indicators look beyond survival to child well-being;
- Early indicators primarily focused on negative outcomes in life, while recent indicators look also at positive outcomes;
- Current indicators incorporate a children's rights perspective but look beyond it;
- Early indicators emphasized children's well-becoming, i.e., their subsequent achievement or well-being; recent indicators focus also on current well-being;
- Early indicators were derived from traditional domains of child well-being, primarily those determined by professions, while recent indicators are emerging from new domains that cut across professions;
- Early indicators focused on the adult's perspective, whereas new indicators consider the child's perspective as well;
- Early indicators were usually looking at national geographic units, while recent indicators are measured at a variety of geographical units;
- Recent years have seen efforts to develop various composite indices of children's well-being; and
- Recent efforts are guided by their policy relevance.

On a more general level, changes in the understanding of children's well-being may be summarized as follow:

- Children as well-beings versus Well-becomings (Ben-Arieh et al., 2001; Qvortrup, 1999)
- From child saving/protection to child development (Kahn, 2010)
- From child welfare to child well-being (Ben-Arieh, 2010)

In the CARE project we want to apply a new approach to the understand wellbeing, suggested by Dodge et al. (2012) to overcome the tradition of rather describing components and dimensions of wellbeing than defining the construct. They define wellbeing as the balance point between an individual's resource pool and the challenges faced:



Fig. 3. A new understanding of wellbeing (Dodge et al., 2012, p. 230)

Evidence to evaluate quality and well-being

Although evidence is clearly needed to evaluate well-being, quality and curriculum approaches, the idea of evidence-based practice needs to be amended in order to include not only traditional scientific results, but also other forms of (practical, expert) knowledge and context-sensitivity. Evidence-based is often equated with: proven in a randomized-controlled trial (RCT). This principle is both too narrow and too broad. Too narrow: It only recognizes approaches (methods, programs etc) that have been tested with so called methodologically strong designs and excludes 'expertise' which can be rational, well-adapted to the circumstances, well-informed, and therefore effective but strictly speaking not proven. Too broad: it assumes that evidential proof is dependent on method only, not on context and implementation and on multiple factors in complex systems that are present in reality but controlled or eliminated in RCT's, which doesn't hold for most approaches in ECEC. Interestingly, an example from the medical world illustrates quite well what the issue is: In surgery, surgeons have theoretical evidence-based knowledge, they follow protocols based on evidence, but what makes surgeons good surgeons is their ability to use practice-based knowledge, which is hardly made explicit, let alone tested in RCT's, and their ability to integrate empirical-theoretical knowledge (evidence-based in strict sense) with practice-based (embodied) knowledge in concrete situations in which under uncertain circumstances high stakes decisions have to be made in split seconds – understanding this way-of-(embodied)-knowing and how this knowing can be supported and can contribute to ECEC effectiveness, is a challenge, including also the aspect of sensitivity to cultural context, while avoiding an extreme relativist position that 'anything goes'. Another challenge is to define the boundaries of good professional-knowledge-based practice from bad practice.

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