An historical overview

Developing quality early childhood programmes in United Kingdom

Marion Flett, Research Consultant on Children, Families and Communities

**Historical background**

Provision for young children in Western societies has been made traditionally by different service sectors, which include health, childcare, education and community development. Each has a different emphasis on what constitutes quality care, based on the different value bases and conceptual frameworks that relate to early child development. Hence the tradition of mostly structured learning experiences in nursery education. Childcare provision, however, was based on a health and hygiene model, which evolved gradually into a compensatory childcare movement for children ‘in need’. Community development approaches have focused on provision for young children as a part of provision for adults, particularly to allow women to participate more fully in the public arena. The different approaches are also bound up with different concepts of the family, the role of women and how concepts have changed over time, particularly during the 20th century. Hence the regulatory framework and the definitions of quality in provision have also changed as social forces have influenced policy, practice and research in this field.

The debate around what constitutes quality provision for young children, who should organise it and how, has to be viewed within the context of the establishment of a social welfare state in the UK since 1945. During the Victorian era, the industrialist Robert Owen was one of the first to set up formal ‘childcare’ to provide for the children of his female mill workers. While he was motivated principally by economics, Owen was a visionary who ensured good quality provision in terms of the children’s opportunities to play and learn.

The value of nursery education in terms of promoting child development was recognised in the early part of the 20th Century by pioneers like Margaret MacMillan, Froebel and Montessori. However, childcare provision was first developed on a wider scale after the outbreak of World War 2, when women were needed in the munitions factories. It was only on the return of the soldiers and the need to ensure employment for them that mothers were encouraged to return to their ‘rightful’ place in the kitchen.

The creation of the UK’s welfare state was based on the principle of insurance to cover men as the breadwinners, with the idea that they would contribute to the system and enjoy its benefits when they and their families were ‘in need’. The phrase ‘in need’ is significant for it was intended that the state should act as a safety net, but not substitute for the family. The idea that the best place for young children was at home with their mothers was very much reinforced by the public policy agenda. Hence little attention was paid to providing a quality service for those who needed childcare and minimal resources were allocated.

Along with other aspects of public policy, considerable change and innovation occurred in education during the 1960s. Nursery education was included in a government review of primary education, the 1967 Plowden Report, which recommended that young children should be in nursery education for part-time sessions only (Plowden 1967). While based on the belief that full-time nursery education was too onerous for the
children, there was concern that policy makers followed this recommendation because of the high cost of providing a full-time quality service. It is an interesting example of how policy decisions can be framed in terms of quality arguments when in fact the issue is one of resources.

‘Educate a woman and you educate a nation’
Despite a recommendation for the expansion of nursery provision and acknowledgement of its benefits, particularly to disadvantaged children, a policy of state nursery education was not implemented for another three decades. By this time, a voluntary playgroup movement managed by parents had demonstrated the power of the community in providing a good quality service for young children and, at the same time, supporting the development of women as educators, play leaders, managers and fundraisers. Thus the concept of quality came to take on a broader dimension in that it encompassed a two-generation approach to learning that benefited the whole family (Flett and Scott 1995). At the same time, there were increasing employment opportunities for women and a growing need for better childcare provision that was not met fully by the playgroup movement. The independent childcare sector responded to the demand by offering private childminding and nursery places within a regulatory framework defined by social services departments rather than education. Hence the emphasis was on the adequacy of facilities and standards of care rather than on the quality of the learning experience. Nonetheless, children benefited greatly from these services, the best of which demonstrated the concept of care and learning as being inextricably interlinked (Ball 1994, Melhuish 2003).

Policy into practice
By 1997, when a Labour government was elected, there were a number of competing agendas concerning the quality of provision of childcare and early education. Research showed that care and learning cannot be considered separately (particularly for young children); that the early years are vital for physical, cognitive, social and emotional development; and that development in each domain enhances development in all the others (Shonkoff and Phillips 2000, Mustard 2000, McCain and Mustard 1999, Rogoff 2003). However, policy makers and some practitioners were not always keen to embrace holistic perspectives on child development and integrated responses in terms of provision. In a strange policy twist, the new government promised a part-time nursery education place for every 3 and 4-year-old, not on educational grounds but as a response to the growing demand for childcare and the social justice agenda to address child poverty. The irony was that part-time provision (12.5 hours per week) did little to enable mothers to gain access to the labour market. In addition, the system created many anomalies, not least in terms of the regulatory framework that was meant to ensure quality of provision.

It was claimed that by creating a sound basis for achievement in the early years, children from disadvantaged backgrounds would perform better, not only in primary school but also in secondary school and beyond. Much of the rhetoric was based on rather superficial analysis of the results of the Perry Pre-School Project undertaken by the High/Scope Foundation (Schweinhart 1993). This research has been quoted as demonstrating the case for investment in quality early childhood education. But as the Evidence for Policy and Practice Information and Co-ordinating Centre (eppi-Centre) report (Penn et al. 2006) pointed out, care should be taken in extrapolating the results too generally. The Perry project involved a limited number of black American students in a specific urban community and was deemed a success based on indicators such as a reduction in unemployment and crime when the children reached adulthood. The applicability to different settings is questionable.

Early education and poverty reduction
A recent report on UK Children’s Centres (Capacity 2007) pointed out that such centres play only a limited part in reducing poverty if they do not take account of women’s employment opportunities. Similarly, the former Director of the Sure Start programmes, now a senior policy adviser to the Cabinet, made reference in a recent seminar (Tavistock Institute, January 2008) to the need to take account of parents’ difficult circumstances if children are to benefit from quality services that influence a successful outcome. She also referred to the need to move beyond setting up frameworks and structures that promote an integrated approach to
service provision, and to focus more on integration of actions by different professionals and agencies.

**Issues relating to quality**
The rapid increase since 1997 in the quantity of provision in countries like the UK, both in childcare and early education, was accompanied by a need to ensure that quality was maintained. Policy makers looked to the research community to inform them of recent evidence on promoting optimal child development (e.g., Mooney et al. 2003; Sylva, Siraj-Blatchford and Taggart 2004). At the same time, the policy framework was shifting to accommodate better integration of services for children and this was particularly apparent in early childhood services. However, integration led to numerous challenges since the providers and practitioners had different traditions (Moss and Pence 1994, Dahlberg, Moss and Pence 1999). Responses included efforts to devise guidelines for good practice and a regulatory framework within which quality indicators of care and education were used to assess the efficacy of different settings in achieving their objectives.

Throughout Europe, the age for starting primary school varies considerably. Scandinavian and Mediterranean countries generally introduce formal primary education at a later age than the UK. In England, children start reception classes as young as 4 years of age, while in Scotland the minimum is 4.5 years and some children may be 5.5 years when they enter primary school. Although these are not large differences, there are concerns relating to staff-to-child ratios and the expectations of staff and children. These relate firstly to the pressure to push inappropriate primary school curricula downwards, secondly to the increasing scholarisation of young children (Baron, Field and Schuller 2000), and thirdly to the lack of recognition of the importance of learning through play. Both theoreticians and practitioners stress the importance of experiential learning, particularly through the medium of play, and the need to make this a key element in the quality frameworks on which provision is assessed. (Elliot 2006, Fleer 2005).

**Quality improvement**
In England, which has a separate education and childcare system from the rest of the UK, a large-scale quality improvement programme has been put in place to link a regulatory quality framework for children aged under 3 years with the assessment and inspection system already in place for children in schools. The National Children's Bureau (NCB) was appointed as the lead body in developing a National Quality Improvement Network (NQIN) for the early years childcare and play sectors, bringing together the public, private and voluntary sectors. In her foreword to the report on Quality Improvement Principles, the Minister for Children, Young People and Families stated: “Research shows that high quality early education, together with a positive learning environment at home, has a strong effect on children's attainment at the end of primary school” (NCB 2007).

Following wide consultation with the various sectors, the research team identified 10 quality improvement principles. It was careful to distinguish between quality improvement: a process of raising the quality of experience enjoyed by children in the various early learning settings, and quality assessment: a specific type of quality improvement that recognises a setting has made progress against a set of agreed standards and achieved an accredited level or stage. This requires independent review by trained professionals, in this case the Office for Standards in Education (Ofsted). Clearly such a broad and overarching structure can be put in place only in contexts where there is sufficient existing provision and the availability of staff to carry it out. It also rather begs the question of the place of robust self-evaluation which also allows practitioners to engage in the ‘plan, do, reflect’ process as a means of improving quality.

Other research has demonstrated that quality assurance processes leading to accreditation are linked to higher quality provision (Munton, McCullum and Rivers 2001). The authors identified the two key characteristics of quality assurance schemes as the content of written materials and the procedures involved in working towards accredited status. However, these findings say little about the impact on quality improvement. The idea behind NQIN was to encourage people to put into practice the principles that would improve outcomes, as identified in Every Child Matters (DfES 2004). The government’s statutory guidance: Raising Standards – Improving Outcomes (DfES 2006) was intended to
link with other quality improvement initiatives and support delivery of the Early Years Foundation Stage (the first stage of the national curriculum in England), making reference to both the Children Act (2004) and the Childcare Act (2006).

**Public accountability**

Increasing emphasis on accountability has led to the inclusion of additional factors in guidelines for assessing quality. For example, the quality of centre leadership, the relationship with parents and their involvement in supporting their children's learning, and the development of social and emotional as well as physical and cognitive skills. Governments have also invested heavily in defining guidelines for younger children who attend childcare and in supporting their parents as educators (Abbott and Langston 2005). The investment in the Sure Start programmes in the UK was intended to provide enhanced opportunities for children in poorer areas. Despite reaching large numbers of children, evaluation indicates limited success with a lack of impact on the most excluded groups. Other research suggests that there has been little improvement in the children's achievements, but further studies are needed (Sylva et al. 2003). It is difficult to argue that new initiatives are necessarily best judged by traditional means. The Pen Green Centre research team, for example, would argue that the most disadvantaged communities do not require more of the same but need radical new approaches to making provision more inclusive and accessible (Whalley 2007).

**Outcomes for children**

In order to achieve quality of input and better outcomes for children the following factors should be considered:

- a holistic perspective on child development recognising the interrelationship of genetic factors with opportunities for active learning;
- the development of provision that integrates health, care and education in action, not only in structures;
- intergenerational approaches that recognise the needs and rights of parents and children to the learning opportunities that will enrich their lives in the long term;
- the implications for training of staff in a context...
of multi-disciplinary teams or the development of the ‘new professional’;
- the implications for mechanisms of provision that are about ‘learning communities’ rather than sectoral approaches like ‘early childhood care and education’.

(See oecd 2006, unesco 2004, ccch 2006)

**Children’s rights**
The Child Rights perspective enshrined in the UN Convention (UNCRC 1989) has introduced an advocacy approach in terms of social justice and social inclusion. In particular the publication of General Comment 7 on the rights of young children (Bernard van Leer Foundation 2006) has reinforced the perspective of the human rights approach to education (UNICEF/UNESCO 2007) and shifted the debate towards children’s entitlement to provision rather than taking a needs-based approach.

This shift in perspective has implications for the accountability of providers. Not only does early childhood provision now enjoy an enhanced status, but there is also a greater obligation to demonstrate how it lays the foundations for young children to benefit fully from primary education (Feinstein and Duckworth 2006; Goodman and Sinesi 2007; Sammons et al. 2004).

**Conclusion**
To achieve the best for young children in terms of the UN Education For All (EFA) Goals, it is necessary to adopt a different mind-set on the way that quality provision is made. There are lessons to be learned from the segregated systems that prevail in Western countries. Particularly in an age of global technology, quality provision for resource-poor communities will not benefit from a competition for resources among different groups. Knowledge and skills need to be developed at all ages. We know that learning begins at birth and that investing in young children pays off, not only for individuals but also for communities and wider societies. Hence support for provision that recognises the importance of the child now (in terms of their rights) and invests in their future makes good sense for knowledge-based economies. Raising the status of women is also valuable, since they can become educators and role models for their children and make a wider contribution to society. While systemic problems will not be solved simply by improving the quality of early education provision, it is possible to build on existing strengths and realise the aim of involving the wider community in learning opportunities (Freire 1996). The result could be a new dynamic in the educational relationship that benefits both children and adults and contributes to the achievement of the EFA Goals, not only in relation to early education but also across a much wider canvas.

**Note**
1 This article refers to the UK and some of its former colonial territories, drawing out general points relating to the definitions of quality and standards and the implications for different types of provision.

**References**
Research (ACER) Press.