Parents and ECD programmes
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Examples of both of these views of parents and their involvement in programmes can be readily found. In some cultures or agencies, parent initiated – often informal – childcare programmes are the norm, often as continuations of local practices that have existed for generations. In other agencies or cultures, there is an insistence on maintaining a degree of professionalism that excludes parents from any real control.

In a discussion about parental involvement it is important to keep in mind that children depend on the love, care and security that those in parenting roles most naturally provide. Parents are also children’s first educators, with the responsibility for making sure that children have the safe, rich development environments that they need if they are to flourish. Given these facts, where and to what extend do and should parents fit into ECD programmes? This edition of Early Childhood Matters explores this question, reflecting on practice around such topics as: what roles do parents have and why? What helps to determine these roles? How and under what circumstances do parents complement, support – even take over – roles that are often earmarked for trained child development workers? How is their participation viewed by other stakeholders; how is it fostered; how is it constrained?

It is tempting to judge parental involvement in programmes on the basis of the quantity and nature of what parents do. But such an approach is misguided because, as Judith Evans shows (page 7), there are many different ways in which parents participate in ECD programmes and any one of them could be right in its context. Although she suggests a continuum of involvement that ranges from parents as passive receivers of goods or services through to parents as instigators and sustainers of their own programmes, she points out that many factors determine participation. These factors include parental characteristics, the opportunities and experiences parents have had, the culture within which a project is being developed, the point in time within the project that parent participation is being defined, the attitudes and philosophies of all those involved, and so on. Therefore, if you want a measure of quality, you should look at how well a programme addresses these factors, and how successful it has been in ensuring that parental participation has developed as fully as is possible in the circumstances. In this respect, her article includes many examples of good practice.

The second article in this edition is by Yvonne de Graaf, Bert Prinsen and Mieke Vergeer (page 18) and deals with parent participation of a very particular kind. Here, the importance of the knowledge and skills of experienced mothers is recognised, and a support programme for new mothers has been built up around this knowledge and those skills. The programme is called Moeders Informeren, Moeders (MIM – Mothers Inform Mothers) and, as the article shows, is put into practice with the experienced mothers themselves.
Using a variety of approaches, aids and techniques, they explore important areas of child healthcare and development with the new mothers, and also focus on the new mothers' well-being. The success of this kind of parental involvement lies in understanding that people can learn readily and happily from trusted members of their own communities. It also depends on bringing out and valuing what people know, understand and can do, and on finding ways in which all of this can be shared with those who could benefit from it. And, as with so much else in the development field, the MIN approach is not fixed or static: each implementation is geared to specific target groups that include urban communities, rural populations, migrants, refugees and travelling people.

In Winnipeg, Canada, the Oshki-mjahitowiin Head Start Programme, discussed by Rachel Lawrenchuk, Carol De Harvey and Mark Berkowitz (page 24), shows how to bring parents into the heart of a programme that operates in one of the poorest urban constituencies in Canada. Families living in the neighbourhood are at risk due to inadequate health, housing, employment and education provisions; while safety and the quality of personal relationships are also significant factors. Against this background, project staff felt that the only possible approach was to acknowledge the harsh realities of people's lives and respond to them by working alongside parents and caregivers. This implies certain attitudes on the part of the staff: for example, a commitment to the ideas of real partnership between staff and parents, and to the
policy of aboriginal control of aboriginal health and education. To make these attitudes concrete, the programme ensures that the centre, and the nature and content of the programme itself, develops as the parents and children themselves develop. The broad aim is to foster the spiritual, emotional, intellectual and physical growth of the young aboriginal children living in the community. As basic strategies, the programme recognises and supports extended families, and focuses on sustaining healthy personal growth and development in parents as well as children, and helps parents to generate success for themselves.

In her article on page 30, Joanna Bouma reflects on the roles of parents in programmes for young children, as she observed them during a recent working visit to the Samburu ECD Project in Northern Kenya. The project supports a number of early childhood development programme, and this article describes a ‘typical’ programme – actually an amalgamation of different programmes scattered across a very harsh and isolated part of the country. What she saw was impressive.

Complementing these articles are a series of extracts from interviews with parents and decision makers in Nicaragua (page 37). Especially interesting are the views of parents about their own roles and how they have experienced them. What emerges is a complex picture of determination overcoming reticence and inexperience of sympathetic support based on the potential that parents have; of dealing with complexities by always taking practical approaches; of building a body of success by being realistic; and – now – having aspirations that once would have seemed impossible to them. It is results like these that help to account for the enthusiasm for parental participation that is revealed in the extracts from interviews with decision makers that conclude the article. This enthusiasm is given practical expression in the national plan to enhance parental roles in the development of their children that is outlined by Nicaragua’s Director of Preschool Education.

Overall, the articles review the subject extensively, and also offer impressive examples of what parents can do: they have taken an old tradition and adapted it to suit modern circumstances. And they keep it going themselves. This is all done in an unpromising environment in which community members are already overtaxed just to survive.

The October edition of Early Childhood Matters will consist of a collection of articles about the progress of the Effectiveness Initiative. This is a three year investigation into what makes an effective project work, that was launched in January 1999 by the Foundation and partner organisations in the Consultative group on Early Childhood Care and Development. The articles will review progress so far and survey a range of significant topics that are emerging.
One of the hottest topics in the ECD field is parent participation. It is lauded as a key to having effective programmes, so it is listed as a component in project proposals and included as part of the design of new initiatives. But what does parent participation really mean? A review of ECD projects reveals a wide range of participation by parents, from being recipients of services through to being instigators and controllers of programmes. To get a broad sense of the nature and degree of their participation, this range can usefully be seen as a continuum from passive to very active roles, with a complementary continuum for the enabling agency.

Benefits of parental participation

There is powerful evidence to demonstrate that parental participation has wide benefits for the parents themselves, for their children and for ECD programmes. And, although they are discussed separately, interests and benefits are frequently mutual.

Benefits for parents

Through their participation, many mothers and other caregivers in the community have gained confidence in recognising how, when and where they can support their children's development in their everyday lives. This has important implications for the caregivers' sense of worth. In a review of evaluations of the impact of parental participation in ECD programmes conducted by Myers and Hertenberg (1987), they note that changes in the adults were evidenced.
by different attitudes and actions in terms of the way they talked about the project, reached agreements, and acted on decisions. Overall,

The basic change identified was from apathy to participation in constructive activities as a sense of self-worth was strengthened. An evaluation of parent groups in Bangladesh (Akhtar, 1998) echoes the above findings. The evaluation included interviews of participants and staff, data were gathered on participants' feelings, and observations were made of parent group sessions to determine the quality of participation. The results provided very positive feedback, including:

- that parents felt honoured and important when they realised that cultural practices are really valuable in supporting children's development;
- that parents realise what an impact they have on their child's development. A participant stated: I never knew I was doing so much to help my daughter grow up strong and clever. Now I know I can really help her have chances I never had.

For those parents who have become active agents for change in their communities, wider personal and community benefits are also clear, as a survey of the women involved in the Rehlahliwe Project in South Africa shows:

We have become ‘social workers’ in our community. Some say we are preachers – it’s ok, they have learned to take care of their children, which is all we ever wanted.

A lot of people come to my house for help and they trust us with their problems.

Women are also confident enough now to help caregivers access services, and their new knowledge gives them confidence to speak out for children in their communities:

We are never able to keep quiet when someone is doing something wrong to children. Some people will hate you for talking out but we [don’t worry about] this and only find the child being important to us.

In addition, involvement with the project has helped women at a personal level.

I’ve not only learned to work and respect the children I work with, but my family life improved as well. I relate much better to my husband than I used too. Had it not been for this programme I would have not been here by now; I would have left my family or my husband and I would be divorced. I was saved by implementing what I learned, for instance I improved communication between me and my family and understand why people do the things they do to others and why certain people behave in a certain way.

Benefits for children

Benefits for children are seldom evaluated through direct assessment of the children. Rather, the possible benefits for children are revealed through parents' perceptions of changes in their children. For example, the Alliance Project in Guatemala uses as one of their impact indicators that fathers and mothers understand the benefits and importance of incorporating the traditional ways of stimulating children with the new techniques that enrich and reinforce their integrated development. To the programme implementers, success occurs when parents are able to observe changes in children. Comments to demonstrate their understanding include:

Now he is not afraid to go to school. They feel more secure. Now they are not afraid to speak to other people.
According to the child’s growth, he is changing his way of thinking. His father spends more time with him. She is not afraid to participate, she is animated. She can write more easily.

Once parents realise how important their role is in supporting the child’s development, several evaluations reveal that there is a change in the parent’s behaviour, particularly in terms of their interactions with their children. But change is not easy:

I should say things were really tough at first – I found it very difficult to change from what I was: very violent and intolerant. I found it hard to change and listen to my children and practise what I learned at Rehlahlilwe.5

Benefits for programmes

The more parents participate in the programme and its development, the more the programme is likely to be appropriate to its context, and therefore more effective in reaching its goals. For programmes to be appropriate and ultimately viable, parents are key. At the most basic level, early childhood programmes could not exist without parents because parents choose whether or not their children will participate in an ECD setting. Looking at the youngest children – those aged up to two or three – the only ways in which programmes are likely to reach them are through parents. Taking the broader view, parents are seen as great assets to programmes, especially as they move from relative passivity to more active roles.

Determinants of parental participation

It’s important not to make judgements about parent participation. There are many reasons why parents participate in the ways and to the extent that they do, many of which are associated with interacting factors and variables that are well understood and respected. There are at least three kinds of variables: contextual, programmatic and personal.

Contextual

The nature of parenting today

In both Majority World countries and industrialised nations, conditions, demands and expectations of families have shifted tremendously over the last twenty years. Whereas in the past, most societies could claim a normalised parenting pattern – an extended family model, a community/tribal model, a nuclear family or some other stable pattern – now most societies are reporting that their family norms are disrupted, and the effects on children and parents alike are devastating. As a result, the on-the-job training many parents used to receive from extended family members or from religious and cultural traditions is largely unavailable to contemporary parents.

Added to this, it is not always clear who is providing the parenting. It is generally taken for granted that the primary caregivers are the child’s biological parents, but this assumption is not always valid. Apart from cultural norms and practices, for an ever-increasing number of the world’s children, biological parents are not available to them most of the time, if at all. Parents are leaving children behind to go in search of work; losing children in the context of Diaspora and armed conflicts; leaving children in the care of other children while trying to earn a living; dying of AIDS; being ravaged by drugs and poverty; or trying to carry on while juggling inhuman demands caused by long work days and the need to simply survive. Thus programmes need to identify who is actually caring for children and find ways to give those individuals support.

Local culture, tradition and norms

Culture and traditions will obviously impact on parental participation. For example, it may be that childcare is seen as a family concern, and that it is not appropriate to involve outsiders. In this case, to support the development of the youngest children programmes focus on working directly with family members. Equally, the experiences and norms of communities will help to determine – at least initially – the nature of participation. For example, in some instances there is a history of paternalism. This has created the expectation that goods and services will be provided at the whim of outside individuals and organisations. In these instances it is difficult to generate true participation as a project begins.
In contrast, there are examples of countries where there has been a strong sense of community responsibility within which programmes can be developed. Following independence in Kenya, Jomo Kenyatta, the first President, created the Harambee (pulling together) Movement within which people work together to solve their own problems rather than always being reliant on outsiders to provide for them.

A strong sense of community also exists in the Philippines, where, during the dictatorship of President Marcos, people learned to organise in opposition to his policies and programmes. As a result, there is now a rich tradition of People’s Organisations where the impetus for action comes from the people in the community. Outsiders may be involved when the People’s Organisations are seeking technical and/or monetary support, but it is the parents and the community members who initiate and drive the process.

The ‘stage’ and nature of the project
During the lifetime of a project, the degree of parental participation may shift from one point on the continuum to another. For example, some programmes begin with the parents and the community taking the lead, but when the resulting programme is adopted by a government and ‘institutionalised’, the programme may have little parent input. This is frequently the result of ‘scaling-up’ and the need to create an easily disseminated system. In this instance the programme becomes a source of information rather than a generator of information. The opposite can also occur. There are programmes where the ‘outsider’ creates the initial project. But, over time and by design, the control of the programme may be shifted to parents.

Beliefs about the value of parental participation
The attitudes of those who are responsible for programmes can limit participation, consciously or unconsciously. Those creating programmes may make a priori judgements about the types and extent of parental participation that is appropriate. There may be limits on the domains that parents are permitted to operate in. For example, some believe that the ECD setting is the domain of the promoter/childminder while the parent’s domain is the home. Thus control of centre-based programmes may remain in the hands of professionals. Even when parents are seen as important they may only be allowed to operate in certain programme areas. For instance, they may be restricted to cooking the food, and/or engaging in fundraising activities. Parent’s views might only be sought to confirm decisions that have already been made. Parent’s views might not be accepted if they happen to clash with those of people who think they know best. There may also be limits on the extent to which parents are allowed to ‘own’ the programme. Often projects...
claim to promote parent participation but the actual ownership of the project remains with the ‘outsiders’.

Access to resources
The extent to which parents can take determining or controlling roles in ECD programmes depends to some extent on the resources that they can access. The more resources they have available to them, the greater their potential to control the programme; the fewer parental resources, the more control is likely to remain with, or shift to, outsiders who provide needed resources.

Personal
The fact that parents are not a homogeneous group
Parents do not all think alike. Furthermore, needs or problems are seldom experienced collectively, even though there are common factors that help to determine what parents experience and need. Social class, religion and gender are also significant factors in determining the extent to which people are comfortable participating in community activities.

Not all parents may be offered the chance to contribute their views. Project developers frequently work with a group of parents (the designated leaders, usually men) assuming that they represent the views, needs and goals of the community as a whole. The actual beneficiaries (often women) may not have the power to make decisions as to how money is spent, for example. Some programme planners have developed specific strategies for addressing the marginalisation of women in programme decision making. Women in the Rehlahlilwe Project in South Africa describe their approach as follows:

Our entry point is not organisations but individuals ... usually individuals who are on the fringes of the community: women, peasant women, disempowered ... We have gone the route of structures [in the past] and as soon as men realise there is any money to be made, they move in and put themselves on as chairs of everything and as treasurers and everything else, and elbow the women out. So we have a policy of beginning with those very people who are elbowed out.7

Parental knowledge/skills/experience base
Parents may lack knowledge in key areas. For example, parents may be very good at caring for their children in their own homes, but may have little idea about how to put together an appropriate curriculum for a centre-based programme. On the other hand, parents may have skills and experiences that enable them to provide services to a programme, and may indeed supply those services as they simultaneously acquire the knowledge the lack of which has so far kept them from fuller participation.

Daily life factors
Sometimes there is a tendency to blame parents for not taking a more active role in an ECD programme. However, the issue is not that parents don’t want to support their children’s development, but that all the many factors that put families at ‘risk’ to begin with, also limit what parents are able to do. These include:

- a woman’s workday. A woman who needs to spend 16 plus hours a day working inside and/or outside the home has little spare time or energy available.
- Long distances to be travelled in order to receive services.
- Women’s lack of autonomy in terms of making decisions.
- Poor communications. Parents may not be aware of the value of ECD programmes, and thus they do not get involved.
- The lack of transport and the need to carry young children to whatever services exist.
- Timing of the services may be out of sync with women’s needs and availability.
- For some parents – especially those who have never had the opportunity to participate – lack of confidence, apprehension, even fear, may need to be overcome.
- Illiteracy may also be a factor.
Determinants of parental participation such as those considered above, have to be recognised and taken into account; and practical ways to overcome them have to be developed. As noted, these determinants can be explored by considering the relationship between parents and the organisation that sets out to create/implement an ECD programme. This relationship is not static; it changes over time and is framed to some extent by local conditions. Two key interacting variables can influence the ways in which relationships are initiated and developed and, therefore, the nature and extent of parental participation: the places in which projects are able to work with parents; and the processes created for engaging with parents.

Where people work with parents

Parent support in the home

One of the most intensive ways to work with families is through visits to the home by a trained home visitor. A home visit addresses the issue of care for the child within the child’s natural context and underscores the importance of the caregivers’ role in supporting the child’s development. Furthermore, home visits are designed to help parents/caregivers to feel more at ease in expressing their views, and help break many mothers’ feelings of isolation. Home visitors are frequently recruited from the local population that is being served by the programme. With appropriate support and training, they can provide very effective services that lead to both increased parental support of the child’s development and the enhancement of the caregiver’s self-concept. Home visitors also benefit considerably from being involved in the programme, gaining respect within the community and expanding their employment options.

Parents’ groups

Parent groups generally bring parents together for a series of sessions. These are commonly organised as long courses (for example once a month over the course of a year), but they can also be short intensive interventions. Usually, those organising the course determine the topics, although some are defined by the parents themselves. Typical topics include health, nutrition, child development, social development, and so on, and modules may consist of theoretical as well as practical applications. To help reinforce what is being learned, modules frequently include activities that parents can use with their children at home between sessions. Within a parent group format, parents can be engaged in a discussion, even when the content is basically pre-determined. Facilitators can present materials for discussion, rather than presenting ‘facts’ and they can ask questions to which there are no necessarily right or wrong answers. Good facilitators can stimulate parents to ask their own questions, and encourage active exchanges among parents as a part of the process of introducing new material. For example, in a project with families from Afghanistan that have been affected by war and displacement, the facilitator presents pictures and asks questions that help parents to think about their children’s experiences, and to focus on their responsibility to address their children’s needs. This replaces simply focusing on what the parents feel they need for themselves. Often one of the outcomes of these meetings is the formation of informal parent groups that continue to meet once the formal course is completed.

Through existing service delivery systems

Parenting messages can also be delivered through services that already exist – for example, health programmes. The World Health Organisation has a new initiative underway to introduce child development messages into its Integrated Management of Childhood Illness (IMCI) programme. More general community development programmes can also provide indirect support for parents by enhancing the environment as a whole, thereby positively benefiting families and children.
How people work with parents/caregivers

Regardless of where programmes choose to work with parents, choices are also made about how to work with them. These choices range from a deficit model that assumes parents know little or nothing about the topic, to an approach that supports parent’s initiatives. Examples along the continuum include the following.

**Telling/informing**

Historically, outside professionals have made decisions about the nature of an programme and its components. This ‘top-down’ or ‘outside-in’ approach has been especially common in the health field where some very basic health messages were (and are) assumed to be of such universal significance that they can be promoted without a great deal of consideration for the cultural context.

The approach of simply telling parents what to do is the least participatory methodology. In such programmes parents attend organised lectures where, using a didactic format, a specialist instructs them on providing for the young child’s health, nutrition, cognitive, and/or psycho-social needs. There is little or no time for discussion and/or exchange among parents. The assumption is that parents lack the necessary knowledge about their children and need to be enlightened. This deficit model assumes that just telling parents what they need to know means they will do a better job with their children. Clearly this has not always worked and this has meant a shift to approaches in which, while the professionals are still in control, local adaptations are seen as appropriate. This may include additions to reflect the culture and/or taking examples from the setting.

An example of the shift from simply telling and informing to adaptations based on culture is the development of the treatment by parents of diarrhoea in their children. The vital message from ‘outside’ is that children need to continue to be fed and to be given liquids to restore and maintain their water levels. The initial approach to rehydration was to distribute Oral Rehydration Therapy (ORT) packets that contained an appropriate mixture of sugar and salt that could be added to boiled water and fed to the child. This approach undoubtedly saved many lives, but was only moderately successful in many environments because of such factors as difficulties in distributing the packet; problems in understanding the instructions; inappropriate units of measurements; limited access to boiled water; and children’s rejection of the awful tasting liquid. So new strategies were developed, building on what existed locally. The basic message was still the same – keep feeding children and do not let them become dehydrated. But the approach to hydration was different. It involved working with local people to identify locally available foods that children would eat that help alleviate dehydration.

**Showing/modelling positive behaviour**

This strategy involves having a trained teacher/facilitator demonstrate ways that parents can support children’s learning. It is frequently used in home visiting programmes. The most common format is for the home visit to focus on the child’s development and to discuss and then demonstrate the ways caregivers can promote that development, providing developmentally appropriate activities that parents can do with the child. The home visitor is generally perceived as the one with the knowledge and the parent as the receiver of the knowledge. This is particularly true where professionals are the home visitors and parents are shown how to do the ‘correct’ activity with the child. Needless to say, some parents can end up feeling that they do not know how to raise their children, and/or that there are ‘special’ things that they must do to give the child appropriate support. In home visiting programmes where the home visitors are peers of the parents, parents are on a more equal footing with the home visitor and the experience is generally more enabling for the parent being visited. (See the article about the Mothers Inform Mothers programme on page 18 for an example of a peer support home visiting programme.)

A related strategy is to identify parents from within the community who
represent 'positive deviance' (that is, they deviate from the norm, but their deviation has a positive impact on children). Since these parents are able to provide children with appropriate support, even in conditions of risk, the idea is to try and discover what it is that these parents are doing well and then spread these practices across the community. Here parents participate as models for their peers and, in some programmes, their knowledge base has been enhanced and their participation has been formalised so that they, in fact, act as tutors.

Building on people's strengths

Programmes that build on people's strengths shift some of the power and control from the service provider to the parent. The approach identifies, acknowledges and uses parental strengths as the basis for programming. The idea is that what parents do on a day-to-day basis with their children is valuable and should serve as the basis for building a programme. A project can begin with simply talking with parents about what they do with children. As Engle, Lhotska and Armstrong (1997) note:

Parents may not be aware of all of the different activities which they are already doing to support their children's development; they may think that they are just watching children grow.

One way to create a programme is to begin by observing the kinds of activities that adults and children engage in throughout the day. Another step involves getting parents to talk about their children, what they are like and what they can do. From this, programme content can be developed that includes pictures of common activities and a simple explanation of what the child learns while undertaking a given task. For example, parents are told that an activity like cooking involves the development of estimating skills. But, even though the programme is based on things that parents do naturally with children, it is still outsiders telling parents what to do – in this case, 'Keep on doing what you are doing'. On the other hand, it emphasises that parents are children's first educators, and that they are participating in the programme – indeed they determine some of the content by turning everyday activities into developmentally significant opportunities. This approach also reinforces the fact that what mothers are already doing has enormous value for the child. It is a combination of being practical while also reinforcing what is currently taking place. This is summed up well by one of the Community Motivators in the Rehlahlile Project in South Africa, in her discussion of what happened on visits to a rural area:

We then went back to a workshop and most of us expressed the same problem in various ways. We talked about it, that most of the people here in the rural areas have a lot of things to do during the day, and listening to us talking about children was considered a waste of time.

We then shared better ways to reach these women and we went back; this time things were much better. One of the things we noted it was important to do was to join the work we find caregivers doing when we approach them and that worked well for us.

We taught them that in all the household chores they are engaged in, a child can participate and learn. When you are doing your laundry a child can separate clothes in terms of colour and design.

In summary, by beginning by observing daily life, programmes can work with parents so that they are aware of developmental stages and recognise the difference in children's development over time. They can identify learning situations at home through daily activities; recognise the human and material resources in the home environment; and can stimulate children while attending to daily work.

However, observation alone has limited value. Child rearing studies are a tool for going further in identifying positive parenting practices. Such studies can help programme planners to reach another – deeper – level of understanding. For
example, childrearing studies have proved to be a useful vehicle for trying to understand attitudes and beliefs, and for developing ways of working with parents that build on existing strengths. In essence, child rearing studies aim to combine a developmental psychology perspective with a cultural anthropological approach, valuing both.  

The key here is to ensure that the childrearing studies are done with the people whose practices and beliefs are being studied. Furthermore, conducting childrearing studies does not always guarantee that the content is truly grounded in local practice, attitudes and beliefs. Frequently, when the results of childrearing studies are turned into a curriculum and then used with the people studied, they end up asking the question ‘What of us is in here?’ Something more is needed.  

Engaging in partnership

The partnership approach to parental participation involves the joint determination of needs, and joint decision making about how those needs are to be met. The parents and the programme planners are equal partners, with the latter serving as catalysts and mobilisers. Arnold argues for programmes to be developed with parents through a dialogue that respects different views and allows different voices to be heard – valuing diversity and with an openness to creating new knowledge and new ideas.  

This open dialogue would result in a generative content – that is, one that is created out of genuine interaction with those for whom the content is to be created. Arnold explains the generative process as the pooling of knowledge bases, with both being regarded as valid, followed by dialogue in which new knowledge and ideas may be created, with all involved learning along the way.  

In engaging in partnership, however, at some point there is going to be a conflict between the practices and beliefs that are identified through childrearing studies, and those that are introduced by outsiders, who see some of the traditional beliefs and practices as harmful to the child’s development. When that happens, decisions have to be made as to how this will be addressed. In general, what tends to happen is that the community yields to what has been brought in from outside. Dahlberg, Moss and Pence (1999) argue that this is the result of the power of ‘modernity’: ‘The power of modernity… is such that the argument that its ways are ‘best’ can, and has, led some in the Majority World to accept the argument and the “new ways”’.  

To stay truly open to the process of creating partnership is extremely difficult. In addition, a genuine partnership is new in each setting, although it should be possible to create...
a widely applicable process that will result in generating true partnerships. Nonetheless, few have enough patience to undertake the process, or the belief that it is really important and will yield appropriate results. Those of us who are outsiders continue to think that we have the answers to what people need. In summing up work with Native Americans, Dahlberg, Moss and Pence make the following comment that can be applied to the work of most of us involved in development: One can only sit in stunned disbelief that intelligent and well-intentioned individuals can truly believe that they know more about what a community needs than the community itself. Such is the power of modernist belief that it can erase the evidence of history, the generations of well-meaningness that have reduced a population to death and despair, and still sincerely believe that this time it will be different, this time they will be proved right, this time it will work.\footnote{Dahlberg, Moss and Pence}.

**Conclusions**

ECD programme content comes from a variety of sources. But there is increasing recognition of the fact that what exists locally is often as good as (and sometimes better than) what might be introduced from outside. Even if this were not necessarily so, it is widely accepted that if you are going to change people's behaviour, you have to respect who they are and what they do before they are going to be open to learning something new from you. The value of many traditional practices and beliefs, and the need to respect those with whom we work, are increasingly at the foundation of parental participation within many ECD programmes today.

In summary, parents can be – and should be – valued partners. After all, they are their children’s first teachers, and are the primary determinants of the environment within which their children are raised, particularly during children’s earliest years. No programme can operate and survive without parental participation. Programme planners and policy makers need to recognise, value and respect what parents/caregivers have to offer. As they do that, they must also acknowledge that parental participation is not a constant or predictable construct. It varies depending on such factors as the nature of the parents, the opportunities and experiences they have had, the culture within which a project is being developed, the point in time within the project that parental participation is being defined, the attitudes and philosophies of all those involved, and a myriad of contextual variables.

Thus, in ECD programmes we should not impose one model of parental participation, nor should any degree or quality of parental participation be judged as inherently better than any other. But in programming – both on practical and philosophical grounds – we need to ensure that, whatever the local situations and circumstances, parental participation is an integral part of ECD programming as fully as is possible.
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This article is about the keys roles that experienced mothers play in Moeders Informeren Moeders (MIM – Mothers Inform Mothers), a community-based early childhood care and development support programme. The project, operated by the Nederlands Instituut voor Zorg en Welzijn (NIZW), is based on the fact that experienced mothers from the same neighbourhood (peer group mothers) can readily support first time mothers and their babies. This idea has its roots in the Irish ‘Community Mothers Programme’ and the ‘Child Development Programme’ from the United Kingdom. Operating through the existing networks of local care organisations, MIM targets mothers from socially vulnerable environments who are not readily reached by regular healthcare services. The core of the project is a home visiting programme, centred on the development of babies and the well-being of the new mothers, and carried out by volunteer experienced mothers who are trained and supported by community nurses.

Essentially, MIM has been developed as a part of the regular healthcare provision offered to new mothers. Slightly modified versions of the MIM approach are geared to specific target groups, such as rural populations, migrants, refugees and travelling people. Currently, there are MIM programmes in two large towns, six medium sized towns and three small towns in The Netherlands.

The Netherlands is a small, densely populated country. Approximately 15.2 million people live in the country and 3.7 million of these are under the age of 19. Preventive child health and welfare services for all children up to the age of 18 are a legal right, and are carried out by municipal or regional health authorities for school going children, and by community nursing agencies or general practitioners for babies and preschool children. Traditionally, healthcare professionals have had ‘expert care provider’ roles associated with the medical model. However, child healthcare has changed and community nurses are now embracing new concepts such as community-based models that include social and pedagogical support.

The aim of child healthcare services for preschool children in The Netherlands can be described as...
the promotion and safeguarding of the healthy physical, mental and social development of the population of preschool children. This starts from the parents’ personal responsibility, aiming to influence relevant health determinants, namely physical factors, health behaviour and relevant environmental factors, including the system of care itself.

One objective that can be made operational is to promote at an individual and group level, the personal competence and the responsibility of parents with regard to their children, if necessary by advancing their understanding of the health and (potential) development of their child and by increasing their competence.1

This includes stimulating behaviour that promotes good health.

The MIM programme tries to implement this objective, using an ecological model of development as characterised by Bronfenbrenner who recognised the importance of parents’ roles in children’s development, but equally recognised the importance of the environment in which families live.

Whether parents can perform effectively in their childrearing roles within the family depends on role demands, stresses and support emanating from other settings. Parents’ evaluation of their own capacity to function, as well as their view of their child, are related to such external factors as flexibility of job schedules, adequacy of childcare arrangements, the presence of neighbours and friends who can help out in large and small emergencies, the quality of health and social services and neighbourhood safety.2

What is MIM?

Against this background, the MIM programme has been developed as an innovative early childhood development and parent support programme that is based on a synthesis of nursing, pedagogical and health promotional theories. It forms part of the regular national child health and welfare service provisions, supporting inexperienced parents with parenting, helping them to cope and to stay abreast of their children’s development, and helping to prevent childrearing problems. The programme aims to: enhance the ability of women to cope with their new born babies; enhance social support; encourage mothers to adapt their behaviour after receiving health educational information; increase the number of women breastfeeding, and make women feel in control of their lives. One key element is a focus on reinforcing mothers’ sense of self-esteem, thereby improving their ability to care without outside support.

The core of the project is a home visiting programme that centres on the development of babies and the well-being of the new mothers. We call them ‘programme mothers’. The home visits are carried out by volunteer experienced mothers (‘visiting mothers’). The visiting mothers are trained and supported by community nurses, and they address the same range of topics as in the Wellbaby Clinics run by the regular preventive child health and welfare services. However, within a home visit these topics are discussed from a pragmatic angle, in a context which is meaningful to the programme mother.

The programme mothers come from a multitude of countries in Europe, Asia, Africa and South America. Most have had ten years of formal education (intermediate and vocational level) and live on the earnings of their spouse. However, a few are double earners and a few live on social welfare payments. The programme starts early, ideally just before confinement. All first time mothers living in the participating areas are offered the programme but special attention is given to socially disadvantaged groups, members of immigrant communities and children in need.3 Approximately 30 percent of all first time mothers participate in the programme, which is in line with the set target of the community nursing agencies.

The visiting mothers come from the target groups that they serve. They are well equipped to answer questions that expectant and new mothers may have, and MIM makes sure that they also have a close understanding of what the new
mothers are going through. For example, a visiting mother of twins is matched with a programme mother of twins. Programme mothers with a baby suffering from a severe allergy or a baby born prematurely, are matched in the same way to appropriate visiting mothers.

Preparation and reflection; sensitivity and respect

Community nurses, specialised in child healthcare and welfare, coordinate the programme in each area. They are responsible for recruiting both programme and visiting mothers to participate in the programme, and for matching them up according to educational or other significant common background variables. These variables include education, or specific experiences such as having premature babies. The community nurses prepare each visiting mother individually and, after two or three preparation sessions, she starts her home visits to her programme mothers. After each visit the visiting mother meets the community nurse for further support, based on her experiences during the visit.

Working with the community nurses, the visiting mothers plan for each visit using a discussion paper. They may use this during the visit, or to document their visit afterwards. The programme mothers will be given this document during the next visit and will thereby accumulate a complete record of all developments. The visiting mothers adapt MIM materials to suit the programme mothers they visit, using their own standards and experiences. Their approach is to give as little advice as possible. Rather, they support the young mothers in finding their own answers to day to day questions and in resolving problems when they arise.

As well as individual support from community nurses, visiting mothers benefit from group sessions every six or eight weeks. Some of these are run by the visiting mothers themselves, some by the community nurses. However, the main objective is always that the visiting mothers share and discuss experiences that are important for all of them, thereby learning through and from each other. An example of this reflective learning concerned a child who smacked another child. The assaulted child turned the other cheek (literally) and was struck again. Her mother was worried about this and did not know how to react so she asked her visiting mother for her views. In a group discussion, the visiting mothers discussed the topic because it might arise with any of their programme mothers and because it dealt with the difficult area of personal norms on violence.

Other topics in the group sessions have included special information that the mothers need to know about the MIM programme – such as how to use MIM tools – new activities for mothers with young children in the neighbourhood, and information about health and the local health service.

In practice, there are a maximum of 18 monthly home visits over an 18 month period and in each, the visiting mother uses two aids: a home visiting checklist of childcare related topics, which is used to introduce any topic the programme mother might be interested in; and a sequence of cartoons. The cartoons depict either different childcare related scenes, or the choices that can be made about a specific topic. The visiting mother develops a discussion with the programme mother about the contents of a cartoon and this is the starting point for an exploration of the programme mother’s current attitudes, knowledge or behaviour. (see opposite page)

So far, so good

An action-research review of the MIM project shows how programme mothers of different social background benefited. For example, they showed increased self-confidence, felt more independent and were better able to make their own choices. Some stated that the programme caused them to treat their children differently than they had expected before starting with MIM. Paying systematic attention to the development of their babies made them more sensitive to incremental steps in their children’s development. They also felt they had become more aware of the impact of their actions, and more active in positively rearing their children. Programme mothers also participated more in other activities organised for them and their
The cartoons contain seven different themes about childrearing and child development: social-emotional development of the child and social-emotional support of the mother; physical development; play; feeding; cognitive development; language and safety. These are areas in which the mothers themselves have influence.

During the home visit the programme mother talks about her experience with the baby and the questions she has or problems she has met. Together with the visiting mother she looks for cartoons that match her experiences. As an example, she could request the use of a room and free time for breastfeeding her child during her Dutch language lessons.

The cartoons also help mothers to cope with the unexpected. For example, most babies develop special bonds with the people who care for them and are most often with them. But, at the age of about nine months, their behaviour becomes different. She can discuss this with her visiting mother while the cartoon shows her that her child’s behaviour is normal.

Mothers mentioned several factors that motivated them to participate in the MIM programme. For example, some mothers liked to hear and read all about babies and childrearing and wanted to share their own experiences with others. Others reflected on their lack of social contacts in the neighbourhood: MIM gives them the opportunity to meet other mothers. Some mothers were confused by the volume of information that they had been given from many different sources. Before their participation in MIM, it had been difficult for them to make the choices that they felt were most appropriate to their own circumstances. The visiting mothers helped them to untangle the confusion.

Perhaps the most telling indication of MIM’s impact can be gauged by hearing about the experiences of some of the mothers themselves. Joanka Prakken has assembled some of these in Ik dacht in het begin dat ik geen goede moeder was (In the beginning, I thought that I was not a good mother). Here are her examples of programme mothers from the city of Breda.

Claudia became a first time mother nine months ago – in fact she had twins. And, as Claudia will emphatically tell you, a first baby raises many questions, doubts and uncertainties. Claudia talks fast, stumbling over her own words as she tells you her story:

Twins! You don’t know what’s happening to you! It started when they both were on a different feeding regime – it took me all day to feed them and I never had a moment to myself!

And then there was the crying: some sixteen hours a day – from stomach cramps as they found out later.

Claudia had the feeling that she didn’t perform well as a mother. And everyone who was supposed to assist her had different opinions and gave her different advice:

I could really have flown into a rage against those know-it-alls: “Just let the babies cry” they told me, “It’s their crying hour”. But they only had one...

The Netherlands: cartoons to open up discussions
Moeders Informeren Moeders Project
child each who maybe cried for just an hour. I had twins who were only quiet when I was feeding them. How could they imagine themselves in my situation?

But then Claudia heard about the Moeders Informeren Moeders (MIM) programme. Through MIM Claudia came into contact with Milia, a mother of three-year-old twins. Milia, unlike Claudia, keeps calm, and has been able to give Claudia more self-confidence:

If you become a first time mother, you're insecure. You face the same problems over and over again and wonder whether you are doing well. A baby is not always so great. It's not easy to say this, certainly not against your own surroundings.

A mother can tell me her story. I don't come to Claudia to tell her how she should do it. I see myself as a sort of colleague mother who can depend on her experience as a mother. We talk and I try to really understand what she thinks is important, what she wants for her children or what bothers her. I let her come up with solutions herself. Every child is different, so what worked with my children, might fail with hers. Often she already knows what is good for her babies, all she needs is for me to confirm it.

Renate is another mother from Breda, who participated in MIM. She lives in a district of the city in which there are many young families with small children. Newcomers are from various social backgrounds and there is little contact between them. Renate believes that MIM can help mothers to make contacts between themselves. Her family lives far away and her friends who live in the neighbourhood have no children.

Some programme mothers have progressed to become visiting mothers, among them is Carolina Kleinjan:

My motivation comes from my past experience: I benefited from the programme and wanted to give something in return. My first contact with MIM was when my first child was born and I was asked to enter...
the programme as a programme mother. At the time, the programme had just started in The Netherlands and was still developing. After nine months my visiting mum stopped working in the programme for personal reasons but, in our last conversation, she suggested to me that I should become a visiting mother myself. At first I did not think I had enough experience.

Then, after giving birth to my second child, the co-ordinator in Breda, Annette phoned and asked me if I would like to participate? I said yes – I wanted to help mothers in the same way that my visiting mother had helped me. As a visiting mother I try to support other mothers in making their own decisions. Helping them to trust their own intuition and showing them how their child is developing are some of the other things we try to do.

Others added their own reasons for becoming visiting mothers. These included: to help other first time mothers to enjoy their babies; to give support and make programme mothers trust their own intuition; to help young mothers make social contacts; and to give programme mothers the important experience of having someone listen to them.

In terms of the impact on them as people, visiting mothers show increased self-sufficiency and enhanced self-esteem. They participate more in social activities within and outside the programme, some have moved into further education, and others have either already moved into paid employment or expect to do so.

Conclusions

After several years of developing, operating and reflecting on the project, several lessons have emerged. The most important are:

- the fact that the programme is home-based increases the confidence of the programme mothers;
- developing the programme in partnership with the target group ensures that the programme is well suited to the target group;
- working through visiting mothers from the programme mothers’ peer group solves many of the problems of reaching those living in disadvantaged/multiple problem circumstances;
- the MIM approach produces self-reliant and self-confident mothers;
- it also clearly enhances the personal development of the visiting mothers;
- from a professional perspective, the programme has been instrumental in enhancing our quality assurance activities; and
- a clear understanding of the range and type of questions that programme mothers ask the visiting mothers has had a direct influence on practices at Wellbaby Clinics. For example, both nurses and doctors now pay more attention to the needs and questions of the parents; and they adapt advice to fit the specific situation of the family and the development of each child.

In general, we believe that MIM – like other community-based programmes – helps to stimulate and enable new mothers as they support the health promoting and child development behaviour. It does this by empowering parents and supporting them both personally and as the people who are most important in their developing children’s lives.

Notes

3. Children in need are defined as those with disabilities and those whose health or development, in the broadest sense, would be impaired or limited without the provision of such services.

From Hanrahan M and Prinsen B, Let’s talk: Mothers Inform Mothers: A Dutch community-based early-childhood care and development support programme (1998); UZw; Utrecht, The Netherlands.
Parents and children together - the development of the Oshki-majahitowiin Head Start Programme

Rachel Lawrenchuk, Carol DH Harvey and Mark Berkowitz

Aboriginal Head Start (AHS) is a national early intervention programme funded by Health Canada, for First Nations, Inuit and Métis preschool children and their families. Approximately 3,500 children participate annually in 98 aboriginal Head Start centres located across Canada. The Oshki-majahitowiin Head Start Programme started in 1996. It is modelled after the Head Start Programme in the United States that is designed to give preschool children and their parents an opportunity for educational and spiritual development. The programme operates in a centre in the heart of the City of Winnipeg. Recent statistics identify this part of the city as the poorest urban constituency in Canada. It is a neighbourhood of extreme need for children and families, and high risk too: health, safety, housing, employment, education, personal relationships - all need attention. Single parents and/or grandparents often head families.

But beyond the graffiti-painted fences, inside an old brick building, there is a large room, painted with lively earth colours: the playroom for the children. The four directions, represented with four colours, invite people to understand Ojibway and Cree cultures. On one wall is the kitchen niche, open to the playroom so cooks can be part of the children's programme. One wall has windows with a view to a small playground and park. Another wall has windows that look into the offices of staff. Parent participation is a key to the success of the programme, which honours and supports traditional cultural and spiritual values.

Canada, playing happily in a safe environment

Photo: the Oshki-majahitowiin Head Start Programme
Most of the participants of the programme are aboriginal, mainly Ojibway or Cree. Like other Canadian aboriginals, the participants have endured a history of oppression. Over 200 years of colonization by a powerful Euro-Canadian government has had a deleterious effect on generations of aboriginals. One particular policy that had an effect on education and parenting was the forced removal of aboriginal children to residential schools under the British North American Indian Act of 1876 that stipulated isolation, education and assimilation.

Residential schools began in the mid-19th century and continued through the 1960s. In these schools, many aboriginal children suffered physical and emotional abuses and a disregard for their cultural identities. Children were not allowed to speak their native languages and besides the brief summer holidays, they were not allowed to contact their families and communities. Participants in our programme remember their educational experiences as being humiliating and painful, affecting not only their own lives but also those of their children and grandchildren.

We were beaten. Probably for no reason. Well, we were children so what reason could there have been? They hated us.

I don't remember anything about that school. I don't believe they taught us anything.

And they continue to feel the effects on their ability to parent, and to accept their cultural identity and pass it to their children.

My first language was Ojibway. I always struggled in school. At home that's all we spoke when we were younger. This one teacher said I would never amount to anything because of my language.

I've always been self-conscious and when I had my kids, I told them I wasn't going to teach them our language because of the fact that I had struggled ... like there was so much taken away from us we didn't even want to be who we were. Well, it was the teachers; it wasn't the kids. ['The agency that] used to run the schools always labelled us the dumb ones.

By the time the Canadian government ended this policy, many aboriginal people had become separated from their traditional parenting and childcare values and practices. They had not experienced positive parenting nor had they been permitted to observe their parents or other family members engaging in healthy parenting.

These former policies have a direct impact on the current generation of parents in the Oshki-majahitowi in Head Start Programme. In addition, these parents have been subjected to poverty, oppression, and attacks on their culture and language. Many have been addicted to alcohol and drugs and the local Child and Family Services Department removed many children from their families of origin, sending them to foster families outside their own cultures. For mothers, losing children is intensely painful:

I felt like I wanted to give up everything I started thinking stupid ... and I was mad. Then, I started to want to find out about my identity. Well, I think for me it's too late so I want to concentrate on the kids, making sure they know.

A symbiotic response

Against this background, we felt that the only possible approach was to acknowledge such realities and respond to them by working alongside parents and caregivers. Rather than simply being needs based, we wanted to ensure that the centre, and the nature and content of the programme, developed as the parents and children themselves developed. As a broad aim, we were committed to fostering the spiritual, emotional, intellectual and physical growth of young, aboriginal
children living in the community. And, as a basic strategy, we recognised and supported extended families. At the same time, we were also committed to real partnership, a partnership between staff and parents, and to the policy of Aboriginal control of Aboriginal health and education. To achieve this, we have focused on sustaining healthy personal growth and development in parents, and on helping parents to generate success for themselves.

Twenty seven families are enrolled at the Oshki-majahitowiin Head Start Programme. Forty children attend the early childhood education programme, starting at age three and remaining until they enter grade one public school, usually at six. The programme focuses on the whole family. Parents are told at registration that their collaboration, including volunteer time, is expected. When we began in 1996, staff had difficulty in getting parents to volunteer for six hours per week, but by 1999, 27 parents were volunteering for an average of almost 10 hours per week.

In terms of content of the programme, children learn about their culture, traditions and language, while parents learn parenting skills. There is also a focus on smoothing children’s entry into formal primary school. Pride in aboriginal culture and language is emphasised. To counteract the effects of residential schools, the programme helps parents to accept their cultural identity and pass it on to their children.

The programme for children offers ample opportunity for parents/caregivers to participate and thereby develop personally. It includes arts and crafts, theatre and storytelling, free play, socialisation and relaxation. Children learn Ojibway and Cree culture, traditions and language. They learn to respect the environment and to cooperate with others. They also participate in music and dance: singing and drumming are Ojibway and Cree cultural activities and the children enjoy these. By participating alongside their children, parents learn themselves and also support the learning of their children.

The greatest effect Head Start has had on my life is that the programme has brought me closer to my children. I have always loved my children, but things keep getting better. In the past, I listened to what my children had to say; now I hear them.

Before I became involved with the Head Start Programme I had little interaction with my children. Since I started getting involved in the programme I spend tons of time with my children, copying activities I learned from staff at the programme. I have more confidence when I interact with my children and confidence to try new things. I believe my ability to understand and communicate with my children has improved.

Being involved with Head Start gave my daughter a positive start before she started school. Her kindergarten teacher told me that my daughter was ahead of most children with letter and number recognition and saying words. I’m very proud of her.

At the same time, a variety of educational and support activities and services have enabled the Oshki-majahitowiin staff to facilitate the healthy development of parents, and to help them generate success. For example, each week a sharing circle is held in which parents and grandparents interact with a certified play therapist to work through personal issues and childcare concerns.

Several years ago my children were removed from my care by the Child and Family Services. This experience was a wake up call for me. I took the opportunity to better myself in order to better care for my children. I see the Head Start Programme as a big part of my plan to heal from my past and to give my children a stable environment.

The children have been returned to this woman’s care, and she recently received an award for exceptional volunteer assistance in the programme. Other women view her as an inspiration, a role model and a support in their own paths to healing (see next page).
One role that has developed for parents is creating traditional arts and crafts and they meet three times a week to learn and share their skills.

The most satisfying experience for me happened at a session where some women were discussing things that the children needed. One woman suggested that the children needed moccasins. I spoke up and told the other women that I knew how to make moccasins. Later, I was given the opportunity to do a workshop making moccasins.

Parents have also found roles in the programme's community kitchen, cooking meals for children and assisting in meal planning and budgeting. They also cook collectively for their families. Working in the kitchen allows them to form a network with others and has direct personal benefits:

I am no longer depressed because I'm always busy.

Another significant area of parent participation is fundraising. In 1997/98 parents raised over CAN$2,000 by selling crafts, requesting donations, selling old

**A mother's story**

I am thirty six years old and I am a single parent raising five children. I was born in a small town, west of the city of Winnipeg. I was raised on a Indian Reserve by my auntie on my dad's side. When I was seven I went to live with my mom. In my childhood I was beaten up, everybody was an alcoholic and I was sexually abused. I left home when I was seventeen. My five children have four different dads. My relationship with each one of the men involved violence and alcohol abuse. I used alcohol and drugs just so I could cope. My children were taken away from me by the child protection [agency] because of my drinking and drugs. They were returned to me but then taken away again because of the same reason. The second time they were taken away was a real eye opener. This became the starting point of an ongoing healing process. My children were returned to me and have been in my care ever since.

The workshops helped me learn a lot about parenting and how to have a better relationship with my kids. I feel comfortable now getting crazy and silly with the kids. Before I started to come to the programme I shut the door on my own kids. Now I realised I could be a good parent.

What did I contribute to the programme? I help with the crafts programme. The others tell me I am a role model and a support because look where I started and where I am today. If I could do it so can everybody! One woman was having some problems in her personal life and she walked over to my place for support.

I began the Head Start Programme about two years ago after hearing about the programme from a friend. I believed the programme would help me and my children learn and get improved social skills. I believe the programme helped me in many ways.

I better understand my own life and my difficulties and I share my experiences and help other women.

Last September, because of all my participation with the programme, I was chosen to attend the National Head Start Conference in Saskatoon. It was my first trip!

I now raise my kids in an alcohol free environment. I would also like to work with women, especially survivors of sexual abuse.
goods, conducting raffles and sales of baked products. All of the money was put towards holiday dinners and celebrations such as the children's graduation ceremony.

Perhaps the most striking demonstration of reaching our objectives is that parents now have roles on boards and committees. Here, parents assume the responsibility and control of the programme's curriculum, philosophy and objectives. Board and committee membership means that parents liaise with other members of the community, community leaders and professionals in health, education and social services. Board and committee members discuss education possibilities for themselves and their children, the transition between home, Head Start and school, and community development and employment options. One woman still can't believe how far she had come in her influence in her community:

"I never thought I'd ever see myself here, doing these things, being on a board of directors. I never even knew what it was. I thought "What do those guys do? Sit on a board?" Now I know I have a voice and people listen. I can say my opinion about so many things. And I listen to what other people say and think. I never just make a decision. I always listen to what everyone is saying and then we discuss these things as a board together. And it's really incredible. I still can't believe it, where I was three years ago and where I am now!"

Conclusions

Looking at the benefits of parental participation, we feel the programme has an impact on families and on individuals. Parents feel they have more control, can make a better life for their children, and can make a difference based on what they choose to do. The impact also appears in the statistics. High residential mobility is characteristic for Winnipeg's inner city - some public schools report a 100 percent or greater turnover rate over three years. Yet several parents have told us that they have postponed moving in order that their children could continue to participate in the Oshki-majahitowi Head Start Programme. Nineteen families have been with the programme since it opened in 1996. (Of the families who have left the programme, four had children who graduated and all the others moved to new locations.)

The centre essentially belongs to the parents and children. It is alert to their needs while drawing on their cultures, traditions, ideas and skills, and mobilising and building on their individual resources. Successes are shared, and participants are committed to learning about themselves, their children, their language and cultural identity. Staff notice the parents' sense of loyalty and commitment, the development of a social network based on the centre, the ways in which participants are able to reach into the community, and the feelings of mutual respect.

Parents believe in their own power and in the effect they have on their children's development and progress. Rather than giving up or blaming others for their failures they have taken back control:

"A lot has been done to my people. A lot of bad things have happened to my family. And I want these things to stop. I have an influence on my children. Sometimes I'm dying to have a drink, so much I even dream about it at night... but I can't because I know the damage it will do. I know what happened to my older children and I know what happened to me because my mother drank. She hurt me and I hurt them. I feel now that I have control in my life and I want to keep it there. I feel like I can make a better life for my children. I can make that difference based on what I choose to do."

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A grandmother’s story

I am 52 years old and I am raising triplet grandchildren, three boys. They have been with me for one year and a half. I was raised in a tiny community North of the city of Winnipeg. Cree is my first language. I am one of three [siblings] raised by our parents. When I was two years old I went into a coma which lasted for three days. To this day people from my community believe that I had died and came back.

I left home when I was 16 and moved to Winnipeg. I started to get involved in a relationship with a man. I stayed with him for over thirty years until he died last year. We had four children together. None of them were ever involved with the criminal or child protection systems.

I always had a big part in my grandchildren’s lives but a year and a half ago their birth mother asked me to raise them full time. Although it’s been ten years since I raised my last child I agreed right away.

I heard about the Head Start Programme from [another community resource]. At first I enrolled just one grandchild; I wasn’t sure what to expect from the programme. As soon as I realised how nice and friendly everybody at the programme was, I enrolled the other boys and started participating a lot myself.

The Head Start Programme is a second home to me. The people are friendly and very easy to talk with. I learned a lot by participating in workshops about children and how they develop and I learned about my grandparents. Being a traditional Indian woman, the cultural and language part of the programme is also very important to me. One time, after my partner died the staff brought over a basket full of food for the boys and me with all kinds of food, especially traditional food.

My contributions to the programme? I don’t know (laughs nervously). I can share my experiences with the others and I am a good listener and I really understand a lot of what the younger moms are going through. I feel like this is my community, so I understand.

I am very worried now because the birth mother is causing a lot of problems for us. She has started to interfere with the stability of the boys. I was hoping I could continue to raise them in a loving and safe environment. So this is a problem but Head Start staff and everyone here has been very helpful in every way. They really care and anytime I need them they are there.

Also, about two months ago I was hired to be the cook at Head Start. I work five days a week from 9 am to 12 mid-day preparing breakfast and lunch for the children. Before this job I had to live off the pension. First thing I did after getting my first pay check I took the boys to McDonald’s for supper!
In the enclosure

Joanna Bouma

The author is editor of the Foundation’s ‘Practice and Reflection in ECD’ and ‘Working Papers in ECD’ series. In this article she reflects on the roles of parents in programmes for young children, as she observed them during a recent working visit to the Foundation-supported Samburu ECD Project in Northern Kenya earlier this year. All the project’s work is based in communities, and is run by community committees, focus groups and so on, thereby having the greatest impact on the families and communities. Among the programmes that it runs are those that focus on health, nutrition, food security, education, water provision, and peace initiatives.

The project’s focus on early childhood development (ECD) is relatively new but it now supports a number of ECD programmes. This article describes a ‘typical’ ECD programme – actually an amalgamation of different programmes scattered across a very harsh and isolated part of the country. What the author saw was impressive: parents as initiators, controllers and operators of their children’s ECD programmes; the project as an enabler and facilitator responding to parents’ needs.

Kenya Leirr ecd activity centre: monitoring growth
Samburu ecd Project
Photo: Joanna Bouma
The sound of children singing comes through the warm, dry air. As one of the social workers from the Foundation’s project partner – who acted as interpreter between English and Samburu and Turkana – and I approached the ECD activities centre, we could begin to hear the sound of stamping feet and voices. Coming over a slight hill, a brush fence came into view, topped by the smiling faces of a couple of mothers who had spotted us approaching and were now pushing aside some of the brush that is used as a gate to let us in. Inside were dozens of small curious children, many of whom kept on playing, unbothered by our arrival. You could feel the very positive atmosphere straight away. It was informal, welcoming and friendly, and it seemed that everybody there – both children and adults – knew exactly what they were doing, and that what they were doing was something important.

We had arrived in a typical early childhood development (ECD) programme supported by the community-based Samburu ECD Project, from it’s two offices (El Barta and Nyait) that are based in Baragoi and Maralai, in the Samburu District of Northern Kenya. This project is a joint effort between the Kenya Institute of Education (KIE) NACCER/HECCE, and the Christian Children’s Fund (CCF).

Working in a harsh environment

The Samburu ECD Project works in the Samburu District in the Northern part of Kenya, an area classified as arid and semi-arid. The scrubland and the limited rainfall mean that the most viable way of life for the resident Samburu and Turkana peoples is nomadic pastoralism. The people move with their livestock – mainly cattle, sheep, goats, and camels – to find water and pasture.

This traditional way of life has become more precarious recently as the rains, sporadic at the best of times, have consistently failed. Malnutrition is becoming more and more commonplace, leaving the people – and especially the children – increasingly vulnerable. Livestock, which is the livelihood of the people, is dwindling as the dry earth alone cannot support sufficient vegetation for their feed. The resulting poverty has caused increased cattle rustling in the area – called ‘insecurity’ in the local terminology – and this has been a real problem in the last few years.

In turn, insecurity has pushed large numbers of formerly nomadic families to take up a semi-permanent residence around the major trading centres where there is a greater degree of safety. This in its turn is putting an even higher strain on the water and vegetation sources of the area, and is causing rapid changes in the societal structure.

Health hazards such as dysentery and diarrhoea have become prevalent because of overcrowding. It is common for women to spend almost a whole day walking great distances to fetch small amounts of water from dwindling sources, and for men to roam great distances with the livestock in search of food and water. And what happens to their children while they are away? They are often left alone or in the care of a sibling.

The Samburu ECD Project: a parents’ project

In this harsh environment, the Samburu ECD Project is working towards the empowerment of the Samburu and Turkana communities through its integrated project work. Part of its approach is to work with parents to give their children care and stimulation, and the chance to have more choice in the future. The ECD work was initiated in 1997 through the collaborative efforts of KIE and CCF. By carrying out participatory research on the traditional childcare practices of the Samburu and Turkana, the project and the community determined the need to address the situation of young children, then the parents took the lead. While they had traditional ways of childrearing and organising childcare, they did not have the expertise to organise themselves on a wider scale – and especially not in the context of the breaking down of traditional community structures. Nor did they have the financial resources required to purchase basic materials or the food supplements that they saw their children needed. So they applied to
the project for help in this area, and this was quickly provided.

What they did have though, was real commitment to making the programmes work. In many ECD programmes ‘parental participation’ all too often means merely cleaning up after the children have left, repairing toys, doing some manual work, cooking the food and so on. In the Samburu ECD Project, parental participation means that the parents are in charge from the conceptual stage right through to running the programmes, and only approach the project for minimal support. All parents ask for is some initial support in terms of small funding; some help in learning how to organise themselves and run a programme; some knowledge on nutrition for young children; and some basic training in working with young children.

**The Lmwate - traditional childcare**

All the ECD settings are based on the traditional Lmwate system. Lmwate – plural Lmwaat – loosely translated means ‘an enclosure’. In some Samburu areas they are called ‘Loip’ – plural Loipi – meaning ‘shade’ while the Turkana community call them ‘Ekwoel la Poloin’ meaning ‘big house’. Traditionally, parents used to construct Lmwaat where there was shade from a tree or house and leave their children in the care of grandmothers while they were working. The gate to each enclosure was strategically sited in the shade, making it easy for the even very old grandmothers to look after the children. They would play with the children and teach them songs, poems and stories.

They would make toys, play equipment, and musical instruments. In short, all aspects of child development were addressed in the Lmwate. The children received mental stimulation from the songs, poems, and stories. And, because these often had a moral edge to them, the children would also learn right from wrong and how to function in society. The latter would be reinforced by the socialisation aspect of the Lmwate: the simple fact that there would be other children and adults in the Lmwate with whom to play and talk, and with whom they would have to learn to share and get along. The grandmothers were the...
ones who knew about traditional medicines and healing practices, and this was also useful when working with the children.

While grandmothers don’t take care of children in return for payment, parents still have an obligation to give them food and water, help build houses for them, or provide whatever assistance the grandmothers need.

This system of childcare has worked for countless generations. In more recent times, however, the gradual modernisation of the Samburu and Turkana societies has been having an impact on traditional family structures and the way communities are organised. Over the past few years, ‘insecurity’ hastened this process with the result that many children neither benefit from traditional forms of childcare nor from more modern ones. As already discussed, with the men in the family going longer distances to find food and water for the family, and the women going longer distances in search of water for the family, many young children are left alone at home or left in the care of siblings not much older than themselves. Given these factors, many communities started to realise that they had to bring back the traditional early childhood development practices, of which Lmwate are practical examples.

Setting up a modern Lmwate

At the activity site, the mothers and fathers who had set it up, told me their story. They all came from the neighbouring area, all living within about a 15 minute walk from the Lmwate. About one and a half years ago, they had realised that their youngest children were not receiving any form of care, and were often either left alone while other family members went about their domestic tasks or else were taken along and had to endure very long days and walks very long distances. The parents felt that this was detrimental both for their children and for they themselves, and that they had to do something about it.

During their regular community meetings, they thought about the options available and related this to how childcare was organised in the past. Memories of the Lmwate run by the grandmothers was still clear and dear in many people’s minds, and they realised that they could revive this traditional form of childcare. On this basis, they formed an ECD Centre Committee made up of volunteer parents from within their own community. The Committee was to be responsible for creating a modern Lmwate. In consultation with the community members, the Committee chose a location with a number of trees for shade near the community and came up with a rough design for the centre. They then mobilised parents and other community members to clear the land of brush and thorns and animals, and build a perimeter fence using the brush that they had cleared. They also constructed a big house for the children to rest in and take refuge in when it rains. They now had their basic Lmwate.

Talking to the elderly grandmothers who had either been ‘carer grandmothers’ or else had been under the care of carer grandmothers within the community, the Committee...
developed ideas about the kinds of activities that were possible and desirable. Based on the advice from the elderly, they made a number of toys, collected a number of songs, stories, riddles and poems, and designed and built play equipment. The toys included wooden and leather dolls and balls, clay and rattan animals, slings, rattles, catapults. The play equipment included climbing frames, raised platforms, miniature houses, swings, see-saws, hoops, crawling tunnels and so on. The parents told me that the interest generated among community members was high, and that many people offered their labour so that the site was quickly built and equipped.

While this work kept most of the parents busy, the Committee, again in consultation with the community, selected a few of the parents to work in turn at the site. The Committee approached the Samburu ECD Project, and the project provided basic training in ECD for the parents. In their turn, the trained parents now share their knowledge with the other mothers who work in the site. In this way, everyone’s capacity is gradually built up. Among the original mothers who received training were a couple who were appointed as ‘supervisor mothers’. They received some extra training and are always at the centre to oversee the activities that take place.

Apart from training on ECD activities, the project also provided training on health, nutrition and hygiene. It also helped the Committee with obtaining basic medicines and supplementary porridge for the children’s midday meal, including enriched porridge for those who suffer from malnutrition. Once all these elements were in place the project stepped back. Its involvement is now confined to being available when the Committee itself approaches it, although the Committee does keep the project up to date with how everything is going. The project’s community mobilisers make regular visits to the centre and to homes to keep in touch with families in particular need, and its health worker also regularly provides health messages, guides the monitoring of the growth of children and monitors malnutrition. In all other aspects the centres are self-sustaining, independent bodies.

Keeping the site going

The programme is open every morning and can only be sustained by the input of parents. All the mothers take turns to work in the programme and they have set up a rota for this. However, because the setting is so friendly and homely, most mothers in fact appear to turn up almost every day if they can fit it into their daily chores. Each site also has a cook who makes the midday porridge for the children. She also adds enriched supplements to the porridge of the children suffering from malnutrition. Many of the children who come to the programme for the first time suffer from malnutrition and they are easy to spot among the rest: they are apathetic, don’t socialise, nor do they play. Within a few months however, through the food supplements and gradual socialisation, many overcome their difficult situations, become more playful and mix with the other children.

Each family contributes whatever they can to the centre in kind. This may be some water – a very precious resource.
commodity – some food, or perhaps utensils such as spoons or cups made from old containers. Families may collect certain types of twigs which are used for cleaning teeth, bark strips to make toys, or branches for making climbing frames. And, of course, the parents contribute their time and labour to maintain the programme, make new toys and equipment, and repair the equipment. Time and labour are significant contributions because they take precious time and energy away from searching for food and water.

The end result is an ECD programme that functions well, that is welcoming to all, and which has become more than simply an ECD programme: it is a central part of the community. The centre welcomes everybody, so that there is continuous traffic of adults and children coming in or going out. In fact, it is used by all in the community to such an extent that the supervisor mothers in this programme have complained about the older children coming after school to play. In itself this is not a problem, but because they’re so much bigger and heavier than the young children, they sometimes break the play equipment. This causes great inconvenience to the parents and the young children, so the Committee is thinking about running a programme for the teenagers in the afternoon. This would benefit both the teenagers and protect the equipment.

What are the benefits for the parents and children?

Talking to the parents, it was good to see how clear they were about the benefits of the programme for the whole community, and how determined they were to keep the programme going. They discussed several different benefits. The more obvious ones were that the children are healthier because they are guaranteed a meal – which does not always happen if they are at home – and therefore have put on weight, are growing better and have more energy. They are also cleaner, because the parents have learnt the importance of hygiene and how to keep the children as clean as possible with very limited water. This in turn has reduced the incidence of problems such as scabies, jiggers, and skin rashes. The children’s behaviour has also changed because of mixing with other children and adults: they are no longer afraid of strangers and are more independent. A couple of people also put this down to the fact that the children are now more exposed to outside influences during their walk from home to the centre, which widens their view of the world.

Some of the mothers mentioned that their children were more helpful at home and in the community. They thought that the reason was that the children saw that they lived with other people, and they saw that they sometimes had to wait their turn. Children also imitated the carer parents as they went round cleaning the site or organising the children. The parents reported that their children were physically able to do things which other...
children were not able to do, and were less clumsy than before. They put this down to playing on the climbing frames and see-saws and crawling through the tunnels, thereby building up muscles and coordination.

Many of the parents – the fathers in particular – appreciated the fact that traditions were being revived. They enjoyed hearing the children singing old songs, reciting poems and stories, and asking them riddles. This aspect seems to play a significant part in bringing fathers and grandfathers into the ECD programmes.

I also had the opportunity to talk to some preschool teachers in the area, whose preschools receive children from the ECD programme. The preschool teachers all said that there is a big difference between the children who come from the ECD programme and those that come straight from home. In fact, since the ECD programme was set up their jobs have been made much easier. They no longer have to expend time and energy trying to get children to feel comfortable in a new setting and with other children. The programme children happily mix with the others, putting them at their ease. They are also interested in learning, understand things quicker, listen better, take the initiative more and are easier to organise. The only problem that the preschool teachers occasionally face is that some of the children want to go back to the ECD site because they can play more there.

A lasting impression

My experience in the Samburu ECD Project was rewarding in so many ways, and there is much that I will carry with me for a long time to come. One of the visual images that sticks in my mind, is the picture of those mothers opening the brush gate for us, smiling and welcoming us with great pride into their world of children. This simple picture reveals many deeper meanings. It reveals the commitment that the parents in the area have towards their children’s well-being and development; and their will to give their children the best through the ECD programme. It reveals the great efforts that the parents put into their own empowerment; and their firm belief in their own capacity. But the image also reveals the fundamental belief of the Samburu ECD Project in parental participation and its commitment to that belief. This will be my lasting impression; and it’s a hugely powerful one.
The centre has been developed with Cantera, an NGO that has been working since 1989 on a community-based, integrated childcare and education programme in Cuidad Sandino, Managua. The aim has been to develop and support preschools across five areas. Included in this work is supporting the formation of Parents’ Committees and helping them to acquire the skills, information and experience that they need to complement the work of the educators.

The members of the Los Cumiches Parents’ Committee began by talking about their general roles and motivations, then recalled how nervous they felt about taking on important roles in the operation of the centre.

Our job is to collaborate with the principal of the centre and with the educators. If we decide that something should be done, we organise it ourselves. We do it with the preschool and the coordinator from Cantera supports us.

We know we have something good here. I know it because my eldest children didn’t have it and my youngest children do. And that’s the motivation: supporting this to keep it all going.

I was very surprised and proud when I was elected. I was very nervous too but the other members helped me. The educators did too.

At the start, in the first days, we had meetings and we talked about our worries. We didn’t have much confidence because we didn’t have any experience.

We asked ourselves ‘What do we know about what should be going on here?’

When they wanted to elect me President of the Committee I said ‘Ask someone else!’ I didn’t even know what the President was supposed to do. But nor did anyone else. They insisted and finally I said ‘ok. But you must all help me.’
The parents then reflected on what they had learned together.

We've learned that you have to be practical. Find practical things to concentrate on. You build on your success in doing practical things. You learn as you go, you get better, you get more confidence; you take on more.

This is how it works. Maybe we are going to have a discussion with parents – perhaps about how things are in the school. Or if there are problems, about what ... to cover. We work out how we will run the discussion too. Then we work out who will play which roles and how they will do that. For example, I have some roles as President, so we work those out.

We get a lot of parents at those meetings and I still get frightened when I stand up in front of them.

Getting them to come to meetings sometimes means you have to convince them. And there are some who are not interested. But usually it's because they have too many problems and too much else to do.

They are busy with their lives – just keeping going. You have to understand what they are doing with their time. You have to respect that so you can make it possible for them to be at meetings.

But when you show them how important it is, they can often find the extra energy.

We've learned that you have to take the initiative. Explain things to them, listen to them, make them feel part of everything.

You also have to make them feel that it's important that they are there. They might not feel important themselves.

Make them feel welcome too.

Do things with people, make things possible for them. Don't have too much going on, don't overload them.

The library's a good example. It works well: no one has time to do it by themselves but we have a rota, everyone can do a short time. That way it's always open when it's needed.

What we learned is that parents – especially mothers – are their children's first educators. So we've been helping parents to understand how important they are; they spend more time with their children than anyone else does.

We make sure they get the information they need ... helping the educators develop ideas and materials for use at home. Songs, activities and games. There's a theme and we help to work out how to make lessons around it for the home.

It's adding to what the educators do in the centre.

But you have to start by encouraging the parents to give their children the time that they need.

And if there are problems – like children not going to school – we can go and see what the problem is. Remind the parents how important the preschool is.

Now, with so many positive achievements behind them, these parents are considering how their roles should develop in the future.

Making the library work was an important experience for us. If we can learn from that, we can move more into the educational side of things.

We don't have the experience, we don't know how the educators handle 25 children at a time. But it would be good to find ways to participate.
We need to know how to participate in the classrooms. We shouldn’t assume that the educational work with the children is just for the educators. As parents, we have an obligation to do more than just clean the centre.

I’ve learned to learn and I’ve learned to take responsibility. And I’m surprised at what I can do.

Everyone of us can do something and together we can already do a lot.

The commitment of these parents, coupled with the support of *Cantera* and the positive attitudes of the principal and the educators, has enabled them to develop important roles in the effective operation of the Los Cumiches Centre. But much more than this, they are not simply there to be exploited as a useful resource. Instead, they are a vivid demonstration of the grassroots, bottom-up, inclusive philosophy and environment of the centre: parental involvement is one of the natural core elements in the centre’s conceptualisation, operation and development.

**The basis for a national plan**

This kind of understanding of where parents fit, is also seen among those who make decisions about, and organise, preschool provision in Nicaragua. Juan José Morales, National Director of Preschool Education, vigorously promotes the centrality of parents to the healthy development of their children. But he also sees that not all parents understand the importance of the early years, or know what their children need. Here he outlines a new national plan that responds to these realities.

Parents are very anxious that their children develop well but what they often mean by this is that they want them to do well in school – get higher grades; learn to write, read and count. They don’t always understand the importance of the early years in children’s development; and they don’t always understand the importance of the activities that are essential to support that development – if their children are doing something that the parents can’t find in text books, they don’t think those activities are important. Play is an example. We have to show them not only how much children learn through play, but also how important it is that children do play and do learn through play.

Parents shouldn’t just be parents; friendly and responsible. Much more important, they should be children sometimes... so they can understand children.

We have now developed a series of publicity campaigns and a programme of activities to show parents the importance of the early years and to show them what they can do to support their children’s development. The point is to increase their motivation and make supporting their children a habit.

The crucial new aspect of the programme is that it covers children from zero to six years – in other words, it is not limited to the time children spend in preschools and have educators working with them. During the first three years, the parents are not just their children’s first educators, they are also their only real educators. That’s the major justification for the programme.

The programme includes two workshops each month and the themes and content include psycho-motor and psycho-social development. Also included are what and how children should learn, the importance of their creativity and so on. All of this is intended to offer practical information, advice and support to parents about what they can do with their children, and it
includes a section about how to make educational materials cheaply and easily for use in the home.

At the same time we have also developed a more open curriculum for use in preschools, with the help of an adviser from Chile. This takes into account children's creativity and also all those positive attributes and characteristics that young children have, and that programmes must build on and develop. Our educators are practical people who are well prepared for the important work that they do, but this curriculum is a challenge for them as they work to help children to develop healthily in all the areas that the curriculum covers. In fact, implementing this curriculum calls for training at all levels. It also calls for full participation by parents: once children begin to attend preschool centres, the centres need the parents to take on other – complementary – roles to sustain and build on what the preschools offer.

When you look at the programme for parents and the curriculum together, you can see how important the roles of parents are.

**Ideal parents in the eyes of programme coordinators**

The following extracts from a discussion among preschool coordinators from the City of Managua and the Ministry of Education show the kinds of roles that programme coordinators and educators expect – indeed need – parents to play in ECD programmes. The starting point of the discussion was 'Ideal parents'.

For me, it's important that the preschool work is integrated into the community as a whole, with the parents taking responsibility for the development of their children – the parents need to be a natural part of the educational environment, like educators. We may need to support them or help them to find out what they need to know and help them to identify their special roles and fulfil them.

Bringing parents into all stages of work with children is essential: we need to build on what parents do and we need them to build on what we do. They are closest to the children and that means that they can most easily see what children need.

The closer parents are to preschools, the more they understand and the more they can support what the preschool is trying to do.

They must be able to communicate well with their children, being loving and responsible, enablers who set examples, who help children develop values. To have children means taking responsibility for their development.

Parents must be active and effective in supporting their children – it's fundamental: they'll have a life long influence.

**Conclusions**

Taken as a whole, these reflections by parents, and by decision makers and coordinators, send out a clear message that parents belong at the heart of early childhood programmes. But the reflections also provide many practical examples of the complexities of responding effectively to that message.
The annual poster competition is becoming a tradition thanks to your enthusiastic participation. Now, we invite Foundation-supported projects to continue that tradition by taking part in this year's competition.

This year your entry can be a photograph, a child's drawing, a collage or a story made up of pictures/drawings. All must show aspects of early childhood development.

The winning picture, drawing, collage or story will become the Foundation's Poster for the year 2000 and will be distributed in more than 100 countries worldwide.

**Criteria:**
- photographs must show young children engaged in some kind of activity, experience or interaction that illuminates early childhood;
- photographs must be sharp and clear, with good contrast between the lightest areas and the darkest;
- photographs can be in black and white or colour, prints or slides;
- photographs, drawings or collages should measure at least 9 x 13 centimetres;
- children's drawings should be made by a child within the age of 0 to 7;
- please bear in mind that we must be able to make a clear print out of a drawing or collage.

Please do not write on the backs of entries.

You can send in as many photographs, drawings and/or collages as you wish. Each should have the following details, if these are available and appropriate for publication: (Some details apply to photographs only, others also apply to drawings and/or collages that you might want to submit):
- the name of the photographer, or the child or children who made the drawing/collage;
- some details about the child/children who made the drawing/collage, (for example their age, where they are from, where the picture was made – at home, in a centre or within a home visiting programme, and so on);
- some details about the children and adults featured in the photographs and what they are doing;
- some details about what the drawing/collage is about;
- the context of the photograph – for example, at home, in centre, within a home visiting programme, and so on;
- the location – country, region, town/village, and so on;
- any other useful or interesting information.

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Please send your contribution to Angela Ernst at the address shown on the back cover. Entries should arrive by the end of September 2000. The winning entry will be featured in the January 2001 edition of Espacio para la Infancia and in the February 2001 edition of Early Childhood Matters.

Unfortunately, we are not able to return materials submitted, whether we use them or not.

Angela Ernst
Department of Programme Documentation and Communication

Israel: mothers and children together
photo: Association for the Advancement of the Ethiopian Family and Child/Beer Sheva National Dissemination Project
The Bernard van Leer Foundation is a private foundation based in The Netherlands. It operates internationally.

The Foundation aims to enhance opportunities for children 0-7 years growing up in circumstances of social and economic disadvantage, with the objective of developing their potential to the greatest extent possible. The Foundation concentrates on children 0-7 years because research findings have demonstrated that interventions in the early years of childhood are most effective in yielding lasting benefits to children and society.

The Foundation accomplishes its objective through two interconnected strategies:
- a grant-making programme in selected countries aimed at developing culturally and contextually appropriate approaches to early childhood care and development;
- the sharing of knowledge and know-how in the domain of early childhood development that primarily draws on the experiences generated by the projects that the Foundation supports, with the aim of informing and influencing policy and practice.

The Foundation currently supports a total of approximately 150 projects in 40 selected countries worldwide, both developing and industrialised. Projects are implemented by project partner organisations that may be governmental or non governmental. The lessons learned as well as the knowledge and know-how in the domain of early childhood development, which are generated through these projects, are shared through a publications programme.

The Foundation was established in 1949. Its income is derived from the bequest of Bernard van Leer, a Dutch industrialist and philanthropist, who lived from 1883 to 1958.