

LEBANESE AMERICAN UNIVERSITY

Defining Quality in Early Childhood Care and Education in
Lebanon: A Case Study

By

Lama Marji

A thesis

Submitted in partial fulfillment of the requirements for the
degree of Master of Arts in Education

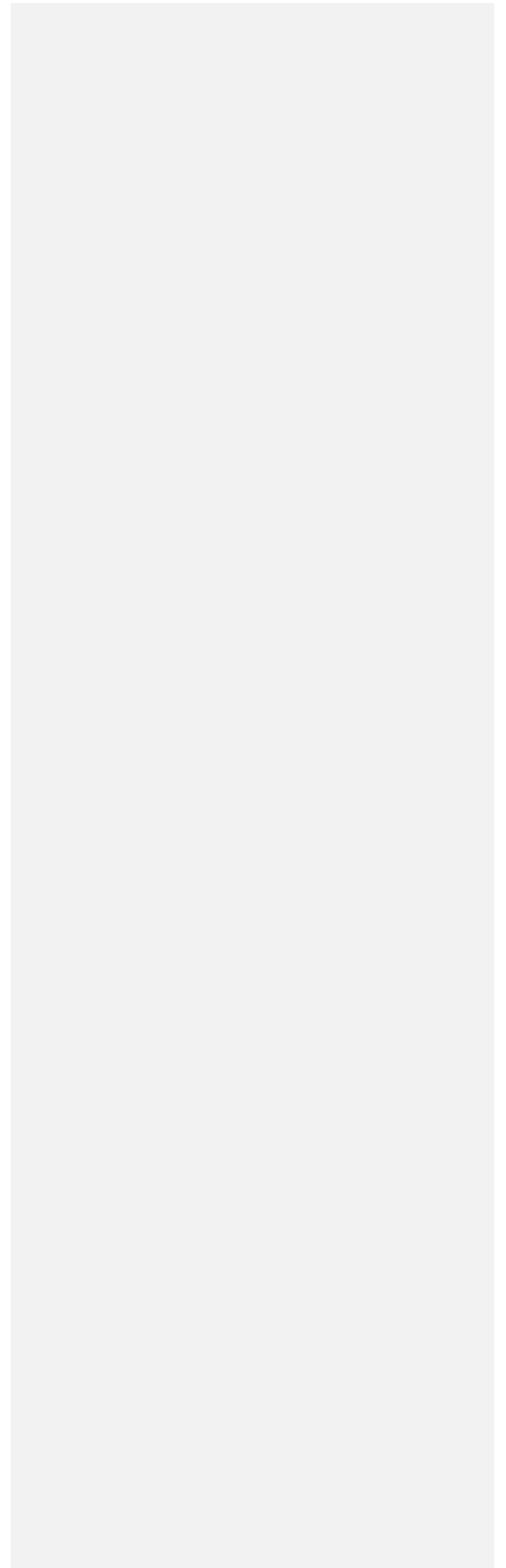
School of Arts and Sciences

April 2020

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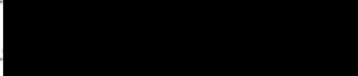
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The undersigned certify that they have examined the final electronic copy of this thesis and approved it in Partial Fulfillment of the requirements for the degree of:

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Thesis Advisor's Name: Dr. Garene Kaloustian

Signature:  Date: 27 / 05 / 2020
Day Month Year

Committee Member's Name: Dr. Rima Bahous

Signature:  Date: 27 / 05 / 2020
Day Month Year



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Dedication

To every single person who supported me through my thesis journey. To my mother who blessed my work with her prayers and my two little loving and very patient children Yasmine and Hani who gave me the space I need and encouraged me in the moments I needed the most. To my mentor who left this world early and didn't have the chance to read the final version but who definitely keeps on inspiring me, Dr. Marj.

ACKNOWLEDGMENT

This thesis would not have been possible without the support and encouragement of many people. I am very thankful to my advisor, Dr. Garene Kaloustian, who not only had to review, edit, share feedback and guide me through the process thoroughly, but most importantly she allowed me to perceive my work as a medium for change and not as an end product. Thank you for voicing my thoughts when it was hard to make it visible. I want to also thank my committee members, Dr. Rima Bahous for encouraging me through the process and Dr. Mahmoud Natout who offered valuable feedback.

A huge thanks to my family, friends and beloved ones who witnessed and sometimes had to cope with all the emotions that escorted this valuable journey.

A final thank you for a beautiful and challenging experience.

Defining Quality in Early Childhood Care and Education in Lebanon: A Case Study

Lama Marji

ABSTRACT

A nation's licensing criteria and regulations are the most basic of policies that ensure children's safety (Gormley, 1997); when these regulations are being met, a level of quality at the very least is being maintained. Thus, given the proportion of children who spend significant portions of their day in settings outside their immediate family context, it may be fairly accurate to say that the main aim of public regulation of childcare centres is to ensure that children's rights are respected and their safety and well-being is maintained as a priority in their daily experience at the childcare center. Considering this value given to quality in early childcare settings, the following study explores the meaning that policymakers and other stakeholders give to quality in Early Childhood Education and Care (ECEC) in Lebanon. The question is "how is quality defined by the Ministry of Public Health (MoPH) and other stakeholders as seen through the licensing requirements for childcare centres in Lebanon. The study is explored through a series of semi-structured interviews and through document analysis of the licensing policy provided by the Ministry of Public Health in Lebanon. The data could possibly serve as an evidence based document about the quality of early childcare centres, that could also potentially activate a discussion about quality of education for the years 0 to 3.

Keywords: Quality, Early Childhood Education and Care (ECEC), Childcare Centres, Stakeholders, Social Constructionism, Policies

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Chapter One

Introduction

1.1 Thesis division

The thesis is divided into six different chapters. Chapter 1 presents the research problem, the purpose, the context and the significance of the study. Chapter two presents the literature review that addresses the research question as well as the adopted theoretical framework. Chapter three presents the methodology including a detailed description of the research design, sample selection, method of data collection, and the data analysis. Chapter four describes the collected data and the results. Chapter five focuses on analyzing the data in response to the research question. Finally, chapter six concludes the study with some recommendations for future studies as well as a set of limitations of the study.

1.2 Background of the Study

Testament to the importance of early years, early childhood development has, in more recent years, been examined from multidisciplinary perspectives by economists, neuroscientists, policy makers etc. More specifically, the recent Sustainable Development Goals (SDGs), and Goal 4 in particular, calls for quality as a key determinant for children's healthy early start. Whether adverse or positive, it is important to understand how the environment impacts the development of the child and why it may be difficult to reestablish a child's normal functioning once development is changed. (Fox & Rutter, 2010).

From a research perspective, there is a large body of evidence that highlights the developmental benefits of a quality start for children especially in their social and

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emotional development, their academic performance as well as more largely, on an economic level (McCain, Mustard, Shanker, 2007; Heckman et al., 2010). Long-term outcomes have been shown to be closely associated to the quality of early childhood education programs (Hanushek, 2013), namely in more equity, reduction of poverty and more workforce opportunities especially for women (Vandell & Wolfe, 2000). On the other hand, research has shown the negative implications of poor quality early childhood educational experiences on young children: It either leads to no particular positive impact, or could even lead to negative effects. Based on this, the importance and the value placed on early years' education cannot be stressed enough; it is the quality of any given early childhood program that promotes the learning and development of the child (Hanushek, 2013).

This increased interest in quality in Early Childhood Education and Care (ECEC) has led scholars to investigate what constitutes 'quality' in early childhood education. The prevailing debate about quality of education has been and is ongoing thus limiting the formulation of a universal definition of quality; the difference in defining quality depends on the culture, the values, the socio-economic context and the needs of a community (Dalli et al., 2011). There have been various frameworks within which 'quality' has been defined. The following definition suggested by Jensen (1994) describes the complexity in defining quality:

“Quality was generally used to describe an experience and as a way of expressing in shorthand complexity which was hard to define otherwise without using thousands of words- and even if thousands of words were used, the feeling remaining would often be that the description had only scratched the surface of what had actually been experienced.” (p.143)

This is a definition that clearly embeds the different aspects of quality that can be perceived and assessed on various levels and by various stakeholders (Woodhead, 1999).

Some scholars describe quality in early childhood education as being a combination of structural and process variables (Ishimine, Tayler & Bennett, 2010). The structural components of quality refer to staff: child ratios, group size, teacher education and training, and staff wages and benefits. Process variables reflect the relationships that are constructed among the students, the interactions with the adult and the environment (Early et al., 2018).

On the other hand, other scholars debated this definition of quality and argue that a unified definition of quality in ECEC does not exist (Burchinal & Cryer, 2003; Dahlberg, Moss, & Pence, 1999; Fleer & Kennedy, 2006; Ishimine, 2009; Sylva, Siraj-Blatchford, & Taggart, 2003). Quality is to be socially constructed and constantly questioned and modified (Dahlberg, Moss & Pence, 2007). These scholars argue that quality in education is not independent from the studied context thus should never be taken for granted. Along with this perception, Dahlberg, Moss & Pence (1999; 2007) problematize the concept of quality and open up the channel to consider meaning making instead. Any attempt to make sense about the world must explain the roles that culture, language, discourse and knowledge play (Elder-Vass, 2012, p.12). In the previously mentioned definition of quality, there is a clear focus on the shift towards a new thinking about quality in the early years (Evans, 2016). Dahlberg, Moss and Pence (1999) shift from a universal and decontextualized concept of quality towards the concept of meaning-making highlighting the value of society in constructing this meaning over time (p .107)

1.3 Research Problem

In the Lebanese context, there is scarcity of existing research or any literature that explores the birth to 3 years of age let alone studies on quality care and education for this age group. The majority of documents, that typically lack empirically researched evidence, reflect early childhood education starting at the age of 36 months. Additionally, most of the existing literature is typically from emergency contexts that brings with it a gamut of complexity in the way child development is understood and does not address the typical context children live in. Consequently, the contextual understanding of child development in Lebanon is very limited.

There is very minimal attention given to the birth to three year age group in terms of social, emotional and cognitive development. The focus for this age group is typically on safety requirements and structural needs such as the physical environment, the ratio of teachers to students, etc. Consequently, it is anticipated that the current study echoes an interest in this domain, specifically the birth to 3 years of age group, and triggers renewed discussions amongst various stakeholders, including academics, (I)NGOs, private sector, donors and policymakers.

1.4 Research Purpose

The purpose of the following study is to examine the definition of quality in childcare centres in Lebanon as defined by the MoPH, the official governing body that oversees and approves licensing of early childcare centres that cater to 0-3 years of age, as well as relevant stakeholders. The official document that reflects the definition of quality is represented in the national licensing requirements developed for childcare centres (ages 0 to 3) for Lebanon. These policies are presented under the National Guidelines for Early Childhood Care and are governed under the Ministry of Public

Health (MoPH) within the Mother-Child Unit (MCU) more specifically. Since the effectiveness of an early childhood program is highly dependent on its quality and the role that policy makers play in developing policies that shape the overall understanding of quality, this study will examine the 'quality' criteria that MoPH uses in its national licensing policies as it defines quality for Lebanese childcare centres.

For the purpose of this current study, quality will be perceived from a relativist approach (Siraj & Wong, 1999) that is based on an ecological framework of understanding child development, meaning that the involvement of different stakeholders in the process of defining quality allowing the community to define, negotiate and find a balance between these perspectives results in a consensus that defines what constitutes quality of education in the early years (Woodhead, 1999).

The research question being explored for the current study is:

- 1- How is quality defined for childcare centres in Lebanon?

1.5 Research Context

The current study explores the meaning given to quality in early childcare centres examined through two lenses: 1. The meaning different stakeholders give to quality in childcare centres in Lebanon and 2. Through the licensing document issued by the MoPH.

1.5.1 Contextual Background

The early childhood education system, as with the rest of the social structural system in Lebanon, is categorized into public, private, and to a lesser extent, semi-private sectors. These former two major sectors have worked, and continue to work somewhat independently from one another, often with a lack of complementarity if any, and cooperation between the two. The Ministry of Health (MoPH) caters to the

birth to 3 year age group, and the Ministry of Education and Higher Education (MEHE) caters to the K-12 and higher education ages.

Article 28 of the Convention on the Rights of the Child (CRC) stresses the rights of the children to obtain quality education on the basis of equal opportunity. Loyal to its commitments to the CRC, EFA, and SDGs, Lebanon has made commendable progress in its early childhood efforts as compared to its regional counterparts but still falls short of fully achieving them. As in most of the Arab region, approximately 95% of nurseries – or as they are locally called, “Garderies” – in Lebanon serving the 6 months to 3 years of age are privately operated. These for-profit private childcare centres, the focus of this paper, fall under the jurisdiction of the Ministry of Public Health (MoPH).

1.5.2 Monitoring System

As evident in the literature, effective regulatory structures “have a greater supply of higher quality programs” (Whitebook, Sakai & Howes, 1997, p. 2); and differences in quality are minimized between service sectors (e.g., nonprofit and proprietary programs) (Kagan & Newton 1989). However, despite widespread knowledge of what is needed to provide good quality in early childhood programs, many programs fail to implement the necessary measures (CQO, 1995). Quality is defined and dictated by national policies and imposed on childcare centres as a way of being legally recognized through a licensing procedure. However, when looking closely into the Lebanese early childcare policies, it is evident that the definition of quality lies far from truly valuing quality in the early years as well as our understanding of quality in the early years. In Lebanon, the policies are presented under the National Guidelines for Early Childhood Care and are governed under the Ministry of Public

Health (MoPH). Since the effectiveness of an early childhood program is highly dependent on its quality and the role that policy makers play in developing policies that shape the overall understanding of quality, this study examines the ‘quality’ criteria that MoPH uses in its national licensing policies from a monitoring perspective, as it defines quality for childcare centres.

1.5.1 The role of the Ministry of Public Health

Created in 1943, the Ministry of Public Health (MoPH) is the official governing body that oversees private childcare centres, birth to 3 years of age. Its mandate includes, 1) Issuing licenses to, and monitoring quality of childcare centres, and 2) Improving the health status of the population. Most of the projects and services of the ministry are promoted by the government, but the funding in large part is supported by international organizations through joint projects with international organizations, UN agencies and other private institutions.

While both mandates of the MoPH are crucial, the scope of this paper is limited to the licensing and monitoring aspect. Within the MoPH, The Mother Child Unit (MCU) oversees the licensing and monitoring of childcare centres nationwide; as of 2015, MoPH lists a total of 458 nurseries in Lebanon, with 93 of those childcare centres located in Metn, and the second highest number in Beirut is 59 (Ministry of Public Health: Nurseries, n.d.). It is the primary responsibility of the MCU to monitor *health* conditions in nurseries. Decree 12286 Article 17, MoPH officially states:

The specialized unit at MoPH should have a say on health conditions before the license is given and should supervise these nurseries, and licenses should be renewed every two years based on reports sent to the ministry and the approval of the public health ministry’s Director General (*translated from Arabic by author*) (moph.gov.lb) (Appendix A).

1.5.1.1 Collaboration between the MoPH and Islamic Health Society (HIS)

The Islamic Health Society is a non-profit health organization that leads different projects that spread awareness and psychological health in Lebanon (<https://arab.org/directory/islamic-health-society/>). One of the projects that they worked on was focusing on evaluating and supporting the quality programs in childcare centres. The HIS worked collaboratively with the MoPH on a pilot project in the year 2014. The main purposes of this project was to help the childcare centres in the implementation of quality programs as well as extending the official licensing documents. The project included some series of staff training, classroom intervention, consultation with expert in the field of early childhood education, inspections and final reporting to the MoPH. The sample population was initially ten childcare centres in the suburbs of Beirut and it is still running to cover 32 childcare centres in Beirut and in Nabatiyeh (south of Lebanon). In 2019, HIS developed a checklist with 219 criteria based on the initial licensing document but extends to include an educational component. This checklist is exclusively used by HIS in the areas that they oversee but the results are reported back and acknowledged by the MoPH (P. Mansour, personal communication, November 28, 2019) In addition to the standards that they developed, the HIS supports the ministry in the inspection process by training their own teams and reporting the findings to the MoPH (A. Siblani, personal communication, December 9, 2019)

A compounding factor in Lebanon is the Syrian Crisis; as of September 2019, there are approximately 950,000 Syrian refugees registered at UNHCR with 15.1% of this population being children between the ages of 0-4 years; 7.7% are male and 7.4% are female (UNHCR, 2019. Retrieved from <https://www.unhcr.org/lb/education>). Early childcare therefore, plays an even more important role in light of the Syrian

Refugee influx. The International Committee has been exerting efforts to secure access to education for children in general, and yet only 50% (221,000 children) benefit from such access and the rest are left without any form of education mainly due to lack of funding. Worse yet, the needs of children under 3 are not addressed whatsoever which has great implications on the future Syrian generations and potential negative consequences on the country of asylum, Lebanon. The lack of access to early childcare for the Lebanese and the Syrian refugee children remains today, one of the major challenges that the country must address.

1.5 Significance of the Study

While there is enough empirical evidence pointing toward the positive direct and long-term benefits on children's social, academic and emotional well-being of early intervention programs, there is continued negligence on part of the government to the fact that investment in early childhood care and education is "the critical foundation for school readiness and achieving success in school and life" (Vargas-Barón, 2004, p. 6). This is an on-going challenge in Lebanon; and with all the confounding factors that 'promote' oversight of quality makes for a bleak future of early childcare in Lebanon.

Chapter Two

Literature Review

“It is quite fashionable to say that the education system is broken. It is not broken. It’s wonderfully constructed. It’s just that we don’t need it anymore. It’s outdated.” (TED, 2013)

The Sustainable Development Goals (SDGs), and more specifically Goal 4 of the SDGs states “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.” Even on a global scale, and despite the fact that the importance of quality in the early years is widely accepted, the debate continues about how to define quality with regard to different learning theories, how to measure quality and, how to integrate quality into different contexts. The following literature review illustrates the different research that have been collected on quality in early childhood education. The sections are elaborated as follows:

- The history of quality movement
- The emergence of the concept of quality in early childhood education
- Policies and quality in early childhood education
- Global Commitment to quality in early childhood education
- Theoretical framework that situates the research study

2.1 The history of quality movement

To better understand the concept of quality in early childhood education, and how the paper adopted the definition of quality for the purpose of this study it is important to outline the history of definition of quality and how it evolved, finding its roots from the business market (Jain & Prasad, 2018). The ‘quality’ movement dates

back to medieval Europe in the late 13th century where craftsmen initiated unions called guilds. The main responsibility of these community groups was to develop certain standards to maintain a level of service quality and to lower the risks of financial crises. They used certain marks and symbols to detect flawless goods, and limiting its distribution prior to being sold in the market (Sallis, 2002). Moreover, this strategy of marking the goods provided the craftsmanship with good reputation and trust among the customers. However, this approach of controlling quality goods lasted until the industrial revolution in the 19th century. The quality of products started to divide the craftsmen's trades into more specific tasks. Therefore, the craftsmen had to change their roles into factory workers where shop owners' duties turned to supervision of products. This shift marked a decline in the employees' sense of empowerment in the market place; their role in maintaining quality was replaced by inspectors who rejected the products that didn't conform to targeted specifications (Sallis 2002). This point in history witnessed a major shift from the production of craftsmanship unique designs toward mass production of items such as weapons, bullets, machines and cars (Sallis, 2002). This type of production required the division of work into small repetitive steps and tasks, thus shifting the quality inspection duties from the people working at the industries to a set of processes and systems (Jain & Prasad, 2018).

One of the first systems developed was "quality control"; it primarily detected flaws in the products and stopped it from reaching the customer as part of quality control. This is when in the late 19th century, the United States modified the management approach of controlling quality and developed a new system adopted by Frederick W. Taylor who increased productivity of goods without increasing the number of professional craftsmanship. This model led to a negative impact on quality as it led to having a lot of waste and giving less importance to the process of creating

a product; however, this issue was rectified by creating inspection departments that came to be known as quality control to make sure that all defective products did not reach customers (Sallis, 2002).

In the twentieth century, statistician Walter Shewhart developed a new technique that he named statistical control (Sallis, 2002). This technique reduced the amount of waste and highlighted quality as process driven vs. product driven. He developed tools and inspection models that make sure that the process of manufacturing goods was in control and well supervised (Taylor, 1993). The statistician Edward Deming who was an advocate of Shewhart and later became a leader of quality movement in both Japan and the United States later advanced this concept. This concept of process quality control raised the criteria of quality management and led to competition between two forces: The United States and Japan (Hoy, Bayne-Jardine & Wood, 2005). A competitive Japanese spirit finally led their products to improve the processes of products thus leading to higher-quality exports that reached the consumers in the world. In response, the American system created the total quality management approach that embraced the involvement of everyone in the continuous improvement of the organization to cater the needs of customers. This also resulted in several initiatives in the 21st century, such as ISO 9001 (2015) (Domingues et al., 2019), Six Sigma (Yang, 2012), and others that have been initiated and moved beyond assessing quality in the business market. It also had implications on other social services like healthcare, government, and education systems (Dahlberg, Moss & Pence, 1999; p.90-91).

This quality movement particularly affected the education sector, considered a social service; it started to evolve first in the US and later in Britain by the late 80s (Sallis, 2002). People in the community started asking for quality in their service as a

return on investment (Linston, 1999). This movement resulted in developing a competitive spirit among different stakeholders running public or private schools and daycares, ensuring high quality and maintaining growth and satisfaction among their customers. Consequently, there was growing interest and need to develop quality standards and criteria as a way of gaining public attention (Jain & Prasad, 2018). However, quality in early childhood education is not that evident and simple compared to the business world. Sallis (2002), in his book “Total Quality Management in Education” states that the complexity of education and the values it entails makes it challenging to define and elaborate on the concept of quality (p. 12). Sallis (2002) summarizes the “forces” that make it challenging to define quality in education into four different imperatives: Moral, professional, competitive, and accountable (p.12-13). On the other hand, other scholars such as Hoy, Bayne-Jardine and Wood (2005) link the challenge of quality in education to the fact that there are three distinctive batches that are involved in that matter: One group who pays for the process of learning, another group engaged in receiving the process and the last group benefiting from the outcome of the process.

2.1.1 Neoliberalism and Quality Education

It is also important to outline the impact of the neoliberalist theory on the concept of quality in early childhood education. The core of the theory focuses on standardization and accountability that is assured by a top-down strategy and a monitoring system that is based on compliances (Baltodana, 2012). Neoliberalism has a destructive impact on early childhood education as perceives the children as an investment for the society (Sims, 2017). In addition, it is structured and translated on the basis of standardization, push-down curriculum and an anti-democratic force that keep on nurturing capitalism (Abendroth & Potifilio, 2015). The educational system

created under a neoliberal thinking is viewed as a product that aims in creating employable graduate through a “pedagogy of ignorance whose hidden curriculum is the teaching of political and intellectual conformity” (Giroux, 2015 p. 15). The business market will seek for producing employees who will focus on doing the job and not be involved in the thinking process (Pucci, 2015). The implication of this theory on the educational field is very critical. The purpose of education is no longer perceived as a preparation for free and valued citizens; however, its purpose becomes to prepare compliant and conform citizens that serve the market place (Furedi, 2017). As a result, the educational curriculum is based on the formation of human capital and learning becomes more standardized and measurable and doesn’t encourage any critical thinking (Giroux, 2015). Consequently, there are several implication of the neoliberal approach into early childhood education and the quality of the program (Sims, 2017). Learning is assessed and evaluated according to list of outcomes that are prepared by educationist and organization. In Australia for example, there is a list of learning outcomes that is identified as early as a child is born (Department of Education Employment & Workplace Relations, 2009). The educational organizations go through an accreditation process to reveal how they are working towards achieving the learning outcomes. Consequently, the curriculum becomes a “recipe” that transforms the teaching and learning towards specific objectives ignoring anything else that might be evident (Sims, 2017). A quality early year program is thus evaluated according to these outcomes and the ability of the program to prepare the students for future academic years.

2.2 Emergence of the concept of quality in early childhood education

As the concept of quality developed, there was an increased need to ensure that products conform to specific standards and customer satisfaction. This point in time resonated well with the increase of interest given to early childhood education. Over the past 30 years, parents, politicians, economists, and businessmen have shifted their attention towards early childhood education for various reasons. Some of the reasons are the evidence-based studies that have shown the impact of early childhood education on brain development, or the rise in seeking public investment in the early years of a child's life.

2.2.1 Studies on Brain Development

As studies indicate, the early years of human development is foundational for the creation of the basic architecture and function of the brain (McCain, Mustard & Shanker, 2007). Neurobiological studies provide evidence on how the quality of the early experience of life impacts the later stages of human development. To better understand this development, neuroscientists studied the evolution of the human brain and found that neurons are the building blocks of the brain. These neurons form networks that are based on genetics and on life experiences that either grow over time and are pruned or get underdeveloped (McCain et al., 2007). Scientists have been able to study the extensive neural connections that are constructed in the first six years of the human brain. The number of neurons from birth up until six years of age remains the same; however, the connections between the neurons multiply tremendously and it gets less evident in later years of life. These connections are consolidated by being stimulated thus affecting the person's physical, mental and behavioral state throughout and into the adult life (Shonkoff & Philips, 2000). For example, research evidence

indicates that exposing an infant to two languages before seven months will help him/her speak these two languages and to even acquire multiple other languages (OECD, 2004). Moreover, a healthy relationship between a child and the caregiver plays a major role in developing a solid base for the infant's signaling and communication system thus playing a vital role in the child's communication skills and the impact on the neural connections for language and high thinking skills (Tierney & Nelson, 2009). The quality of the relationship is based on the mutual exchange of sensory experiences. It is communicated through vocalizations, touch, smell and facial expressions.

On the other hand, children growing up in poor quality environments in the early years impact their brain developments (Shonkoff & Philips, 2000). The poor quality environment is often related to neglect, abuse or anxiety and has shown to influence the child's development profoundly. Children who experience low-quality experiences in their childhood are more likely to struggle later in their life (Mustard, 2010). Shonkoff et al. (2007) describes this category of low-quality experience as being "toxic stress". In these circumstances, the child is deprived of a supportive relationship with his family or community and is constantly activating body stress control. Therefore, there is continuous release of stress hormones and ongoing alteration of the levels of key brain chemicals. Consequently, a modification in the architecture of the developing brain was evident leading to a substantial change in the child's future learning, memory, and self-regulation capabilities (Shonkoff et al., 2007).

The previously stated scientific findings were supported by a number of research studies. One of these studies is the Perry Preschool Project (Schweinhart et al., 2005), a longitudinal study that examined and followed the lives of 123 African

Americans from poor family background over the course of five years (1962-1967). The group was divided into control and intervention groups; one group of three and four year olds were randomly divided to receive high-quality preschool programs and another group that received no intervention at all. The intervention group showed better performance in literacy tests, 65% versus 45 % graduated from high-school and a higher percentage enrolled in universities (Berrueta-Clement, 1984; Schweinhart et al., 2005).

Another well-known longitudinal study, the Abecedarian project was conducted with two randomized groups: the first group was provided with an intensive preschool program and the second without any specific program. The participants were African American and started at the age of four. When the participants entered the school, children were selected to either a special three-year education program or the standard school program. The special three-year program produced higher scores in reading and numeracy; the preschool program revealed minimal increase in scores, but the effects were not maintained across time. The children who were given the preschool program and the three-year education program showed increased benefits sustained over time (Campbell et al., 2002).

Other studies on impact of ECEC programs on children have also been conducted in developing countries. For example, the Turkish Early Enrichment program (1983-1985) was conducted with 131 participants between the ages of 4 and 6 from deprived background. The findings indicated positive outcomes for the children who were exposed to either mother guidance or preschool experience, or both (Kagitcibasi, 1996)

As such, the evident advancement of neuroscientific research and the brain has provided a wide range of evidence about the learning, behavior and health outcomes

that are tightly related to the quality of early years of life (McCain et al., 2007). Evidence also shows that these outcomes are correlated with the quality of experiences that the child receives during their earliest years (Dalli et al., 2011).

On the other hand, some researchers propose that the idea of neurobiological claims should be tended to more closely (Bailey Jr., 2002; Bruer, 1999). For instance, Bruer (1999) argues that despite the widespread belief, the current research evidences is not enough to validate or refute the neuroscientific claims. He believes that there are evidence that support the impact of a rich environment on the brain development, however neuroscience doesn't specify the specific indicators of a rich or poor environment (Bruer, 1999). Moreover, Bailey (2006), describes the critical period by brain fiction and "myth of the first three years" as he believes that the support of early childhood initiatives is not justified, and that behavioral or biological scientists don't fully support it (Bailey, 2006).

From the return on investment perspective, research has shown several positive impacts of quality early childhood education on economic returns and society as a whole.

2.2.2 Impact of early childhood education on economy

Leslie, (2014) in one of his articles, believes that early childhood education will always be given least priority in the perspective of many stakeholders until there is more awareness about its impact on economy. It is one of the major powers that will pay significant return in all societies assuming that it is of high quality. This return on investment was explored and investigated in many studies such as the well published Chicago Child-Parent Center Program that was conducted in high-quality preschools. The results of the study concluded that every \$1 invested in the program gave \$7.10 return on investment back to the community (Krueger, 2002).

Some of the well-known longitudinal studies in determining long-term benefits have found that quality programs enable underprivileged children to enter school “ready to learn,” helping them to succeed in school and throughout their lives. A few well-known longitudinal studies of ECD programs in particular have shown the enormous benefits resulting from investment in early childhood development: The Perry Preschool Project (Ypsilanti, Michigan) (Schweinhart et al., 2005) , the Prenatal/Early Infancy Project (Elmira, New York), the Abecedarian Early Childhood Intervention (North Carolina) (Campbell et al., 2008), and the Chicago Child-Parent Center Program (Chicago, Illinois) (Niles, Reynolds, & Roe-Sepowitz, 2008)

Findings from these longitudinal studies have shown that children participating in high-quality ECD programs have comparatively positive outcomes in various areas of academic success e.g., higher scores on math and reading achievement tests, greater language abilities, less grade retention, lower drop-out rates, higher high school graduation rates, higher levels of school attainment, improved nutrition and health, less child abuse and neglect, and less need for special education and other remedial work; in this sense, long-term benefits far outweighed the initial “high” costs of said programs.

2.3 Policies and quality in early childhood education

There is a significant focus given to quality in early childhood and care (ECEC) in many developed and developing countries (OECD, 2006). This in turn, has led to the development of reviews, policies and research into defining quality in ECEC (OECD, 2006). Consequently, policy development has a history that evolved over time (Dalli et al., 2011). By the 1990s, the literature reveals three phases or “waves” of research on childcare and quality education (Farquhar, 1990; Melhuish, 2001; Melhuish & Moss, 1991). The first wave was extended between the late 1960s and the

1970s and mostly in North America (under 2 years old). The focus in this phase was to inquire whether it is more beneficial for children to get out-of-home childcare exposure or at-home care. The findings generally revealed that the child's exposure wasn't related to the context itself (childcare or at home) but rather the quality being offered (Phillips, 1987).

This period was followed by the "second wave" of research that was focused on the elements that constitute quality in the environment. For example, the background of the early childhood caregivers/teachers and the role they play in maintaining quality, the ratio of adult to child, and the physical environment. As a result of these components, policies were developed and adopted in some countries such as New Zealand, North America (under age of 2) and Australia (Hunkin, 2016). In New Zealand (1988) for example, the government issued the policy based on a set of criteria for children below two years of age, including appropriate staff/child ratios, group size, caregiver qualifications, curriculum planning and implementation, the connection between language and culture, consistent care and education (low turnover of staff), partnership between early childhood services, the parents and the extended family (whānau), safe and healthy environment and close relationships with the community. The quality at that time was presented as an "objective reality" that could be revealed through quantitative and measurable data and usually referred to as structural and process descriptions (Logan, 2018). One of the most common tools for assessing quality was published in the 1980s under the name of Early Childhood Environmental Rating Scale (ECERS-R) (Cryer, Clifford & Harms, 1998) to evaluate different components of the ECEC environment (Ishimine, Tayler & Bennett, 2010). The measurement tool itself consists of 43 items organized into 7 subscales: 1. Staff relationship with children and peers 2. Partnerships with families, 3. Programming and

evaluation 4. Children's experiences and learning 5. Protective care and safety 6. Health, nutrition and wellbeing and 7. Administration procedures to support quality (NCAC, 2006). The ECERS and its revised version, ECERS-R, have helped trigger an interest to conduct larger and more diverse studies to connect the value of quality of early childhood education on society.

Lastly, the third "wave" of research was initiated in the late 1980s and adopted an ecological conceptualization of quality in education. Most of the research goes back to North America and gradually extends to other areas in the world such as New Zealand, Australia and Canada. Scholars such as Farquhar, Crooks and Eve (1991), Dahlberg, Moss & Pence (1999) who studied quality in this phase challenged the whole concept of quality. They put the socio-cultural context at the core of the concept of quality and oriented their studies to investigate a substantial question, "who says what quality is?" (Moss & Pence, 1994). Consequently, the studies that are inspired by these perspectives went beyond the concept of quality and more towards exploring meaning making that is contextually bound (Dahlberg, Moss & Pence, 1999). In this phase quality was perceived as multi-dimensional and created "in the eyes of beholder" as a concept that is socially co-constructed among different stakeholders (Farquhar, Crooks & Eve, 1991).

As such, Woodhead (1996) based his framework on a relativist approach that takes into consideration an ecological framework of understanding child development (Siraj & Wong, 1999). Woodhead's model is based on three key questions namely 1) who are the stakeholders in the quality of a programme, 2) who are the perceived beneficiaries of quality and 3) what are the indicators of quality. It also frames the quality indicators into three categories: Input, process and outcome indicators (see Table 4.6).

These perspectives related to Woodhead's framework were defined as a result of four studies explored in early childhood programs that included child and parent participants from poor communities in India, Kenya, Venezuela and France (Woodhead, 1996). Woodhead argued that any early childhood program is a complex human system that is influenced by individual and group interests, values and cultural behaviors (Woodhead, 1996). Moreover, he concluded that the available models of quality were constructed based on a Euro-American view that presumed child development a disconnected discipline (p.10). Woodhead highly recommended differentiating between quality matters regarding the society involved in the study. His multi-dimensional perspective of quality revealed quality as a debatable construct that cannot be universally measured. Given its ecological basis to understanding quality from diverse perspectives to define quality, Woodhead's framework has been adopted for the purpose of the present study.

2.3.1 Importance of policies in ECEC

The review of literature about the importance of early childhood education along with the abovementioned three waves of research lead the discussion about the importance and the need for policies to enhance investment in early years. Fox and Rutter (2010) described the significance of early experience for later development stating: "To borrow an analogy from economics, by investing early and well in our children's development, we increase the rate of return later in life and in so doing improve not only the lives of individuals but of societies as well" (p. 36).

By definition, a policy is "a statement of intent—something which is written down in a policy document" (Forrester & Garratt, 2016, pp. 2–4). However, it is important to mention that policies are influenced by many actors and go through several phases of development (Hard, Lee & Dockett, 2018). Policies are to be studied and issued based

on the concerted efforts of researchers, organizations and agencies that show interest in ECEC (Hard, Lee & Dockett, 2018). It also involves much more than legislation and documents; it is bound by political, social and economic contexts (Ozga, 2000). The document that describes an educational policy is a product of multiple interpretations and compromises made between the people involved in developing it and the people on the receiving end – in this case, the children. Consequently, policies are not static and involve a process that is evaluated and re-evaluated after the implementation of its principles (Rizvi & Lingard, 2010).

In the Lebanese context, the last update of policies on the licensing documents of childcare centres took place in August 23, 2010. It included a few updates on the construction requirements of the daycares. Another update of policies was followed in January 22, 2019 with regard to installing recording cameras in daycares (MoPH, 2019).

2.3.2 Global Initiatives & Commitments Toward Quality

Quality education in the early years has been the center of interest and research on a global level. The UNICEF Global report on pre-primary education entitled “A World Ready to Learn” (2019) acknowledges the value of pre-primary quality education and claims that the investment in this age group has strong academic, economic, and social returns (UNICEF: A World Ready to Learn, 2019). It highlights existing inequities to access quality early learning experiences. Poverty, ethnicity, language and disabilities are all factors that limit the access to this important life experience. Moreover, almost half of the world’s children are enrolled in it and the rest of the population, deprived from it (UNICEF: A World Ready to Learn, 2019).

The action plan suggested by UNICEF under SDG 4 targets eight recommendations:

1. Adopting a “pro-poor” policy commitment, 2. Planning for universal access 3.

Setting long-term vision that will help all children access the program for more than 3 years 4. Investing in quality education as the system expands 5. Strengthening the governance and the implementation of the programs 6. Increasing the funding for this sector 7. Building a strong vision among governments to balance the funding, and lastly 8. To afford for equal access to the program by the year 2030 (UNICEF: A World Ready to Learn, 2019)

As per the United Nations Educational Scientific and Cultural Organization (UNESCO), in the report Education for All (2015), it requires all stakeholders to seriously pursue the challenges connected to issues of access, equity and relevance of early childhood programs.

In addition, the Organization for Economic Cooperation and Development OECD has shown a special interest in investing and researching high-quality in the ECEC and how policies can support quality more effectively (OECD, 2018); OECD has taken the lead in the development of a research project under the title “Quality Beyond Regulations” that examines how policy review on “quality beyond regulations” contribute to the improvement of early childhood education and care provision (OECD, 2018) The purpose of this 20 year-long research study (2001-2021) has been set to support countries to have better conception about the multi-dimensions of quality while highlighting dimensions addressed by policies. To date, five different reports have been issued and include different countries including Norway, England and Austria (OECD, 2001). The fourth report “Monitoring Quality in Early Childhood Education” focuses on the value of policies in supporting education at the early years and guided the OECD countries to form a systematic approach to the formulation and implementation of policies (Bennet & Neuman, 2004).

In 2017, fifteen countries from the Middle East and North Africa MENA region (including Lebanon) further discussed the crucial role of quality early childhood education. These countries agreed to leverage the importance of the ECEC in the region and to review the relevant policies that support it. One of their priority targets was to review policies supporting equity in early childhood education that reach the most vulnerable children, including those with special needs.

2.4 Contextual Background of Lebanon

Lebanon is located in the Middle East, bordering the Mediterranean Sea between Occupied Palestinian Territory (south) and Syria (east and north), with a total area of 10,452km². Lebanon has faced sectarian driven civil and international strife since the 1950s: Lebanon has seen a 15-year long civil war, a pronounced Israeli presence in the South, as well as a pronounced Syrian presence in the political field, the assassination of former Prime Minister Rafiq Hariri in 2005. This was followed by the Israeli attack against Lebanon in July 2006, and an ongoing the periodic and temporary paralysis of basic government institutions and facilities, as well as fighting and internal conflicts, especially the 2007 battle of Nahr el-Bared and its consequences. Moreover, the crisis that escalated in Syria in 2011 resulted in the massive immigration of approximately 1.5 million Syrians, which increased the burden and pressure on an already fragile infrastructure in the Lebanon (UN Convention on the Right of the Child, 2016).

In terms of its economy, Lebanon is a middle-income country with an annual GDP of USD 58.28 billion at current prices in 2019, and estimated at USD 43.5 billion in 2013 (IMF World Economic Outlook, October 2019). The national population counts, despite varying numbers from different sources, ranges at least since 2007 and onward, is believed to be in the range of 3.8 to 6.06 million people (not accounting for

the Syrian refugee influx). An important feature of Lebanon is that it is home to 17 different religious sects of Christian and Muslim denominations, in addition to a Jewish minority (Frayha, 2003), a feature that has played a central role in civil and regional conflict. The country is divided into nine governorates, and the differing living conditions by region are pronounced: Beirut and Mt. Lebanon have a larger percentage of the wealthy populations (IMF World Economic Outlook, October 2013), and Baalbeck and Akkar in the north are home to approximately a quarter of Lebanon's poorest populations (Frayha, 2003). The North governorate is home to the densest poorest populations throughout the country, embedded in an intergenerational cycle of poverty: in terms of poverty indicators, the North has high illiteracy rates, a high ratio of children per family, high percentage of unemployment, a large disabled/vulnerable population, and general inaccessibility to health care and social services. Within-country socio-economic (SES) discrepancies show that although the economy had grown an estimated 8% in 2008, poverty continues to be a serious problem in Lebanon, with nearly one million Lebanese – a quarter of the population – estimated to be poor and living on less than USD4 per day. As for the employment status in Lebanon, around 43 per cent are employed in the country with a distribution of 19.7 per cent of employed women compared to 67.8 per cent of working men (ILO, 2017). It is no surprise, then, that the overall chronic state of instability of the country has not necessarily allowed for sustainable national mechanisms for vulnerable issues, such as, among many other things, ensuring quality care for the youngest populations.

Despite formidable challenges, Lebanon has taken on the challenging task of joining global initiatives and returning to its historical commitment to early childhood matters. Importantly, Lebanon became a member of the UN Convention on the Rights of the Child (CRC) in 1990. With this ratification came Lebanon's commitment to the

principle of First Call for Children – Education For All (EFA), which states, “the essential needs of children should be given high priority in the allocation of resources in bad or good times at national and international, as well as at the family levels” (UNESCO, 2005).

Further, the adoption of an Arab World Fit for Children (Tunisia in 2004) re-confirmed Lebanon’s commitment to the 1990 Jomtien World Declaration on Education for All, a global initiative that all children, young people and adults have the human right to benefit from an education, thus making it a priority item on all the future Arab Summit agendas. This was followed through in the Dakar, Senegal meeting in 2000, re-affirming Lebanon’s commitment to the vision of the World Declaration on EFA. Moreover, Lebanon is committed to the Millennium Development Goals (MDGs) ultimately working toward reducing poverty and nationally, working in line with both the CRC and the MDGs.

2.4.1 Early Childhood Education and Care: The Lebanese Context

Over a decade into the 21st Century, many countries are fast moving to establish early childhood policies grounded in evidence-based best practices. Lebanon, historically, had well aligned itself with global initiatives to support early childhood education; in fact, it is worth noting that Lebanon stands out as one of the few countries, amongst its counterparts including Syria, Sudan, and Morocco, within the Arab region that can trace interest in early childhood as far back as the early 20th century (Faour, 2010). However, with all its wealth of resources, both human and financial, and with all its prior commitments to the field of early childhood education, early childhood centres in Lebanon have only recently been given attention, as an important means to early care and education a significant step forward considering Lebanon’s ongoing conflicts both internally and regionally. Consequently, Lebanon

continues to attract the expatriation of expertise, educational consultants, and practitioners in the field of early childhood education to neighboring countries. Further, against a backdrop of the recent context of the Syrian Crisis, Lebanon has witnessed an influx of over 1.2 million refugees, with 18.2% of the refugee population being children between the ages of 0-4 years (Cherri, Arcos & Castro, 2016). This puts Lebanon in an even more preemptive position to address the needs of this age group, both for the Lebanese as well as the Syrian 0-3-year age group. Thus, this paper hopes to draw much needed attention to the critical implications of addressing quality in early childhood care and education in Lebanon.

2.5 Theoretical Framework

The research study focuses on defining quality education in the early years through the meaning that different stakeholders gave through a series of interviews as well as through the analysis of the licensing requirements. To be able to better situate and conceptualize quality in early childhood education, the definition of quality will take on a social constructionist perspective as its theoretical framework.

By the end of 1990, research was examining quality as a multi-dimensional concept that exists “in the eye of the beholder” that is studied and constructed from different perspectives (Farquhar, Crooks & Eve, 1991; Moss & Pence, 1994). One way to describe these perspectives was proposed by Lilian Katz (1993) who presented these perspectives as having a minimum of four components that are: ‘top-down’ perspective seen by visiting adults and identified by characteristics of the setting; ‘bottom-up’ perspective of how the children are engaging in the setting; the ‘outside-inside’ perspective which refers to the experience of parents served by the program, and ‘inside’ perspective of the staff who provide the program. The involvement of

different perspectives in constructing meaning into quality is supported by the social constructionist theory that will be further elaborated in the following section.

People are living in a world that is constantly seeking certainties and defined realities; a world that is striving for standards and clear expectations in an attempt to offer society a feel of control and empowerment. The process of searching for the truth is less evident and is being replaced by entities that reflect certainty and objectivity (Dahlberg, Moss, & Pence, 1999). This idea of certainty is evident in the neoliberalist theory. Neoliberalism, a theory of governance that is based on a framework that is guided with policies that are framed in economic rather than democratic terms (Kaščák & Pupala, 2011).

Quality education in the early years is one of the prevailing services and concepts that also undertake a similar standardized process of thinking. What seems to be neglected in this evolution of quality education and its practices is the decontextualization of the concept, the accommodation of subjectivity and the consideration of multiple perspectives within the concept. Thus, by the end of the 1990's, a paradigm shift occurred from the concept of "discourse of quality" to the "discourse of "meaning making" that is a result of the social constructionist theory (Dahlberg, Moss & Pence, 1999). Social constructionism assumes that the world is better understood through collective thinking and communication –multiple perspectives to all things give the contextual, cultural, value based definition of the term (Elder-Vass, 2012). The following paragraph further defines the theoretical framework within the scope of the research topic.

2.5.1 Social constructionism: History and Background

Social constructionism is a theory of knowledge that emerged in the 1980's in opposition to other theories such as individualism, essentialism and the Cartesian (Bur,

2018). The core of the theory is defined by the fact that the knowledge and the understanding of the world are constructed through interactions with others (Creswell, 2013). Social constructionists perceive reality as being defined by humans and the contexts in which they are interacting. Therefore, social constructs are different depending on the context as well as the point in history they are situated (Galbin, 2014). In that same point in history, by the end of the 1980's and the 1990's scholars such as Farquhar (1993), Moss & Pence (1994) and Woodhead (1996) guided a new philosophical orientation questioning quality. The query to this answer was contextually bound and socially constructed with the involvement of multi-perspectives (Dalli et al., 2011).

There are few features that define the social constructionist theory. The first is that the social constructionists abandon the traditional positivistic approaches to knowledge that are based on certainty and the absence of spontaneity provided by nature. The second is that social constructionists take a critical stance in relation to taken-for-granted assumptions about the social world, which are seen as reinforcing the interests of dominant social groups. The third one is that the way people construct knowledge about the world is a result of a historical journey and social negotiation among community members. The fourth is that the social constructionists believe that seeking knowledge is not an end product; it opens up possibilities to dive more into gaining new possibilities. Thus, the nature of research is not fixed but it keeps on being socially constructed over time. Finally, social constructionism represents a movement toward redefining psychological constructs such as the "mind," "self," and "emotion" as social constructed processes that are produced by a social dialogue (Galbin, 2014). These factors are translated in the adopted definition of quality and it is visible in the Bush and Phillips (1996) citation:

“The subcultures and plurality of values in societies often mean that no one definitive definition of quality exists. It is a relative concept that varies depending on one’s perspective. Indeed, quality is both a dynamic and relative concept so that perceptions of quality change as a variety of factors evolve” (Kagan & Cohen: 6-7).

2.5.2 Social constructionism & Woodhead’s framework on quality development

According to social constructionists, relationships, perspectives and concepts are transformed over time not because of biological processes but as a result of the various ways the meaning is constructed and reconstructed over time. They are based on people’s histories, how they interact with each other and how they make sense about their experiences in the world they live in (Burr, 2015). One of the cardinals of social constructionism is that the meaning people give to a certain phenomenon is not an end product but is socially constructed. It is the product of the social, linguistic and symbolic practices that are developed by a society. For example, money has a universal exchange value that people agree on. If one-day people decide to assign a different value for the monetary system, there might still be bills and coins but for a different function than is currently used (Vass, 2012). While this definition of social constructionism seems to be subjective, the current research study will adopt a framework that is developed by Woodhead. Woodhead (1996) argued that the subjectivity of quality doesn’t make it arbitrary but rather, should be viewed holistically:

“As in perceiving rainbow, perceptions of quality are strongly dependent on perception, which in turn is strongly dependent on context. Consequently, quality should not be seen in a restrictive, prescriptive way, but in a holistic, relativistic way, where the context of human and material resources and social ecology of lifestyles, values and expectations of childhood are acknowledged.”

(Woodhead, 1996, p. 90).

Woodhead's framework is fixed in terms of input, process and outcome indicators as well as obtaining the view of stakeholders and people involved in the process. The framework is based on three basic key questions: 1) Who are stakeholders in the quality of a program? 2) Who are perceived beneficiaries from quality? 3) What are taken to be indicators of quality? (Hall et al., 2010). His framework presents quality to be both, objective in terms of characteristics and subjective in terms of views. As such, the indicators of quality are divided into: 1) Input (structural), 2) Process (approach, play, culture, relationships) and 3) outcomes (health, abilities, school adaptation and school achievement) (Hall et al., 2010).

People interacting with each other over time start defining agreed upon concepts and mental representations that they perceive in each other's actions. Then people become more familiar with these created concepts and start sharing these roles with other members in society. This process is defined as institutionalization that holds a meaning strictly constructed by the people engaging in it (Cojocaru, 2010). Thus, the knowledge and people's belief of what reality is become integrated in the institutional aspect of society (Dahlberg, Moss, & Pence, 1999). In this respect, defining quality is constructed by different stakeholders: parents, children, teachers, managers and politicians who share their different perspectives, constructing and giving meaning to quality in the early years (Dalli et al., 2011). As such, to construct a better definition of quality in early childhood education in Lebanon, the current study collected the stakeholder's perspective of quality in the Lebanese context. These perspectives were then analyzed and aligned with the licensing document that represents the policy reflecting quality in childcare centres in Lebanon.

Chapter Three

Methodology

The proposed study examines the meaning that stakeholders give to quality education in the early years. It is framed around the following research question:

- 1- How is quality defined for childcare centres in Lebanon by the relevant stakeholders and with a policy document?

The following section presents the methodology adopted for this research study describing the research design, sample selection, data collection and data analysis.

3.1 Research Design

The research study aimed at collecting data from participants and analyzing a licensing document, therefore it used a qualitative case study methodology. As previously described quality of early childhood education is socially constructed and based upon different perspectives that are bound into a context. The nature of qualitative studies assumes that “reality” is socially constructed and is affected by multiple interpretations (Merriam, 2009). Furthermore, the constructivist nature of the case study (Merriam, 2009) allowed consulting with different stakeholders within their context for a deeper understanding of the quality of education in the early years. Moreover, the licensing document provided a locally developed definition that MoPH has given to quality within its policies.

3.2 Sampling

The research study examined the meaning that different stakeholders in Lebanon give to quality in early years education, including high government officials, , the Head of Mother Child Unit, the president of Syndicate, the Head of Islamic Health

Society, the education specialist in UNICEF, parents ($N=7$), childcare teachers ($N=3$) and childcare owners/supervisors ($N=5$).

For this reason, the target sample was selected through purposeful sampling. As Merriam (2009) describes “A purposeful sampling is based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned” (p.77). This involves selecting a participant who is well-informed about the topic under examination. Prior to conducting the interviews, consent was obtained from participants to conduct, record and transcribe the interviews.

3.3 Data Collection

The study used qualitative methodology for data collection, namely through semi-structured interviews with all participants for the purpose of understanding how quality is defined and given meaning to in the early years.

Participants were informed that the project is to get their perspectives/definitions of quality in the early years to help better understand what and how quality is perceived in the Lebanese context; interviewer provided participants with more information about the benefits of obtaining this information and the valuable input they can provide to support/enhance quality of early childhood education. Participants were also asked to sign a consent form describing the study as well as assuring voluntary participation in the study (Appendix B). The questions (Appendix C) targeted the interviewee’s definition/understanding of quality in childcare centres. Moreover, it focused on the institutional role in supporting and ensuring quality in childcare centres.

3.3.1 Instruments

3.3.1.1 Interviews

Interviews are to be used to elicit people’s opinions, feelings, and knowledge of certain ideas and concepts (Merriam, 2009). Interviews are verbal questionnaire that are used

to collect information and facilitate questioning the unobservable behaviors and actions that took place previously (Fraenkel, Wallen, & Hyun 2012). Participants were given the choice of their preferred language (Arabic or English) to be used for the interview. To be able to better facilitate and at times re-direct the interview with the participants, a series of prompting and guiding questions were asked to ensure focus on the research question and clarification on certain questions and inputs. The semi-structured interviews were recorded, and transcribed.

3.3.1.2 Document Analysis

The licensing document was analyzed and interpreted to reflect the definition of quality in from a policy perspective. It helped in identifying the categories that defines quality and then was compared and contrasted with Woodhead's quality framework adopted for the purpose of this study.

Both the interviews and document analysis findings were aligned with Woodhead's quality framework. Following the transcription of the data and then the coding of individual interviews, the responses were analyzed in terms of connected themes that investigated certain patterns. The patterns were then highlighted in the interpretation of the findings to be able to have better insight of the data as shown in Table 1. Woodhead's theoretical framework was used further to organize the themes according to the different quality indicators as presented in Table 5 and summarizes these findings and gives a better connection between the themes and adopted framework.

3.4 Procedures

After receiving the IRB approval to conduct the study, a series of interviews were set and scheduled based on interviewee's availability. The participants were

contacted through phone calls and informed about the research study and the objective of their participation and then interviews date and time were scheduled upon their availability. The participants were each visited at their convenient place and each interview took around 20 minutes. All the participants accepted for the their interviews to be recorded and transcribed except one childcare supervisor who preferred written notes to be taken. The participants were reminded of the purpose of the study and were given time to read through the consent form and then selected the recording technique. After getting the participants' approval, the interviews were developed based on the open-ended questions that were prepared prior to the interviews (Appendix D). As for the licensing document, it was retrieved from the MoPH official website (Appendix A) (<https://www.moph.gov.lb/>) and translated to English (Appendix B)

3.5 Data Analysis

3.5.1 Document Analysis

For the purpose of the study, the primary document that was used was the licensing requirements used by the Mother-Child Unit at MoPH as a form of monitoring 'quality' and compared to the adopted framework developed by Woodhead.

3.5.2 Interview Analysis

The following procedure were used in the analysis phase:

- 1) Systematically selected the participants based on the relevance to the emerging categories.
- 2) Allowed the emergent categories and themes to control the data collection by purposefully seeking data which fall under and enrich the emerging categories

- 3) Systematically coded and identified data collected from the participants in order to identify and define the categories, their properties, and the relationships that have emerged amongst the different participants
- 4) Compared the categories to the adopted framework developed by Woodhead (1996)

3.6 Validity and Reliability

The research study was carefully planned and developed to answer the selected research question. There was a descriptive literature review and a theoretical framework that guided and structured the collected data, and there were various stakeholders interviewed. The study ensured the validity and reliability of the data analysis and interpretation.

3.7 Ethics

All the participants involved in the research study were informed about the details of the research study in terms of the purpose and the procedures. They were also handed a copy of the consent that will give them the right to deny their participation in the study at any point. In addition, the participants were informed that there are no anticipated risks to the participants other than those encountered in their daily lives.

Chapter Four

Findings

4.1 Overview

The aim of the study is to examine the definition of quality in childcare centres in Lebanon as defined by MoPH as well as other stakeholders. The research study generated results after conducting semi-structured interviews as well as an analysis of the licensing documents decreed by MoPH. Semi-structured interviews were conducted with 19 Lebanese participants, namely teachers (3), parents (7), childcare owners/supervisors (5), head of mother child and school health unit, head of the syndicate, education specialist in UNICEF and the head of program development in the Islamic Health Society.

Interviews were transcribed and data was categorized under four major themes followed by sub-themes as shown in Table 1. The main themes include: the learning environment, requirements and expectations, services and facilities and policies. The following section will include some figures and visuals to facilitate the discussion that emerges from the themes.

In addition, MoPH licensing documents was analyzed and presented in this chapter. The purpose of this analysis was to highlight the quality indicators that are reflected in the official and only document required by the ministry.

4.2 Qualitative data derived from the interviews

The interview responses were categorized into five themes as shown in Table 2. The themes were based on the commonalities between the answers that were generated from the interviews.

A semi-structured interview protocol was conducted to elicit the stakeholder's definition of quality in the childcare centres. The question asked were modified according to the interviewee. For example, if addressing the parent, the opening question would be: Could you tell me what are some criteria that you would look for when you are looking for a childcare center for your child? What do you perceive as quality in the childcare center?

However, when communicating with the childcare owner/supervisor, the question would be "As a childcare owner, how would you define quality in your childcare center?" All the questions were open-ended and non-biased and were a good prompt to elicit rich sources of information about the experiences of each stakeholder with childcare centres. To be able to have a better sense about the order of the questions of the interviews and to ensure that the questions and the use of terms are non-biased, three pilot interviews were conducted. One of the interviews was done with a perspective parent in a childcare center, the second one with a current teacher at the childcare center and the third with an owner who is in the process of opening a childcare center in Beirut.

Table 1

Summary of the Themes and the Sub-themes

Theme 1: Learning Environment
Sub-theme 1.1 Location
Sub-theme 1.2 Healthy and safe environment
1.2.1 secure premises, constant supervision, safe
1.2.2 clean environment
1.2.3 welcoming and affectionate
1.2.4 promoting discipline
Sub-theme 1.3 Language of instruction and learning
Sub-theme 1.4 Reputation
Sub-theme 1.5 Leadership style at the childcare center
1.5.1 quality control
1.5.2 sustainability
1.5.3 communication with parents and with the ministry
Sub-theme 1.6 Adult/child ration

Theme 2: Requirements and Expectations
Sub-theme 2.1 Teacher's qualification, background and experience
Sub-theme 2.2 Relationship between teachers, parents, children and administration
Sub-theme 2.3 Preparation for school years
Sub-theme 2.4 Social interaction
Sub-theme 2.5 Emotional development
Sub-theme 2.6 Inquisitive program
Sub-theme 2.7 Developing skills
Sub-theme 2.8 Respecting the child developmental needs and interests
Sub-theme 2.9 Ministry role

Theme 3: Services and Facilities
Sub-theme 3.1 Time and food
Sub-theme 3.2 Extracurricular activities
Sub-theme 3.3 Therapists and specialists at the center
Sub-theme 3.4 Resources that support the child development
 3.4.1 Natural materials
Sub-theme 3.5 Teacher Professional Development
Sub-theme 3.6 Parent awareness sessions
Sub-theme 3.7 Accreditation

Theme 4: Policies
Sub-theme 4.1 The licensing document
Sub-theme 4.2 Inspection
Sub-theme 4.3 Updating policies
Sub-theme 4.4 University and Vocational degrees
Sub-theme 4.5 Connection between the ministry of health and the ministry of education
Sub-theme 4.5 Funds

4.2.1 Comparison of responses

Table 2 below indicates the stakeholder's most frequent responses and the frequency of these responses in regard to quality. The responses are classified to align with the four emerging themes as per [Table 1](#) above. The parents' responses are marked with blue, the teachers' responses in green, the owners/supervisors in yellow, the head of child and mother unit in orange, the organizations in grey and the head of syndicate

in purple. The different sections of the table help to indicate which responses were valued by the stakeholders.

Table 2

Summary of Responses Indicating the Most Frequent Responses

	Parents (N=7)	Teachers (N=3)	Owner/ Directors (N=5)	Ministry (N=1)	Organization (N=2)	Head of syndicate (N=1)
Theme 1: The Learning Environment						
The center is close to the house/work	5	0	0	0	0	0
The center is safe	7	3	5	1	2	1
The center feels like "home"	5	3	5	0	0	1
The center is clean	7	2	5	1	1	1
The center is loving and peaceful	7	2	4	1	2	1
The center is always supervised	4	0	2	0	0	1
The center promotes discipline and rules	6	2	4	0	0	1
There is an outdoor area at the center	6	3	5	1	1	1
The leaders are present in the center	6	2	5	0	0	1
There is small number of children in each class	4	3	3	0	0	0
There are enough adults to work with the children	5	3	4	0	0	1
The parents can have a direct communication with the teachers	5	0	2	0	0	0







	Parents (N=7)	Teachers (N=3)	Owner/ Directors (N=5)	Ministry (N=1)	Organization (N=2)	Head of syndicate (N=1)
Theme 2: Requirements & Expectations						
The child is given individual attention	5	0	2	0	0	0
Teachers are warm with the children	7	0	3	0	1	1
Teachers are patient	5	0	3	0	0	1
The children are happy and "smiling"	6	2	5	0	1	1
Teachers are well prepared	1	1	5	0	2	1
Teachers have a relationship with the children	6	3	5	0	1	1
The children are "well" disciplined and behaved	6	2	4	0	0	1
Teachers have a good relationship with the parent	1	0	5	0	0	0
There are opportunities for social interaction	7	2	4	0	2	1
There are opportunities to develop the children's skills	7	3	5	1	2	1
The teachers develop a stimulating plan	0	2	5	1	2	1
The children are encouraged to wonder and to ask questions	1	3	5	1	2	1
The teaching plan encourages play	1	2	5	1	2	1

	Parents (N=7)	Teachers (N=3)	Owner/ Directors (N=5)	Ministry (N=1)	Organization (N=2)	Head of syndicate (N=1)
There is a curriculum followed at the center	0	0	5	1	1	1
The children are prepared for the school years	6	2	5	1	2	1
Theme 3: Services & Facilities						
The food is healthy and balanced	7	0	4	1	0	1
Changing diapers is an essential part of the day	6	0	4	0	0	0
The premise is safe for children	7	3	5	1	1	1
The opening hours should be long	4	0	3	0	0	0
There are specialists who observe the children	5	0	3	0	0	1
The center is equipped with variety of resources	6	2	5	0	0	1
The resources are made of natural materials	3	3	1	0	0	1
There are continuous teacher professional development	1	3	5	0	2	1
The center plans and conducts parent awareness sessions	2	0	4	0	0	1
A certified accreditation program controls the	0	0	4	1	0	1

	Parents (N=7)	Teachers (N=3)	Owner/ Directors (N=5)	Ministry (N=1)	Organization (N=2)	Head of syndicate (N=1)
quality at the center						
Theme 4: Policies						
The policies should be updated to reflect better quality	0	0	3	1	2	1
The universities and the institutes (vocational) offer more "quality" degrees in early childhood education program	0	0	4	1	2	1
The political situation in Lebanon is limiting the process of updating the policies	0	0	0	1	2	1
There should be regular inspection schedule with all childcare centres in Lebanon	0	0	3	1	1	1
The inspection team has a background in the field and is well trained	0	0	2	1	1	1
Collaboration with the ministry and the municipalities	0	0	0	1	1	1
There are sustainable funds to sustain research at the centres	0	0	2	1	2	1

	Parents (N=7)	Teachers (N=3)	Owner/ Directors (N=5)	Ministry (N=1)	Organization (N=2)	Head of syndicate (N=1)
The importance of childcare center should be highlighted and given more priority in the policies	0	0	3	1	2	1
To ensure a better quality we are taking initiatives that go beyond the policies of childcare centres in Lebanon	0	1	4	1	2	1

Color coding key

 Parents	 Teachers	 Owners/supervisors	 Head of Mother and Child unit
 Organization	 Head of syndicate		

4.2.2 Comparing responses based on themes and respondents

Theme 1: The learning environment

All the participants responded with high frequency on the following categories: safety, homey feeling, cleanliness, discipline and rules, the availability of an outdoor space and the number of children in the classroom. The parents indicated a preference for constant supervision at the childcare center, having a direct communication with the teachers and having regular presence of the leader at the center.

All the participants seemed to agree that the atmosphere of the centre is of high importance through a healthy relationship between the adult and the children, positive ambiance reflected in how teachers exhibit care, affection and are generally smiling.

Theme 2: Requirements and services

Under this theme, most of the participant believed that a good indicator for quality in childcare centres constitute of a “happy” child who “goes smiling to the daycare everyday”. Other indicators that all the participants agreed upon fall under the following categories: building good relationships among the children and the teacher, offering opportunities for social interactions, developing skills and the preparation for school years.

Parents signified the importance of having a small number of children in each classroom to receive individual attention and considered “priority”. The owners, directors and the parents placed high value on having “warm” patient and caring teachers who love dealing with the children. The parents showed the least interest in the teacher’s preparation and planning, whereas the other groups and especially the childcare owners indicated the importance of that aspect for optimizing the learning opportunities for the children. All the participants and only one parent indicated the importance of learning through play at the center. Lastly, the owners, the head of mother and school health unit and the head of syndicate believed in the importance of having a curriculum that facilitates the children’s learning and development at the center. The examples that the participants shared when talking about the curriculum were related to “education” based activities that meet children’s needs. The answers regarding the curriculum were varied; for example, the head of Islamic Health Society mentioned “it needs more work and we need more standards and requirements in regard to the child development and educational work, this needs a specialized team. The curriculum needs to develop the children’s needs and skills on a levels: physical, social and developmental, this is the age when we can detect challenges and support

them the most.” The head of Mother and Child unit mentioned the challenge of developing a curriculum and that getting some international programs and standards would help in developing one. She added “this can’t be developed without conducting a research based project that involve professionals in the field. The curriculum used should be developmental and having a science behind it.” (Pamela, 2020) On the other hand, the childcare owners’ perspective about a curriculum is related to their centre’s learning approaches. One childcare supervisor stated that their curriculum is based on “9 themes that are covered per year, it starts by colors, shapes, position and then it gradually prepares the children to go to school.” Whereas another owner mentioned that “our curriculum prepares the children to go to school.”, a third owner said “our curriculum is holistic and tackles the child’s emotional, physical and academic needs. We have a program that we follow and we train the teachers to follow.”

Theme 3: Services and Facilities

A clean, neat, hygienic and safe environment was extremely important to all the participants. The parents and the childcare owners valued a healthy and balanced diet to be provided for children. The parents and owners showed a preference in having a specialist observing the children at the center and they valued the presence of varied teaching resources such as puzzles, books and blocks at the centres.

Unlike parents, the other participants (teachers, owners, head of syndicate, head of mother and child unit, head of syndicate and the persons working in an organization) believed in the importance of teacher professional development. Furthermore, only parents and the owners indicated that they value having parental awareness sessions. Childcare owners were the only ones to select having an accreditation program to control the quality at their centres.

Theme 4: Policies

This theme highlighted the importance of policies to maintain quality programs in the childcare centres in Lebanon. This is mostly evident with the participants working with the organization (the head of syndicate, the head of Mother and Child Unit and the head of Islamic Health Society). The parents and teachers did not mention the policy criteria in their interview responses. The people working in an organization, namely childcare owners, the head of mother child and school health unit, and the head of syndicate indicated the value of getting funds to conduct research studies in childcare centres in Lebanon. For instance, the head of Mother and Child unit stated “we do have a very basic educational program, but we need people in the academia to develop and make a list of criteria that we need to develop in order to create a more solid program for the centres.” She then added “it is easy to get an accreditation from another country to be implemented in our context, but who said it suits our situation and our context?, we need people and researchers to give us evidence of how to work and proceed with quality in the centres.” (P. Mansour, personal communication, November 28, 2019)

As for the head of Islamic Health Society, she shared “we need more standards and requirements in regard to child development and educational work. Our work is till basic and lacks evidence based research, we are not fully prepared yet” (A. Siblani, personal communication, December 9, 2019).

The political situation in Lebanon influences many decisions and law updates. As shared by two childcare owners, the head of Islamic Health, the head of the mother and child unit and the head of the syndicate, there was a collaboration between them and the ministry of health to update the licensing document. The update was suggested almost two years ago and it included more educational aspects in the licensing document. However, with the continuous political instability and the ministry conditions the licensing document isn't signed nor approved yet.

4.2.3 Comparing responses according to participants

4.2.3.1 Safety, cleanliness and happiness indicators

All the participants prioritized safety, cleanliness and children's happiness in a high-quality childcare center. Out of a total of 19 participants, 14 chose cleanliness and safety as their first choice to define quality in a childcare center. Moreover, the usage of the adverb "surely" before indicating cleanliness and safety was also another common form to stress on the importance of these two indicators.

4.2.3.2 Skills indicators

A program that develops the child's skills was also a common aspect that defines quality among all the participants. However, the usage and the understanding of this concept was perceived differently.

The Table 3 summarizes the responses used by the stakeholders when talking about developing skills. For most of the parents, skills are limited to counting, color/animal/shape recognition. Parents gave value for the skills that will facilitate the child's successful acceptance and entry to school. Moreover, five of the parents mentioned that they would like their children to learn how to share things with others (social), whereas other participants stressed on developing other skills such as physical, cognitive, social and emotional. Answers were varied across participants ranging from autonomy to encouraging the child to have a voice in the community. As for the teachers, they did focus on self-management skills and other skills that will prepare the child for school years.

Table 3

Perspectives for understanding skill development at the early years

Parents	"I want my child to connect with other children" "I want him to learn how to hold the pen correctly and color properly" "He is the eldest and he doesn't share, I want him to learn how to share his toys with others"
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	<p>"My daughter will learn counting from 1 to 10 and will know the animals"</p> <p>"I want my daughter to be able to defend herself when facing any social problem"</p>
	<p>"my son will learn the numbers, colors, animals. Horizontal, straight lines, his name and the ABC (like A for apple)"</p> <p>"The daycare will help him talk and share with other children."</p>
	<p>"She will learn stuff like colors, numbers and discipline. "she will learn how to explore things by herself"</p> <p>"I want him to learn the basic skills like counting, colors and the animals. He will also learn how to share with other children."</p>
	<p>"I want him to be ready to go to school. They teach him everything at the daycare."</p> <p>"I also want him to learn how to share with other friends"</p>
	<p>"they will teach him the shapes, counting and he will be ready to go to school." "He will also learn how to share."</p>
Teachers	<p>"We need to teach the child the discipline to get what we need."</p> <p>"We also need to prepare them for the school year. We guide them, there is a routine so he knows how to share with friends and be ready to go to school."</p> <p>"Manners and developing the child's character. If the child learns the skill of sharing, it will help him throughout his life time."</p>
	<p>"Through modelling the child will learn skills that will help him at school. The child will practice drawing, and writing."</p> <p>"The child will also learn communication skills, especially when the teachers are warm and tender with them."</p>
Childcare owners/directors	<p>"we give them many life skills that will help them develop autonomy such as cleaning-up and organizing materials."</p> <p>We also expect them to question things, observe and wonder."</p> <p>We encourage the child to be an independent learner and to make choices. Everything at the center is caters for the child to develop their independence and their ability to think critically and to choose their work.</p> <p>"We also nurture the responsibility to take ownership of their own education."</p> <p>"We tackle the social, emotional, educational and physical skills"</p> <p>"We give them all the academic skills needed for school years."</p> <p>"When the child feels secure, motivated, autonomous and taking initiative. These are all the skills that he carries on with his life."</p> <p>"These years are the base for the child to go to school. We prepare them for school and we work on their speech. This is why we have a therapist to be able to identify any difficulty or problem."</p> <p>"We work on developing the children's autonomy, and we raise their self-esteem."</p> <p>"We want the children to inquire, ask questions, investigate and these will develop their thinking and research skills."</p> <p>"We also work a lot on developing the child's physical skills."</p> <p>"We have a specific time in the year to prepare the children for the interview exams. So we practice some skills that they will need at that time."</p>
Employee at organization	<p>Our goal is to develop the child's level on all levels: physical, social, and developmental level. This is the age we can detect any challenge that the child has and we can support them the most</p> <p>"It is the age to develop the child's emotional, social, cognitive, and physical skills."</p>
Head of the syndicate	<p>"It is very important to build and to boost the child's personality. We should develop the child emotional skills for him to have a voice."</p> <p>"We give these children emotional, social skills so they develop themselves and you prepare them to become good citizen thus you develop the whole country."</p> <p>"We need to instill the idea of working in groups and to share. The activities should be creative enough to be able to provide the children with opportunities to learn different skills through play. The teacher doesn't need to teach the color red, but you can use it in many meaningful contexts."</p>

“We do prepare the children for academic years and give them the required skills. But we also take into consideration their needs and their levels.”

4.2.3.3 Curriculum

Childcare owners and directors mostly discussed the curriculum component as reflecting a quality program at the childcare centres. Two of the curricula were theme based, two were Montessori inspired and one is undefined and in the process of creating their own curriculum. The choice of the program is chosen according to each childcare owner. The ministry does not require or give guidance to any approach. However, it only states that the program should respect the child’s developmental needs. As stated by the head of Mother and Child Unit “the current policy specifies the requirements in terms of safety, food and health, but it is up to the daycare center to choose if they want to be developmental in their approach or only care givers.” She added that “we are trying our best with the limited resources that we have to raise awareness about this age group and the kind of pedagogy they need, but the reality is that many childcare centres are able to function as they apply the clauses of the licensing document. There isn’t much we can do before updating the policy and actively supporting the childcare centres” (P. Mansour, personal communication, November 28, 2019)

The parents and the teachers didn’t have a clear idea about the adopted curriculum at the childcare center. They focused more on school readiness and on the themes that were provided to them by the childcare management team.

4.2.3.4 Initiatives

Most of the participants, excluding the parents and the teachers, believed that in order to ensure good quality in the childcare centres, a personal initiative should be taken. Four of the childcare owners extended the licensing requirement and developed

their own versions to meet the quality of their centres. One of the owners mentioned “what I have nobody else has; there are no other daycares in Lebanon, we have assembly signs, procedures, fire extinguishers, plan for evacuation, internal laws, child protection policies, and nutrition policy. We have much more than what is asked from us” (E. Mourtada, personal communication, November 12, 2019). Another director said, “we have no reference from the ministry about the curriculum at all, so we are developing our own curriculum and training our teachers based on it.” The Head of the Mother Child and School Unit highlighted the initiative that certain owners, organizations and municipalities are taking to support the programs and mentioned “we have very limited resources to maintain good quality at the centres, however some people are always willing to improve it and they do it upon their own personal interest and growth.” (P. Mansour, personal communication, November 28, 2019)

As for the Head of Islamic Health Society, she presented a whole initiative that was shaped by a project that started in 2014/2015 to support the ministry of health. The project was based on developing around 219 criteria that were based on the licensing document. These were followed by a series of training and inspection that were reported to the ministry. As for the Head of the syndicate, she mentioned that “we don’t have enough funds for our initiatives; we are doing volunteer work believing that we raise value of our mission by leveraging the work of others” (A. Siblani, personal communication, December 9, 2019)

The initiatives taken also cover the teacher professional development as most of the participants agreed that the background that the teachers have is not sufficient to be able to deal and interact with children. All the childcare owners plan and conduct their own training sessions to match the approach and the program that they select for their center. One of the owners sent her teacher for six months to be certified as a Montessori

teacher. In this context, and as stated by the Head of syndicate, the head of Mother and Child and School unit and the Head of the Islamic Health Society, many childcare owners take initiatives to train their teachers and others seem to be more reluctant. There are two reasons that refrain the owners from taking this initiative. The first one is that they not willing to send their teachers to workshops as they are “afraid that other owners spot their teachers and offer them other positions in their daycares.” The second one is related to financial budgets that limits their ability to send their teachers to workshops. The third one, as stated by the head of Islamic Helath Society is related to the lack of recognition that a daycare gets if they work on developing their staff. She stated the following responses from childcare owners “why would we pay and waste time on the teachers if the outcome will remain the same, parents don’t seem to care about professional development and the ministry won’t value our work. We will always maintain the number of children we have regardless of the teacher development.” The last response is mainly related to the daycares that are purely providing care for the children, thus keeping them safe, clean and healthy.

The personal initiative taken by the owners and other stakeholders is due to the lack of intervention and the guidance that the ministry provides the childcare owners with. And the ministry, as declared by the Head of Mother and Child Unit, is not providing the support due to the lack of human resources, funds, and priorities.

4.2.3.4 School readiness

All participants indicated that one major indicator of quality in childcare centres is preparing the children for school, defined purely as academic skills like “counting”, “identifying names”, “identifying shapes/colors”, etc. It was also associated with some “pressure” time exhibited on the children. Four out of five childcare owners expressed frustration when discussing this phase. The whole daily schedule and activities are

totally modified in order to prepare the children for the school interview exams. They relate this phase to the month of January where the programs become “structured”, “horrible”, “spoon-fed”. There were no evidence of skills other than academic related to school preparation.

4.3 The licensing document

As mentioned earlier in the literature review, the only document that reflects the policies related to childcare centres in Lebanon is the licensing document that was last updated in 2010. The following section is an analysis of the policy piece highlighting the quality indicator that it holds. The policy consists of 21 clauses that are classified under four decrees summarized in Table 4 including 1) structure 2) conditions and provision 3) staff and 4) managerial procedures.

Table 4

Quality indicators of the licensing document

Structure	Building and grounds Equipment Space
Conditions and Provisions	Health considerations
Staff	Qualifications of the nurse and the principal Health conditions for all staff members Child/Staff ratios
Managerial Procedures	Internal required documents Informing the ministry of health about the program used Inspection and renewal of licensing documents rules

As stated in the licensing document, the indicators of quality are limited by input indicators that can be provided by many childcare owners who can provide the proper space (as specified by the policy), a licensed nurse and a principal with a degree in the field of education or any other related field. There are no other requirements of process or outcome indicators.

The following sections elaborate on the interview findings and the licensing document within Woodhead's theoretical framework.

4.3.1 Interview findings and the Licensing document

Woodhead's quality framework was adopted for the purpose of processing and analyzing the generated data of the qualitative study. Woodhead's quality framework is founded on a strong statement about quality 'Quality is relative, but not arbitrary' (Woodhead & Keynes, 1996). Given that this study focuses on better understanding relevant stakeholders' understanding/definitions of quality, the framework will help address 3 questions: 1) who are the stakeholders in the quality of a program? 2) who are the perceived beneficiaries from quality? and 3) what are taken to be indicators of quality?

The framework is then classified under three different categories that are input, process and outcome indicators. These indicators are presented in Table 5 below.

Table 5

Woodhead quality framework for indicating quality in early learning centres.

1. Stakeholders in the quality program		<ul style="list-style-type: none"> • Children • Parents • Employers • Teachers • Program managers • Community leaders • Child development expert • Politicians • Funding agencies • Research investigators
2. Beneficiaries from quality		<ul style="list-style-type: none"> • Children • Parents • Employers • Teachers in the primary school • ECE workers • Older children
3. Quality Indicators		
Input Indicators: easy to define and measure	Process relationship and interactions	Indicators: day-to-day
Building and surroundings	Style of care	Outcome Indicators: impact of using services
		Children's health

<ul style="list-style-type: none"> • Space per child • Heating/lighting • Toilet/washing facilities 	<ul style="list-style-type: none"> • Adult's presence • Adult's responsiveness • Adult's consistency 	<ul style="list-style-type: none"> • Growth • Illness record
<p>Materials and equipment</p> <ul style="list-style-type: none"> • Furniture • Play equipment • Teaching/learning materials 	<p>Experience of children</p> <ul style="list-style-type: none"> • Choices • Variety • Routines 	<p>Children's abilities</p> <ul style="list-style-type: none"> • Motor coordination • Cognitive and language • Social relationships • Early numeracy and literacy
<p>Staffing</p> <ul style="list-style-type: none"> • Qualifications • Training • Pay and conditions • Child/staff ratios 	<p>Approach to teaching and learning</p> <ul style="list-style-type: none"> • Control/support • Differentiation 	<p>Children's adjustment</p> <ul style="list-style-type: none"> • Transition difficulties • Process through grades • School achievement
	<p>Approach to control and discipline</p> <ul style="list-style-type: none"> • Boundaries • Rules • Discipline strategy 	<p>Family attitudes</p> <ul style="list-style-type: none"> • Parental skills <p>Support for children's learning</p>
	<p>Relationship among adults Relationship between parents, staff and others</p> <ul style="list-style-type: none"> • Welcoming • Mutual respect • Cooperation • Respecting differences 	

(Adapted from Woodhead & Keynes, 1996: 23-25)

4.3.2 Interview data compared with Woodhead Quality Framework

Table 6 below is a visual that combines the data retrieved from the interviews within Woodhead's theoretical framework. It is divided into three sections, input, process and outcomes. Each indicator shows the number of participants from who considered that item to be of importance.

Table 6

Interview Data in comparison with Woodhead quality framework

1- Input Indicators: easy to define and measure

Building and surroundings

Classroom are spacious	3	0	2	0	0	1
Big playground	4	0	0	0	0	0

- Heating/lighting

NONE

- Toilet/washing facilities

Clean toilet	3	0	0	0	0	1
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Materials and equipment

- Furniture

NONE

- Play equipment

Variety of toys	3	2	0	0	1	1
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- Teaching/learning materials

Educational resources	0	1	0	0	0	1
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Staffing

- Qualifications

Teachers are qualified	4	3	5	1	2	1
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- Training

Professional development for the staff	0	1	5	1	1	1
--	---	---	---	---	---	---

- Pay and conditions

NONE

- Child/staff ratios

Small number of children in the classroom	4	3	3	0	0	0
---	---	---	---	---	---	---

2- Process Indicators: relationship and day-to-day interactions

Style of care

• Adult's presence

The children are always supervised	4	0	2	0	0	1
The team leading group is always present at the center	6	2	5	0	0	1

• Adult's responsiveness

Teachers are caring and warm						
Teachers build a good relationship with the children	0	0	1	0	0	1
Adults deal respectfully with children	0	0	2	0	0	0
Teachers encourage the children to ask questions	1	3	5	1	2	1

• Adult's consistency

NONE

Experience of children

• Choices & Variety

Opportunities for social interaction	7	2	4	0	2	1
Program provides time to play	1	2	5	1	2	1

• Routines

NONE

Approach to teaching and learning

• Control/support

Balance between love and discipline	3	2	0	0	1	1
Teachers are helpful and supportive						

• Differentiation

The child receives individual attention	5	0	2	0	0	0
There are therapists at the center	5	0	3	0	0	1

Approach to control and discipline

• Boundaries

• Rules

• Discipline strategy

Discipline rules and regulations	6	2	4	0	0	1
----------------------------------	---	---	---	---	---	---

Relationship among adults

NONE

Relationship between parents, staff and others

- Welcoming

The center is welcoming and feels homey	5	3	5	0	0	1
---	---	---	---	---	---	---

- Mutual respect

Teachers have good relationship with parents	1	0	5	0	0	0
--	---	---	---	---	---	---

- Cooperation

NONE

- Respecting differences

NONE

3- Outcome Indicators: impact of using services

Children's health

- Growth
- Illness record

NONE

Children's abilities

- Motor coordination

Children develop gross and fine motor skills through play	0	1	4	0	1	1
---	---	---	---	---	---	---

- Cognitive and language

Children learn how to talk at the center	3	1	2	0	0	0
Children have a voice to communicate their needs	0	0	1	0	0	1

- Social relationships

Children learn how to share	5	1	0	0	0	1
Children solve social conflicts	1	0	0	0	0	0

- Early numeracy and literacy

Children learn how to count	4	0	3	0	0	1
Children identify their names	3	3	3	0	0	0

Children's adjustment

- Transition difficulties

The program prepares the child to enter to school	6	2	5	1	2	1
---	---	---	---	---	---	---

- Process through grades

NONE

- School achievement

NONE

Family attitudes

- Parental skills

NONE

- Support for children's learning

NONE

4.3.3 Licensing document and Woodhead's quality framework

The quality indicators of the licensing document presented in chapter four are presented in Table 7 below within Woodhead's theoretical framework adopted for this study.

Table 7

Licensing Document indicators in comparison with the Woodhead quality framework

1- Input Indicators: easy to define and measure

Building and surroundings *

- Heating/lighting
- Toilet/washing facilities

Materials and equipment

- Furniture
- Play equipment
- Teaching/learning materials

Staffing

- **Qualifications ***
- Training
- Pay and conditions
- **Child/staff ratios ***

2- Process Indicators: relationship and day-to-day interactions

Style of care

- Adult's presence
- Adult's responsiveness
- Adult's consistency

Experience of children

- Choices & Variety
- Routines

Approach to teaching and learning

- Control/support
- Differentiation

Approach to control and discipline

- Boundaries
- Rules
- Discipline strategy

Relationship among adults

Relationship between parents, staff and others

- Welcoming
- Mutual respect
- Cooperation
- Respecting differences

3- Outcome Indicators: impact of using services

Children's health

- Growth
- Illness record

Children's abilities

- Motor coordination
- Cognitive and language
- Social relationships

-
- Early numeracy and literacy

Children's adjustment

- Transition difficulties
- Process through grades
- School achievement

Family attitudes

- Parental skills
- Support for children's learning

*Represent licensing requirement indicators

The highlighted parts in the table represents the licensing requirement qualifications*. Three of the indicators are categorized under the input indicators of the framework. Moreover, there is section in the licensing document "managerial procedures" that is not part of Woodhead's framework as seen in Table 5.

The discussion of stated findings are further elaborated and discussed in chapter five.

Chapter Five

Discussion of Findings

The purpose of this study was to define quality in childcare centres from the perspectives of different stakeholders. The findings were analyzed using Woodhead's (1996) model of quality development framework.

According to the study's adopted framework, quality is a fluid concept that is bound by social, economic and cultural factors and is defined according to the needs of children and how each society perceives it (Dahlberg, Moss & Pence, 2007). In that respect, the findings of the study reveal various meanings about quality in childcare centres depending on the participant and the role they play in society. Therefore the following section will address the research question that is "How is quality defined for childcare centres in Lebanon" under these two guiding questions: 1. to what extent is the definition of quality co-constructed as suggested by the theoretical framework? 2. In what ways did the findings about quality value the child's development?

5.1 To what extent the definition of quality is co-constructed as suggested by the theoretical framework of the study?

The adopted framework of this current study is based on social constructionism as expressed in chapter two. One of the pillars of social constructionism is that relationships, perspectives and concepts are transformed over time not because of biological processes but as a result of the various ways the meaning is constructed and reconstructed over time. They are based on people's histories, how they interact with

each other and how they make sense about their experiences in the world they live in (Burr, 2015).

If we compare the findings derived from the research and the core of the theoretical framework, we notice little opportunities and evidence of interaction or exchange of experiences and ideas among the selected participants to define quality of education in the Lebanese context. Each category of participants, whether parents, teachers, childcare owners, or others described quality from a perspective that is disconnected from the other. The only link and interaction that is evident among all the stakeholders is related to the licensing document. The parents were the only participants who didn't show awareness of this document but the rest of the participants referred back to it as one of indicators of quality. The meaning given to this document were varied and each participant used it and modified it as they see fit within their own context. Therefore, instead of socially constructing and evaluating the meaning and the usage of this document, the participants resorted to taking a personal initiative on how to use it. The head of syndicate clearly confirmed that by stating "our view of quality is different than the others, especially the childcare owners and parents because what they really care about is the license and they find it a waste of time and resources to invest in the professional development of their teachers. As for parents, they have very little knowledge about this age group, so they don't really care about quality the way we understand it, they mostly want a safe place for their children; "childcare centres will be licensed as long as they follow the licensing requirements." Similar anecdotes were shared by the Head of Mother and Child Unit as well as by childcare owners.

In the adopted theoretical framework, the early years is also a culturally constructed concept that requires a dialogue between the stakeholders to be able to define this phase of life. Policies play a role in supporting these concepts in order to afford a meaningful experience for the child in childcare centres (Woodhead, 2006). In this regard, the findings of the study shows minimal attempts to construct a meaning of the early years among the involved stakeholders. Some of the participants perceived the early years of life as being a preparation for the future. Others, described it as an important phase for the child to build skills, and others limited it to a phase to prepare children for school years. Moreover, the licensing document itself gives no indications or guidance on the nature of approaches or specifications of this age group; it only requires the childcare centres to have an educational program.

5.2 In what ways did the findings about quality value the child's development?

The benefits of high quality education on the children were highlighted in the course of this current research study (Chapter 2). As a connection to this idea, the following section focuses on interpreting how the various stakeholders perceive quality with respect to child development.

5.2.1 Quality and input indicators

The findings of the study revealed that one of the most common selected indicators of quality was related to input indicators related to safety, cleanliness and care. This indicator was not only valued by the participants but was emphasized in the licensing document. Actually, it is a factor that highly determines the approval or rejection of the childcare licensing. With this in mind, the value that the licensing document, the childcare owners and parents give to this indicator overrules some other

indicators that have been shown to be crucial for child development. Out of the 21 decrees of the licensing document only two are related to the educational aspect of the childcare center: 1. Presence of a manager who holds a degree in a related field of education and 2. The childcare center should present evidence of the adopted curriculum. There is nothing in the licensing document that suggests guidance and support toward the educational approaches, philosophies, and requirements.

The mentioned decrees in the licensing document are broad to an extent that allows stakeholders to perceive it and apply it the way it fits their own interests and needs. Additionally, it might explain the values given to safety, cleanliness and care indicators that tend to overweighs the value given to the educational aspects. This idea was supported by the head of Syndicate, the Head of Islamic Health and the Head of MCU when they explained the reason why different childcare owners show little motivation to engage their teachers in professional development as they don't see the need to invest in the teachers (financial and time) knowing that their license will be eventually renewed.

Despite the fact that safety, cleanliness and care are important factors on the child's cognitive and academic skills (Denham & Brown, 2010), the findings revealed illusiveness towards other major aspects that are supported by the educational approach. Safety and care are important but how about the importance of exploration, play and the development of the concept of risk in the children's lives? (Gill, 2007).

5.2.2 The neoliberal theory and quality

As previously stated, the neoliberal approach has several implications into early childhood education and the quality of the program that it serves (Sims, 2017). Within this contextual scheme, the learning becomes a tool for the preparation of compliant citizens who are able to perform certain tasks in society. On the other hand,

the study presented one of the important aspects of the adopted Woodhead framework of quality (1996) which was the value given to a contextually constructed meaning of quality rather than defining it, and there is a big difference between the two. Woodhead does not support the universal spreading of any framework on quality for two reasons. First, it will result in uniformity, and a standardized formula for the quality of childhood. Second, it will deny the importance of contextually-appropriate standards that are essential in fostering positive children's development (1996). When comparing this idea shared by Woodhead with the obtained data, we find a big difference in the conceptualization of quality. In fact, the findings link more to the neoliberalist theory and the way it conceptualizes education; a system that focuses on standardization and accountability. Moreover, the system is assured by a top-down strategy and a monitoring system that are based on compliances (Baltodana, 2012). The analogy made between the neoliberalist theory and the findings of the study are further elaborated.

First, the findings revealed that the participants showed preference of being accredited by an international agency for two reasons. One of the reasons was the belief that international standards are more comprehensive and more child oriented than the policy of MoPH. The second reason was related to a cultural belief that is based on the fact that international accreditation gives the image of the childcare center to be more credible. For example, the Head of MCU believes that "if we want to push the standards, we need to work on getting an accreditation. We previously worked on an accreditation with the Italians and it cost 4 million dollars and we stopped the project after the first phase for lack of funds. At this point we are maximizing the work with what we have, knowing that we lack the human resources for that. The reason to seek international accreditation was related to the fund and to their approach in looking

at this age from a research point of view” (P. Mansour, personal communication, November 28, 2019). Another example was shared by the HIS who is developing a checklist based on the international standards but didn’t share what standards exactly (A, Siblani, personal communication, December 9, 2019). A third example was shared by the childcare owner who got the ISO accreditation confirming that “parents will be satisfied about it as they don’t really trust the Lebanese requirements” (E. Mourtada, personal communication, November 12, 2019). Another childcare owner stated that “I purposefully selected the Montessori approach because I believe in it knowing that most of the families here are foreign families. It will need time for the Lebanese families to accept the approach.” (T. Abu Harb, personal communication, December 12, 2019). This decontextualized approach into quality is in contradiction with the adopted theoretical framework and denies the importance of contextually-appropriate standards that are essential in fostering positive children’s development (Woodhead, 1996). It also brings up issues of credibility of the Ministry whereby the Head of MCU is also seeking external assistance knowing that it is not contextually sensitive to Lebanon.

Second, the findings reveal a high need for standardization. For instance, childcare owners plan and implement some standardized programs to prepare children for the school entrance exam. Despite the fact that some of them believed that the children need to play, explore and interact with each other, they face a pressure to follow standardized programs that are based on factual information. As a result, they ensure that their students “pass” the exams, the parents are then satisfied and it is a good marketing for their daycare.

Third, when the participants were asked to justify the use of certain approaches, many replies were under the categories of “it is requested by the policy”, or, “this is what parents want” or, “this is what the schools expect from us”. These justifications and decisions have great implication on the varying levels of quality of young children’s early years’ experience; the focus is on the external, and at time superficial demands rather on the child’s developmental needs and interests. It is structured and translated on the basis of standardization, push-down curriculum and an anti-democratic force that keep on nurturing capitalism (Abendroth & Potifilio, 2015).

As such, the previously described findings relate closely to a neoliberal vision on education. The fact that people in authority namely, the head of MCU the childcare owners, and the head of HIS clearly are aiming for an accreditation program to develop and evaluate the early childhood program proves an increased compliance attitude. Consequently, the curriculum or the program implemented at the childcare centers becomes a recipe, leading to teaching strategies that will allow the child “to pass the entrance exam” and to “please the parents”. As such, and as a neoliberal approach functions, it focuses on the preparation for school and then for employment as opposed to the long established early childhood practice of operating from children’s strengths (Brown, 2015).

5.3 Other Findings

As previously described, the licensing (policy) document follows a list of criteria that fall into input indicators (Appendix B). These criteria are categorized under 21 decrees that are translated into measurable outcomes. These outcomes are summarized under four different categories namely the structure, conditions and

provisions, staff and managerial procedures (presented in chapter four). These outcomes fit well with Katz (1993) model for defining quality, as the policy in Lebanon follows a top-down approach and is adopted by the politicians who will describe quality based on the country resources. This approach highly limits the possibilities of adopting a definition of quality that is stated by the selected Woodhead quality framework. It also limits the practitioners' ability to debate and reflect on their work in the field and require them to follow the standards blindly (Sims, 2014). Moreover, this approach fails to integrate and accommodate the ECEC beneficiaries' perspective into the process of policy development. Consequently, there is no room to use the stakeholders' experiences and implementation of the approach into the policy updates. In this case, the policy is used as a static piece that is not evolving over time. The adopted theory in this study perceives policy as a fluid document that is modified according to the stakeholder's experiences and thoughts about it (Walker et al., 2001: 283)

The research has shown the crucial role that qualified teachers play in implementing and designing high quality programs (Sylva et al., 2004). However, the findings reflect the lack of qualified workforce to work in childcare centres. This point was mostly shared by the teacher, the Head of Mother and Child unit, the head of syndicate and the head of Islamic Health Society. They all shared the challenge they find in training and preparing their early childhood teachers. Moreover, they believe that the lack of qualified teachers cost them time and budget that they can't afford at times. In addition to that, the policy requires a degree in education or in other related field from the owner/manager of the childcare center. It doesn't specify any educational background from the teachers or assistant teachers. However, the policy itself insists on having a certified nurse in each childcare center. These findings confirm the fact that the policy

values safety and health aspects in a childcare center without accounting for the educational aspects.

Chapter Six

Conclusion

6.1 Overview

The proposed research study aimed at defining quality in childcare centres in Lebanon. A series of semi-structured interviews was conducted to reveal the stakeholder's perspective on quality for childcare centres. In addition to that, a document analysis was reviewed and a series of findings and discussions were shared in the previous chapters to address the research question:

- 1- How is quality defined for childcare centres in Lebanon by the relevant stakeholders?

6.2 Findings of the study

As Myers (2007, p.3) stated "trying to define quality is much like trying to catch a fish with your bare hands." As such, defining quality within a constructivist lens is very challenging and the use of Woodhead framework on quality was helpful to give the study more structure. The key to defining quality lies in the exchange of ideas and perspectives that people give about quality (Burr, 2015). The findings of the study shows that stakeholders have different perspectives about quality with minimal interaction and exchange of experiences and ideas between them. In this regard, there was minimal collaboration and attempts made to define quality in the Lebanese context and until present day, the MoPH has not taken the lead on defining and unifying some of this terminology.

6.3 Limitations

One of the limitation of this study is the sample size and the geographic distribution of childcare centres. The data collected was mostly derived from Beirut,

the capital of the country. Further studies would be needed in more areas in Lebanon further validate findings to allow for more accurate generalizations.

Another limitation was the SES of most of the participants who come from high SES backgrounds.

It would have been also interesting to interview male teachers, parents and childcare owners to check whether the gender could have any implications on the findings

Moreover, it was challenging to meet with the second head of syndicate and to collect data from him.

Lastly, a major limitation has been the lack of needed information, in terms of any statistical data on childcare centres as well as any empirical studies for this particular age group in childcare centres.

6.3 Recommendations for future research

While stakeholders expressed their effort and attempts to maintain and implement quality program in the childcare centres, findings from the studies call for some immediate action that could bridge the gap between the policy and practices and could ameliorate the experience that the children have at this phase of life. To achieve that, the following issues can be addressed.

1. The first recommendation is to engage stakeholders in a dialogue to define the early years in the Lebanese context. It is recommended to have evidence based data that identifies a shared understanding about the early year phase in Lebanon. This would also involve all the stakeholder and should take into consideration the needs of the children at this age.
2. Another recommendation would be to involve the ECEC beneficiaries in the planning of the programs. As mentioned previously, the top-down approach used by the government fails to include stakeholders' perspective in the process

of informing, and making more meaningful policy decisions for implementation. This study therefore calls for a more inclusive approach to develop the policies and programs related to early childhood education. One approach to reach that goal is raising awareness through a platform for early childhood educators, educators, some government officials and NGO representatives etc. The role of the above mentioned stakeholders would be varied. They can gather to talk about some sort of a vision/mission for this age group allowing advocacy at all levels, and especially at the relevant ministry; They can also identify what already exists and build up on it. For example, the finding revealed that one of the project that started with the Italian embassy and costed 4 million dollars has stopped; therefore, a reasonable action would be to collect funds and continue the project, thus using the fund and the resources more effectively.

When this joined effort continues among the stakeholders, then we will have the opportunity to start thinking about policy changes and gradually develop something contextualized for Lebanon specifically to know first, how things are defined, what is considered as quality, and then at least developing a framework and then developing measures to assess quality.

3. A third recommendation would be to employ more funds into the early year education. There is a very low financial effort put into the ECEC budget and more specifically for the ages 0 to 3 that goes under the ministry of health (P. Mansour, personal communication, November 28, 2019). As shared by the Head of Mother and Child Unit, 80% of the budget that the MoPH health gets goes for health and medical needs and the rest of 20% is allocated to primary health cares and childcare centres in Lebanon (P. Mansour, personal

communication, November 28, 2019) consequently, the funds shared is inadequate to ensure the design and implementation of quality programs.

4. A fourth recommendation is to connect the concept of quality of education in early childhood education with the teacher's professional development. As mentioned previously, it is recommended to create a framework that defines quality in the Lebanese context and then linking it to a meaningful assessment. The implementation and the translation of the framework would be only effective they are effectively disseminated and discussed with the teachers. In that case, the university programs and the childcare owners play a major role. Research has shown the importance of qualified teachers in promoting a high quality education program (Sylva et al., 2004). The findings reveal that there is lack of qualified programs that prepare qualified teachers. In this regard, it is recommended to design and develop graduate or vocational programs that train and prepare teachers to work in the field.

6.4 Research Implications

This study explored stakeholder perspectives with regard to their understanding and definition of quality in childcare centres in Lebanon namely from parents, practitioners and government officials who are involved in the field. Additionally, it highlighted the relevance of the findings, thus allowing for more possibilities for future research. The findings gave better insights from Woodhead's quality framework and opened up possibilities of using this framework as a base for future discussions and implementations when defining quality and understanding quality of early childcare in the Lebanese context.

The significance of the study is as well related to the possible venture into updating the policy document. It opened up a possibility of engaging different stakeholders in this process and in suggesting ways to reconstruct the definition of quality in childcare centres in Lebanon.

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Appendix A

Licensing Document (Arabic version)

آلية ترخيص دار حضانة خاصة

وزارة لصحة دائرة صحة أم ولود ول مدرس : لجهة لمسؤولة عن لترخيص لإدارة لمركزية ، لطابق لثاني قرب أوجيرو بئر حسن بيروت : لمقر مقسم: 6 5 2 3 4 01/830300 01/830376 : رقم لهاتف www.moph.gov.b : لموقع لإلكتروني

1. قرءة لمرسوم 4876 تاريخ 23 ب 2010 (يتضمن لمرسوم لشروط لتي تختص في لبناء ، شروط لقبول
2. ولمرقية، لمستخدمون وإجراءت لإدرية) .
3. لموصول على موفقة مبدئية من دائرة صحة أم ولود ول مدرس على خريطة لبناء قبل لتنفيذ أو لإيجار .
4. كما أنها تحتوي أقله على لأجزء لتالية Autocad يجب أن تكون لخريطة مرسومة بال :
 - صف للأطفال ما دون لسنة ونصف
 - (A) صف للأطفال بين لسنة ونصف ول سنتين ونصف
 - (B) صف للأطفال بين سنتين ونصف ول ثلاث سنوات ونصف
 - (B) مساحة لصف + (A) ملعب مساحته أقله متساوية مع مساحة لصف
 - غرفة طعام
 - غرفة إدرة
 - (INFIRMERIE) غرفة عزل
 - حمام للأطفال مزود بكرسي صغيرة تتناسب مع أعمارهم
 - حمام للجهاز لعامل
 - مطبخ
4. على در لحضانة أن تكون في لطابق لأرضي أو لأول كما أن مساحتها لا تقل عن 200 م² للتأكد من أن در GOOGLE EARTH في حال كان صاحب لترخيص مدرسة يجب تأمين . خارج حرم لمدرسة طبقاً لمادة 2 من لمرسوم 4876 إذ كانت لحضانة تستوعب أقل من 40 طفل ، يجب ن يكون صاحب لدر نفسه لمدير طبقاً للمادة 13
5. بعد أن يتم تجهيز در لحضانة حسب لمتفق عليه ويعد توظيف لجهاز لعامل، يملء طالب لترخيص طلب لترخيص بفتح وستثمار در حضانة ويضم له لمستندات لمطلوبة
6. تقديم لطلب في لديون (لطابق لثالث في لإدره لمركزية) وذلك بعد أخذ لموفقة من دائرة (صحة أم ولود ول مدرس
7. لكشف من قبل دائرة صحة أم ولود ول مدرس للتأكد من توفر جميع لشروط لصحية، لإدرية وجميع قوعد لأمانة ولسلام في در لحضانة
8. إصدار رخصة بفتح وستثمار در حضانة صادرة عن وزير لصحة

4876

صادر في 23 آب 2010

تعديل شروط الترخيص بفتح واستثمار دور الحضانة الخاصة

يلغي ضمناً

تاريخ 12286 رقم المرسوم 15/04/2004

ان رئيس الجمهورية،

بناء على الدستور

بناء على القانون الصادر بموجب المرسوم رقم 8377 تاريخ 1961/12/30 وتعديلاته) تنظيم وزارة
(الصحة العامة

بناء على المرسوم رقم 12286 تاريخ) 15/4/2004 تعديل شروط الترخيص بفتح واستثمار دور
(الحضانة) الخاصة

بناء على اقتراح وزير الصحة العامة،

(وبعد استشارة مجلس شوري الدولة) الرأي رقم 2008/234 - 2009 تاريخ 2009/5/19

وبعد موافقة مجلس الوزراء بتاريخ 28/7/2010

يرسم ما يأتي

المادة الاولى

ان دور الحضانة هي مؤسسات للرعاية المتكاملة تستقبل الاطفال من عمر 40 يوماً ولغاية 3 سنوات
كاملة (حتى بداية الاربعة سنوات) وتعمل على تلبية حاجاتهم ومتطلباتهم من خلال رعايتهم والاهتمام
بهم وتنمية شخصيتهم جسدياً ونفسياً واجتماعياً موفرة لهم البيئة الصحية السليمة والتنشئة التربوية
. اللازمة ضمن ساعات محددة من النهار تحدد بقرار انشاء الدار

القسم الاول: في البناء

المادة 2

يقتضي في البناء 1-

ان يكون صالحاً للسكن-

ان يكون تحت مستوى الارض أو في المستودعات-

ان يكون ضمن حرم مدرسي، أو حرم مستشفى أو مبنى صناعي-

(ان يحتوي على اجهزة لمكافحة الحرائق (على الاقل جهازين)-

ان يقل علو السقف داخله عن مترين وخمسة وسبعين سنتمتراً-

ان تفرش الارض المبلطة بمادة لينة-

. ان تكون التهوية والاضاءة جيد-

غرفة نوم للاطفال (للاطفال دون عمر السنة) - غرفة ادارة واستقبال. - 2تتألف دور الحضانة من الامكنة -

التالية: - ان تدهن الجدران بمادة يسهل غسلها وتنظيفها

مراحيض. - حمام. - مطبخ. - مكان لراحة الطفل المريض بانتظار حضور اهله. - غرفة طعام. - غرف أو -

قاعات لعب. - صفوف للاطفال لممارسة نشاطاتهم التربوية مقسمة حسب العمر واللغة

. المادة 3- مساحة للعب تستوفي شروط السلامة اللازمة

بالنسبة للاطفال الذين يمشون تكون صفوفهم مجهزة بطاولات وكراسي ليتمكن الاولاد من

لكل طفل يوضع في الوقت المخصص للنوم ويمكن ان يوضع جانباً بعد انتهاء وقت الراحة. الجلوس عليها

اثناء مزاوله نشاطاتهم كما يكون الصف مجهزاً بأسرة متحركة للنوم بمعدل سرير واحد

أما بالنسبة للاطفال الرضع الذين يمشون فتوضع اسرتهم في غرف مخصصة للمنامة على أن

يبعد السرير عن الآخر مساحة 25 سم على الأقل، على ان يتعدى عددها في مطلق الاحوال العشرة

. المادة 4 اسرة في الغرفة الواحدة

على صاحب دار الحضانة ان يكون لبنانياً، وان يبرز سجلاً عدلياً نظيفاً والتعهد بضمان سلامة

الاطفال ضد الحوادث والايضاً اثناء دوام الحضانة وكذلك الامر على وسائل النقل التابعة له، على أن

تلا

(يحتفظ ببوليصة تأمين في دار الحضانة، وان يتخذ التدابير اللازمة للحماية من الحوادث والايضاً

...). المادة 5 التمديدات الكهربائية والمائية

تزود مراحيض الاطفال بكراسي مرحاض صغيرة الحجم وبنسبة كراسي لكل عشرة اطفال فوق

. المادة 6 السنة والنصف من العمر، ويجب ان تكون مستقلة عن المرحاض الخاص بالادارة والموظفين

تخصص قاعة لعب واحدة أو اكثر للاطفال الذين يمشون وتكون مستقلة عن غرف النوم للرضع

. مزودة بكراسي والعباب سليمة تتوفر فيها شروط السلامة

المادة 7

يمنع على الحضانة ان تستقبل الاطفال المرضى حتى الشفاء التام، منعاً لانتشار العدوى. اما في حال

التأكد من مرض احد الاطفال، على الادارة الاتصال فوراً بأهله أو المسؤولين عنه، ورعايته لغاية

. وصولهم ووضعه في المكان المخصص لذلك

المادة 8

- يحدد عدد الاطفال في الترخيص وفقاً للمساحة الاجمالية للصفوف بمعدل متر مربع واحد لكل طفل يمشي في الصف وم
- بيب، ممرضة، قابلة، اختصاصي حة عامة) أو علوم ادارية أو اقتصادية (
- ممرضة مساعدة مرخص لها بالعمل من وزارة الصحة العامة أو شهادة خبرة بالعمل مع الاطفال الممرضة -
- مجازة مرخص لها بالعمل من وزارة الصحة العامة لكل دار حضانية تعمل بدوام كامل
- لخمسة سنوات على الأقل، مصدقة من نقابة الحاضنات، لك عشرة اطفال ما بين الاربعين يوماً والسنة
- حاضنة مع مساعدة لكل 20 طفل فوق السنة على ان تكون الحاضنة من حملة الشهادة في التربية-
- الحضانية أو أي اجازة في حقل التربية
- طبيب مجاز بممارسة المهنة على الاراضي اللبنانية حانزاً على اختصاص في طب الاطفال أو طبخادمة -
- واحدة على الأقل في الدار
- العائلة أو الطب العام يعاين مرتين في السنة وكلما دعت الحاجة
- . المادة 14 يمكن ان تكون نائبة المدير الممرضة المجازة أو احدي الحاضنات
- يخضع المستخدمون قبل دخولهم الخدمة لمعاينة طبية وللفحص الشعاعي للصدر يثبت سلامتهم في
- السل وللفحص مخبري للبراز يثبت سلامتهم من الامراض المعدية ويجري اعادة هذه الفحوصات كلما
- دعت الحاجة
- يتبع المستخدمون التعليمات التي يعطيها طبيب دار الحضانية لوقاية الاطفال من العدوى، توضع كمادة
- . على الانف والقم عند الاصابة بالزكام أو لأي سبب كان
- القسم الرابع - الاجراءات الادارية
- المادة 15
- :يجب على ادارة دار الحضانية ان تمسك السجلات التالية
- .السجل الصحي -
- .سجل الطفل -
- .السجل الغذائي -
- .النظام السلوكي -
- .هـ النظام الداخلي
- وتحدد مضامين هذه السجلات بملحق خاص يصدر عن وزير الصحة العامة بناء على اقتراح المدير
- . العام
- المادة 16
- تمنح رخصة فتح واستثمار دار الحضانية بقرار يصدر عن وزير الصحة العامة وذلك بعد موافقة
- الوحدة المختصة لدى وزارة الصحة العامة وتاكدتها من توافر كافة شروط منح الترخيص المنصوص
- عنها في هذا المرسوم وابداء الرأي فيما يختص بالنواحي الصحية قبل الترخيص
- المادة 17
- على كل دار حضانية ايداع وزارة الصحة العامة تقريراً عن سير العمل داخل الدار وملء الاستمارة
- . المعدة من قبل وزارة الصحة العامة
- على دار الحضانية اعتماد منهج انماني للاطفال بما يضمن تنمية شخصيتهم جسدياً وفكرياً ونفسياً
- . واجتماعياً، ضمن بيئة صحية سليمة وتنشئة تربوية تسهل وصولهم الى المدرسة
- المادة 18
- على كل دار حضانية ابلاغ الدائرة المختصة في وزارة الصحة العامة عن كل تغيير يطرأ على قرار
- . الترخيص
- يقق للوحدة المختصة في الوزاره اعطاء مهلة تتعدى الشهرين لصاحب الدار لتسوية الوضع
- المخالف. ويتم تعليق أو الغاء الترخيص بفتح واستثمار دار الحضانية بعد هذه المهلة بناء على اقتراح
- . المدير العام وفقاً لاقتراح الدائرة المختصة في الوزارة
- المادة 19
- تبقى التراخيص المعطاة وفقاً للمرسوم 12286 تاريخ 2004/4/15 سارية المفعول، كما يحق لدور
- . الحضانية المرخص لها سابقاً استبدال تراخيصها تلقائياً باخرى جديدة صادرة عن وزارة الصحة العامة
- المادة 20
- تعطى المؤسسات المرخص لها بالعمل قبل تاريخ العمل بهذا المرسوم، مدة سنتين، ابتداء من تاريخ
- . نشر هذا المرسوم لتسوية اوضاعها، لتصبح متلائمة مع احكام هذا المرسوم
- المادة 21
- ينشر هذا المرسوم ويبلغ حيث تدعو الحاجة ويعمل به فور نشره في الجريدة الرسمية

بيت الدين في 23 آب 2010

الامضاء : ميشال سليمان

Appendix B

Licensing document (English Version)

The President of the Republic,
based on the constitution,
based on the law issued by Decree No. 8377 dated 12/30/1961 and its amendments
(Organized by the Ministry of Public Health),
based on Decree No. 12286 dated 15/4/2004 (amending the conditions for licensing
to open and invest in nurseries) Private sector),
based on the proposal of the Minister of Public Health, and after consulting the State
Consultative Council (Opinion No. 234/2008 - 2009 of 19/5/2009), and after the
approval of the Council of Ministers on July 28 2010, the following is drawn:

Article 1:

The childcare centres are care institutions that receive the children from the age of 40 days up till three years old (until the beginning of four years old), and work to meet the children's needs and wants through the care and the development of their personality, physically, psychologically and socially. The childcare centres provides a healthy environment that provides the needed educational background within specific hours that is decided by the internal rules of the childcare center.

Section one: Construction

Article 2:

1- Construction:

- Convenient for living.
- Not to be underground or in a warehouse.
- Not to have it in a school campus, or a hospital campus or any industrial building.
- To be equipped with fire extinguisher (at least two)
- The ceiling's height shouldn't be less than 2 meters and 75 centimeters
- The ground surface should be covered with soft material
- Good ventilation and lighting conditions
- The walls to be painted with washable material

2- The premises should include the following areas:

- Reception and administrative area
- Bedroom (for children under one year old)
- Classrooms for the children to do their activities. The classrooms are to be divided according to the age and the language used
- Space for play
- Space for eating

- Isolation room
- Kitchen
- Bathroom
- Toilets
- Space for play that follows the safety measures

Article 3:

The classrooms designed for the children who are already walking should be equipped with tables and chairs that the children use when doing their activities. The classroom is to be equipped with mobile beds (one for each child) that are used in quiet time. These beds are to be moved away after quiet time.

Article 4:

The childcare owner should be Lebanese and has to show a clean police certificate and to commit for the care of the children against any accident or danger that happens within the reception of the children as well as when using the childcare center transportation means. The childcare owner should also have an insurance policy that covers the centres and has to take precaution measures to protect the center from any accident or danger such as electrical and water installation etc.

Article 5:

The bathrooms are to be equipped with child-size toilet seats with a ratio of one seat for every child above the age of 1.6, and the bathrooms should be separated from adults' bathrooms.

Article 6:

There is an allocated room (at least one) for play that is separated from the infant room and equipped with chairs and toys that follow the safety measures.

Article 7:

It is totally forbidden for the childcare center to receive any sick child before total recovery to limit the spread of infection. In case the center detects any child who is sick, the administration should immediately call the parents for pick-up and to keep the child well-taken care of in an isolation room.

Article 8:

The number of children in the license is determined according to the total area of the classes at the rate of one square meter for every child walking in the classroom and two square meters for each child who does not walk in the bedroom. A square meter shall be allocated for every child walking in the playroom, provided that the area of one class should not be less than 12 square meters.

A dining hall is designated for children, equipped with tables and chairs suitable for all age groups, away from the food preparation place and protected from gas hazards.

Article 9:

The kitchen must be equipped with what is necessary to prepare food, and sterilize the milk and utensils for infants, in case they are present, and keep the food in a refrigerator that can accommodate a quantity that serve the children at the center.

Section two: Conditions for admission and control

Article 10:

The child is not accepted in the nursery until after the presentation of his own health record, which includes the childhood vaccination schedule approved by the Ministry of Public Health, and the child is accepted if his parents pledge to follow up the vaccination at appropriate times and submit a medical report on the child's health status.

Article 11:

When an infectious disease is detected at the childcare center, the nurse should initiate contact with the childcare assigned doctor and the parents of the child to take medical and preventive measures as well as to inform the Ministry of Public Health.

Article 12:

In order to preserve the health of children, it is prohibited for people who don't work at the childcare center to enter the nursery rooms.

Section three: Users

Article 13:

The agency responsible for the nursery consists of:

- A manager who holds a degree in one of the following: childhood education, sociology, psychology, or health sciences, a doctor, nurse, midwife, public health specialist, or science or administration or economics.
- A licensed nurse licensed by the Ministry of Public Health and working as a full timer
- An assistant nurse licensed to work from the Ministry of Public Health or holding certificate of experience for working with children for at least five years, certified by the Syndicate of childcare centres in Lebanon, one assistant for each ten children between forty days and a year.
- One caregiver with an assistance for every 20 children over the year, provided that the caregiver is a holder of a certificate in nursery education or any degree in the field of education.

- Hiring at least one helper at the center.
- An authorized doctor who practice the profession on the Lebanese soil and holding a specialization in pediatrics, family medicine or general medicine, the doctor should examine the children twice a year and whenever needed.
- It can be the deputy director, the licensed nurse or one of the caregivers.

Article 14:

Before working at the childcare center, all employees are subjected to medical examination for a chest x-ray to prove their safety in tuberculosis, for a stool examination that proves their safety from infectious diseases. These checks-ups are revised whenever needed.

The employees follow the instructions given by the nursery doctor to protect children from infection. When the employees catch a cold, they should place a mask on the nose and the mouth.

Section four: Administrative procedures

Article 15:

The administration of the nursery must maintain the following records:

- The health record.
- Child's record.
- The nutritional record.
- Behavioral system.
- Internal laws

The contents of these records are specified in a special supplement issued by the Minister of Public Health upon the proposal of the Director General.

Article 16:

The license to open and invest in a childcare center is granted by a decision issued by the Minister of Public Health, and this is assured after the approval of the competent unit at the Ministry of Public Health, and making sure that all the conditions for granting the license stipulated in this decree are met and to express an opinion regarding health aspects.

Article 17:

Each childcare center must submit a report to the Ministry of Public Health on the progress of work inside the center and to fill-out the form prepared by the Ministry of Public Health. The nursery must adopt a development curriculum for children to ensure the development of their personality physically, intellectually, psychologically and socially, within a healthy environment and educational development that facilitates their access to school.

Article 18:

Each nursery must inform the specialized department in the Ministry of Public Health of any change in the licensing decision. The department in the ministry is entitled to give a period that exceeds the two months for the childcare owner to settle the contrary situation. The license to open and invest in a nursery is suspended or canceled after this period, based on the proposal of the Director General, based on the proposal of the department in the Ministry.

Article 19:

The licenses are granted in accordance with Decree 12286 dated 15/4/2004 remain, and the previously licensed nurseries have the right to automatically replace their licenses with any new ones issued by the Ministry of Public Health.

Article 20:

The institutions licensed to operate prior to the date of the implementation of this decree are given a period of two years, starting from the date of publishing this decree in order to regularize their status, so that they are compatible with the provisions of this decree.

Article 21:

This decree will be published and notified where needed, and shall be enforced upon its publication in the official gazette.

Appendix C

Consent to participate in a semi-structured interview Defining quality in Early Childhood Education in Lebanon

I would like to invite you to participate in a semi-structured interview for my research on defining quality in Early Childhood Education and Care in Lebanon, specifically for birth to 3 year age group. I am a student at the Lebanese American University, and I am completing this research project as part of my thesis. The purpose of this interview is to explore the definition of quality education in childcare centres in Lebanon.

There are no known risks, harm or discomfort associated with this study beyond those encountered in normal daily life. The information you provide will be used to give a clearer idea about your definition of quality for this age group thus making connections with the implication of this definition on policies. You will not directly benefit from participation in this study. The interview will take 30 minutes of your time.

By approving this interview, you agree with the following statements

- 1. I have been given enough information about this research project.*
- 2. I understand that I may withdraw from this research any time I wish and that I have the right to skip any question I don't want to answer.*
- 3. When the results are reported, I understand that my name will not be released and will not be identified in the process of the data analysis and my identity will remain anonymous ; however I understand that if I am a public official, my identity can be identified as part of this study*
- 4. I understand that my refusal to participate will not result in any penalty or loss of benefits to which I otherwise am entitled to.*
- 5. I have been informed that the research abides by all commonly acknowledged ethical codes and that the research project has been reviewed and approved by the Institutional Review Board at the Lebanese American University*
- 6. I understand that if I have any additional questions, I can ask the research team listed below.*
- 7. I have read and understood all statements on this form.*
- 8. I voluntarily agree to take part in this research project by completing the accepting to participate in this interview.*
- 9. I understand that the interview will be audio recorded and the recordings will be strictly used for transcription purposes and I have the right to agree or not to audiorecording*

Agree to audiorecording for transcription purposes

Do not agree to audiorecording, therefore hand written notes will be taken

If you have any questions, you may contact

<i>Name</i>	<i>Phone number</i>	<i>Email address</i>
<i>Lama Marji</i>	<i>03/699031</i>	<i>lamamarji777@gmail.com</i>

If you have any questions about your rights as a participant in this study, or you want to talk to someone outside the research, please contact the

Institutional Review Board Office,

Appendix D

Interview Guiding Questions

The following questions will be guiding the semi-structured interview:

1. How do you define 'quality' for early childhood care?
2. What, in your perspective, constitutes 'quality' in a childcare centre. For example, what do you consider to be *the* most important indicators of quality for a childcare centre *e.g. *the physical layout, the educators, health, etc...* that provides care for children between the ages of 40 days to 4 years of age?
3. What, in your opinion, is the role of childcare centres on children's development and well-being?
4. What are the different quality indicators that you look for when selecting a childcare centre for your child? (*for mothers*)
5. How, in your opinion, is quality associated (if at all) with children's short and long term development. Specifically, how do you think it impacts children's a. cognitive development, and b. social and emotional development
6. How does (your institution – address the institution you are interviewing e.g. if Minister of Health, then say how does the Ministry of Health...) support/ensure quality in childcare centres. How is this reflected in existing policies for childcare centres? *How are decisions made about how and what*

types of policies are made for early childcare centres? How are those validated? How are they contextualized to assure that policies are based on more context specific needs for Lebanese children and families? How often are those policies revisited and revised? What type of an accountability system exists within your institution to ensure quality is being implemented?

7. Is there any plan to revise the current licensing requirements for childcare centres? If so, why? And how?

NOTICE OF IRB APPROVAL

To: Ms. Lama Marji
Advisor: Dr. Garene Kaloustian
Assistant Professor
School of Arts & Sciences

APPROVAL ISSUED: 20 November 2019
EXPIRATION DATE: 20 November 2020
REVIEW TYPE: EXPEDITED – Initial

Date: November 20, 2019

RE: **IRB #:** LAU.SAS.GKI.20/Nov/2019

Protocol Title: *Defining quality in Early Childhood Education and Care in Lebanon: A Case Study*

The above referenced research project has been approved by the Lebanese American University, Institutional Review Board (LAU IRB). This approval is limited to the activities described in the Approved Research Protocol and all submitted documents listed on page 2 of this letter. **Enclosed with this letter are the stamped approved documents that must be used.**

APPROVAL CONDITIONS FOR ALL LAU APPROVED HUMAN RESEARCH PROTOCOLS

LAU RESEARCH POLICIES: All individuals engaged in the research project must adhere to the approved protocol and all applicable LAU IRB Research Policies. **PARTICIPANTS** must NOT be involved in any research related activity prior to IRB approval date or after the expiration date.

PROTOCOL EXPIRATION: The LAU IRB approval expiry date is listed above. The IRB Office will send an email at least 45 days prior to protocol approval expiry - Request for Continuing Review - in order to avoid any temporary hold on the initial protocol approval. It is your responsibility to apply for continuing review and receive continuing approval for the duration of the research project. Failure to send Request for Continuation before the expiry date will result in suspension of the approval of this research project on the expiration date.

MODIFICATIONS AND AMENDMENTS: All protocol modifications must be approved by the IRB prior to implementation.

NOTIFICATION OF PROJECT COMPLETION: A notification of research project closure and a summary of findings must be sent to the IRB office upon completion. Study files must be retained for a period of 3 years from the date of notification of project completion.

IN THE EVENT OF NON-COMPLIANCE WITH ABOVE CONDITIONS, THE PRINCIPAL INVESTIGATOR SHOULD MEET WITH THE IRB ADMINISTRATORS IN ORDER TO RESOLVE SUCH CONDITIONS. IRB APPROVAL CANNOT BE GRANTED UNTIL NON-COMPLIANT ISSUES HAVE BEEN RESOLVED.

If you have any questions concerning this information, please contact the IRB office by email at irb@lau.edu.lb



The IRB operates in compliance with the national regulations pertaining to research under the Lebanese Minister of Public Health's Decision No.141 dated 27/1/2016 under LAU IRB Authorization reference 2016/3708, the international guidelines for Good Clinical Practice, the US Office of Human Research Protection (45CFR46) and the Food and Drug Administration (21CFR56). LAU IRB U.S. Identifier as an international institution: FWA00014723 and IRB Registration # IRB00006954 LAUIRB#1



Dr. Joseph Stephan
Chair, Institutional Review Board

DOCUMENTS SUBMITTED:

LAU IRB Initial Protocol Application	Received 3 November 2019
LAU IRB Research Proposal Submission Form	Received 3 November 2019
Proposal	Received 3 November 2019, amended 17 November 2019
Licensing Document (Arabic version)	Received 3 November 2019
Consent Form	Received 3 November 2019, amended 19 November 2019
Interview Guiding Questions	Received 3 November 2019
IRB Comments sent: 15 November 2019 18 November 2019	PI response dated: 17 November 2019 19 November 2019
Rutgers – Human Subject Compliance Program (HSCP) training Letter – Garene Kaloustian	Received 9 May 2014
NIH Training – Lama Marji	Cert.# 2558071 Dated (14 November 2017)