

Using the Infant/Toddler Environment Rating Scale for examining the quality of care for infants and toddlers in Norwegian day care centers

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Abstract: The purpose of the presented study is to explore whether ITERS-R is an appropriate tool to use for examining the quality of care for infants and toddlers in Norwegian day care centers. The study is based on a pedagogical perspective of quality, a perspective which takes into account that it is possible both to define and assess the quality in day care centers. This study indicates that ITERS-R can be an appropriate tool to use in examining pedagogical quality in Norwegian day care centers, and especially the concept of process quality. The fit between the values and goals given in the Norwegian Framework Plan and the areas and quality indicators in the ITERS-R is also good; even if there are differences which need to be dealt with. The results are interpreted and discussed within the Norwegian day care center context and the values and goals of Norwegian day care centers. The following four interacting and interdependent dimensions of pedagogical quality made the basis for the discussion: those of the society, the child, the staff (teacher/ teachers) and the learning context (Sheridan, 2007, 2009).

Keywords: Day care center; Pedagogical perspective of quality; Process quality; Rating scales, ITERS-R

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During the last decades Norwegian day care centers have moved from being institutions reserved for few children to becoming institutions for almost all Norwegian children. There has been a big increase of day care centers places in Norway in recent years and the biggest increase has been for children under the age of three. During the period from September 2007 to September 2009 the rate of child care center attendance for children aged from one to two years old increased from 65.5 % to 75.5 % (Frøyen, 2009; Frøyen & Ørnes, 2008). Per September 2009 as much as 88.7 % of the children between the age of one and five attend a day care center (Frøyen, 2009).

Full access to day care center places combined with a somewhat regulated day care provisions have raised new questions about the quality in Norwegian day care centers. The Government

White Paper no 41 (2008–2009) “Quality in Day Care Centre”, which was verified on the 2d of March 2010, have three main aims: guaranteed equal and high quality in all day care centers; strengthening the role of the day care center as learning arena and giving all children the right to participate in an including community (Kunnskapsdepartementet, 2009).

According to Johansson (2007), the research of the children in Norwegian day care centers is limited, especially related to what they *do* in day care centers. This point of view is supported in the report dedicated to the quality and content in Norwegian day care centers (Borg, Kristiansen, & Backe-Hansen, 2008). See also Drugli (2008) who argues that there is a special need for more research of the youngest children’s lives in Norwegian day care centers in order to build up a practice to the best for them. In this context

it is appropriate to ask what constitutes a good practice, who can decide it and how it can be assessed.

The aims of the present study are: 1) to raise the awareness and deepen the professional understanding of pedagogical quality within Norwegian day care center provision, especially around the concept of process quality and 2) to explore whether the ITERS-R is an appropriate tool to use in examining pedagogical quality for infants and toddlers in Norwegian day care centers.

Siste avsnitt under overskriften Perspectives of quality skal fortsatt være: "The studies I have referred to are carried out in Sweden (OBS! få med Sweden), USA and England, and because of....."

THEORETICAL PERSPECTIVE

Perspectives of quality

Quality can be described as a complex and controversial issue in the field of early childhood education and care. It has been common to differ between external and internal quality in early childhood education and care. External quality include structure, group size, composition of the group, child-staff ratio and equipments while internal quality include relationships between people, interactions and processes (Harms, Clifford, & Cryer, 2002). Quality has also been divided into different factors as structure-, process- and results factors (BFD, 2005). Structure factors include frame conditions, economy, staff's competence, the size and the composition of the child group, staff-child ratio, day care centers building, day care centers out door area, equipments and materials. Process factors include relationship between the children, staff and parents, interaction and communication, involving and participating, individual and collective care, the staff's relational skills and their competence about children's learning and development. The result's factors are occupied with results for the individuals, the institutions and the society/community (BFD, 2005).

The study presented in this article is based on a pedagogical perspective of quality as described by Sheridan (2001, 2009). This perspective of quality has been chosen because it introduces a more complex and nuanced perspective of pedagogical quality as an educational phenomenon

(Sheridan, 2009). This pedagogical perspective of quality also corresponds with the ideas of the Norwegian Framework Plan for the Content and Tasks of Day Care Centers (the national curriculum). There is an extended description of the content of the Norwegian day care centers, and the staff's tasks and responsibilities for the children's learning are strengthened. The Framework Plan states that the staff shall have an active attitude to children's learning processes and that quality of learning depends highly on the child-adult interaction (Kunnskapsdepartementet, 2006).

According to Sheridan (2001), there have been two dominant approaches to the quality within the field: the first one that understands quality as a relative concept, and the second one that understands quality as an objective concept. The relative approach is based on visions of society, political and ethical perspectives while the objective approach is based on research on theories of learning and development and proven experience in the field (Sheridan, 2001). Researchers who understand quality as a relative concept argue that it is not possible to define quality on the basis of objective criteria. Instead, they argue, quality can only be described and captured through subjective, contextual and cultural experiences based on subjective values. According to Myers (2004), Dahlberg, Moss and Pence are some of the researchers that contradict the predominant view of quality. Within this approach, quality is "always associated with a particular situation, a particular period of time and a specific social and cultural context" (Sheridan, 2001, p. 22).

According to Sheridan (2001), a relative approach to quality has its limitation. Firstly, if high quality is viewed as a relative and dynamic concept it will change over time with the consequence that it will be difficult or even impossible to make national or local standards of quality. Sheridan (2001) stresses the issues of the learning process of the child and what children are expected to learn in different child development settings and asks "is there any overall direction of learning in this approach to quality?" (p. 24). "If not", she asks, "is everything of the same value and can whatever is suggested be included as long as it is negotiated and agreed upon among stakeholders?" (p. 24). Another question raised by Sheridan (2001) is who determines what kind of values, assumptions or theories those decisions are made of. According to Sheridan (2001)

the advantage of the relative approach is however the way it attempts to make all voices heard in the process of defining quality and the issue that it respects subjective values.

As understood by Sheridan (2001), the objective approach to quality comes from the view that “there can be common core of qualities and shared knowledge of characteristics that constitute the concept of quality” (p.25). As pointed out by Sheridan (2001), the shared knowledge is based both on theoretical and practical knowledge of what characterises a high quality environment for children’s learning and development. The objective perspective has been the mainstream view of quality and has been supported by many researchers (Barnes et al., 2006; Clifford, 2004; Cryer, Harms, & Riley, 2004b; Harms, Cryer, & Clifford, 1990; Harms et al., 2006; Leach et al., 2008; Mathers et al., 2007; Melhuish, 2001; Sheridan, 2001, 2007; Siraj-Blatchford, Sylva, Muttock, Gilden, & Bell, 2002; Sylva et al., 2006). There are limitations to the objective approach too. Sheridan (2001) claims that if this approach is chosen, it must be undoubtedly clear what kind of values and theories which underline the concept of quality. There is a danger that defining quality through this approach can become rigorous in form of universal, standards or static quality criteria.

According to Sheridan (2001), a pedagogical perspective of quality is based on the objective approach of quality, it originates from research and proven experience, “inferring that certain aspects of quality benefit a child’s learning and development more than others do” (p. 48). It is however a broad perspective based also on values, traditions, norms and ideologies of the society and on contextual specifications. It takes the perspective of the child and emphasises “children’s right to learn, to participate, to be respected, listened to and counted on as a worthy member of the society” (p. 49). A pedagogical perspective of quality is child oriented. It is based both on theoretical and practical knowledge of what characterises a high quality environment for children’s learning and development. A pedagogical perspective of quality can also be viewed as an interactive perspective formed in the interplay between the individual and the environment. It emphasises the staff’s ability to create the environment in which children can encounter a variety of rich learning experiences together with adults and peers. According to Sheridan (2001), this perspective of quality de-

pends highly on what the practitioners *do* in day care centers, and how the practitioners “use both physical conditions and themselves to motivate children to learn, to support and challenge them to explore new areas” (p. 49). The pedagogical perspective of quality is a new approach to quality that is neither objective nor relative. The theoretical development has started in 2001 and has in 2009 developed into an intersubjective approach to quality (Sheridan, 2001, 2009). Because the pedagogical perspective of quality originates from research and proven experiences and supposes those certain aspects of quality benefit a child’s development, the question is what kind of aspects is viewed as more important than others, and who decides this and how it can be assessed. Sheridan (2007, 2009) suggests that there are four interacting and interdependent dimensions in a pedagogical perspective of quality in early childhood education and care; those of the society, the child, the teacher and the learning context. Each dimension will provide with different information about the quality, but together they will give a mutual view of the quality. Will it be then possible to agree on shared issues of quality related to children’s learning and development?

International research has found that it is possible to agree on shared issues of values and goals related to children’s learning and development. After a comparison of basic quality criteria in five national curricula, Pramling Samuelsson, Sheridan and Williams (2006) have found that all these curricula emphasize children’s possibility to being active, reflective and communicative, and to interact with other children and adults (Pramling Samuelsson, Sheridan, & Williams, 2006; Sheridan, Giota, Han, & Kwon, 2009). Recent research indicates that the engaged staff who communicates with children in sustained shared thinking and in social conversations and that focuses on challenging activities, who takes an active role in teaching, that scaffolding children’s learning through play, modelling activities/interactions, and questioning, rather than monitoring children’s playing or engaging in care activities are important to the quality of care (Sylva et al., 2003; Sylva et al., 2007). Some conclusions from *The National Institute of Child Health and Human Development* (NICHD) study implicates that positive care giving is higher when caregivers have non authoritarian beliefs about child rearing, and when the physical environments appear safe,

clean, uncrowded, uncluttered and have various developmentally appropriate toys available (NICHD, 1996). The quality of care is found to be related to cognitive and language developments at 54 month of age (Melhuish, 2001; NICHD, 2004).

Some recent European quality studies have found big variations of quality of care given in different types of day care setting and between the same types of day care setting (Leach et al., 2008; Sylva et al., 2003; Sylva, Siraj-Blatchford, & Taggart, 2008). During the research it was i.e. found that high levels of group care under the age of three, and particularly under the age of two, are associated with higher levels of anti-social behavior at the age of three. Children with high levels of group care under the age of three, by contrast, show better cognitive skills. When children who show anti-social behavior attend high quality group care between the age of three and five, their level of anti-social behavior has decreased (Sylva et al., 2003). Findings from quality studies which were made in Sweden show that quality varies from high quality to low quality between different preschools (Sheridan, 2001, 2007; Sheridan & Samuelson, 2001; Sheridan & Schuster, 2001; Williams & Sheridan, 2006). In England, Leach et al. (2008) has found evidence of “relatively poor-quality care for infants and toddler in nurseries, and of large variations in quality between one nursery and another” (p. 204). Many quality studies point out the importance of the staff’s skills, attitude and competence in order to promote children’s intellectual/cognitive, emotional and social/behavior development (Sylva et al., 2003; Sylva et al., 2008).

When early research in early childhood education and care primarily was concerned with whether the children attending day care centers developed differently from those who were not attending such centers, recent research has moved focus toward the relationship between environmental characteristics, the child’s experience and developmental outcomes for the child (Melhuish, 2001), according to Melhuish (2001): “Differences in children’s experiences in different preschool settings may have developmental consequences, and be part of the explanation of whether preschool experiences are beneficial or not” (p. 1).

Most of the research discussed above has included environment rating scales as a research method: the Infant/Toddler Rating Scale Revised

Edition (ITERS-R) and the Early Childhood Environment Rating Scale Revised Edition (ECERS-R), both developed in the USA by Thelma Harms, Richard Clifford and Debby Cryer. The rating scales focus mostly on process quality and seek to take hand of “what is happening” in practice (Harms, Cryer, & Clifford, 2006). Research has also found that the environment rating scales are predictable to children’s intellectual and social development (Mathers et al., 2007; Sylva et al., 2003; Sylva et al., 2007)

The studies I have referred to are carried out in Sweden, USA and England, and because of different cultural contexts it is neither possible nor desirable to transfer the results from international quality studies to the Norwegian day care center context. On the other hand, it is, as stated by Kvello (2010), arrogant to refuse international research. International research can contribute with new knowledge in early childhood education and care and it is my personal opinion that all these studies point out some general important elements according to quality of care.

The quality in Norwegian day care centers

The quality of Norwegian day care centers was especially put on the agenda around 2000, with the Government White Paper no 27 (1999–2000), “Day care centers for the best of the children and the parents” (BFD, 1999). During a three-year period between 2001–2003 all Norwegian day care centers should focus on quality and were especially expected to establish tools and systems for capturing and developing the quality in their own day care centers (BFD, 1999). The tools and the systems should be developed on the background of the Government White Paper no 27 (1999–2000) and its definition of “the good day care center” (BFD, 1999).

The quality in Norwegian day care centers has been assessed by Norwegian Social Research (NOVA) three times since the millennium shift; in 2002, 2004 and in 2008 (Gulbrandsen & Sundnes, 2004; Winsvold & Gulbrandsen, 2009). All the studies have been designed within a quantitative approach where heads of day care centers have been responders to written questionnaires. The main content in their studies is based on what is usually described as structural quality, even when the condition of process quality is included (Winsvold & Gulbrandsen, 2009). As noted by Winsvold and Gulbrandsen, the survey in 2002 was conducted in order to find out how far the day care centers had come

in their work with the quality assurance, while the second study in 2004 was carried out to find the status for the whole period. The third study in 2008 was ordered by the Ministry of Education and Research as a part of the new expected Government White Paper about the quality in Norwegian day care centers (2009). The final report from the quality assurance period (2001–2003) showed that only a few day care centers had implemented quality tools as the ECERS-R or the IS-certification. Collegial supervising or coaching seemed to be much more common (Gulbrandsen & Sundnes, 2004). The informants in the last survey were not asked if they used any quality tools to capture and develop the quality in their day care centers (Winsvold & Gulbrandsen, 2009).

The last assessment study undertaken by Winsvold and Gulbrandsen (2009) shows that there is a big variation in how many preschool teachers are there in each day care center. The heads in the day care centers seem to be stable employees while it has been a little increase in turnover of other employees between 2004 and 2008. According to Winsvold and Gulbrandsen (2009), there are also more children in each day care centers today than before, especially in new day care centers, but in older one as well. Winsvold and Gulbrandsen (2009) have found that there are fewer day care centers that work with all the subject areas in 2008 than in 2004. The majority of the day care centers do not work with all subject areas. The researchers have found an increased focus on the subject area “communication, language and text” in 2008 compared with the situation in 2002. This subject area is also the most emphasised subject area by all day care centers. The assessment in 2008 also shows that 60 % of the day care centers had formal routines for assessing children’s language development. The conclusion made by Winsvold and Gulbrandsen (2009) after the last study is that the expansion has not happened at the expense of the quality; the day care centers got an average higher quality score in 2008 than in 2004 after a joint comparison of thirty different quality criteria in 2004 and 2008 (Winsvold and Gulbrandsen, 2009).

An assessment of the implementation, the use and the experience of the Framework Plan has also recently been carried out by a team of researchers under direction of Vestfold University College (Østrem et al., 2009). The focus has been put on four phenomena: children’s partici-

pation; care, upbringing, play and learning; the subject areas; and documentation as basis for reflection and learning. Some sub-studies used a variety of methods while some used one method. Many stakeholders (supervisors, preschool teachers, assistants, parents, children, representatives from the local Government authority and Regional Directors of Education) participated in the study which took place in 2008 (2009).

The conclusion made by Østrem et al. (2009) after this research is opposite to the conclusion drawn by Winsvold and Gulbrandsen (2009). Østrem et al. (2009) concluded that the whole field of early childhood education and care are facing big challenges in order to safeguard the quality. The researchers suggested also that special interest should be directed toward the youngest children in the day care centers who are given less attention in the implementation of the Framework Plan (Østrem et al., 2009).

Østrem et al. (2009) point to the findings that the staff experienced children’s right to participation as a challenging issue, especially related to the subject areas, and here the staff experienced the youngest children’s right to participation especially challenging. Also in this study the subject area “communication, language and text” was the subject area that was most in focus. But even if the heads announced that “communication, language and text” was the area they worked most with, it was fewer than 50 % who said that they systematically encouraged the youngest children to talk or participate in conversations with other children. 39 % of the day care centers did not work systematically with story telling or loud reading for the youngest children (Østrem et al., 2009). Østrem et al. (2009) found that the day care centers do not work systematically with the subject areas with the youngest children. According to Østrem et al. (2009), the time was often expressed as limited when working with the youngest children, mostly because of the primary needs of the children. Unplanned, informal learning methods in “here and now” situations seemed to be the most common learning method used with the youngest children. The Framework Plan is used to a lesser extent in the planning process. In general, the researchers found that only the assemblies make room for formal, planned and adult led learning situations/activities with the youngest children. Østrem et al. (2009) also found that documentation is used as a basis for reflection and learning to a lesser extent. The re-

searchers found that day care centers focuses on individual documentation and registration of children's development, especially language and social development, instead of the pedagogical practice.

The quality of Norwegian day care centers has also been assessed several times by users" (or parental) surveys. Most parents are satisfied with Norwegian day care centers and day care centers are usually ranked high in a variety of users" surveys. A survey done by TNS Gallup in 2008 shows that 90 % of the participatory parents with children in day care centers either was very satisfied or satisfied with the offer (Kunnskapsdepartementet, 2008). On the other hand, parental satisfaction with child care is not an index of its actual quality (Leach et al., 2008). Parental satisfaction with child care seems to be especially high when parent involvement is encouraged and the care provider listens to the parent (Barnes et al., 2006). In USA, Cryer and Burchinal (1997 in Leach et al. 2008) found that parents generally rate their children's care more highly than independent observers do. According to Leach et al. (2008), parents rating can reflect their own relationship with the caregiver or their hopes for their children's care instead of the reality. Reality can be difficult to observe or even harder to tolerate.

Norwegian day care center context

Day care centers in Norway are voluntary for children between the age of one and six. The day care centers offer either full-time places or part-time places for children according to the needs of the families. It is however not unusual that a child spend between 31–41 hours per week in a day care center. There is a maximum payment rate on approximately 300 Euro for a full-time day care center place (31–41 hours per week). Day care centers are usual opened between 7.00 a.m. and 4.30 p.m. With the expansion in the field there are also "grown-up" day care centers of different sizes and type of organizations and which are different from what we had before. Many new day care centers are bigger than before and some of them are organized as "open day care centers" or "base-day care centers" without any permanent groups. But as pointed out by Winsvold and Gulbrandsen (2009), it is still most common to organise children and staff by units today as well, and children are mostly organised in toddler groups (between the age of

one and three) and in older groups (between the age of three and five).

Due to regulations there must be one pedagogical leader (preschool teacher) per 7–9 children under the age of three, and per 14–18 children over the age of three. Further staffing must be sufficient for the staff to carry on satisfactory pedagogical activity. A preschool teacher has a three years university college education with bachelor degree. Preschool teachers are however in minority in Norwegian day care centers. Approximately 32 % of the staff is educated as preschool teachers. There are no requirements for the additional staff (assistants) to have educational background. In some day care centers there will however be "children and youth worker", a craftsman with a certificate from high school/secondary school.

A new Day Care Centre Act came into power in 2005 while a new Framework Plan was brought into effect on 1. August 2006. At the same time, the responsibility for the day care centre moved from the Ministry of Children and Family Affairs to the Ministry of Education and Research. Almost at the same time as the Framework Plan was brought into effect, a new school reform known as the Knowledge Promotion took place in August 2006. With the Framework Plan and the Curriculum for the Knowledge Promotion the Norwegian Government confirmed the totality and the connection in the educational system (Kunnskapsdepartementet, 2007). Children shall develop basic skills and competence for an active participating in a knowledge society and there shall be a whole within the educational system (Kunnskapsdepartementet, 2007). The subject areas for day care centers and primary schools are almost the same.

The Framework Plan states that day care centers shall assist in giving children an upbringing which is based on such values as empathy, equality, honesty, fairness and forgiveness. Day care centers shall be run in accordance with human rights and children's right to participate as regulated by the Day Care Centre Act (Kunnskapsdepartementet, 2005). Day care centers shall provide all children with the opportunities to develop on their own terms and to feel important to the community regardless of level of function and social, cultural and ethnic background. Diversity is emphasised. Day care centers shall offer all children a rich, variable, stimulating and challenging learning environment,

regardless children's age, gender, ability, social or cultural background. The content shall be comprehensive and varied (Kunnskapsdepartementet, 2006).

Playing is seen as the basic value and as an important part of the children's culture. Playing together with other children forms the establishment for children's friendships with one another and peer-play is viewed as important for learning and for experiencing joy and a sense of achievement. Outdoor playing is an important part of the Norwegian tradition, and children shall be able to play outdoors in all kinds of weather (Kunnskapsdepartementet, 2006).

The Framework Plan has a holistic view on children's learning and the main task is to encourage children's curiosity, thirst for knowledge and desire to learn. It states that children shall have the right to choose activities during the day, but it also states that day care centers shall increase children's learning through both formal and informal learning environments. Day care centers shall give children basic knowledge and skills in central areas and support children's curiosity and creativity, their language and social development. Children have the right to meet challenges adjusted to their own interest, knowledge and skills (Kunnskapsdepartementet, 2006).

The Framework Plan describes seven subject areas with specific goals to each subject, both for children and staff. The subject areas are: communication, language and text; body, movement and health; art, culture and creativity; nature, environment and technology; ethics, religion and philosophy; local community and society; numbers, spaces and shapes. There is intended progression and continuity in the subject's areas. Methods are not specified but shall be based on the children's interests and experiences (Kunnskapsdepartementet, 2006).

The Framework Plan emphasises staff's attitudes, knowledge and ability to relate to children, to be able to bring up children as active participants in a democratic society. The Framework Plan states that the staff shall have an active attitude to children's learning processes. According to the Framework Plan, quality of learning depends highly on the interaction between the adult and the children (Kunnskapsdepartementet, 2006).

The pedagogical practice of day care centers shall be systematically planned, documented and assessed in accordance with the criteria gi-

ven by the Framework plan, local adjustment and local plans/annual plans. Children's well-being and development shall be observed and assessed on an ongoing basis and focus shall be on the relationship between the children, between the staff and the children and between the staff. Assessment work shall be used as a basis for reflection and discussion within the staff and between staff and children, and between staff and parents (Kunnskapsdepartementet, 2006).

THE STUDY

As it was mentioned earlier, the aims of the present study are the following: 1) to raise the awareness and deepen the professional understanding of pedagogical quality within Norwegian day care center provision, especially around the concept of process quality and 2) to explore whether the ITERS-R is an appropriate tool to use in examining pedagogical quality for infants and toddlers in Norwegian day care centers.

The research question to be addressed is: How adequate are the areas and the quality indicators addressed in ITERS-R, tested within the Norwegian day care center context and compared to the values and goals of the Norwegian day care centers?

The Environment Rating Scales

The Infant/Toddler Rating Scale: Revised Edition (ITERS-R) is one of four environmental rating scales, each designed to observe and compare broad features of quality in different day care settings. The ITERS-R together with the Early Childhood Environment Rating Scale – Revised Edition (ECERS-R) is the most world widely known and used tools to observe and compare broad features of quality in early childhood education and care (Mathers, Linskey, Seddon, & Sylva, 2007; Melhuish, 2001). While the ITERS-R is designed to be used in day care centers for the children from birth to 30 months of age, the ECERS-R is designed to be used in day care centers for the children between the age of two and five. The rating scales are based on theories related to children's learning and development, on research findings related to the impact of child care environments on children's health and development, and from feedback from researchers and practitioners in the field (Harms, Clifford, & Cryer, 2005; Harms, Cryer,

& Clifford, 2006). The rating scales cover many features of quality; structure, processes and results, and the original ECERS was according to Clifford (2004) first and foremost developed “to provide guidance to practitioners to help them examine classroom environments in order to make improvements in the provisions for young children” (p. 12).

The ITERS-R was developed in the USA by Thelma Harms, Richard Clifford and Debby Cryer and is a revised edition of the original version from 1990, the Infant/Toddler Rating Scale (ITERS). The revised edition came in 2003 after feedback from both researchers and practitioners throughout the world, concerning i.e. clarity of definition and the adequateness of the areas addressed by the scale, and are still developing in its use (Harms et al., 2006; Mathers et al., 2007). The ITERS-R is occupied with the whole community in the day care centers and does not focus on the individual child or the individual staff. By using the scale it is thus possible to find what is typical for children within a specific day care center (Melhuish, 2001).

The ITERS-R describes seven subscales (areas) that influence the day care center quality; “Space and Furnishing”, “Personal Care Routines”, “Listening and Talking”, “Activities”, “Interaction”, “Program Structure”, and “Parents and Staff”. The subscales exist again of 39 items which are rated from 1 (inadequate) to 7 (excellent). Across the 39 items there are in total 467 quality indicators that need to be assessed. An overview of the subscales and items in ITERS-R are presented in an Appendix one.

The ITERS-R emphasises care, play and learning to be the core of activities related to children’s development and focuses both on the present and the future. ITERS-R is child oriented and gives a picture of children being competent and active learners who learn through their activities in interaction with their environment, peers and practitioners. Verbal and non-verbal communication plays an important role in children’s learning and development. In order to achieve a high score, the environment must be characterised by social interaction that involves staff who are “tuned into” the children, who listen to, support and help the children. It is expected that the staff participate in conversations with children, taking turns and adds new words and ideas to what children do and say. Learning, care and play shall vary to meet chil-

dren’s need and interests (Harms et al., 2006). The organisation of the physical environment plays also an important role in relation to children’s well-being and development. According to ITERS-R the physical environment shall promote children’s independence and children need warmth, softness and protected/safe areas and predicted routines. ITERS-R emphasises also appropriate room arrangements and furnitures for children (Harms et al., 2006).

The activity section in ITERS-R is broad and covers most of the subject areas in the Framework Plan. High score in the activity section is often related to how often an activity takes place and are also related to what kind of toys, equipments and materials the children have access to. Progression in the activities is emphasised. ITERS-R describe progression in the activities both for infants (defined as being from birth to 11 month) and toddlers (defined as aged between 12 and 30 months), as it does for the level of independence. Enough and age appropriate toys, equipments and materials are also required (Harms et al., 2006).

The ITERS-R has been tested for different measures of inter-observer reliability and these tests have documented that ITERS-R can be used reliably by trained observers (Harms et al., 2006). The tests have demonstrated a high level of inter-observer reliability agreement across the scale items and at the full-scale level score (Harms et al., 2006). ITERS-R has together with the familiar environment rating scales also proven validity (Harms, Clifford, & Cryer, 2005; Harms et al., 2006; Mathers et al., 2007). ITERS-R together with ECERS-R is gaining the reputation; it is viewed as suitable, precise and manageable to use (Mathers et al., 2007).

The environment rating scales are used today for many purposes, i. e. as self-evaluation; by external assessment; by local government authorities and by developing in-service (teacher) training programs (Clifford, 2004; Mathers et al., 2007). Many states in the USA use ITERS-R to improve practice, through self assessment or as part of accreditation or voluntary improvement programs. Trained staff organizes assessments using the scales and offer training and support to centers in order to improve the quality of their provisions (Mathers et al., 2007). In Sweden, quality rating scales have been used in a combination of self assessment (inside perspective) and external assessment (outside perspec-

tive) in order to catalyze for change and improve practice (Sheridan, 2001).

The ECERS-R was translated into the Norwegian language and day care center context by Pettersen in 2002 (Harms, Clifford, & Cryer, 2002) but I could not find that ITERS-R is translated into the Norwegian language and day care center context.

Participants

The presented study was designed as a case study where it was used more than one day care center unit and grounded in the qualitative approach, including a quantitative method. As understood by Rolfe (2007), observation in the form of a rating scale is a typical quantitative method since it includes numbers, while interviewing is typical for a qualitative method.

Three of the units were selected through a quota sampling (through my own network) to a pilot study, while the other day care center units were selected by a purposive sampling (Hayes, 2007). Purposive sampling was chosen in order to be as neutral as possible with regard to the participants and has to do with my previous knowledge about the day care centers in the area. I have chosen to use more than one day care center for this purpose in order to achieve data from more than one day care center unit, and especial from more than one focus group. I wanted to get a broader picture of the investigation topic. The limitation on seven day care center units was related to the time schedule for this study and the amount of data I had to analyse. All the children in the day care center units were aged from twelve months to three years old and were all in toddler groups (children under the age of three). The groups varied however in the size, from 10 children in the smallest groups up to 20 children in the biggest group. The child-adult ratio varied also in the groups; from 3,3:1 to 4:1.

A pilot study was conducted in order to develop my own observational skills and to become familiar with the rating scale. First I viewed and followed the instructions given in a training video about ITERS-R, developed by the authors of the ITERS (Harms & Cryer, 2006) and I read a detailed guide explaining all about the ITERS-R (Cryer, Harms, & Riley, 2004). I also pre-tested the rating scale including the individual interviews in three day care center units. After I had pre-tested the rating scale in the day care center units, I became more familiar with the fo-

cuses in the method – and during the fieldwork, I was able to work without the tool in my hands.

The observations were carried out in the day care center units on the basis of the directions given in ITERS-R (Harms et al., 2006). The observations were carried out during seven hours in each day care center, two hours by the end of the day plus five hours by the beginning of the next day, including one hour for each of the interview. The authors of ITERS-R suggest approximately four hours for the observations and approximately 45 minutes for each of the interview. I took occasional notes when it was necessary, i.e. information related to the quantity of toys or other equipments, and rated the scores straight after I had finished the observations and left the settings.

Individual interviews were conducted with one preschool teacher from each of the day care center units, all together seven preschool teachers. As a part of using the ITERS-R, the authors of ITERS-R suggest individual interviews with practitioners in order to gain supplementary information about the setting observed (Harms et al., 2006). In the interviews pre-described questions developed by the authors of the ITERS-R were used (Harms et al., 2006). The questions were asked as open ended questions and with use of “follow up” questions. Most of the questions were put to all participants, but I only asked questions related to issues I did not observe during the systematic observation and which was necessary to gain information in order to rate the items. The interviews were carried out with the preschool teachers from each day care centre units after approximately six hours in each setting. The interview guide in ITERS-R consists of many questions related to issues which were not observed. See examples of pre-described questions in Appendix two.

Focus group interviews with respondents from each day care center unit were also conducted in order to make visible their voices/opinion of the ITERS-R. Together there were 32 respondents in seven groups. Because of the different sizes of the day care center units, the focus groups differed in size: two groups of six respondents, one group of five respondents, three groups of four respondents, one group with three respondents. To get the discussion started I explained the principles of the ITERS-R and informed the respondents about my average findings from the observations and interviews taken in all day care

center units. The respondents in the focus groups were asked to share their view/opinion about the results. They were especially asked to reflect on the adequateness of the areas and quality indicators addressed by the rating scale compared with the Framework Plans definition of a “good day care center”. They were asked to reflect on the relevance of the method in relation to their practice. They were also asked to discuss if ITERS-R could be used in the day care center units, how and by whom. Each focus group interview lasted one hour.

Numerical collected data from the observations and the interviews were plotted into an ITERS-R Profile scheme which was developed by the authors of the method (Harms et al., 2006). The ITERS-R Profile of each day care centre units were visualised through bar charts. The bar charts show both the profile related to all items and the subscales. Similarities, differences and variations in quality scores were found, analysed and interpreted on the base of values and goals in the Norwegian Framework Plan. Collected data from focus groups interviews have been analysed and interpreted through content analysis. The categories of the content were done by reading notes and texts from the observations, individual interviews and focus groups and by listening to the recorded data.

Different categories were found and the material from the focus groups was cut up and put into different envelopes and then put on the floor as a part of the analysis and interpretation. Among this material, I have chosen to use some specific elements/pieces in the discussion of the findings, elements/pieces from the categories that I find most interesting in relation to the research question raised in this study.

Results

The observations and the interviews by ITERS-R (Harms et al., 2006) were carried out on the basis of the directions given in ITERS-R. No elements in the scales were changed or left out, except one item, Use of TV, video, and/or computer (item 23). This was scored as “Not applicable” in all the day care center units because the units do not use TV, video, and/or computer with the children. According to the authors of ITERS-R, this item shall be scored as “Not applicable” under such conditions. The item “Provisions for children with disabilities” (item 32) was scored as “Not applicable” in four day care center units because the units do not have children with disabilities. According to the authors of ITERS-R, this item shall only be scored if there are children with an identified disability in the group (Harms et al., 2006).

Figure 1. Average (plus standard deviation) score of the seven day care center units for items 1–39 in ITERS-R. Explanation to the score (y-axis): 1: inadequate quality, 3: minimal quality, 5: good quality and 7: excellent quality.

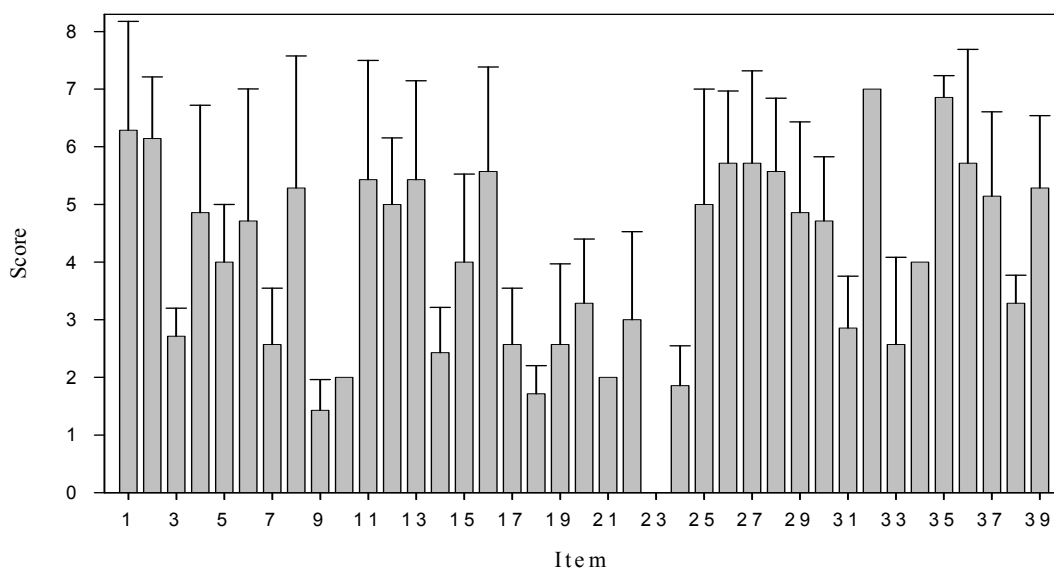


Figure 1. shows that there are both similarities and differences with regards to the scores achieved in the day care center units. While the day care center units get different scores on the same item, there are also items where the day care center units achieve the same score. Some areas stand out compared with other areas. The data shows that the subscale “Interaction” (item 25–28) is the one subscale with an overall average high score (between good and excellent quality) for all items while the subscale “Activities” (item 15–24) is the subscale with more than half of the items rated low (minimal and inadequate quality).

On the item level, highest average scores are achieved for item 32. “Provisions for children with disabilities” (excellent quality), item 35. “Provisions for professional needs of staff” (almost excellent quality), item 1. “Indoor space” (between good and excellent quality) and item 2. “Furniture for routine care and play” (between good and excellent quality). Lowest average scores are achieved for item 9. “Diapering/toileting” (inadequate quality), item 18. “Music and movement” (inadequate quality), item 10. “Health practice” (between minimal and inadequate quality), item 21. “Sand and water play” (between minimal and inadequate quality) and item 24. “Promoting acceptance of diversity” (between minimal and inadequate quality). Only item 16. “Active physical play”, achieved an average score above good in the subsection “Activities”.

The biggest differences in scores between the day care center units are found for item 12. “Helping children understand language”, item 13. “Helping children use language”, item 25. “Supervision of play and learning” and item 27. “Staff-child interaction”.

Below I give some examples of how two items in the subscale “Personal Care Routine” and three items in the subscale “Activities” achieved low scores (between minimal and inadequate quality). I also give an example in how different scores were achieved between the day care center units in two of the items in the subscale “Listening and Talking”.

First of all, none of the day care center units achieved high score in “Diapering/toileting” (item 9) and “Health Practice” (item 10). This had to do with the fact that the staff did not emphasised hand washing as the requirements stated. The staff did not have routines for hand washing after nappy changing, when gloves

were used, and the staff did not promote children’s hand washing after changing. None of the day care center units had neither routine for individual visual check of the nappies every second hour as required.

“Music and movement” (item 18) is the lowest scored item achieved by all the day care center units under the subscale “Activities”. The item deals with how many music instruments or musical toys the children have easy access to each day and how often the staff sings or plays music to the children. An essential point is how often the staff initiates singing or use of music with the children, both informal and formal. The item also deals with what kind of music they use and how often toys or instruments are rotated to provide variety. According to my investigation, most of these features were not met by the day care center and that’s why they scored low on this item. I observed a few situations where a member of staff took initiative to sing or use music instruments with the children.

“Promoting acceptance of diversity” (item 24) is also an item where all day care center units scored low. The item describes how the day care center units can promote acceptance of diversity (i.e. people of difference with regard to gender, race, culture, age, abilities and in non-stereotyping roles) through different kind of materials, pictures, toys and books. As a minimum there should be at least two different examples of materials that show diversity, i. e. in books, pictures or dolls with different ethnic expressions. To get a higher score there must be more materials, toys or activities that show diversity in the environment. The findings reveal that there were little material or toys that reflected a wide spectre of diversity.

“Sand and water play” (item 21) requires more actions/encouraging from the staff than just letting the children play in puddles or dig in dirt in the playground. The score was also low here among all day care center units, especially because of how often sand and water play should be provided in order to get a high score. During my two day observation I was not able to see any play with sand and/or water. The observations were however carried out in the winter when it was snow outside.

“Helping children to understand language” (item 12) and “Helping children to use language” (item 13) are the two items where the day care center units achieved in average a score between good and excellent, but where there were

differences between the day care center units. While three of the units got a high score in “Helping children understand and use language”, there were some units that got lower scores. The items describe how the staff can promote children’s language development and especially the tasks of the staff in relation to this issue. Staff shall i.e. talk frequently throughout the day during both routines and play and use simple descriptive words for objects and actions, use a wide range of simple exact words communicating with children and take part in verbal play with the children. What was special for the day care center unit that scored high on these items, was that the staff communicated much with the children and used a “rich language”. They often took part in verbal play with the children and used nappy changing as time for conversation. The staff added words to children’s actions, added more words and ideas to what children said and asked them easy questions.

Comments and views hold by respondents in focus groups

Most responses were given to the area “Personal Care Routines” (“Diapering/toileting” and “Health Practice”) and the area “Activities”. In all focus groups the respondents talked about how consuming the ITERS-R seemed to be with regards to hygienic routines and activities.

Most of the respondents were clearly surprised about the big focus on hygiene. They asked if it is really necessary with all the hand washing, especially after diapering. Most of the staff gave the impression of being satisfied with their hygienic routines and they were surprised by the high requirement to get a high score in these items, especially because the children are under three years old. The dialogue that took place in a focus group and which is illuminated below shows how three respondents in this group reacted. The dialogue between the respondents, from now labelled (1), (2) and (3), goes on as follows:

– *I just wonder, is this (ITERS-R) meant for children under three years old? I just ask because of the focus on hand washing after diapering and other stuff. (2)*

– *And under running water was it not? (1) Yes, and they can not even stand by themselves. (3)*
(Laughter – all)

In another focus group the issue about hand washing came up as following. Also here the respondents are labelled as (1) and (2):

– *It seems like, because of this, that they are more hygienic than us. (2)*

(Laughter – all)

– *Yes... it is pretty funny with all this hand washing... Perhaps we can get us a fountain? (Laughter)(2)*

– *Yes, yes, health, health. (1)*

The examples above give a general view shared by almost all respondents in all groups. The group members seem to agree that children in this age are too young to perform any hand washing on their own, even if they get help from the staff. They could however understand the need of hand washing related to mealtime. The respondents explained the low score with different cultural understanding of hygienic requirements. Only one of the respondents was sceptic to this explanation.

In relation to the “Activities” area, the respondents told how seldom they used especially music instruments with the children. According to the respondents, music instruments are used seldom because of the noise level. Music instruments are mostly stored away out of children’s view. As described by two respondents, in two different focus group:

– *... music will often become noisy as it requires a certainly arrangement from the adult. I can see how it can be noisy, and that are always looked down on, but then we have to be more conscious about how we use the music, the music instruments... I would have liked more music in the day care center*

– *We had them (music instruments) before, but they were taken away. They were stored in a bag, and it was very cool because they think it is fun and of course it will be more noisy and that is what people think, that it will be noisy ... and ... then they don’t want to start with it ... so it is always some things you can do better.*

There are only three focus groups that discussed issues related to diversity, like this group:

– *Hmm, I think especially on this diversity and that kind of thing, because you talked about how toys and dolls should look different and*

- like that... That I also think is very (she rolls hers eyes) (2)*
- However, it becomes more and more usual here too (1)*
- Yes, yes, that is OK,... it is possible... Can we buy these kind of dolls?(2)*
- The cheapest dolls have the same expression... You can usually not afford to buy a baby-born doll for 300 NOK if you shall have six dolls... then you use the whole toy budget for that year (3)*

In another focus group one respondent stated that the reason why they had no dolls that represent different race is due to the fact that they did not know that such dolls even existed. According to the same respondent it is more or less random what kind of equipments and toys they have. The third focus group pointed out that it has not been natural for them yet to focus on diversity because they have not had children from other countries or with other cultural backgrounds in their groups. This is however special for this day care center unit compared to the others. As one of the respondents in one focus group said:

- On diversity, there we have much to do, I think... I can see a difference there, they (USA) are much more mixed... we do not even have a Sami doll... reindeers and that kind of stuff*

The discussion in one of the focus groups shows that outdoors activities are emphasised and as one of the respondents pointed out:

- We emphasise i.e. walking, excursions to the forest and the field*

It can be concluded that most of the children (not all) are outdoors at least one hour each day during the whole year. However, outdoor playing is also connected to the season, as one of the respondents said in another focus group:

- ... as in wintertime... it is not always that we get one hour outdoors in the darkest time in the winter... but in the spring, you wish to be much outdoors... and that influences other activities as art and that kind of thing*

The respondents could see similarities between the areas addressed in the ITERS-R and the

quality criteria in the Framework Plan, but they found the quality indicators in ITERS-R more consuming compared with the requirements in the Framework Plan. The respondents especially react to *how many* and *how often* different activities should take place in order to achieve a high quality score.

Most of the respondents were on the other hand positive to the tool as a quality safeguard method or an assessment/documentation tool, especially if some adjustments were conducted in relation to the requirement to hygienic routines and activities. Most of the respondents in the study assumed that external assessors would be the best in order to catalyze for change and improvement of practice. Respondents in two focus groups did not believe that they would be honest with each other by only using the tool as internal assessment. One of the respondents assumed that they would be afraid to “step on each others toes”.

DISCUSSION

In the following part of the study the results will be discussed within the Norwegian day care center context and the values and goals of Norwegian day care centers. Sheridan's (2007, 2009) four dimensions of pedagogical quality make the basis for the discussion: those of the society, the child, the staff (teacher) and the learning context. The four dimensions are interdependent and are related to one another and each of them is constituted of structural-, content-, process- and outcome quality (See Sheridan, 2009).

The dimension of the society

The Framework Plan can be viewed as the most fundamental document in relation to defining, assessing and safeguard quality in Norwegian day care centers (Gulbrandsen & Sundnes, 2004). It is built on values and philosophical ethics typical to the country and describes specific goals to work towards. The result from this study indicates that the areas and quality indicators in the ITERS-R fit well within the values and goals given in the Framework Plan and therefore is it natural to discuss ITERS-R within the dimension of the society.

Both the ITERS-R and the Framework Plan are based on the same theories of development and learning: developmental psychology and a socio-cultural approach to children's learning and development. Both documents emphasize

children's needs and age appropriate activities and the practitioner's tasks to create environments in which children can encounter a variety of rich learning experiences together with adults and peers. The subject areas in the Framework Plan describe a variation of activities which the children shall experience in day care centers, at the same time as they emphasise the staff's tasks related to children's experiences. The activity section in ITERS-R is broad and covers almost all subject areas in the Framework Plan. The ITERS-R and the Framework Plan are both child oriented and have a holistic view on children's learning and development. Both documents have a "here – and now" perspective and a "future" perspective on children's learning and development. The Framework Plan states that the staff shall have an active attitude to children's learning processes and that quality of learning depends highly on the interaction between the adult and the children (Kunnskapsdepartementet, 2006). According to the ITERS-R, the learning environment must be characterised by social interaction that involves staff who are "tuned into" the children, who listen to, support and help children. It is expected that the staff participates in conversations with children, taking turns and adds new words and ideas to what children do and say (Harms et al., 2006). The ITERS-R together with the Framework Plan gives a picture of children being competent and active learners who learn through their activities in interaction with their environment, peers and practitioners.

The Norwegian Government's goal of full access to day care center places has been recently achieved and that has led to a new attention to the quality of Norwegian day care centers, among both professionals and politicians. The main aims of the Government are: to guarantee equal and high quality in all day care centers, to strengthen the role of the day care center as learning arena and finally to give all children the right to participate in an including community (Kunnskapsdepartementet, 2009). An assessment of the implementation, the use and the experience of the Framework Plan has recently found that the day care centers already have the main focus on individual documentation and registration of children's development, especially on their language and social development, instead of focusing on the pedagogical practice (Østrem et al., 2009). These finding can be argued for not being in accordance with the Fram-

ework Plan which states that documentation and registration of a single child should only be done occasionally and in a close cooperation with the parents (Kunnskapsdepartementet, 2007b). Many professionals remain critical to testing/registration of all children's development in Norwegian day care centers. Østrem et al. (2009) also found that documentation was used as a basis for reflection and learning to a lesser extent in the day care centers. It is appropriate to ask whether tools as ITERS-R can shift focus from a single child to the whole learning context and contribute to a greater extent of reflection and development of the practice in Norwegian day care centers.

Recent international researches demonstrate the impact of quality of care on children's development and learning. What is going on in day care centres or what kind of experiences the children get in day care centers will, together with the home learning environment, influence their development and learning. The researches also demonstrate that day care centers are not unitary. There seem to be big variations of the quality of care given in different type of day care provisions and between the same types of day care centers. The findings presented in this study show, in my opinion, that ITERS-R is relevant in addressing children's "everyday life" in Norwegian day care centers with some adjustments to the Norwegian context.

The child

The ITERS-R is, together with the Framework Plan, child oriented and both documents give a picture of children being competent and active learners who learn through their activities in interaction with their environment, peers and staff. The staff's view on the child and childhood and the staff's competence in children's learning and development are supposed to make a difference to how children experience the everyday life in day care centers (Sheridan, 2001). Findings in this study indicate that the staff wasn't enough conscious about how to facilitate and motivate children's learning and development through the use of the environment.

The low average score in the subsection "Activities" (see figure 1, items 15–24) was mostly related to the lack of accessibility of equipment, toys and materials. A big part of the equipment and materials were not accessible for the children throughout the day, it was hidden away

or stored high up on the wall shelves. The result was that the staff forgot to give the materials or instruments to the children. The low score in the subsection “Activities” was also related to how often the activities took place and the progression made in the activities.

The majority of the staff in this study seemed to emphasize free play or child-initiated activities most of the day. The majority of the staff seemed also to take a more passive role in relation to children’s activities and playing and interacted first and foremost with children in order to prevent and solve the conflicts between the children. Only occasionally I observed that the staff was actively engaged in children’s playing and especially stimulated, added new ideas to children’s playing or challenged children in their playing. The staff was mostly occupied with the routine tasks and was just observing children’s playing and wellness.

The low score in the subsection “Diapering/toileting” and “Health practice” (see figure 1, items 9–10) can be related to the staffs view on the children and their own working conditions. Most places, the children, also older toddlers (24–30 months), were not allowed to wash their hands with running water, either after diapering/toileting or before and after the meal. The staff used wipes to a great extent. The staff expected that the children were not able to wash their hands without being wet and without spilling water. According to the staff, it would be too time-consuming if all children should wash their hands in accordance with the requirements. Not one of the staff members mentioned the learning situation or the encouragement of children’s independence in relation to hygienic routines.

The findings from the observations and the interviews are in contrary to the view of the child and the tasks of the staff found both in the Framework Plan and the ITERS-R. Both the Framework Plan and the ITERS-R give a picture of children as competent and active learners who learn through their activities and interaction with the peers and staff. The Framework Plan and the ITERS-R expect the staff to be actively engaged in communication and play/activities with the children. The Framework Plan emphasizes also children’s right to participation and freedom to choose.

It can be argued that the staff in this study seems to lack a belief in, or an expectation of children’s independence and competence. It is appropriate to ask if the staff’s attitude and action

make the children less independent than necessary.

The staff

Several researches (Melhuish, 2001; NICHD, 1996; Sylva et al., 2003; Sylva et al., 2007) point out the importance of the staffs skills, attitude and competence in order to promote children’s intellectual/cognitive, emotional and social/behavior development. This view corresponds with the Framework Plan which also emphasizes staff’s attitudes, competence and ability to relate to the children and to be able to bring up children as active participators in a democratic society (Kunnskapsdepartementet, 2006). An analysis of “Helping children understand language” and “Helping children use language”, show that the score on these areas varied between the day care center units. While some reached a high score, others reached a lower score. These could be related to the staff’s actions towards children in all situations during the days I observed them; how they talked to/with the children, how they prepared them for activities/transitions, how they used words to describe actions and objects and how they added new words or ideas to children’s play. Both the Framework Plan (Kunnskapsdepartementet, 2006) and the ITERS-R (Harms et al., 2006,) emphasise the importance in verbal- and non verbal communication in children’s learning and development and focus on how the staff shall support and encourage children’s learning and development.

Østrem et al. (2009) underlined i.e. that preschool teachers find it challenging to work with the subject areas with the youngest children and that the day care centers did not work systematically with the subject areas with the youngest children. It is possible to say that the use of ITERS-R also revealed a lack of consciousness or understanding held by the staff of how to work with the subject areas in the day care centers. Preschool teachers expressed i.e. different understanding/views around the requirement given in the Framework Plan. This is how one preschool teacher understands the requirement given for the (seven) subject areas:

– *The Framework Plan is broad, during six years you have to touch all the areas...*

Another preschool teacher stated:

– *The Framework Plan says pretty much, a little too much, I believe... (Laughter)*

The lowest achieved score in the subsection “Parents and staff” were found in “Supervision and evaluation of staff” (see figure 1, item 38). This has to do with the lack of feedback and assessment of the pedagogical work. The staff in this study had little experience with supervision observations and had not received any suggestions for improvement of practice. Most of the staff in this study wants to receive more feedback in relation to their own practice and suggest there is a big potential for improvement here. My interpretation is that the staff is open for assessment and improvement of their practice, but they seem to be unsure about what they shall look for or assess. I found the ITERS-R beneficial in order to enter the dialogue with the staff in the day care centers. As one of the respondents in a focus group said:

– *If you don't hear it from someone and if you don't hear it from them you are working with, you have a problem*

The learning context

Structure quality is one important factor in relation to everyday life in day care centers and both economical and physical frames will affect children experiences, learning and development (BFD, 2005). Structure quality can be understood as a necessity but not as a sufficient condition in its definition of a good day care center (BFD, 2005). Observations in this study show that the highest scores are achieved in areas which can be described as structure quality, i.e. “Provisions for professional needs of staff” (see figure 1, item 35) and “Indoor space and furniture for routine care and play” (see figure 1, item 2). “Provisions for professional needs of staff” describe whether the staff have access to additional rooms than their class room/unit in order to arrange meeting or make a phone call. The section also describes whether the day care center has a separate office. In order to get the highest score in ITERS-R, day care centers should have a well-equipped office space and space to use for individual conferences and group meetings. Indoor space describes whether the space is big enough for children, staff and furnishing, i.e. furnishing shall not crowd the room and space is accessible for children and adults with disabilities. “The furniture for rou-

tine care and play” deal with whether there is enough furniture to play, whether they are clean and in good condition and whether they promote independency. Most of the day care center units in this study could meet the requirement of all the quality indicators in those items. Small variations were however found in relation to whether the space was crowded, rooms were clean and how the day care centers met requirements on whether the chairs were child-sized and easy to use independently by the toddlers (children over one year old). There were only few low tables and chairs accessible in all day care center units, but the furniture promoted self-help for most of the toddlers in the day care centers observed. All items in the sub-section “Parents and staff” that achieved high scores can be defined as structural quality factors.

The dimension of learning context does however not just mirror the structural quality in the environment. It highlights the observable quality in the day care centers and integrates all four dimensions. The pedagogical perspective of quality emphasizes first of all on “what is going on what is happening” in day care centers. The most interesting findings in this study are in my opinion related to the two subscales “Personal Care” and “Activities” in the ITERS-R.

The low score in the subsection “Personal Care” can partly be explained through different cultural understanding of hygienic requirements. In order to meet the objections from the staff, especially in relation to the items “Diapering/toileting” and “Health practice”, it is possible to adjust/rewrite the requirements to hygienic standards given by the Norwegian Institute of Public Health. The low score in the subsections should however not only be explained through different cultural understanding of hygienic requirements. My experience with using ITERS-R is that the day care centers can do better with regards to hygiene.

The low score in the subsection “Activities” can also partly be explained through different cultural understanding of the issue. While ITERS-R describes how many toys, books, dressing up gear and music instrument there are to aim for, the Framework Plan only state that day care centers shall have sufficient space and equipment for a variety of play and activities. ITERS-R also describe how often activities shall occur in order to get a high score while the Framework Plan says nothing about how often activities shall occur. The low score in the sub-

section “Activities” are however also related to the lack of progression in the activities and to the fact that materials, equipments and instruments were hidden away or stored high up on the wall shelves and out of reach for the children. This can not be explained through cultural differences only; it has to do with the staff’s awareness of the whole learning context.

The appropriateness of using ITERS-R in examining pedagogical quality (process quality) in Norwegian day care centers

One of the advantages with the ITERS-R is that it focuses on the whole learning context in the day care centers instead of focusing on a particular child or staff. ITERS-R makes it thus possible to assess the whole learning context instead of focusing on a single child’s knowledge and skills. Another advantage with the ITERS-R is that it first and foremost gathers first-hand information through systematic observation and not only by talking to respondents, gaining questionnaire surveys or analyzing documents. Studies have shown that there can be a lack of accordance between what respondents say takes place in day care centers and what is happening in practice (Barnes, 2001; Barnes et al., 2006). In order to take hand of practice/everyday life in the Norwegian day care centers, it can be argued that it is important to observe “what is going on” in practice. The ITERS-R does not require that the day care centers use any specific teaching methods or pedagogical programs in order to achieve high scores. This is in accordance with the requirements given in the Framework Plan which emphasize the opportunity for local adaptation of the plan and the freedom to choose teaching methods (Kunnskapsdepartementet, 2006).

As it was mentioned earlier I have not found any translation of the ITERS-R within Norwegian day care center context and I have not found Norwegian research studies that include ITERS-R as a method. The result presented in this study indicates that ITERS-R can be an appropriate and supplemental method to use in examining pedagogical quality, especially process quality, in Norwegian day care centers. A comparison between the quality criteria in the ITERS-R and the Framework Plan has found that there seem to be more similarities than differences between the two documents. The fit between the values and goals given in the Framework

Plan and the areas and quality indicators in the ITERS-R is good; even if there are differences which need to be dealt with.

The biggest difference between the ITERS-R and the Framework Plan seems to be that ITERS-R focuses more on how *often* thing/activities shall occur and more on the *amount* of materials and equipments that the Framework Plan does. The Framework Plan seems also to focus more on the staff’s tasks.

The quality indicators and notes for clarification may point out different cultural understanding, but it can be possible to make ITERS-R more suitable to a Norwegian day care center context if this will be requested. As it was mentioned earlier, the ITERS-R is still developing in its use concerning i.e. clarity of definition and the adequateness of the areas addressed by the scale (Harms et al., 2006; Mathers et al., 2007). Whatever, it is important to develop a common understanding of the requirements by those who use the scale. As Mathers et al (2007) says; if not, the tool will no longer be reliable and valid as a quality measure.

Most of the respondents in this study were positive to use the ITERS-R as a quality safeguard tool or as an assessment/documentation tool in order to improve practice. The staff requested more feedback in relation to their own pedagogical practice. The staff was also positive to engage external observers in order to receive feedback. An external observer will probably be able to see things that may escape awareness among staff members in a day care centre, and experiences done by an external observer can give information that would have been difficult to achieve in another way.

After testing the tool, it is my opinion that ITERS-R is a demanding tool to use, and observers should be trained to know what to look after. I suppose as well that assessments of quality which are based on ITERS-R should be related to competence development program for the staff where the aim is to improve the day care center quality.

By using seven day care centre units in this study I have showed a “snap shot” of the practice/everyday life for some of the youngest children in Norwegian day care centers. It is not possible to generalise the findings to other day care centers in Norway because of the small sample, this was neither the aim of the study. While almost 80 % of the children between the age of one and two attend a Norwegian day care center, it

should however be of great interest to all stakeholders that pedagogical quality is on the agenda.

This study can be seen as a contribution to a process of making the ITERS-R more suitable to Norwegian conditions and I suggest that more research is needed in order to make a potential Norwegian version valid and reliable.

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APPENDIX I

An overview of the subscales and items in ITERS-R

Space and Furnishings: Item 1: “Indoor space”, item 2: “Furniture for routine care and play”, item 3: “Provision for relaxation and comfort”, item 4: “Room arrangement”, item 5: “Display for children”.

Personal Care Routines: Item 6: “Greeting/departing”, item 7: “Meals/snacks”, item 8: “Nap”, item 9: “Diapering/toileting”, item 10: “Health practices”, item 11: “Safety practices”.

Listening and Talking: Item 12: “Helping children understand language”, item 13: “Helping children use language”, item 14: “Using books”.

Activities: Item 15: “Fine motor”, item 16: “Active physical play”, item 17: “Art” item 18: “Music and movement”, item 19: “Blocks”, item 20: “Dramatic play”, item 21: “Sand and water play”, item 22: “Nature/science”, item 23: “Use of TV, video, and/or computer”, item 24: “Promoting acceptance of diversity”.

Interaction: Item 25: “Supervision of play and learning”, item 26: “Peer interaction”, item 27: “Staff-child interaction”, item 28: “Discipline”.

Program Structure: Item 29: “Schedule”, item 30: “Free play”, item 31: “Group play activities”, item 32: “Provisions for children with disabilities”.

Parents and staff: Item 33: “Provisions for parents”, item 34: “Provisions for personal needs of staff”, item 35: “Provisions for professional needs of staff”, item 36: “Staff interaction and cooperation”, item 37: “Staff continuity”, item 38: “Supervision and evaluation of staff”, item 39: “Opportunities for professional growth”.

APPENDIX 2

Changes in ITERS-R compared to the original ITERS

Some of the quality indicators are new compared with the original ITERS and all quality indicators are numbered in the revised edition so that they can be given a score of “yes”, “no” or “not applicable” (Harms et al., 2006).

Even if the format and the content show continuity between the original and the revised edition, changes have taken place. New items have been added to several subscales; “Helping children understand language”, “Helping children use language (in subscale “Listening and Talking”); “Nature/Science”, “Use of TV, video or/and computer” (in subscale “Activities”); “Free play”, “Group play activities” (in subscale “Program Structure”); “Staff continuity”, “Supervision and evaluation of staff” (in subscale “Parents and staff”). Other items have been dropped; “Health policy and Safety policy” (in subscale “Personal Care Routines”). The scaling of some items in the subscale “Personal Care Routine” has been made more gradual, i.e. “Greeting/departing”, “Diapering/toileting”

and “Health practice”. The revised edition is also made more sensitive to issues of inclusion and cultural diversity. In addition, the notes of clarifications have been expanded in order to improve accuracy in scoring, and questions have been included for quality indicators that are difficult to observe (Harms et al., 2006). Some examples of pre-described questions are reproduced below:

In relation to the item “Furniture for routine care and play” following questions can be asked: Do you use other toys or materials in addition to what is observed? If yes, you should ask: Where are they stored? Could you please show me?

In relation to the Item “Active physical play” it is possible to ask: How long time is the children outdoor during the days?

Questions asked in relation to the Item “Music and movement” can be: Do you use any music with the children? If yes, you should ask: How is it handled? How often is this done? Do you have other musical toys or instruments that the children can use? Could you please show me? What types of music are used with the children? Can you give me some examples?

In relation to the Item “Promoting acceptance of diversity” it is possible to ask: Are there any activities used to help children become more aware of diversity? If yes, you should ask: Can you give some examples?

Questions related to the Item “Sand and water play” can be: Do the children use sand and water? If yes, you should ask: How often is it done? Are any toys used for the sand and water play? Could you please describe them or show me?

APPENDIX 3

Explanation of common terms used throughout the scale

Accessible: Implies that “children can reach and are allowed to use toys, materials, furnishings and/or equipment” (Harms et al., 2006, p. 7). Toys must be in easy reach for children and no barriers should stop children from reaching them. If materials or toys are “stored out of reach, they must be placed within children’s reach to be account as accessible (p.7). If staff “regularly provide access to the variety of toys required for an item or indicator, credit can be given for “accessible” (Harms et al., 2006, p. 7).

Appropriate: Means that toys, equipments and schedule are age – and developmentally suited for children in the group observed. As regards to toys and equipments, it is possible to use a check list developed by the authors of the ITERS-R (Harms et al., 2006).

Hand washing: Shall include soap and running water for 5–10 seconds for infants, toddlers and staff. “Using wipes or antiseptic waterless washes can not be substituted for hand washing” (Harms et al., 2006, p. 7). But for very young infants, use of wipe is an acceptable substitute.

Infant/toddler: Infants are defined as children from birth and up to 11 month of age, while toddlers sometimes are divided into younger toddler (12-30 months) and toddler (24–30 months) (Harms et al., 2006).

Much of the day: “Refers to the time materials are accessible to the children” (Harms et al., 2006, p.7). Because many of the children are expected to have individual schedules, access to materials must be provided when any child is awake. “If children are prevented from using materials for long periods... ”credit can not be given for much of the day” (Harms et al., 2006, p. 7).

Some and many: Are used to indicate quantity or frequency. By use of some, at least one exam-

ple must be observed. Least quantity of i.e. toys, books, activities are pointed out in different item (Harms et al., 2006).

Staff: Are related to the adults who are directly involved with the children. Can be volunteers, but not adult visiting the setting or who are in the setting for a short time.

Usually: Common practice observed; carried out with only a few lapses (Harms et al. 2006).

APPENDIX 4

Explanation of the scoring system in the scale
All 39 items in ITERS-R are rated between 1 (inadequate) to 7 (excellent).

Inadequate	Minimal	Good	Excellent
1	2 3 4	5 6	7

When scoring an item, you start reading from 1 – inadequate, and progress upward. “Yes” is marked if the quality indicator is true, while “No” is marked if the indicator not is true. A star * indicate notes for clarification, i.e. 5.3 : At least one instance must be observed to give credit for this indicator and i.e. 7.2 : Several instances must be observed throughout the observation.

Example of quality indicators that have to be observed and rated in item 14.”Using books”

1.1 Fewer than 6 appropriate infant/toddler books accessible daily for much of the day.*	3.1 At least 6 appropriate infant/toddler books (but no less than 1 for each child in the group) accessible daily, for much of the day.*	5.1 At least 12 appropriate infant/toddler books (but no less than 2 for each child in the group) accessible daily for much of the day.*	7.1 Book area set up for toddlers to use independently.* NA permitted
1.2 Books generally in poor repair (ex. empty or incomplete books; tattered pictures; books scribbled on)*	3.2 Almost all books are in good repair.*	5.2 A wide selection of books is accessible*	7.2 Staff are involved in using books with children periodically throughout the day.*
1.3 Staff do not use books with children*	3.3 Staff are involved in using books with children daily (either staff- or child-initiated)*	5.3 Staff read books daily with individuals or very small groups of interested children*	7.3 Books are added or changed to maintain interest.*
	3.4 Participation encouraged only when children are interested; children not forced to participate.	5.4 Book times are warm and interactive (Ex. Infant held while book is read; toddler allowed to turn pages and point to pictures)*	