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D.E.C.E.-3

Services and Programmes for Children

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By: Gaurav Sahni



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**Sample Preview
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QUESTION PAPER

June – 2024

(Solved)

SERVICES AND PROGRAMMES FOR CHILDREN

D.E.C.E.-3

Time: 3 Hours]

[Maximum Marks: 100

Note: Attempt any five questions. All questions carry equal marks.

Q. 1. (a) Explain any three reasons for providing early childhood care and education services.

Ans. Ref.: See Chapter-1, Page No. 1, 'Scope for Early Childhood Care and Education (ECCE)' and 'Rationale for Early Child Development Interventions'.

(b) Describe the services provided by any one national level organization working for young children in the country.

Ans. Ref.: See Chapter-3, Page No. 15, 'Indian Council for Child Welfare'.

Q. 2. State the basic ideas in the educational philosophy of Froebel and Tagore. Discuss relevance of their ideas for preschool education in today's context.

Ans. Ref.: See Chapter-2, Page No. 6, 'Friedrich Wilhelm August Froebel (1782-1852)' and Page No. 8, 'Rabindranath Tagore (1861-1941)'.

Q. 3. (a) Explain the term 'special children' with reference to the various areas of functioning that may be affected.

Ans. Ref.: See Chapter-4, Page No. 22, 'Areas Crucial to Normal Functioning'.

(b) Explain the term 'special education' and its principles.

Ans. Ref.: See Chapter-5, Page No. 31, 'The Settings for Imparting Education of the Special Child'.

Q. 4. (a) Explain seven principles you will keep in mind when working with a child with mental retardation.

Ans. Ref.: See Chapter-7, Page No. 47-48, 'Some Principles'.

(b) List any five features (signs) of a child with cerebral palsy.

Ans. Ref.: See Chapter-8, Page No. 54, 'Cerebral Palsy'.

Q. 5. (a) Explain how you will manage a child who throws temper tantrums.

Ans. Ref.: See Chapter-9, Page No. 61, 'Temper Tantrums'.

(b) State five ways through which you can help a child with hearing impairment to speak.

Ans. Ref.: See Chapter-11, Page No. 76, 'Some Principles for Working with Children with Hearing Loss'.

Q. 6. (a) Describe giving examples any five barriers in the communication process.

Ans. Ref.: See Chapter-12, Page No. 82, 'Barriers to Effective Communication'.

(b) What is the child-to-child Strategy of communication? State its principles.

Ans. Ref.: See Chapter-14, Page No. 95, 'Child-to-Child Strategy' and 'Principles (Objectives) of Child-to-Child Strategy'.

Q. 7. (a) Describe the characteristics of an effective supervisor of an early childhood care and education centre, giving examples.

Ans. Ref.: See Chapter-17, Page No. 116, 'Role, Functions and Characteristics of a Supervisor' and 'Characteristics of a Good Supervisor'.

(b) State any five challenges of the ICDS programme which affect its effective implementation.

Ans. Ref.: See Chapter-19, Page No. 129, 'Some Problem Areas'.



QUESTION PAPER

December – 2023

(Solved)

SERVICES AND PROGRAMMES FOR CHILDREN

D.E.C.E.-3

Time: 3 Hours]

[Maximum Marks: 100

Note: Attempt any five questions. All questions carry equal marks.

Q. 1. (a) Describe any one of the following in detail:

(i) The features of kindergarten and the role of the teacher

Ans. Ref.: See Chapter-2, Page No. 11, Q. No. 2.

(ii) The features of children's house and the role of the teacher

Ans. Ref.: See Chapter-2, Page No. 7, 'The Concept of Children's House' and 'The Role of the Teacher'.

(b) What were the three methods of teaching emphasized by Tagore? Discuss.

Ans. Ref.: See Chapter-2, Page No. 8, 'Basic Ideas in his Educational Philosophy'.

(c) State any two contributions of Tarabia Modak to the preschool education movement.

Ans. Ref.: See Chapter-2, Page No. 9, 'Tarabai Modak (1892-1973)'.

Q. 2. (a) Does the attitude and emotions of the family members towards disability influence their interaction with their child with disability? Explain your answer giving four examples.

Ans. Parents go through five emotional states from the time they come to know about the child's handicap by the time they learn to cope with it. It is important for you, as a child care worker, to know what these are so that you will not be puzzled, angry or confused on parents' behaviour. It is said that the feelings they go through are similar to what we feel when we mourn the death of a close relative.

However, remember that there is a lot of variation in parents' feelings and attitudes. There are likely to be

alternative situations and emotions. Each parent will react to their child's disability in different ways. Whether the child's disability was since birth or whether it is seen later, whether it is severe or mild.

Secondly, how long each parent experiences an emotion is also highly individual. For some parents, the grief and shock may be so overwhelming that they may be numbed into inaction for quite some time.

Thirdly, when interacting with the family of the special child, you will have to see whether relatives stay with them. The reasons that their attitude too will influence the environment in the family.

Fourthly, it also depends upon the community in which the family lives. If the neighbours are warm, friendly and understanding towards the parents and the special child, then things become far more easier.

Fifthly, it is not as if the parents experience the emotions in a proper manner. It is not that the parents first experience shock, which then goes away to be replaced by anger, which when spent leads to depression and then acceptance comes about. It is not as if once the parents have accepted the child, they will not feel frustration, anger or depression.

Sixthly, both the parents may not feel the same emotions. While one parent may avoid facing the reality of the child's handicap, the other may be more realistic and think of ways of dealing with it.

(b) Describe, giving example(s), any one emotion that parents experience when they come to know about their child's disability.

Ans. Ref.: See Chapter-6, Page No. 38, 'Shock'.

Sample Preview of The Chapter

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SERVICES AND PROGRAMMES FOR CHILDREN

Theory and Practice in Early Childhood Care and Education

Early Childhood Care and Education in Perspective



INTRODUCTION

Childhood is a time when the world is fresh and every event seems very interesting. Few examples are taken from the day-to-day life to show the feelings of childhood as of ants crawling on the floor, a cat jumping from the wall, the sound of water dripping from a tap, etc. The child comes in this world without the fear and with a wide-eyed interest in the people and things around. It therefore becomes very essential that the family sees the development of the child carefully and helping her to develop strong emotional bonds with parents and others people of the society to realise her potential and to be a healthy individual – physically, mentally and socially. All living species nurture their young ones. Care is essential for the survival of the infant. It seems reasonable to assume that the significant and lasting effects of a programme depend primarily on how it is experienced from below. But of all living beings, the human infant has the longest period of dependency on adults, and is most vulnerable to deprivation. In other words, the actual or true predictor of a program's effects is the quality of life experienced by each participating child on a day-to-day basis.

In this chapter we shall see the rationale of ECCE, even though you are familiar with the same. We will also take a look at a few of the examples from other countries of some well-known ECCE programmes.

CHAPTER AT A GLANCE

SCOPE OF EARLY CHILDHOOD CARE AND EDUCATION (ECCE)

One could not deny the importance of ECCE and take care of the essential thrust and approach, the National Policy on Education (1986) states the following: "Recognizing the holistic nature of child development, viz., nutrition, health and social, mental, physical, moral and emotional development, Early Childhood Care and Education (ECCE) will receive high priority the individuality of the child."

Child development is concerned with the happenings within the child, but also to the care that the child needed from the parents. It is essential for the child to learn through exploration and discovery, through playing and fantasy which is provided by the education.

It is imperative that the basic needs for protection, food and health care are met. It is equally essential to meet the child's needs for affection and security, for stimulation and interaction. It is essential that the trained ECCE worker instills this confidence in individual parents that even if they are poor and uneducated, they can provide all which is needed by the child.

Therefore, not only family members, but also workers in pre-school centres (be it the *balwadi*, *anganwadi*, a nursery school or an early childhood education i.e. ECE centre), who have to be educated regarding how stimulation should be provided to a young child. Development and learning occur as children interact with people. Meeting the health and nutritional needs of the child is of course an essential pre-requisite for optimum development of the child. Early childhood stimulation attempts to provide learning opportunities to the child so as to enhance his and her development. Children need to be actively involved in order to learn. Opportunities for them to play and try out things should be provided. A holistic approach to the child's development must be taken. Physical, mental, socio-emotional aspects being inter-related, anything that happens to the child affects everything else. Giving due cognizance to the similar findings, it is now universally agreed that it is necessary to have ECCE programmes and that these must be holistic in nature.

RATIONALE FOR EARLY CHILD DEVELOPMENT INTERVENTIONS

In the last few decades there has been a large amount of scientific research in Child Development, all over the globe. The conclusions, arising from a variety of studies, converge on one clear fact that early years of childhood are the most essential in the development of the child. The first six years of life are critical for development as the rate of development is most rapid in this period. The effect is long-lasting since

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the foundation of development in later years a bit slow if we compare it with the early years. It must be appreciated that development is not simply the result of mechanical acts of feeding and physical care, but rather of a feeling of total well-being that arises from growing-up in a healthy atmosphere. Due to cultural and socio-economic differences the poor families are unable to provide a healthy environment, adequate nutrition and stimulating opportunities to their children. A large number of women, particularly from low socio-economic strata, have to spend most of their time in earning livelihood so they are unable to provide the child the all essential warmth, love and care. Considering these circumstances it becomes essential to have ECCE programmes as an organized intervention to compensate the deprivations faced by young children whose mothers are working.

The ECCE is the most effective area of intervention and it can be used to break the "Cycle of Deprivation". There have been many early childhood programmes around the world, and together they have given resounding support to the positive effects of such programmes on the child's development. Sometimes an argument for transmitting good values to children fails because people consider it too "Idealistic". For such people, a more convincing argument is the economic one. The early childhood care is a measure of ensuring equity, both socio-economic and gender related. For many of these reasons, a substantial investment in early childhood development programmes is an absolute necessity. Thus, we see that from several points of view such as human rights, moral values, social equity and economic gains, early childhood development makes for the best investment.

Having accepted the several reasons in favour of ECCE, what are the steps to be taken by policy-makers? What should be done? The girl child, a lesser citizen in many of the countries especially in Asia. For instance, in rural development schemes, where women come to upgrade their skills or to work, an added child development programme strengthens all fronts.

WHAT SHOULD BE DONE ?

We should search and reach the children and their families who are in need. In many countries, early childhood education schemes for fee paying children is the prime example of that. But the real challenge is to identify the children who badly need it.

The demand for ECCE is increasing and diversifying in India due to reduced child mortality the needy children within the age of 0-6 is vest large indeed in India and maternal mortality, the needy children within the age of 0-6 is very large indeed in India. The ECCE programmes, which are offered by various types of organizations, have been managed individually as there is no official framework to regulate ECCE activities.

Given the population of India and the magnitude of poverty, the number of children in the 0-6 year age group is very large indeed. Though the issue of large scale quantitative expansion of ECCE facilities to reach

the maximum number of these children is an essential step in this regard, the issue of quality of ECCE services provided is as important, particularly in view of the existing limitations of funds and facilities. To what extent is it possible to reduce the cost of an ECCE programme in order to reach the largest proportion of the target population while maintaining a good quality? These programmes qualitatively effective through measures such as adequate and appropriate training of personnel and provision of sufficient and suitable materials and facilities is crucial. Gradually, the same should be integrated into primary schools as well, at least for the first couple of years, for better quality education and improved retention rates.

SOME ECCE PROGRAMMES OUTSIDE INDIA

While you have read about several ECCE programmes of our country, examples from other countries of some well known programmes for children are worth studying. Let's look at three such programmes:

Nepal's Project Entry Point

Project "Entry Point" is unusual for its joint attention to the child care needs of working women and the developmental needs of young children . Entry Point gives women time to pursue economic activities, while at the same time take care of the child. Women divide themselves into small groups of five or six and on a rotating basis, each woman takes care of the children for one week, in her own home. All the mothers receive training and each group has provided with a basic kit of materials. Since the majority of the women are illiterate, pictures of different activities are used in the curriculum and training that has been provided by an innovative Nepalese NGO.

Peru's Programme of Initial Education (PRONOEI)

In 1967, a nutrition education project for mothers was begun in several villages in highland Peru in the Department of Puno where the infant mortality rate was then greater than 150 and malnutrition was widespread. The project, initiated by volunteers from a regional university, evolved into a community programme that included daily cooking of mid-morning snacks for children, ages 3 to 5, gathered together for several hours each weekday morning. From this cooking programme, a non-formal pre-school also emerged that was intended to help the children who were brought along to develop mentally and socially, and to prepare them for schools.

Thailand's Integrated Nutrition and Community Development Programme

Poverty alleviation tends to be the core of many national schemes in the developing nations. In Thailand a programme to eradicate poverty was related with community based primary health care and with nutrition education, supplementation and growth monitoring. Nutrition education was followed by attention to interpersonal and psycho-social details, specifically caregiver-child activities. With these practices in mind, a series of interactive videos was created. One was specifically oriented toward child development, aimed

at creating maternal awareness of her child as an individual with early perceptual ability, and the importance of play and of mother-child interaction in that play and in supplementary feeding.

An evaluation of the project was conducted to assess the impact of the project on children's nutrition. As a result of the project fewer children suffered PEM.

CHECK YOUR PROGRESS

Q. 1. What in your opinion, should be the purpose and approach of ECCE?

Ans. Early childhood education is beneficial for children ages 3 to 5. It's also often referred to as preschool, pre-kindergarten, day care, nursery school or early education. No matter the name, each serves the same purpose: to prepare young children for their transition into elementary school. Sending your preschool-age child to one of these early childhood education programs can make a positive impact on her and give her a head start toward a bright future.

The capacity of your child's brain to soak up new learning peaks when your child is 3 years old, according to Ready to Learn DC. At this point in your child's life, she has the highest potential for learning new things. While attending an early childhood education program, your child will improve her language and motor skills, while developing the learning and cognitive skills necessary to move on to primary school, states the Rural Education Action Program at Stanford University.

Children aren't the only ones that benefit from early childhood education programmes, states the National Institutes of Health. These programmes can have economic benefits as well. A study conducted by the NIH tracked low-income families whose children received intensive early childhood education, while their parents received parenting skills training, social services and job skills training. The results showed that these children went further with their education, had a higher income and better health insurance coverage than those who didn't receive early childhood education. These children were also less likely to abuse alcohol or be arrested and incarcerated for a felony.

Q. 2. State, in your own words, the rationale for early child development interventions.

Ans. Early childhood intervention came about as a natural progression from special education for children with disabilities. Many early childhood intervention support services began as research units in universities while others were developed out of organizations helping older children.

In the 1990s, many states in the US put into place a programme where the child's pediatrician can recommend a child for early childhood intervention screening. These services are usually provided free of charge through the local school district or county, depending on the state.

Every child is unique – growing and developing at his or her own rate. Most of the time differences

between children of the same age are nothing to worry about. But for one child in 10, the differences can be related to a developmental delay. The sooner these delays are identified, the quicker children may be able to catch up to their peers.

Another reason that identifying these delays early is important is the most critical time for brain development is before the age of three. The brain develops in an experience-dependent process. If certain experiences are not triggered, the pathways in the brain relating to this experience will not be activated. If these pathways are not activated, they will be eliminated.

In light of the current policy context, early childhood educators are being asked to have a complex understanding of child development and early education issues and provide rich, meaningful educational experiences for all children and families in their care. Accountability for outcomes is high, and resources for professional support are limited. As such, the early education field needs well-conducted empirical studies on which to base professional development practices.

The knowledge, skills, and practices of early childhood educators are important factors in determining how much a young child learns and how prepared that child is for entry into school. Early childhood educators are being asked to have deeper understandings of child development and early education issues; provide richer educational experiences for all children, including those who are vulnerable and disadvantaged; engage children of varying abilities and backgrounds; connect with a diverse array of families; and do so with greater demands for accountability and in some cases, fewer resources, than ever before.

Q. 3. Discuss any three important issues involved in delivery of ECCE services.

Ans. Early Childhood Education and Care (ECEC) is important for individual educational and social progress as well as national economic development. A large body of evidence from social science, psychology and neuroscience, demonstrates the importance of early years for later development. Investments in human capital yield the highest returns in the pre-school stage, dropping dramatically after that. While family life is clearly the major influence on young children, it is a difficult area to influence. So, ECEC is an important policy for all children and especially for trying to assist children to overcome disadvantage. Internationally, evidence shows the benefits of ECEC in the fields of education, labour market outcomes and reduced anti-social behaviours (e.g. participation in crime). The effects are positive, long-lasting and largest for the most disadvantaged. Cost-benefit analysis show that ECEC is a good investment, Irish estimates put return on investment as high as spent. However, potential disadvantages can arise from starting formal education, especially reading, too early and from long hours spent in childcare by children aged five and

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below. The structure of provision for children under six is a mix of public and private provision. This spotlight focuses on publicly-funded provision. This includes almost all five-year-olds and half of four-year-olds who are enrolled in infant classes in primary school and some targeted interventions for children from disadvantaged backgrounds.

Measures of quality include high levels of staff qualification, smaller teacher-child ratios, a professionally developed curriculum, and monitoring/inspection.

Q. 4. What lessons can be learnt from Thailand's Integrated Nutrition and Community Development Programme ?

Ans. Thailand has been successful in reducing PEM, and iodine and vitamin A deficiency. Like other developing countries, Thailand has been much less successful in reducing iron deficiency. It is for its success in reducing PEM that Thailand has become best known. However, there is confusion in some of the literature about the extent and speed of the achievement, because of problems with the PEM data. In some instances, erroneous presentation of the Ministry of Public Health's growth monitoring service statistics as nutrition prevalence estimates has substantially exaggerated Thailand's achievement. In others, the unqualified presentation of sample survey data using the Thai national reference standard, which is significantly different from the internationally

accepted NCHS standard, has under-estimated Thailand's achievement. There are number of ways we can learn these lessons.

First, it is based on growth monitoring data, which do not give a true picture of prevalence rates at any time during this period.

Second, growth monitoring data were only collected on a large scale from 1985. Prior to that time, the growth monitoring program had not stabilized, and estimates based on the figures prior to 1985 are particularly prone to error.

Third, the growth monitoring data show moderate and severe PEM falling by more than half between 1983 and 1984, a drop which is very unlikely in a single year. No less than two thirds of the overall decline in PEM between 1982 and 1991 was the result of this one year decline in 1983/4, casting serious doubt on the validity of the estimated decline for that period as a whole. We have therefore preferred to use only the independent survey data for reductions in PEM. 1.1 percentage points a year during this period. This is more than double the 0.5 percentage point per year decline in PEM which has been found elsewhere due to general development, and in the absence of a nutrition programme. Thailand's success in reducing PEM is therefore unambiguous—even though we believe that the level of achievement may be substantially less than what has been claimed in the international nutrition.

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