# GLOBAL REPORT ON EQUITY AND EARLY CHILDHOOD

Featuring routes to promoting equity in the post-2015 agenda for sustainable development and promising case studies from around the world

THE CONSULTATIVE GROUP ON EARLY CHILDHOOD CARE AND DEVELOPMENT

Published in 2016
by the Consultative Group on Early Childhood Care and Development
c/o International Step by Step Association
Hooglandse Kerkgracht 17 R, 2312 HS Leiden, Netherlands



English PRINT, Paperback / Softback
ISBN 978-90-9029749-1

English, E-book: PDF without DRM
ISBN 978-90-825475-0-4



For more information, please contact:
Consultative Group on Early Childhood Care and Development (CGECCD)
c/o International Step by Step Association
Hooglandse Kerkgracht 17 R, 2312 HS Leiden, Netherlands
Telephone: 31 (0) 20-516 1222
Website: www.ecdgroup.com

This publication is the product of the Consultative Group on Early Childhood Care and Development (CGECCD) with its member and external contributors. The findings, interpretations and conclusions expressed in this work do not necessarily reflect the consolidated views of the CGECCD.

The authors of this publication use a variety of terms currently employed in our field: early childhood development (ECD), early childhood care and development (ECCD), early childhood education (ECE), early childhood care and education (ECCE), and yet other terms. We respect each author's choice of terms. Often an author refers to specific issues regarding child care, early education, health care or holistic child development; had the term been changed, it would have altered the meaning of their points.

---

Graphic design: Flight Design Co.
Editing and design coordination: Rebecca Kraut
Front cover image: iStock.com/Christopher Futcher
Back cover image: ARNEC

# ACKNOWLEDGEMENTS

This publication was made possible with financial support from World Bank Development Grant Facility (DGF), and from Plan International Australia for printing the original English version.

---

We would like to thank the following individuals who assisted with and supported this publication:

Emis Akbari, Maria Regina A. Alfonso, Kate Anderson, MaryCatherine Arbour, Jill McFarren Aviles, Kathy Bartlett, Jane Bertrand, Antoine Bourguilleau, Leon Charles, Kathy Cologon, Rokhaya Diawara, Nabila Espanioly, Felipe Feldmar, Helen R. Garcia, Marito Garcia, Liana Ghent, Deepa Grover, Youssef Hajjar, Suna Hanöz, Jacqueline Hayden, Yoshie Kaga, Rebecca Kraut, Divya Lata, Anaïs Loizillon, Joan Lombardi, Stephen Lye, Marcela Maria Marzolo Malagarriga, Kerry McCuaig, Katrina McHugh, Matthew Meikle, Francis Romina Duran Mellado, Junko Miyahara, Mary Moran, Xu Na, Anatoliy Naumov, June O'Sullivan, Emma Pearson, Alan Pence, Cristiana Petru-Stefanescu, Sabrina Natasha Premji, Sergei Pshenitsyn, Kerrie Proulx, Abbie Raikes, Rania Saheli, Aliza Salvador, Maureen Samms-Vaughan, Bettina Schwethelm, Sheldon Shaeffer, Sweta Shah, Catherine E. Snow, Gertie Steukers, Marine Sukhudyan, Zsuzsa Szesztai, Nurper Ulkuer, Bregje van Bemmel, Klaas van Blanken, Emily Vargas-Baron, Aune Victor, Donald Wertlieb, Sian Williams, Quentin Wodon, Hirokazu Yoshikawa, Karen Askov Zeribi and Louise Zimanyi.

---

The CG would also like to acknowledge the contributions of the following regional networks: the Arab Resource Collective (ARC); the Asia-Pacific Regional Network for Early Childhood (ARNEC); the Association for the Development of Education in Africa (ADEA); CariChild; the International Center for Education and Human Development (CINDE); and the International Step by Step Association (ISSA).

# TABLE OF CONTENTS

# ABBREVIATIONS

| | |
|---|---|
| **AIDS** | Acquired immune deficiency syndrome |
| **AÇEV** | Anne Çocuk Eğitim Vakfı (Mother and Child Education Foundation, Turkey) |
| **AGFUND** | Arab Gulf Development Programme |
| **ALECSO** | Arab League Educational, Cultural and Scientific Organization |
| **ANECD** | Arab Network for Early Child Development |
| **AP** | Action Period (IHI) |
| **ARAIEQ** | Arab Regional Agenda for Improving Educational Quality |
| **ARC** | Arab Resource Collective |
| **B.Ed.** | Bachelor of Education |
| **CAR** | Central African Republic |
| **CARICOM** | Caribbean Community |
| **CCD** | Care for Child Development |
| **CCT** | Conditional cash transfer |
| **CDB** | Caribbean Development Bank |
| **CEE** | Central and Eastern Europe |
| **CFIT** | China Funds-in-Trust |
| **CFRC** | Children and Families Research Centre (Macquarie University, Australia) |
| **CFS** | Child Friendly Spaces |
| **CG** | Consultative Group |
| **CGECCD** | Consultative Group on Early Childhood Care and Development (also CG) |
| **CHDP** | Child Health and Development Passport (Jamaica) |
| **CIFAR** | Canadian Institute for Advanced Research |
| **CIS** | Commonwealth of Independent States |
| **CLAC** | Community-Led Action for Children |
| **CPC** | Colegio de Profesores de Chile (Teachers' College of Chile) |
| **CQI** | Continuous Quality Improvement |
| **CRC** | Convention on the Rights of the Child |
| **CRPD** | Convention on the Rights of Persons with Disabilities |
| **CSA** | Central Statistical Agency (Ethiopia) |
| **DFID** | Department for International Development (UK) |
| **DGF** | Development Grant Facility (World Bank) |
| **ECC** | Early Childhood Commission (Jamaica) |
| **ECCD** | Early childhood care and development |
| **ECCE** | Early childhood care and education |
| **ECD** | Early childhood development |
| **ECE** | Early childhood education |
| **ECERS** | Early Childhood Environment Rating Scale |
| **ECI** | Early childhood intervention |
| **ECLPE** | Early Childhood and Lower Primary Education |
| **EFA** | Education for All |
| **EGRA** | Early Grade Reading Assessment |
| **EMIS** | Education Management Information System |
| **EQUIP-Tanzania** | Education Quality Improvement Programme for Tanzania |
| **ETP** | Education and Training Policy (Tanzania) |
| **EU** | European Union |
| **GDP** | Gross domestic product |
| **GER** | Gross enrolment ratio |
| **GFDRR** | Global Facility for Disaster Reduction and Recovery |
| **GHWA** | Global Health Workforce Alliance (WHO) |
| **GII** | Gender Inequality Index |
| **GPE** | Global Partnership for Education |
| **GSO** | General Statistics Office (Viet Nam) |
| **HDI** | Human Development Index |
| **HEART** | Healing and Education Through the Arts |
| **HEP** | Health, Education and Protection |
| **HIV** | Human immunodeficiency virus |

| | |
|---|---|
| **IASC** | Inter-Agency Standing Committee |
| **IBE** | International Bureau of Education (UNESCO) |
| **ICT** | Information and communication technology |
| **IDP** | Internally displaced person |
| **IECD** | Integrated early childhood development |
| **IFAD** | International Fund for Agricultural Development |
| **IHI** | Institute for Healthcare Improvement |
| **INGO** | International non-governmental organization |
| **IOL** | Institute for Open Learning |
| **IP** | Indigenous people |
| **IQ** | Intelligence quotient |
| **ISSA** | International Step by Step Association |
| **ITERS** | Infant/Toddler Environment Rating Scale |
| **IWGIA** | International Work Group for Indigenous Affairs |
| **IYCF** | Infant and young child feeding |
| **Lao PDR** | Lao People's Democratic Republic |
| **LEYF** | London Early Years Foundation (UK) |
| **LS** | Learning Session (IHI) |
| **M&E** | Monitoring and evaluation |
| **MCH** | Maternal and child health |
| **MDG** | Millennium Development Goal (UN) |
| **MELQO** | Measuring Early Learning Quality and Outcomes |
| **MGECW** | Ministry of Gender Equality and Child Welfare (Namibia) |
| **MICS** | Multiple Indicator Cluster Surveys (UNICEF) |
| **MOCEP** | Mother and Child Education Programme |
| **MoE** | Ministry of Education |
| **MoEAC** | Ministry of Education, Arts and Culture (Namibia) |
| **MoEVT** | Ministry of Education and Vocational Training (Tanzania) |
| **MoHETI** | Ministry of Higher Education, Training and Innovation (Namibia) |
| **MoHSS** | Ministry of Health and Social Services (Namibia) |
| **n.d.** | No date |
| **NAMCOL** | Namibia College of Open Learning |
| **NDP4** | Fourth National Development Plan (Namibia) |
| **NGO** | Non-governmental organization |
| **NIED** | National Institute for Educational Development (Namibia) |
| **NIEER** | National Institute for Early Education Research |
| **NSP** | National Strategic Plan |
| **OECD** | Organisation for Economic Co-operation and Development |
| **Ofsted** | Office for Standards in Education, Children's Services and Skills (UK) |
| **PCERC** | Preschool Curriculum Evaluation Research Consortium |
| **PDSA** | Plan-Do-Study-Act (IHI) |
| **PEDS** | Pakistan Early Child Development Scale-up Trial |
| **PISA** | Programme for International Student Assessment |
| **PMO-RALG** | Prime Minister's Office Regional Administration and Local Government (Tanzania) |
| **PPE** | Pre-primary education |
| **PRB** | Population Reference Bureau |
| **PTA** | Parent–Teacher Association |
| **PTSD** | Post-traumatic stress disorder |
| **PUC** | Pontificia Universidad Católica (Chile) |
| **RAISON** | Research and Information Services of Namibia |
| **RISE** | Re-Igniting Community Strength Through Education |
| **SDG** | Sustainable Development Goal (UN) |
| **SECD** | Science of Early Child Development |
| **SERCE** | Second Regional Comparative and Explanatory Study (Latin America and the Caribbean) |
| **SIDS** | Small Island Development States |

| | |
|---|---|
| **STATIN** | Statistical Institute of Jamaica |
| **TAG** | Technical Advisory Group |
| **TEC** | Tribal Education Council |
| **TFD** | Toronto First Duty (Canada) |
| **THRiVE** | Towards Healing and Resilience-Strengthening in Vulnerable Environments |
| **UBC** | Un Buen Comienzo (A Good Start, Chile) |
| **UIS** | UNESCO Institute for Statistics |
| **UK** | United Kingdom |
| **UN** | United Nations |
| **UNAM** | University of Namibia |
| **UNB-HERG** | University of New Brunswick Health and Education Research Group (Canada) |
| **UNDP** | United Nations Development Programme |
| **UNESCO** | United Nations Educational, Scientific and Cultural Organization |
| **UNICEF** | United Nations Children's Fund |
| **UNSC** | United Nations Security Council |
| **USA** | United States of America |
| **USAID** | United States Agency for International Development |
| **WASH** | Water, sanitation and hygiene |
| **WHO** | World Health Organization |

# INTRODUCTION

# EQUITY IN EARLY CHILDHOOD: THE CORNERSTONE OF A NEW GLOBAL DEVELOPMENT AGENDA

ABBIE RAIKES AND SHELDON SHAEFFER

In 2015 the global community took a number of steps forward, with a landmark agreement among all countries to address climate change, and the ratification of a new development agenda focused on sustainability (the Sustainable Development Goals, or SDGs). In many ways these accords outline a new era for the global community, including both high and low income countries, with a central emphasis on addressing inequities between and within nations.

Yet these historic agreements notwithstanding, millions of children in 2015 were still plagued by issues that were intended to be addressed by the previous global development agenda (the Millennium Development Goals, or MDGs) — including undernutrition, lack of access to quality schooling, and pervasive, persistent poverty. These problems are now increasingly intertwined with regional conflicts, the spread of terrorism, and the increasing pressures of climate change on environments, food supplies and disease.

The good news of the new agenda is that, for the first time, young children are explicitly mentioned in the global development goals. Target 4.2 of SDG Goal 4 states that by 2030 countries must 'ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education'.[1] However, the global community faces a considerable challenge in successfully implementing the proposed target, especially for children whose development is at risk due to poverty, poor health, disabilities or emergency situations.

Against this backdrop, the Consultative Group on Early Childhood Care and Development (CGECCD) — hereafter called the CG — selected 'equity' as the theme for its global report. Early childhood — defined here as birth (or conception) through age 8 — is increasingly shown to be the time of life when children are set on trajectories towards good health and lifelong well-being, including success in school and beyond, or where inequities take hold and prove harder to rectify as children grow. Through this report, the CG and its contributing authors aim to draw attention to the issues surrounding equity as they are manifested in early childhood.

The next two sections provide an overview of the state of young children today, including the progress made over the last two decades

iStock.com/Nkada

**"For the first time, young children are explicitly mentioned in the global development goals."**

and the challenges still remaining, followed by a brief review of the chapters and case studies included in the CG's global report.

## The State of Young Children Today

Since the MDGs and Education for All (EFA) targets were established in 2000,[2] considerable progress has been made to improve the well-being of young children. The rates of under-5 mortality and malnutrition, for example, have decreased significantly around the world, and participation and enrolment rates in early childhood care and education (ECCE) programmes, including in pre-primary education, have shown an equally significant increase. More generally, the proportion of people living in extreme poverty has declined by more than half at the global level, from 1.9 billion in 1990 to 836 million in 2015.[3] In developing regions, the proportion of people living on less than US$1.25 a day fell from 47% in 1990 to 14% in 2015. During the same time period, 2.6 billion people gained access to improved sources of drinking water, and the proportion of undernourished people in developing regions decreased from 23.3% in 1990 –1992 to 12.9% in 2014–2016.

Despite significant progress, however, many of the global MDG and EFA targets for 2015 have not been achieved. While the proportion of people who suffer from hunger has declined dramatically, about 795 million people (or one in nine) are still chronically undernourished.[4] The maternal mortality rate declined by 45% between 1990 and 2013, from 380 maternal deaths per 100,000 live births to 210 — but this does not meet the MDG target of reducing the ratio by three-quarters. Nor will the target on sanitation be achieved: between 1990 and 2015, 2.1 billion people gained access to a latrine, flush toilet or other improved sanitation facility, raising the proportion of the global population using an improved sanitation facility from 54% to 68% — but this rate of progress still does not meet the MDG target.

Many child-specific goals have also yet to be reached. Although under-5 mortality rates declined by more than half between 1990 and 2015, the global community did not meet the 2015 target of a two-thirds reduction in child deaths.[5] Also, despite large increases in pre-primary and primary school enrolments in the last two decades, many of the most disadvantaged children in the world will never receive a formal education, let alone one of good quality. In addition, an uncounted number of young children suffer from neglect and physical and psycho-emotional stress and abuse, and grow up in contexts of extreme poverty, domestic and/or social violence, and a lack of consistent, comforting care.

The situation of young children is further complicated by recent social, economic, political and cultural trends around the world — including the digital divide, environmental degradation, the depletion of raw materials and natural resources, increasing food insecurity, climate change, the increased incidence of natural and human-induced disasters, rapid urbanization, continuing population increases in the countries which can manage them least well, increasing social unrest and intra-community and intra-national conflicts, and an increase in disparities between the rich and the poor — all of which lead to an increasingly large number of 'fragile' contexts. For example, it is estimated that 250 million children under the age of 5 live in countries affected by armed conflict, and that 56% of maternal and child deaths take place in fragile settings.[6]

A focus on equity requires a deep look at the mechanisms by which children's environments affect their development. While gender and family income, for example, are important factors influencing equity, there are many other critical elements which also affect equity, including health and nutrition, education, and protection. The following sections discuss each of these factors separately; it is important to remember, however, that they are interrelated and interdependent. Poor health in the early years, for example, may impact cognitive development, setting children on a path that will prove more difficult to correct as time goes on, and may affect their ability to learn in school and succeed later in life. Exposure to physical or psycho-emotional trauma due to violence or conflict may have similar impacts on cognitive development as well as social–emotional development, with ramifications that extend into adolescence and adulthood.

## HEALTH AND NUTRITION

Health and nutrition in the early years are of critical importance. First and foremost, child survival is paramount. Considerable gains have been made in the past 25 years: worldwide, the mortality rate for children under 5 dropped by 53% — from 90 deaths per 1,000 live births in 1990 to 43 in 2015.[7] Yet despite this accomplishment, the 2015 target of a two-thirds reduction in child deaths was not met. Globally, almost 6 million children under the age of 5 died in 2015, and child deaths are increasingly concentrated in the poorest regions and in the first month of life, as neonatal mortality is decreasing at a slower rate than mortality for children aged 1 to 59 months.

Undernutrition is another key issue. Many children under age 5 experience stunting — defined as inadequate length or height for age — which is a sign of chronic deficiency of essential nutrients.[8] The global stunting rate has fallen from 40% in 1990 to 24.5% in 2013 — but this still leaves 1 in 4 children (161 million) under the age of 5 suffering from moderate or severe stunting. In 2013, about half of those children lived in Asia and over one-third in Africa.[9] The highest rates of stunting are currently in sub-Saharan Africa, where 38% of children under 5 are stunted; the region is expected to account for 45% of the world's malnourished children by 2020.[10] South and West Asia and the Arab States also have high rates of stunting, at 34% and 20% of children under 5, respectively. Analysis of stunting data collected between 1990 and 2011 shows that, worldwide, children in the poorest households are more than twice as likely to be stunted as children in the richest households.[11]

Even in the absence of stunting, less severe undernutrition, such as being underweight, is indicative of the poor conditions that young children experience. The proportion children under age 5 who are moderately or severely underweight fell by almost half between 1990 and 2015, from 25% to 14%.[12] Yet this still leaves over 90 million children, or 1 in 7, underweight. Underweight prevalence in 2015 was projected to be highest in Southern Asia (28%) and sub-Saharan Africa (20%); together these two regions account for more than 80% of the world's underweight children.

Health and nutrition have a significant impact on brain development, particularly for children aged 0 to 3:

> The first three years are especially important as this is the period of the most rapid development of optimal learning and brain development. … Under-nutrition, environmental toxins [and] stress (for example as a result of maltreatment or severe maternal depression) can all influence the brain's structure and functioning, with long-term implications for health, stress reactivity and memory. At the same time, early preventive and protective interventions can mitigate these risks.[13]

iStock.com/Vikram Raghuvanshi

**"A focus on equity requires a deep look at the mechanisms by which children's environments affect their development."**

While few data concerning brain development are systematically collected at the population level for this age range, inequities have been shown to begin before birth. For example, undernutrition in mothers affects children from the moment of conception onward, and iodine and iron deficiencies begin to affect brain development at an early age.

Additional health and nutrition concerns for young children include limited breastfeeding; HIV and AIDS; lack of diagnosis and treatment of a wide range of disabilities; and exposure to parasites, environmental toxins like lead, and childhood diseases such as malaria and diarrhoea. In response to the need for better data on children's development from birth to age 3, several initiatives are underway, including an effort by the World Health Organization (WHO) to develop measures for tracking children's development from birth to age 3.

Comprehensive approaches to promote early childhood development (ECD) should include maternal nutrition, promotion of breastfeeding, access to health care, attention to micronutrients and environmental exposures, and immunization against childhood diseases. Across health outcomes, interaction between caregivers and children can also play a pivotal role in promoting healthy development from birth onwards. Opportunities to promote young children's health and development, particularly for very young children, can be expanded through parental education programmes that include home visits and centre-based parent counselling. As children enter primary school (ages 6 to 8), most of the focus in health and nutrition is on adequate micronutrient supplementation and the prevention and cure of childhood diseases, many of which are exacerbated by attendance in unsanitary, unhygienic schools.

## EDUCATION

*Pre-primary education*

For children aged 3 to 6 years, a major focus of well-being is on access to early education, which has an influence on cognitive, linguistic and social–emotional development. In the last two decades, both supply of and demand for pre-primary education have increased, in some regions dramatically. The global gross enrolment ratio (GER)[14] for pre-primary education rose from 27% in 1990 to 33% in 1999, and then again to 54% (or 184 million children) in 2012 — an increase of 64% over 13 years.[15] Especially remarkable were the improvements (albeit from a low base) in sub-Saharan Africa and South and West Asia: both regions increased pre-primary enrolment by almost 150% between 1999 and 2012. Low income and lower middle income countries also showed dramatic increases (107% and 131% respectively).

Virtually identical for girls and boys, the pre-primary GER in 2012 was highest in North America and Western Europe (89%), Central and Eastern Europe (CEE) (74%), and Latin America and the Caribbean (74%); it was lowest in sub-Saharan Africa (20%) and the Arab States (25%).[16] While the overall increase is impressive, these figures mean that 75% of children in the Arab States and 80% of children in sub-Saharan Africa still have no access to early childhood programmes. Similar disparities could be found between developed countries (88%), countries in transition (67%) and developing countries (49%); and across high income countries (86%), middle income countries (57%) and low income countries (19%). These statistics clearly indicate that the global increase in pre-primary enrolments has not been equitably distributed.

In addition to disparities between countries, inequities also exist within countries in regards to pre-primary education. For example, in many countries there is a large gap in pre-primary enrolment rates between the richest and poorest quintiles of the population. Analysis of data from the United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Surveys 3 (MICS3), conducted in 2005, shows striking disparities in enrolment rates by income quintile in selected low and middle income countries (summed across the sample countries by region). In East Asia and the Pacific, the Middle East and the Caribbean, enrolment was more than twice as high for the

richest quintile than for the poorest. In CEE and Commonwealth of Independent States (CIS) countries, it was nearly five times as high, and in sub-Saharan Africa it was almost ten times as high.[17]


The quintile gap is also evident in other indicators of development for children, such as the number of books in the home and the likelihood of children being engaged in early learning in the home (a proxy indicator for cognitive and social–emotional support).[18]

*Primary education*

The primary school years of early childhood (ages 6 to 8) are considered the most important in terms of education. The first challenge for children in this age range is ensuring access to school. There has been considerable progress in primary school enrolment rates since both the 1990 and 2000 world declarations around Education for All: the primary school net enrolment rate in developing regions reached 91% in 2015, up from 83% in 2000,[19] and in the least developed countries, primary school enrolment rose from 53% in 1990 to 81% in 2011.[20] Worldwide, the primary school enrolment rate was projected to be 93% in 2015 (up from 84% in 1999), and the total number of out-of-school children of primary school age has fallen by almost half, from 100 million in 2000 to 58 million in 2012.

However, most of these achievements were reached between 2000 and 2007, and global progress has essentially stalled since then.[21] This stagnation is the result to two opposing phenomena: the large increase in the net enrolment rate in Asia, especially South and West Asia, resulted in a decrease in the total number of children out of school, but the rising school age population in sub-Saharan Africa has counterbalanced this decrease, bringing the overall global numbers of out-of-school children back up.

Of the 58 million children of primary school age who are out of school, some have already entered school and dropped out, while others will enrol late. However, an estimated 43% will never enter school and probably never receive any formal education.[22] In sub-Saharan Africa, this number climbs to 50%, and in South and West Asia it is estimated at 57%. There are also gender disparities within these data: girls are more likely to never attend school (48% of girls compared with 37% of boys), while boys are more likely to drop out.

Access to school, however, is only one part of the equation. Increasingly, the principle concern in the development of children aged 6 to 8 is the quality of education they receive, which determines the extent to which they get a good start in school and master both the foundational skills required to excel in literacy and numeracy, and the values and social–emotional skills needed for success later in life.

Unfortunately, relatively little global information is available on the quality of education in the early primary school years, beyond the data suggesting that children in primary school are failing to acquire basic skills. The 2013/4 EFA Global Monitoring Report estimated that of the world's 650 million primary school age children, 250 million were not learning the basics in reading and mathematics.[23] The report also stated that in 21 out of the 85 countries with full data available, more than half of primary school age children failed to meet minimum reading and mathematics standards. Wide geographic disparities exist in this regard: in North America and Western Europe, 96% of children stay in school until Grade 4 and reach the minimum benchmarks for reading, while only one-third of children in South and West Asia and two-fifths of children in sub-Saharan Africa do the same.

Results of the Early Grade Reading Assessment (EGRA) in countries around the world are particularly bleak: in 10 out of 26 countries that conducted nationally or regionally representative assessments in either Grade 2 or 3, more than half of children were unable to read a single word in a simple paragraph.[24] In some cases, mathematics assessment results are even less encouraging. A study conducted in India, for example, found that only 17% of Grade 2 children and 32% of Grade 3 children could solve a two-digit subtraction problem. In Latin America and the Caribbean, the Second Regional Comparative and Explanatory Study (SERCE) found that roughly half of all Grade 3 students could not solve a mathematics problem involving halves and quarters.[25]


iStock.com/Bartosz Hadyniak

## PROTECTION

Ensuring child protection is a significant concern in early childhood and beyond. An analysis of data collected from 31 countries through UNICEF's MICS3 indicated that in many countries, very large percentages of children aged 2 to 4 experienced violent discipline — physical punishment and/or psychological aggression. In more than half of the countries surveyed, the percentages were over 80%, and in 4 countries they were 90% or higher.[26] Domestic, societal and community violence (including disaster and conflict), as well as a lack of positive caregiver–child interactions, can all affect early social–emotional development and increase the risk of behavioural problems (e.g. anti-social behaviours and aggression).

In addition, maternal depression is seen as an increasingly important negative factor affecting parenting quality, child development and child safety. Being left alone or with inadequate care (e.g. with another child under the age of 10) is also a risk factor for young children, and data show that it disproportionately affects children in lower income families, as poorer parents are often unable to afford childcare for their children while they are at work.[27]

For children aged 6 to 8, there are also concerns (but limited information) in regard to corporal punishment and psycho-social bullying in school, as well as child labour, whether in the home and family (i.e. at the expense of school) or in more exploitative and dangerous workplaces (e.g. as the result of child trafficking). In terms of legal protections, birth registration should also be considered an important mechanism for safeguarding children from later exploitation and disadvantage.

## The CG Global Report

This report is released as the CG marks its thirty-second anniversary. A look back at the last three decades of ECD advocacy reveals a number of positive trends. First, the global early childhood community has grown exponentially during this time, with new organizations and early childhood professionals emerging as leaders in every region. This tremendous growth reflects the increasing understanding of the importance of ECD, and is something to celebrate. Second, members of the early childhood community are united in their desire to focus on equity, with a large percentage stating that equity is important to their work and should be highlighted as part of the next early childhood agenda. Third, the CG's work to promote national and regional networks is a key element of the strategy to promote equity. Ensuring that local voices are at the table will help policy-makers and ECD stakeholders understand equity in early childhood and generate workable plans to address it.

Looking forward, the early childhood community faces an exciting new era, coupled with tremendous responsibility to work together to better address equity through:

- Effective policies for all children, including children with disabilities;
- Support for early childhood professionals;
- Design and implementation of innovative programmes; and
- Continued investments in local and global infrastructure to support young children's development.

In an effort to contribute to this important work, the CG focused its global report on key equity issues in early childhood. Chapter 1 of the report provides an overview of the concept of equity in ECD and the surrounding literature. Chapter 2 examines the role of public policies in promoting equity in early childhood, and Chapter 3 looks at equity concerns for young children who experience disability. These chapters are followed by a series of 11 case studies that look more closely at policies and programmes in particular countries and regions, in order to shed light on how equity issues play out in specific situations.

iStock.com/Bartosz Hadyniak

> **"Innovative models for early childhood care and education are being developed in all parts of the world."**

## EQUITY CASE STUDIES

While the conditions that promote children's healthy development may be universally relevant, how equity is defined and experienced by children and families is also uniquely expressed in different countries and regions. Addressing equity therefore necessitates careful evaluation of the conditions that affect young children's lives in any one situation or environment, along with interventions that could help promote equity when needed. For this reason, strong national and regional voices for children are central to achieving equity on a global scale, to ensure that perspectives on equity emerge from deep knowledge of the local conditions, values and resources available for young children and their families.

iStock.com/AndiGrieger

With this in mind, the case studies included in this report emphasize that effective approaches to addressing equity in early childhood come in many different forms. The Philippines case study, for example, highlights the importance of building interventions based on indigenous beliefs and practices, while the Namibia case study demonstrates how a countrywide approach was used to help support teachers across regions as part of a national push to improve pre-primary education. The case study from the CEE/CIS region outlines the appropriateness and relevance of home visiting programmes for children from birth to age 3, due to the near-universal reach of nurses in the region.

Across all of the case studies, there is clear emphasis on responding to local situations with approaches that underlie effective interventions, namely:

- Listening carefully to children and families to define the goals of the programme and the best mode for intervening;
- Building on the political momentum or infrastructure in place, including local interest and ideas; and
- Identifying successes that could help inform programmes in other parts of the world.

From the examples provided in the report's chapters and case studies, it is clear that innovative models for ECCE are being developed in all parts of the world. These models draw from many of the core underlying principles of early childhood development: the primacy of parents and families as children's first teachers; the importance of integrating health and nutrition, education, and protection; the essential investments in the early childhood workforce that must take place for quality services to be delivered; and perhaps most importantly, the dedication of resources and commitment to young children, which can emerge from even the most difficult situations.

By providing background on equity issues in early childhood as well as concrete examples through case studies, the CG global report is intended both to raise awareness of equity concerns and to provide guidance on how to address them, building on research and best practices from around the world.

1 United Nations, 2015b.
2 The Dakar Framework for Action, which established the EFA agenda, states its first goal as 'expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children' (UNESCO, 2000, p. 8). The EFA goals were intended to apply to all countries, whereas the MDGs were focused more on specific settings in which people faced the greatest hardships.
3 United Nations, 2015a.
4 Ibid.
5 Ibid.
6 Save the Children, 2014.
7 United Nations, 2015a.
8 UNESCO, 2015.
9 UNICEF et al., 2013.
10 UNESCO, 2015.
11 United Nations, 2013.
12 United Nations, 2015a.
13 WHO, 2013, p. 3.
14 Other rates relevant to early childhood education — the net enrolment rate in pre-primary education, the GER in other early childhood programmes, and the percentage of new entrants to the first grade of primary school with early education experience — are not available at global and regional levels.
15 UNESCO, 2015.
16 Ibid.
17 Engle et al. 2011.
18 UNICEF, 2012.
19 United Nations, 2015a.
20 UNICEF, 2014.
21 UNESCO, 2015.
22 Ibid.
23 UNESCO, 2014.
24 Gove and Cvelich, 2010.
25 Verdisco, 2015.
26 UNICEF, 2012.
27 Ibid.

## References

Engle, P. L., Fernald, L. C. H., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., … Global Child Development Steering Group. 2011. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*, Vol. 378, No. 9799, pp. 1339–53. doi:10.1016/S0140-6736(11)60889-1

Gove, A. and Cvelich, P. 2011. *Early Reading: Igniting Education for All. A Report by the Early Grade Learning Community of Practice. Revised Edition.* Research Triangle Park, NC, Research Triangle Institute. http://www.rti.org/pubs/early-reading-report-revised.pdf

Save the Children. 2014. *State of the World's Mothers 2014: Saving Mothers and Children in Humanitarian Crises.* Westport, Conn., Author. http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SOWM_2014.PDF

United Nations Educational, Scientific and Cultural Organization (UNESCO). 2000. The Dakar Framework for Action. Education for All: Meeting our Collective Commitments. Paris, Author. http://www.unesco.at/bildung/basisdokumente/dakar_aktionsplan.pdf

——. 2014. *EFA Global Monitoring Report 2013/4. Teaching and Learning: Achieving Quality for All.* Paris, Author. http://www.uis.unesco.org/Library/Documents/gmr-2013-14-teaching-and-learning-education-for-all-2014-en.pdf

——. 2015. *EFA Global Monitoring Report 2015. Education for All 2000–2015: Achievements and Challenges.* Paris, Author. http://unesdoc.unesco.org/images/0023/002322/232205e.pdf

UNICEF. 2012. *Inequities in Early Childhood Development: What the Data Say. Evidence from the Multiple Indicator Cluster Surveys.* New York, Author. http://www.unicef.org/lac/Inequities_in_Early_Childhood_Development_LoRes_PDF_EN_02082012(1).pdf

——. 2014. *The State of the World's Children 2014 in Numbers. Every Child Counts: Revealing Disparities, Advancing Children's Rights.* New York, Author. http://www.unicef.org/gambia/SOWC_report_2014.pdf

UNICEF, WHO and the World Bank. 2013. *Levels and Trends in Child Malnutrition.* New York/Geneva, Switzerland/Washington, DC, Authors. http://www.who.int/nutgrowthdb/summary_jme_2013.pdf

United Nations. 2013. *The Millennium Development Goals Report 2013.* New York, Author. http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf

——. 2015a. *The Millennium Development Goals Report 2015.* New York, Author. http://www.un.org/millenniumgoals/2015_MDG_

Report/pdf/MDG%202015%20rev%20(July%201).pdf

——. 2015b. SDG Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. *Sustainable Development Knowledge Platform.* New York, Author. https://sustainabledevelopment.un.org/sdg4

Verdisco, A. 2015. *Without Data, There is No Action. Regional Project on Child Development Indicators, PRIDI.* New York, Inter-American Development Bank. http://www.iadb.org/en/topics/education/without-data-there-is-no-action,7454.html

WHO. 2013. *Meeting Report. Nurturing Human Capital Along the Life Course: Investing in Early Child Development.* Geneva, Switzerland, Author. http://apps.who.int/iris/bitstream/10665/87084/1/9789241505901_eng.pdf

Correspondence should be addressed to the CG Secretariat: info@ecdgroup.com

# CHAPTER 1
# EQUITY IN EARLY CHILDHOOD DEVELOPMENT: A GLOBAL PERSPECTIVE

**KERRIE PROULX AND STEPHEN LYE**
Fraser Mustard Institute for Human Development
**UNIVERSITY OF TORONTO, CANADA**


iStock.com/Bartosz Hadyniak

Giving every child the best start in life is crucial to tackling inequalities across the life course. It is well-known that the foundations of health and virtually all domains of human development — physical, intellectual and emotional — are established in the first years of life, starting prenatally.[1] Throughout the early childhood years, children's experiences and environments affect the architecture of their developing brains. It is during this critical period that children form the basis of subsequent skills and learning capacities which will impact measures of well-being throughout their lives, including emotional competence, mental health, educational achievement and economic status.

New lines of research are expanding understandings of the role of environments in supporting children's healthy development.[2] In order to meet a child's basic developmental needs and avoid adverse effects on well-being, positive early experiences and care are required within a limited window of time. These early experiences include adequate maternal and child health care, prenatal and postnatal nutrition, stable and responsive caregiving, opportunities for early learning, and protection from stressful and unsafe environments.

Millions of children around the world, especially those growing up in the most disadvantaged and vulnerable communities, fail to receive such essential early experiences and care.[3] This includes children living in poverty, children living in remote rural communities and urban slums, children from minority families, children left behind by migrant parents, refugee children and those living through emergencies and conflicts, and children with disabilities. Inequalities in opportunities for essential early experiences and care — which tend to translate into inequitable outcomes in health, education and employment — often stem from inequalities in the conditions in which children are born, grow and live. Children living in poverty or disadvantaged circumstances are more likely to be exposed to suboptimal early experiences including chronic severe malnutrition, poor sanitation, environmental toxins, domestic violence, harsh physical punishment, maternal depression, armed conflict and natural disasters.[4]

This chapter begins by providing background on the state of inequality in early childhood on a global scale. It goes on to define the concept of equity in a development context and discusses its relevance for ECD. The chapter then examines trends in equity across different countries, with a focus on the relationship between household wealth and two important factors that have an impact on children's development: 1) support for early learning in the home environment and 2) access to early childhood education (ECE). These sections present examples of effective ECD interventions that have promoted equity in both of these areas. The chapter concludes with recommendations for addressing equity in ECD policies and programmes.

## Setting the Scene: Rising Inequalities on a Global Scale

The available evidence suggests a broad picture of growing inequality between advantaged and disadvantaged groups on a global scale. Income inequality increased by 11% in developing countries between 1990 and 2010.[5] More than three-quarters of the population in developing countries live in societies where income is now more unequally distributed than it was in the 1990s. Inequality in income and wealth are strongly related to inequitable access to health, education and other public services. While income inequality is not the only indicator of inequity, in reality poverty tends to overlap with other inequities. Families and children living in poverty frequently experience inequalities and inequities across a number of dimensions and processes, often leading to highly stable patterns of disadvantage.[6] Parents' outcomes in health, education and employment affect their children's circumstances at birth as well as their opportunities in early childhood and throughout the life course. Large inequalities in families' social and economic status often translate into significantly unequal 'starting points' and life chances for the next generation, thereby sustaining inequity.

### INEQUALITIES IN EARLY CHILDHOOD

Over the last several decades, the global community has made substantial progress towards achieving ECD-related goals as part of the international development agenda. Improvements in key indicators include an overall decline in child mortality rates, decreased morbidity rates for some conditions, and increased enrolments in pre-primary education. However, these gains are largely based on improvements in national averages. Aggregated data can overlook disparities and even growing inequalities between groups within and across countries. When data are analysed in terms of socio-economic status, geographic location, ethnicity and other factors, it becomes clear that inequalities in opportunities for positive early experiences and care continue to be widespread throughout the world.[7]


"Inequalities in opportunities for positive early childhood experiences and care continue to be widespread throughout the world."

Such inequalities begin at birth, or sometimes as early as conception, and have an impact on basic health and even the opportunity for life itself. For example, a 2010 analysis conducted by UNICEF showed that in 18 out of 26 countries where the national child mortality rate had declined by 10%, the gap between the rates in the richest and poorest quintiles had either grown or remained unchanged.[8] Data from Viet Nam show that an ethnic minority child is three times more likely to die in the first five years of life than a Kinh/Hoa majority child.[9] In Ethiopia, 30% of children under age 5 in rural areas are underweight, compared to 16% of children in urban areas.[10]

Access to learning opportunities is similarly inequitable. Results from the 2012 Programme for International Student Assessment (PISA) showed that pre-primary enrolment rates are growing faster among advantaged students than among disadvantaged students in 22 out of 36 countries.[11] In Honduras, adult support for early learning is 75% for children in the richest quartile, but only 28% for children in the poorest quartile.[12] In Lao People's Democratic Republic, attendance in early childhood education is 73% for children in the richest quartile, but only 5% for children in the poorest quartile.

These brief examples are illustrative of the social gradient of early childhood development: in general, disadvantaged circumstances are closely linked to fewer opportunities for healthy development and poorer developmental outcomes. This is a global phenomenon, seen across low, middle and high income countries, and in developing and developed countries alike.

To address this gap, some UN agencies and non-governmental organizations (NGOs) are beginning to prioritize equity in early childhood, with targets based around making opportunities inclusive, and indicators that measure growth for specific groups in addition to national averages.

## What Is Equity?

As a normative concept, 'equity' is characterized by a long history of debate about its precise meaning, both in the development community and in religious, cultural and philosophical traditions. At its core, however, the concept of equity arises from moral equality — the notion that, despite many differences, all people share a common humanity and, as a result of this, should be treated fairly, in terms of both treatment and levels of opportunity. The fact that children in different social circumstances experience dramatic differences in health, well-being and quality of life through no fault or choice of their own is, quite simply, unfair.

Equity and equality are related but distinct concepts: equity focuses on the process of ensuring a fair distribution of goods and services, whereas equality is about the final outcomes between different individuals.[13] The reduction of inequalities in outcomes is a good marker of progress towards creating a more equitable society.

**"The fact that children in different social circumstances experience dramatic differences in health, well-being and quality of life through no fault or choice of their own is, quite simply, unfair."**

In 2005, the World Bank provided a definition of equity for the first time in development discourse.[14] The concept was broken down into two key principles:

1. **Equal opportunity:** A person's chances of achieving well-being and reaching his or her potential should reflect individual efforts and talents, not the circumstances of birth (such as gender, race, place of birth, family origins or the social groups a person is born into).

2. **Avoidance of absolute deprivation:** All people share certain absolute needs as human beings (e.g. health care, adequate nutrition, water and sanitation, a basic education, shelter and physical security), and resources should be redistributed to ensure that nobody falls below a minimum threshold of basic needs. Society has a responsibility to care for its neediest members, even if the equal opportunity principle has been upheld.

In adopting a pro-equity approach, ECD programmes and policies aim to create a more level playing field by ensuring that all children, from birth to the transition to primary school, have opportunities to receive positive early experiences and care that are essential for optimal health and development, and are spared from extreme deprivation.

## The Role of Parents: Ensuring the Best Start in Life

In addition to health status, parenting practices and the home environment are among the strongest determinants of children's development during early childhood.[15] Positive early experiences that promote child development include responsive caregiving, opportunities for stimulation and family support for early learning. These types of positive experiences are especially critical from birth to age 3, when the growth of a young child is primarily shaped by the 'micro-systems' within the household and immediate environment — notably relationships and interactions with parents, grandparents, siblings and other caregivers.

Children living in disadvantaged circumstances tend to have reduced opportunities for positive early caregiving experiences. Household wealth, income and parental levels of education generally predict the quality of the early home environment, but not always. An economically advantaged child exposed to poor-quality parenting faces more developmental risks during the early years than an economically disadvantaged child who experiences responsive caregiving, opportunities for stimulation and family support for early learning.[16]

### MEASURING THE QUALITY OF EARLY CAREGIVING

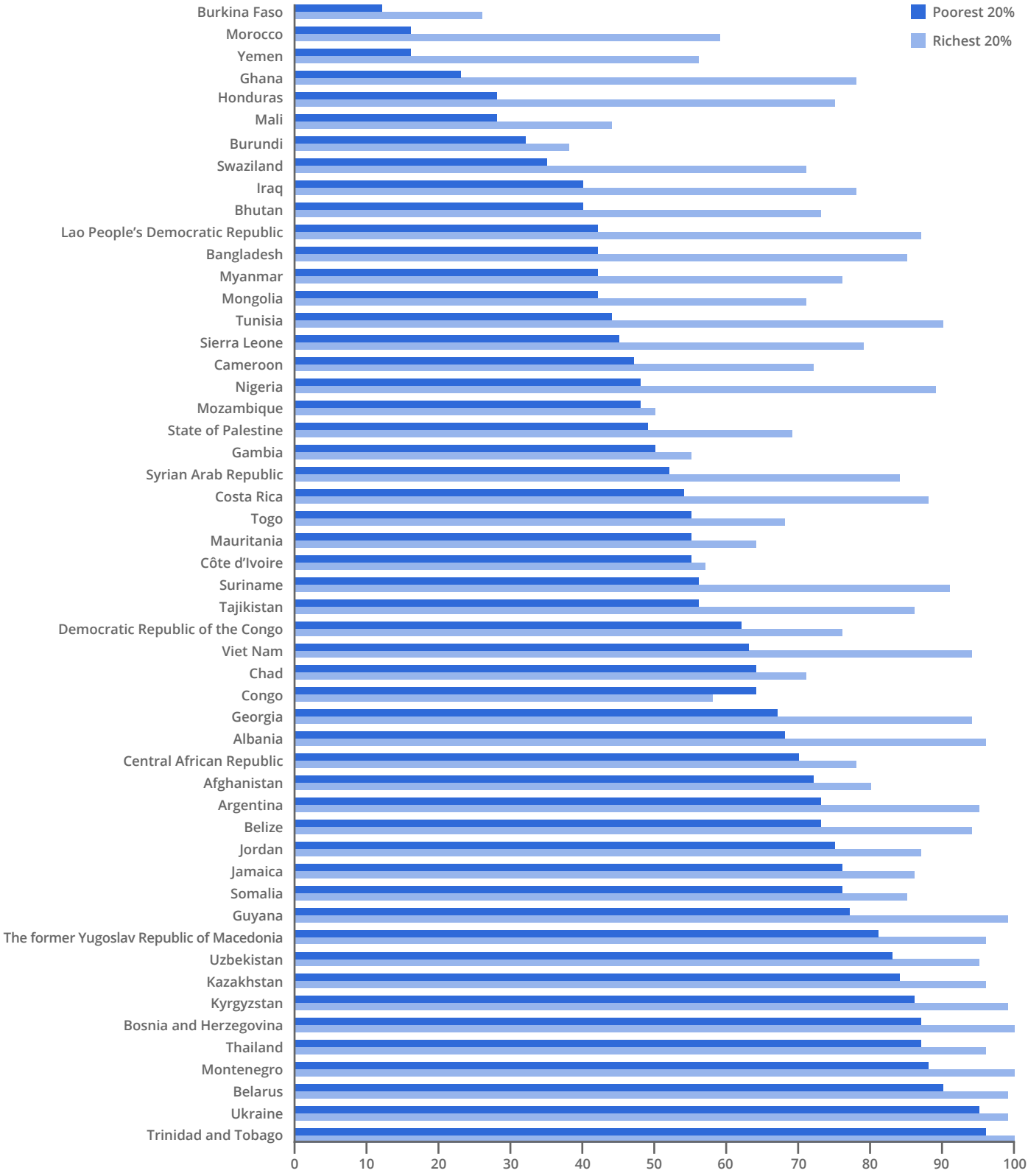
UNICEF's MICS is one measure used to assess the quality of early caregiving. MICS has six indicators that collectively serve as a proxy for positive early caregiving and early learning experiences. These include: reading books to the child; telling stories; singing songs; taking the child outside the home; playing with the child; and spending time naming, counting or drawing things with the child.[17] By reading, telling stories and counting or drawing, caregivers stimulate children's learning and foster cognitive development. By playing, taking a child outside the home and singing, caregivers provide a sense of attachment and support social–emotional development.

MICS data reveal the percentage of children aged 3 to 5 years old with whom an adult has engaged in four or more of these activities in the past three days. In 51 out of 52 low and middle income countries for which data are available, this percentage is higher in households in the top wealth quintile than in households in the lowest wealth quintile.[18] On average, 58% of caregivers from the poorest households reported engaging in at least four of these activities with their child, compared with 79% of caregivers from the richest households. The largest gaps between the poorest and richest households in the study populations were reported to be in Morocco, Yemen and Ghana. The smallest gaps were in Belarus, Ukraine and Trinidad and Tobago — in all of these countries, at least 90% of caregivers from both the poorest and richest households reported engaging in at least four of these activities with their child. See Table 1 for a visualization of wealth-related gaps in measures of early learning opportunities.

A limitation of the MICS data on support for positive caregiving and early learning in the home environment is that there is no disaggregation between the different types of activities that caregivers engage in with their child. A study conducted in the Solomon Islands and Vanuatu, for example, found that mothers from more advantaged backgrounds were more likely to

# Table 1

Percentage of children aged 36–59 months who have been engaged in activities which promote early learning, by household wealth quintile




*Source:* UNICEF, 2014b.

report reading to their child than mothers from disadvantaged backgrounds.[19] Mothers from disadvantaged backgrounds, on the other hand, were more likely to report taking their child outside the family compound (e.g. to go to a shop, tend to the garden or visit neighbours) than more advantaged mothers. Each of these activities is reported to influence a child's development and early learning in different ways.

More research is needed to better understand inequalities in terms of the types of caregiving and early learning activities that families engage in, and the variables which support families in advantaged versus disadvantaged environments. Research is also needed on caregiving practices among younger children, from birth to age 3 years.

## REDUCING INEQUITIES THROUGH PARENTING PROGRAMMES

Parenting programmes that promote positive early experiences in the home environment — including responsive caregiving, opportunities for stimulation and family support for early learning — can have important influences on children's development, both in the short term and the long term, and can protect against the adverse effects of poverty.

A recent review of 21 parenting programmes in developing countries found positive short-term effects on direct measures of children's cognitive and linguistic development.[20] These interventions were aimed at supporting parents in creating responsive relationships with their children and providing opportunities for early stimulation and learning within the home environment; some also a had a nutrition component. The review found that the most effective parenting interventions used a combination of group sessions and home visits, and employed at least two or more behaviour change techniques, such as modelling early learning practices for parents and providing opportunities for parents to practice with their child.

iStock.com/Bartosz Hadyniak

**"Parenting programmes that promote positive early experiences in the home environment can have important influences on children's development and can protect against the adverse effects of poverty."**

## PEDS: A PARENTING INTERVENTION IN PAKISTAN

The Pakistan Early Child Development Scale-up (PEDS) trial, implemented between 2009 and 2012, tested the effectiveness of a responsive stimulation parenting intervention on early childhood development.[21] The study integrated the Care for Child Development (CCD) programme — a parenting intervention created by WHO and UNICEF — into Pakistan's Lady Health Workers programme, through which female community health workers are trained to provide care in rural communities and urban slums throughout the country.[22]


More than 1,400 children from birth to age 2 were enrolled in a randomized control trial and assigned to 1 of 4 intervention groups:[23]

1. CCD intervention (responsive stimulation)
2. Enhanced Nutrition intervention (nutrition education and multiple micronutrients)
3. Combined CCD and Enhanced Nutrition intervention (integrated nutrition and responsive stimulation)
4. Control group (routine health services only)

For the CCD and the Combined CCD and Enhanced Nutrition groups, the responsive stimulation intervention was delivered through a combination of monthly group sessions and home visits.[24] Group sessions lasted approximately 1 hour and 20 minutes, while home visits ranged from 7 to 30 minutes. During this time, health workers taught mothers developmentally appropriate play and communication activities. Mothers had the opportunity to try the activities with their child and receive coaching and feedback on how to build the quality of the interactions and enhance responsiveness in their child.

Children who received the CCD intervention, either alone or in combination with enhanced nutrition, were shown to have significantly greater gains in cognitive, language and motor skills at ages 12 and 24 months than those in the control group or the stand-alone Enhanced Nutrition group.[25] Children who received the Enhanced Nutrition intervention had notably higher development scores on cognitive, language and social–emotional scales at 12 months of age than those who did not receive this intervention, but at 24 months only the language scores remained significantly higher. The Combined CCD and Enhanced Nutrition intervention had a substantial effect on the greatest range of outcomes, combining the benefits of both stand-alone interventions. The results suggest that parenting interventions such as the CCD programme can be effectively scaled up and delivered by community health workers in developing countries.

A 22-year follow-up evaluation of a parenting programme for disadvantaged children in Jamaica, a middle income country, found positive impacts on school attainment, mental health and wages.[26] The stimulation intervention took place over a 2-year period when children were aged 9 to 24 months and consisted of health and nutrition supports as well as weekly 1-hour home visits with trained community health aides, who demonstrated educational games to play with children and supported positive maternal–child interactions. Homemade toys were introduced at each visit. The results of this study show that targeted interventions that support caregivers in promoting their child's development

can help reduce inequalities and improve long-term outcomes in health, education and employment.

Parenting intervention programmes can impart important benefits and reduce the steepness of the social gradient in ECD for those families with greater social and economic disadvantage. This process requires more disaggregated data to monitor inequalities, as well as measurement tools that account for multiple inequalities, not just income inequality. Also, given the growing trend of children being 'left behind' with grandparents and other caregivers by migrating parents, parenting programmes need to be expanded to include these other caregivers.

## Early Childhood Education: Expanding Opportunities to Learn

As children move through early childhood and start to transition into the 'meso-systems' of the wider community, access to formal institutions and quality schooling matters. Inequalities in cognitive scores for children from families of different socio-economic backgrounds are not necessarily present at birth, but they appear early. In a study conducted in Ecuador, 3-year-old children from all socio-economic groups had similar test scores for vocabulary recognition and were close to a standard international reference population.[27] By age 5, however, all of the children had faltered relative to the international reference population except for those in the richest groups and with the highest levels of parental education. Such pronounced differences speak to the importance of providing ECE (also known as pre-school or pre-primary education) to help reduce inequalities in developmental outcomes.

The UNICEF MICS datasets report on access to ECE for children aged 3 to 5 in developing countries. In 56 out of 57 countries with available data, children born to families in the lowest wealth quintile were shown to be less likely to attend ECE programmes than children from families in the highest wealth quintile.[28] The average enrolment in ECE ranges from about 20% for children in the poorest quintile to about 50% for children in the richest quintile.

Countries affected by or emerging from conflict and parts of Africa are furthest behind with respect to coverage levels for children from the poorest backgrounds, with attendance rates as low as 1% in some countries. On the other end of the spectrum, Belarus, Jamaica and Thailand have the highest levels of coverage among the countries surveyed for children from the poorest backgrounds, ranging from 75% to 85%. Thailand has achieved near-universal coverage — 85% for the poorest quintile and 82% for the richest — as a result of an education policy that implemented free ECE through block grants and expanded access in disadvantaged rural areas. See Table 2 for a visualization of wealth-related gaps in ECE attendance.

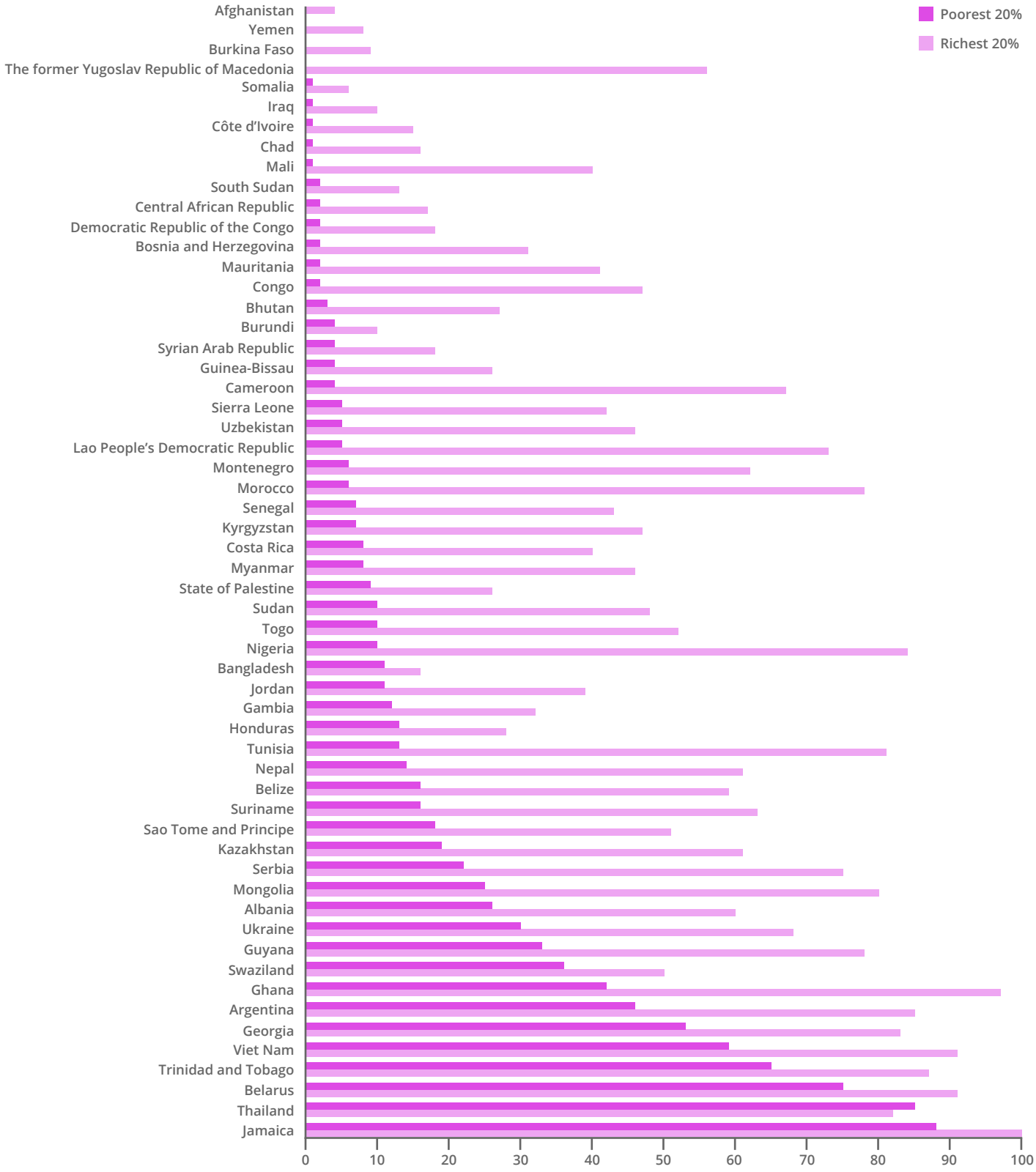

iStock.com/Forest Woodward

The MICS results suggest that children living in poverty are doubly disadvantaged: by reduced opportunities for positive early experiences in the home environment that promote child development and by reduced access to ECE. Children from more advantaged backgrounds are likely to access to quality ECE and thus enter school more prepared to learn, whereas those from disadvantaged backgrounds may fall further behind due to limited or no access to ECE.

Access to and interaction with key institutions such as education and health care are often shaped by power balances. This may be exacerbated in under-resourced contexts, where multiple barriers to education exist for much of the population.

# Table 2

Percentage of children aged 36–59 months who attend an ECE programme, by household wealth quintile




*Source:* UNICEF, 2014a.

A pro-equity approach needs to tackle inequities in the ways families are treated by various institutions, especially before such inequities translate into unequal outcomes.[29]

## MEASURING THE QUALITY OF ECE

The quality of adult–child interactions is among the strongest predictors of child outcomes in ECE programmes. Specifically, high-quality instruction is characterized by staff who:

- Frequently engage with children in interactions that reflect a positive emotional climate;
- Actively monitor children's behaviour;
- Have predictable behaviours with cues for how children should behave;
- Provide frequent feedback and scaffolding; and
- Actively engage in conversations with children, eliciting their expressions, thoughts and ideas.[30]

A new observational measure of programme quality for pre-schools in developing countries, called Measuring Early Learning Quality and Outcomes (MELQO), emphasizes these aspects of adult–child interactions and other key domains including physical setting, literacy, mathematics, free play, programme structure and inclusiveness. MELQO is a joint effort of the Brookings Institution, UNESCO, UNICEF and the World Bank. Publication of the open-source and culturally adaptable measurement tool is forthcoming in 2016.

## REDUCING INEQUITIES THROUGH ECE PROGRAMMES

There is a robust body of evidence that shows quality ECE has positive short-term impacts on children's academic school readiness and their language, literacy and mathematics skills.[31] These findings have been replicated across dozens of countries that span diverse social and economic contexts. A recent meta-analysis of 26 studies of ECE programmes in developing countries reported moderate to large effects on direct intelligence quotient (IQ) measures, cognitive achievement tests (e.g. reading, writing, spelling and verbal development), mathematics tests and tests of school readiness.[32] Benefits to children's social–emotional development and executive functioning are less conclusive.

There is also evidence to suggest that children from disadvantaged backgrounds benefit more from ECE than other children. Data from universal pre-kindergarten programmes in the United States, for instance, show that programme impacts were significantly larger statistically for children from low income families on assessments of numeracy, inhibitory control and attention shifting.[33] However, no significant differences were found for other outcomes including receptive vocabulary, reading skills and socio–emotional development.


**"The quality of adult-child interactions is among the strongest predictors of child outcomes in ECE programmes."**

Evidence from a quasi-experimental study in Bangladesh showed that ECE positively contributed to the school readiness of all children, but had the greatest impact for some outcomes on children whose mothers had low levels of education (no formal schooling or some primary education).[34] The results, however, were not linear: children whose mothers had no formal schooling did not benefit to the same degree as children whose mothers had some primary education. The exact reasons are unclear, but one possibility is that children from the most disadvantaged backgrounds were already too far behind their peers. This suggests that earlier, targeted and more intensive interventions may be required to reduce inequalities for the most disadvantaged children.

Future research is needed to investigate the impact of ECE on reducing inequalities among children from minority groups, refugee and migrant children, and children with disabilities. Minority groups are especially at risk because of language and cultural barriers as well as inaccessibility of services, with the consequence that they may feel excluded from the education system even before they enter primary school.

While the gaps in access to ECE would be even greater without the government policies and donor support of recent decades, it is clear that present initiatives have come nowhere close to achieving equitable access in many countries. It is important to remember that equitable access to ECE is a first step to promoting equity but is not sufficient in itself. Rather the marker of equity is the degree to which it contributes to equal outcomes in education, employment and other aspects of well-being.

# Recommendations

In developing countries, children from families in the top wealth quintile are consistently more likely to experience positive early caregiving and ECE than those from families in the lowest wealth quintile. This means that children from some of the most vulnerable families tend to experience a double disadvantage, through reduced opportunities for positive early caregiving and reduced opportunities for quality ECE.

In light of this situation, NGOs and governments need to address equity issues in ECD development agendas, in order to reduce inequalities and ensure they are not exacerbated by inequitable access to ECD services such as parenting programmes and ECE. Much could be learned from the policy context in countries such as Belarus, Jamaica and Thailand, where inequalities in opportunities for ECD services between the highest and lowest wealth quintiles have been reduced significantly in recent years. In addition, decision-makers should consider the following broad recommendations for improving equity in ECD, particularly in a developing country context.


iStock.com/BartCo

## 1. PROVIDE UNIVERSAL SERVICES, WITH A FOCUS ON DISADVANTAGED POPULATIONS

The first priority is to provide universal access to public services, such as health care and ECE, and to improve their quality by strengthening workforce development and underlying institutions. Services should be free at the point of delivery wherever possible and, when services are not free, arrangements should be made to ensure disadvantaged families and those most in need are not excluded.

A second priority is to provide targeted services to disadvantaged groups, in an active effort to 'tip the scales' in favour of particular groups. Actions to reduce inequalities should be universal but with a scale and intensity that is proportionate to the level of disadvantage. This strategy is known as 'proportionate universalism'. An example of proportionate universalism in ECD programme delivery would be parenting programmes for vulnerable families, led by suitably skilled professionals, followed by universal high-quality ECE. Levels of support and referral services in the parenting programmes could be tailored and intensified based on the family's circumstances and needs.

Providing universal public services may be more of a long-term strategy, while implementing targeted actions for disadvantaged groups may be more feasible in the short term.

## 2. SUPPORT PARENTING INTERVENTIONS

Parenting programmes can reduce inequalities by supporting families in increasing positive early experiences that promote child development, including responsive caregiving, opportunities for stimulation and family support for early learning. Providing targeted support to disadvantaged families through parenting programmes can have substantial effects on children's learning and development, as well as on their long-term mental health, school attainment and employment.

International data on caregiving in the home environment is currently only available for children aged 3 to 5. More attention is needed to monitor inequalities among children from birth to age 2, especially in relation to early caregiving experiences. Given that brain development is responsive and vulnerable to environmental stimuli at very young ages, monitoring inequalities for this age group is crucial. More targeted and tailored ECD programmes are required for this age group to ensure that services reach those who need them most.

In addition to parenting programmes focused on positive early caregiving experiences, priority should be given to prenatal and postnatal interventions that reduce adverse outcomes during pregnancy and infancy, including adequate maternal and child health care and nutrition, and protection from stressful and unsafe environments.

## 3. PROMOTE ECE AND STAFF DEVELOPMENT

ECE programmes can reduce inequalities by providing access to early education based on evaluated models that meet quality standards, and by ensuring such opportunities reach vulnerable and disadvantaged children. Access to quality ECE, which provides positive and stimulating interactions, can improve child outcomes and reduce inequalities in children's development and school readiness.

Workforce development for early childhood staff is crucial to ensuring high-quality programmes, but evaluation research on pre-service and in-service professional development is still limited. Evidence from the USA shows that teacher qualification requirements and adequate compensation tend to be necessary but not sufficient for larger programme effects.[35]

Innovations to improve workforce development for early childhood staff include increasing integration of practicums and in-classroom experiences in pre-service learning; using hybrid web-based and in-person training approaches; and devoting

more attention to overlooked areas of teacher preparation such as work with children who experience disability and ethnic minority children who speak a minority language.[36] Another approach is to work towards greater continuity in learning goals and teaching practices across the transition from pre-school to primary school, in order to ensure instructional quality through the early elementary grades.

## 4. IMPROVE AND EXPAND RESEARCH AND MEASUREMENT

Strengthening the role and impact of ECD services requires more attention to monitoring multifaceted inequalities that incorporate a range of measures, not only income. Despite several promising studies of long-term gains from ECD programmes, the vast majority of evaluations have not assessed outcomes substantially beyond the end of the programme, and many, especially in developing countries, have not investigated results from an equity perspective to understand the extent to which such programmes close equity gaps between advantaged and disadvantaged groups. More effective tools are needed to identify disadvantaged families in different contexts and to better understand where inequalities have been reduced and where they are growing.

---

1 Engle et al., 2011; Grantham-McGregor et al., 2007; National Scientific Council on the Developing Child, 2007.
2 Lake and Chan, 2015.
3 Grantham-McGregor et al., 2007.
4 Wachs and Rahman, 2013.
5 UNDP, 2013.
6 Jones, 2009.
7 UNICEF, n.d.
8 UNICEF, 2010.
9 GSO Viet Nam, 2011.
10 CSA Ethiopia and ICF International, 2012.
11 OECD, 2014.
12 UNICEF, 2014b.
13 Jones, 2009.
14 World Bank, 2005, pp. 18–19.
15 Sylva et al., 2014.
16 Coghlan et al., 2010.
17 UNICEF, 2012.
18 UNICEF, 2014b.
19 Proulx and Aboud, 2014a–b.
20 Aboud and Yousafzai, 2015.
21 Warpinski et al., 2013.
22 GHWA, 2008.
23 Yousafzai et al., 2014; Warpinski et al., 2013.
24 Ibid.
25 Ibid.
26 Gertler et al., 2014.
27 Paxson and Schady, 2007.
28 UNICEF, 2014a.
29 Jones, 2009.
30 Burchinal et al., 2010.
31 Engle et al., 2011; Nores and Barnett, 2010.
32 Rao et al., 2014.
33 Yoshikawa et al., 2013.
34 Aga Khan Foundation, 2013.
35 Ibid.
36 Yoshikawa et al., 2013.

## References

Aboud, F. E. and Yousafzai, A. K. 2015. Global health and development in early childhood. *Annual Review of Psychology*, Vol. 66, pp. 433–57. doi:10.1146/annurev-psych-010814-015128

Aga Khan Foundation. 2013. Learning About Learning: Reflections on Studies from 10 Countries. Geneva, Switzerland, Author. http://www.akdn.org/publications/2013_Learning%20about%20Learning.pdf

Burchinal, M., Vandergrift, N., Pianta, R. and Mashburn, A. 2010. Threshold analysis of association between child care quality and child outcomes for low-income children in pre-kindergarten programs. *Early Childhood Research Quarterly*, Vol. 25, No. 2, pp. 166–76. doi:10.1016/j.ecresq.2009.10.004

Central Statistical Agency (CSA) Ethiopia and ICF International. 2012. *Ethiopia Demographic and Health Survey 2011*. Addis Adaba/Calverton, Md., Authors. http://www.dhsprogram.com/pubs/pdf/FR255/FR255.pdf

Coghlan, M., Bergeron, C., White, K., Sharp, C., Morris, M. and Wilson, R. 2010. *Narrowing the Gap in Outcomes for Young Children Through Effective Practices in the Early Years*. Early Years Knowledge Review 1. London, Early Centre for Excellence and Outcomes in Children and Young People (C4EO). http://archive.c4eo.org.uk/themes/earlyyears/ntg/files/c4eo_narrowing_the_gap_full_knowledge_review.pdf

Engle, P. L., Fernald, L. C. H., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., … the Global Child Development Steering Group. 2011. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*, Vol. 378, No. 9799, pp. 1339–53. doi:10.1016/S0140-6736(11)60889-1

General Statistics Office (GSO) Viet Nam. 2011. *Viet Nam Multiple Indicator Cluster Survey 2011*. Final Report. Han Noi, Author. http://www.unicef.org/vietnam/resources_18898.html

Gertler, P., Heckman, J., Pinto, R., Zanolini, A., Vermeersch, C., Walker, S., … Grantham-McGregor, S. 2014. Labor market returns to an early childhood stimulation intervention in Jamaica. *Science*, Vol. 344, No. 6187, pp. 998–1001. doi:10.1126/science.1251178

Global Health Workforce Alliance (GHWA). 2008. *Pakistan's Lady Health Worker Programme: Country Case Study*. Geneva, Switzerland, Author. http://www.who.int/workforcealliance/knowledge/resources/casestudy_pakistan/en/

Grantham-McGregor, S., Cheung, Y. B., Cueto, S., Glewwe, P., Richter, L., Strupp, B. and the International Child Development Steering Group. 2007. Developmental potential in the first 5 years for children in developing countries. *The Lancet*, Vol. 369, No. 9555, pp. 60–70. doi:10.1016/S0140-6736(07)60032-4

Jones, H. 2009. *Equity in Development: Why It Is Important and How to Achieve It*. Working Paper 311. London, Overseas Development Institute (ODI). http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/4577.pdf

Lake, A. and Chan, M. 2015. Putting science into practice for early child development. *The Lancet*, Vol. 385, No. 9980, pp. 1816–7. doi:10.1016/S0140-6736(14)61680-9

National Scientific Council on the Developing Child. 2007. *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do*. Cambridge, Mass., Author. http://developingchild.harvard.edu/wp-content/uploads/2015/05/Science_Early_Childhood_Development.pdf

Nores, M. and Barnett, W. S. 2010. Benefits of early childhood interventions across the world: (under) investing in the very young. *Economics of Education Review*, Vol. 29, No. 2, pp. 271–82. doi:10.1016/j.econedurev.2009.09.001

Organisation for Economic Co-operation and Development (OECD). 2014. Does pre-primary education reach those who need it most? *PISA in Focus*, 2014/06. Paris, OECD Publishing. http://www.oecd.org/pisa/pisaproducts/pisainfocus/pisa-in-focus-n40-(eng)-final.pdf

Paxson, C. and Schady, N. 2007. Cognitive development among young children in Ecuador: the roles of wealth, health, and parenting. *Journal of Human Resources*, Vol. 42, No. 1, pp. 49–84. http://www.jstor.org/stable/40057298

Proulx K, Aboud F. 2014a. *Study of Parental Knowledge, Attitudes and Practices Related to Early Childhood Development [in Solomon Islands]*. Suva/Honiara, UNICEF Pacific/Solomon Islands Ministry of Education and Human Resources. http://www.unicef.org/pacificislands/ECD_KAP_Solomon_Islands.pdf

——. 2014b. *Study of Parental Knowledge, Attitudes and Practices Related to Early Childhood Development [in Vanuatu]*. Suva/Port Vila, UNICEF Pacific/Vanuatu Ministry of Education and Training. http://www.unicef.org/pacificislands/UNICEF_ECD_KAP_Vanuatu_L.pdf

Rao, N., Sun, J., Wong, J. M. S., Weekes, B., Ip, P., Shaeffer, S., … Lee, D. 2014. *Early Childhood Development and Cognitive Development in Developing Countries: A Rigorous Literature Review* London, Department for International Development (DFID). https://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=9reL_ORWZml%3D&tabid=3437

Sylva, K., Melhuish, E., Sammons, P., Siraj, I., Taggart, B., Smees, R., … Hollingworth, K. 2014. *Students' Educational and Developmental Outcomes at Age 16. Effective Pre-School, Primary and Secondary Education (EPPSE 3–16) Project: Research Report*. London, Department for Education (DfE). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351496/RR354_-_Students__educational_and_developmental_outcomes_at_age_16.pdf

United Nations Development Programme (UNDP). 2013. *Humanity Divided: Confronting Inequality in Developing Countries*. New York, UNDP Bureau for Development Policy. http://www.undp.org/content/undp/en/home/librarypage/poverty-reduction/humanity-divided--confronting-inequality-in-developing-countries.html

UNICEF. 2010. *Progress for Children: Achieving the MDGs with Equity*, No. 9. New York, UNICEF. http://www.unicef.org/protection/Progress_for_Children-No.9_EN_081710.pdf

——. 2012. *Inequities in Early Childhood: What the Data Say. Evidence from the Multiple Indicator Cluster Surveys*. New York, Author. http://www.unicef.org/lac/Inequities_in_Early_Childhood_Development_LoRes_PDF_EN_02082012(1).pdf

——. 2014a. Early Childhood Education. *UNICEF Global Databases*. New York, Author. http://www.data.unicef.org/ecd/early-childhood-education.html (Accessed 23 February 2016.)

——. 2014b. Home Environment – Support for Learning. *UNICEF Global Databases*. New York, Author. http://www.data.unicef.org/ecd/home-environment.html (Accessed 22 February 2015.)

——. n.d. *UNICEF Data: Monitoring the Situation of Women and Children*. New York, Author. http://data.unicef.org (Accessed 29 January 2015.)

Wachs, T.D. and Rahman, A. The nature and impact of risk and protective influences on children's development in low-income countries. P. R. Britto, P. L. Engle and C. M. Super (eds). *Handbook of Early Childhood Development Research and Its Impact on Global Policy*. New York, Oxford University Press, p. 85–122. http://oxfordindex.oup.com/view/10.1093/acprof:oso/9780199922994.003.0005

Warpinski, A., Petrovic, O. (ed.) and Yousafzai, A. K. (ed.). 2013. *Promoting Care for Child Development in Community Health Services: A Summary of the Pakistan Early Child Development Scale-up (PEDS) Trial*. New York, UNICEF. http://www.unicef.org/earlychildhood/files/3_PEDS_Trial_Summary_Report.pdf

World Bank. 2005. *World Development Report 2006: Equity and Development*. Washington, DC, International Bank for Reconstruction and Development (IBRD)/World Bank. http://documents.worldbank.org/curated/en/2005/09/6297411/world-development-report-2006-equity-development

Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M. R., Espinosa, L. M., Gormley, W. T., … Zaslow, M. J. 2013. *Investing in Our Future: The Evidence Base on Preschool Education*. Ann Arbor, Mich./ New York, Society for Research in Child Development (SRCD)/ Foundation for Child Development (FCD). http://fcd-us.org/resources/evidence-base-preschool

Yousafzai, A. K., Rasheed, M. A., Rizvi, A., Armstrong, R. and Bhutta, Z. A. 2014. Effect of integrated responsive stimulation and nutrition interventions in the Lady Health Worker programme in Pakistan on child development, growth, and health outcomes: a cluster-randomised factorial effectiveness trial. *The Lancet*, Vol. 384, No. 9950, pp. 1282–93. doi: 10.1016/S0140-6736(14)60455-4

Correspondence should be addressed to Kerrie Proulx: kerrie.proulx@utoronto.ca

# CHAPTER 2
# THE ROLE OF PUBLIC POLICIES IN PROMOTING EQUITY IN EARLY CHILDHOOD

**KERRY McCUAIG, EMIS AKBARI AND JANE BERTRAND**
Ontario Institute for Studies in Education
**UNIVERSITY OF TORONTO, CANADA**

Early childhood care and education, or ECCE, is a new social programme being developed in a conflicted environment of neo-liberal ideology set against a growing understanding of ECCE's ability to leverage desirable socio-economic outcomes. The role of the state in developing ECCE and the strategies used to do so are very much driven by the prevailing ideology. ECCE's effectiveness as a tool for equity is moderated by the extent to which it is viewed as a public, as opposed to a private, responsibility. This perspective will be reflected in how ECCE is delivered and overseen, and ultimately whom it serves.


iStock.com/Bartosz Hadyniak

This chapter argues that access to quality ECCE is essential to promoting equity in early childhood and examines how various approaches and stakeholders influence equitable access. In particular, the chapter looks at promising practices that have been scaled up. Because ECCE is an immature field that lacks infrastructure, bringing projects to scale is a constant challenge.

The chapter uses the definition of early childhood care and education developed by the Organisation for Economic Co-operation and Development (OECD), which defines ECCE as group programmes designed to meet the educational and developmental needs of children prior to formal schooling.[1] Integrated ECCE programmes provide education and care in the same programme. The chapter draws on the policy lessons identified in Starting Strong II,[2] the OECD's 2006 review of ECCE services in 20 countries, which has continued relevance to early childhood system design today, as well as numerous other publications from international and regional organizations.

## ECCE as a Platform for Early Childhood Development

Early childhood development is a multifaceted, interrelated and continuous process of change in which children master ever more complex levels of moving, thinking, feeling and relating to others.[3] Physical, cognitive, social and emotional development occurs as the child interacts with the surrounding environments of the family, the community and the broader society.[4] The biological and social

processes of ECD are highly interconnected, and hence approaches to promoting ECD should reflect this interconnectivity.

The science on ECD agrees that interventions aimed at poverty reduction and improvements to maternal and child health care have positive impacts on children's physical and cognitive outcomes, particularly when employed during the critical period between conception and age 3 years.[5] Evidence also suggests that ECCE programmes impact cognitive functioning and may have enduring social and emotional benefits, particularly for children living in disadvantaged circumstances.[6] Centre-based programmes are well-positioned to provide a platform for other ECD interventions, and are especially effective when combined with programmes for health, nutrition, parental support and community development.[7]

Unfortunately this type of holistic approach is not as common as it should be. In comparison to more mature service systems, such as health care and primary education, there is less consensus around the purpose of early childhood programming, its target audience and strategies for its governance and delivery. Early childhood services are linked to sectors for health, education and economic development but fully belong to none. Promising pilots combine programme strands but are rarely scaled up.[8]

Public policy is capable of exerting considerable influence over the availability and quality of early childhood programmes. Mandate, service design, funding levels, quality standards and supports for the early childhood workforce are all mechanisms that can be legislatively moderated. How and to what extent governments use these tools is dependent on resources but is also shaped by the prevailing views of where responsibility for young children ultimately rests.

## EARLY EDUCATION AS AN EQUITY MEASURE

Around the globe children are failing to meet their full developmental potential due to preventable risks including poverty, malnutrition and inadequate levels of intellectual stimulation. In both rich and poor countries, children living in disadvantaged circumstances are particularly threatened because these risks have a compounding effect, bringing lifelong consequences for learning, health and behaviour. Early childhood is the most effective and cost-efficient time to address these inequalities and to break intergenerational cycles of disadvantage.

Responses to the equity gap in young children by governments and international bodies have been slow but steady over the past 15 years. In 2002 the European Union (EU) established benchmarks for publicly supported childcare coverage at 33% of children from birth to age 2, and 90% of children ages 3 to 6 years.[9] However, the target was


**"Early childhood is the most effective and cost-efficient time to address inequalities and break intergenerational cycles of disadvantage."**

primarily aimed at providing increased working opportunities for women rather than expanding the developmental prospects of children.[10] A 2008 UNICEF report, seeking to establish access standards for early childhood services in rich countries, lowered the goal posts to 25% of children from birth to age 3 and 80% for 4-year-olds, in order to encourage countries to expand regulated, rather than informal, childcare options.[11]

In some cases, emergent economies have been more ambitious. Heads of state from Argentina, Chile, Colombia, Mexico and Panama have committed to ensuring all children under 6 years of age have access to ECD programmes by 2020. In Brazil, the collaborative National Plan for Early Childhood called for 30% enrolment of children from birth to age 3 by 2010, and 80% enrolment of children ages 4 to 6 years.[12] In 2010 the country met its access target for children aged 4 to 6 but had not yet achieved the target for the younger age group.[13] Evaluations of benchmark progress conducted in the EU revealed a similar pattern.[14]

The UN's Sustainable Development Goals for 2015–2030 include a call for countries to 'ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education'.[15] The fact that early childhood is mentioned in the global development agenda for the first time is significant. This and other SDG targets provide a framework that will be used over the next 15 years to help guide national policies, inform international aid programmes and serve as a rallying point for activists to hold governments accountable for working towards international goals.

There is a relationship between family income and participation in ECCE programmes. Governments that work within a market system to provide ECCE often allocate the majority of public funding to low income families, yet poor children are still less likely to attend ECCE compared to their more affluent peers, and when they do, quality is often inferior.[16] The income gap in attendance for children aged 3 to 6 (largely addressed through pre-primary education) is narrowing while the income gap in participation for children from birth to age 2 (dominated by a mix of delivery agents) is expanding. The reduction of the gap for older children can be partly attributed to some countries lowering the age of entitlement to include children as young as 2 and 3 years of age.[17] When children are entitled to a space in a public programme, family income has less of an impact on attendance. While universal entitlement can minimize access inequities, gaps persist unless there are simultaneous efforts to prioritize poor and marginalized groups and to reflect the cultural and linguistic diversity of the population.[18] Equity is best advanced when everyone gets something, and those who need it get more.

## QUALITY MATTERS

Quality is an essential component of ECCE that strives to reach equity at scale. While the global trend of increased access to early education continues, quality concerns are prevalent everywhere — across low, middle and high income countries. Simply enrolling children in early childhood programmes is not enough, as children who attend low-quality programmes do not retain any immediate gains.[19]

iStock.com/Riccardo Lennart Niels Mayer

# DEFINING QUALITY IN ECCE

What is quality early childhood care and education? No single prescription is possible. A vast array of approaches exists, depending on local contexts, practitioner perspectives, and family and community values. However, there is consensus that the essential ingredients of quality ECCE are:


- Regular opportunities for children to be together with a consistent group of peers;
- Educators who are knowledgeable about early childhood development, learning and well-being, and who are emotionally and cognitively responsive to young children; and
- An intentional, coherent pedagogy that recognizes young children as active learners within their family, community and cultural contexts.[20]

Within these broad guidelines, quality ECCE can be organized in a variety of different ways to produce effective environments that offer early learning opportunities to young children and lead to better child development outcomes in both the short term and the long term.

Policy-makers struggle between increasing access to ECCE and assuring quality standards, particularly during periods of rapid expansion. When governments scale up beyond small NGO programmes, funding constraints often lead to expansion using untrained staff who are not able to organize and facilitate quality early learning environments.[21] Curriculum frameworks and guides are difficult to implement without a foundation in early child development and learning, and staff are challenged to effectively promote language development and early literacy when they themselves suffer from low literacy.

## Developing ECCE in Neo-Liberal Environments

Early childhood education differs from other levels of education with respect to its financing, operation and control by the public and private sectors. Throughout much of the world, schooling, at least at the primary level, is firmly in the public sphere. Where offered, it is seen as an entitlement programme, operated with government oversight, publicly financed and most often publicly delivered. Conversely, the education and care of children prior to school entry is decidedly private. With some notable exceptions, governments offer little financial support and limit their involvement to regulating a private market of commercial and non-governmental programme providers. Where state-provided ECCE exists, it is often targeted to low income children and financed at lower levels than primary education, meaning that programmes generally operate for fewer hours and employ lower-qualified educators than are found at the primary level.[22]

The effectiveness of ECCE as an equity tool depends largely on the degree to which it is viewed as a public responsibility. Public education is an accomplishment of the twentieth-century welfare state, a post-Second World War concept of government in developed countries in which the state plays a key role in the protection and promotion of the economic and social well-being of

its citizens. More recently the welfare state is being dismantled with moves to privatize social services, deregulate state oversight and reduce government spending. It is within this twenty-first-century globalized economy that reluctant governments are being urged to take on ECCE as a new social programme. Advocates are arguing for substantial public investments in young children amid a neo-liberal environment characterized by calls for fiscal austerity and smaller government in favour of the private sector.

> **"The effectiveness of ECCE as an equity tool depends largely on the degree to which it is viewed as a public responsibility."**

Within this context, a broad range of ECCE advocates, from corporate leaders to scientists, social activists and philanthropists, have adapted their message to address the neo-liberal dialogue. Their rationales for investing in ECCE fall into three broad categories, all anchored in economic considerations:

1. **Improving the labour force:** Programmes that care for children are a means to expand and stabilize the labour force by enabling mothers with small children to participate. In countries with declining fertility rates, early care programmes may also be presented as incentives for women to have more children.
2. **Improving social outcomes:** Investments in ECCE provide social dividends by improving outcomes for children living in disadvantaged environments. Such investments reduce health care costs, the need for social welfare and remedial programmes in schools, and even the load on the criminal justice system. Society also benefits through greater adult productivity, economic growth and improved global competitiveness.
3. **Improving the child:** Quality ECCE stimulates cognitive, social, emotional and physical development, which can effectively reduce the achievement gap between children from different socio-economic backgrounds. By preparing children for school, ECCE provides children living in disadvantaged circumstances with greater opportunities in life, allowing them to be more economically productive, socially successful and contributing citizens.

The first argument frames young children as an impediment to productivity, while the second two position them as unfinished beings to be shaped for adult society. These views contrast with the Convention on the Rights of the Child (CRC), which includes ECCE as one of the suites of measures supporting children's right to develop to their full potential.[23] Although the CRC has been signed by almost every country, public discourse and policy rarely recognize children as citizens with equity rights of their own which must be respected.

## A LABOUR MARKET VERSUS A CHILD DEVELOPMENT STRATEGY

Early education programmes serve dual functions, providing developmental support for children as well as childcare for working parents. Indeed, well-designed programmes address the needs of both children and parents. However, the dominant rationale for programming — whether the service is viewed primarily as a labour market support or an ECD programme — has a significant influence on the delivery methods used, the target audience served, the amount and type of oversight provided, the qualifications of the workforce and the quality of the service itself. When labour market needs are the prime motivator, accommodating parents takes precedence over benefits for children. Children's cognitive, social and emotional development may be desired but are not programme drivers.

While home-visiting programmes have increased, there is little commitment among governments

to provide educational programmes for young children, particularly those under the age of 3. The labour market rationalization dominates, framing early childhood programmes as childcare for working parents. Public policy leans towards a childcare service model that is primarily private, custodial and state-regulated to provide protection rather than development. Without public funding, childcare services rely heavily on parent fees and a less professional workforce. High fees discourage the use of group childcare among disadvantaged families, who instead rely on unregulated care or family members — often at the expense of the education of girls who drop out of school to care for younger siblings.[24]

Depending on the social–cultural context, national policy may support limited public access to childcare as a benefit to low income working mothers, while facilitating more open entry to programmes for older children.[25] In these cases, the term 'childcare' is applied loosely, and may refer not only to group childcare facilities but also to programmes that provide vouchers or tax subsidies for parents to purchase care in unregulated or informal settings, or those that provide stipends to at-home parents.


iStock.com/Aurelia Angelica Marquis

When ECCE programmes are understood as a service for working mothers, public support is vulnerable in times of economic downturn. In fact, the expansion and contraction of childcare availability are among the tools states use to influence the size and composition of the labour force. Even universal childcare systems designed to facilitate the balance of work and family may not be so universal. In the Nordic countries, for example, a mother's job loss or maternity leave may result in a lost space for her child. In a labour market model, when parents do not work due to unemployment, health and social issues, immigration status or other barriers, their children are excluded from participation.

In general, ECCE services designed to meet labour market needs, whether public or private, typically offer low-quality options at high costs to parents, further disadvantaging children from low income households.

In contrast to the labour market strategy, ECCE services motivated by improved social or human capital goals are focused on educational outcomes and are more likely to rely on centre-based programmes as their delivery agents. These are usually labelled pre-primary education (PPE) or pre-school programmes (as opposed to childcare) and tend to focus on older children rather than infants and toddlers. PPE programmes situated within public education systems may be widely available or targeted specifically towards at-risk children.[26] Parent fees are usually minimal or non-existent, but PPE often receives less public funding per child than compulsory education. In addition,

PPE programmes may focus on early academic benchmarks at the expense of children's broader development.

## PUBLIC VERSUS PRIVATE SERVICE DELIVERY

Early childhood services reside on a continuum from public to private delivery. Systems for service provision may be characterized as more public or more private but few rely exclusively on a single approach, nor is the continuum static. In general, the more privatized the system, the less likely it is to respond to the needs of disadvantaged groups.

> **"In general, the more privatized the system, the less likely it is to respond to the needs of disadvantaged groups."**

On the public end of the spectrum are ECCE services that are managed, financed and delivered by the state. These are most often associated with the Nordic countries, where local governments manage, deliver and contribute to the funding of services that are provided under a statewide framework. Much of the expansion in ECCE has occurred through the public sector, usually by lowering the age of entitlement for education. Quasi-public models are operated by arm's-length agencies but are financed by the state and regulated in terms of workforce qualifications and remuneration, programme content, parent fees and service levels.

Moving into the private side, examples can be found of governments using public funding to incentivize behaviours in the private sector. Government-subsidized programmes may be operated by non-profit and for-profit organizations that exercise varying degrees of autonomy over staffing, content and service levels. In other circumstances, programmes receive no direct funding; instead state transfers to parents support the purchase of private childcare services.

Firmly in the private sphere are entities that operate with neither state subsidies nor oversight. These range from independent childcare centres and pre-schools to the underground economy of in-home caregivers and nannies. In North America in particular, immigration policies facilitate the international recruitment of private child caregivers. These are often mothers who must leave their own children behind in order to seek work outside their home countries, hence shifting the need for childcare from one family to another.

The privatization of previously public ECCE programmes is a global trend, whereby the ownership, operation and financing of such programmes are shifted from governmental to private entities. Justified as a cost-saving measure and a means of bypassing inert state bureaucracies, privatization is characterized by the divestment of publicly operated ECCE programmes and the proliferation of charter schools and for-profit educational management organizations. This trend has equity implications. Public programmes tend to assist the most underserved groups, including infants, children with special needs and families in crisis. Private centres and charter schools are valued for their entrepreneurial approaches but as a consequence are inclined to serve less disadvantaged, and therefore less costly, children.[27] Over time, this trend appears to reinforce itself: as public services shrink by attrition, the remaining programmes are reserved for an increasingly smaller group of marginalized populations. This reduces the number of people who benefit from or are even aware of public services, thus weakening the public's perception of education — and with it early education — as a universal right.

These trends are justified by arguments that since children are everyone's responsibility, everyone should contribute to early childhood programming,

not just the government. However, a reliance on the private sector and NGOs for the funding and delivery of early childhood programmes may abrogate the prospects of sustainable funding from public sources. Dropping the claim that ECCE services should be secured through public funding implicitly labels ECCE services as non-essential.

## THE INFLUENCE OF ECCE STAKEHOLDERS

A wide variety of stakeholders — including governments, private companies, NGOs and philanthropic organizations — exert influence over the early childhood landscape. Here, too, the influence of such stakeholders exists on a continuum from public to private.

The public end of the continuum mainly consists of government strategies to leverage funding for ECCE programmes. For example, advocates have lobbied for 'transparent taxation' to support children's services, which often translates into surtaxes on 'sin' or luxury products. In the USA, the State of California has supported pre-school programmes through a levy on cigarettes, while some cities in the country have imposed a 'latte tax' on espresso drinks.[28] The problem with using this strategy as a funding staple is that sin taxes rarely raise enough money to support quality programming and are vulnerable to fluctuations in consumer behaviour.[29] Similarly, many states in the USA earmark lottery proceeds for education, but this approach has been found to have little actual impact on education revenues as lottery funds simply replace other public monies.[30]

Conversely, governments may use tax incentives to encourage businesses to sponsor workplace childcare for their employees. The downside to this strategy is that workplace childcare constitutes a small portion of overall services and is feasible only for larger corporations.[31] Excluded are the majority of parents who are unemployed, self-employed or working for small enterprises.

The private side of the spectrum includes socially minded corporations, NGOs, social enterprises and philanthropic organizations. Corporations use a variety of measures to directly and indirectly support programming for young children, including gifts of money, products or services; employee payroll deductions earmarked for charitable purposes; and soliciting donations from their customers — a practice some companies have made part of their business plan.[32] International NGOs such as Save the Children and others use 'adopt a child' marketing techniques to fundraise for their projects. In low income countries where NGOs are the dominant funders and service providers, they directly influence policy and programme design.[33]

Social enterprises bring together businesses, investors and NGOs, sometimes in partnership with governments, to adopt entrepreneurial practices in the provision of education and other social services. A social business venture generates profits, a portion of which is reinvested to further the social venture. An example is Goodstart Early Learning in Australia, a non-profit organization that was formed when social investors stepped in to maintain services after a large corporate childcare chain collapsed. Social enterprises are major innovators, and some have driven the movement towards charter schools and the private management of education. Yet their presence in the education sector may widen the opportunity gap between public and charter schools, and even between charter schools, as social venture funds prioritize higher-performing schools.[34]

Other philanthropic contributions to early childhood range from building and subsidizing programmes to developing and disseminating programme resources, conducting and funding research and evaluations and sponsoring civic engagement processes. As complements to public policy, outside influencers can excite innovation, develop programme foundations, provide arm's-length perspectives and enhance accountability. As replacements, however, they may contribute to existing service fragmentation and provide a cover for governments to avoid their responsibilities. Early childhood strategies that rely on philanthropic funding may also add to service instability and access inequity, as the enthusiasm for charitable giving changes from one cause or region to another.

### JUSTIFYING THE EARLY CHILDHOOD SERVICE MARKET

The neo-liberal discourse on education views parents and their children as consumers of early childhood services. According to this mindset, the role of government, if any, should be limited to supporting the participation of at-risk children through specialized programmes, providing vouchers to allow families to shop in the ECCE market, and educating parents on the importance of ECCE and how to access services.

The following arguments are used to justify the privatization of ECCE as a market service rather than a government responsibility:

- **Scarce resources:** Since government resources are scarce, it is more equitable if families who do not need help pay for their own children, while the state focuses on disadvantaged families.
- **Government bureaucracy:** 'Big' government sucks up scarce resources in unnecessary administration, and sometimes through corruption.
- **Choice:** Families have a unique responsibility for their youngest children and need a mix of programmes and services to meet their needs, rather than a 'one size fits all' public system. This argument has particular appeal to people from certain cultural and religious groups who may feel alienated in a public programme.
- **Quality:** Private services will respond to a more competitive environment by providing better-quality programming to attract clients (parents).


iStock.com/BrainsIl

While this rationale may be persuasive, evidence suggests that neo-liberalism and its resulting market approaches to service provision affect the quality of early childhood programming and who has access to it, with serious implications for equity.

## An Argument for Public Investment: Lessons from the OECD Review

Despite the global growth of ECCE and its proven effectiveness, a preponderance of the world's children still lacks access to quality services.[35] This is in part due to poor systems-level organization and unmethodical approaches used to scale up services and programmes.[36] It is the capacity or aptitude of the governance system that produces opportunities to attain desired goals and outcomes and assure more efficient and effective ECCE service delivery, viability and scalability.[37]

A review of ECCE services published in 2006 by the OECD suggests that a strong public presence in early childhood programming is associated with greater participation in programmes of higher quality.[38] Based on

an in-depth examination of divergent trends in 20 high and upper middle income countries, the policy lessons offered in this review serve as an ongoing resource for governments as they grow or redesign their early childhood services.

According to the review, the most important factors to consider in creating a policy plan for early childhood are coherent governance and adequate funding. Each of these factors are discussed in the sections below.

## COHERENT GOVERNANCE

ECCE services can exist under different models of governance. Embedded within these structures, there may be varying levels of decentralization, which might include private service delivery and partnerships with NGOs and foundations. The two most commonly used models of governance are:[39]

1. **Consolidated governance:** Authority and accountability are placed under one executive-branch ministry or agency. ECCE services may be merged with other existing departments, or a single entity may be created that has authority for all early childhood services.

> **"The most important factors to consider in creating a policy plan for early childhood are coherent governance and adequate funding."**

2. **Coordinated governance:** Authority and accountability for ECCE services are spread throughout several public, private and non-profit entities. To encourage consistency between individual programmes, governments may employ systems of programme accreditation, common curriculum approaches or staff training requirements. Governments may also facilitate partnerships among agencies through formal and informal agreements. The word 'coordinated' is used loosely here and can specify many different levels of coordination.

Consolidated governance models are more common in the Nordic countries, where early childhood services are more publicly guided, with higher levels of equitable access. These models appear to support equity, at least in examples from high and upper middle income countries.[40] Coordinated governance predominates in more neo-liberal markets and emergent early childhood systems in middle income countries. In contrast to consolidated governance models, coordinated governance can entrench the inconsistency of quality and access through variability in funding, procedures, frameworks, and staff training and qualifications.[41] In coordinated models, governance tends to be split in terms of oversight and responsibility, service design, and the ages of the children served. 'Childcare' is often viewed as a labour market support for parents, while 'early education' is aimed at promoting school readiness for children aged 3 to 6. Equity suffers under this partition of auspice.

To improve efficiency, equity and access, successful governance models should emphasize unity among policies and services.[42] The OECD has made the following recommendations for heightening integration in the early childhood sector:[43]

1. Create or designate a lead ministry to oversee early childhood education and care.
2. Encourage strong collaboration across other services, the workforce, parents and the community.
3. Harmonize policy frameworks at all levels.

In addition, governance structures should support system accountability and quality assurance through wide expertise among staff, data collection, monitoring and evaluation systems, and an authority body for training and pedagogical advice.[44] Under current models, early childhood services rarely enjoy this level of infrastructure.

There are several examples of how the divided models of education and care have advanced in the direction of integration of services. Sweden and Norway consolidated children's programming under a single ministry in the 1990s, and since then other countries have followed suit.[45] In Canada since 2006, 8 out of 13 jurisdictions have appointed a lead department responsible for early childhood services. The neo-liberal environment notwithstanding, some governments have recently taken a more unified approach to early childhood governance, as a fundamental step towards increasing quality and equity in programmes and services for young children.[46]

### ADEQUATE FUNDING

Closely related to governance are public expenditures and per-child funding levels. The OECD review draws an explicit correlation between sufficient and reliable public investment and access to quality early childhood programming.[47]

Currently, the percentage of government budgets allocated for ECCE programmes is nominal compared to primary education, constituting an insignificant portion of the gross domestic product (GDP) of most countries, even in high income economies. Only in the Nordic countries, France, New Zealand and the United Kingdom does public spending on ECCE exceed 1% of GDP.[48] In other high income countries, such as Austria, Chile, the Czech Republic, Portugal and the USA, it is below 0.5% of GDP. Southern Europe tends to have even lower investments, which reflects the low rate of maternal employment and the extent of informal care. For middle income countries, spending on ECCE is minimal.[49] In Turkey and Indonesia, for example, public funding for PPE is 0.01% of GDP. In low income countries, ECCE is in competition for food, water and necessities of survival, and hence is generally unfunded.

Public expenditures tend to be even lower for programmes that serve children from birth to age 3 (usually dubbed 'childcare', as opposed to 'early education'). In OECD countries, the average annual public expenditure on early education for children ages 3 to 5 is approximately US$3,600 per child, but spending on formal childcare for children younger than age 3 is much more variable.[50] Public spending on childcare is only higher than 0.7% of GDP in the Nordic countries. The lowest spending levels among OECD members are seen in countries where informal care is prevalent, as well as in countries with high levels of private provision of childcare such as the USA and Canada. Lower levels of public funding for childcare, as compared to early education, are associated with reduced educator wages and poorer learning environments and infrastructure.


With low public expenditures and per-child funding, equity is inevitably affected. Sound governance helps to ensure investments contribute to public goals, but those investments must be significant and sustained in order to have an impact on access and quality.

## Promising Practices in Early Childhood Policy

Models of ECCE programmes that function well and result in better child outcomes are numerous and inspirational, but scaling to population level is difficult and the outcomes are often disappointing. In addition to funding, the intensity of effort and ongoing evaluation that comes with creating a

model programme inevitably influences results. Educators become deeply committed to the process and work closely with researchers and experts.[51] When small-scale successes are scaled-up, the essential elements — sufficient funding and motivated and knowledgeable educators — are often missing. Adaptations to local contexts are necessary but can also reduce effectiveness.

Three public policy approaches have shown considerable potential for success in scaling up ECCE programmes and services at the national level:

- Conditional cash transfer (CCT) programmes
- Early childhood workforce capacity-building
- Integration of ECCE with health, nutrition and primary education using existing public infrastructure

## CONDITIONAL CASH TRANSFER PROGRAMMES

CCT programmes aim to improve outcomes for poor families through interventions in health, nutrition and education.[52] Families enrolled in CCT programmes receive cash conditional on their participation in preventive health services, nutrition supplementation and education programmes. Cash transferred to the family, typically the mother, addresses the families' short-term essential needs.

A large-scale CCT programme in Mexico requiring pre-school attendance and preventive medical care found positive child health and development outcomes up to a decade after the launch of the programme.[53] Larger cumulative cash transfers resulted in significantly better outcomes in many aspects of children's physical, cognitive and language development. In a variety of settings, CCT programmes have been able to boost health outcomes in the same way that nutrition programmes have been shown to when tied to school attendance.[54]

## WORKFORCE CAPACITY-BUILDING

Skilled and knowledgeable educators are essential to quality ECCE, regardless of the setting or jurisdiction. As ECCE programmes expand and more young children have access, the limited supply of qualified educators challenges the potential for quality. Time and financial investment in professional learning, training and credentialing are required along with adequate compensation.

Technology can be employed to strengthen and scale up in-service and pre-service preparation of early childhood educators. Radio sessions, for example, have been found to be effective in building the capacity of untrained educators.[55] In Zanzibar, radio instruction offers in-service professional learning through 30-minute sessions to untrained educators working in pre-school and primary school settings in remote areas. Radio-delivered professional learning is also offered at scale in Bolivia, Indonesia, Honduras and El Salvador.[56]


iStock.com/fatihhoca

Online resources are also useful for pre-service and in-service training and support. One example is the Science of Early Child Development (SECD), an online resource and curriculum which offers an accessible, comprehensive overview of early human development and includes specific content on quality ECCE.[57] The international edition of the SECD, developed with support from the Aga Khan Foundation and the World Bank, is used extensively in pre-service and in-service training for educators around the globe. It uses an online course format that allows for participation and exchange among participants across countries and in remote regions of the world. The SECD was first developed in Canada, and the North American edition is used as core curriculum in several college and university early childhood education programmes.

### INTEGRATED PROGRAMMING

Programmes that combine ECCE, nutrition and health services often build on existing public health or education infrastructures. Positive results contribute to a growing view that school-based health programmes are an effective way of promoting ECCE attendance, particularly in less developed countries.

Combined nutrition and stimulation interventions for young children have been found to lead to more positive outcomes, particularly in cognitive development, than stand-alone interventions.[58] For example, a landmark study of Jamaican children aged 9 to 24 months with below-normal growth found that a 2-year programme of nutritional supplements and cognitive stimulation delivered through home-based early education was more effective than nutritional supplementation alone.[59] Notably, cognitive benefits were sustained at ages 7, 11, 17 and 22 years. At age 22, the groups that received the cognitive stimulation, with or without nutritional supplementation, were less likely to be involved in serious violence. The cost–benefit ratio of the intervention has been calculated and is significant.

In Canada, the Toronto First Duty (TFD) programme demonstrated that public education can be successfully used as a platform to combine kindergarten with ECCE, family resource services, early intervention and health services.[60] Evidence from the programme shows that this integrated approach was effective in engaging families, particularly those who were harder to reach and often more disadvantaged. The Canadian province of New Brunswick had similar findings when using the same approach.[61] The TFD results have informed system changes underway across the country.[62]

## Conclusions

Economic analyses of public spending on early childhood services largely agree that there is a high return on investment in young children. Rewards include better outcomes for children — such as improved health, school readiness and academic achievement — as well as benefits for families and societies in terms of increased employment and income, particularly for women.[63] However, change is only achievable through considerable growth in public spending combined with sound governance practices. Enhanced investment in planned, quality services will help generate a universal structure that is in line with the demands for full-employment economies, international goals for gender and income equity, and scientific advances in what we know about child learning and development.

1 OECD, 2001. The OECD uses the acronym ECEC to refer to early childhood education and care. The terms ECEC and ECCE can be used interchangeably.
2 OECD, 2006.
3 Center on the Developing Child, 2007.
4 Britto et al., 2011.
5 Baker-Henningham and López Bóo, 2010.
6 Yoshikawa et al., 2013.
7 Karoly et al., 2005; Irwin et al., 2007.
8 Grantham-McGregor et al., 2014.
9 European Council, 2002.
10 European Commission, 2013.
11 UNICEF, 2008.
12 Yamaguchi, 2013; Evans and Kosec, 2012.
13 Yamaguchi, 2013.
14 Plantenga et al., 2008.
15 United Nations, 2015.
16 Miller and Warren, 2011.
17 European Commission, 2015.
18 Mahon, 2011.
19 OECD, 2010.
20 European Commission, 2013; Neuman, 2005; Wu et al., 2012; McCain et al., 2011.
21 Neuman and Hatipoğlu, 2015.
22 Barnett et al., 2015; Akbari and McCuaig, 2014; World Bank, 2016.
23 United Nations, 1990.
24 Stromquist, 2015.
25 Bertram and Pascal, 2014; WHO, 1999.
26 OECD, 2014b.
27 Ertas and Roch, 2014.
28 NIEER, 2005.
29 Fitz, 2009; Lav, 2002.
30 Stanley and French, 2003.
31 Sloan Work and Family Research Network, 2009.
32 For an example of this strategy, see Body Shop Foundation, n.d. For a critique of development aid attached to consumerism, see Favini, 2013.
33 Britto et al., 2014.
34 An example is the Charter School Growth Fund, a non-profit venture capital fund that invests in high-performing charter school operators and is backed by major USA foundations.
35 UNICEF, 2012.
36 USAID, 2011.
37 Berman et al., 2011.
38 OECD, 2006, 2014a.
39 Regenstein and Lipper, 2013.
40 OECD, 2006.
41 Ibid.
42 Kagan and Kauerz, 2009.
43 OECD, 2006.
44 Ibid.
45 Ibid.
46 Goffin et al., 2011.
47 OECD, 2006.
48 OECD, 2014c.
49 Putcha and van der Gaag, 2015.
50 OECD, 2014c.
51 Galinsky, 2010.
52 Macours, 2014.
53 Fernald et al., 2008.
54 Nores and Barnett, 2010.
55 Neuman and Hatipoğlu, 2015
56 Ho and Thukral, 2009 (in Neuman and Hatipoğlu, 2015).
57 CIFAR, 2014; SECD, n.d.
58 Yousafzai and Arabi, 2015.
59 Gertler et al., 2014; Walker et al., 2011.
60 Pascal, 2009.
61 UNB-HERG, 2011.
62 Pascal, 2009.
63 Fortin et al., 2012.

# References

Akbari, E. and McCuaig, K. 2014. *Early Childhood Education Report 2014*. Toronto, Ont., Ontario Institute for Studies in Education/ University of Toronto. https://timeforpreschool.ca/media/uploads/pdfs/early-childhood-education-report2014-eng.pdf

Baker-Henningham, H. and López Bóo, F. 2010. *Early Childhood Stimulation Interventions in Developing Countries: A Comprehensive Literature Review*. Washington, DC, Inter-American Development Bank. https://publications.iadb.org/handle/11319/2660?locale-attribute=en

Barnett, W. S., Carolan, M. E., Squires, J. H., Clarke Brown, K. and Horowitz, M. 2015. *The State of Preschool 2014: State Preschool Yearbook*. New Brunswick, NJ, National Institute for Early Education Research/Rutgers University. http://nieer.org/sites/nieer/files/Yearbook2014_full3.pdf

Berman, P., Pallas, S., Smith, A. L., Curry, L. and Bradley, E. H. 2011. *Improving the Delivery of Health Services: A Guide to Choosing Strategies*. Washington, DC, IBRD/World Bank. http://documents.worldbank.org/curated/en/2011/05/15543481/improving-delivery-health-services-guide-choosing-strategies

Bertram, T. and Pascal, C. 2014. *Early Years Literature Review*. Birmingham, UK, Centre for Research in Early Childhood. https://www.early-education.org.uk/early-years-literature-review

Body Shop Foundation. n.d. *The Body Shop Foundation* [website]. Littlehampton, UK, Author. http://thebodyshopfoundation.org/

Britto, P. R., Yoshikawa, H. and Boller, K. 2011. Quality of early childhood development programs in global contexts. *Social Policy Report*, Vol. 25, No. 2, pp. 3–23. http://www.srcd.org/sites/default/files/documents/spr_v252rev.pdf

Britto, P. R., Yoshikawa, H., van Ravens, J., Ponguta, L. A., Reyes, M., Oh, S., … Seder, R. 2014. Strengthening systems for integrated early childhood development services: a cross-national analysis of governance. *Annals of the New York Academy of Sciences*, Vol. 1308, pp. 245–55. doi:10.1111/nyas.12365

Canadian Institute for Advanced Research (CIFAR). 2014. *Sharing the Science of Early Childhood Development Through an Online Learning Tool*. Child and Brain Development Case Study. Toronto, Ont., Author. http://www.cifar.ca/wp-content/uploads/CBD-Case-Study_Oct2014.pdf

Center on the Developing Child. 2007. *A Science-Based Framework for Early Childhood Policy*. Cambridge, Mass., Harvard University. http://developingchild.harvard.edu/wp-content/uploads/2016/02/Policy_Framework.pdf

Ertas, N. and Roch, C. H. 2014. Charter schools, equity, and student enrollments: the role of for-profit educational management organizations. *Education and Urban Society*, Vol. 46, No. 5, pp. 548–79. doi:10.1177/0013124512458118

European Commission. 2013. *Barcelona Objectives: The Development of Childcare Facilities for Young Children in Europe with a View to Sustainable and Inclusive Growth*. Luxembourg, Belgium, Publications Office of the European Union. http://ec.europa.eu/justice/gender-equality/files/documents/130531_barcelona_en.pdf

——. 2015. *Compulsory Education in Europe 2014/15*. Eurydice – Facts and Figures. Brussels, Education, Audiovisual and Culture Executive Agency (EACEA), European Commission. http://eacea.ec.europa.eu/education/eurydice/documents/facts_and_figures/compulsory_education_EN.pdf

European Council. 2002. *Presidency Conclusions: Barcelona European Council, 15 and 16 March 2002*. Brussels, Author. http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/ec/71025.pdf

Evans, D. K. and Kosec, K. 2012. E*arly Child Education: Making Programs Work for Brazil's Most Important Generation*. Washington, DC, IBRD/World Bank. https://openknowledge.worldbank.org/handle/10986/13144

Favini, J. 2013. Some Bad News About Toms Shoes. *Why.Dev*. http://www.whydev.org/some-bad-news-about-toms-shoes/

Fernald, L. C. H., Gertler, P. J. and Neufeld, L. M. 2008. The importance of cash in conditional cash transfer programs for child health, growth and development: an analysis of Mexico's Oportunidades. *The Lancet*, Vol. 371, No. 9615, pp. 828–37. doi: 10.1016/S0140-6736(08)60382-7

Fitz, J. 2009. *Memorandum: Effects of Proposition 10 on Cigarette and Tobacco Products Consumption*. Sacramento, Calif., State of California Board of Equalization. http://www.boe.ca.gov/meetings/pdf/Item_N4__111709.pdf

Fortin, P., Godbout, L. and St-Cerny, S. 2012. *Impact of Quebec's Universal Low Fee Childcare Program on Female Labour Force Participation, Domestic Income, and Government Budgets*. Working Paper. Sherbrooke, PQ, Université de Sherbrooke. http://www.usherbrooke.ca/chaire-fiscalite/fileadmin/sites/chaire-fiscalite/documents/Cahiers-de-recherche/Etude_femmes_ANGLAIS.pdf

Galinsky, E. 2010. *Mind in the Making*. The Seven Essential Skills Every Child Needs. New York, Harper Collins.

Gertler, P., Heckman, J., Pinto, R., Zanolini, A., Vermeersch, C., Walker, S., … Grantham-McGregor, S. 2014. Labor market returns to an early childhood stimulation intervention in Jamaica. *Science*, Vol. 344, No. 6187, pp. 998–1001. doi:10.1126/science.1251178

Goffin, S. G., Martella, J. and Coffman, J. 2011. *Vision to Practice: Setting a New Course for Early Childhood Governance*. Washington, DC, Goffin Strategy Group. http://www.buildinitiative.org/Portals/0/Uploads/Documents/EC_Governance_A_New_Course_1_2011.pdf

Grantham-McGregor, S. M., Fernald, L. C. H., Kagawa, R. M. C. and Walker, S. 2014. Effects of integrated child development and nutrition interventions on child development and nutritional status. *Annals of the New York Academy of Sciences*, Vol. 1308, pp. 11–32. doi:10.1111/nyas.12284

Ho, J. and Thukral, H. 2009. Tuned in to student success: assessing the impact of Interactive Radio Instruction for the hardest-to-reach. *Journal of Education for International Development*, Vol. 4, No. 2, pp. 34–51. http://www.equip123.net/JEID/articles/4_2/JEID4-2-FullIssue.pdf

Irwin, L. G., Siddiqi, A. and Hertzman, C. 2007. Early Childhood Development: *A Powerful Equalizer*. Final Report. Geneva, Switzerland, WHO. http://www.who.int/social_determinants/resources/ecd_kn_report_07_2007.pdf

Kagan, S. L. and Kauerz, K. 2009. Governing American early care and education: shifting from government to governance and from form to function. S. Feeney, A. Galper and C. Seefeldt (eds), *Continuing Issues in Early Childhood Education*, 3rd edn. Upper Saddle River, NJ, Merrill/Pearson.

Karoly, L. A., Kilburn, M. R. and Cannon, J. S. 2005. *Proven Benefits of Early Childhood Interventions*. Labor and Population Research Brief. Santa Monica, Calif., RAND Corporation. http://www.rand.org/pubs/research_briefs/RB9145.html

Lav, I. J. 2002. *Cigarette Tax Increases: Cautions and Considerations*. Washington, DC, Center on Budget and Policy Priorities. http://www.cbpp.org/sites/default/files/atoms/files/7-3-02sfp.pdf

Macours, K. 2014. Cash and cognitive development. *The State of the World's Children 2015: Reimagine the Future*. New York, UNICEF. http://www.unicef.org/publications/index_77998.html

Mahon, R. 2011. Child care policy: a comparative perspective. J. Bennett (ed.), *Child Care – Early Childhood Education and Care (Encyclopedia of Early Childhood Development)*. Montreal, PQ, Centre of Excellence for Early Childhood Development (CEECD)/ Strategic Knowledge Cluster on Early Child Development (SKC-ECD). http://www.child-encyclopedia.com/sites/default/files/dossiers-complets/en/child-care-early-childhood-education-and-care.pdf

McCain, M. N., Mustard, J. F. and McCuaig, K. 2011. *Early Years Study 3: Making Decisions, Taking Action*. Toronto, Ont., Margaret and Wallace McCain Family Foundation. http://timeforpreschool.ca/media/uploads/pdfs/early-years-study3-2011.pdf

Miller, D. C. and Warren, L. K. 2011. *Comparative Indicators of Education in the United States and Other G-8 Countries: 2011*. Washington, CD, US Department of Education. http://nces.ed.gov/pubs2012/2012007.pdf

National Institute for Early Education Research (NIEER). 2005. More states find virtue in 'sin taxes', new way to pay for early education. *Preschool Matters*, Vol. 3, No. 1. http://nieer.org/publications/more-states-find-virtue-%E2%80%98sin-taxes%E2%80%99-new-way-pay-early-education

Neuman, M. J. 2005. Governance of early childhood education and care: recent developments in OECD countries. *Early Years: An International Journal of Research and Development*, Vol. 25, No. 2, pp. 129–41. doi:10.1080/09575140500130992

Neuman, M. J. and Hatipoğlu, K. 2015. Global gains and growing pains: pre-primary education around the world. *A Good Start: Advances in Early Childhood Development (Early Childhood Matters, Vol. 124)*. The Hague, Netherlands, Bernard Van Leer Foundation, pp. 43–50. https://bernardvanleer.org/app/uploads/2015/12/ECM124_A-good-start-advances-in-early-childhood-development.pdf

Nores, M. and Barnett, W. S. 2010. Benefits of early childhood interventions across the world: (under) investing in the very young. *Economics of Education Review*, Vol. 29, No. 2, pp. 271–82. doi:10.1016/j.econedurev.2009.09.001

OECD. 2001. *Starting Strong: Early Childhood Education and Care*. Paris, OECD Publishing. http://www.oecd.org/newsroom/earlychildhoodeducationandcare.htm

——. 2006. *Starting Strong II: Early Childhood Education and Care*. Paris, OECD Publishing. http://www.oecd.org/edu/school/startingstrongiiearlychildhoodeducationandcare.htm

——. 2010. *PISA 2009 Results: Executive Summary*. Paris, OECD Publishing. http://www.oecd.org/pisa/pisaproducts/46619703.pdf

——. 2014a. *Education at a Glance 2014: OECD Indicators*. Paris: OECD Publishing. http://www.oecd.org/edu/Education-at-a-Glance-2014.pdf

——. 2014b. Indicator C2: how do early childhood education systems differ around the world? *Education at a Glance 2014: OECD Indicators*. Paris, OECD Publishing. http://www.oecd.org/edu/EAG2014-Indicator%20C2%20(eng).pdf

——. 2014c. PF3.1: Public spending on childcare and early education. *OECD Family Database*. Paris, OECD Publishing. http://www.oecd.org/els/family/database.htm (Accessed 24 February 2016.)

Pascal, C. E. 2009. *With Our Best Future in Mind: Implementing Early Learning in Ontario*. Report to the Premier by the Special Advisor on Early Learning. Toronto, Ont., Queen's Printer for Ontario. http://ywcacanada.ca/data/research_docs/00000001.pdf

Plantenga, J., Remery, C., Siegel, M. and Sementini, L. 2008. Childcare services in 25 European Union member states: the Barcelona targets revisited. A. Leira and C. Saraceno (eds), *Childhood: Changing Contexts* (*Comparative Social Research*, Vol. 25). Bingley, UK, Emerald Group Publishing Limited, pp. 27–53. http://www.emeraldinsight.com/doi/abs/10.1016/S0195-6310%2807%2900001-4

Putcha, V. and van der Gaag, J. 2015. *Investing in Early Childhood Development: What Is Being Spent, and What Does It Cost?* Global Economy and Development Working Paper 81. Washington DC, Brookings Institution. http://www.brookings.edu/research/papers/2015/02/investing-in-early-childhood-development-putcha-van-der-gaag

Regenstein, E. and Lipper, K. 2013. *A Framework for Choosing a State-Level Early Childhood Governance System*. Boston, Mass., BUILD Initiative. http://www.buildinitiative.org/WhatsNew/ViewArticle/tabid/96/ArticleId/628/A-Framework-for-Choosing-a-State-Level-Early-Childhood-Governance-System.aspx

Science of Early Child Development (SECD). n.d. *SECD: Narrowing the Gap Between Research and Practice* [website]. Winnipeg, Man., Author. http://www.scienceofecd.com/

Sloan Work and Family Research Network. 2009. *Questions and Answers About Employer-Supported Child Care*. Fact Sheet. Chestnut Hill, Mass., Boston College. https://workfamily.sas.upenn.edu/sites/workfamily.sas.upenn.edu/files/imported/pdfs/ESCC.pdf

Stanley, R. E. and French, P. E. 2003. Can students truly benefit from state lotteries: a look at lottery expenditures towards education in the American states. *The Social Science Journal*, Vol. 40, No. 2, pp. 327–33. doi:10.1016/S0362-3319(03)00013-2

Stromquist, N. P. 2015. *Out of School Children: Why Gender Matters? Background Paper for Fixing the Broken Promise of Education for All*. Montreal, PQ, UNESCO Institute for Statistics (UIS). http://allinschool.org/wp-content/uploads/2015/01/OOSC-2014-Gender-and-education-final.pdf

UNICEF. 2008. *The Child Care Transition: Innocenti Report Card 8*. Florence, Italy, UNICEF Innocenti Research Centre. http://www.unicef-irc.org/publications/pdf/rc8_eng.pdf

——. 2012. *Inequities in Early Childhood: What the Data Say. Evidence from the Multiple Indicator Cluster Surveys*. New York, Author.

United Nations. 1990. *Convention on the Rights of the Child*. Geneva, Switzerland, United Nations Office of the High Commissioner for Human Rights (OHCHR). http://www.ohchr.org/en/professionalinterest/pages/crc.aspx

——. 2015. SDG Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. *Sustainable Development Knowledge Platform*. New York, Author. https://sustainabledevelopment.un.org/sdg4

United States Agency for International Development (USAID). 2011. Eight strategies that strengthen health systems. *Better Health Systems: Strategies That Work*. Health Systems 20/20 Brief. Bethesda, Md., Abt Associates. http://abtassociates.com/AbtAssociates/files/01/0132e84c-86f6-490e-a973-52fb28487bbb.pdf

University of New Brunswick Health and Education Research Group (UNB-HERG). 2011. *Interim Research Report: New Brunswick Early Childhood Centres*. Toronto, Ont., Margaret and Wallace McCain Family Foundation. http://mwmccain.ca/reports/2011/04/01/start-smart-report-may-2011/

Walker, S. P., Chang, S. M., Vera-Hernández, M. and Grantham-McGregor, S. M. 2011. Early childhood stimulation benefits adult competence and reduces violent behavior. *Pediatrics*, Vol. 127, No. 5 pp. 849–57. doi:10.1542/peds.2010-2231

WHO. 1999. A Critical Link: *Interventions for Physical Growth and Psychological Development. A Review*. Geneva, Switzerland, Author. http://www.who.int/maternal_child_adolescent/documents/chs_cah_99_3/en/

World Bank. 2016. Education statistics (custom tabulation). *World DataBank*. Washington, DC, Author. http://databank.worldbank.org/data/reports.aspx?source=education-statistics-~-all-indicators

Wu, K. B., Young, M. E. and Cai, J. 2012. *Early Child Development in China: Breaking the Cycle of Poverty and Improving Future Competitiveness*. Washington, DC, IBRD/World Bank. https://openknowledge.worldbank.org/handle/10986/9383

Yamaguchi, A. M. 2013. *Early Childhood Education in Brazil*. Tokyo, Child Research Net. http://www.childresearch.net/projects/ecec/2013_10.html

Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M. R., Espinosa, L. M., Gormley, W. T., … Zaslow, M. J. 2013. *Investing in Our Future: The Evidence Base on Preschool Education*. Ann Arbor, Mich./New York, Society for Research in Child Development/Foundation for Child Development. http://fcd-us.org/resources/evidence-base-preschool

Yousafzai, A. K. and Arabi, M. 2015. Bridging survival and development in the post-2015 agenda: partnerships in nutrition and early child development. *A Good Start: Advances in Early Childhood Development* (*Early Childhood Matters*, Vol. 124). The Hague, Netherlands, Bernard Van Leer Foundation, pp. 19–27. https://bernardvanleer.org/app/uploads/2015/12/ECM124_A-good-start-advances-in-early-childhood-development.pdf

---

Correspondence should be addressed to Kerry McCuaig: kerry.mccuaig@utoronto.ca

# CHAPTER 3
# AN INCLUSIVE APPROACH TO EARLY CHILDHOOD IS ESSENTIAL TO ENSURING EQUITY FOR ALL CHILDREN

**KATHY COLOGON AND ALIZA SALVADOR**
Department of Educational Studies
Children and Families Research Centre (CFRC)
**MACQUARIE UNIVERSITY, AUSTRALIA**


Promoting equity in the post-2015 agenda for sustainable development requires consideration of children at risk of marginalization and exclusion from early childhood programmes. Around the world, children labelled with disabilities and 'special needs' are among the most frequently excluded from quality early childhood care and education, or ECCE. This has serious and detrimental impacts on the lives of children, families, communities and society at large.

A growing body of international research shows that inclusive policies and practices in ECCE have the potential to create equitable and high-quality early childhood experiences for all. A recent international review of more than 170 research studies found that inclusive approaches to education support equity during the early childhood years and beyond, resulting in more positive outcomes for children who do *and* do not experience disability.[1]

This chapter synthesizes findings from a review of 119 research papers on inclusive ECCE policies and practices in 43 countries around the world. The goal of this review is to highlight the benefits of inclusion in early childhood as well as the main barriers to implementation. The chapter also provides an overview of the policy context for inclusive education and offers policy and practice recommendations aimed at promoting inclusion and equity for all children.

> **"Inclusive policies and practices in early childhood care and education have the potential to create equitable and high-quality experiences for all."**

## Methodology and Scope

To identify the papers to be reviewed, the authors began with extensive database searches as well as informal supplementary searches. Database searches were limited to the past five years of English-language research publications in peer-reviewed sources. Keywords included combinations and variations of the terms 'early childhood', 'disability', 'equity', 'inclusive education', 'inclusion' and 'policy'.

Keyword searches of EBSCO*host*, Informit Online and Google Scholar turned up more than 1,000 articles for initial consideration. Snowball sampling from reference lists, as well as drawing from the professional

libraries of authors, elicited further papers for consideration, including some relevant papers published prior to the initial five-year time-frame.

Next, titles and abstracts were reviewed, followed by a full reading of papers of potential relevance. Selection was based on the internationally accepted definition of early childhood — from birth (or conception) to 8 years of age — thus incorporating research with children in the prior-to-school and early school years. While a range of papers were drawn from, the selection criteria focused on papers that addressed theory, policy and practice through empirical research reports and reviews.

In the end, a total of 119 papers were selected for review, representing research conducted in 43 countries. Some papers addressed research in more than one country, and some countries were addressed in multiple papers. The global scope of the review aims to move beyond a hegemonic approach, whereby only practices and views from developed countries are 'heard', towards a more inclusive approach, focusing on research and practice in developing countries wherever possible.

## LIMITATIONS OF THIS REVIEW

The scope of this review is limited by a number of factors. First, due to the practical constraints of the project, only English-language papers were reviewed, which eliminates potentially relevant studies published in other languages. Second, the review focused on peer-reviewed sources. While this enables a certain level of rigour, it also precludes consideration of the large body of grey literature on early childhood.

Third, a considerable number of countries were not represented in the database searches. Limiting the search to English-language papers likely accounts for this gap to some extent. However, given the global relevance of equity in early childhood, the disparity of research coverage across different countries points to the need for further studies in diverse contexts, in order to better understand and foster inclusive approaches internationally.

Fourth, the perspectives of young children who experience disability were generally absent from the research. While a small body of studies have investigated child and adolescent experiences of disability, schooling and friendship, there is a critical research gap regarding perspectives on inclusion and exclusion from young children who experience disability, particularly children under 5 years of age.[2] It is important that this gap be addressed in order to further the development of inclusive and equitable approaches to ECCE.

Finally, given length and time considerations, a detailed exploration of the approaches to equity in early childhood in each of the countries

reviewed was not feasible. Examples are provided wherever possible to illustrate the findings of the review and reveal important lessons.

# Terminology

## WHAT IS INCLUSION?

Inclusion is a contentious issue, which is understood differently by different people across diverse contexts.[3] Understandings of inclusion and inclusive education change over time, along with the gradual change to less exclusionary practices. At the core, however, efforts towards inclusion focus on increasing equity and decreasing discrimination and oppression. Recognizing the right of every person to belong is fundamental to inclusion.[4] In early childhood, 'inclusion is about providing rich and enabling learning and educational environments that nurture and enhance the developmental potentials of all children'.[5]

## INCLUSION VS INTEGRATION

In formal ECCE settings, it is important to distinguish between inclusion and integration. Though the two terms are often used interchangeably, they have very different meanings: integration is based on changing or 'fixing' children to assimilate to a setting, whereas inclusion focuses on changing settings to enable all children to flourish. An inclusive approach is one that acknowledges that 'differences are a normal part of life and therefore learning should be adapted to cater to those differences, rather than trying to insist that children fit into a perceived norm'.[6] Understanding and clarifying the distinction between these two terms is critical to the successful implementation of inclusive policies for early childhood.

## LANGUAGE SURROUNDING DISABILITY

In general, the use of labels to group and categorize people is highly problematic and frequently leads to stigmatization.[7] While labels are generally intended to be neutral descriptors, they frequently come to be associated with 'distorted or diminished expectations and stereotyped images of what particular individuals are like. Labels can take on an encompassing quality … [whereby] the label takes the place of the person's individuality, and invites others to define the essence of the person'.[8]

Nonetheless, it has been argued that it can be pragmatic to use labels in addressing the considerable inequities faced by many children throughout the world.[9] Common arguments for the necessity of labels often focus on issues of limited funds and the need to direct resources to those most in need of them in order to support equity. Labels are also sometimes used with the intention of making 'visible' people who are frequently marginalized or excluded, in order to address equity considerations (as is the case in this chapter). The use of labels in such situations is not intended to be value-laden, nor to stigmatize. However, when the use of labels is deemed necessary, careful consideration of terminology and the way it is used is essential. This is especially important in relation to the construct of disability, which is accompanied by considerable confusion regarding the meaning and appropriate use of different terms.

First, the importance of using 'person-first' language, whereby the person is placed before the label — for example a 'child with Down syndrome', rather than a 'Down syndrome child' – is generally internationally accepted (although there are exceptions, notably in relation to Deaf culture and to people who identify with a neurodiversity perspective on autism, among others).[10]

Even within the use of person-first language, there are a wide range of common terms used to describe children who are labelled disabled, or who are facing some form of significant disadvantage. These terms include 'special needs', 'additional needs', 'exceptional needs', 'special rights' and other similar euphemisms. However, due to the history of stigmatization and segregation, words like 'special' and 'exceptional' commonly carry inferences of inferiority and separateness.[11] Additionally, the use of these words acts as a demarcation, separating out some children as 'other'; children are compared to a mythical 'normal' child and deemed lacking in some sense.[12] This process, which is central to

exclusion, results in the identification of 'special' children and 'normal' children, and the subsequent justification of inequitable treatment of those deemed 'special'.[13]

Furthermore, terms such as 'special rights' and 'additional needs' suggest a desire or demand for something extra. To the contrary, people who experience disability, and who face other forms of disadvantage, are not asking for anything extra, but simply seeking basic human rights and asking for inequities to be addressed in meeting fundamental needs.[14]

The term 'children who experience disability' is used in this chapter. This phrasing acknowledges the person first while simultaneously recognizing disability as an experience of socially imposed oppression, rather than a biological or within-person trait (implied by terms such as 'children with disabilities').

Disabling barriers occur because of societal responses to a child's impairment. For example, when a child needs a mobility aid to get around and this is not taken into account in the environment in terms of the width of doorways or issues regarding stairs, it is these environmental barriers — rather than the child's physical impairment — that prevent the child from participating. The same is true of barriers posed by negative attitudes and inflexible curricula and assessment approaches. Such environmental and social barriers prevent children from full participation and limit their own understandings of who they can be and what they can achieve.[15] 'Disability' must therefore be seen as a social construct imposed on the child, rather than an inherent trait.[16]

The use of the term 'children who experience disability' calls for a response in early childhood policy and practice that minimizes or eliminates disabling barriers in order to work towards greater equity for *all* children.

As a final note, it is important to acknowledge that this chapter is written in English and considers only English-language terms. Consequently, this discussion of terminology is incomplete. Nevertheless, the principles of careful consideration of terminology and clear and shared understanding are applicable in any language.

## The Policy Context

### A GLOBAL TREND TOWARDS INCLUSION

Enormous variation in legislation and policy regarding inclusion exists across countries and regions. Italy, for example, legislated the end of segregated education (from early childhood onwards) as early as 1977,[17] yet in many parts of the world segregated settings still exist[18] and in some cases are increasing.[19] It is only in recent history that the total exclusion of children who experience disability from ECCE was widespread, and exclusive practices remain common in much of the world.


iStock.com/bruniewska

Nevertheless, the research reviewed for this chapter indicates that progress has been made towards greater equity of services, supports and outcomes in a wide range of contexts. Some level of inclusion is now occurring in much of the world, and global trends seem to be moving towards increased equity in early childhood. Even in countries where policy and legislation for inclusion are in their infancy and resources are extremely limited — for instance in Timor-Leste — examples of inclusive ECCE practices have been reported.[20]

A number of internationally ratified accords have contributed to drawing attention to the exclusion of many children worldwide, forwarding discussions about inclusion and inclusive education[21] and providing the basis for policy change.[22] For example, the guiding principles of the Convention on the Rights of Persons with Disabilities (CRPD) include 'full and effective participation and inclusion in society', 'respect for difference and acceptance of persons with disabilities as part of human diversity and humanity', and 'equality of opportunity'.[23] Currently signed by 114 countries, the CRPD requires that governments 'ensure an inclusive education system at all levels', including early childhood. Efforts to comply with the CRPD appear to be facilitating progress in developing legislative frameworks to support equity in early childhood,[24] and a number of countries have enacted legislation and policy changes over the past few decades that demonstrate an increasing international emphasis on inclusive education.[25]

## TURNING POLICY INTO PRACTICE

In some cases, policy shifts have led to clear progress towards inclusive practices in ECCE. In South Korea, for example, legislation introduced in 2007 and 2008 aimed to facilitate the care and education of children who do and do not experience disability together, and to make inclusive education compulsory from 2010 onwards.[26] Important to the success of this policy was a shift in the primary role of educators, from 'helping children assimilate' (integration) to adapting the educational environment to suit all children (inclusion). At the micro-level, research in an Australian early childhood centre found that a policy focus on removing environmental and attitudinal barriers to inclusion contributed to bringing about genuine inclusion for all children, families and staff in the setting.[27]

However, a disconnect between policy and practice is prevalent across diverse contexts,[28] and policies frequently operate on a rhetorical level only.[29] For example, research in Greece found that an undifferentiated national curriculum and requirements to comply with normative assessments to measure academic achievement contradict policies that encourage inclusion of children who experience disability.[30] Children are required to 'work on undifferentiated materials, regardless of ability, interests and learning styles'.[31] In Australia, despite the country's ratification of the CRPD, many children are still excluded from general ECCE programmes and settings, at least in part due to the continuing availability of segregated options.[32]

In order to facilitate effective translation of policy into practice, it is important to consider the cultural context in which policies are implemented. In some contexts, policy and practice are reinforced by a cultural foundation for inclusion. For example, it is reported that 'educational policy in Samoa is guided by the principles of equity, quality, relevancy, efficiency and sustainability', which are supported by the overall Samoan culture, particularly the inclusiveness of *fa'aSamoa* (the Samoan way).[33] This cultural foundation means that inclusive policies for early childhood find community support. In other contexts, policy and legislation focused on inclusive education are sometimes viewed by communities as an outside imposition and a form of cultural hegemony.[34]

These differences in community acceptance and ownership highlight the importance of engaging with context-based approaches to the equitable education and care of all children, including children who experience disability. The development of such approaches should be guided by research and evidence from actual practice in diverse settings. In light of these considerations, it is important to note that while this chapter presents a global review, the findings discussed herein must be interpreted through a lens relevant to each individual context.

## THE ROLE AND PERSPECTIVES OF FAMILIES

While there are notable exceptions,[35] research on inclusion in early childhood tends to focus on formal education settings and programmes, and on the role of educators and other professionals. These settings and professionals are critical to equity considerations, and the majority of the research reviewed for this chapter focuses on formal ECCE.

However, it is important to remember that the role of the family is paramount in early childhood. When children experience disability, this also impacts their families. Before turning to the findings from formal settings, it is important to discuss family perspectives and experiences of inclusion and exclusion in early childhood.


While family situations are diverse around the world, many families with a child who experiences disability face common challenges. These include environmental barriers that impede participation and prevent equitable experiences and outcomes for their children,[36] as well as social barriers in the form of cultural views or prejudices. For example, many families struggle with the impact of the societal assumption that having a child who experiences disability is a negative experience.

'Parents of children with disabilities must raise their children within the context of powerful societal discourse that devalues adults with disabilities and, therefore, holds low expectations for the ultimate "success" of parenting children with disabilities.'[37]

Additionally, families with children who experience disability often face multiple forms of discrimination. For example, children may also belong to an oppressed minority social or cultural group, thus experiencing 'double discrimination' and associated stigma.[38] Furthermore, living outside of family care considerably increases the disadvantage and discrimination children experience.[39] Overall, experiences of exclusion and discrimination are devaluing and deeply distressing to families.[40]

By contrast, research with families reveals the powerful potential of inclusive approaches in early childhood. In Australia, for instance, research conducted with 114 families of infants and young children who experience disability found that 'experiences of inclusion led to happiness, a positive outlook on life, progress and development for the family, [and] feelings of pride and of being valued'.[41] For these families, inclusion was viewed as fundamental to equity and experienced as a sense of belonging, participation, opportunity, and recognized and valued contribution. Families expressed a strong desire for each of their children to be respected, for inclusion to be viewed as 'ordinary', and for their children to be viewed as children first, rather than defined by impairment or disability.[42]

Working together with families is critical to achieving equity in early childhood.[43] This work, while often complex, involves drawing on child and family strengths, and listening to and learning from family priorities and perspectives on inclusion.[44] The experiences of families, along with those of professionals, need to be considered in developing inclusive policies and practices for ECCE.

## Positive Outcomes of Inclusive Approaches

Inclusive approaches in early childhood lead to improved well-being and more equitable social and educational outcomes, as children learn and grow in ways that do not occur when they are segregated. Additionally, early childhood professionals and other staff become more flexible, skilled, confident and competent when they work in inclusive environments, thus leading to higher-quality education for all children.[45] A growing body of international research demonstrates the benefits of inclusive education for children who do *and* do not experience disability, including children labelled as having 'severe' or 'multiple' impairments.[46]

The research review conducted for this chapter revealed positive effects of inclusive ECCE in all areas of early childhood development, including cognitive, linguistic, physical and social development.[47] For example, children with autism attending inclusive pre-school settings in the USA show improved cognitive development compared to children attending segregated pre-school settings, with particularly strong benefits found for children who were identified as having more severe social impairments, with lower adaptive behaviour skills and some recognized expressive or receptive communication strategies.[48] Inclusion has also been found to improve communication and language development.[49] Research in the USA has shown that inclusive education increases independent communication, including mastery of augmentative and alternative communication strategies, and improves speech and language development.[50]

While there is only limited research in the area, evidence demonstrates that the physical development of children is enhanced through inclusion.[51] Parents in the USA, for example, report enhanced outcomes in physical development when toddlers with autism attend inclusive settings.[52] Additionally, inclusive approaches have been shown to promote social development by fostering a sense of belonging, facilitating interactions and friendships between children who do and do not experience disability, and supporting positive behaviour development in *all* children.[53] In research in Greece, for instance, inclusive education was found to facilitate the development of increased interpersonal skills in children, including patience, trust and responsiveness to the needs and wishes of peers.[54]

Learning outcomes are also better in inclusive settings.[55] In particular, more progress is seen in the areas of literacy and numeracy when children receive inclusive, rather than segregated, education.[56] Research in the Netherlands and the UK, for example, has found that children with Down syndrome have better outcomes in reading, writing and mathematics when educated in inclusive settings.[57]


iStock.com/Kim Gunkel

**"Inclusive approaches in early childhood lead to improved well-being and more equitable social and educational outcomes for children who do *and* do not experience disability."**

Despite the commonly higher educator-to-child ratios and special education training for teachers who work in segregated settings, there is no evidence to suggest that segregated education has any benefits over inclusive education. Some have argued that segregation may be more advisable for children labelled with autism on account of social considerations.[58] However, the research evidence purportedly supporting this claim in fact shows lower peer interaction and higher adult interaction in segregated compared to inclusive early childhood settings.[59] Given the importance of peer interactions for social development, learning and inclusion, these findings point to further isolation and less socialization, thus contradicting the claim that segregation is better for children labelled with autism.

Contrary to frequently reported fears that the inclusion of children who experience disability will have a detrimental impact on the academic outcomes of children who do not experience disability, research provides clear evidence that inclusive education leads to equal or better academic outcomes for children who do not experience disability compared with non-inclusive settings.[60] For example, a systematic review of 23 years of empirical research investigating the outcomes of inclusive education for children who do not experience disability concluded that the impact on academic (and other) outcomes was positive or neutral.[61] Overall, findings indicate that inclusive approaches to education are more sensitive to the needs of all children and therefore of higher quality than non-inclusive education.

iStock.com/DenKuvaiev

# Main Barriers to Inclusion

Despite advances towards inclusion in early childhood, many barriers to equity still exist for children who experience disability. This review identified three main obstacles to the development and adoption of inclusive approaches to ECCE:

1. Lack of understanding about the concept of inclusion
2. Negative beliefs, assumptions and attitudes towards children who experience disability and towards inclusion
3. Inadequate resources and support for inclusion

## LACK OF UNDERSTANDING

The concept of inclusion is often misunderstood.[62] In both policy and practice, evidence indicates that people tend to conflate the concepts of inclusion and integration, mistakenly believing that inclusion is about assimilation or 'fixing' children to 'fit' existing settings or practices.[63]

Research indicates that this misconception of inclusion perpetuates inequities and poses a barrier to inclusive approaches to ECCE. In Australia, for example, research has found that confusion between the concepts of inclusion and integration have led to practices focused on making children 'fit', often through the use of unqualified teachers' aides and approaches that exclude and stigmatize children who experience disability.[64]

In Greece, research has shown that many teachers value the concept of a 'pull-out programme' wherein children who experience disability are pulled out of class and educated by a separate teacher in a separate classroom.[65] This type of 'micro-exclusion', or segregation within general education settings, is erroneously labelled 'inclusive' by practitioners who do not fully grasp the concept, interpreting the mere presence of children in mainstream settings as synonymous with inclusion.

In Hong Kong, considerable efforts have been made to support and increase the number of early childhood centres enrolling children who do and do not experience disability, with some degree of success: approximately 50% of centres now enrol children who experience disability (though not children labelled with 'severe disabilities').[66] However, research indicates that a focus on facilitating the integration or 'fixing' of children who experience disability, rather than on removing environmental and social barriers to enable inclusion, has stymied progress towards equity.[67]

## NEGATIVE BELIEFS, ASSUMPTIONS AND ATTITUDES

Negative beliefs, assumptions and attitudes towards children who experience disability form considerable barriers to equity and inclusion in ECCE.[68] These societal notions have many manifestations, but at their root is a deficit perspective, whereby children who experience disability are viewed as lacking in some way.

Research has found that many teachers have trepidations about including children who experience disability, and parents are often apprehensive about having their children in the same settings as children who experience disability.[69] These anxieties appear, in part, to be associated with elitism and the valuing of a highly competitive culture, coupled with the stereotyped view that children who experience disability are a 'threat' to competitive outcomes. Many parents, teachers and administrators mistakenly believe that the inclusion of children who experience disability will negatively affect the learning of children who do not experience disability.[70]

In China, for instance — where education systems tend to be examination-oriented and highly competitive — children who experience disability are often assumed to endanger the achievement of students and schools striving for high scores on standardized tests.[71] Commonly held elitist views of education, which imply that only some children deserve to be educated, exacerbate exclusionary practices.[72] Inclusion of people who experience disability is far from a reality in China, and access to education for children who experience disability is still contested by many, particularly in rural areas.[73] Another detrimental perspective identified in the research is the 'hierarchical view' of people who

experience disability, in which some children are considered 'too disabled' to be included in early childhood programmes.[74] For example, research based on in-depth interviews with 77 teachers in Greek schools found that many felt inclusion was meant 'only for those children who can participate in [unchanged] class activities and are able to communicate with other children'.[75] Children who did not 'fit' were regarded as 'difficult cases' not worthy of inclusion. These teachers' low expectations of children who experience disability, coupled with a lack of knowledge and confidence to modify curricula, correlated with a lack of engagement in learning activities for children who experience disability. Many of the children spent the majority of their time engaged in solitary play and had limited involvement with peers, educators and learning materials.

Superstitious and religious beliefs about the origins of disability also pose barriers to inclusion and equity in early childhood. Research has found that some people believe disability is the consequence of karma or a revisiting of wrongs committed in the past.[76] In Thailand, for example, one study found that some early childhood teachers understood disability in light of traditional religious beliefs, particularly reincarnation, that suggest that disability is a consequence of one's wrongdoings in a previous life.[77] These beliefs — which sometimes lead to the total exclusion of children who experience disability from all policies, programmes and supports[78] — can be very difficult to combat. Even when Thai teachers reported positive outcomes associated with educating children who do and do not experience disability together, they maintained their deficit perspective, seeing children who experience disability as passive recipients of help from the benevolence of children who do not experience disability.[79]

## INADEQUATE RESOURCES AND SUPPORT

Inclusion is sometimes viewed as an 'unfunded mandate', with inadequate resources and a lack of support for inclusion widely reported. Among the many support-related barriers to inclusion highlighted in the research are:

- Insufficient teacher-to-child ratios;
- Lack of preparation time for early childhood professionals;
- Lack of education in inclusive practices (resulting in a lack of knowledge and confidence);
- Inadequate support staff;
- Rigid 'one-size-fits-all' curricula;
- Limited materials and learning resources;
- Neo-liberal agendas that place competition at the centre of discussions about education;
- Lack of information for families and educators; and
- Low levels of collaboration and lack of leadership within, between and beyond individual settings.[80]

These issues hinder best practices and contribute to negative attitudes towards equitable ECCE for children who experience disability. While available supports vary considerably from one context to another, teachers in both developing and developed countries report that the lack of resources and support forms a significant barrier to inclusion.

One of the most serious barriers is insufficient and inadequate education for teachers on inclusive philosophy and practice.[81] In research in Thailand, for example, early childhood teachers identified inadequate teacher education for inclusion as resulting in an inability to bring about inclusion in practice.[82] Other research has found that in cases where both early intervention and general early childhood services exist, the successful implementation of inclusive approaches is hindered by a lack of shared understanding between teachers and intervention professionals about what constitutes inclusion.[83]

Additionally, in some contexts geographical constraints prevent children who experience disability from participating in any formal programmes or services.[84] In Rwanda, for instance, young children who experience disability often live long distances from any ECCE centres and thus have no avenues for access.[85] This issue underlines the need to develop flexible approaches to ECCE, in order to accommodate the diversity of communities in need of services.

# Recommendations for Policy and Practice

Effective policies and practices that facilitate inclusive approaches to the care and education of children who experience disability are essential to achieving equity in early childhood and beyond.[86] In developing, revising, implementing and assessing policies and practices for inclusive education, decision-makers should be guided by the following recommendations.

### 1. POLICIES AIMED AT EQUITY CANNOT BE CONSIDERED OPTIONAL

At the core of an inclusive policy approach is the recognition of the rights of every child. While for some children human rights are unquestioned, for children who experience disability these rights are often considered to be 'optional' or 'privileges'.[87] This misinterpretation of human rights leads to the exclusion of many children from important early childhood experiences and, often, from a sense of belonging.[88] Equity-aimed policies must be considered essential rather than optional.

### 2. POLICIES THAT REINFORCE A HIERARCHICAL VIEW OF PEOPLE WHO EXPERIENCE DISABILITY MUST BE CHALLENGED

Inclusive policies and practices are underpinned by a genuine valuing of all children. The right to inclusion must not be dependent on the 'level of severity' of impairment, such that children are excluded when believed to be 'too disabled'.[89] As discussed previously, this hierarchical view of children who experience disability is damaging to the goal of equity in early childhood. Policies that adopt this view, implicitly or explicitly, need to be challenged and revised.

### 3. POLICY DOCUMENTS MUST CLARIFY WHAT IS MEANT BY INCLUSION AND HOW TO ACHIEVE IT

Clarifying the concept of inclusion is critical to the success of policies and legislation aimed at achieving equity for children who experience disability. The language of policy documents must be explicit about what defines equity and inclusion.[90] This requires a clear and shared understanding of inclusion that goes beyond the mere presence of children who experience disability within a programme, and does not confuse or conflate inclusion with assimilation, integration or remediation. Policy-makers, teachers and other early childhood professionals must be helped to understand that an equitable approach does not seek to deny difference or insist on conformity. Additionally, policy documents need to specifically address how children who

iStock.com/Vita-lina

> **"Equity-aimed policies must be considered essential rather than optional."**

experience disability can be successfully and equitably included in programmes and services.[91] This guidance should include information on pedagogical practices and plans for teacher education and professional development.

### 4. PRACTITIONERS MUST TAKE A STRENGTHS-BASED APPROACH TO INCLUSION

The ongoing marginalization and exclusion of particular people and groups of people demonstrate the continuing need to focus on minority groups in order to enable inclusion. However, working to address the exclusion of groups of children and their families necessarily draws attention to 'difference' and the negative impacts of marginalization. To counteract this effect, it is essential to emphasize a strengths-based approach that celebrates and accounts for difference and recognizes the potential (as opposed to just the needs) of people who are identified as belonging to targeted groups. Such an approach avoids pathologizing people who are already marginalized.

### 5. TEACHERS AND OTHER ECCE PROFESSIONALS MUST BE PROVIDED WITH EDUCATION ABOUT INCLUSIVE APPROACHES

Teacher education has been recognized as critical to achieving inclusion and to addressing the inadequacies of resources and support for inclusive practice.[92] In order to overcome the barriers identified in this review, teacher education must be founded on a shared understanding of inclusion that focuses on embracing difference rather than eliminating it. A genuinely inclusive approach 'requires a substantial mindset change … a process that includes educating teachers to feel comfortable with a diverse group of children with different needs; and a transformation of the [education and care] process to include all children'.[93] In order to achieve this change, teacher education and professional development programmes should aim to foster inclusive attitudes and help teachers move beyond a deficit perspective towards recognizing and valuing the contribution of every child.

### 6. CURRICULA SHOULD BE FLEXIBLE AND RESPONSIVE

Undifferentiated, limiting and exclusionary curricula reinforce the goal of conformity and hinder, rather than enable, equity and inclusion.[94] Along with increasing and improving professional education, it is necessary to create opportunities for teachers and other early childhood professionals to collaborate in developing curricula that is flexible and responsive to the needs of all children. Such curricula should promote a culture of inclusion in early childhood settings and enable equitable approaches to planning, implementation and assessment.[95]

**"Teacher education and professional development programmes should aim to foster inclusive attitudes and help teachers move beyond a deficit perspective towards recognizing and valuing the contribution of every child."**

### 7. POLICY FORMATION AND IMPLEMENTATION MUST INVOLVE STAKEHOLDERS AT ALL LEVELS

Despite the existence of policies, legislation and regulations supporting inclusion in many contexts, it is clear that equity in ECCE has yet to become a reality for many children across the world. This can be attributed to the common disconnect between policy and practice. In order to produce real change, policies must be driven by local understandings and incorporate child, family and professional perspectives. Policy-makers need to work together with community stakeholders — including teachers and other practitioners, researchers, and parents and families — in order to develop approaches adapted to local contexts[96] and help foster a sense of ownership and choice among communities engaging with inclusive processes.[97] Flexible approaches that include family and community-based supports to address access issues in rural and remote communities are also needed.

### 8. EQUITY AWARENESS SHOULD BE PRIORITIZED

While education for teachers and other professionals involved in early childhood is critical to inclusion, family and community equity awareness and enablement are also essential.[98] Efforts to increase awareness of equity issues surrounding children who experience disability include offering advocacy support to children and families, providing information regarding inclusive education to families and communities, and offering clear guidance on the implementation of inclusive practices to early childhood professionals as well as children, parents and family members. Raising equity awareness must be an essential component of inclusive policy implementation, in order to address common misunderstandings and fears that form barriers to inclusion.

### 9. MORE RESEARCH SHOULD BE CONDUCTED, PARTICULARLY ON CHILDREN'S PERSPECTIVES

The lack of global coverage in the current literature points to the need for further research in diverse contexts, in order to better understand and foster inclusive approaches internationally. A critical research gap has been identified regarding the experiences of inclusion and exclusion of young children who experience disability,[99] particularly children under the age of 5. This dearth of children's perspectives in ECCE research needs to be addressed in order to further the development of inclusive approaches to early childhood.


**"It is essential to emphasize a strengths-based approach that celebrates and accounts for difference."**

1 Cologon, 2013.
2 Koller and San Juan, 2015.
3 Barton, 1997.
4 Allan, 2005.
5 Agbenyega and Klibthong, 2014, p. 1247.
6 Armstrong et al., 2011, p. 34.
7 Cologon, 2014a; Ho, 2004; Kliewer et al., 2015.
8 Baglieri and Shapiro, 2012, p. 42.
9 Ho, 2004.
10 Cologon, 2014a.
11 Smart, 2001.
12 Baglieri et al., 2011.
13 Booth and Ainscow, 2011.
14 Cologon, 2014a.
15 Cologon and Thomas, 2014.
16 Cologon, 2014a.
17 D'Alessio, 2011.
18 Cologon, 2013.
19 Graham and Sweller, 2011.
20 Cologon, 2014e; Grove et al., 2009.
21 Miles and Singal, 2010.
22 See the United Nations Convention on the Rights of the Child (1989), the World Declaration on Education for All (1990), the Salamanca Declaration (1994), the World Education Forum in Dakar (2000), the Biwako Millennium Framework (2002), the Incheon Statement (2015), and the United Nations Convention on the Rights of Persons with Disabilities (2006).
23 United Nations, 2006.
24 Smyth et al., 2014.
25 In the 1990s in Australia (Forlin et al., 2013), Malaysia (Jelas and Ali, 2014), Taiwan (Hsieh et al., 2012), Thailand (Sukbunpant et al., 2013), Turkey (Sucuoğlu et al., 2014), and the USA (Thomazet, 2009); and in the 2000s in China (Deng and Poon-McBrayer, 2012), Hong Kong (Zhang, 2013), India (Johansson, 2014), South Africa (Johnstone and Chapman, 2009; Savolainen et al., 2012), and South Korea (Chung et al., 2008).
26 Chung et al., 2008.
27 Mackenzie et al., in press.
28 Cologon, 2014c; Deng and Poon-McBrayer, 2012; Hardy and Woodcock, 2015; Johansson, 2014; Savolainen et al., 2012; Selvaraj, 2015; Smyth et al., 2014; Strogilos, 2012.
29 Cologon, 2014c; Pijl and Frissen, 2009.
30 Strogilos, 2012.
31 Ibid., p. 1242.
32 Cologon, 2014c.
33 McDonald and Tufue-Dolgoy, 2013, p. 272.
34 Johansson, 2014; Kalyanpur, 2011.
35 See Pearson, 2015, for example.
36 Cologon, 2014d; Derbyshire, 2013; Ferguson, 2002; Goodley, 2007; Green, 2003, 2007; Haraldsdóttir, 2013; Landsman, 2005; Pearson, 2015; Skitteral, 2013.
37 Green, 2007, p. 151.
38 Pearson et al., 2014.
39 Sims, 2014.
40 Cologon, 2014d; Pearson et al., 2014.
41 Cologon, 2014e, p. 95.
42 Cologon, 2014d.
43 Cologon, 2014d; Karangwa et al., 2010; Laluvein, 2010; Pearson et al., 2014.
44 Chung et al., 2008; Cologon, 2014d; Goodley, 2007; Pearson et al., 2014.
45 Cologon, 2013.
46 Ibid.
47 Boyle et al., 2011; Jordan et al., 2009, 2010; Purdue et al., 2001; Vianello and Lanfranchi, 2015.
48 Nahmias et al., 2014.
49 Baker-Ericzén et al., 2009; Finke et al., 2009; Fisher and Shogren, 2012; Hart and Whalon, 2011; Johnston et al., 2003; Justice et al., 2014; Kliewer, 2008; Peetsma et al., 2001; Stahmer et al., 2003, 2011.
50 Fisher and Shogren, 2012.
51 Fox et al., 2004; Qi and Ha, 2012; Stahmer et al., 2003; Theodorou and Nind, 2010.
52 Stahmer et al., 2003.
53 Baker-Ericzén et al., 2009; Diamond and Huang, 2005; Finke et al., 2009; Hanline and Correa-Torres, 2012; Jordan et al., 2009; Hollingsworth et al., 2009; Kliewer, 2008; Kwon et al., 2011; Mogharreban and Bruns, 2009; Nikolaraizi et al., 2005; Odom et al., 2011; Palmer et al., 2001; Petriwskyj, 2010; Stahmer and Ingersoll, 2004; Stahmer et al., 2003, 2011.
54 Nikolaraizi et al., 2005.
55 Cologon, 2013; Jackson et al., 2004; Jackson, 2008.

56 de Graaf et al., 2013; Finke et al., 2009; Giangreco, 2009; Kliewer, 2008; Myklebust, 2006; Peetsma et al., 2001; Stahmer and Ingersoll, 2004; Tanti Burlo, 2010; Vakil et al., 2009; Vianello and Lanfranchi, 2009.
57 de Graaf et al., 2013.
58 Kishida and Kemp, 2009.
59 Ibid.
60 Dessemontet and Bless, 2013; Farrell et al., 2007; Kalambouka et al., 2007; Kliewer, 2008; Odom and Diamond, 1998; Odom et al., 2011; Purdue et al., 2001.
61 Kalambouka et al., 2007.
62 Bossaert et al., 2013; Forlin et al., 2013; Seçer, 2010.
63 Chung et al., 2008; Colibaba et al., 2013; Cologon, 2014b; Curcic, 2009; Jelas and Ali, 2014; Johansson, 2014; Klibthong, 2013; Sukbunpant et al., 2013.
64 Bourke, 2010.
65 Fyssa et al., 2014.
66 Zhang, 2013.
67 Ibid.
68 Kim, 2013; Thornton and Underwood, 2013; Zhang, 2013.
69 Bourke, 2010; Chung et al., 2008; Dart, 2006; Deng and Poon-McBrayer, 2012; Jelas and Ali, 2014; Lai and Gill, 2014; Zhang, 2013.
70 Chung et al., 2008; Deng and Poon-McBrayer, 2012; Jelas and Ali, 2014; Lai and Gill, 2014; Lilley, 2013.
71 Deng and Poon-McBrayer, 2012.
72 Kalyanpur, 2011.
73 Deng and Poon-McBrayer, 2012.
74 Fyssa et al., 2014; Kalyanpur, 2011; Klibthong, 2013; Lai and Gill, 2014; Sukbunpant et al., 2013.
75 Fyssa et al., 2014, p. 228.
76 Kalyanpur, 2011; Klibthong, 2013; Landsman, 2005; Sukbunpant et al., 2013; Yoo and Palley, 2014.
77 Klibthong, 2013.
78 Deng and Poon-McBrayer, 2012; Kalyanpur, 2011.
79 Klibthong, 2013.
80 Cologon, 2012, 2013; Deng and Poon McBrayer, 2012; Kalyanpur, 2011; Kim, 2013; Klibthong, 2013; McDonald and Tufue-Dolgoy, 2013; Selvaraj, 2015; Strogilos, 2012; Sucuoğlu et al., 2014; Sukbunpant et al., 2013; Zhang, 2013.
81 Deng and Poon-McBrayer, 2012; Kalyanpur, 2011; McDonald and Tufue-Dolgoy, 2013; Sucuoğlu et al., 2014; Sukbunpant et al., 2013; Zhang, 2013.
82 Klibthong, 2013.
83 Ferri and Bacon, 2011.
84 Deng and Poon-McBrayer, 2012; Karangwa et al., 2010.
85 Karangwa et al., 2010.
86 Grove et al., 2009; Naraian, 2011; Pearson, 2015.
87 D'Alessio, 2011.
88 Cologon, 2013; Petriwskyj, 2010.
89 Deng and Poon-McBrayer, 2012; Jelas and Ali, 2014; Lalvani et al., 2015.
90 Wong and Turner, 2014.
91 Johansson, 2014.
92 Faamanatu-Eteuati, 2011; Grove et al., 2009; Mattern, 2015.
93 Tavola and Whippy, 2010, p. 18.
94 Deng and Poon-McBrayer, 2012; Strogilos, 2012.
95 Strogilos, 2012.
96 Kalyanpur, 2011.
97 Pijl and Frissen, 2009.
98 Grove et al., 2009.
99 Koller and San Juan, 2015.

# References

Agbenyega, J. S. and Klibthong, S. 2014. Assessing Thai early childhood teachers' knowledge of inclusive education. *International Journal of Inclusive Education,* Vol. 18, No. 12, pp. 1247–61. doi:10.1080/13603116.2014.886306

Allan, J. 2005. Inclusion as an ethical project. S. Tremain (ed.), *Foucault and the Government of Disability.* Ann Arbor, Mich., University of Michigan Press.

Armstrong, D., Armstrong, A. C. and Spandagou, I. 2011. Inclusion: by choice or by chance? *International Journal of Inclusive Education,* Vol. 15, No. 1. doi:10.1080/13603116.2010.496192

Baglieri, S. and Shapiro, A. 2012. *Disability Studies and the Inclusive Classroom: Critical Practices for Creating Least Restrictive Attitudes.* New York, Routledge.

Baglieri, S., Bejoian, L. M., Broderick, A. A., Connor, D. J. and Valle, J. 2011. [Re]claiming 'inclusive education' toward cohesion in educational reform: disability studies unravels the myth of the normal child. *Teachers College Record,* Vol. 113, No. 10, pp. 2122–54. http://www.tcrecord.org/Content.asp?ContentId=16428

Baker-Ericzén, M. J., Mueggenborg, M. G. and Shea, M. M. 2009. Impact of trainings on child care providers' attitudes and perceived competence toward inclusion: what factors are associated with change? *Topics in Early Childhood Special Education,* Vol. 28, No. 4, pp. 196–208. doi:10.1177/0271121408323273

Barton, L. 1997. Inclusive education: romantic, subversive or realistic? *International Journal of Inclusive Education,* Vol. 1, No. 3, pp. 231–42. doi:10.1080/1360311970010301

Booth, T. and Ainscow, M. 2011. *Index for Inclusion: Developing Learning and Participation in Schools.* Bristol, UK, Centre for Studies on Inclusive Education.

Bossaert, G., Colpin, H., Pijl, S. J. and Petry, K. 2013. Truly included? A literature study focusing on the social dimension of inclusion in education. *International Journal of Inclusive Education,* Vol. 17, No. 1, pp. 60–79. doi:10.1080/13603116.2011.580464

Bourke, P. E. 2010. Inclusive education reform in Queensland: implications for policy and practice. *International Journal of Inclusive Education,* Vol. 14, No. 2, pp. 183–93. doi:10.1080/13603110802504200

Boyle, C., Scriven, B., Durning, S. and Downes, C. 2011. Facilitating the learning of all students: the 'professional positive' of inclusive practice in Australian primary schools. *Support for Learning,* Vol. 26, No. 2, pp. 72–8. doi:10.1111/j.1467-9604.2011.01480.x

Chung, K.-S., Lee, S.-Y. and Goh, E.-K. 2008. *Inclusive Education: Teacher's Experiences in South Korean Eco-Early Childhood Education.* Paper presented at the AARE Annual Conference, Brisbane, Australia. http://www.aare.edu.au/data/publications/2008/chu08421.pdf

Colibaba, A. C., Gheorghiu, I., Colibaba, S. and Munteanu, E. 2013. Enabling SEN children's effective transition through the Fiesta Programme. *Lucrări Ştiinţifice,* Vol. 56, No. 2, pp. 193–6.

Cologon, K. 2012. Confidence in their own ability: postgraduate early childhood students examining their attitudes towards inclusive education. *International Journal of Inclusive Education,* Vol. 16, No. 11, pp. 1155–73. doi:10.1080/13603116.2010.548106

——. 2013. *Inclusion in Education: Towards Equality for Students with Disability.* Victoria, Australia, Children with Disability Australia. http://www.cda.org.au/inclusion-in-education

——. 2014a. More than a label? The power of language. K. Cologon (ed.), *Inclusive Education in the Early Years: Right from the Start.* South Melbourne, Australia, Oxford University Press, pp. 49–69.

——. 2014b. 'Not just being accepted, but embraced': family perspectives on inclusion. K. Cologon (ed.), *Inclusive Education in the Early Years: Right from the Start.* South Melbourne, Australia, Oxford University Press, pp. 91–114.

——. 2014c. Preventing inclusion? Inclusive early childhood education and the option to exclude. *Contemporary Issues in Early Childhood,* Vol. 15, No. 4, pp. 378–81. doi: 10.2304/ciec.2014.15.4.378

——. 2014d. Constructing inclusion: putting theory into practice. K. Cologon (ed.), *Inclusive Education in the Early Years: Right from the Start.* South Melbourne, Australia, Oxford University Press, pp. 521–39.

——. 2014e. Better together: inclusive education in the early years. K. Cologon (ed.), *Inclusive Education in the Early Years: Right from the Start.* South Melbourne, Australia, Oxford University Press, pp. 3–26.

Cologon, K. and Thomas, C. 2014. Ableism, disablism and the early years. K. Cologon (ed.), *Inclusive Education in the Early Years: Right from the Start.* South Melbourne, Australia, Oxford University Press, pp. 27–48.

Curcic, S. 2009. Inclusion in PK–12: an international perspective. *International Journal of Inclusive Education,* Vol. 13, No. 5, pp. 517–38. doi:10.1080/13603110801899585

D'Alessio, S. 2011. *Inclusive Education in Italy: A Critical Analysis of the Policy of Integrazione Scolastica.* Rotterdam, Netherlands, Sense Publishers.

Dart, G. 2006. 'My eyes went wide open': an evaluation of the special needs education awareness course at Molepolole College of Education, Botswana. *British Journal of Special Education,* Vol. 33, No. 3, pp. 130–8. doi:10.1111/j.1467-8578.2006.00428.x

de Graaf, G., Van Hove, G. and Haveman, M. 2013. More academics in regular schools? The effect of regular versus special school placement on academic skills in Dutch primary school students with Down syndrome. *Journal of Intellectual Disability Research,* Vol. 57, No. 1, pp. 21–38. doi:10.1111/j.1365-2788.2011.01512.x

Deng, M. and Poon-McBrayer, K. F. 2012. Reforms and challenges in the era of inclusive education: the case of China. *British Journal of Special Education,* Vol. 39, No. 3, pp. 117–22. doi:10.1111/j.1467-8578.2012.00551.x

Derbyshire, L. 2013. A mug or a teacup and saucer? T. Curran and K. Runswick-Cole (eds), *Disabled Children's Childhood Studies: Critical Approaches in a Global Context.* New York/London, Palgrave MacMillan, pp. 30–6.

Dessemontet, R. S. and Bless, G. 2013. The impact of including children with intellectual disability in general education classrooms on the academic achievement of their low-, average-, and high-achieving peers. *Journal of Intellectual and Developmental Disability,* Vol. 38, No. 1, pp. 23–30. doi:10.3109/13668250.2012.757589

Diamond, K. E. and Huang, H.-H. 2005. Preschoolers' ideas about disabilities. *Infants and Young Children,* Vol. 18, No. 1, pp. 37–46.

Faamanatu-Eteuati, N. 2011. Se'i tatou 'aleaga: Samoan educators' insights into inclusive education development. *Pacific-Asian Education,* Vol. 23, No. 2, pp. 65–75.

Farrell, P., Dyson, A., Polat, F., Hutcheson, G. and Gallannaugh, F. 2007. SEN inclusion and pupil achievement in English schools. *Journal of Research in Special Education Needs,* Vol. 7, No. 3, pp. 172–8. doi:10.1111/j.1471-3802.2007.00094.x

Ferguson, P. M. 2002. A place in the family: an historical interpretation of research on parental reactions to having a child with a disability. *Journal of Special Education,* Vol. 36, No. 3, pp. 124–30.

Ferri, B. and Bacon, J. 2011. Beyond inclusion: disability studies in early childhood teacher education. B. S. Fennimore, A. L. Goodwin (eds), *Promoting Social Justice for Young Children.* Dordrecht, Netherlands, Springer, pp. 137-146. doi:10.1007/978-94-007-0570-8_12

Finke, E. H., McNaughton, D. B. and Drager, K. D. R. 2009. 'All children can and should have the opportunity to learn': general education teachers' perspectives on including children with autism spectrum disorder who require AAC. *Augmentative and Alternative Communication,* Vol. 25, No. 2, pp. 110–22. doi:10.1080/07434610902886206

Fisher, K. W. and Shogren, K. A. 2012. Integrating Augmentative and Alternative Communication and peer support for students with disabilities: a social-ecological perspective. *Journal of Special Education Technology,* Vol. 27, No. 2, pp. 23–39.

Forlin, C., Chambers, D., Loreman, T., Deppeler, J. and Sharma, U. 2013. *Inclusive Education for Students with Disability: A Review of the Best Evidence in Relation to Theory and Practice.* Canberra, Australian Research Alliance for Children and Youth (ARACY). http://www.aracy.org.au/publications-resources/command/download_file/id/246/filename/Inclusive_education_for_students_with_disability_A_review_of_the_best_evidence_in_relation_to_theory_and_practice.pdf

Fox, S., Farrell, P. and Davis, P. 2004. Factors associated with the effective inclusion of primary-aged pupils with Down's syndrome. *British Journal of Special Education,* Vol. 31, No. 4, pp. 184–90. doi:10.1111/j.0952-3383.2004.00353.x

Fyssa, A., Vlachou, A. and Avramidis, E. 2014. Early childhood teachers' understanding of inclusive education and associated practices: reflections from Greece. *International Journal of Early Years Education,* Vol. 22, No. 2, pp. 223–37. doi:10.1080/09669760.2014.909309

Giangreco, M. 2009. Opportunities for children and youth with intellectual developmental disabilities: beyond genetics. *Life Span and Disability,* Vol. 12, No. 2, pp. 129–39.

Goodley, D. 2007. Becoming rhizomatic parents: Deleuze, Guattari and disabled babies. *Disability and Society,* Vol. 22, No. 2, pp. 145–60. doi:10.1080/09687590601141576

Graham, L. J. and Sweller, N. 2011. The inclusion lottery: who's in and who's out? Tracking inclusion and exclusion in New South Wales government schools. *International Journal of Inclusive Education,* Vol. 15, No. 9, pp. 941–53. doi:10.1080/13603110903470046

Green, S. 2003. What do you mean 'what's wrong with her?': stigma in the lives of families of children with disabilities. *Social Science and Medicine,* Vol. 37, pp. 1361–74. doi:10.1016/S0277-9536(02)00511-7

——. 2007. 'We're tired not sad': benefits and burdens of mothering a child with a disability. *Social Science and Medicine,* Vol. 64, pp. 150–63. doi:10.1016/j.socscimed.2006.08.025

Grove, N., Amaral, J. and Freitas, J. 2009. Inclusive education in Timor-Leste: this classroom is for everyone! *Development Bulletin,* Vol. 73, pp. 74–8.

Hanline, M. F. and Correa-Torres S. M. 2012. Experiences of preschoolers with severe disabilities in an inclusive early education setting: a qualitative study. *Education and Training in Autism and Developmental Disabilities,* Vol. 47, No. 1, pp. 109–21.

Haraldsdóttir, F. 2013. Simply children. T. Curran and K. Runswick-Cole (eds), *Disabled Children's Childhood Studies: Critical Approaches in a Global Context.* New York/London, Palgrave MacMillan, pp. 13–21

Hardy, I. and Woodcock, S. 2015. Inclusive education policies: discourses of difference, diversity and deficit. *International Journal of Inclusive Education,* Vol. 19, No. 2, pp. 141–64. doi:10.1080/13603116.2014.908965

Hart, J. E. and Whalon, K. J. 2011. Creating social opportunities for students with autism spectrum disorder in inclusive settings. *Intervention in School and Clinic,* Vol. 46, No. 5, pp. 273–9. doi:10.1177/1053451210395382

Ho, A. 2004. To be labeled, or not to be labeled: that is the question. *British Journal of Learning Disabilities,* Vol. 32, pp. 86–92. doi:10.1111/j.1468-3156.2004.00284.x

Hollingsworth, H. L., Boone, H. A. and Crais, E. R. 2009. Individualized inclusion plans work in early childhood classrooms. *Young Exceptional Children,* Vol. 13, No. 1, pp. 19–35. doi:10.1177/1096250609347259

Hsieh, W.-Y., Hsieh, C.-M., Ostrosky, M. and McCollum, J. 2012. Taiwanese first-grade teachers' perceptions of inclusive education. *International Journal of Inclusive Education,* Vol. 16, No. 1, pp. 71–88. doi:10.1080/13603111003592283

Jackson, R. 2008. *Inclusion or Segregation for Children with an Intellectual Impairment: What Does the Research Say?* Salisbury, Australia, Queensland Parents for People with a Disability. http://www.ohchr.org/Documents/Issues/Disability/StudyEducation/NGOs/AustraliaNationalCouncilIntellectualDisability2.pdf

Jackson, R. L., Chalmers, R. and Wills, D. 2004. Should schools include children with disabilities? *Interaction,* Vol. 17, pp. 24–30.

Jelas, Z. M. and Ali, M. M. 2014. Inclusive education in Malaysia: policy and practice. *International Journal of Inclusive Education,* Vol. 18, No. 10, pp. 991–1003. doi:10.1080/13603116.2012.693398

Johansson, S. T. 2014. A critical and contextual approach to inclusive education: perspectives from an Indian context. *International Journal of Inclusive Education,* Vol. 18, No. 12, pp. 1219–36. doi:10.1080/13603116.2014.885594

Johnstone, C. J. and Chapman, D. W. 2009. Contributions and constraints to the implementation of inclusive education in Lesotho. *International Journal of Disability, Development and Education,* Vol. 56, No. 2, pp. 131–48 doi:10.1080/10349120902868582

Johnston, S., McDonnell, A., Nelson, C. and Magnavito, A. 2003. Teaching functional communication skills using augmentative and alternative communication in inclusive settings. *Journal of Early Intervention,* Vol. 25, No. 4, pp. 263–80. doi:10.1177/105381510302500403

Jordan, A., Glenn, C. and McGhie-Richmond, D. 2010. The Supporting Effective Teaching (SET) project: the relationship of inclusive teaching practices to teachers' beliefs about disability and ability, and about their roles as teachers. *Teaching and Teacher Education,* Vol. 26, No. 2, pp. 259–66. doi:10.1016/j.tate.2009.03.005

Jordan, A., Schwartz, E. and McGhie-Richmond, D. 2009. Preparing teachers for inclusive classrooms. *Teaching and Teacher Education,* Vol. 25, No. 4, pp. 535–42. doi:10.1016/j.tate.2009.02.101

Justice, L. M., Logan, J. A. R., Lin, T. and Kaderavek, J. N. 2014. Peer effects in early childhood education: testing the assumptions of special-education inclusion. *Association for Psychological Science,* Vol. 25, No. 9, pp. 1722–9. doi:10.1177/0956797614538978

Kalambouka, A., Farrell, P., Dyson, A. and Kaplan, I. 2007. The impact of placing pupils with special educational needs in mainstream schools on the achievement of their peers. *Educational Research,* Vol. 49, No. 4, pp. 365–82. doi:10.1080/00131880701717222

Kalyanpur, M. 2011. Paradigm and paradox: Education for All and the inclusion of children with disabilities in Cambodia. *International Journal of Inclusive Education,* Vol. 15, No. 10, pp. 1053–71. doi:10.1080/13603116.2011.555069

Karangwa, E., Miles, S. and Lewis, I. 2010. Community-level responses to disability and education in Rwanda. *International Journal of Disability,* Development and Education, Vol. 57, No. 3, pp. 267–78. doi:10.1080/1034912X.2010.501183

Kim, Y. W. 2013. Inclusive education in Korea: policy, practice and challenges. *Journal of Policy and Practice in Intellectual Disabilities,* Vol. 10, No. 2, pp. 79–81. doi:10.1111/jppi.12034

Kishida, Y. and Kemp, C. 2009. The engagement and interaction of children with autism spectrum disorder in segregated and inclusive early childhood center-based settings. *Topics in Early Childhood Special Education,* Vol. 29, No. 2, pp. 105–18. doi:10.1177/0271121408329172

Klibthong, S. 2013. Exploring Thai early childhood teachers' understanding, beliefs and concerns of inclusive education: a case study of an early childhood centre. *MIER Journal of Educational Studies, Trends and Practices,* Vol. 3, No. 1, pp. 16–32.

Kliewer, C. 2008. Joining the literacy flow: fostering symbol and written language learning in young children with significant developmental disabilities through the four currents of literacy. *Research and Practice for Persons with Severe Disabilities,* Vol. 33, No. 3, pp. 103–21. doi:10.2511/rpsd.33.3.103

Kliewer, C., Biklen, D. and Petersen, A. 2015. At the end of intellectual disability. *Harvard Educational Review,* Vol. 85, No. 1, pp. 1–28. doi:10.17763/haer.85.1.j260u3gv2402v576

Koller, D. and San Juan, V. 2015. Play-based interview methods for exploring young children's perspectives on inclusion. *International Journal of Qualitative Studies in Education,* Vol. 28, No. 5, pp. 610–31. doi:10.1080/09518398.2014.916434

Kwon, K.-A., Elicker, J. and Kontos, S. 2011. Social IEP objectives, teacher talk, and peer interaction in inclusive and segregated preschool settings. *Early Childhood Education Journal,* Vol. 39, No. 4, pp. 267–77. doi:10.1007/s10643-011-0469-6

Lai, Y. C. and Gill, J. 2014. Multiple perspectives on integrated education for children with disabilities in the context of early childhood centres in Hong Kong. *Educational Review,* Vol. 66, No. 3, pp. 345–61. doi:10.1080/00131911.2013.780007

Laluvein, J. 2010. School inclusion and the 'community of practice'. *International Journal of Inclusive Education,* Vol. 14, No. 1, pp. 35–48. doi:10.1080/13603110802500950

Lalvani, P., Broderick, A. A., Fine, M., Jacobowitz, T. and Michelli, N. 2015. Teacher education, ~~in~~exclusion, and the implicit ideology of separate but equal: an invitation to a dialogue. *Education, Citizenship and Social Justice,* Vol. 10, No. 2, pp. 168–83. doi:10.1177/1746197915583935

Landsman, G. 2005. Mothers and models of disability. *Journal of Medical Humanities,* Vol. 26, No. 2/3, pp. 121–39. doi:10.1007/s10912-005-2914-2

Lilley, R. 2013. It's an absolute nightmare: maternal experiences of enrolling children diagnosed with autism in primary school in Sydney Australia. *Disability and Society,* Vol. 28, No. 4, pp. 514–26. doi:10.1080/09687599.2012.717882

Mackenzie, M., Cologon, K. and Fenech, M. In press. 'Embracing everybody': approaching the inclusive early childhood education of a child labelled with Autism from a social relational understanding of disability. *Australasian Journal of Early Childhood.*

Mattern, J. A. 2015. A mixed-methods study of early intervention implementation in the Commonwealth of Pennsylvania: supports, services, and policies for young children with developmental delays and disabilities. *Early Childhood Education Journal,* Vol. 43, No. 1, pp. 57–67. doi:10.1007/s10643-014-0633-x

McDonald, L. and Tufue-Dolgoy, R. 2013. Moving forwards, sideways or backwards? Inclusive education in Samoa. *International Journal of Disability, Development and Education,* Vol. 60, No. 3, pp. 270–84. doi:10.1080/1034912X.2013.812187

Miles, S. and Singal, N. 2010. The Education for All and inclusive education debate: conflict, contradiction or opportunity? *International Journal of Inclusive Education,* Vol. 14, No. 1, pp. 1–15. doi:10.1080/13603110802265125

Mogharreban, C. and Bruns, D. 2009. Moving to inclusive pre-kindergarten classrooms: lessons from the field. *Early Childhood Education Journal,* Vol. 36, No. 5, pp. 407–14. doi:10.1007/s10643-008-0301-0

Myklebust, J. O. 2006. Class placement and competence attainment among students with special needs. *British Journal of Special Education,* Vol. 33, No. 2, pp. 76–81. doi:10.1111/j.1467-8578.2006.00418.x

Nahmias, A. S., Kase, C. and Mandell, D. S. 2014. Comparing cognitive outcomes among children with autism spectrum disorders receiving community-based early intervention in one of three placements. *Autism,* Vol. 18, No. 3, pp. 311–20. doi:10.1177/1362361312467865

Naraian, S. 2011. Seeking transparency: the production of an inclusive classroom community. *International Journal of Inclusive Education,* Vol. 15, No. 9, pp. 955–73. doi:10.1080/13603110903477397

Nikolaraizi, M., Kumar, P., Favazza, P., Sideridis, G., Koulousiou, D. and Raill, A. 2005. A cross-cultural examination of typically developing children's attitudes toward individuals with special needs. *International Journal of Disability, Development and Education,* Vol. 52, No. 2, pp. 101–19. doi:10.1080/10349120500086348

Odom, S. L. and Diamond, K. E. 1998. Inclusion of young children with special needs in early childhood education: the research base. *Early Childhood Research Quarterly,* Vol. 13, No. 1, pp. 3–25. doi:10.1016/S0885-2006(99)80023-4

Odom, S. L., Buysse, V. and Soukakou, E. 2011. Inclusion for young children with disabilities: a quarter century of research perspectives. *Journal of Early Intervention,* Vol. 33, No. 4, pp. 344–56. doi: 10.1177/1053815111430094

Palmer, D. S., Fuller, K., Arora, T. and Nelson, M. 2001. Taking sides: parent views on inclusion for their children with severe disabilities. *Exceptional Children,* Vol. 67, No. 4, pp. 467–84. doi:10.1177/001440290106700403

Pearson, E. C. 2015. Achieving inclusion by targeting children and families in hard to reach communities: innovations from Cambodia and the Philippines. *Childhood Education,* Vol. 91, No. 6, pp. 411–19. doi:10.1080/00094056.2015.1114786

Pearson, E. C., Mohamad, H. and Zainal, Z. 2014. Cultural and linguistic diversity in the early years: implications for inclusion and inclusive practice. K. Cologon (ed.), *Inclusive Education in the Early Years: Right from the Start.* Melbourne, Australia, Oxford University Press, pp. 115–32.

Petriwskyj, A. 2010. Who has rights to what? Inclusion in Australian early childhood programs. *Contemporary Issues in Early Childhood,* Vol. 11, No. 4, pp. 342–52. doi:10.2304/ciec.2010.11.4.342

Peetsma, T., Vergeer, M., Karsten, S. and Roeleveld, J. 2001. Inclusion in education: comparing pupils' development in special and regular education. *Educational Review,* Vol. 53, No. 2, pp. 125–35. doi:10.1080/00131910125044

Pijl, S. J. and Frissen, P. H. A. 2009. What policymakers can do to make education inclusive. *Educational Management Administration and Leadership,* Vol. 37, No. 3, pp. 366–77.

Purdue, K., Ballard, K. and MacArthur, J. 2001. Exclusion and inclusion in New Zealand early childhood education: disability, discourses and contexts. *International Journal of Early Years Education,* Vol. 9, No. 1, pp. 37–49. doi:10.1080/0966976012004417 8

Qi, J., and Ha, A. S. 2012. Inclusion in physical education: a review of literature. *International Journal of Disability, Development and Education,* Vol. 59, No. 3, pp. 257–81. doi:10.1080/103492X.2012.697737

Savolainen, H., Engelbrecht, P., Nel, M. and Malinen, O.-P. 2012. Understanding teachers' attitudes and self-efficacy in inclusive education: implications for pre-service and in-service teacher education. *European Journal of Special Needs Education,* Vol. 27, No. 1, pp. 51–68. doi:10.1080/08856257.2011.613603

Selvaraj, J. 2015. Inclusive education in New Zealand: policies, politics and contradictions. *International Journal of Inclusive Education,* Vol. 19, No. 1, pp. 86–101. doi:10.1080/13603116.2014.907584

Sims, M. 2014. Trauma, disruption and displacement. K. Cologon (ed.), *Inclusive Education in the Early Years: Right from the Start.* Melbourne, Australia, Oxford University Press, pp. 301–22.

Seçer, Z. 2010. An analysis of the effects of in-service teacher training on Turkish preschool teachers' attitudes towards inclusion. *International Journal of Early Years Education,* Vol. 18, No. 1, pp. 43–53. doi:10.1080/09669761003693959

Skitteral, J. 2013. Transitions? An invitation to think outside y/our problem box, get fire in your belly and put pebbles in the pond. T. Curran and K. Runswick-Cole (eds), *Disabled Children's Childhood Studies: Critical Approaches in a Global Context.* New York/London, Palgrave MacMillan, pp. 22–29.

Smart, J. 2001. *Disability, Society, and the Individual.* Austin, Tex., ProEd.

Smyth, F., Shevlin, M., Buchner, T., Biewer, G., Flynn, P., Latimier, C., … Ferreria, M. A. V. 2014. Inclusive education in progress: policy evolution in four European countries. *European Journal of Special Needs Education,* Vol. 29, No. 4, pp. 433–45. doi:10.1080/08856257.2014.922797

Stahmer, A. C. and Ingersoll, B. 2004. Inclusive programming for toddlers with autism spectrum disorders: outcomes from the children's toddler school. *Journal of Positive Behavior Interventions,* Vol. 6, No. 2, pp. 67–82. doi:10.1177/10983007040060020201

Stahmer, A. C., Akshoomoff, N. and Cunningham, A. B. 2011. Inclusion for toddlers with autism spectrum disorders. *International Journal of Research and Practice,* Vol. 15, No. 5, pp. 625–41. doi:10.1177/1362361310392253

Stahmer, A. C., Carter, C., Baker, M. and Miwa, K. 2003. Parent perspectives on their toddlers' development: comparison of regular and inclusion childcare. *Early Child Development and Care,* Vol. 173, No. 5, pp. 477–88. doi:10.1080/0300443032000088267

Strogilos, V. 2012. The cultural understanding of inclusion and its development within a centralised system. *International Journal of Inclusive Education,* Vol. 16, No. 12, pp. 1241–58. doi:10.1080/13603116.2011.557447

Sucuoğlu, B., Bakkaloğlu, H., Şcen Karasu, F., Demir, Ş. and Akalin, S. 2014. Preschool teachers' knowledge levels about inclusion. *Educational Sciences: Theory and Practice,* Vol. 14, No. 4, pp. 1477–83. doi:10.12738/estp.2014.4.2078

Sukbunpant , S., Arthur-Kelly, M. and Dempsey, I. 2013. Thai preschool teachers' views about inclusive education for young children with disabilities. *International Journal of Inclusive Education,* Vol. 17, No. 10, pp. 1106–18. doi:10.1080/13603116.2012.741146

Tanti Burlo, E. 2010. Inclusive education: a qualitative leap. *Life Span and Disability,* Vol. 13, No. 2, pp. 203–21. http://www.lifespan.it

Tavola, H. and Whippy, N. 2010. Pacific Children with Disabilities: *A Report for UNICEF Pacific's 2010 Mid-Term Review.* New York, UNICEF. http://www.unicef.org/pacificislands/Children_with_disabilities_final_report.pdf

Theodorou, F. and Nind, M. 2010. Inclusion in play: a case study of a child with autism in an inclusive nursery. *Journal of Research in Special Educational Needs,* Vol. 10, No. 2, pp. 99–106. doi:10.1111/j.1471-3802.2010.01152.x

Thomazet, S. 2009. From integration to inclusive education: does changing the terms improve practice? *International Journal of Inclusive Education,* Vol. 13, No. 6, pp. 553–63. doi:10.1080/13603110801923476

Thornton, C. and Underwood, K. 2013. Conceptualisations of disability and inclusion: perspectives of educators of young children. *Early Years: An International Research Journal,* Vol. 33, No. 1, pp. 59–73. doi:10.1080/09575146.2012.682975

United Nations. 2006. *Convention on the Rights of Persons with Disabilities.* New York, Author. http://www.un.org/disabilities/convention/conventionfull.shtml

Vakil, S., Welton, E., O'Connor, B. and Kline, L. 2009. Inclusion means everyone! The role of the early childhood educator when including young children with autism in the classroom. *Early Childhood Education Journal,* Vol. 36, No. 4, pp. 321–6. doi:10.1007/s10643-008-0289-5

Vianello, R. and Lanfranchi, S. 2009. Genetic syndromes causing mental retardation: deficit and surplus in school performance and social adaptability compared to cognitive functioning. *Life Span and Disability,* Vol. 12, No. 1, pp. 41–52.

——. 2015. Looking beyond the alibi that not everything functions perfectly in Italy: a response to Anastasiou, Kauffman and Di Nuovo. *European Journal of Special Needs Education,* Vol. 30, No. 4, pp. 454–6. doi:10.1080/08856257.2015.1079032

Wong, S. and Turner, K. 2014. Constructions of social inclusion within Australian early childhood education and care policy documents. *Contemporary Issues in Early Childhood,* Vol. 15, No. 1, pp. 54–68. doi:10.2304/ciec.2014.15.1.54

Yoo, J. P. and Palley, E. 2014. The diffusion of disability rights policy: a focus on special education in South Korea. *International Journal of Disability, Development and Education,* Vol. 61, No. 4, pp. 362–76. doi:10.1080/1034912X.2014.955790

Zhang, K. C. 2013. Which agenda? Inclusion movement and its impact on early childhood education in Hong Kong. *Australasian Journal of Early Childhood,* Vol. 38, No. 2, pp. 111–21. doi:10.1080/13603110903317676

Correspondence should be addressed to Kathy Cologon: kathy.cologon@mq.edu.au

## CASE STUDIES

# ILLUSTRATIONS OF EQUITY IN EARLY CHILDHOOD

ANAÏS LOIZILLON


This section of the report brings together examples of effective policies and practices from around the world aimed at increasing equity in early childhood. The 11 case studies presented here describe a selection of innovative strategies to improve both access to and the quality of early childhood services for marginalized or vulnerable children. They also feature recommendations and lessons learned to help readers reflect on and consider these cases for application in other contexts.

The case studies showcase a diverse collection of programmes that address equity in early childhood. This diversity exists across several dimensions:

- **Target population:** Some programmes target children directly, while others target adults in caregiver and educator positions, such as teachers and parents.
- **Age groups:** Some programmes are aimed at children from birth to age 8, while others focus on narrower age groups such as infants or pre-school age children.
- **Setting:** The case studies feature programmes operating in a variety of geographic, cultural and socio-political settings, including remote and rural areas, conflict-affected regions and small island states.
- **Scope:** The case studies range in scope from programmes implemented at the local or community level to policies and initiatives operating on a national scale.
- **Delivery method:** The programmes rely on a number of different techniques for service provision, including home-based and centre-based delivery.

While many other examples of valuable equity-enhancing initiatives exist, this group provides a broad array of alternatives and options for supporting ECCE among vulnerable populations in the face of myriad challenges. Taken collectively, the case studies can inform ECCE policy and practice in a wide range of contexts.

The case studies can be grouped into five sets, based on similar focus and goals:

1. Increasing access and supporting school readiness
2. Improving quality through workforce development
3. Strengthening early childhood systems
4. Measuring early childhood outcomes and quality
5. Financing early childhood services


## Increasing Access and Supporting School Readiness

The first set of cases describes interventions that improve access to early childhood programmes and support school readiness for children from vulnerable populations.

**Case Study 1** highlights a short, intensive early childhood education programme which prepares children for entry into primary school. The programme operates in remote, rural areas in both Turkey and Lao People's Democratic Republic (Lao PDR). Children receive pre-literacy and pre-numeracy training and learn the official language of instruction, which is foreign to many children from different ethnic and linguistic communities.

**Case Study 2** describes two separate parenting interventions in the Arab region. The first was replicated from the programme described in Case Study 1 and is aimed at mothers of children ages 5 to 6 living in Palestinian refugee camps and nearby disadvantaged communities in Lebanon. The other programme focuses on parents of vulnerable children in a younger age group (from conception to age 5). This programme features a parent-to-parent training course and discussion opportunities that impart early childhood knowledge to poor parents in areas of Lebanon and Egypt with low access to services.

**Case Study 3** examines the importance of building resilience through early childhood education. In 2013, in the aftermath of a natural disaster in the Philippines, a model was created to support resilience-building in devastated communities. The model includes using a curriculum which integrates psychosocial support for children and adults, increasing capacity-building among teachers and adults working with children, and adapting local traditions for building resilience.

## Improving Quality Through Workforce Development

The second set of case studies reflects the need to improve the quality of early childhood interventions that work with children from low income families. The two cases focus on national interventions for improving the quality of teachers and their pedagogies.

**Case Study 4** focuses on developing the early childhood workforce in Namibia. Since 1996, the country has been building a national, integrated set of early childhood policies and legal frameworks, with a strong emphasis on building equity across

poverty lines. As in many countries, however, increases in access have not been accompanied by improvements in the quality of services. In particular, the workforce is starkly different in terms of qualifications and remuneration between the younger (birth to 4 years) and older (5 to 9 years) age groups. The authors report on several strategies to address workforce challenges through in-service training, distance-learning, motivation and retention incentives, and improved pedagogical and teaching practices.

**Case Study 5** discusses the creation of a national integrated early childhood programme in Chile, which attempted to close the gaps between rich and poor households in terms of developmental delays, social–emotional problems and language delays. Participation in early childhood education increased tremendously as a result, especially among the poor, such that by 2012 73% of 4-year-olds and 93% of 5-year-olds were enrolled in pre-school and kindergarten, respectively. As in Namibia, however, concerns were raised about the quality of children's experiences as well as the quality of the workforce, and the programme had minimal impact on child development outcomes. The authors describe an innovative approach that was developed in response to this problem, which engages teachers in applying specific changes, such as new pedagogical methods or other evidence-based changes. Teachers are then enabled to monitor the change's efficacy and make improvements through a continuous quality improvement (CQI) model.

## STRENGTHENING EARLY CHILDHOOD SYSTEMS

The third set of case studies focuses on the need to strengthen early childhood systems in order to increase equity for vulnerable populations.

**Case Study 6** describes a process whereby national governments in the CEE/CIS region have employed a systems-based approach in the health sector to promote the development of young children, their caregivers and pregnant women, especially from the most vulnerable groups. The programme focuses on improving and enhancing home-visiting services, such that the home visitor is no longer simply monitoring the family's health status but also building confidence, competence and resilience in child-rearing. The system of ministries related to early childhood has increased its capacity through evaluation and research frameworks.


**Case Study 7** relates Jamaica's efforts to improve quality across the health and education sectors by developing a national strategic plan to better support poor parents and their young children. Through the implementation of five strategic objectives, the plan tackles elements of vulnerability and targets the overall provision of services in early childhood centres and in the home.

**Case Study 8** describes how conflict in the Central African Republic (CAR) was the starting point for the development of a national-level early childhood policy, through cooperation between the government and a number of international NGOs (INGOs). A newly created inter-ministerial early childhood committee oversees the implementation of the Community-Led Action for Children (CLAC) model to improve the quality of the health and education sectors.

## Measuring Early Childhood Outcomes and Quality

The fourth set consists of one case study, which discusses the improvement of monitoring tools to help governments understand the need for and the nature of early childhood services and provide more targeted interventions to vulnerable populations.

**Case Study 9** presents one of the latest innovations for obtaining early childhood data and policy information more readily. The author describes efforts to adapt a rigorous measurement tool created around child development outcomes and quality learning environments — part of the Measuring Early Learning Quality and Outcomes (MELQO) initiative — to the Tanzanian context. Working with the national government, an international team for early childhood measurement developed a field-testing phase for the new locally adapted instrument.


## Financing Early Childhood Services

The final set of case studies examines innovative financing methods which are evolving to expand early childhood services when government investment is insufficient to meet the demand for high-quality interventions.

**Case Study 10** describes the use of costing studies to improve the planning capacity of national governments in the Caribbean. The authors review a long-term costing and financing research project and highlight several challenges and innovations in financing which are specific to the region.

**Case Study 11** describes the role of social enterprise models as innovative and sustainable solutions for reaching the most vulnerable children. The authors present two examples from poor communities in different countries: one in poor London neighbourhoods in the UK, and one in urban slums near Nairobi in Kenya. In both cases, increased access to affordable, high-quality early childhood services for vulnerable parents is supported through a self-sustaining financial model based on social enterprise. In Kenya, local women are also trained and supported with materials and curricula to operate their own high-quality day care centres in a 'hub and spoke' model.

## CASE STUDY 1

# AN INTENSIVE, SHORT-COURSE EARLY CHILDHOOD EDUCATION PROGRAMME IN TURKEY AND LAO PDR

**SUNA HANÖZ** (AÇEV)


Four thousand miles apart, two classrooms of children are bearing witness to the same fact: that investing in early childhood education, or ECE, can yield lasting changes. In 2015, for the second summer in a row, the Mother and Child Education Foundation (Anne Çocuk Eğitim Vakfı – AÇEV) in Turkey implemented simultaneous sessions of its summer pre-school programme in poor rural areas of Turkey and Lao PDR.[1] Though separated by language, culture and geography, both locations share a difficult legacy of poverty and conflict. Taking place in the Turkish provinces Diyarbakir and Mardin and in the Lao province of Bokeo, the two programmes both aim to prepare impoverished children for primary school by imparting pre-literacy and pre-numeracy skills.

## Background and Context

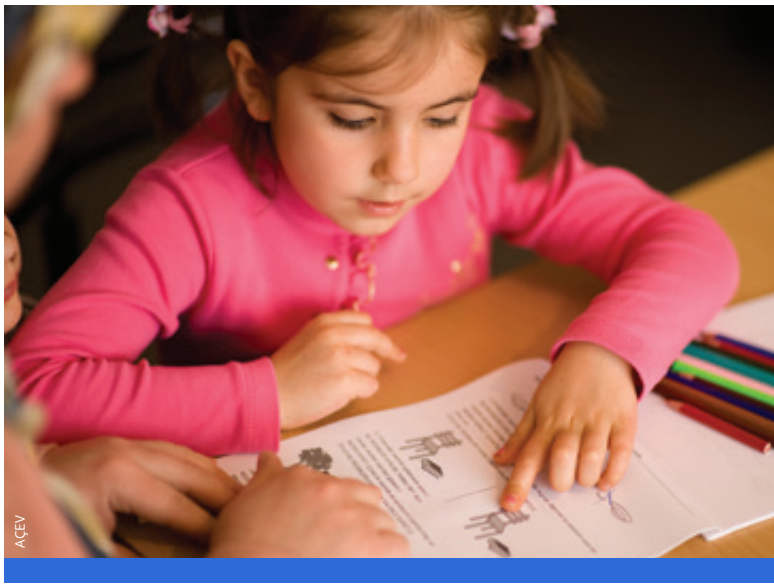
### THE ECE CHALLENGE IN TURKEY AND LAO PDR

Despite a large number of pre-school age children and growing awareness of the importance of ECE in the country, Turkey still lacks an accessible ECE system. Net enrolment rates are around 29% for children aged 3 to 5 years, which is far behind countries with similar socio-economic conditions.[2] Enrolment rates are higher for 5-year-olds, but still around 40% of Turkey's children begin first grade with no ECE experience and, consequently, limited school readiness skills.[3] Marked disparities in ECE access exist in relation to geographic locations and socio-economic status. Nearly all centre-

based services are located in large cities, and, with the exception of Istanbul, enrolment rates are much higher in the northern and western parts of the country than in the eastern and southern regions — for example, the south-eastern province of Hakkari has an ECE enrolment rate of 16%, compared to 50% in the northern province of Amasya.[4] Similar gaps are evident among different income groups: nationally, more than 54% of children from the richest quartile attend pre-school versus only 17% from the poorest quartile. Gender disparities in ECE access can also be seen, though they tend to be small for very young children and increase over time, as girls enjoy progressively fewer educational advantages than male peers and are faced with a range of systemic social and cultural challenges.[5] Gender disparities are compounded by geographic and socio-economic factors: for example, in rural south-eastern Turkey it is estimated that 45% of all girls are illiterate,[6] and 75% of all marriages involve under-age girls.[7]

Lao PDR demonstrates similar trends in ECE access and inequities.[8] In the rural western region of Bokeo, for example, 64% of villages are classified as 'poor' based on the definition given in the Lao National Growth and Poverty Eradication Strategy (NGPES) framework: that is, having no schools nearby, no access to roads and requiring over 6 hours of travel to reach hospitals.[9] These conditions have a significant impact on educational access. Of the 23% of children in the country between the ages of 3 and 5 who attend an ECE programme, only 15% reside in rural areas.[10] Only 6% of children in rural areas without road access attend ECE programmes. Similarly, only 6.6% of children aged 3 to 5 from the poorest quintile are on track in literacy and numeracy. According to findings from the Lao Social Indicator Survey (LSIS), school readiness for children under 5 was 24% in 2011/12, and the majority of Grade 1 students are repeaters with much higher drop-out rates than children in other primary grades.[11]

Linguistic challenges are another complicating factor. In regions where the home language differs from the language of instruction in schools — such as in south-eastern Turkey and the Bokeo region of Lao PDR — children entering school must grapple with a new language most have not previously encountered, compounding risks of exclusion from primary education.


AÇEV

## THE DEVELOPMENT OF AÇEV'S ECE PROGRAMME

AÇEV's ECE programme was designed to address such challenges. By providing comprehensive ECE services, the organization aims to support the development of young children living in poverty and engage and empower their families. To determine the structure, context and content of the programme as well as the most appropriate model for its initial implementation, a large-scale survey was carried out that gauged ECE needs as well as the levels of linguistic competence of pre-school and primary school age children in three multilingual provinces of Turkey.[12] Consistent with the aforementioned challenges, the findings revealed a need to expand ECE services in south-eastern Turkey to promote the development of children at the kindergarten level through an intensive school readiness programme delivered during the summer prior to school entry. Since 2003, AÇEV has been implementing its summer pre-school programme in south-eastern Turkey in conjunction with an additional maternal support programme.

In 2014, Plan International, a global children's development organization, approached AÇEV to collaborate on ECE in Lao PDR. The organization believed AÇEV's work would translate particularly well to poor remote areas populated by under-served ethnic groups like those in northern Lao PDR. In partnership with Plan International, AÇEV implemented its summer pre-school programme in five Lao villages which were selected based on specific criteria, including low participation rates in ECE services, high poverty rates, classification as a remote district, location in the Myanmar–Thailand–Lao PDR border area, and a demonstrated commitment to developing an ECE agenda in their respective districts. A majority of the population in these villages belong to the bilingual Khmu tribe whose second language is Lao. Plan International and AÇEV carried out the ECE programme during successive summers in 2014 and 2015 through a joint intervention that included community facilitation, teacher training and short-course pre-school curriculum.

## Programme Overview

In both Turkey and Lao PDR, the AÇEV summer pre-school programme aims to provide school preparation for socially, physically and linguistically isolated children, so that they can begin formal schooling at the level of cognitive and linguistic competence required for first grade literacy acquisition activities.[13] The programme targets children between the ages of 5 and 6 during the summer before they start first grade. It uses a structured curriculum specifically devised for children unfamiliar with the language of instruction in the school system they will enter, and employs bilingual teachers. To address the gender gap in ECE, the programme also aims to recruit more girls into each classroom by encouraging parents to send their daughters to the programme.

Children attend the programme for 5 hours per day for 10 weeks, which exposes them to a total of 250 hours of ECE. The programme promotes creativity, self-expression and active/participatory learning for children. Structured sets of activities, each lasting for 20 to 30 minutes, are distributed over the different parts of the daily routine:

- **Movement time** supports physical development, body awareness and creativity through bodily expression.
- **Circle time** promotes thinking about a subject, sharing ideas and seeing the cause-and-effect relationships between events.
- **Outdoor time** helps children exert energy and use skills of speaking, observing and thinking through games.
- **Planning–play–review time** begins by promoting planning skills through engaging children in conversations about what, where and with whom they will play. Then children have an opportunity to work independently with different materials, engage in problem-solving and share experiences with friends and adults during play time. Review time provides an opportunity for children to share their experiences with peers.
- **Cognitive training time** helps children develop pre-literacy and pre-numeracy skills through school readiness worksheets.
- **Reading time** helps children enhance discourse skills by listening to stories, relating story characters and events to their own lives, and projecting alternative unfoldings of events.
- **Snack and clean-up time** supports children's self-care behaviours including hygiene, the need to clean up after one's self, and self-feeding with healthy food. Each day includes two snack and clean-up time slots.

The implementation in Turkey incorporates an additional maternal support component, which complements the ECE programme by targeting mothers of participating children throughout the ten weeks. It is carried out in the form of weekly 2.5-hour group discussions covering topics such as nutrition, preventative health care, mother and

child health, enhancing children's school readiness, and positive disciplinary methods. The programme facilitator, who is an AÇEV-trained teacher from the community, also makes a home visit to mothers and observes their interactions with their children. The programme includes two extra meetings targeted at fathers held on separate days, which aim to increase their involvement in child-rearing and share a summary of the topics discussed with mothers throughout the programme.

## Programme Impact and Enduring Benefits

AÇEV's programme aims to address the significant need for ECE services in underdeveloped regions. The programme enables participating children to begin first grade significantly more prepared for school than they were prior to the programme's start. By preparing children to receive an education in a language that is not their mother tongue, the ECE programme helps reduce some of the academic challenges and psychological suffering they might otherwise endure in first grade. Children who attend the ECE programme are also more likely to enrol and remain in primary school.

### SCHOOL READINESS

To assess the programme's effectiveness, short-term impact studies were conducted in both Turkey and Lao PDR. In Turkey, pre-test data were collected from both the intervention and control groups before the programme began, and post-test data were collected following the termination of the ten-week programme.[14] Children were tested on early literacy, numeracy and language skills, for an average of 75 minutes for each child. The test, which was developed to assess the immediate effects of the programme, consisted of 26 verbal and 15 numeracy-based questions. The internal reliability coefficient was calculated as 0.74 for the pre-literacy scale (which suggests the results are reliable) and 0.69 for the pre-numeracy scale (which suggests the results are reliable, but only marginally so). The results revealed that the development of children's skills in all three areas was significantly impacted by the programme. Children who attended the intervention programme improved their overall school readiness skills compared to control groups that had not participated in the programme.

A similar evaluation study was conducted in Lao PDR to assess the short-term impact of the ECE programme. The study was carried out through a quasi-experimental pre–post design with a control group, using the same instrument that was developed for the Turkish evaluation.[15] Before use in Lao PDR, the instrument was first translated to English and then translated back to Turkish to ensure both forms were equivalent. Again, results revealed a significant impact on the children's scores in literacy and numeracy (and related concepts). The programme enhanced the development of these skills beyond the level of the control group who did not receive the intervention.

The immediate impact on skills in both evaluations indicates that children who participate in the programme are better prepared for formal schooling than children from similar backgrounds who do not receive the intervention. However, additional school readiness comparisons are not possible at this stage, as similar testing has not been conducted on the general student population.

### SYSTEM CAPACITY AND INFRASTRUCTURE

The AÇEV ECE programme also offers a range of enduring benefits for system capacity and infrastructure at the regional and national levels, in both Turkey and Lao PDR.

To build ECE teaching capacity, the programme employs and trains local teachers, who are not teaching during the summer because the public schools are closed. Bilingual teachers are trained in methods for reducing language barriers for children. The programme enlists one bilingual teacher per classroom in Turkey and two in Lao PDR.

To help build government capacity, Ministry of Education staff are also trained to monitor the ECE programme, leaving them better equipped to provide broader educational oversight beyond the programme's duration.

To improve physical infrastructure, the programme furnishes the classrooms it uses. Classrooms are provided free of charge by the partnering education ministries, who also subsidize teacher salaries.

These newly furnished classrooms are later used for formal schooling throughout the year. Parents and community members are encouraged to become involved in this portion of programme delivery, to promote community ownership in young children's education. In Lao PDR, for example, classrooms have been furnished with community-made bamboo furniture and toys.

## Lessons Learned

This ECE programme, carried out on two opposite ends of the Asian continent, shows how organizations like AÇEV and Plan International can provide children with a fair start in school through a structured and well-designed programme developed for contexts with similar educational challenges and needs. Such a strategy can and should be used to bring ECE services to marginalized young children and families throughout the world.

Programme results also highlight important areas for future research. Although the programme had an immediate impact on school readiness skills, more general testing needs to be conducted in order to make broader comparisons. In addition, more evidence is needed to understand the long-term impacts of such a programme — for example, by looking at children's longitudinal learning and development over time, improvements in school success, and primary school enrolment and drop-out rates.

---

1 AÇEV, n.d.
2 Agirdag et al., 2015.
3 UNICEF, 2010.
4 Agirdag et al., 2015.
5 UNICEF, 2010; McLoughney et al., 2007.
6 Ward, 2014.
7 Muftuler-Bac, 2015.
8 UNICEF, 2013.
9 Lao PDR, 2004.
10 Lao PDR et al., 2012.
11 Lao PDR, 2014.
12 Bekman et al., 2002.
13 Ibid.
14 Bekman et al., 2011.
15 Bekman and Diri, 2015.

## References

AÇEV. n.d. AÇEV training programs are in Laos. *Our Projects in 2015* [web page]. Istanbul, Author. http://www.acev.org/en/egitim-duraklarimiz/2015-yili-projelerimiz

Agirdag, O., Yazici, Z. and Sierens, S. 2015. Trends in pre-school enrolment in Turkey: unequal access and differential consequences. *Comparative Education*, Vol. 51, No. 4, pp. 537–54. doi:10.1080/03050068.2015.1081796

Bekman, S. and Diri, A. 2015. The effects of a summer school program on Lao children. Unpublished research report, Istanbul, AÇEV.

Bekman, S., Aksu-Koç, A. and Erguvanli-Taylan, E. 2002. *Need Assessment in Early Childhood Education and an Evaluation of Children's Level of Linguistic Competence in Three Provinces in Turkey*. Research Report No. 00R101. Istanbul, AÇEV.

——. 2011. Effectiveness of an intervention program for six-year-olds: a summer school model. *European Early Childhood Education Research Journal*, Vol. 19, No. 4, pp. 409–31. doi:10.1080/1350293X.2011.623508

Lao PDR. 2004. *National Growth and Poverty Eradication Strategy (NGPES)*. Vientiane, Author. http://www.la.undp.org/content/lao_pdr/en/home/library/poverty/NGPES.html

——. 2014. *Education for All 2015 National Review: Country Report of Lao PDR*. Vientiane, Author. http://unesdoc.unesco.org/images/0023/002314/231489e.pdf

Lao PDR, UNFPA and UNICEF. 2012. *Lao Social Indicator Survey (LSIS) 2011–12*. Vientiane, Authors. https://dhsprogram.com/pubs/pdf/FR268/FR268.pdf

McLoughney, E., Fornara, M.-L., Zavarko, S. and Neal, K. L. 2007. *Eliminating Gender Disparity in Primary Education: The Case of Turkey.* UNICEF Division of Policy and Planning Working Paper. New York, UNICEF. http://www.unicef.org/policyanalysis/files/Eliminating_Gender_Disparity_in_Primary_Education_Turkey(1).pdf

Muftuler-Bac, M. 2015. Gender inequality may be yet another obstacle to Turkey's EU membership. *Europe's World*. Brussels, Europe's World. http://europesworld.org/2015/02/23/gender-inequality-may-yet-another-obstacle-turkeys-eu-membership/ (Accessed 2 January 2016.)

UNICEF. 2010. *Country Profile 2010: Education in Turkey*. New York, Author. http://www.unicef.org/ceecis/Turkey_2010.pdf

UNICEF. 2013. *UNICEF Annual Report 2013 — Lao People's Democratic Republic*. New York, Author. http://www.unicef.org/about/annualreport/files/Lao_COAR_2013.pdf

Ward, M. 2014. Girls of hope: fighting for education in Turkey. *World Policy Journal*, WPJ blog. http://www.worldpolicy.org/blog/2014/05/29/girls-hope-fighting-education-turkey (Accessed 2 January 2016.)

Correspondence should be addressed to Suna Hanöz: suna.hanoz@acev.org

## CASE STUDY 2

# TWO PARENTING PROGRAMMES THAT ADDRESS INEQUALITY IN THE ARAB REGION

**YOUSSEF HAJJAR** (ARC)


This case study focuses on two parenting interventions implemented by the Arab Resource Collective (ARC), a development NGO operating in the Arab region since 1988. Launched in Lebanon and Egypt between 2011 and 2013, the projects have the potential for scaling up in both countries and for outreach in Iraq, Jordan, Palestine, Syria and Yemen. The scope of the case study is limited to the prospects of implementation within the geographic and socio-political context of these seven countries.

It is important to note that the number of children and families living in displacement and deprivation has grown exponentially in the region since 2011. Implementation of the ARC parenting interventions discussed here is still possible, but projects will need to integrate approaches that are feasible within the current context of persistent emergency.

## Background and Context

### INEQUALITY AND UPHEAVAL IN THE ARAB REGION

The Arab region is currently in the throes of socio-political upheaval. Rather than delivering on promises of participatory societies, the Arab uprisings that began in late 2010 and 2011 have ended up exacerbating fragmentation and exclusion. What began as a hopeful movement for change has turned into sustained armed conflicts in Syria, Libya and Yemen; created civil strife of varying intensity in Egypt, Lebanon and Jordan; and heightened pressures related to the occupation in Palestine.

This situation has exacerbated social and economic inequalities which were already endemic throughout the region. Despite advances in the provision of essential services in recent years, significant portions of the population continue to experience high levels of poverty and marginalization. Statistical data from 2010 to 2012 indicate an average poverty rate of more than 19% across all 7 countries, ranging from 8% in Lebanon to almost 35% in Yemen.[1] Although enrolment in primary school was almost universal in these countries during this time (with the exception of Yemen), high illiteracy rates are indicative of the low quality of basic education, particularly for the poorest members of society. Enrolment in higher education during these years ranged from 10% in Yemen to 46% in Jordan, and innovative capacity

in science and technology at the tertiary level is practically nonexistent. High youth unemployment rates (an average of 29% for young people under the age of 24) are frequently cited as a major cause of discontent fuelling the Arab uprisings.


Inequities have only worsened since 2012. Conflicts have destroyed normal life in Iraq, Syria and Yemen, and major disruptions have affected all other countries in the region. The number of refugees and internally displaced persons is overwhelming. Estimates from June 2015 indicated that close to 12 million people have been displaced by the conflict in Syria — almost 8 million internally, and over 4 million in Lebanon, Jordan and Turkey.[2] Syrian and other refugees also continue to move to Europe in large numbers. An estimated 4 million Iraqis are displaced within Iraq, with smaller numbers registered in Jordan (30,800) and Lebanon (8,000). About 4 million Palestinians have been living for decades in refugee camps in Iraq, Jordan, Lebanon and Syria, as well as in the West Bank and Gaza, and an additional 1 million are scattered across the world. In the last few years, because of the conflicts in Iraq and Syria, several hundred-thousand Palestinian refugees have had to move from those countries to Jordan and Lebanon.

Displacement creates a context of rising costs of living and housing, coupled with lower wages, which causes refugees and displaced persons to sink deeper into poverty. This downward spiral has been described as a 'race to the bottom', producing a 'new underclass of citizens'.[3]

## ECD AND THE ARAB RESOURCE COLLECTIVE

The ECD sector in the Arab region is still in its initial development stage, and inequalities in opportunities for ECD are prevalent in all seven countries. Prior to 2012, essential ECD provisions by the health sector were almost universal, yet the rate of stunting for children under the age of 5 is still 23% on average, ranging from more than 7% in Jordan to 53% in Yemen.[4] Access to organized ECD services is very low on average (25%), though variations are pronounced: ECD access is estimated at 1% in Yemen, compared to 83% in Lebanon. The vast majority (84%) of ECD services are provided by the private sector, which generally caters to families in the upper and upper middle income groups. There is a severe shortage of trained ECD practitioners, which needs to be addressed quickly in order to expand pre-primary education, or PPE, and other ECD services. While there are no reliable data for organized ECD services for children under the age of 5, it is likely that these services are significantly less developed than PPE services aimed at children about to enter primary school (ages 5 to 6).

In the wake of the Arab uprisings, the health and education infrastructures in the region have been dealt a double blow of dispersal and destruction. About half the displaced children in neighbouring countries have no access to education. Overstretched 'host' communities struggle to provide services, resulting in double shifts in schools and higher teacher–student ratios. With so many children out of school, early childhood care and education are at the lowest level of priority for service providers.

Within this context, ARC implements programmes aimed at promoting ECD knowledge and policies and supporting ECD services and workforce development. In 2014, ARC also helped launch the Arab Network for ECD (ANECD), whose members include government officials, NGO personnel and individual professionals.[5] The aim of the ANECD is to pursue the development of national policies, enhance the capacities and status of the workforce and facilitate the scaling up of projects throughout the region.

## Project Overview and Impact

Since 2010, ARC has piloted five ECD projects and trained professionals to implement them:

1. A condensed SECD course, which targets policy-makers and senior practitioners to enhance knowledge of child development and inform policy-making;
2. An in-service training course for PPE teachers on active learning methodologies and a holistic, integrated approach to ECD;
3. A methodology for cooperation between parents, teachers, health advisors and ministry personnel to support public schools (PPE and primary) in promoting children's healthy development and better learning;
4. The Mother and Child Education Programme (MOCEP), a curriculum for mothers of 5-year-olds to prepare their children for entry into formal schooling;
5. The Health, Education and Protection (HEP) for ECD curriculum, aimed at families with children from conception to age 5.

This case study highlights the latter two projects, which are both targeted at parents. The projects are described in further detail in the sections that follow.

### MOTHER AND CHILD EDUCATION PROGRAMME (MOCEP)

The MOCEP project targets mothers with 5-year-old children not enrolled in PPE, providing them with the knowledge and skills needed to prepare their children to enter primary education. The curriculum comprises 25 sessions covering topics related to education and the skills required to cope with schooling. The project does not include activities with fathers.

MOCEP was developed by the Mother and Child Foundation (AÇEV) in Turkey. ARC translated and adapted the course into Arabic and organized initial trainings in close cooperation with AÇEV. The project was launched in 2011 in Palestinian refugee camps and neighbouring deprived communities in Lebanon. ARC works together with two local partners rooted in both communities to implement the project.

Following the first implementation, a detailed impact study was carried out with 88 participating mothers.[6] The study found that the programme had a positive impact on children and mothers in the Palestinian refugee camps and surrounding communities, where poverty levels are at their highest and opportunities for PPE are extremely low. Children's cognitive skills improved, and mothers became more aware of their children's needs and more likely to respond in positive ways that foster healthy development and communication. A short film was also produced documenting this first implementation, which gives a voice to participating trainers and mothers.[7]

The MOCEP course is currently being administered for the third time. The latest implementation includes research on the programme's impact, which is being carried out by ARC and the Child Study Center at Yale University in the USA, with support from AÇEV and in cooperation with a university in Lebanon. The study uses a randomized clinical trial to assess impact on mother and child pairs. Children's development will be assessed across multiple domains including social–emotional skills, executive functioning and cognitive development. Assessment for maternal outcomes will aim to measure knowledge, attitudes and practices in regards to: early education and learning, discipline and limit-setting, child-

rearing, perceptions of paternal engagement and perceptions of community cohesion. Mother–child interactions will be coded using video-recorded observations. The results of this study will be published in 2016.

The first two implementations of MOCEP were funded by the Arab Gulf Development Programme (AGFUND). The current implementation is funded by the UBS Optimus Foundation, the Open Road Alliance and the Child Study Center at Yale University. Local partners, including a social development centre of the Ministry of Social Affairs in Lebanon, make contributions in services.

Although the project has been implemented for many years in Turkey, it is innovative in the Arab context and remains unique in its approach and target, with no other known programmes providing similar services. With average enrolment in PPE at about 25% in Arab countries, MOCEP's intervention, now well-established, responds to a real need and makes a real difference. The approach can be scaled up to address inequalities across the Arab region, by giving children with no access to PPE a better chance for success in primary school and beyond.

## HEALTH, EDUCATION AND PROTECTION (HEP) FOR ECD

The HEP for ECD project targets families with children between conception and age 5, engaging mothers and fathers equally through a 'contract' with the family as a unit. The curriculum for the programmes consists of 22 sessions covering topics in ECD, including physical, cognitive and social–emotional development and a number of related skills. The curriculum is delivered to parents in weekly instalments that incorporate knowledge-sharing, implementation of practice at home, and collective debriefing and assessment.

Designed and compiled by a team of Arab professionals and trainers using a collaborative approach, the curriculum uses a holistic, integrated methodology to ensure a continuum of care from conception to the first years of formal education. It equips mothers and fathers to become agents empowered with knowledge and capacities to intervene for better policy and practice within their community, and helps to build knowledge and competence among the ECD workforce, including parent couples.


ARC produced the HEP for ECD training pack between 2011 and 2013, and the programme was piloted in Egypt and Lebanon, with two groups of fathers and mothers in each country. Parents were organized into two groups according to their children's age: from conception to age 3, and from age 4 to age 5. In Egypt, the pilot was conducted in one rural and one urban community in Upper Egypt. In Lebanon, it was conducted in a Palestinian refugee camp and the neighbouring mixed community (which included refugees), located in a populous suburb of Beirut. All of the pilot communities are characterized by low incomes and low access to ECD services.

An impact assessment study was carried out during piloting, using an action research approach.[8] Results indicated that the programme had a significant positive impact on the families' understanding and practice with their children and within the community. Concrete plans were designed for a second phase, which would include selecting 'graduate' couples with competencies for further

training to deliver the course to other parents within the community in a parents-to-parents approach, with support from a central pool of professional 'mentors'. The second phase was also designed to extend the course to families with children aged 6 to 8, adapting topics to be more relevant to formal schooling.

Unfortunately the second phase could not be implemented due to a lack of funding. A new investment strategy, a change of staff familiar with the project and probably a reduction of financial resources led the sponsoring organization, UBS Optimus Foundation, to cease funding for the project altogether. ARC has been looking for a new source of funding to relaunch the project, so far without success. One possibility emerged for scaling up the project in Egypt through a government fund for youth employment, but plans were cancelled due to a change of government.

## Lessons Learned

In spite of setbacks caused by current conflicts in the Arab region, the ECD community continues to accumulate new assets in terms of knowledge-building and human resource development. Civil society interventions such as the ARC programmes described here have improved ECD services over the years, particularly in the area of PPE. Though such programmes remain limited in light of the tremendous need for ECD services, they have the potential and momentum for quick expansion.

Evidence from assessments of the ARC parenting programmes show that initiatives to address inequalities through the provision of ECD – and in particular to provide support to mothers and fathers of young children in situations of displacement – are possible even in the current context, and indeed have the potential to be scaled up. Large social sectors in the region are in a state of flux, but a good proportion of the population still lives in relative stability, and the public sector is still functioning in most places. These and other ECD programmes stand poised to create a structure of access for deprived communities, should conditions be favourable for scaling up.

One major obstacle to scaling up such programmes is the lack of sustained funding, particularly for investments in training a qualified workforce. More often than not, promising tracks are abandoned because of short-termism or changes in funders' priorities. Long-term funding schemes substantial enough to launch a process of scaling up are indispensable for sustainability. Related to this issue is a lack of longitudinal research on ECD interventions in the region, which would provide evidence-based knowledge to inform policies and project design, and help convince the public sector to engage more substantially with ECD.

---

1 El-Kogali and Krafft, 2015; UNESCO, 2014.
2 Yahya, 2015.
3 Ibid.
4 El-Kogali and Krafft, 2015; UNESCO, 2014.
5 The launching of ANECD was the outcome of three years of regional activities, including the projects listed in this section, of the Arab Programme for ECD, organized by ARC. ANECD was one of five components of the Arab Regional Agenda for Improving Education Quality (ARAIEQ), funded through the World Bank's Development Grant Facility (DGF) ending in 2014, and based at the Arab League Education, Cultural and Scientific Organization (ALECSO).
6 Oweini and Issa, 2015.
7 ARC, 2013.
8 Ismail, 2014.

## References

Arab Resource Collective (ARC). 2013. *Mother and Child Education Program Documentary* [video file]. https://www.youtube.com/watch?v=nlL0hQ7H6Ng (Accessed 7 March 2016.)

El-Kogali, S. and Krafft, C. 2015. *Expanding Opportunities for the Next Generation: Early Childhood Development in the Middle East and North Africa.* Washington, DC, World Bank. https://openknowledge.worldbank.org/handle/10986/21287

Ismail, R. 2014. Health, Education and Protection Parenting Program for ECD: pilot implementation evaluation study. Unpublished manuscript.

Oweini, A. and Issa, G. 2015. Evaluating MOCEP's pilot program in Lebanon in Palestinian camps. M. Carmo (ed.), *Education Applications and Developments*. Advances in Education and Educational Trends Series. Lisbon, inScience Press, pp. 142–57. http://insciencepress.org/wp-content/uploads/2015/05/ISP_Education-Applications-Developments-Book.pdf

UNESCO. 2014. *EFA Global Monitoring Report 2013/4. Teaching and Learning: Achieving Quality for All*. Paris, Author. http://unesdoc.unesco.org/images/0022/002256/225660e.pdf

Yahya, M. 2015. *Refugees and the Making of an Arab Regional Disorder*. Beirut, Carnegie Middle East Center. http://carnegieendowment.org/files/CMEC57_Yahya_final.pdf

Correspondence should be addressed to Youssef Hajjar: arcyh@gn.apc.org

## CASE STUDY 3

# HELPING CHILDREN HEAL AND THRIVE THROUGH PSYCHOSOCIAL SUPPORT: A MODEL FOR POST-DISASTER RESILIENCE AMONG INDIGENOUS COMMUNITIES IN THE PHILIPPINES

**MARIA REGINA A. ALFONSO** (Cartwheel Foundation Philippines)
**HELEN R. GARCIA** (Cartwheel Foundation International)


This case study describes how the Cartwheel Foundation's early childhood development programme implemented in poor indigenous communities in the Philippines evolved into an enhanced ECD model for psychosocial support. The approach uses a rehabilitative and preventive psychosocial framework that prioritizes building capacity among teachers and adults working with children, and draws from local practices to integrate the indigenous community's heritage-based strategies for coping and dealing with stress. It is designed to promote the physical and emotional safety of children and safeguard the quality of learning in times of crisis.

## Background and Context

### IMPACTS OF ADVERSITY ON THE WELL-BEING OF CHILDREN

The effects of war, terror, disaster, pandemics and other adversities on children and families call for an urgent need to integrate psychosocial support into early childhood programmes around the globe. In disaster contexts alone, about 250,000 children under the age of 5 die each year due to major calamities caused by climate change.[1] The Asia-Pacific region is particularly disaster-prone: in 2009 it was home to 89% of people who suffered from natural disasters globally.[2] Evidence shows that natural disasters create poverty traps. In the Philippines, for example, when the 2013 typhoon caused widespread devastation, poverty rates rose to 56% in the worst-hit areas.[3]

Beyond economic vulnerability, the imperceptible damage of psychological stress caused by such disasters raises serious concern, especially among highly vulnerable groups of women, children, indigenous peoples and displaced segments of the population.[4] Disaster-induced family separation, loss of safety and security, and feelings of discrimination may result in trauma that can harm social and emotional well-being. These social impacts can further lead to psychological problems of depression, anxiety, post-traumatic stress disorder (PTSD) or severe mental disorders.

The long-lasting effects of prolonged stress and exposure to extreme adversity in early childhood, as in contexts of recurring disasters or chronic neglect, are well-documented.[5]

## RESILIENCE AND PSYCHOSOCIAL SUPPORT

Resilience — broadly defined as 'the ability to recover, perform and even grow or transform in contexts of adversity' — is essential to overcoming the negative effects of adversity.[6] Over four decades of resilience research across social disciplines have deepened the understanding of resilience as both a process and an outcome. Recurrent themes on the pivotal role of resilience in adverse environments are highly relevant in international development work.[7] In particular, programmes that explicitly integrate psychosocial support provide the foundations for resilience and coping necessary to regain the overall well-being of individuals, build local capacities and draw restorative strength from supportive social networks in communities.

Psychosocial support is a scale of care and support that influences both the individual and the social environment in which people live.[8] It includes care and support offered by caregivers, family members, friends, neighbours, teachers and health workers on a daily basis, and extends to care and support provided by specialized psychological and social services. According to the WHO: 'People will be more likely to recover if they feel safe, connected, calm and hopeful; have access to social, physical and emotional support; and find ways to help themselves.'[9] The WHO specifies that such support (both social and psychological) 'should be provided to people in ways that respect their dignity, culture and abilities'.

Highly vulnerable groups such as women, children, the elderly and indigenous peoples in particular deserve priority attention in recovery programmes to prevent further social exclusion and widening inequality.

## WHO ARE INDIGENOUS PEOPLES?

According to the World Bank's definition, indigenous peoples (IPs) are distinct social and cultural groups whose identities are inextricably linked to their land and its natural resources; whose cultural, economic or political institutions are separate from those of the dominant society and culture; and who speak an indigenous language, often different from the official language of the country or region.[10]


Widely recognized as the most vulnerable and disadvantaged group, IPs constitute about 5% of the world's population yet account for around 15% of the world's poor.[11] Approximately 70% of IPs live in Asia and the Pacific.

In the Philippines, there are between 14 and 17 million IPs — about 15% of the total population — belonging to 110 ethno-linguistic groups.[12] Like their global counterparts, Filipino IPs are among the poorest members of society. Disadvantaged by their remote, geographically dispersed locations, IPs suffer from social isolation and exclusion. They have limited access to basic infrastructure and social services and are often unaware of their fundamental rights as citizens.[13] Most mainstream education programmes fail to take into account their language, culture and traditions. Consequently they have lower literacy rates, poorer health and higher incidences of child malnutrition than other population groups in the country.

### THE CARTWHEEL FOUNDATION'S ECD PROGRAMME

The Cartwheel Foundation is a non-profit organization that runs educational programmes in IP communities in the Philippines. It was established in 1999 in response to an invitation by an indigenous community to set up a pre-school programme for their young children. This remote, hard-to-reach community had no access to basic services such as running water, electricity, education and health care. In 2009, Cartwheel successfully extended its reach and co-developed a culturally relevant early childhood programme for another Filipino IP population in a different province. Since then, Cartwheel has increased the coverage of its education programmes to include youth and adults in various indigenous communities throughout the Philippines.


A collaborative, community-driven process is central to the implementation of Cartwheel's ECD programme.[14] The ECD model comprises a culturally relevant early childhood curriculum that integrates the heritage, traditions and art forms of local indigenous communities. The curriculum is based on core literacy and numeracy content, which is custom-tailored for the community by local teachers and the Tribal Education Council (TEC) — composed of community elders, leaders and proactive stakeholders — with technical assistance from the Cartwheel team of educators.

Local teachers are then trained and supported by the Cartwheel team to establish two levels of pre-school (ages 3–4 and 5–6) in a classroom that is also built also through the joint efforts and resources of the Cartwheel team, local teachers and the TEC.

A recent impact evaluation study of Cartwheel's work in Tagbanua communities showed that children in the ECD programme (ages 3–6) achieved better learning outcomes in reading and math than children enrolled in non-Cartwheel early education programmes.[15]

## Cartwheel's Enhanced ECD Model: Building Resilience Through Psychosocial Support

In 2013, Super Typhoon Haiyan hit the Philippines. Over 17 million Filipinos were affected by the storm, including more than 7 million children.[16] This catalyzed the creation of Cartwheel's enhanced ECD model to support disaster or conflict-affected communities. The model aims to transform early childhood classrooms into healing environments to help children build resilience and thrive in adverse post-disaster conditions. Its resilience-based curriculum integrates psychosocial programming support into Cartwheel's core ECD programme. The enhanced ECD model also draws lessons from the work of other international and local organizations in developing countries where marginalized communities have greatly benefitted from psychosocial support programmes imbedded in ECD programmes.

Cartwheel's enhanced ECD model recognizes that a caring and trusted companion or adult caregiver is a critical anchor in a child's formative years. The proximity of trusted adults, companions and attachment figures during life-threatening adversities have protective effects and aid in strengthening the resilience of children over time.[17] In IP communities, care for adult caregivers is as important as care for children. Psychological distress from extreme poverty and social exclusion, coupled with a disaster situation, can significantly impair the capacity of adults in providing responsive childcare.

## THE THRIVE METHOD

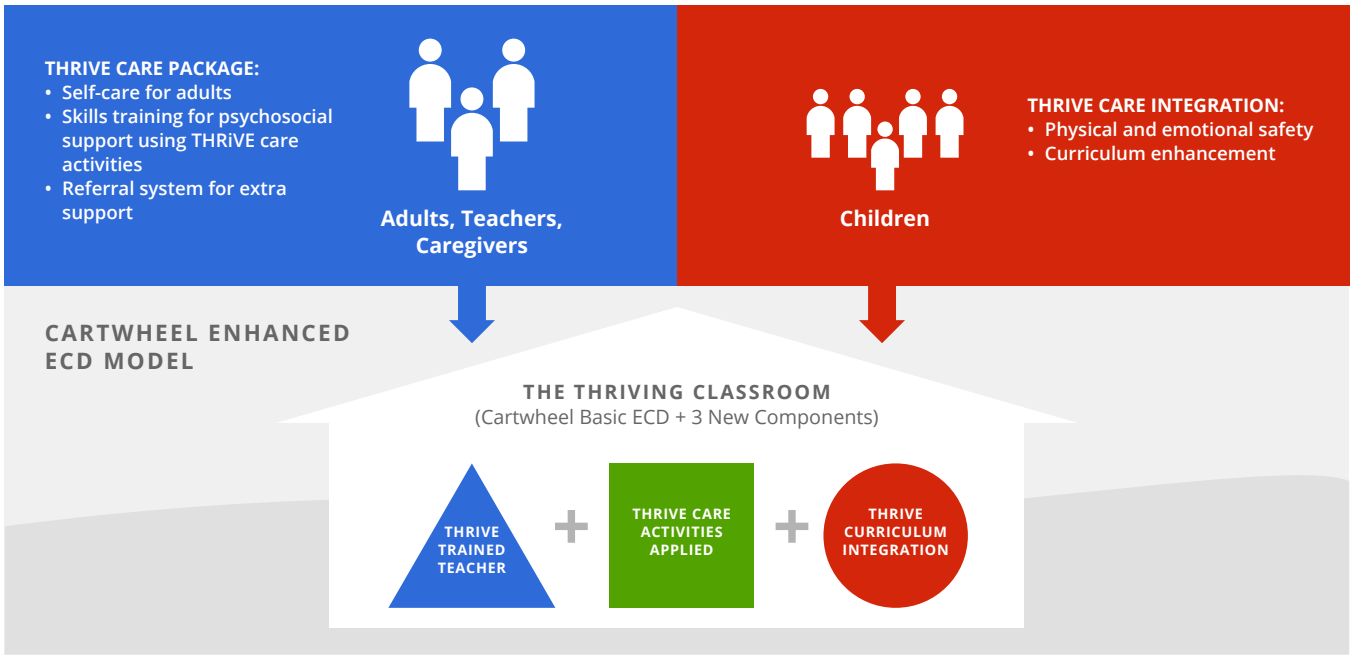
For the enhanced ECD model, Cartwheel developed the THRiVE method (Towards Healing and Resilience-Strengthening in Vulnerable Environments). THRiVE is a trauma-informed approach to psychosocial support that pulls from post-traumatic growth and resilience theories, including research on the most effective rehabilitative responses to trauma.

THRiVE uses culturally relevant, child-friendly physical and sensory-based activities to offer relief to both children and adults in acute or chronic stress situations, helping them build resilience over time. The method's core process is developmentally appropriate and attuned to the natural 'language' of children (play, art, music and movement). It emphasizes body-centred activities combined with play, music, art, dance and mindfulness.

The curriculum is informed by evidence-based Eastern practices such as acupuncture, tai chi and yoga,[18] as well as initiatives in other countries and regions which have demonstrated that art, music and dance have healing effects.[19] Save the Children's HEART programme (Healing and Education Through the Arts), for example, has found that the use of expressive arts builds self-esteem and resilience among children, develops their cognitive skills and promotes a love for learning.[20] Central to the THRiVE method is the honouring of indigenous rituals and traditions in specific contexts, which leads to collective community healing. Culturally grounded rituals and traditions are intangible assets that contribute to resilience and recovery in IP communities.

The THRiVE method ensures that teachers and caregivers working in schools or ECD centres are equipped to be a healing presence for children in adverse situations. The training programme provides basic information on the impact of stress on the brain and children's natural responses to stress and traumatic situations. Teachers and caregivers gain the skills and confidence to accompany their students through their sadness, fear, anxiety and anger, and learn how to handle a class when these stress responses manifest in children's behaviour or have an impact on their learning. Since the approach is not designed to be treatment for trauma, teachers and caregivers are also taught how to recognize children who may require more support and need a referral to a mental health clinician.

### FIGURE 1: OVERVIEW OF THE THRIVE METHOD



## PROJECT RISE

Cartwheel's post-disaster response to Typhoon Haiyan prompted the integration of the THRiVE method into Project RISE (Re-Igniting Community Strength Through Education). Project RISE is Cartwheel's overarching emergency, recovery and psychosocial support programme for disaster-affected indigenous communities in the province of Palawan who were left without food, shelter or means of livelihood following the typhoon.

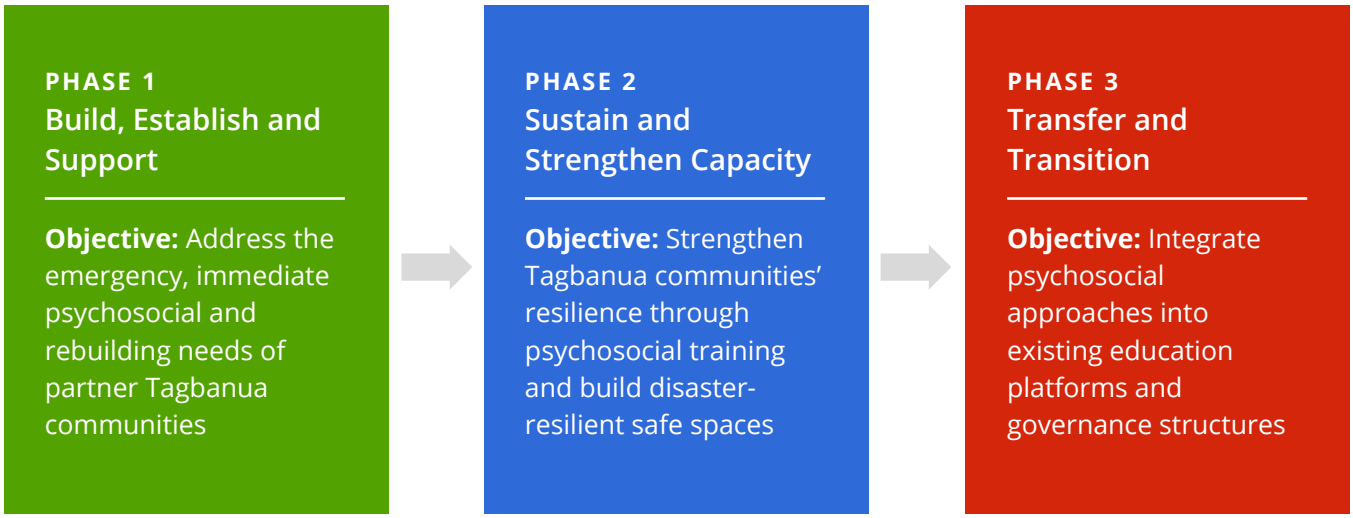
The project began in 2014 and is scheduled to run through 2017. Its overall goal is to establish a collaborative and sustainable rebuilding programme for Tagbanua communities on the islands of Alulad, Cagait and Chindonan in Palawan. The project targets over 100 families who survive primarily on fishing, seaweed farming and subsistence farming, and have no access to alternative schools, health care or water supplies. Key components of the project include providing psychosocial support, building disaster-resilient structures and developing sustainable platforms for the delivery of basic services and governance.

Project RISE is divided into three phases. Phase 1, implemented in the immediate aftermath of the typhoon, began with initial community visits, 3 to 6 months after the typhoon, to rapidly assess the post-emergency response situation in the islands. Cartwheel provided emergency relief and psychological first aid, as well as assistance in the rebuilding of homes and boats.

Phase 2 introduced the enhanced ECD model. Cartwheel recruited psychosocial support volunteers, including teachers, church workers, Department of Education representatives, local government officers and humanitarian aid workers, who were then trained in the THRiVE method to build psychosocial support capacity through community visits. During these visits, volunteers conducted trainings of teachers and caregivers, with ongoing mentoring from Cartwheel. The enhanced ECD model allows the communities' own coping strategies to shape the design of the psychosocial programme and emphasizes local capacity-building to ensure sustainability.

Phase 3 involves integrating the THRiVE method and care activities into pre-school classrooms and ECD centres, as well as education governance structures, to further strengthen community resilience and sustain a thriving learning environment.

### FIGURE 2: PHASES OF PROJECT RISE



The transition to Phase 3 is currently underway. The enhanced ECD model implemented in Project RISE aims to build resilience at the level of the community, the school and the individual. At the **community level**, Cartwheel's goals include:

- Establishing genuine connections with IP communities, in order to foster the trust and openness critical to uncovering psychosocial issues, coping skills and response mechanisms;
- Identifying strengths, opportunities and protective processes within IP communities; and
- Building on cultural rituals and traditions as foundations for anchoring activities in the curriculum, such as music and dance.

At the **school level**, Cartwheel has aimed to restore stability and normality to the pre-school and ECD environment through physical rebuilding and enhanced child-focused curriculum.

At the **individual level**, the programme encourages adults and children to share their post-disaster concerns, and supports healing and learning through the use of expressive techniques such as art, creative play and storytelling. The programme also helps teachers, parents and adult caregivers understand psychosocial symptoms, ensure mutual care and support, and build self-efficacy that will translate to a positive classroom environment and responsive parent–child interactions.

### OBSERVED IMPACT

During the initial community visit, the Cartwheel team met with individual families and consulted with them on their post-disaster situation. Women reported having recurring dreams of the storm, anxiety in response to strong winds and trembling upon nightfall. They observed that their children had similar symptoms, in addition to expressing fear and sadness. Men were reported as being less accessible during the community visits, as they were busy rebuilding boats and fishing.

After several community consultations, psychosocial support training and visits from two Cartwheel partners — Cultures In Harmony (a group of Julliard-trained classical musicians) and the Art Department of the University of Asia and the Pacific — members of the community expressed a sense of hope and growing self-worth — as one respondent put it, 'because you consider us important enough to come this far'. A level of trust was established with the psychosocial support teams. The Tagbanua community members have also introduced their own activities under the THRiVE method, illustrating an emerging sense of agency and self-confidence. For example, women have gradually revived weaving circles, and a weekly dance held on Saturdays has created new energy among the community.


## Lessons Learned

Emerging lessons from Cartwheel's ongoing implementation of the enhanced ECD model in Project RISE provide resilience perspectives and contextualized insights into the value of psychosocial support in disaster-affected IP communities. While the programme has yet to undergo a formal evaluation, early lessons suggest that the THRiVE method is a promising development tool for integrating psychosocial support in ECD programmes, and is particularly essential to disaster recovery efforts because of its adaptability to local healing practices.

Cartwheel is committed to upholding IPs' right to self-determination and the values of collaboration and ownership. While evidence shows that adversity impacts IP communities disproportionately, Cartwheel's 17 years of work with indigenous peoples demonstrate that they are able to draw strength from their cultural traditions, rituals, spirituality and sense of community — distinct resilience assets that allow them to cope, heal and recover. Community involvement is crucial to the success of all of the Cartwheel initiatives, and the organization always begins its engagement with community consultations and makes sure that community members are co-designers of the ECD programme. In the enhanced ECD model, wider stakeholder engagement strengthens the support base for psychosocial assistance.

A planned impact evaluation of the enhanced ECD model developed for Project RISE is expected to provide deeper insights into resilience strategies and the effects of integrating stronger psychosocial support systems into ECD programmes, particularly in vulnerable environments where inequality and deep pockets of poverty exist. While indigenous communities may have unique circumstances, current literature on education resilience and child-focused disaster recovery shows the relevance of these lessons to other contexts and communities facing adversity.

---

1 Save the Children, 2009.
2 UNICEF, 2011.
3 GFDRR, 2014.
4 World Bank, 2014.
5 Center on the Developing Child, 2015.
6 World Bank, 2013.
7 Masten, 2014.
8 UNICEF, 2009.
9 WHO, 2015.
10 Duchicela et al., 2015.
11 IFAD, 2012.
12 UNDP Philippines, 2010.
13 IWGIA, n.d.
14 Cartwheel Foundation, 2014.
15 Tacastacas and Cartwheel Foundation Philippines, 2015.
16 UNICEF, 2014.
17 Masten, 2014.
18 Van der Kolk, 2014.
19 Varela et al., 2013. In Colombia, dance has been found to restore a sense of positive identity and show how artistic expression can be healing in the face of adversity from violent conflicts. Similarly, in Afghanistan, Cambodia and Gaza, the arts have played an important role in social healing and transformation.
20 Save the Children, n.d. Pilot projects have been implemented in El Salvador, Haiti, Malawi, Mozambique, Nepal and the West Bank.

## References

Cartwheel Foundation. 2014. *2014 Annual Report: Growing in Service of Filipino Indigenous Communities*. Mandaluyong, Philippines, Author. http://cartwheelfoundation.org/wp-content/uploads/2015/07/CFI-Annual-Report-2014.pdf

Center on the Developing Child. 2015. *In Brief: The Science of Resilience*. Cambridge, Mass., Harvard University. http://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience

Duchicela, L. F., Jensby, S., Uquillas, J., Lukic, J. and Sirker, K. 2015. *Our People, Our Resources: Striving for a Peaceful and Plentiful Planet. Case Studies Report on Indigenous Peoples Development in World Bank-Financed Projects.* Washington, DC, World Bank.

Global Facility for Disaster Reduction and Recovery (GFDRR). 2014. *GFDRR Annual Report 2014: Bringing Resilience to Scale*. Washington, DC, Author. https://sustainabledevelopment.un.org/content/documents/1948GFDRR%20ANNUAL%20REPORT%202014.pdf

International Fund for Agricultural Development (IFAD). 2012. *Indigenous Peoples: Valuing, Respecting and Supporting Diversity*. Rome, Author. https://www.ifad.org/documents/10180/0f2e8980-09bc-45d6-b43b-8518a64962b3

International Work Group for Indigenous Affairs (IWGIA). n.d. *Indigenous Peoples in the Philippines* [web page]. Copenhagen, Author. http://www.iwgia.org/regions/asia/philippines (Accessed 10 March 2016.)

Masten, A. S. 2014. Global perspectives on resilience in children and youth. *Child Development*, Vol. 85, No. 1, pp. 6–20. doi:10.1111/cdev.12205

Save the Children. n.d. *HEART: Healing and Education Through the Arts*. Fairfield, Conn., Author. http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/HEART.PDF

——. 2009. *Children and Climate Change: Policy Brief*. London, Save the Children UK. http://resourcecentre.savethechildren.se/library/children-and-climate-change-policy-brief

Tacastacas, C. and Cartwheel Foundation Philippines. 2015. [Learning outcomes in the early childhood education program in Culion, Palawan]. Unpublished raw data. Submitted to Cartwheel Foundation International, Washington, DC, 10 November 2015.

UNICEF. 2009. Foundation Module 7: Psychosocial Support. *ARC Resource Pack: Study Material*. Stockholm/Brussels, Swedish Agency for International Development Cooperation/European Commission Humanitarian Aid Department. http://resourcecentre.savethechildren.se/library/arc-foundation-module-7-psychosocial-support

UNICEF. 2011. *2011 UNICEF Humanitarian Action for Children: Building Resilience*. New York, Author. http://www.unicef.org/publications/files/HAC2011_EN_030911.pdf

——. 2014. *UNICEF in the Philippines: One Year After Typhoon Haiyan*. New York, Author. https://www.globalgiving.org/pfil/15562/Philippines_Haiyan_1_yr__November_2014.pdf

United Nations Development Programme (UNDP) Philippines. 2010. *Fast Facts: Indigenous Peoples in the Philippines*. Makati, Philippines, Author. http://www.ph.undp.org/content/philippines/en/home/library/democratic_governance/FastFacts-IPs.html

Van der Kolk, B. 2014. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York, Viking.

Varela, A. D., Kelcey, J., Reyes, J., Gould, M. and Sklar, J. 2013. *Learning and Resilience: The Crucial Role of Social and Emotional Wellbeing in Contexts of Adversity. Education Notes Series*. Washington, DC, World Bank. http://documents.worldbank.org/curated/en/2013/12/18792087/learning-resilience-crucial-role-social-emotional-well-being-contexts-adversity

World Bank. 2013. *Education Resilience Approaches Field Notes, No. 1*. Washington, DC, Author. http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/regionalreports/SABER_Education_Resilience_Central%20America_region.pdf

——. 2014. *"Invisible Wounds": A Practitioners' Dialogue on Improving Development Outcomes through Psychosocial Support. Workshop Summary Report*. Washington, DC, Author. http://siteresources.worldbank.org/EXTSOCIALDEVELOPMENT/Resources/244362-1239390842422/6012763-1239905793229/Invisible-Wounds-Practitioner-Dialogue-Summary-Report-May6.pdf

World Health Organization (WHO). 2015. *Mental Health in Emergencies*. Fact Sheet No. 383. Geneva, Switzerland, Author. http://www.who.int/mediacentre/factsheets/fs383/en/

---

Correspondence should be addressed to Pia Ortiz-Luis:
pia@cartwheelfoundation.org

## CASE STUDY 4

# ADDRESSING EQUITY AND QUALITY THROUGH INVESTING IN THE ECD WORKFORCE: NAMIBIA'S CHALLENGES AND ACHIEVEMENTS

**AUNE VICTOR** (UNICEF Namibia), **GERTIE STEUKERS** (UNESCO) **AND YOSHIE KAGA** (UNESCO)


Research demonstrates that the quality of ECD services is largely determined by the quality of the workforce.[1] When educators and care providers are knowledgeable and skilled, they facilitate timely and adequate health, nutrition and protection, and engage in caring, stimulating and responsive interactions with young children. In doing so, they are laying a strong foundation for lifelong well-being and learning. The significant role of the ECD workforce in seizing and maximizing opportunities in the most sensitive developmental period of life cannot be overstated. Furthermore, quality care and education from the early years are a right, as stipulated in the Convention on the Rights of the Child.[2] To fulfil this right, efforts are needed to ensure that every child — regardless of her or his background, culture, ability and family circumstance — is served by caring and competent teachers and educators.

Unfortunately, however, around the world poor and rural children are less likely to benefit from the presence of such a workforce compared to their more advantaged peers.[3] Namibia is no exception. Situated in southern Africa with a population of 2.5 million,[4] Namibia is classified by the World Bank as an upper middle income country. Nevertheless the country has high levels of poverty and income inequality: in 2009, nearly 30% of the population was living below the national poverty line, and the Gini coefficient of income inequality was 61 (on a scale of 0 to 100, with 0 representing perfect equality).[5] The present case study focuses on issues related to equity and quality in ECD in Namibia. It first presents background on the country's ECD system and describes the key challenges facing the ECD workforce, then goes on to highlight the main national efforts to address these challenges in recent years.

# Background and Context

## THE ECD SYSTEM IN NAMIBIA

Primary school is compulsory in Namibia and starts at the age of 6. The country uses the term 'integrated early childhood development' (IECD) to refer to services for children from birth to age 8. The overall leadership for IECD resides with the Ministry of Gender Equality and Child Welfare (MGECW), which oversees policies and programmes for children from birth to age 18 and their families. However, the transfer of IECD leadership to the Ministry of Education, Arts and Culture (MoEAC) — currently responsible for pre-primary education for children aged 5 to 6 — is now underway. The Ministry of Health and Social Services (MoHSS) oversees health and nutrition-related aspects of IECD.

The country has made significant progress in ECD over the last two decades. Following its first comprehensive ECD policy in 1996, Namibia adopted the National IECD Policy in 2007 that encompasses health, nutrition, early learning, psychological development, water and sanitation, and protection. As part of this policy, the government introduced a one-year pre-primary grade, which has been rapidly expanding in enrolments. Implemented in a pro-poor sequence starting with disadvantaged communities, the pre-primary grade has increased enrolment from 1,080 children in 2006 to 17,572 in 2012, according to data from the country's Education Management Information System (EMIS).[6] The government aims to increase that number to 31,970 by 2017.[7]

The subsequent adoption of the Fourth National Development Plan (NDP4) in 2012, the Sector Policy on Inclusive Education in 2013, and the Child Care and Protection Act No. 3 in 2015 have further strengthened the policy and legal foundations for equitable and high-quality ECD. However, access to ECD services remains limited and unequal: the 2011 census found that only about 13% of children between birth and age 4 were attending formal ECD programmes.[8]

## ECD WORKFORCE STRUCTURE

Stark differences exist with regard to training levels, curricular content and working conditions between pre-primary teachers working with children ages 5 to 6 and educators and care providers (sometimes called 'educarers') serving children under the age of 5. Educarers in Namibia work in a variety of settings (e.g. private homes, centres, faith-based or community facilities, informal backyard structures, garages, under trees), but the most common are home-based crèche facilities for children from birth to age 2, and centre-based ECD facilities for children ages 2 to 4 (and sometimes older). The minimum initial training of educarers may include a Basic Childcare and Development Course (14 weeks); an Advanced Course in Educare (12 weeks); a Certificate in Early Childhood Education (ECE) (18 months); a Diploma in ECE (24 months) from the Namibia College of Open Learning (NAMCOL) or the Institute for Open Learning (IOL); or a Montessori training programme. The overall responsibility for in-service training for educarers lies with the MGECW. The contents of in-service training range from child development and learning and teaching methodology to nutrition, health and environmental education. Educarers are not government employees, lack recognition as 'professionals', and are generally paid poorly compared to pre-primary teachers.[9] Financed most often by parents, educarers' salaries vary widely, from N$700 (around US$46) to N$2,500 (US$164) per month.

In contrast, pre-primary education for children aged 5 to 6 is generally provided on primary school premises by teachers who are qualified to work with children aged 5 to 9. Their minimum initial training may include a Diploma in ECE (24 months) from NAMCOL or IOL; a Diploma in Early Childhood and Lower Primary Education (ECLPE) (36 months) provided at university, or a Bachelor of Education (B.Ed.) Degree in ECLPE (48 months). Universities in Namibia also offer a Master's Degree in Literacy and Learning in ECD (24 months), although graduates tend not to take up teaching positions at the ECD level but rather work in more specialized advisory roles.

In-service training of pre-primary teachers is supervised by both MoEAC and the Ministry of Higher Education, Training and Innovation (MoHETI). In-service training subjects offered by the ministries include literacy and numeracy, early grades reading, classroom management, formative assessment, and integration of information and communication technology (ICT) in teaching and learning. Pre-primary teachers are civil servants and, when fully qualified, are paid at the same level as primary-school teachers: between N$7,000 (US$450) and N$15,000 (US$985) monthly.[10]


# Addressing Key ECD Workforce Challenges

## INCREASING THE NUMBER OF TRAINED PERSONNEL

One key workforce-related issue Namibia faces is the lack of trained ECD personnel, particularly those working with children under the age of 5. According to a 2005 survey, only 6% of educarers had a diploma and 22% had completed secondary school through Grade 12 (the highest secondary education grade before a learner can qualify for tertiary education); 70% reported that they had not completed Grade 12.[11] A study conducted in 2012 revealed that over one-third (35.5%) of the 2,044 ECD centres in Namibia had no trained educarers.[12] Unqualified educarers are particularly common in ECD programmes operating in poor and rural areas. As ECD programmes are mushrooming today due to an increasing demand for such services, the shortage of trained personnel is becoming a more acute problem.

To tackle this issue, in 2008 the MGECW initiated a seven-week educarer in-service training course developed by MoEAC through the National Institute for Educational Development (NIED). Though not accredited by the National Qualifications Authority, the training is offered to unqualified educarers from ECD centres serving poor communities to provide them with basic knowledge and skills on how to care for children and prepare them for lifelong learning. In addition, certificate and diploma courses in ECE — such as the distance-learning courses offered by NAMCOL since 2010 and 2013 respectively — provide opportunities for a wider group of educarers to upgrade their knowledge and skills.

## ENHANCING MOTIVATION AND RETENTION

Another key challenge is high turnover and lack of motivation among educarers, due to the lack of incentives and benefits. While pre-primary teachers are paid through the Ministry of Finance and receive pensions and medical benefits, educarers are not government employees; instead their salaries are financed by parents and in some cases donors. Salaries therefore tend to be higher for those working in urban and privately funded programmes — which may charge parents around N$2,000 (US$131) per month — than for those serving community and rural ECD programmes, which may charge parents N$10 (US$0.65) per month.[13] Sometimes educarers working in rural areas do not receive salaries for months at a time because of unpaid fees from poor parents, and many end up resigning and seeking employment elsewhere.

To address the inequitable working conditions among ECD educarers, in 2013 the MGECW began providing monthly subsidies of N$1,500 (US$98) to qualified ECD educarers, with priority attention given to those working in poor and rural

communities. As a result, the number of qualified educarers has been increasing. In 2015, 1,005 educarers in 650 ECD centres (out of over 2,700 registered centres across the country) received the subsidy.[14] The adoption of Child Care and Protection Act No. 3 in 2015 — which calls for adequate government funding for ECD programmes — is expected to contribute to strengthening the resource base from which the subsidies can be financed.

## STRENGTHENING THE PRACTICES OF PRE-PRIMARY AND LOWER PRIMARY TEACHERS

Another critical issue is the low quality of teaching practices among the ECD workforce in Namibia, as identified in the Fourth National Development Plan of 2012. To confront this challenge, the UNESCO/China Funds-in-Trust (CFIT) project titled 'Capacity Development for Quality in Pre- and Lower Primary Teacher Education in Namibia' was implemented.[15] Undertaken in 2014/15 by UNESCO in partnership with MoEAC, MoHETI and the University of Namibia (UNAM) Faculty of Education, this was an action research project that involved the collection of data from 56 teachers in 28 case-study schools from all regions of Namibia, with an equal mix of schools from urban and rural areas. The project established 28 research teams consisting of 4 to 6 members: one pre-primary teacher, one Grade 1 teacher, Ministry and UNESCO personnel, and at least one UNAM faculty member from the Early Childhood and Lower Primary Department, which played a central role in the project's implementation.

The first phase of the project aimed to understand existing teachers' practices and identify areas of practice that required reinforcement. The data collected revealed teachers' commitment to children and passion for teaching, and pointed to the following five areas of particular challenge: 1) questioning strategies, 2) effective use of teaching aids in numeracy, 3) reading and storytelling, 4) management of the learning environment and 5) formative assessment.[16]

The second phase consisted of translating the research findings into a toolkit of practical strategies in relation to the five areas. The toolkit, developed by the project's research teams, included teaching aids, guidelines, examples and ideas. After a training workshop, the toolkit was used in the same 28 case study schools with positive results.[17] Teachers became more confident in their ability to reach children with strategies that promoted a learner-centred environment. Their desire to provide stimulating learning opportunities was reinforced by increased responsiveness from children. By helping to shift teachers' perception of children from passive to active learners, the project transformed their practice into one centred around children's active involvement.

In addition to targeting the in-service training of pre-primary and Grade 1 teachers directly, the project also aimed to improve the ECD workforce on a more holistic level by enhancing the professional development of UNAM faculty who are training the next generation of pre-primary and early primary teachers. By spending a significant amount of time working collaboratively alongside teachers in the UNESCO/CFIT project, the teacher education faculty reconnected with classroom practices, increased their content knowledge and discovered ways to concretely apply that knowledge to support students in the university classroom.[18] As a result of the project, faculty members' own teaching practices became more evidence-based. The action research approach therefore proved powerful in affecting various layers of ECD stakeholders' professional development.

## IMPROVING THE IMAGE OF THE WORKFORCE

As in many other countries, the ECD sector in Namibia is widely undervalued and not regarded as requiring a highly trained workforce. ECD work is strongly associated with motherhood, and most people believe it involves simply playing with and supervising young children in their parents' absence — skills that women are supposed to

acquire 'naturally', without the need for training. This image of the ECD workforce makes it difficult to attract competent and high-achieving candidates: in 2013, only 14.2% of B.Ed. students opted for the ECLPE specialization.[19] The intake of students to this specialization is increasing, but at a slower rate than the demand for teachers at these levels, which is growing rapidly due to the progressive implementation of the 2007 policy to expand pre-primary education for children aged 5 to 6, and the abolishment of primary school fees in 2013. Compounding this shortage is the fact that when teachers do receive ECLPE qualifications, they are often placed in upper primary grades, due to the perception that pre-primary and lower-primary grades do not require qualified teachers.

Altering the overall image and status of the ECD workforce is critical for promoting equitable, high-quality ECD. Within the framework of the UNESCO/CFIT project, a national workshop was organized by UNESCO in cooperation with MoEAC and several partners (e.g. UNICEF and the EU Delegation) to strengthen the capacity of relevant government officials, UNAM and others to advocate for attracting competent people into the ECD profession — with the long-term goal of enhancing awareness of the fundamental importance of early childhood and lower primary education. The three-day workshop initiated the development of a national ECD advocacy strategy, with ten identified target groups and corresponding key messages and communication strategies. The outcome of this workshop is intended to be the starting point of a joint effort towards strengthening the ECD sector and its workforce in Namibia.

## Lessons Learned

The Government of Namibia, in close collaboration with its stakeholders and partners, has taken a holistic approach towards improving ECD by investing in the ECD workforce and laying the policy foundations for equitable ECD. It has increased the amount and quality of offered training courses, and focused on in-service training for educarers and pre-primary teachers as well as the professional development of teacher educators. In doing so, it has given equal — and in some cases specific — attention to those working in poor and rural communities. These investments in the workforce are gradually but firmly contributing towards improved ECD quality and equity in Namibia.


The Namibian experience has shown that workforce development is a multifaceted endeavour, involving interventions in a range of areas including policy, training and professional development, and advocacy work. Activities may include establishing policy frameworks, developing qualification and training systems, offering training and professional development opportunities, and improving the public image of ECD work and the ECD workforce. A wide variety of stakeholders — including policy-makers, teachers and educarers, teacher education faculty and researchers — must share the responsibility for creating a competent and motivated ECD workforce that can serve all children.

1 UNESCO, 2014.
2 United Nations, 1990.
3 UNESCO, 2014.
4 PRB, 2015.
5 World Bank, 2016.
6 UNESCO, 2013.
7 EU and Republic of Namibia, 2015.
8 UNESCO, 2013.
9 Villet, 2015.
10 Ibid.
11 Naanda, 2005.
12 RAISON, 2014.
13 MGECW, personal communication, November 2015.
14 Ibid.
15 Steukers and Weiss, 2015.
16 Ibid.
17 Ibid.
18 Ibid.
19 UNESCO, 2013.

## References

European Union (EU) and Republic of Namibia. 2015. *National Indicative Programme 2014–2020*. Windhoek, Authors. http://eeas.europa.eu/delegations/namibia/documents/eu_namibia/national-indicative-programme-2014-2020_en.pdf

Naanda, A. N. 2005. The development of an inclusive approach in early childhood development in Namibia. Ph.D. thesis, Stellenbosch University, South Africa. http://hdl.handle.net/10019.1/50476

Population Reference Bureau (PRB). 2015. *2015 World Population Data Sheet*. Washington, DC, Author. http://www.prb.org/pdf15/2015-world-population-data-sheet_eng.pdf

Research and Information Services of Namibia (RAISON). 2014. *Early Childhood Development and Education in Namibia: Results of the 2012 Survey of Early Childhood Development Centres by the Ministry of Gender Equality and Child Welfare*. Windhoek, Government of Namibia. http://www.raison.com.na/Early%20Childhood%20Development%20and%20Education%20in%20Namibia%20final%20report%20October%202014.pdf

Steukers, G. and Weiss, J. 2015. *Quality Teachers for EFA: Capacity Development for Quality in Pre- and Lower Primary Teacher Education in Namibia*. Windhoek, UNESCO/CFIT, University of Namibia, Government of Namibia. http://unesdoc.unesco.org/images/0023/002348/234821E.pdf

UNESCO. 2013. *Namibia Needs Assessment Report: Assessment of Teacher Training and Development Needs to Ensure Education for All (EFA)*. Paris/Windhoek, Author/Government of Namibia. http://unesdoc.unesco.org/images/0022/002298/229862E.pdf

UNESCO. 2014. *EFA Global Monitoring Report 2013/4. Teaching and Learning: Achieving Quality for All*. Paris, Author. http://en.unesco.org/gem-report/report/2014/teaching-and-learning-achieving-quality-all#sthash.FkEgAq4t.dpbs

United Nations. 1990. *Convention on the Rights of the Child*. Geneva, Switzerland, United Nations Office of the High Commissioner for Human Rights (OHCHR). http://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Villet, C. 2015. *Situations and Challenges Concerning the IECD Workforce Namibia*. Presented at the World Teachers' Day 2015 Roundtable on Early Childhood Education Teachers at UNESCO, Paris.

World Bank. 2016. *World Development Indicators Database*. Washington, DC, Author. http://data.worldbank.org/ (Accessed 12 March 2016.)

Correspondence should be addressed to Yoshie Kaga: y.kaga@unesco.org or Aune Victor: avictor@unicef.org

## CASE STUDY 5

# CONTINUOUS QUALITY IMPROVEMENT AND COLLABORATIVE LEARNING TO IMPROVE ADAPTABILITY AND SCALABILITY IN A PROFESSIONAL DEVELOPMENT PROGRAMME FOR PRE-SCHOOL TEACHERS IN CHILE

MARYCATHERINE ARBOUR, HIROKAZU YOSHIKAWA, FRANCIS ROMINA DURAN MELLADO, KAREN ASKOV ZERIBI, MARCELA MARIA MARZOLO MALAGARRIGA AND CATHERINE E. SNOW


If early childhood education, or ECE, is to fulfil its promise of promoting equity and ensuring that all children develop to their fullest potential, efforts to improve the quality of ECE will need to be executed on a large scale. Any intervention intended for large-scale implementation must be adaptable to a diversity of contexts; scale-up of efficacious interventions across contexts is a central challenge in global ECE. This case study from Chile reports on a professional development intervention to improve ECE quality that incorporated continuous quality improvement (CQI) methods and collaborative learning. This innovative approach is designed to enable teachers to 1) adapt the intervention as they apply it while continuously monitoring its efficacy in their specific context, and 2) share their insights in networked learning communities to promote the spread, scale-up and sustainability of practice improvements. The case study describes the programme's key innovations, lessons learned and implications for national and international policy.

## Background and Context

### THE CHILEAN ECD CONTEXT

Chile is one of South America's most stable and prosperous nations. The average annual GDP growth rate was more than 4% between 2011 and 2014, and GDP per capita is one of the highest in the region.[1] Chile is also one of the most

inequitable nations in the region, with the largest Gini coefficient of economic inequality among OECD nations.[2] Inequality is observed in Chile beginning at the earliest stages of children's development. Chilean children under age 5 from low socio-economic backgrounds present significantly higher rates of social–emotional problems and language delays than children from families at the top of the country's income distribution.[3] In an effort to close these gaps and address persistent economic inequality, in 2007 the Government of Chile established ECD policy as a key priority. It created a national integrated system for early childhood protection, called Chile Grows with You, and expanded free ECE opportunities for the poorest 40% of the population by increasing funding for public ECE centres and for vouchers to private subsidized centres.[4] The policy was effective in increasing access to ECE: by 2012, 73% of 4-year-olds and 93% of 5-year-olds were enrolled in pre-school, and most of this growth occurred in the poorest quintiles of the population, who enrolled their children in pre-kindergarten and kindergarten classrooms within public and subsidized voucher primary schools.[5] However, the impact of ECE depends on its quality.[6] While access had increased, concerns remained about pre-school quality in Chile.[7] Specifically, non-instructional activities — snacks, behaviour management and recess time — were found to occupy more than half of the overall time. Instructional activities typically focused on unstructured conversations and arts and crafts, with limited time spent reading books, teaching letters and developing vocabulary or concepts.[8]

## UN BUEN COMIENZO (UBC)

To address such concerns, a group of international and national researchers and Chilean policy-makers, leaders and pre-school teachers designed an intervention to improve ECE classroom quality and outcomes. Called *Un Buen Comienzo* (UBC — A Good Start), the programme targeted children ages 4 to 5 enrolled in public pre-schools in low income municipalities of Santiago, Chile. The intervention focused primarily on instructional strategies to promote oral language and early literacy development, with secondary support in the areas of social–emotional development, family involvement and coordination with health services.


A professional development approach was chosen for UBC because although the trained ECE workforce in Chile is large (nationally, there are 19,895 trained pre-school teachers and 21,446 trained day care providers in public, voucher and private institutions), it is characterized by multiple issues that affect quality, including:[9]

- Poor performance on the national standardized post-secondary school exam;
- Pre-service education of variable quality (24% of institutions that provide pre-school teacher education are not accredited);
- High retention and long duration of service with limited in-service training opportunities; and
- Poor remuneration.

Through UBC, pre-kindergarten and kindergarten teachers and aides received 12 monthly workshops, 24 bi-weekly in-classroom coaching sessions and 6 group reflection sessions over the course of 2 years. From 2008 to 2011, a cluster-randomized experiment enrolled 64 schools with 107 classrooms, 140 teachers and 110 aides serving 1,876 children. The trial showed that the UBC intervention had positive impacts on classroom quality, but minimal impacts on child outcomes.[10] These mixed findings presented a dilemma:

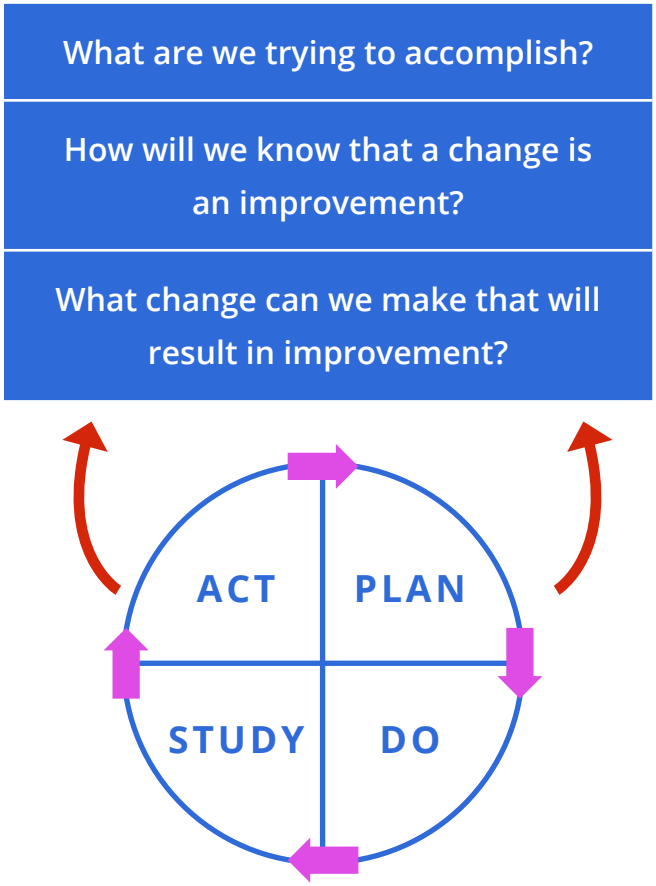
moderate-to-large impacts on classroom quality suggested that the theory of change underpinning UBC was partially correct, but the lack of impact on child outcomes revealed real deficiencies. Ultimately, with input from all collaborators, the Board of Directors of the principal funder, Fundación Educacional Oportunidad, decided to continue to work on UBC because it had noteworthy strengths: incorporation of the most up-to-date evidence on professional development; thoughtful participatory design that included researchers, policy-makers, stakeholders and practitioners; and successful implementation. Starting over with a new evidence-informed intervention, one that likely would have been designed and tested in a very different context, seemed less promising than improving UBC. Therefore, in 2011, UBC adopted an innovative approach: it integrated continuous quality improvement and networked learning collaboratives.[11] Both methods are designed to improve the original intervention and simultaneously promote sustainability in scale-up.

## Continuous Quality Improvement and Learning Collaboratives in UBC

Continuous quality improvement, or CQI, is a method that uses a deliberate and defined process to adapt proven, evidence-based interventions by engaging the entire organization and its front-line providers in a series of ongoing observations, adjustments and interventions, in order to induce measurable improvements in outcomes.[12] CQI is a practical application tied to strong, formal science. The CQI approach first emerged as a way to overcome manufacturing deficiencies,[13] and has subsequently been applied in health care, public health and, recently, in education.[14]

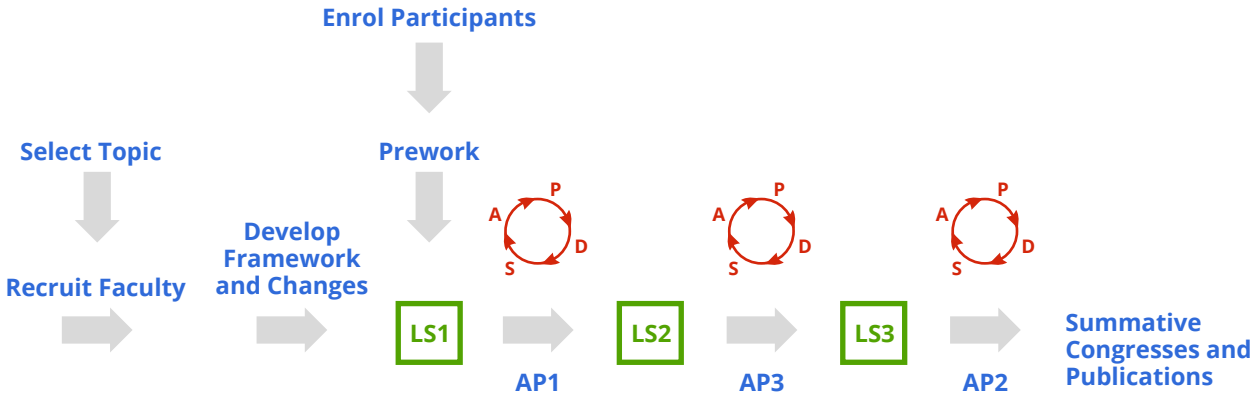
In 2011/12, UBC integrated CQI methods in 3 municipalities with 14 schools and 28 teachers serving 128 children. To begin the process, municipalities located in the O'Higgins Region (VI Región del Libertador General Bernardo O'Higgins) of Chile with a high proportion of at-risk children and a mix of rural and urban schools were invited to apply. Interviews with municipal representatives were conducted to make sure the goals of the programme were clear, explain the evaluation design and answer questions. Three municipalities were selected, and all of their schools were offered the choice of receiving UBC professional development alone or UBC professional development with CQI. A subset of 14 'pioneer' schools volunteered to receive CQI training using the Institute for Healthcare Improvement (IHI) Breakthrough Series Collaborative Model, which combines the IHI Model for Improvement with collaborative learning (see Figures 1 and 2 for illustrations of the two models).[15]

**FIGURE 1: THE IHI'S MODEL FOR IMPROVEMENT**




Source: Langley et al., 2009.

## FIGURE 2: THE IHI'S BREAKTHROUGH SERIES COLLABORATIVE MODEL




LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

**Supports:** email, visits, phone conferences, monthly team reports and assessments

Source: IHI, 2003.

### KEY INNOVATIONS

The integration of CQI and collaborative learning into the UBC programme using the IHI Collaborative Model led to several key innovations.

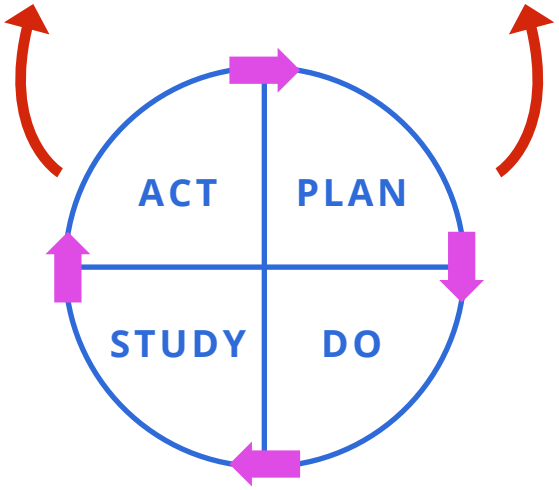
First, each pioneer school formed a school-based CQI team that met every 1 to 4 weeks and included teachers, aides, principals, curricular leaders and parents. This increased the frequency and intimacy of involvement of school leadership and parents in the UBC intervention.

Second, in addition to training and coaching in the original UBC content (i.e. instructional strategies and classroom management skills), CQI teams were trained to use the IHI Model for Improvement to set short-term, specific aims; to generate their own ideas about how to make the UBC intervention work in their specific contexts; and to use data to determine how well an idea had worked. Teams subjected their ideas to small, rapid-cycle testing using the Plan–Do–Study–Act (PDSA) cycles specified in the IHI model. Figure 3 illustrates an example of a PDSA cycle from a UBC pioneer school. Ideas such as those seen in this sample are unlikely to be designed into an evidence-based intervention, yet they are critical to putting such interventions to work effectively in the real world.

Third, CQI teams participated in Learning Collaboratives. As specified in the IHI Collaborative Model, team members attended three Learning Sessions (LS) that brought together CQI teams, key stakeholders (municipal, regional and national) and expert faculty (including the original UBC researchers). At LS1, faculty presented a vision for ideal pre-school quality and specific changes proposed by UBC, and teams learned CQI skills including the Model for Improvement. During the Action Periods (3 to 4 months long) between Learning Sessions, CQI teams tested changes in their local settings and collected data to measure the changes' effects. UBC provided additional collaborative learning opportunities by organizing visits between schools where CQI teams witnessed and reflected on changes being tested in other schools. At LS2 and LS3 teams reported on successes, challenges and lessons in order to learn from one another and spread improvements. Also at these sessions faculty provided in-depth teaching on UBC language instruction strategies, and stakeholders worked to solve problems that were out of reach for front-line teams. The work of the front-line teams informed the UBC intervention and decision-making at the municipal, regional and national levels.

## FIGURE 3: SAMPLE PDSA CYCLE FROM A UBC PIONEER SCHOOL

| MODEL FOR IMPROVEMENT | SAMPLE PLAN-DO-STUDY-ACT CYCLE |
|---|---|
| What are we trying to accomplish? | To improve our students' language skills by increasing the number of language activities the teacher does from one to two activities per day. |
| How will we know that a change is an improvement? | Collect two indicators:<br>Every day: number of language activities done<br>Three times per year: formative evaluation of language |
| What change can we make that will result in improvement? | Ask cafeteria staff to serve breakfast and snack in the classroom to reduce the amount of time spent walking 30 children back and forth to the cafeteria three times each day (breakfast, snack and lunch). |




Source: Langley et al., 2009.

### QUESTIONS TO ANSWER WITH PSDA CYLE #1

If cafeteria staff serve breakfast and snack in the classroom, will the teacher be able to do two language activities per day?

**PLAN** The principal will ask the cafeteria staff if they could bring breakfast and snack to the classroom. The teacher will track the number of language activities she did each day.

**DO** The plan was executed without difficulty, no modifications made.

**STUDY** After one week, the team reconvened to reflect. Cafeteria staff did bring breakfast and snack to the classroom each day. The teacher did two language activities on 4 of 5 days. On one day she had planned to read a story using UBC language strategies, but was interrupted by administrative tasks.

**ACT** The team decided to establish a set time each day for language activities and to make a sign for the door of the classroom asking that class not be interrupted during those specific times.

Finally, CQI teams collected common measures, used data in iterative feedback loops to make decisions about their own practice and shared data transparently across the Learning Collaborative. Expert faculty selected measures to reflect the Collaborative's overall aim and the processes essential to reaching that aim: measures of children's language and literacy skills (assessed three times per year), and monthly measures of instructional time, instructional quality, children's behaviour and attendance.

iStock.com/Forest Woodward

## Impact and Lessons Learned

Early results from quasi-experimental studies show encouraging patterns of continued improvement in classroom quality and some positive impacts on children's language outcomes as a result of integrating CQI and collaborative learning into the UBC programme.[16] In addition, the experience revealed a number of valuable lessons for potential future implementations in Chile as well as other countries and contexts. These lessons are discussed in the sections that follow.

### FEASIBILITY

Using the CQI method in ECE in the Chilean context was feasible, despite the fact that the country's ECE workforce is often inadequately trained and poorly compensated. All pioneer schools that participated in UBC with CQI formed CQI teams that included principals, teachers, aides and parents, and all teams completed multiple PDSA cycles and developed the capacity to report data by the end of the first semester.

### CULTURAL CHANGE

Using CQI in ECE in Chile led to cultural change in schools. Typically, Chilean schools are characterized by hierarchical leadership and circumscribed roles. Including teachers and parents on CQI teams with principals expanded their usual roles to include school improvement and created a venue through which they worked together with administrators towards a common aim. The CQI method's reliance on frequent data collection, reflection and transparent sharing was also countercultural. Most participants had some experience reporting data but little experience reflecting, analyzing or using data to inform practice. Over time, teams grew more comfortable and eager to use data, as the data revealed the fruits of their efforts and made it possible to recognize and celebrate good work. Sharing data transparently with peers across the Collaborative created an element of peer-to-peer motivation and drew attention, on the one hand, to sites that were showing improvement in order to learn from them, and on the other, to teams that were struggling so that UBC coaches could investigate during coaching sessions. CQI team members reported that a cultural shift was occurring in their schools, from a culture where data were used for judgment to one where data are viewed with an eye towards learning and identifying opportunities for improvement.

### TEACHERS AS CO-DESIGNERS AND CO-INVESTIGATORS

CQI transformed teachers from passive recipients to co-designers and co-investigators in the UBC programme. Training front-line teams in CQI methods invited those who knew the most about the local contexts to design solutions to make the intervention work, and it provided them with the necessary skills to evaluate whether their ideas were leading to improvements. The ideas teachers tested were highly specific to their context and included adaptations that could not be introduced by policy-makers or researchers. For example, to help the children in their classrooms achieve the Collaborative's language goals, teachers set an aim to dedicate 60 minutes per day to teaching language skills. This seemingly basic decision is revolutionary: in Chile, there is a strong belief in the principle of curricular freedom.[17] Neither the Ministry of Education nor the UBC design team could have required or even suggested such a specific target. In fact, one of the hypotheses proposed to explain the original UBC experiment's lack of impact on child language outcomes was that, although the quality of language instruction improved, the quantity was insufficient: on average, during the UBC experiment, intervention teachers spent only 30 minutes per day on high-quality language activities.[18] In 2015, 33 schools participating in UBC's Learning Collaborative reported spending an average of 57 minutes per day on high-quality language activities.[19]

### POSITIVE RIPPLE EFFECT

CQI fostered the spread of good ideas within and beyond participating schools, leading to a positive ripple effect throughout school districts and municipalities. With the creation of CQI teams,

principals in participating schools witnessed for the first time the changes occurring in classrooms through UBC and CQI, and they all developed strategies to reproduce these changes in other classrooms. Many principals hired UBC pre-school teachers to teach CQI methods and language instructional strategies to first grade teachers. In addition, two years after UBC integrated CQI, some teachers asked to continue working with UBC to improve their own practice and that of their peers. Thus, a cadre of teacher mentors emerged. UBC supported these mentors to train their colleagues in UBC language instructional strategies and CQI methods at monthly ministry-sanctioned *microcentros* (micro-centres), the established mechanism for peer-to-peer professional development in rural areas, and through professional organizations (such as *el Colegio de Profesores de Chile* [CPC — Teachers' College of Chile], the Chilean teachers union). Now when UBC partners with new municipalities, the programme only enrols some schools, with an explicit strategy to create mentors among the teachers who receive UBC training, so that they spread the language strategies and CQI skills to all teachers. In this way, CQI has extended the reach of the UBC programme beyond the schools it serves directly.

## IMPLICATIONS FOR CHILE AND BEYOND

Since 2012, UBC has used CQI methods in nearly 100 public pre-schools in Chile, training almost 400 ECE professionals to use data in real time to test and drive improvements in classroom quality and children's outcomes. The Chilean Ministry of Education incorporated CQI in its technical orientation manual for classroom teams, school leadership, stakeholders and technical assistance providers.[20] The government's *Agencia de Calidad de la Educación* (Agency for Quality in Education) is exploring strategies for building CQI expertise which would institutionalize the approach and promote the sustainability and reach of efforts to continuously improve the quality of ECE in public primary schools.

The success of this intervention also has implications beyond the Chilean context. Prior to CQI integration, UBC's original mixed outcomes — showing improvements in some areas but not in others — was not unique; around the world, it is common to find partial positive impacts in studies of ECE interventions.[21] The UBC experience suggests that CQI may provide a way forward for improving ECE interventions that have a sound evidence base, careful design, successful implementation and only partial positive impacts. In the post-2015 global agenda for sustainable development, CQI could play an important role in promoting equity by potentiating workforce development in a new way, one that engages front-line providers as protagonists and builds their capacity not only as educators but also as co-investigators in pursuit of a common aim: improved ECE quality to ensure that all children develop to their fullest potential.

---

1 World Bank, 2016; IMF, 2015.
2 OECD, 2011.
3 Behrman et al. 2010; Schady et al., 2015.
4 Peralta, 2011; Molina and Silva, 2010.
5 Ministry of Education of Chile, 2014.
6 Camilli et al., 2010; Yoshikawa et al., 2013.
7 Eyzaguirre and Le Foulon, 2001; Manzi et al., 2008.
8 Strasser and Lissi, 2009; PUC Faculty of Education, 2011.
9 Ministry of Education of Chile, 2014.
10 Yoshikawa et al., 2015.
11 Berwick, 2003; Bryk et al., 2011.
12 Kritchevsky and Simmons, 1991; Riley et al., 2010.
13 Deming, 1986; Juran, 1951.
14 Dilley et al., 2012; Nicolay et al., 2012; Park et al., 2013.
15 IHI, 2003, 2016; Langley et al., 2009.
16 Treviño et al., 2014; Arbour et al., 2015.
17 Peralta, 2011.
18 Mendive et al., 2016.
19 Fundación Educacional Oportunidad, 2015.
20 Ministry of Education of Chile, 2012.
21 Burchinal et al, 2010; PCERC, 2008.

## References

Arbour, M. C., Yoshikawa, H., Atwood, S., Duran, F. R., Godoy, F., Trevino, E. and Snow, C. E. 2015. Quasi-experimental study of a learning collaborative to improve public preschool quality and children's language outcomes in Chile. *BMJ Quality and Safety*, Vol. 24, No. 11, p. 727. doi:10.1136/bmjqs-2015-IHIabstracts.11

Behrman, J., Bravo, D. and Urzúa, S. 2010. *Encuesta Longitudinal de la Primera Infancia: Aspectos Metodológicos y Primeros Resultados* [Longitudinal Survey of Early Childhood: Methodology and Preliminary Results]. Santiago, University of Chile, Department of Economics. (In Spanish.) http://www.crececontigo.gob.cl/wp-content/uploads/2013/07/INforme-ELPI-2010.pdf

Berwick, D. M. 2003. Disseminating innovations in health care. *JAMA*, Vol. 289, No. 15, pp.1969–75. doi:10.1001/jama.289.15.1969

Bryk, A. S., Gomez, L. M. and Grunow, A. 2011. Getting ideas into action: building networked improvement communities in education. M. T. Hallinan (ed.), *Frontiers in Sociology of Education*. Dordrecht, Springer Netherlands, pp. 127–62.

Burchinal, M., Vandergrift, N., Pianta, R. and Mashburn, A. 2010. Threshold analysis of association between child care quality and child outcomes for low-income children in pre-kindergarten programs. *Early Childhood Research Quarterly*, Vol. 25, No. 2, pp. 166–76. doi:10.1016/j.ecresq.2009.10.004

Camilli, G., Vargas, S., Ryan, S. and Barnett, W. S. 2010. Meta-analysis of effects of early education interventions on cognitive and social development. *Teachers College Record*, Vol. 112, No. 3, pp. 579–620. http://www.tcrecord.org/Content.asp?ContentId=15440

Deming, W. E. 1986. *Out of the Crisis*. Cambridge, Mass., MIT Press.

Dilley, J., Bekemeier, B. and Harris, J. 2012. Quality improvement in public health systems: a systematic review. *American Journal of Preventative Medicine*, Vol. 42, No. 5, Supplement 1, pp. S58–71. doi:10.1016/j.amepre.2012.01.022

Eyzaguirre, B. and Le Foulon, C. 2001. La calidad de la educación Chilena en cifras [The quality of Chilean education in numbers]. *Estudios Públicos*, Vol. 4, pp 85–204. (In Spanish.) http://www.cepchile.cl/dms/archivo_2985_512/rev84_eyzaguirre.pdf

Fundación Educacional Oportunidad. 2015. *Reporte Seguimiento Conductores Primarios del Proyecto Un Buen Comienzo* [Monitoring Report on the Primary Drivers of the Good Start Project]. Santiago, Author. (In Spanish.)

International Monetary Fund (IMF). 2015. *World Economic Outlook Database 2015.* Washington, DC, Author. https://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx (Accessed 12 March 2016.)

Institute for Healthcare Improvement (IHI). 2003. *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement.* IHI Innovation Series White Paper. Boston, Author. http://www.ihi.org/resources/pages/ihiwhitepapers/thebreakthroughseriesihiscollaborativemodelforachievingbreakthroughimprovement.aspx

——. 2016. *How to Improve* [web page]. Boston, Author. http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

Juran, J. M. 1951. *Quality Control Handbook*. New York, McGraw-Hill.

Kritchevsky, S. B. and Simmons, B. P. 1991. Continuous quality improvement: concepts and applications for physician care. *JAMA*, Vol. 266, No. 13, pp. 1817–23. doi:10.1001/jama.1991.03470130097036

Langley, G. L., Moen, R., Nolan, K. M., Nolan, T. W, Norman, C. L. and Provost, L. P. 2009. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*, 2nd edn. San Francisco, Jossey-Bass.

Manzi, J., Strasser, K., San Martín, E. and Contreras, D. 2008 *Quality of Education in Chile*. Santiago, Centro de Medición MIDE UC. http://www.iadb.org/res/laresnetwork/files/pr300finaldraft.pdf

Mendive, S., Weiland, C., Yoshikawa, H. and Snow, C. 2016. Opening the black box: intervention fidelity in a randomized trial of a preschool teacher professional development program. *Journal of Educational Psychology*, Vol. 108, No. 1, pp. 130–45. doi:10.1037/edu0000047

Ministry of Education of Chile. 2012. *Metodología de Mejora Continua* [Continuous Improvement Methodology]. Orientaciones Técnicas: Lineas Estratégicas para los Niveles de Transición. Santiago, Author. (In Spanish.)

——. 2014. *Estado del Arte de la Educación Parvularia en Chile* [State-of-the-Art Early Childhood Education in Chile]. Santiago, Author. (In Spanish.) http://portales.mineduc.cl/usuarios/mineduc/parvularia2014/index.html

Molina, H. and Silva, V. 2010 *Four Years Growing Together: History of the Installation of the System of Integrated Childhood Protection, 2006–2010*. Santiago, Ministry of Health of Chile.

Nicolay, C. R., Purkayastha, S., Greenhalgh, A., Benn, J., Chaturvedi, S., Phillips, N. and Darzi, A. 2012. Systematic review of the application of quality improvement methodologies from the manufacturing industry to surgical healthcare. *British Journal of Surgery*, Vol. 99, No. 3, pp. 324–35. doi:10.1002/bjs.7803

OECD. 2011. An overview of growing income inequalities in OECD countries: main findings. *Divided We Stand: Why Inequality Keeps Rising.* Paris, OECD Publishing, pp. 21–45. http://www.oecd.org/els/soc/49499779.pdf

Park, S., Hironaka, S., Carver, P. and Nordstrum, L. 2013. *Continuous Improvement in Education*. Stanford, Calif., Carnegie Foundation for the Advancement of Teaching. http://www.carnegiefoundation.org/resources/publications/continuous-improvement-education

Peralta, M. V. 2011. Early childhood education and public care policies in Chile: a historical perspective to analyze the present. *International Journal of Child Care and Education Policy*, Vol. 5, No. 1, pp. 17–27. doi:10.1007/2288-6729-5-1-17

Preschool Curriculum Evaluation Research Consortium (PCERC). 2008. *Effects of Preschool Curriculum Programs on School Readiness (NCER 2008–2009)*. Washington, DC, National Center for Education Research, Institute of Education Sciences, US Department of Education. http://ies.ed.gov/ncer/pubs/20082009/pdf/20082009_1.pdf

Pontificia Universidad Católica de Chile (PUC) Faculty of Education. 2011. *Alfabetizaciónen Establecimientos Chilenos Subvencionados: Informe Final* [Literacy in Subsidized Chilean Institutions: Final Report]. Santiago, Author. (In Spanish.) http://www.educacion2.udp.cl/seminarios/201109/ppt/Alfabetizacion-Informe-final.pdf

Riley, W. J., Moran, J. W., Corso, L. C., Beitsch, L. M., Bialek, R. and Cofsky, A. 2010. Defining quality improvement in public health. *Journal of Public Health Management and Practice*, Vol. 16, No. 1, pp. 5–7. doi:10.1097/PHH.0b013e3181bedb49

Schady, N., Behrman, J., Araujo, M. C., Azuero, R., Bernal, R., Bravo, D., … Vakis, R. 2015. Wealth gradients in early childhood cognitive development in five Latin American countries. *Journal of Human Resources*, Vol. 50, No. 2, pp. 446–63.10.3368/jhr.50.2.446

Strasser, K. and Lissi, M. R. 2009. Home and instruction effects on emergent literacy in a sample of Chilean kindergarten children. *Scientific Studies of Reading*, Vol. 13, No. 2, pp. 175–204. doi:10.1080/10888430902769525

Treviño, E., Godoy Ossa, F., Yoshikawa, H., Snow, C. E. and Marzolo, M. 2014. Quasi-experimental impacts of continuous quality improvement in a preschool teacher professional development program in Chile: a propensity score matching approach. Manuscript under review.

World Bank. 2016. *World Development Indicators Database*. Washington, DC, Author. http://data.worldbank.org/ (Accessed 12 March 2016.)

Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M. R., Espinosa, L. M., Gormley, W. T., … Zaslow, M. J. 2013. *Investing in Our Future: The Evidence Base on Preschool Education*. Ann Arbor, Mich./New York, Society for Research in Child Development/Foundation for Child Development. http://fcd-us.org/resources/evidence-base-preschool

Yoshikawa, H., Leyva, D., Snow, C. E., Treviño, E., Barata, M., Weiland, C. … Arbour, M. C. 2015. Experimental impacts of a teacher professional development program in Chile on preschool classroom quality and child outcomes. *Developmental Psychology*, Vol. 51, No. 3, pp. 309–22. doi:10.1037/a0038785.

---

Correspondence should be addressed to MaryCatherine Arbour: marbour@partners.org

## CASE STUDY 6

# HEALTH HOME VISITING TO SUPPORT EARLY CHILDHOOD DEVELOPMENT IN THE CEE/CIS REGION

**BETTINA SCHWETHELM AND DEEPA GROVER**
(UNICEF Regional Office for Central and Eastern Europe/Commonwealth of Independent States)


While the strategic importance of synergetic, multisectoral interventions for holistic child development has long been recognized, early childhood programmes are typically associated with early education and parenting programmes organized by a variety of providers. This has resulted in horizontal and vertical discontinuities, varying notions of accountability and programmes that end with a particular project. To address this issue, UNICEF is working with national governments in the Central and Eastern Europe (CEE)/Commonwealth of Independent States (CIS) region[1] to employ a systems-based approach to ECD in the health sector. The approach promotes the survival, development, protection and well-being of young children, their caregivers and pregnant women, particularly from the most disadvantaged populations.

The effort aims to transform existing health home visiting systems so that home visitors, in addition to their health-related responsibilities, are enabled to partner with families to promote ECD, recognize and address potential or manifest risks in the home environment, provide guidance and psychosocial support, and link families and young children to other services as needed. While home visitors are being trained for these additional tasks, simultaneous efforts are underway to ensure an enabling environment within the health sector. These efforts include redefining health and education policies, reforming institutional arrangements and intersectoral linkages, and establishing adequate and appropriate legal and budgetary provisions as well as new standards of quality. Founded on global evidence and the support of a Technical Advisory Group (TAG) composed of international experts, this approach is expected to be sustainable and result in positive outcomes for children and families now and in the future.

# Background and Context

## THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT

Research has provided robust evidence of what young children need for their optimal development: conditions that ensure good health and nutrition, attuned and nurturing caregivers, and a safe and stimulating environment. There is an abundance of evidence from biological, behavioural and neurological science on the long-term consequences of factors such as early childhood nutrition status,[2] the physical and mental health of caregivers,[3] brain development and the impact of toxic stress,[4] and adverse childhood experiences.[5] A variety of interventions can address these factors independently.[6] The more difficult task, however, is bringing these interventions together to mediate 'risk and protective factors'[7] in a symbiotic and comprehensive way for each child, family and community. Creating this kind of synergy between and across interventions remains a major challenge for ECD programmes.[8]

## THE SITUATION OF YOUNG CHILDREN IN CEE/CIS

Many countries in the CEE/CIS region are middle or upper income countries, but by no means does this guarantee equity or quality in ECD services. Much remains to be done in this region to improve the well-being of young children and, by extension, their lifelong chances for physical and mental health, achievement and productivity. Social determinants — such as high levels of child poverty, discrimination against ethnic minorities, ignored and untreated perinatal mental illness, undiagnosed and thus invisible young children with developmental difficulties, and tolerance of harsh discipline even for young children — exacerbate inequities in child outcomes within and across countries. Specifically, the following obstacles to equitable opportunities for ECD have been found in the CEE/CIS region:

- **Child mortality:** With improvements in perinatal care, more high-risk newborns (such as children with extremely low birth weight) are surviving, but systems are not in place to provide them with sustained follow-up.
- **Child poverty:** Significant numbers of children in CEE/CIS survive below minimum living standards, experience stunting (a sign of inadequate nutrition), are not immunized, and do not have access to quality education and health care services. Fiscal constraints related to the global financial crisis have made it more difficult for countries to meet their obligations to promote children's rights.[9]
- **Violence against children:** According to UNICEF's MICS, between 38% and 84% of children aged 2 to 4 in 11 CEE/CIS countries experience psychological aggression or physical punishment.[10] Younger children are also experiencing more physical punishment than older children. In some countries children aged 2 to 4 are almost twice as likely to experience 'minor to moderate' physical punishment than are children aged 10 to 14.
- **Lack of parental support for learning:** In the same 11 countries, the MICS found that between 26% and 61% of children under the age of 2 receive inadequate support for learning, as measured by the number of times an adult has engaged in early learning activities (such as reading, counting or singing) with the child in the last 3 days.[11]
- **Equity gaps in services and programmes:** While services and programmes for children have expanded, equity gaps have stagnated and even increased in some countries.[12]
- **Low capacity for early identification and intervention:** The region has limited skills and experience using standardized tools to monitor child development in both home and clinic settings. The region suffers from a widespread lack of specialists available to conduct child and parental assessments and provide intervention. Children identified as experiencing developmental difficulties are treated with a medical and 'defectology' approach rather than a family-centred psychosocial approach.

- **Children in residential care:** In 2010, 42% of all children in institutional care globally lived in the CEE/CIS region.[13] While this number has since decreased, in 2012 there were still over half a million children living in residential institutions in the region.

Progress in addressing these issues may also be hindered by a lack of awareness. The critical importance of the early childhood years — including the damage caused by adverse childhood experiences and the impact of parenting and the home environment — is not well understood in the region by families or the professionals who support them.


## Health Home Visiting as an Entry Point for ECD

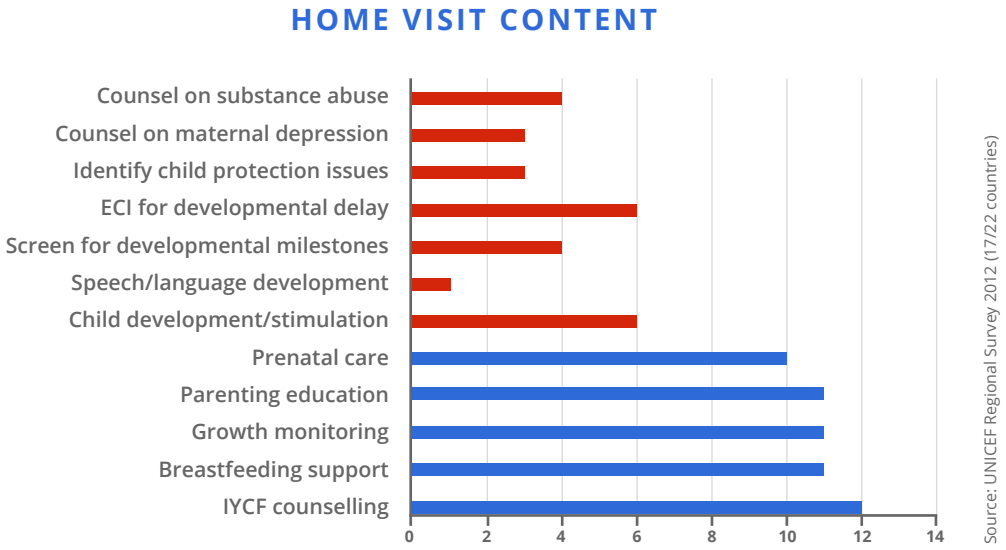
In the CEE/CIS region, the health sector is in universal and regular contact with pregnant women and families of young children, as evidenced by high rates of participation in antenatal care, deliveries with trained providers, immunization coverage and utilization of child health services at the primary care level. Additionally, many countries have retained their maternal and child health (MCH) home visiting services established during the pre-transition period. Few changes have been made to this service, and its potential for providing families of young children with information, guidance and support, as well as its ability to reach vulnerable families who are not accessing facility-based services, has remained unrecognized and underutilized.

Within this context, from 2010 to 2013 UNICEF partnered with national governments to conduct a series of assessments aimed at gauging the feasibility of using health home visiting as an entry point for comprehensive ECD, and to identify existing gaps in support to families that might be addressed through home visits. Additionally, two regional surveys contributed to a better understanding of home visiting content and quality, as well as equity gaps in access.

It was found that 17 countries in the CEE/CIS region had retained some form of MCH home visiting services. Of those that had retained the service, some countries — notably Serbia and Croatia — had moved towards a more comprehensive role for the home visiting professional. For the most part, however, only incremental improvements had been made in home visiting services, such as providing training in infant and young child feeding (IYCF). Countries that had introduced family medicine often assumed that some form of home visiting would still take place, but at best visits occurred only sporadically.

With regard to the content of home visits, UNICEF's regional surveys revealed that in most countries home visitors tend to provide traditional health services and do not routinely identify or give support to the most vulnerable women and children. For example, the majority of countries reported that home visitors provided IYCF counselling, breastfeeding support, child growth monitoring, parenting education and prenatal care (see Figure 1). A much smaller number of countries reported that home visitors screened for developmental milestones or provided early childhood intervention (ECI) services for developmental delays; provided counselling on substance abuse or maternal depression; identified child protection issues; or assessed speech and language development.

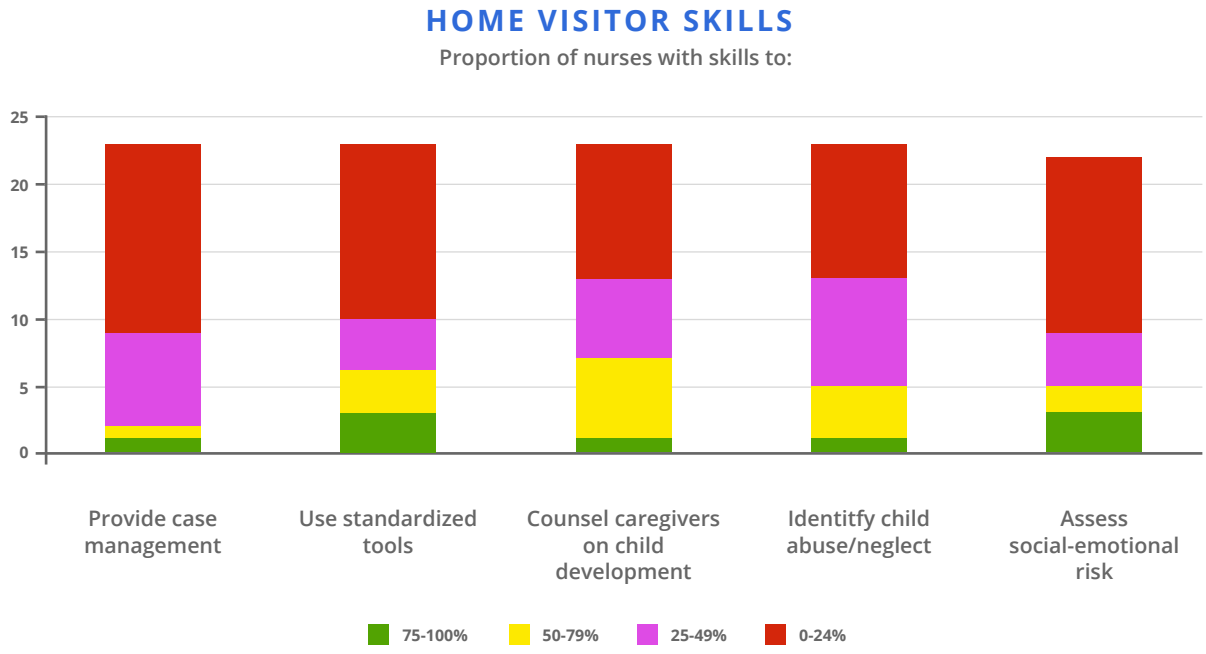
## FIGURE 1: TOPICS COVERED BY HEALTH HOME VISITS IN CEE/CIS COUNTRIES




Countries reporting that the topic is covered in home visits

In large part, this was due to the fact that home visitors had not been trained in such skills as identification of risk, use of standardized measurement tools, or active case management and counselling (see Figure 2), and because this was not a part of their job requirements.

## FIGURE 2: SELF-REPORTED SKILLS OF HEALTH HOME VISITORS IN CEE/CIS COUNTRIES



Notably, the findings also indicated that home visitors are trusted by families and that their services are valued. Unlike some other social services, the support of health care providers is not considered stigmatizing. Another positive feature of the service is that home visitors tend to continue to work in the same communities and thus provide a continuum of care to families in their charge. These results suggest that health home visitors have extensive reach, especially among marginalized populations, and, with appropriate training and support, are poised to make a significant impact on ECD in the CEE/CIS region.

## Why Home Visiting? The Global Evidence

The home is the child's first important environment. During the critical early years of life, the family is the primary mediator of child health and development outcomes. Home visitors meet the family in its own environment, which provides a unique insight into challenges and coping strategies. Because of this specialized access, home visiting has the potential to mitigate the many different issues that can derail young children's development, and to enhance the conditions that will contribute to their long-term health and well-being.

### IMPACT OF HOME VISITING

National and global reviews of home visiting programmes have shown that programmes vary widely in terms of staff qualifications and competencies, staffing levels and target populations, as well as delivery methodology, content, intensity, frequency and duration. Despite these differences, overall evidence suggests that home visiting programmes most likely have a positive impact on:[14]

- **Parental well-being**, including fewer and better-spaced pregnancies, reduced maternal depression and increased maternal employability;
- **Parenting skills and behaviours**, such as improved breastfeeding and responsive feeding, greater positive responsiveness to the infant, reduced use of harsh discipline, and more stimulating and safer home environments; and
- **Child outcomes**, including improved health and nutrition, and greater infant sociability, exploration and cognitive growth.

There also is strong evidence that home visiting can reduce the risk factors for child maltreatment, and some programmes have shown effectiveness in preventing maltreatment.[15]

Positive outcomes tend to be stronger when home visiting is provided by well-trained professionals, is sustained over time, and 'when home visitation services are co-joined with additional support programmes'.[16]

Because home visiting for pregnant women, parents and young children is provided during the period of greatest vulnerability, it can achieve significant financial returns. For example, in 2012 the State of Washington in the USA conducted a cost–benefit analysis of an intensive home visiting programme that sends nurses to the homes of low income families during a woman's pregnancy and the first two years of a child's life. In monetary terms, the total benefits of the programme — to participants (mother and child), taxpayers and society as a whole — were estimated at almost $23,000 per family, versus a cost of less than $10,000 per family for the 2-year programme.[17]

Home visiting has the potential to address equity issues, as home visitors can reach pregnant mothers, parents and children who are most in need and most likely to fall through the cracks because they are not accessing other services. Unfortunately, however, home visiting programmes often do not reach the most marginalized and vulnerable families. While these families have been labelled as 'hard-to-reach', it has been argued that it is the health system and providers that find it hard to engage and retain these families.[18] Approaches such as using trained individuals from

the same cultural group (e.g. Roma mediators in several countries of south-eastern Europe) or sensitizing providers to social determinants (i.e. gender, income, education) have been developed to remove such barriers and build a much-needed bridge between clinical health services and families previously referred to as hard-to-reach. Once in contact with the health system, these families can also be referred to other services as needed.

## APPROACHES TO HOME VISITING

Countries around the world have chosen different approaches to utilize home visiting services for strengthening parenting capacity and supporting families experiencing challenges.

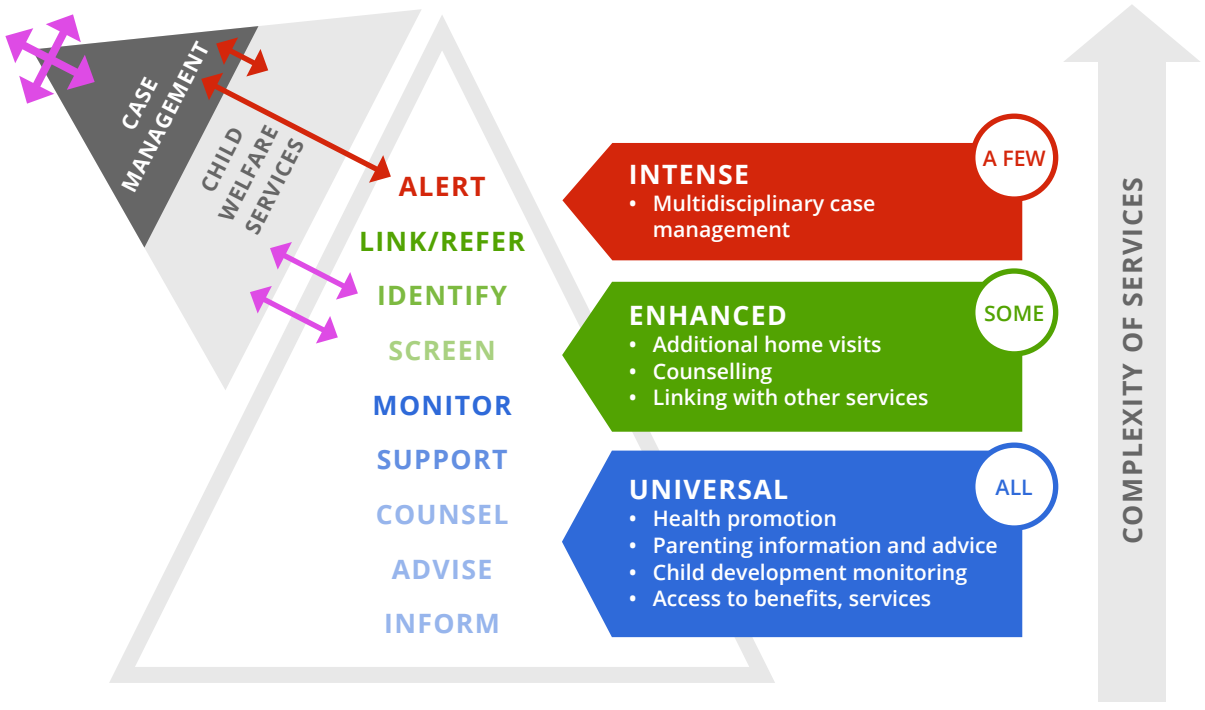
The **targeted approach** (used notably in the USA) prioritizes high-risk or vulnerable families and children, based on such indicators as poverty, teenage parenthood and risk of child maltreatment or domestic violence. This approach has been popular in countries that are looking at home visiting as a way of reducing equity gaps and increasing school readiness in children from 'suboptimal homes'.

The **universal approach**, which provides services to the entire population, rests on the premise that a large population exposed to low or moderate levels of risk may actually contribute more cases (i.e. people in need of individualized services) than a small, high-risk population.[19] In addition, it is argued that universal programmes provide a more acceptable and less stigmatizing platform for delivering needs-based enhanced services. This argument has been supported by research on child abuse which indicates that a significant number of families would be missed if a targeted approach were used.[20]

The **universal progressive approach**, also known as 'proportionate universalism', is a blended universal and targeted approach which proposes to shift the whole population gradient towards greater equity. In this model, all families receive health home visiting services, which are used in part to identify families in need of more enhanced or intensive services. Services become more complex and targeted in proportion to a family's needs.

Because of its potential to reduce inequities, the universal progressive approach was the model chosen for the CEE/CIS effort to support ECD through home visiting services.

### FIGURE 3: A MODEL FOR PROPORTIONATE UNIVERSALISM IN HOME VISITING



# Universal Progressive Home Visiting in CEE/CIS

Based on the findings of qualitative and quantitative assessments in the CEE/CIS region, in 2012 a consensus-building process was initiated around home visiting for ECD. The process first identified existing assets — the still prevalent and mostly universal MCH home visiting services in the region — as well as the constraints, namely a lack of awareness of the potential of home visiting to support overall child well-being and development.

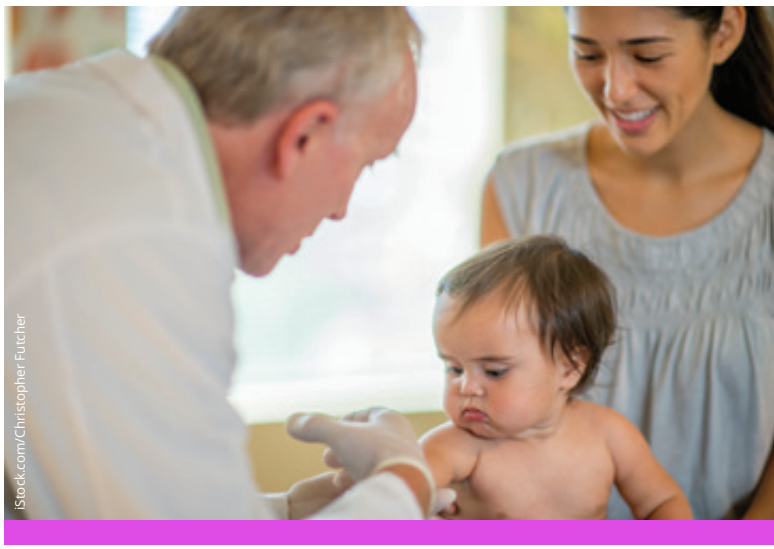
UNICEF is not an implementing agency in this process but rather a facilitator. The organization works with diverse stakeholders with differing priorities, political will and budgets for home visiting, and differing levels of human resource capacities. Its efforts focus on advocacy, technical assistance to system reforms, human resource capacity-building and modelling of good practices. UNICEF's main activities in this process are providing technical support to governments to reform existing systems, setting up and testing demonstration models, and helping governments utilize the available workforce and resources with greater efficiency and effectiveness.

A reform that is perceived as being imposed from the outside will not be sustainable; therefore at all times it remains vital for UNICEF to ensure full stakeholder ownership. With this in mind, the option of importing proven, ready-made models from other countries was deliberately eschewed. As a result, start-up was slow, but progress has been substantial over the past three years. With the assistance of a TAG composed of international experts, a number of countries have started to introduce new and improved universal progressive home visiting services.

UNICEF and its partners have used four main approaches to help countries build home visiting capacities: 1) bringing the best evidence into the region, 2) contributing to home visitation system development and standards, 3) preparing training modules to build home visitor knowledge and skills to support ECD and child protection, and 4) promoting inter-country exchanges.

## BEST EVIDENCE

Reforming home visiting services requires the input of different disciplines and specialties, including child development, health policy, health systems, public health, finance, communication, monitoring and evaluation (M&E), child protection and early childhood intervention. To facilitate this input, a TAG was established in 2012 with over 30 international experts. The TAG has made and continues to make significant contributions at all levels.




Over the past three years, the TAG has acted as a think tank and source of expertise, as well as a motivational force helping to propel the reform processes forward. The international experts have gained an excellent understanding of the specific challenges of the CEE/CIS region; provided technical support for country-level advocacy, evaluations, costing studies and capacity-building; and become a sounding board and source of advice. Annual TAG meetings have allowed members to share new knowledge, exchange ideas, develop action plans and review regional and country products and progress.

## SYSTEM DEVELOPMENT AND STANDARDS

Regional guidance documents were drafted to support an organized road map for home visiting

reforms. These include general recommendations for the role of home visitors; a stepwise approach to the assessment, development and/or reform of home visiting within the context of the primary health care system; recommendations for professional practice; home visiting content; and an M&E framework. The recommendations promote a significant shift in the role of the home visitor from an expert who monitors family health status and competencies to a partner who recognizes family strengths and supports the building of confidence, competence and resilience in child-rearing. This living and evolving set of documents is in active use in the region and is being integrated into new policies and implementation approaches.

## TRAINING MODULES

In partnership with the International Step by Step Association (ISSA) and international and regional experts, UNICEF drafted 14 resource modules to complement the current medical focus of pre-service and in-service training of home visitors. The topics cover:

- The science of early child development
- The changed role of home visitors
- Attachment
- Interacting with young children: love, play, talk, read
- Common parenting issues
- Engaging fathers
- Parental well-being
- Home environment and safety
- Children who develop differently
- Developmental monitoring and screening
- Preventing child abuse, neglect and abandonment
- Communication
- Working against stigma and discrimination
- Working with other sectors

In 2014 some modules were piloted in an online and in-person training format at a consultative meeting in Belgrade for national experts, trainers and experienced home visitors from Belarus, Bosnia and Herzegovina, Croatia, Georgia, Serbia, the former Yugoslav Republic of Macedonia, Turkmenistan and the UK. The modules were subsequently refined to address the work situation of home visitors more directly and to strengthen their motivation to improve professional knowledge, attitudes and practices and engage families more actively in partnership. A training for experienced national trainers from 13 countries was completed in late 2015. The participants in this training have started to adapt and contextualize the materials for national use in pre-service and in-service training.

## INTER-COUNTRY EXCHANGE

National capacities are also being built through ongoing inter-country exchanges. Study tours within and outside the region, site visits and collaboration in the dissemination and capacity-building of new screening, planning, costing and M&E tools have become routine. In some cases it has been found that the actual experience of participating in a home visit is more powerful than a conference with expert presentations. Observing an experienced home visitor interact with a family — her respect shown in interactions with caregivers from the moment she rings the doorbell and asks to be allowed into the family's home; her encouragement of family strengths and gentle coaching; her questions to check for understanding and concerns; and her appreciation for the family's time — can become a strong motivational force to improve the service in one's own country or context. Similarly, hearing first-hand about challenges encountered in setting up a new service and engaging in joint problem-solving for persistent bottlenecks can help representatives from neighbouring countries learn from each other and adapt shared innovations and changes.

# Impact and Lessons Learned

## EMERGING RESULTS

While the process of transforming the home visiting system in the CEE/CIS region is still underway, early achievements are promising. Two countries that had discontinued home visiting are in the process of reintroducing the service. Of these, Bulgaria is already in the process of replicating a demonstration project, with the government interested in a national scale-up. Kosovo[21] utilized the regional roadmap to conduct a systematic system assessment, worked on consensus-building and adaptation of the home visiting standards with a national working group, and is piloting in several municipalities.

Several countries (Serbia, Croatia, the former Yugoslav Republic of Macedonia, Kazakhstan and Turkmenistan) are focusing on strengthening the enhanced components of their existing home visiting systems. Some countries (Serbia, Bosnia and Herzegovina, Croatia and the former Yugoslav Republic of Macedonia) are also strengthening provider knowledge on developmental difficulties.

Bosnia and Herzegovina also conducted the very first quasi-experimental impact assessment of its pilot, providing the first evidence of results for children.

## LOOKING AHEAD

There are indications (e.g. from evaluations and assessments in Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia) that retooling health home visiting systems and personnel increases provider and family satisfaction. These results, as well outcomes for children and families, need to be tracked over time, and variables that contribute to greater child well-being, particularly for vulnerable children, need to be identified. National programmes must move from coding activities, such as measuring the number of families visited, to assessing successful referrals and outcomes for children. Similarly, rigorously designed, local cost-effectiveness and cost–benefit analyses are essential.

This will be a challenge moving forward. The process of building capacity for universal progressive home visiting is country-led and thus moves in line with national priorities, available resources and the vagaries of the socio-political context. Interest in establishing strong monitoring, evaluation and research frameworks remains low, and the complexity of arriving at agreed-upon indicators for measurement, particularly ECD outcome measures, continues to be a concern. While proxy measures such as parental well-being, the home environment, nutritional status and the use of disciplinary methods are established predictors of child development and well-being, very few of these measures are standardized, translated or validated for the region.

Support for international research partnerships and exchange with other regions that are promoting home visiting services — such as Latin America and the Caribbean — is likely to be beneficial in advancing this agenda in CEE/CIS. There are many shared challenges and questions that are globally applicable, such as:

- How to finance home visiting services;
- How to scale up pilot projects while retaining quality and fidelity to the original model;
- How to track progress and measure outcomes for children and families; and
- How to measure costs and benefits for society.

Learning from each other and benefitting from new tools and innovations could serve to enrich both regions and contribute to further investments in young children for lifelong health, well-being and productivity.

1 According to UNICEF's parameters, the CEE/CIS region includes Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo (under UN Security Council Resolution 1244), Kyrgyzstan, Moldova, Montenegro, Romania, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine and Uzbekistan.
2 See the Lancet's Maternal and Child Undernutrition Series (Lancet, 2008).
3 Fisher et al., 2012; Howard et al., 2014; Jones et al., 2014; Stein et al., 2014.
4 Shonkoff et al., 2009.
5 Felitti et al., 1998; Mair et al., 2012; Liu et al., 2012.
6 Denboba et al., 2014.
7 Walker et al., 2011.
8 Shonkoff, 2010.
9 UNICEF, 2013; UNICEF, n.d.
10 UNICEF, 2008.
11 Ibid.
12 UNICEF, 2015.
13 UNICEF, 2010.
14 Cowley et al., 2013; Gomby, 2005; Moore et al., 2012; Paulsell, Avellar et al., 2010; Paulsell, Boller et al., 2010.
15 WHO, 2013.
16 Astuto and Allen, 2009, p. 14; Browne et al., 2006.
17 Karoly et al., 2005; Washington State Institute for Public Policy, 2012.
18 Slee, 2006.
19 Khaw and Marmot, 2008.
20 Browne et al., 2006.
21 Under UNSC Resolution 1244.

## References

Astuto, J. and Allen, L. 2009. Home visitation and young children: an approach worth investing in? *Social Policy Report*, Vol. 23, No. 4. Ann Arbor, Mich., Society for Research in Child Development. http://files.eric.ed.gov/fulltext/ED509749.pdf

Browne, K., Douglas, J., Hamilton-Giachritsis, C. and Hegarty, J. 2006. *A Community Health Approach to the Assessment of Infants and Their Parents: The C.A.R.E. Programme*. Chichester, UK, Jon Wiley & Sons.

Cowley, S., Whittaker, K., Grigulis, A., Malone, M., Donetto, S., Wood, H., … Maben, J. 2013. *Why Health Visiting? A Review of the Literature About Key Health Visitor Interventions, Processes and Outcomes for Children and Families*. London, National Nursing Research Unit, King's College London. https://www.kcl.ac.uk/nursing/research/nnru/publications/Reports/Why-Health-Visiting-NNRU-report-12-02-2013.pdf

Denboba, A. D., Sayre, R. K., Wodon, Q. T., Elder, L. K., Rawlings, L. B. and Lombardi, J. 2014. *Stepping Up Early Childhood Development: Investing in Young Children for High Returns*. Washington, DC, World Bank. https://openknowledge.worldbank.org/handle/10986/21094

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, K., … Marks, J. S. 1998. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*, Vol. 14, No. 4, pp. 245–58. doi:10.1016/S0749-3797(98)00017-8

Fisher, J., Cabral de Mello, M., Patel, V. Rahman, A. Tran, T. Holton, S. and Holmes, W. 2012. Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle-income countries: a systematic review. *Bulletin of the World Health Organization*, Vol. 90, No. 2, pp. 139–49H. doi:10.2471/BLT.11.091850

Gomby, D. S. 2005. *Home Visitation in 2005: Outcomes for Children and Parents*. Invest in Kids Working Paper No. 7. Arlington, Va., Committee for Economic Development (CED). http://files.givewell.org/files/Cause3/Nurse-Family%20Partnership/B/Gomby%202005.PDF

Howard, L. M., Molyneaux, E., Dennis, C.-L., Rochat, T., Stein, A. and Milgrom, J. 2014. Non-psychotic mental disorders in the perinatal period. *Lancet*, Vol. 384, No. 9956, pp. 1775–88. doi:10.1016/S0140-6736(14)61276-9

Jones, I., Chandra, P. S., Dazzan, P. and Howard, L. M. 2014. Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. *Lancet*, Vol. 384, No. 9956, pp. 1789–99. doi:10.1016/S0140-6736(14)61278-2

Karoly, L. A., Kilburn, M. R. and Cannon, J. S. (2005). *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, Calif., RAND Corporation. http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf

Khaw, K.-T. and Marmot, M., 2008. Commentary. G. Rose, *Rose's Strategy of Preventive Medicine*. Oxford, UK, Oxford University Press.

Lancet. 2008. Maternal and child undernutrition series. *Lancet*. http://www.thelancet.com/series/maternal-and-child-undernutrition

Liu, Y., Croft, J. B., Chapman, D. P., Perry, G. S., Greenlund, K. J., Zhao, G. and Edwards, V. J. 2012. Relationship between adverse childhood experiences and unemployment among adults from five U.S. states. *Social Psychiatry and Psychiatric Epidemiology*, Vol. 48, No. 3, pp. 357–69. doi:10.1007/s00127-012-0554-1

Mair, C., Cunradi, C. B., Todd, M. 2012. Adverse childhood experiences and intimate partner violence: testing psychosocial mediational pathways among couples. *Annals of Epidemiology*, Vol. 22, No. 12, pp. 832–9. doi:10.1016/j.annepidem.2012.09.008

Moore, T. G., McDonald, M., Sanjeevan, S. and Price, A. 2012. *Sustained Home Visiting for Vulnerable Families and Children: A Literature Review of Effective Processes and Strategies*. Prepared for Australian Research Alliance for Children and Youth (ARACY). Melbourne, Australia, Murdoch Childrens Research Institute and Royal Children's Hospital Centre for Community Child Health. http://www.rch.org.au/uploadedFiles/Main/Content/ccch/resources_and_publications/Home_visiting_lit_review_RAH_processes_final.pdf

Paulsell, D., Avellar, S., Martin, E. S. and Del Grosso, P. 2010. *Home Visiting Evidence of Effectiveness Review: Executive Summary*. Washington, DC, Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families, US Department of Health and Human Services. http://homvee.acf.hhs.gov/HomVEE_Executive_Summary.pdf

Paulsell, D., Boller, K, Hallgren, K. and Esposito, A. M. 2010. Assessing home visit quality: dosage, content, and relationships. *Zero to Three*, Vol. 30, No. 6, pp. 16–21. http://zttcfn.convio.net/site/DocServer/30-6_Paulsell.pdf?docID=12864&AddInterest=1321

Slee, P. 2006. *Families at Risk: The Effects of Chronic and Multiple Disadvantage*. Adelaide, Australia, Shannon Research Press. http://ehlt.flinders.edu.au/education/FamilyNeeds/families%20at%20risk%20online.pdf

Shonkoff, J. P., Boyce, W. T. and McEwen, B. S. 2009. Neuroscience, molecular biology, and the childhood roots of health disparities: building a new framework for health promotion and disease prevention. *JAMA*, Vol. 301, No. 21, pp. 2252–9. doi:10.1001/jama.2009.754

Shonkoff, J. P. 2010. Building a new biodevelopmental framework to guide the future of early childhood policy. *Child Development*, Vol. 81, No. 1, pp. 357–67. doi:10.1111/j.1467-8624.2009.01399.x

Stein, A., Pearson, R. M., Goodman, S. H., Rapa, E., Rahman, A., McCallum, M., … Pariante, C. M. 2014. Effects of perinatal mental disorders on the fetus and child. *Lancet*, Vol. 384, No. 9956, pp. 1800–19. doi:10.1016/S0140-6736(14)61277-0

UNICEF. n.d. *Child Poverty and Social Protection* [web page]. New York, Author. http://www.unicef.org/socialpolicy/index_childpoverty.html (Accessed 22 October 2015.)

——. 2008. *Emerging Challenges for Children in Eastern Europe and Central Asia: Focus on Disparities*. Geneva, Switzerland, UNICEF Regional Office for CEE/CIS. http://www.micsinfo.org/presentations/MICS_Emerging_challenges.pdf

——. 2010. *At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia*. Geneva, Switzerland, UNICEF Regional Office for CEE/CIS. http://www.unicef.org/ceecis/At_home_or_in_a_home_report.pdf

——. 2013. *Economic and Social Policies: The Issue* [web page]. UNICEF Central and Eastern Europe/Commonwealth of Independent States [website]. Geneva, Switzerland, UNICEF Regional Office for CEE/CIS. http://www.unicef.org/ceecis/16401.html

——. 2015. *CEE/CIS Regional Analysis Report 2014*. Geneva, Switzerland, UNICEF Regional Office for CEE/CIS. http://www.unicef.org/about/annualreport/files/CEECIS_AR_2014.pdf

Walker, S. P., Wachs T. D., Grantham-McGregor, S., Black, M. M., Nelson, C. A., Huffman, S. L., … Richter, L. 2011. Inequality in early childhood: risk and protective factors for early child development. *Lancet*, Vol. 378, No. 9799, pp. 1325–38. doi:10.1016/S0140-6736(11)60555-2

Washington State Institute for Public Policy. 2014. *Nurse Family Partnership for Low Income Families*. Olympia, Wash., Author. http://www.wsipp.wa.gov/ReportFile/1485 (Accessed 8 February 2014.)

WHO. 2013. *European Report on Preventing Child Maltreatment*. Copenhagen, WHO Regional Office for Europe. http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf

Correspondence should be addressed to Deepa Grover: degrover@unicef.org

## CASE STUDY 7

# ADDRESSING INEQUITY IN THE EARLY CHILDHOOD SECTOR THROUGH NATIONAL PLANNING IN JAMAICA

**MAUREEN SAMMS-VAUGHAN** (University of the West Indies)

iStock.com/Riccardo Lennart Niels Mayer

## Background and Context

Jamaica, an upper middle income country, has had a stable democracy since its independence from Britain in 1962. Its children have not suffered the problems of inequity from conflict situations such as civil war. Emergency and disaster situations are periodic, typically occurring as a result of hurricanes and resulting in short-term displacement. Jamaican children mainly suffer socio-economic inequities that determine the health care, education and social services they receive and their physical and socio-emotional living conditions.

Jamaican children have good access to health care: 98.6% of babies are delivered in hospital by trained staff, 98% of children are registered at birth and 91.1% are immunized against polio.[1] There is also good access to early childhood, primary and secondary educational services: 91.5% of children aged 36 to 59 months attend ECD centres, and net primary and secondary school attendance rates are 98% and 91.5%, respectively. While there is little evidence of inequities in health care delivery, there are equity concerns about the quality of education children receive, particularly at the early childhood level.

### EARLY CHILDHOOD EDUCATION IN JAMAICA

Historically, young children (ages 3 to 6) in Jamaica have had high levels of access to education. Community-operated ECD centres were initiated by the church in 1938, when the economic situation forced women into the workplace. These centres proliferated throughout the country informally until the 1950s, when the Ministry of Education (MoE) began conducting supervisory visits. In the 1970s the MoE established guidelines that were not legislated but which allowed the receipt of a small financial subsidy from the government. Government-supported ECD centres, usually

situated close to government primary schools and staffed with trained teachers, were established in the 1940s but were much fewer in number. There were also a small number of privately operated centres.

Concern about teacher quality at community ECD centres has been evident since the 1960s. This concern resulted in the establishment of an in-service training programme for existing staff at the national University of the West Indies. In the 1990s two studies identified inadequately trained teachers, inappropriate learning environments and limited resources in community ECD centres.[2] These issues, and a strategic review of the early childhood sector, led to the establishment of a single body to coordinate and advance ECD in Jamaica: the Early Childhood Commission (ECC).

## The Early Childhood Commission

The ECC, established by law in 2003, is responsible for advising the government on ECD policy; assisting in the preparation, monitoring and evaluation of plans and programmes; coordinating ECD activities; convening stakeholder consultations; analysing resources and making budgetary recommendations; identifying alternatives to state financing; regulating ECD centres; conducting research on ECD; and educating the public about ECD.[3]

The ECC was informed by international and local research on ECD. Research conducted with Jamaican 6-year-olds through the Profiles Project evaluated the impact of numerous factors on children's cognitive, behavioural and academic outcomes.[4] The project found that a wide range of factors impacted young children's learning and behaviour, including poverty, parenting, physical health, screening and early intervention, the quality of ECD centres and community supports. Consequently it determined that improving ECD would require a comprehensive approach that addressed all the factors identified. Further, the project pointed to poverty or socio-economic inequity as impacting all the outcomes measured. Lower socio-economic status, as defined by fewer material possessions in the home, was directly associated with lower child cognitive and academic scores as well as more challenging behaviours. Lower socio-economic status was also associated with less stable parenting unions, lower parental education, less stimulating home environments, and attendance at community, rather than private (and generally better-equipped) ECD centres, all of which impacted child outcomes.

Consultation with stakeholders around the ECC's plans identified the following areas, all similar to those identified by the Profiles Project, as requiring specific attention: parenting, primary health services (particularly child development and nutrition monitoring), screening and early identification of children and families at risk, pre-school quality and teacher training. Because of the range of sectors involved in these areas, the ECC decided to focus its efforts on holistic ECD, rather than solely focusing on school-based early childhood education.

The Profiles Project research indicated that only 20.5% of children lived in homes where the occupation of the head of the household was categorized as professional, technical or clerical (and hence higher income).[5] Only 8.2% of children attended private ECD centres, while 91.8% of children, primarily from lower socio-economic groups, attended community or government-operated ECD centres. Currently, of the 2,549 ECD centres serving children ages 3 to 5 years, 1,932 (75.8%) are community-operated, 139 (5.1%) are government-operated and 487 (19.1%) are private.[6] Because Jamaica is a small country and the majority of children are from the lower socio-economic group, the ECC opted to address inequity through national programming and planning, rather than identifying 'target' groups, which would in fact include the majority of the population.

# National Strategic Plan for ECD

In keeping with a comprehensive national approach, the first National Strategic Plan (NSP) for ECD 2008–2013[7] had five main strategic objectives:

1. Parenting education and support
2. Preventive health care
3. Screening, early identification and referral for at-risk children and families
4. Safe, learner-centred, well-maintained ECD centres
5. Effective curriculum delivery by trained early childhood practitioners

The following sections discuss how each of these objectives has been approached through the NSP.


iStock.com/Juanmonino

## PARENTING EDUCATION AND SUPPORT

The Profiles Project found that 40% of 6-year-olds had been separated from their fathers and 20% from their mothers.[8] Migration for economic benefit was the main reason for separation. Children from higher social classes were more likely to be engaged in reading books while children from lower social classes were more likely to be engaged in household chores. Harsh disciplinary measures were prominent across all social class groups. Only 40% of parents of 6-year-olds reported attending structured parenting programmes. In light of these findings, the NSP aimed to address parenting through the following actions:

- **Development of a National Parenting Policy:** Jamaica's National Parenting Policy was passed by the country's Parliament in 2012.
- **Development of a national parenting strategy:** The strategy, designed to increase access to quality parenting education and support programmes, centred on the establishment of Parents' Places in communities, using existing community buildings such as schools and community centres.
- **Development of parenting standards:** Standards for parenting programmes, with categories for physical environment, design, administration, human resources, materials and monitoring and evaluation, were developed to ensure quality.

By 2013, some 23 ECD parenting programmes (20% of the total) had been assessed against the standards and 19 were certified; by 2015, 35% had been assessed and certified, exceeding the target of 30%.[9] Parents' Places are located in communities where families of lower socio-economic status live, and are community-driven, thus improving access to quality parenting support. In practice, Parents' Places are most sustainable when they are located within institutions that have existing support staff, such as public schools and ECC-operated ECD Resource Centres, where no additional funding is required.

## PREVENTIVE HEALTH CARE

As access to immunization is already high, the main focus of this objective is improvement in other preventive health areas, through the following actions:

- **Development of standards for well-child clinics:** More than 90% of the population lives within 5 miles of one of Jamaica's 350 health centres. Since access is not an issue, the NSP focused on quality. Standards for well-child care clinics were developed to ensure quality of care for all young children. The standards address physical space, equipment, services offered and

human resources. These standards have not yet been implemented.

- **Effective monitoring of child health and development:** The Child Health and Development Passport (CHDP), a parent-held record, has been provided to every Jamaican child at birth since 2010. It includes immunization and growth records, health data, development screening questionnaires, educational records and parent education information. This record allows all parents access to information on their children's growth and development.
- **Strengthening of nutrition support for 0–6-year-olds:** The nutrition of children ages 3 to 6 years was prioritized, as the majority of these children attend ECD centres. First, the ECC collaborated in the development of Jamaica's Infant and Young Child Policy. Second, the ECC coordinated the development of menus, recipes and manuals for lunch provision and provided them to all ECD centres. The menus and recipes were designed to be nutritionally adequate but within the typical cost of a meal supplied to children attending community-based centres, in order to support all children with nutritious meals.

## SCREENING, EARLY IDENTIFICATION AND REFERRAL FOR AT-RISK CHILDREN AND FAMILIES

Children affected by biological or environmental factors, including family factors, that place them at risk for impaired health or development benefit from early identification and intervention. However, such children are often excluded from services and suffer inequity. To address this issue, the NSP aimed to develop a family risk screening tool for use at well-child clinics and social service agencies; a child development screening tool for use at well-child clinics; and a school-based evaluation for 4-year-olds to identify those in need of further assessment. By the end of 2013, the ECC had coordinated the development of all three tools, but the tools were awaiting validation. At this stage, implementation of the tools is anticipated.

In order to improve services for children with additional needs, a special associate degree programme for supporting young children with special needs was developed and enrolled its first cohort of 20 students.


## QUALITY ECD CENTRES

The NSP calls for ECD centres that are safe, learner-centred and well-maintained — in other words, quality ECD centres. The establishment and implementation of standards and legislation has been shown to improve the general quality of ECD centres. To this end, the NSP aimed to improve quality through the following actions:

- **Development of standards for ECD centres supported by legislation:** The Early Childhood Act for the Regulation and Monitoring of Early Childhood Institutions, passed in 2005, includes requirements for staff qualifications, programme content, behaviour management, health, safety, nutrition, community interactions, administration and finance.[10] Because of concerns about the quality of many ECD centres, particularly community centres attended by children from lower socio-economic groups, many ECD centres were not expected to meet full registration requirements immediately. An intermediate Permit to Operate, issued when ECD centres meet health and safety regulations, was therefore included as part of the implementation of this legislation.

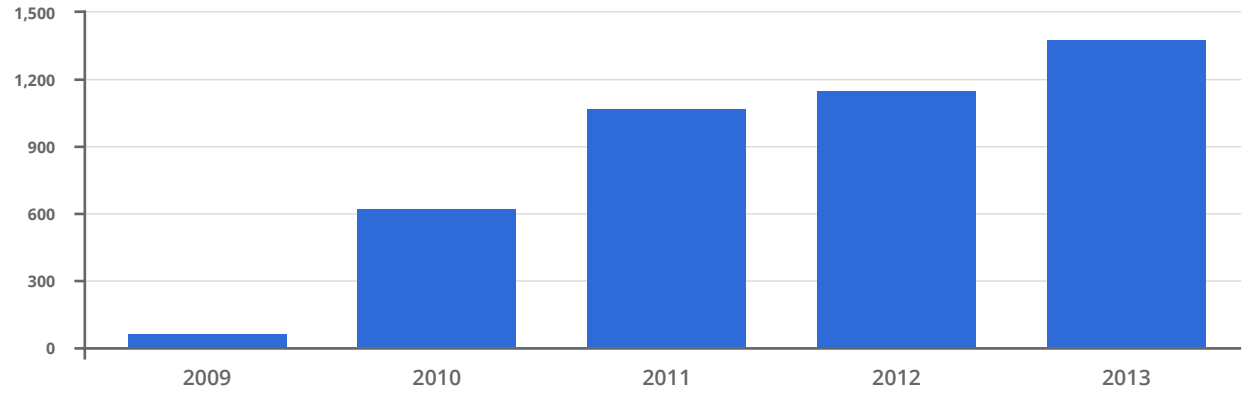
- **Engagement and training of ECC Inspectors:** Inspectors conduct inspections against standards and provide reports to ECD centre managers.
- **Engagement and training of ECC Development Officers:** Officers use inspection reports to assist schools in meeting standards. Community ECD centres have historically received a government stipend, but no additional financial support is provided to assist them in meeting standards.

Figure 1 below demonstrates the gradual improvement seen in the quality of ECD centres in recent years, as measured by the cumulative number of Permits to Operate issued between 2009 and 2013. Community centres have been most responsive to the implementation of health and safety standards, with 57.5% receiving Permits to Operate by 2013, compared with 28.7% of government-operated schools and 35.4% of private centres.[11]

## EFFECTIVE CURRICULUM DELIVERY BY TRAINED EARLY CHILDHOOD PRACTITIONERS

Trained teachers are recognized to be critical to ECD centre quality. The standards for ECD centres require that each centre serving children over age 3 have at least one 'qualified teacher' with a degree from a recognized teacher training college.[12] At the start of the NSP, only 15% of ECD centres had at least one trained teacher, with the majority in government centres.[13] By 2012, 38% or 1,007 ECD centres had at least one trained teacher, surpassing the NSP target of 20%. Currently 23.5% of community ECD centres have trained teachers compared to 39.1% of private centres and 78.5% of government centres. There is still further work to do to ensure equity in this area.

### FIGURE 1: CUMULATIVE PERMITS TO OPERATE ISSUED BY YEAR TO JULY 2013




Source: ECC, 2013.

## Lessons Learned

Jamaica used a national approach to address equity in ECD. This approach required the establishment of a national body with legal authority for coordinating ECD and the subsequent establishment of policy and regulatory frameworks. The benefit of a national approach is the sustainability of policy and legal and regulatory frameworks. The challenge of this approach is implementation. While many of the frameworks moved to the implementation phase (e.g. parenting support and regulation of ECD centres and teacher quality), others such as the well-child clinic standards and the screening system did not progress as expected due to limitations in human resources and financial capacities. However, a follow-up strategic plan has been developed to allow for these areas to be addressed.

In developing countries, where large numbers of people live in poverty and socio-economic inequity is a primary concern, national planning and implementation, rather than a targeted approach that encompasses a large proportion of the population, may be a useful strategy to reduce inequity.

1 STATIN and UNICEF, 2013.
2 McDonald and Brown, 1993; McDonald, 1995.
3 Government of Jamaica, 2003.
4 Samms-Vaughan, 2005.
5 Ibid.
6 ECC, 2013.
7 ECC, 2009.
8 Samms-Vaughan, 2005.
9 ECC, 2013.
10 ECC, 2007.
11 ECC, 2013.
12 ECC, 2007.
13 ECC, 2013.

## References

Early Childhood Commission (ECC). 2007. *Standards for the Operation, Management and Administration of Early Childhood Institutions.* Kingston, Author. https://www.ecc.gov.jm/Downloads/Standards/Standards.pdf

——. 2009. *A Reader Friendly Guide to the National Strategic Plan for Early Childhood Development in Jamaica 2008–2013*. Kingston, Author. https://www.ecc.gov.jm/Downloads/Brochures/nsp_book_layout_small.pdf

——. 2013. *Registration Information System* [2013 data]. Kingston, Author. (Accessed November 2013.)

Government of Jamaica. 2003. *Early Childhood Commission Act, 2003*. Kingston, Author. https://www.ecc.gov.jm/TheEarly_Childhood_Commission_Act_2003.pdf.pdf

McDonald, K. 1995. *Evaluation Report on the Early Childhood Education Programme in Jamaica*. Kingston, Dudley Grant Memorial Trust for the Early Childhood Education Unit, Ministry of Education, Youth and Culture.

McDonald, K. and Brown, J. 1993. *Evaluation of Day Care Services in Jamaica*. Kingston, Caribbean Child Development Centre, University of the West Indies.

Samms-Vaughan, M. E. 2005. *The Jamaican Pre-School Child: The Status of Early Childhood Development in Jamaica*. Kingston, Planning Institute of Jamaica.

Statistical Institute of Jamaica (STATIN) and United Nations Children's Fund (UNICEF). 2013. *Jamaica Multiple Indicator Cluster Survey 2011*. Kingston, Authors. http://www.childinfo.org/files/MICS4_Jamaica_FinalReport_2011.pdf

---

Correspondence should be addressed to Maureen Samms-Vaughan: msammsvaughan@gmail.com

## CASE STUDY 8

# INEQUITY IN CENTRAL AFRICAN REPUBLIC: ECD IN EMERGENCIES AS AN ENTRY POINT FOR NATIONAL-LEVEL POLICIES

**SWETA SHAH** (Plan International)


## Background and Context

Central African Republic (CAR) has been embroiled in armed conflict along ethnic and religious lines since 2012. This has led to violence and massive population displacement which continues today. CAR was already one of the poorest countries in the world, ranking 179th out of 187 countries on the Human Development Index (HDI) in 2011.[1] The situation has only worsened since the conflict began: in 2014, CAR's HDI ranking was 187th out of 188 countries.[2]

The impact of the crisis on children has been severe, with children experiencing death, injury or separation from parents; being orphaned, exploited, abused, neglected or psychologically distressed; being kidnapped or recruited into armed groups; and being displaced inside and outside of CAR.[3] In addition to these traumas, children have lost access to many basic services, including learning opportunities.

Approximately 30% of primary school aged children in CAR have never been to school.[4] In 2014 UNICEF reported that almost two-thirds of the country's schools had been closed due to fighting and instability.[5] Further, the United Nations Development Programme (UNDP) calculated inequality in education at 34.5%, meaning a 'loss' in human development in this dimension by more than one-third due to inequality.[6] The UNDP also ranked CAR 147th out of 155 countries on the Gender Inequality Index (GII) for 2014. The mean years of schooling (for adults aged 25 and older) were 5.7 years for men but only 2.8 years for women, and the expected years of schooling (for children) were 8.6 years for boys compared to 5.9 years for girls.

### ECD IN CENTRAL AFRICAN REPUBLIC

The provision of ECD services, especially parenting education, are in their infancy in CAR. The current gross enrolment rate for pre-school is 5.4% of the total population of children between the ages of 3 and 6 years.[7] Pre-school education in CAR is optional and is generally organized into three sections by age group: 3–4 years old, 4–5 years old and 5–6 years old. The Ministries of Education and Social Affairs, along with private religious groups, all contribute to supporting ECD in CAR. Pre-school education is provided in nursery schools run by the Ministry of Education and in kindergartens under the Ministry of Social Affairs. The majority of pre-primary services are located in and around the capital, Bangui, and there are virtually no services in more rural areas of the country, creating huge inequities in access.[8] There is also no agreed-upon multisectoral approach in government policy or budgets to promote ECD for children from birth to age 2. Parenting education interventions have been virtually non-existent: a UNESCO study conducted in 2006 found parenting education occurring in only 20 villages in the entire country.[9] Further, the study found no evidence of collaboration between various ministries to ensure integrated ECD services.

This case study shows the importance of coordination and active engagement among government stakeholders, even in an emergency situation, in order to support equitable access to ECD services for young children and families. It further highlights how an emergency situation can be a starting point for positive changes that can have a long-lasting impact on many children.

## The ECD Intervention in CAR

While UNICEF has been supporting the government of CAR with ECD services for some time, the government has not been able to reach many children due to lack of sufficient investment, political will and technical expertise. Normally in emergency situations, access to services are restricted further. However, in the case of CAR, the conflict provided the opportunity, additional funding and technical expertise to expand ECD services. As few agencies in the country had experience with ECD, Plan International and UNICEF took the lead, working as a subgroup of the Education Cluster, part of the Inter-Agency Standing Committee's (IASC) humanitarian response in CAR.

As a first step, Plan International and UNICEF planned interventions to support the government in expanding pre-school services in existing schools, centres and community structures. The interventions targeted all children in the most conflict-affected areas, including rural areas outside the capital. Further, special emphasis was made to increase access for the most marginalized children: girls, orphans, children of internally displaced persons (IDPs) and children who experience disability.

Plan International, with a grant from UNICEF, was the first international NGO, or INGO, to start implementing ECD services after the conflict erupted in CAR and people were displaced. The organization implemented a community-based ECD model called Community-Led Action for Children (CLAC), which was first piloted by Plan International in Uganda and is now being implanted in many East African countries. Recently, Plan International has begun adapting this model to be used in emergency contexts in countries such as CAR, South Sudan, Ethiopia and Burundi. The CLAC model has four key components, which include support for: 1) parenting education, 2) early learning, 3) transition to primary school, and 4) advocacy to influence policy. The model is based on the Four Cornerstones developed by the Consultative Group on Early Childhood Care and Development,[10] and is line with UNICEF's previous work in CAR prior to the conflict.

The adaptation of the CLAC model to the cultural context of CAR and its implementation there currently include the provision of early learning services for children ages 3 to 6 through new and existing ECD centres; classrooms connected with primary schools (which allow for a smoother

transition from early learning to primary education); and Child Friendly Spaces (CFS), which are temporary spaces/tents where children can engage in ECD activities. Children participate in ECD activities for 25 hours per week. ECD teachers are usually primary school assistants, junior social workers or community members. Most have low levels of education and may have only completed primary school. Their training and preparation generally ranges from two years of pre-service training to ten days of pre-service training followed by periodic in-service training and support.[11] Along with developmentally appropriate play and early learning activities, children also receive food during the day.


Parenting education sessions (for parents of children up to 6 years old) accompany the ECD services for children, in order to build adult capabilities to support children's well-being. Parents of children enrolled in ECD activities and members of Parent–Teacher Associations (PTAs) are currently participating in the parenting groups. Sessions cover the following topics: child development, early learning and education, child protection, nutrition, hygiene and sanitation, psychosocial support and recreational activities. Parents are invited to bring their children so they can practice and develop skills based on topics they learn about in the sessions. This also allows parents to participate in the sessions while continuing to care for their children. The approach to parenting education used in this model is based on co-creation and co-facilitation with lead parents selected by the community, so that the programme is grounded in the culture and sustainable in the long term. While the main topics are provided to guide discussion, the groups can also take discussions in other directions based on individual interests and needs. This peer-to-peer approach enables parents to feel a sense of ownership in the group and allows discussions to be relevant to their daily lives. As the groups are still fairly new, they are currently being led by PTAs, school headmasters and ECD caregivers.

While early learning and child development are the core focus areas of the ECD work in CAR, child protection, nutrition, health and WASH (water, sanitation and hygiene) components are also included in parenting sessions and training for teachers. Further, implementing agencies sometimes provide food; set up latrines and water points (if unavailable) near ECD spaces; and refer children, as needed, to specialists.

## ECD in Emergencies as an Entry Point for National Policy

Coordination for ECD in emergency situations was not occurring in CAR post-conflict, until Plan International and UNICEF started the ECD subgroup within the IASC Education Cluster. The influx of humanitarian aid and the initial ECD programming has provided Plan International, UNICEF and other agencies an opportunity to engage with the government of CAR — specifically with the Ministries of Education, Social Affairs and others — to think strategically about holistic, long-term support for young children and families.

Plan International and UNICEF followed a number of steps (detailed below) to use ECD in emergencies as an entry point for longer-term multisectoral ECD support. The engagement process for bringing the various ministries together to focus on this issue took six months, but the process for implementing and incorporating ECD into government policy continues today.

- **Step 1**: As no mechanism existed for coordination on ECD in emergencies, Plan International and UNICEF established an ECD task force within the CAR Education Cluster.[12] UNICEF was already leading the Education Cluster, which was activated by the IASC after fighting broke out in CAR.
- **Step 2**: Plan International conducted and presented a needs assessment that gathered data on gaps in education and ECD. The presentation, which highlighted severe gaps in ECD, piqued the interest of UNICEF, the government and NGO stakeholders.
- **Step 3**: The ECD task force, led by UNICEF and Plan International, organized two meetings per month to coordinate the development of an ECD strategy and to monitor the progress of those agencies supporting ECD. During this process, the idea of an inter-ministerial committee came about.
- **Step 4**: Plan International and UNICEF engaged various ministries (e.g. Education, Social Affairs, Planning and Cooperation) on ECD through one-to-one meetings, eventually encouraging them to establish an inter-ministerial ECD committee. The ministry officials were convinced because of the very low national enrolment levels in ECD and their desire to do more for young children.
- **Step 5**: The inter-ministerial committee began holding meetings on ECD and eventually signed an agreement to collaborate on multisectoral ECD support for children from birth to age 6. The inter-ministerial committee includes representatives from the following ministries: Education, Social Affairs, Justice, Water and Sanitation, and Health. The committee became an active member in the support of ECD in CAR, and the government now leads the implementation of the ECD work, with active involvement from Plan International and UNICEF.

Since the establishment of the inter-ministerial ECD committee, Plan International and UNICEF have provided the primary technical support for developing an ECD strategy that outlines each ministry's role and includes an ECD curriculum, tools for training ECD caregivers, and a parenting manual. ECD for children ages 3 to 6 years is now a priority within the Ministry of Education's education transition plan.[13] The inter-ministerial committee has also agreed to include parenting education and support for children from birth to age 2, but the agreement was made after the education transition plan was finalized, so this is not yet in a national plan. The hope is that the next plan will include these elements.

The inter-ministerial committee, led by the government, continues to meet monthly in order to coordinate activities carried out by NGOs. The committee has further reached out to other agencies with UNICEF's help in order to expand ECD services in CAR.


iStock.com/dbphotographer

## Lessons Learned

The key success factor in this process was the willingness of the Government of CAR to consider evidence-based ideas from the United Nations and INGOs — especially ideas around parenting education and support for children from birth to age 2. Since the government was struggling to provide ECD services, the support offered was appreciated, particularly because the methods used were adaptable to the cultural context of CAR. The main challenge in the process was the lack of understanding within all ministries about what ECD entails, what benefits ECD services offer, and how best to support children in a multisectoral manner.

Perhaps most significantly, the process demonstrated that humanitarian coordination mechanisms can be used to advocate for the expansion of certain services — and that an ECD task force can be established within any cluster or coordination mechanism. The experience also highlighted a number of strategies and recommendations to be followed when trying to replicate this effort in other contexts. These include:

1. Be proactive and continue ECD advocacy during emergencies even though it can take time.
2. Collect strong data so gaps are evident and clear. Needs assessments that highlight severe gaps and needs can be used for advocacy purposes to convince decision-makers.
3. Show the importance and value added of ECD through quality programming on the ground.
4. Seek out and build relationships with decision-makers in government and key UN agencies. Find ECD champions who are well-respected nationally. UNICEF's prior engagement with the government and existing relationships helped in this situation to open doors and identify the most appropriate people quickly.
5. Involve parents and the community in starting and running ECD services in order to promote long-term sustainability. Once parents see the impact of ECD on their children, they will want to continue services even without INGO or UN support.

1 CAR Ministry of Education, 2014.
2 UNDP, 2015.
3 UN, 2015.
4 GPE, 2015.
5 Hubbard, 2014.
6 UNDP, 2015.
7 GPE, 2015.
8 CAR Ministry of Education, 2014.
9 UNESCO-IBE, 2006.
10 CGECCD, 2016.
11 UNESCO-IBE, 2006.
12 Some task force members include the Norwegian Refugee Council, Save the Children, World Vision, Cordaid and national NGOs in CAR.
13 CAR Ministry of Education, 2014.

## References

CAR Ministry of Education. 2014. *Plan de Transition 2014–2017: Ministère de l'Éducation Nationale et de l'Enseignement Technique* [Transition Plan 2014-2017: Ministry of National Education and Technical Education]. Bangui, Author. (In French.) http://www.globalpartnership.org/content/education-sector-plan-central-african-republic

Consultative Group on Early Childhood Care and Development (CGECCD). 2016. *4 Cornerstones to Secure a Strong Foundation for Young Children* [web page]. http://www.ecdgroup.com/about-eccd-2/4-cornerstones/ (Accessed 23 March 2016.)

Global Partnership for Education. 2015. *Central African Republic* [web page]. Washington, DC, Author. http://www.globalpartnership.org/country/central-african-republic (Accessed 14 December 2015.)

Hubbard, G. 2014. Finding a safe space for learning in a country beset by violence. *Central African Republic: Newsline*. New York, UNICEF. http://www.unicef.org/infobycountry/car_74855.html

UNDP. 2015. Central African Republic. Briefing note for countries. *Human Development Report 2015: Work for Human Development*. New York, Author. http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/CAF.pdf

UNESCO International Bureau of Education (UNESCO-IBE). 2006. *Central African Republic: Early Childhood Care and Education (ECCE) Programmes*. Geneva, Switzerland, Author. http://unesdoc.unesco.org/images/0014/001479/147946e.pdf

UN Office of the Special Representative of the Secretary-General for Children and Armed Conflict. 2015. *Central African Republic*. https://childrenandarmedconflict.un.org/countries/central-african-republic (Accessed 12 December 2015.)

Correspondence should be addressed to Sweta Shah: sweta.shah@plan-international.org

## CASE STUDY 9

# MAKING EARLY CHILDHOOD MEASUREMENT MORE ACCESSIBLE: THE CASE OF MELQO IN TANZANIA

**KATE ANDERSON** (Center for Universal Education, Brookings Institution)


The benefits of high-quality early childhood programmes are well-known, but too often the quality of early learning environments and children's developmental and learning outcomes are unknown. While there are many tools available to measure early development and learning outcomes and environmental quality, few are intended for population-level decision-making in low income countries. According to the OECD, better data can help reduce inequity in education, including early childhood education, in multiple ways, including:[1]

1. Identifying and providing systematic help to children at risk of not meeting academic and social goals;
2. Directing resources to the schools, students and teachers with the greatest needs; and
3. Setting concrete targets for more equity in education, not only in access but also in quality and learning outcomes.

The Measuring Early Learning Quality and Outcomes (MELQO) initiative was convened in 2014 to bring together experts and agencies working on early learning measurement, in order to build consensus on core domains and items for measurement and design tools with and for low income countries. The goal of the initiative is to make rigorous measurement tools more accessible and equitable for all countries to help guide national policy and practice. This case study describes the process that took place in 2015, following early pilot experiences, to adapt and field-test the tools in the Tanzanian context in preparation for the first national-level application of the MELQO tools in 2016.

## Background and Context

### EARLY CHILDHOOD POLICY SHIFTS IN TANZANIA

In support of Tanzania's national development vision to become a middle income country and

achieve higher levels of human development by 2025, the Government of Tanzania released its Education and Training Policy (ETP) in early 2015, a significant education reform effort to improve the quality of education at all levels. Among other provisions, the policy shifts the official primary school entry age from age 7 to 6, and provides for pre-primary education beginning from age 3, with compulsory enrolment for one year prior to primary school. The ETP also emphasizes quality pre-primary education through adequate teaching and learning methods and materials, relevant curriculum and teacher training, and strengthened quality control and assurance.

Tanzania faces many challenges in fulfilling the aims of the new policy. Malnutrition is prevalent, with 35% of children younger than 5 considered stunted.[2] Net enrolment in early childhood education is actually declining, with a net enrolment of 33.4% in 2014, a decline of 29% since 2012.[3] While gross enrolment ratios are nearly identical for girls and boys, they range from 77% in Arusha to 16% in Dar es Salaam. Furthermore, children who are attending are not necessarily getting a quality pre-primary experience. The average teacher-to-child ratio in pre-primary classrooms is estimated at 1:77, more than three times the national standard of 1:25. This ratio ranges widely from 1:90 in government schools to 1:21 in non-government schools. Other quality issues include poorly trained teachers (more than 50% of all pre-primary teachers are unqualified) and weak quality assurance mechanisms — in 2014, only 22% of public pre-primary classes were inspected.

While plans to develop a full implementation strategy are underway, the Ministry of Education and Vocational Training (MoEVT) developed and is implementing a Short-Term Plan of Action for Pre-Primary Education for 2015/16, with active participation and contributions from national and local government agencies and international partners, including the World Bank, UNICEF, the Global Partnership for Education (GPE), Dubai Cares, Children in Crossfire, the Aga Khan Foundation, Aga Khan University, and the Education Quality Improvement Programme for Tanzania (EQUIP-Tanzania) funded by the UK's Department for International Development (DFID).

The Plan of Action for 2015/16 developed by this government-led consortium includes seven priority action areas:

1. Develop a costed pre-primary implementation strategy.
2. Develop and test quality programme models to enable expansion of pre-primary access and equity, including a national satellite pre-primary model and parent education strategy.
3. Update and align the pre-primary quality framework (including curriculum and standards) to the new ETP for children ages 3 to 5.
4. Strengthen teacher professionalization and development, including pre-service and in-service training, by piloting a satellite pre-primary teacher and mentor training programme, and by developing a professional development/certification plan.
5. Include pre-primary education within school management and planning systems.
6. Conduct a national baseline survey of pre-primary learning outcomes and quality.
7. Strengthen pre-primary subsector planning and coordination.

Currently, there is no national-level information available on the quality of pre-primary programmes or early childhood development and learning outcomes in Tanzania. UNICEF and the World Bank country offices in Tanzania invited the Tanzanian Government to participate in the MELQO initiative to meet its goal of conducting a national baseline survey of pre-primary learning outcomes and quality (priority 6 above), as well as to provide data that could inform efforts in the other six priority areas. Zanzibar, a semi-autonomous archipelago with its own MoEVT, was also invited to participate, so that both governments could secure national

early learning data to support pre-primary strategy and planning. The added diversity of pre-primary programmes across mainland Tanzania and Zanzibar is also expected to contribute to richer data to support the finalization of the MELQO tools.

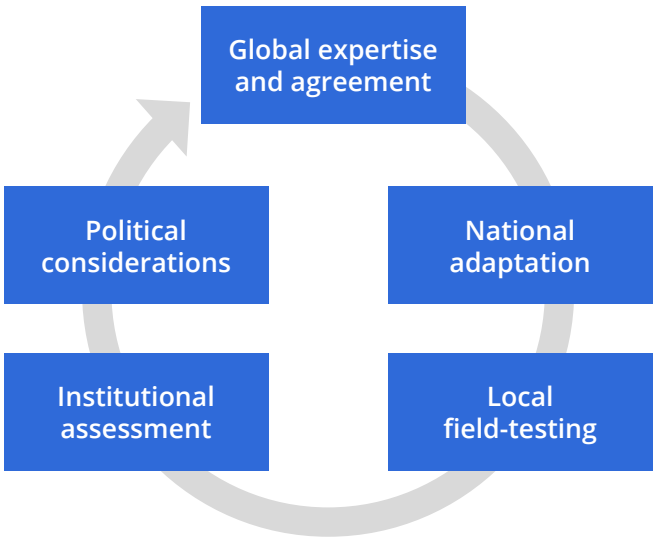
### THE MELQO INITIATIVE

MELQO is a global initiative led by a consortium of individuals and institutions working to improve outcomes for young children by making early learning assessment more accessible.[4] The initiative is led by UNESCO, UNICEF, the World Bank and the Center for Universal Education at the Brookings Institution, and includes nearly 40 experts on early childhood measurement from around the world.[5] The purpose of MELQO is to develop two sets of measurement tools — one focused on early childhood development and learning, and the other focused on the quality of early learning environments — and to outline processes to support the use of the tools in low and middle income countries. The MELQO tools propose a core set of items with relevance across countries, with the goal of developing items that are based on the best research available globally but are locally adaptable. The tools include direct observation of children; teacher and caregiver reports; classroom observations of quality; and supervisor interviews.

The MELQO approach incorporates feedback at multiple levels. At the global level, experts who have experience developing and implementing tools for measuring child outcomes and the quality of early childhood environments share their tools and come together to agree on items and constructs feasible for measurement across countries. This is followed by a national adaptation workshop and field-testing in a small number of schools or early childhood programmes. Because the tools include parent survey modules, they can also be adapted for use with children not attending formal early learning programmes.

A complementary institutional assessment examines the current state of early childhood measurement in a country and how the MELQO tools should be adapted to meet national needs. Political considerations at both the national and international levels are also taken into account. These different components work together as part of a continuous feedback loop used to develop and refine the tools (see Figure 1).

### FIGURE 1: MELQO COMPONENTS




## Adapting the MELQO Approach in Tanzania and Zanzibar

In July 2015, the Tanzanian MoEVT convened the MELQO core team (UNESCO, UNICEF, the World Bank and Brookings), international and national experts, and key stakeholders involved in the Plan of Action for Pre-Primary Education (including government officials, donors and civil society representatives) in Dar es Salaam, Tanzania. A key feature of this meeting was a series of pre-primary classroom visits made by small groups of MELQO consortium members and Tanzanian Government staff. These visits helped the MELQO consortium gain a greater understanding of the environments for which the tools were being designed, and helped the government understand the types of questions the MELQO tools would assist them in answering.

After the meeting, the Permanent Secretary of the MoEVT appointed a MELQO Task Force to coordinate MELQO in Tanzania. The Task Force, with support from ECD leads from the UNICEF and World Bank country offices, carried the work forward in Tanzania, while continuing to communicate and coordinate with the international MELQO team. An adaptation workshop in August 2015 conducted a thorough review of both sets of MELQO tools and produced feedback on how to adapt them to the Tanzanian context. In advance of the adaptation workshop, an alignment analysis was conducted of the MELQO core constructs and key Tanzanian curriculum and quality assurance frameworks. This was an important step in clarifying how the MELQO tools would help the government assess what they had already planned to teach, rather than adding in a new initiative.


Field-testing was then conducted with the locally adapted tools for measuring child development and learning and the quality of early learning environments. To facilitate this research, the international technical firm RTI International trained data collectors from DataVision International, a research consultancy firm based in Tanzania. Because collecting data on young children is a relatively new process in Tanzania, there are few experienced data collectors with knowledge of ECD. Hence one key component of the training was a 'crash course' on ECD.

The tool for quality in early learning environments was also piloted in Zanzibar through a project supported by the Aga Khan Foundation. Plans to conduct a large-scale, nationally representative study using the MELQO tools are underway for 2016. While the technical results of these field tests will be available later in 2016, the findings related to the process are discussed below.

## Key Findings and Lessons Learned

The MELQO adaptation process in Tanzania revealed several key findings which should be considered for future MELQO adaptations as well as other ECD measurement initiatives, in order to ensure measurement efforts provide information that enables more equitable policies and practices for young children.

1. **A consultative approach is worth the extra time.** While it could take less time for one organization to develop a tool, collect the data and analyse the results, the process of engaging in multiple levels of feedback from multiple stakeholders at both the national and international levels is key to cultivating buy-in and making sure that the tools are 1) based on the best available research, and 2) relevant to policy, system and data needs in the specific national context. Coordination and technical support roles at every level are critical to facilitate this consultative process and must be factored into MELQO planning processes.
2. **Clear guidance on the language of administration is needed.** In Tanzania, Kiswahili is the official language of instruction in government pre-primary schools. However, many teachers informally use the mother tongue to facilitate the integration of children who do not speak Kiswahili at home, and many private schools teach in English, which poses complications for the administration of MELQO assessments. During field-testing in private schools, for example, in some cases children did not understand the questions in English,

and the enumerators had to switch languages and ask again in Kiswahili. This situation illustrates the need for clear guidance on which language or languages are used for the MELQO assessments. In the case of Tanzania, RTI recommended that the direct assessment be administered in the language of instruction of the classroom, the teacher survey be given to the teachers in the language in which they teach, and the caregiver survey to be given to caregivers in the language they prefer. Careful attention is needed to ensure enumerators are consistent in their approach and understand the reason why this consistency is important. The field tests were only conducted in urban areas and did not capture data in mother-tongue languages other than Kiswahili, so additional analysis will be required to use the tools with children who speak minimal or no Kiswahili or English. Additional field-testing is currently underway in rural areas.

3. **The process of administering the tools is impacted by the culture.** Many of the questions on the teacher and caregiver surveys led respondents to engage in a dialogue about the skills and behaviours being assessed, asking questions such as 'What do you mean?' and 'Can you give me an example?' Logistically this led to longer administration times. It also points to the fact that the MELQO survey may be the first time a parent or teacher has ever been asked about or even made aware of the importance of certain behaviours and skills related to school readiness. It was also noted during the field tests that children were not accustomed to expressing emotions and feelings, even when they knew how to name them. This sociocultural factor can influence scores on some of the social and emotional development items. The MELQO initiative will need to explore ways to overcome these challenges, potentially by adapting the items more significantly in each country, or by changing the guidances for enumerators. An approach that sensitizes teachers, caregivers and communities to the tools and the types of questions they may raise could also be helpful as use of the MELQO tools is scaled up in Tanzania.

4. **A long-term process for aligning the tools with parent demand is needed.** In Tanzania, the national curriculum documents for pre-primary education are moving towards encompassing a broad range of domains consistent with what are typically considered core development and learning outcomes — linguistic, cognitive, physical and social–emotional development, as well as school readiness or 'learning to learn'. However, at the initial MELQO meeting, several government officials and civil society representatives noted that what parents say they want from a pre-primary programme is for children to learn English and discipline (i.e. how to sit still, obey adults, etc.). This focus on obedience has also been raised in several other pre-field-testing countries, as one of the child development and learning items that measures inhibitory control requires children to do the opposite of what the enumerator asks them to do, and anecdotal evidence suggests that this is a culturally foreign concept to some children. A long-term strategy for gathering feedback from caregivers and communities and aligning expectations is needed, with all parties understanding the need to learn and change (not just the government educating the parents, for example).

## Conclusion

With the inclusion of an ECD target in the new Sustainable Development Goals — SDG Target 4.2, which sets a goal for the proportion of children who are developmentally on track around the age of primary school entry[6] — the demand for rigorous, flexible and feasible measurement tools for young children is expected to increase drastically over the next five years. The MELQO initiative is one approach to meeting this demand, by blending national priorities with international good practice, in order to ensure children's diverse learning needs are taken into account from their first exposure to the formal education system. The initiative seeks to reduce inequality in early childhood on two levels: 1) at the global level, by helping fill the data gap in low and middle income countries through the provision of open-source tools that are adaptable to national contexts; and 2) at the child level, by providing information on the skills and development of young children and the quality of early learning environments, which can be disaggregated to track progress towards equity and allocate resources to those most in need. The MELQO consortium has included key producers of data on education and children in its steering committee (composed of representatives from the UNESCO Institute for Statistics [UIS], UNICEF and the WHO), with the aim of informing global efforts to measure SDG Target 4.2. The adaptation, testing and use of MELQO in Tanzania is contributing valuable learning to strengthen the tools and approach for use worldwide.

1 OECD, 2008.
2 UNICEF et al., 2015.
3 PMO-RALG, 2015.
4 Brookings Institution, 2014.
5 See Brookings, n.d. for the complete list.
6 UN, n.d.

## References

Brookings Institution. n.d. *Measuring Early Learning Quality and Outcomes: Governance Structure*. Washington, DC, Author. http://www.brookings.edu/~/media/Centers/universal-%C2%ADeducation/learning-%C2%ADmetrics-%C2%ADtask-%C2%ADforce/lmtf-%C2%AD2/MELQO-%C2%ADGov-%C2%ADStructure.pdf?la=en (Accessed 24 March 2016.)

——. 2014. Readiness to Learn: Measuring Early Learning Quality and Outcomes (MELQO). *Learning Metrics Task Force 2.0*. Washington, DC, Author. http://www.brookings.edu/about/centers/universal-education/learning-metrics-task-force-2/melqo (Accessed 11 February 2016.)

OECD. 2008. *Ten Steps to Equity in Education. Policy Brief*. Paris, Author. http://www.oecd.org/education/school/39989494.pdf (Accessed 11 February 2016. )

Prime Minister's Office Regional Administration and Local Government (PMO-RALG). 2015. *Pre-Primary, Primary and Secondary Education Statistics 2014 National Data*. Dodoma, Tanzania, Author.

UNICEF, WHO and World Bank. 2015. *Joint Child Malnutrition Estimates*. New York/Geneva, Switzerland/Washington, DC, Authors. http://data.unicef.org/nutrition/malnutrition.html (Accessed 11 February 2016.)

United Nations. n.d. Goal 4, Target 4.2. *Sustainable Development Goals*. New York, Author. https://sustainabledevelopment.un.org/sdg4

Correspondence should be addressed to Kate Anderson: klanderson@brookings.edu

## CASE STUDY 10

# FINANCING EARLY CHILDHOOD CARE AND EDUCATION SERVICES IN THE CARIBBEAN

**SIAN WILLIAMS AND LEON CHARLES** (CariChild)


Target 4.2 of the Sustainable Development Goals calls on countries to ensure by 2030 that 'all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education'.[1] The financing of early childhood care and education, or ECCE, services in centre-based and home-based settings, through the establishment and expansion of day care, pre-primary education and parenting support programmes, is critical to reaching this target in the Caribbean Community (CARICOM).

The CARICOM Costing and Financing Research Project, launched in 2003, provides government authorities and other key decision-makers in the Caribbean region with data and information on costs related to the provision of ECCE services, to inform decisions about the development of those services within their respective countries. This case study describes the work of the project in the period from 2008 to 2012, during which ECCE costing studies were completed in two Small Island Developing States (SIDS).

The project aids efforts to achieve greater equity in early childhood through the development of tools used to identify costs and financing options for expanding access to ECCE services, particularly for children from poor and vulnerable groups.

## Background and Context

The Caribbean Community is a diverse grouping of 20 countries[2] that straddle the boundary between the Atlantic Ocean and the Caribbean Sea. They cover approximately 3,200 kilometres (2,000 miles): from Suriname and Guyana on the South American mainland; northwards to Bermuda, off the east coast of the United States; and westwards to Belize on the Central American mainland. All 20 countries are former colonies of European powers — Dutch, English, French and Spanish. CARICOM has a

population of 16.1 million people, of whom 9 million live in Haiti, 2.8 million live in Jamaica and 1.3 million live in Trinidad and Tobago. The Caribbean Development Bank's (CDB) economic review and outlook for 2015 identified lingering development challenges in the region, compounded by natural hazards and climate change impacts, low economic growth (2–3%) and high levels of inequality within countries.[3] Despite relatively high rankings on the Human Development Index, countries face a number of socio-economic challenges that adversely impact the population, including HIV/AIDS, crime and violence, and financial strain on family structure.

## ACCESS TO ECCE IN CARICOM

ECCE in the Caribbean has been affected by the decline of support systems within families and communities to help with child care while parents and grandparents work, compounded by inadequate transportation systems and the low availability and high cost of child care outside the home. In 2010, UNESCO conducted a regional assessment of ECCE services in CARICOM.[4] Survey responses from 16 countries[5] reported that only 19% of ECCE services were publicly funded by the government; 22% were privately owned and operated, and the remaining 58% were run by community organizations, religious organizations or NGOs. The vast majority (81%) of services were for children from age 3 to the age of primary-school entry (which varies by country), with less than one-fifth of services (19%) catering to children from birth to age 3. Participation rates in ECCE — based on usable data from 7 reporting countries — ranged between 17% and 41% for children from birth to age 3, and from 65% to 100% for the pre-primary cohort. The reasons advanced for low participation included the inability to pay fees and the lack of government assistance to facilitate access for poor and vulnerable children. Other constraints to access were insufficient facilities (as evidenced by overcrowding in existing facilities), logistical challenges in multi-island states and in rural communities, and limited human capacity to support expansion.

## ORIGINS OF THE PROJECT

The development of young children has been recognized as a core strategy for poverty reduction. Yet this is not possible without adequate financing for ECCE services, which is a prerequisite for significant progress on access, quality and equity issues. In CARICOM, the lack of progress on financing has been constrained in part by the lack of costing information and in part by the lack of innovative financing mechanisms that do not place sizable additional burdens on the public sector, parents or private providers.

At the outset of the Costing and Financing Research Project in 2003, existing costing information in CARICOM countries was insufficient to determine the amount of financing required by the early childhood sector.[6] Studies were hampered by the lack of a costing model to fit the Caribbean ECCE context. A model had to be designed, together with approaches that would generate the appropriate information, in a process requiring significant experimentation in conceptual approach and methodology. The project's development and ongoing improvement of this model is considered a 'work in progress'.

In 2008, CARICOM governments adopted Minimum Service Standards for early childhood services, and in 2010 they agreed to the development of national strategic plans to provide children from birth to primary school entry with access to ECCE. The work of the Costing and Financing Research Project from 2008 to 2012 was designed to help CARICOM governments in meeting these goals. Funded by the CDB and UNICEF's Eastern Caribbean Office during this time period, the project provides governments with useful tools for determining the costs of current services and the projected costs of services when improved to meet the Minimum Service Standard, in the context of the development of national strategic plans to promote the inclusion of poor and vulnerable children in ECCE.

# The Costing and Financing Research Project, 2008–2012

## RESEARCH APPROACH

During the period from 2008 to 2012, a computer-based version of the project's costing model, referred to as the Early Childhood Development Costing and Financing Software, was successfully developed. This software package was used to conduct national assessments of the cost of providing ECCE services in two countries — Antigua and Barbuda, and Saint Kitts and Nevis — between 2009 and 2011. Both countries had adopted ECD policies in the preceding three years and, between 2010 and 2011, were in the process of preparing strategies to increase access to ECCE services, particularly for vulnerable children. The majority of ECCE services in both countries were provided by the private sector (75% in Saint Kitts and Nevis, and over 90% in Antigua and Barbuda).

To conduct the research, indicators from the Early Childhood Environment Rating Scale (ECERS) and the Infant/Toddler Environment Rating Scale (ITERS)[7] — which have been used in national surveys of the quality of early learning environments in over 50 countries — were combined in a monitoring checklist. The checklist was administered to a 30% sample of ECCE services in each country to determine how many services achieved a rating of minimum quality, and how many needed to make improvements (thus incurring costs).

The two studies generated information on investment costs, operational costs, revenues generated, sources of revenue and the financial viability of early childhood service provisions, including the adequacy of the current fee structure. The software package contained the functionality to assess costs required to upgrade services and facilities, as well as to conduct sensitivity analyses on investment and operational costs under a range of scenarios, including for universal access. Data were analysed under existing operating scenarios (i.e. the cost of actual current salaries, programme content and learning resources; and the conditions of infrastructure and equipment), as well as scenarios that assumed that services were being provided at the recommended Minimum Service Standard (i.e. improvements in staff qualifications, programme development, infrastructure and equipment).


## RESEARCH FINDINGS

The costing studies revealed the following findings:

- Investment costs require significant capital outlay, with over 90% needed to meet infrastructural costs. This underscores the strategic importance of services being able to access one-off grants.
- Teacher/caregiver costs constitute approximately 67% of recurrent costs.
- The main source of income for programmes is from user fees (tuition and other fees) for expenditures on items such as care, meals and transport. User fees were used to cover 63% of costs in one country and 72% in the other.
- Many private sector providers do not generate sufficient revenue from user fees to cover current operational expenditures.
- Most private sector operators will be challenged to cover operating costs under a Minimum Service Standard regime, assuming the current revenue base. Service providers will have to increase revenue to pay for qualified

practitioners, which means either increasing user fees or accessing support through government subsidies.

The studies highlighted the challenges faced by predominantly privately operated services in both countries in providing affordable, quality services while at the same time sustaining financial viability. It was determined that without a consistent source of public financial assistance, the current services would not be able to provide access to poor and vulnerable children. In addition, it was determined that services could not be expanded without access to one-off sources of funds for infrastructure and set-up costs.


Donna Chin-Fatt

In both countries, publicly funded services are small-scale but do provide access to children from poor and vulnerable groups. In Antigua and Barbuda assistance is provided to a limited number of pre-schools. In Saint Kitts and Nevis, the 'Reaching the Unreached' programme monitors and supports quality in home-based services for children from birth to age 3, and for older children who do not have access to centre-based services.

The research also identified regional and international innovations in financing and assessed the potential for their use in the CARICOM region. Viable mechanisms for increasing access for poor and vulnerable children included: cash transfers, fiscal incentives, concessions and soft loans for capital facilities, subventions for operators serving vulnerable communities, and subsidies and vouchers for poor and vulnerable families to access ECCE services.

## Impact and Lessons Learned

### PUTTING THE DATA TO USE

The results from these studies were presented to senior education officers in both countries in 2012. The officials noted that this was the first time they had accurate data available on the cost of providing early childhood services, and indicated that they would use the information to guide national decision-making.

In April 2012, the Minister of Education and Information in Saint Kitts and Nevis stated that the provision of high-quality early childhood environments is seen in his country as a 'good investment and not as an expenditure'.[8] He cited the government's 2009 White Paper on Education Development and Policy 2009–2019, which named as a central objective enhancing the quality of learning environments and supporting active participatory learning. In addition, the Ministry was in the process of developing a strategy for 2012 to 2016 to increase access to services for vulnerable children through a detailed mapping of demand and supply in the areas most in need. A package of financial strategies was planned for the early childhood sector, including financial incentives for the private sector to increase the number of facilities available to poor and vulnerable children.

In Antigua and Barbuda, access to pre-primary education was expanded from 79.4% in 2010/11 to 96.5% in 2012/13, as a result of the government's access to funding from a philanthropic organization to create 75 facilities. The government's policy is to provide access to pre-primary education for all children from age 3 to age 5. To increase ECCE access for children below the age of 3, policy has focused on expanding support for parenting and early stimulation through health clinics. Two pilots are currently being undertaken in this area: one that uses the Care for Child Development package,[9]

developed by UNICEF and the WHO, in one-to-one sessions with parents and health workers; and one that uses the Reach Up Early Childhood Parenting Programme,[10] based on the successful Jamaica Home Visit Programme, in group sessions for parents.

## LIMITATIONS AND NEXT STEPS

Although the data on access to pre-primary education are encouraging in both countries, 5% of children between the ages of 3 and 5 are not accounted for and may represent those in the poorest and most vulnerable segments of society. For children from birth to age 3, access to services in day care and home-visiting programmes ranged from approximately 10% in Antigua and Barbuda to 38% in Saint Kitts and Nevis,[11] indicating a continuing lack of investment in support for services for poor and vulnerable children in this age group.

The project plans to undertake costing reports in other countries in the region, so that all governments can have access to accurate data with which to plan the development of their early childhood services. Further studies will assist the project in refining model design and research approaches, and in validating the work undertaken to date.

## COSTING STUDIES AND EQUITY

Efforts to achieve ECCE equity in CARICOM focus on access to quality services and reflect regional commitments to expand access and improve quality in a range of settings, and to reduce the impacts of poverty and vulnerability on the population as a whole.

Whether providing opportunities for equitable access through constructing pre-school facilities in poor areas where the private sector will not invest; ensuring consistent quality throughout the public and private system through support for teacher education, monitoring and supervision; or prioritizing support for home-based ECCE services — governments need information on what such options will cost. The strength of ECCE costing studies in the region is that they provide governments with a clear foundation for addressing equity as a specific policy objective, by making explicit the financial and investment trade-offs that are needed to deliver on equity objectives.

1 UN, n.d.
2 CARICOM comprises fifteen Member States — Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Lucia, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago — and five Associate Member States — Anguilla, Bermuda, British Virgin Islands, Cayman Islands, and Turks and Caicos Islands.
3 CDB, 2014.
4 UNESCO, 2010.
5 No data were reported by Belize, Haiti, Suriname or Trinidad and Tobago.
6 For more background on the project and a description of its work from 2003 to 2007, see the CG's Coordinator's Notebook, No. 30, 2008 (CGECCD, 2008).
7 Harms et al., 1998, 2006. Items include Space and Furnishings, Personal Care Routines, Language–Reasoning–Talking–Listening, Activities, Interaction, Programme Structure, and Parents and Staff. Each item is expressed as a 7-point scale with descriptors for 1 (inadequate), 3 (minimal), 5 (good) and 7 (excellent).
8 Carty, 2012.
9 UNICEF and WHO, 2012.
10 Reach Up and Learn, 2015.
11 Population data were not available by age group for children from birth to age 3, so figures are approximated. Information was obtained from interviews with the Early Childhood Coordinators in each country, November 2014.

## References

Caribbean Development Bank (CDB). 2014. 2014 *Caribbean Economic Review and Outlook for 2015*. Saint Michael, Barbados, Author. http://www.caribank.org/uploads/2015/02/CDB-2014-Caribbean-Economic-Review-and-Outlook-for-2015.pdf (Accessed 22 December 2015.)

Carty, N. 2012. Opening remarks at the Regional Conference on Early Childhood Development in the Caribbean, 'Towards Poverty Reduction: Maximising the Returns on Investment in Early Childhood Development in the Caribbean', 2–4 April 2012, Saint Kitts and Nevis.

Consultative Group on Early Childhood Care and Development (CGECCD). 2008. *Coordinator's Notebook: An International Resource for Early Childhood*, No. 30. Toronto, Ont., Author. http://www.ecdgroup.com/pdfs/ECD-CoNo30.pdf

Harms, T., Clifford, R. M. and Cryer, D. 1998. *Early Childhood Environment Rating Scale*. *Revised Edition*. New York, Teachers College Press.

——. 2006. I*nfant/Toddler Environment Rating Scale*. *Revised Edition*. New York, Teachers College Press.

Reach Up and Learn. 2015. *Reach Up — An Early Childhood Parenting Programme*. Kingston, Author. http://www.reachupandlearn.com/about-us/#

UNESCO. 2010. *Early Childhood Care and Education Regional Report: Latin America and the Caribbean*. Prepared for the World Conference on ECCE in Moscow, September 2010. Santiago, UNESCO Regional Bureau for Education in Latin America and the Caribbean. http://unesdoc.unesco.org/images/0018/001892/189212e.pdf

UNICEF and WHO. 2012. *Care for Child Development Package*. New York/Geneva, Switzerland, Authors. http://www.unicef.org/earlychildhood/index_68195.html

United Nations. n.d. Goal 4, Target 4.2. *Sustainable Development Goals*. New York, Author. https://sustainabledevelopment.un.org/sdg4

---

Correspondence should be addressed to Sian Williams: sianwilliams07@gmail.com

## CASE STUDY 11

# THE ROLE OF SOCIAL ENTERPRISE IN DELIVERING HIGH-QUALITY ECCE SERVICES TO THE MOST VULNERABLE: MODELS FROM THE UK AND KENYA

**NURPER ULKUER, JUNE O'SULLIVAN** (LEYF) **AND SABRINA NATASHA PREMJI** (Kidogo)


Children who do not receive quality early childhood care and education, or ECCE, are less likely to reach their full potential, with negative social and economic consequences to themselves and the societies in which they live.[1] It is clear that vulnerable children benefit the most from high-quality ECCE,[2] yet they are the population with the least access to such services.[3] Whether in developed or developing countries, ECCE that is considered to be 'high-quality' tends to be run like a business and generally serves the most affluent. Donor-dependent NGOs, voluntary organizations and even publicly funded services often do not meet professional standards for quality, nor do they always reach the most vulnerable children and families.[4]

What happens when a social enterprise approach is used to address this issue? This case study presents two examples — one from a developed country (the UK) and one from a developing country (Kenya) — that highlight how a social enterprise model can be used to provide high-quality ECCE services to low income communities in a way that is both sustainable and scalable.

## WHAT IS SOCIAL ENTERPRISE?

The term 'social enterprise' refers to a business that is dedicated to a social mission, where the business model and the profits earned by the business are both aimed at advancing the social mission and ensuring social impact.[5] Social enterprise models are emerging as innovative, sustainable and locally designed solutions to persistent social and economic problems in a variety of sectors.[6]

Ensuring young children's access to quality and affordable education and care in resource-poor communities is a social mission. A business model that achieves this mission in a sustainable manner is, therefore, a social enterprise. In recent years, developed and developing countries alike have seen a growing number of promising social enterprise models for scaling up quality early childhood programmes. The following cases elaborate how high-quality ECCE business models with a social mission can succeed in reaching the most vulnerable children and families in a range of contexts.

# The London Early Years Foundation (UK)

### BACKGROUND AND CONTEXT

The London Early Years Foundation (LEYF) is the UK's largest charitable social enterprise for child care. Founded as a charity in 1903 to support mothers struggling with high infant mortality, LEYF changed and reshaped itself over the years, setting up nurseries in the 1930s and playgroups in the 1960s, while also supporting training and development for practitioners and advocating for children and families. In 2009, LEYF was reconfigured to function as a social enterprise and began to grow, slowly at first and then with an aggressive growth strategy since 2013. It currently operates 38 community nurseries for children ages 6 months to 5 years, across some of the poorest neighbourhoods in London.

### BUSINESS MODEL AND SOCIAL IMPACT

LEYF has developed a business model designed to provide all children with high-quality care and education irrespective of their social or economic backgrounds. In 2015, 3,500 children attended LEYF nurseries weekly. Almost half of these children (48%) had their tuition subsidized by LEYF,[7] which makes up the cost difference between a government-funded nursery and a LEYF nursery. Currently, LEYF provides the highest proportion of subsidies for 2-year-olds in London.

LEYF employs 600 staff and 60 apprentices. Its commitment to excellence in early childhood education, training and action research translates into high staff retention, with up to 70% of apprentices promoted to full-time posts. LEYF also aims to recruit 50% of its management staff from within the organization.[8]

To validate the effectiveness of its programme, LEYF designed a social impact approach based on research showing that high-quality early childhood education is a key factor in children's future emotional and educational success.[9] The validation approach has two main components:

1. **Measuring the impact of the organization as a whole, using the 'Magic Sum'.** The 'Magic Sum' uses four weighted hypothesized drivers of child development to measure a single 'Impact Unit'. The four drivers are: Duration, Dosage, Quality and Home Learning Environment.
2. **Measuring the impact of different interventions on individual children.** LEYF measures the progress made by individual children and different cohorts of vulnerable children using the UK Department of Education's 'Development Matters' framework.[10]

LEYF aims to reach 5,000 children by 2018. Its growth model involves acquiring nurseries — often located in poor neighbourhoods — that are in financial trouble and operating at a low educational standard, as rated by the UK Government's Office for Standards in Education, Children's Services and Skills (Ofsted). The organization turns the nurseries around in approximately six months to a year. As of November 2015, all of LEYF's nurseries were rated as either 'Good' (69%) or 'Outstanding' (31%) by Ofsted, which exceeds the average ratings for London and the UK.

Challenges to growth include slow access to affordable social investment finance, staff recruitment, and the demands of government policies and regulation. LEYF overcomes these barriers by strengthening its organizational values; embedding leadership for excellence across the organization; adhering to the LEYF pedagogy; providing training and support; and keeping a very close eye on the bottom line.

### TAKE-AWAYS

LEYF has demonstrated that delivering high-quality child care with durable social impact on children, families and communities is possible. LEYF's example has inspired similar initiatives in other countries, such as AeioTU, an ECCE social enterprise in Colombia.[11]

## Kidogo (Kenya)

### BACKGROUND AND CONTEXT

Access to ECCE services within Kenya is inequitable. According to Oxfam, children living in the country's

Kidogo

urban slums suffer the highest rates of stunted development due to poor nutrition, unsafe environments and inadequate stimulation, which in turn leads to reduced learning, poor performance in school and lower income earning capacity as adults.[12] In the absence of publicly funded crèches or pre-schools, and with extended family tending to live in rural areas, working mothers in urban slums face a difficult decision of where to keep their young children while they are at work. Children are usually either left at home alone or with an older sibling, or placed in a congested, unlicensed home-based day care facility for a fee.

Kidogo is a social enterprise established in 2014 to address the child care crisis faced by working mothers living in East Africa's informal urban settlements (slums). It aims to deliver the type and quality of child care that is currently only available to high income communities in East Africa, at a price point that is affordable to working families in urban slums. Kidogo's programmes are non-denominational and are offered without regard to race, tribe, gender or faith.

### BUSINESS MODEL

Kidogo uses a 'hub and spoke' model for ECCE provision. It first builds and operates community-based early childhood centres ('hubs') that provide children ages 6 months to 6 years with a holistic

early childhood intervention based on best practices. From 7 a.m. to 6 p.m. Monday through Friday, children are engaged in a mix of individual and group play-based activities to promote physical, cognitive, linguistic and psychosocial development, facilitated by certified early childhood teachers from the local community. Nutritious and balanced meals are also served. Child care hubs are designed within the urban slums as safe, child-friendly spaces that also act as central meeting points for teacher and parent trainings. The start-up of each centre requires approximately US$10,000 in grant capital. However, Kidogo's fee-for-service model — which charges parents US$1 per day, roughly the same price mothers are already paying at overcrowded, informal and often unsafe day care facilities — ensures that hubs reach an operational break-even point within their first year. This means that in the absence of external funding, the funds generated from parents fees are enough to cover the ongoing operating costs of each centre, including rent, teacher salaries, food and curriculum materials, essentially making each hub financially sustainable. Once a hub has been established, the social enterprise then partners with local women ('mama-preneurs') to start or grow their own home-based day care centres ('spokes') through a micro-franchising programme. Kidogo packages materials, curriculum and daily schedules into a 'business-in-a-box', and combines it with practical training and ongoing support from the hub to improve the quality of home-based child care spokes.


Through start-up funding from Grand Challenges Canada, Kidogo currently operates two child care hubs and works with five mama-preneurs in two of Nairobi's slums (Kibera and Kangemi). The social enterprise currently reaches over 250 children every day and has plans to scale up in 2017.

Kidogo has learned that effective scale-up, in whatever form, requires strong human resources and systems. Concerted efforts must be made to recruit, train and retain staff — activities that are not emphasized nearly enough in the non-profit sector. While monitoring and evaluation is a common practice, Kidogo also emphasizes the importance of documenting and evaluating processes (how things are done) in addition to traditional output and outcome indicators. Process challenges become more difficult to manage at scale and serve as ideal opportunities for learning and improving programmes.

## SOCIAL IMPACT

The Kidogo team is rigorously testing their model and its impact on child development through a case-control study with Aga Khan University's Institute for Human Development. The goal is to conduct longitudinal studies that follow children through primary school and beyond.

While still in its early days, Kidogo's innovative 'hub and spoke' model and play-based approach to early childhood show promise to unlock the potential of hundreds of thousands of children living in poverty and change the trajectory of their lives. Kidogo also sets an example for other countries in providing quality child care with a focus on equity.

Kidogo's programmes ensure children growing up in urban slums have a solid foundation — physically, cognitively and socio-emotionally — to excel in school and in life. Moreover, since limited child

care services pose a barrier to improving familial livelihoods, Kidogo's programmes also increase productivity and reduce absenteeism for working mothers, and relieve older siblings from child-rearing responsibilities, allowing them to return to school. This model of a child-centred approach with ripple effects on the family and community is designed to help break the cycle of poverty and promote equity over time.


### TAKE-AWAYS

Traditional thinking suggests that an organization must achieve a level of scale to have a significant impact. While organic growth is one way to reach more children, Kidogo believes it is not the only way to generate systemic change: an organization can also license or share their product — a curriculum or teacher training methodology, for example — for others to implement; an innovative service delivery model can be replicated and expanded to another community; and advocacy efforts can be used to influence policy, impacting the lives of an entire country.

## Lessons Learned

Social enterprise models provide innovative and alternative solutions to financing ECCE in both developed and developing countries, helping to level the playing field for disadvantaged communities.[13] In designing an ECCE social enterprise model in a given community, consideration should be given to the following steps:

1. Assess existing gaps in public and private ECCE provision and workforce capacity that prevent services from reaching the most vulnerable.
2. Identify local opportunities to fill these gaps, with a particular focus on investing in quality ECCE.
3. Explore initial funding opportunities to demonstrate proof-of-concept.
4. Build on existing cultural and traditional child care practices in the community. Local traditions and informal and formal child-rearing networks can form the foundation for quality ECCE.
5. Focus on holistic, child-centred pedagogy with an emphasis on delivering quality services, and build in processes to rigorously assess this quality and its social impact.

---

1 Engle et al., 2007, 2011.
2 Heckman, 2006.
3 UNICEF, 2012.
4 Lloyd and Penn, 2013.
5 Martin and Osberg, 2007.
6 Teasdale, 2010.
7 LEYF, 2014.
8 LEYF, n.d.
9 Heckman et al., 2013; Conti et al., 2012.
10 Early Education, 2012.
11 AeioTU-Fundación Carulla, 2015.
12 Taylor and Goodfellow, 2009.
13 Ulkuer, 2014.

## References

AeioTU-Fundación Carulla. 2015. *Aeiotu: A Better Early Childhood, a Better Colombia*. Bogotá, Author. http://www.aeiotu.com/?lang=en (Accessed 21 December 2015.)

Conti, G., Heckman, J., Moon, S. and Pinto, R. 2012. *Long Term Health Effects of Early Childhood Interventions*. Unpublished manuscript, Department of Economics, University of Chicago, Chicago, Ill.

Early Education. 2012. *Development Matters in Early Years Foundation Stage (EYFS)*. London, Author. http://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf

Engle, P. L., Black, M. M., Behram, J. R., Cabral de Mello, M., Gertler, P. J., Kapiriri, L., … Young, M. E. 2007. Strategies to avoid the loss of developmental potential in more than 200 millon children in developing world. *Lancet*, Vol. 369, No. 9557, pp. 229–42. doi:10.1016/S0140-6736(07)60112-3

Engle, P. L., Ferhald, L. C. H., Alderman, H., Behram, J., O'Gara, C., Yousafzai, A., … Global Child Development Steering Group. 2011. Strategies for reducing inequalities and improving developmental outcomes for young chlidren in low-income and middle-income countries. *Lancet*, Vol. 378, No. 9799, pp. 1339–53. doi:10.1016/S0140-6736(11)60889-1

Heckman, J. J. 2006. Skills formation and the economics of investing in disadvantaged children. *Science*, Vol. 312, pp. 1900–02. doi:10.1126/science.1128898

Heckman, J., Pinto, R. and Savelyev, P. 2013. Understanding the mechanisms through which an early childhood program boosted adult outcomes. *American Economic Review*, Vol. 103, No. 6, pp. 2052–86. doi:10.1257/aer.103.6.2052

Lloyd, E. and Penn, H. (eds). 2013. *Childcare Markets: Can They Deliver an Equitable Service?* Bristol, UK, Policy Press, University of Bristol.

London Early Years Foundation (LEYF). n.d. *Career Paths and Professional Development* [LEYF website]. London, Author. https://www.leyf.org.uk/career-paths-and-development/

——. 2014. *LEYF Impact Report 2014: Changing the World One Child at a Time*. London, Author. https://issuu.com/leyf/docs/impact_report_final

Martin, R. L. and Osberg, S. 2007. Social entrepreneurship: the case for definition. *Stanford Social Innovation Review*, Vol. 5, No. 2, pp. 28–39. http://ssir.org/articles/entry/social_entrepreneurship_the_case_for_definition

Taylor, W. and Goodfellow, T. 2009. *Urban Poverty and Vulnerability in Kenya: The Urgent Need for Co-ordinated Action to Reduce Urban Poverty*. Oxfam GB Briefing Note. Oxford, UK, Oxfam GB. http://policy-practice.oxfam.org.uk/publications/urban-poverty-and-vulnerability-in-kenya-the-urgent-need-for-co-ordinated-actio-123932

Teasdale, S. 2010. How can social enterprise address disadvantage? Evidence from an inner city community. *Journal of Nonprofit and Public Sector Marketing*, Vol. 22, No. 2, pp. 89–107. doi:10.1080/10495141003601278

Ulkuer, N. 2014. Desk review: designing social enterprise models for early childhood development. Unpublished manuscript.

UNICEF. 2012. *Inequities in Early Childhood Development: What the Data Say. Evidence from the Multiple Indicator Cluster Surveys*. New York, Author. http://www.unicef.org/publications/index_61802.html

Correspondence should be addressed to June O'Sullivan: June@leyf.org.uk or Sabrina Premji: sabrina@kidogo.co

THE CONSULTATIVE GROUP
ON EARLY CHILDHOOD
CARE AND DEVELOPMENT

---

The Consultative Group on Early Childhood Care and Development (CGECCD) convenes, mobilizes and engages global ECCD actors in order to generate and disseminate knowledge on ECCD for use in advocacy, policy, planning, capacity-building, programming and evaluation research, with the goal of improving the development of children, families and communities, especially those living in disadvantaged circumstances in low income and middle income countries.