

EARLY CHILDHOOD CARE AND DEVELOPMENT (ECD) – AN INNOCULATION AGAINST POVERTY OR A DAYCARE REFUGE FOR THE VERY POOR?

Can Early Childhood Care and Development (ECD) provide an ‘innoculation’ against poverty? If it can, it is surely an important development strategy, not only enriching children’s potential but also providing childhood care for time poor parents and the mechanisms for other interventions such as early nutritional support and community support for mothers. Many donors, and especially the World Bank advocate for ECD on this basis.

However, others argue they are doing a disservice to the reality of ECD by promoting this vision. Instead they say, ECD in developing countries has to be nuanced to specific contexts, and, in view of the lack of resources and therefore, lack of quality, ECD should be re-focused. While broad ECD provision for young children remains an important goal, under current constraints, it may be more effective to focus on three main groups. In particular, children in HIV affected communities, time poor mothers, and children in conflict can benefit from ECD interventions. This provision should be based on particular local context, rather than generic models developed in the North. This is a potentially controversial yet arguably highly practical approach which may reap more benefits among the very poor than attempts to attain comprehensive ECD provision. Clearly this has important implications for policy makers.

I. WHAT IS ECD AND WHAT SHOULD IT ACHIEVE?

ECD is an umbrella term for a variety of interventions centred around young children, their carers and families, including health and nutrition, childcare, education and parent support. It aims to improve children’s health, nutritional and psycho-social well-being, enhance educational outcomes, and produce more intellectually able, socially engaged and generally aware children. Other potential benefits of ECD include providing childcare for working mothers, enhancing the quality of childcare, providing a focus for community development, and enabling children to develop through interaction with their peers (a particular concern in the North where many children grow up in small isolated family units).

Although much of the focus tends to be on pre-schooling, ECD seeks to provide a nurturing environment for children. The initiatives it encompasses include:

- *school-based nursery education*
- *community-based preschool or playgroup*
- *centre-based childcare*
- *home-based childcare*
- *supplementary feeding programmes*
- *home-visiting, parent education/support*
- *health programmes*

The range of initiatives in both North and South is wide and involves organisations with varying degrees of influence and capacity. For example, SEWA in India, a union of self-employed women provides centre-based ECD for members’ children, as well as advocating for many other improvements in members’ working lives and living conditions. At the other end of the scale, many community-based ECD projects operate in one village only, providing children with one meal a day and minimal adult supervision.

2. THE APPLICATION OF ECD IN DEVELOPING COUNTRY CONTEXTS – ISSUES

Research on child development has been mainly carried out in the North, primarily in the United States. Its relevance to developing countries is contested for the following five reasons:

Current evidence based research

Most child development research has been based on Euro-American concepts of ‘the ideal child’ in an ‘ideal situation’ – a caring and well provided-for family living in a well-resourced state. The ‘ideal’ child expresses his/her individuality and is able to articulate opinions and preferences from quite an early age. This research is almost always based on white, middle-class children, although the longitudinal studies outlined below draw on samples of African-American families. Neither necessarily provides a template for developing country contexts.

A considerable tranche of evidence exists, mainly from the USA, indicating the efficiency of ECD. It demonstrates, *in the short term*, that early childhood education and care produces greater intellectual capacity and more socially adaptable children, relative to where they started from. However, most of this evidence comes from families facing multiple difficulties, where any investment, human or financial, will have a benefit in the short term.



Two of the most cited longitudinal and best known projects supporting the efficiency of ECD – the Perry High Scope and the Abecedarian – are arguably not an adequate basis for wider generalisation. Their participants were selected on the basis of low IQ, welfare referrals, the majority were from African-American families and the samples were small. Additionally, whilst the Abecedarian figures have stood up to scrutiny, the Perry High Scope has come in for some very heavy criticism regarding its level of errors and inconsistencies.

Both these studies also assume high quality interventions, with good programmes and adult-child ratios of between 1:4 or 1:10 depending on the age of the child. Even with high quality provision *the long term impact* is still questionable; these children still under-perform in relation to their middle-class counterparts and in the long term, one third dropped out of school and one third were later arrested. Therefore the claim that ECD can be an ‘innoculation against poverty’ must be regarded with some scepticism.

Types of provision in the North that form the models for the South – how appropriate?

In West European countries, there are standard, publicly subsidised systems offering near-universal centre-based integrated education and care facilities, and some nutrition, at least for children aged three to six. These countries tend not to offer home-based care, home-visiting or parent education as they provide coherent universal systems as a public entitlement.

Conversely, in English-speaking countries, in particular the USA, UK, Canada and Australia, where provision is much less systematic, parents bear a large part of the cost of any services. Targeted interventions such as home-based care, home-visiting and parent support are common strategies for ‘multi-problem’ families who cannot otherwise access services, and where children are perceived as being at risk. Administrative responsibility is split between Ministries – (nursery) education in one, (welfare) care systems usually part of another. Administration and regulation of the system tends to be *ad hoc*, lacking coherence and often inefficient.

It is this targeted, *ad hoc* model of English-speaking countries that has, by and large, been exported to the South. Work with poor mothers in Brazil suggests that these targeted, home based programmes may do more harm than good. They can serve to reinforce gender stereotypes and undermine and devalue existing child care practices. Furthermore, they legitimise minimal public interventions for poor children, with much lower inputs than those received by their better off counterparts in the private sector.

ECD concepts as applied to developing country contexts

The basis of many ECD initiatives in the South is drawn from “Developmentally Appropriate Practice,” the manual devised in the USA by the National Association of Education for Young. While making some concessions to cultural diversity this manual presupposes a universal scientific basis to child development activities, a position that has been heavily criticised from the South as a form of colonialism.

A key emphasis is on working with parents to ‘stimulate’ children and promote their communication skills, as well as other interventions in the form of parenting support; these are frequently justified by citing brain research. However, not only is the link between neurological development and parenting styles unproven, but the Northern based parenting styles advocated are often irrelevant outside their own context. Such extrapolation of child development practice from North to South runs the risk of being simplistic, inaccurate or ineffective.

Donor Attitudes – founded on misconception?

As a result of strong lobbying by a consortium of international agencies, the first goal of the Education for All (EFA) international agreement on education, reaffirmed in Dakar, Senegal in 2000, is to promote Early Childhood Development for vulnerable children, the group for whom ECD is seen as most beneficial.

Donor attitudes are shaped by the research available, which is biased heavily in favour of a Northern/OECD perception, as described above, on how children should develop. However, ECD programmes that require resource rich environments, and which stress the individualism and self-determination of young children, are not easily translatable into poor or traditional communities. It is therefore important to be wary about the adoption of ECD, as a measure to achieve long-term economic prosperity.

Under-resourcing

Many of the studies used to substantiate the efficacy of ECD and its benefits ignore the high levels of input – financial, human and time – committed to the ECD programmes examined. Many developing and transitional countries do not have such resources for basic schooling, health provision and services, let alone for pre-school education and early childhood care. ECD programmes are thus frequently under-resourced in practice, and their effectiveness reduced.

3. ECD IN DEVELOPING COUNTRY CONTEXTS

Childcare and Early Childhood Development initiatives in the South vary considerably in their target groups, range of interventions, processes, outcomes, and costs which makes them difficult to catalogue or compare. They vary, above all, in their contexts:

- National context: What is a common and widespread understanding of ECD programmes and what it should provide or achieve in one country may be unrecognisable and inappropriate in another.
- Local contexts: These profoundly determine expectations of childhood, upbringing and learning and the values that underpin them. For example, the emphasis on play versus repetition as a means of learning, the place of instruction, the levels of resourcing, the emphasis on the individual rather than the group, expectations of obedience of children towards adults.

Because of this, it is almost impossible to provide good practice guides that address very different realities, although many donors have tried.

For ECD to be *effective, accessible and equitable*, a society must invest in it. Even very poor countries can develop such systems. Mongolia, one of the world's poorest countries has a valued kindergarten system. A World Bank study of another very low income country, Cuba, concluded that the Cuban education system – which has outstanding literacy and higher education rates – demonstrated that high quality education and a universal kindergarten are sustainable and affordable in a poor country. Providing ECD is a matter of prioritising the view that young children and their families should be supported, as much as a matter of economic or educational efficiency.

4. ECD AND CHILDHOOD POVERTY

ECD and its relationship to poverty revolve around two key issues:

- Resources – volume of investment and equitable access to resources
- Vulnerable groups of children

Resources are important, but equitable access to them is crucial. More resources per se do not necessarily result in better services, but in many circumstances, when access is inequitable, poor children receive inferior services. The reality is, though, that many countries in the South are simply too poor to contemplate the goal of equitable access in the short-term. But the failure to consider the possibility in long-term planning is to perpetuate inequalities.

The groups of young children that are particularly vulnerable and most likely to benefit from ECD are the children of time-poor and chronically poor parents (especially mothers); those affected by HIV/AIDS or other situations putting great strain on communities; and those in situations of war and conflict.

Time-poor mothers

Many poor women and men – both rural and urban – have to work extremely long days away from home for an income which cannot sustain a family. Where relatives, neighbours and friends face similar situations, providing some kind of crèche for the youngest children, can be a useful contribution to a wider package of efforts to address poverty, enabling parents to generate income while young children are cared for safely.

A key issue, especially in the long term, is the extent to which any attempt to provide for the children of working mothers is located in a wider context of improved living and working conditions. With some notable exceptions, the ECD lobby in the South has not focused on the needs of working women and has not addressed time-poverty.

HIV/AIDS affected children

Children below school age have often been ignored by HIV/AIDS support initiatives but a UNESCO workshop in 2002 identified the following constraints when trying to fulfil the needs of very young children affected by HIV/AIDS:

- the amount of adult time that very young children need for survival and the consequent reluctance within affected communities for women to foster the youngest children
- the particular dependence of young children on adult and community support, and the psycho-social and physical damage that may be experienced without it
- the stigma that often attaches to young children whose mothers have died of HIV/AIDS
- the need to preserve records and ensure the legal rights of young children.

Finding the means of offering ECD support to children affected by HIV, including orphans, is likely to assist communities in coping. In these situations, a holistic approach including wider education or nutritional support, is likely to have greater impact for very young children.

Children affected by conflict

Children affected by conflict are frequently traumatised, are likely to be impoverished and experiencing unstable living conditions including poor nutritional status. Most of the evidence concerning ECD for conflict-affected children comes from refugee camps, where the majority of residents are women and children, who have often lost their former social support networks.

Key to children's ability to cope under these circumstances is the importance of respecting their rights and cultures. Psycho-social counselling, based on Euro-American definitions and understandings of post traumatic stress disorders (PTSDs) is frequently advocated as a key support intervention. The limited existing evidence concerning ECD in refugee camps, however, suggests that more benefit would be derived by improving living circumstances and offering a supportive and stable group environment rather than psycho-social counselling. Providing such an environment can be a key contribution of ECD under such circumstances.

Relevance of ECD to Childhood Poverty

ECD can be a useful form of practical relief to directly mitigate childhood poverty in particular circumstances: providing childcare for time-poor working mothers on subsistence earnings; providing childcare for orphans and other vulnerable children, especially those affected by HIV/AIDS; providing childcare and support for children experiencing war and conflict. In transitional countries, those services that remain should be focused on supporting poor families, rather than being converted, as is often the case, to fee-paying institutions for the better-off.

ECD is not a key economic intervention to tackle poverty, as some of its proponents claim. It is likely that when children who are experiencing harsh circumstances are offered a safe place to play, good nutrition, with concerned adults to care for them, they will be better off. Particularly where ECD is linked to good quality primary education, it can form part of a 'virtuous spiral' that helps improve children's lives. To be most effective, ECD initiatives need to be linked to other broader contextually-sensitive attempts to improve the position of women and children, including systemic investment in education and health services.

5. WHAT NEXT? CONSIDERATIONS FOR NATIONAL AND DONOR POLICIES

In summary, adopting the following measures and principles would help realise the current and future potential of ECD programmes more effectively:

- Focusing on widening child care opportunities for very poor families, especially time-poor mothers. This would also reduce work burdens on older siblings, particularly girls.
- Emphasising the contribution that ECD can make in providing a stable environment for children who have experienced traumatic change, such as children affected by HIV/AIDS or conflict.
- Greater caution is needed in the transfer of Northern-based research and practice on ECD to Southern contexts. In particular, the appropriateness of an emphasis on parental education, and stimulating children's individuality needs to be reconsidered. More context-specific ECD provision should be prioritised, based on participatory research and action. Here ECD is likely to form part of a spectrum of initiatives to improve child and family wellbeing.
- Under-resourced ECD programmes are unlikely to achieve lasting benefits for children or their families; either commitments must be made to financing effective services, or resources should be redirected to the education and health systems with a focus on young children.
- To reap maximum long-term benefits, larger-scale ECD initiatives must also be integrated with national sectoral policies in education, health and welfare to ensure sustainability and promote coherence. More rigorous monitoring and evaluation of ECD programmes in the South is needed to strengthen the evidence base concerning the short and long-term effects of different kinds of ECD programme in different contexts.

This briefing is based on Penn, H., 2004, *Childcare and Early Childhood Development Programmes and Policies – their relationship to eradicating Childhood Poverty*, CHIP Report 8, CHIP: London.

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Published: 2004

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