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EARLY CHILDHOOD EDUCATION AND CARE (ECEC) IN SELECTED OECD COUNTRIES

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Early Childhood Education and Care (ECEC) programs include preschool or pre-primary schools (kindergartens, pre-kindergartens, compensatory education programs, and nursery schools), child care or day care centers, family-type day care homes, and publicly subsidized care provided within a child’s own home. ECEC policies include the whole range of government actions designed to influence the supply of and/or demand for ECEC and the quality of services provided. These government activities include: funding (direct and indirect financial subsidies to private providers), such as grants, contracts, and tax incentives; financial subsidies to parents, such as cash benefits and allowances to pay for the services, tax benefits to offset the costs or cash benefits that permit parents to remain at home (and stop working) without major loss of income; direct delivery of ECEC services; regulations and standard setting.

The manifest purpose of ECEC programs remains a dual one:

- Education (broadly defined to include socialization and school readiness) for the two- or three-year-old to the five- or six-year-old children, with “care” subsumed under the educational goal, remains the primary objective of the pre-primary school programs;
- Care of children while mothers work (in paid employment outside the home), is the dominant goal for younger children (those under age three), however, there is increasing attention to socialization, development, and cognitive stimulation – education in the broader sense – as key components or supplementary goals in providing care for very young children.

Other goals receiving more attention in recent years include: “early intervention,” by which is meant intervention in the early years in order to prevent the development of subsequent problems (Shonkoff and Meisels 2001); compensatory education as in the US Head Start program (Zigler and Styfco 1993); human capital investment (Young 1996); and increasing father involvement in child care and child rearing. Math and Reynaudat (1997) suggest still another purpose for certain ECEC policies, namely that of creating jobs for low-wage/low-skilled female workers, as in-home and out-of-home child care providers.

Major policy dimensions

Policy-making varies depending on whether the responsibility is national, as in France (for all the programs) and Italy (for the programs for three to six year olds), or whether a national framework is established but major policy decisions are made at the “state” or “province” level as in countries with a federal government structure such as Australia, Canada, Germany, and the US, or made at the local level, as in Denmark and Sweden.

A administrative auspice is a key dimension affecting program content and philosophy. The major difference has to do with whether the auspice is education, health, or social welfare – or some combination; and where there is a combination, whether the divided responsibility is carried out sequentially (as children get older the programs serving them shift in auspice) or simultaneously. The dominant continental European pattern is one in which the pro-

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grams serving two- or three-year-old to five- or six-year-old children (whenever compulsory school begins) are under educational auspices while the younger children are cared for under health or social welfare auspices. However, there appears to be an emerging trend in these countries to place administrative responsibility for children under three as well as for the three- to five-year-olds under education, as for example, in Spain, England, Scotland, and some regions of Italy. The Nordic pattern is one in which all children under compulsory school age are the responsibility of one agency or ministry, here, too, increasingly, education. The Anglo–American model tends to divide responsibility between education and social welfare for the whole age group but without consistency in assigning responsibility or administering programs.

Historically, eligibility for publicly subsidized ECEC programs was restricted in many countries to poor children with working mothers, or to children with special needs, for example, neglected, handicapped, immigrant children, or those with lone parents. Increasingly, the educational programs for the three- to five-year-olds are universal, available to all children whose parents wish them to participate, regardless of parental employment status or family income. However, the programs for younger children (and in the Nordic countries for those under six years of age) are targeted primarily on children with working mothers, and secondarily, on those with special needs.

Access - the ease with which parents obtain a place in an ECEC program for their children - and coverage - the percent of children enrolled in ECEC programs - are clearly important indicators of a country’s commitment to young children, and follow a fairly consistent pattern. Indeed, some countries now assume that all young children - or almost all - from the age of three to compulsory school entry will be enrolled in these programs, because they are good for children, children would be deprived without the experience, and parents want them to participate. Either by providing full coverage or by making full coverage an explicit goal, countries demonstrate their commitment and assure children (and their parents) of access.

The highest rates of coverage as of the mid-1990s are for children, ages three to six, enrolled in programs under education auspices. Between 95 and 99 percent of this age cohort is enrolled in the universal (voluntary and free) preschool programs in Belgium, France, and Italy. These programs cover the normal school day, lasting seven or eight hours a day, and have available as well “wrap-around” services that supplement the school day program, before and after school, at lunchtime, and during school holidays (at income-related fees).

Medium high rates of coverage exist in those countries in which ECEC programs are targeted at children with working parents, where there are high rates of female labor force participation and where the programs cover the full work day and year. Countries such as Denmark, Sweden, and Finland have coverage rates of 75 to 85 percent; all three have announced, as a matter of public policy, a guaranty of a place in subsidized care to any child age one and older with working parents, whose parents wish them to participate. And all provide paid and job-protected leaves that permit a working parent to provide infant care themselves, if they wish (see below). Although Germany has about 85 percent of its three- to six-year-olds enrolled in kindergarten, these programs are largely part-day and supplementary services or extended day programs are not usually available.

Medium rates of coverage, about 55 to 80 percent of the cohort, characterize another group of countries with preschool programs for the three- to six-year-olds, such as Austria, Netherlands, New Zealand, Portugal, Spain, the UK and the US. The UK begins compulsory school at five; most four-year-olds are already in primary school or in an ECEC program, and the current goal is to cover all three-year-olds as well. The low coverage countries include Greece, Canada, and Japan.

Coverage rates for children under three, not surprisingly, are far lower, with no country having enough places for all children whose parents would like them enrolled. Thus, for example, the highest proportion of very young children participating in ECEC programs is found in Denmark, where almost 60 percent of the cohort aged six months (when the basic paid parental leave ends) to three years is enrolled. In Finland and Sweden, coverage is about half for the one- and two-year-olds (here, too, infant care is assumed to be covered by parental leaves), and in Belgium and France, about 30 percent of children aged three months to three years.

Most of the European countries that do not yet have full coverage for the three- to six-year-olds view
this as a priority; the goal is access for all. In contrast to those social benefits that are not used by those who qualify, whether because of stigma or preference, in all countries where these programs exist, take-up is 100 percent, and where there are not enough places for all, there are waiting lists. In most countries, they are viewed as essential programs, desired by parents and viewed as good for children.

In most of the OECD countries, delivery patterns for ECEC programs involve public funding and public delivery. The proportion of children enrolled in “private” programs, largely under religious auspices or other types of non-profit sponsors (parent cooperatives; voluntary agencies; trade unions; women’s organizations) ranges widely across countries from being a major component of the delivery systems in the Anglo-American countries, Germany, and the Netherlands to playing an insignificant role in the Nordic countries. However, there has been a significant increase in the number of private (non-profit) providers in some countries which heretofore limited ECEC programs to those delivered by government agencies, for example, Sweden. Nonetheless, for-profit (market) providers remain almost non-existent except in some of the Anglo-American countries such as Canada, the UK and the US.

Even in the Catholic, Mediterranean countries, public programs predominate, especially for the three- to five-year-olds. Most ECEC programs, by far, are delivered in “centers” or special facilities sometimes in or near primary schools. Except for Sweden where center care is still preferred (and Italy and Spain where a formal system of family day care has yet to be developed and in-home caregivers are readily available), very young children, the under three-year-olds, are at least as likely to be cared for in a family day care home as in a center, in particular if it is a publicly supervised and regulated home. Often, this is a matter of parental preference.

By and large, governments expand the supply of ECEC places by funding and operating more such programs or by increasing the subsidies they offer providers. Either local government agencies operate programs, as in the Nordic countries, or greater public subsidies are provided to religious organizations or other voluntary organizations to expand provision as, for example, in France, Italy, Spain, Germany and the US. The US, UK, France and Canada are unusual in the extent to which they use the tax system to subsidize parents who purchase these services and offset some of the ECEC costs.

Expenditures, financing and parent fees: ECEC programs are funded largely by government, either national, state, or local authorities, depending on the country. Only in the Anglo-American countries do parent fees cover most of the costs. Except for the Nordic countries, data on expenditures for ECEC are neither readily available nor comparable across countries. In the early 1990s (a time for which data from several countries are available), public expenditures for ECEC programs were about 2.4 percent of GDP in Sweden, 2 percent in Denmark, 1.1 percent in Finland, and .6 percent in Norway. Of some interest and quite unusual, spending on ECEC services was about equal to expenditures for child allowances, parenting benefits and child-conditioned tax benefits combined in these countries. These programs are expensive, and clearly these countries are making a very substantial investment in ECEC. Disaggregated data on voluntary sector and market expenditures are not available.

For the most part, preschool programs are free (to parents) for the normal school day and year, with supplementary services available at subsidized and income-related fees. Fees for programs serving the under three-year-olds are usually linked to income and cover about 10 to 25 percent of operating program costs in Europe.

There is no agreed on definition of or standards concerning quality of ECEC programs cross-nationally and little systematic attention to this subject in the literature. US researchers have carried out the most extensive efforts at identifying the variables that account for the most significant differences in program quality - and the consequences for children’s socio-emotional-cognitive development. Current indicators of quality include: staff – child ratios, group size, caregiver qualifications (education and training), staff salaries and turnover rates – among the dimensions of quality that can be counted and regulated, and staff – child interactions and relationships – among those variables that require direct observation (Helbrun et al.1995; Smith 1998).

The research literature on outcomes and impacts of ECEC is enormous and well beyond what can be addressed here. A recent review of the international research may be found in Kamerman et al. (2003).
Preschool for children three to six years of age

The major model of ECEC programs is that of a publicly-funded preschool, administered under ministries of education and delivered under education auspices. The programs are free for the standard school day, which usually covers seven or eight hours, and have supplementary ("wrap-around") services available before and after school hours, at lunchtime, and during school holidays for parents who have a longer work day and young children in need of care and supervision. Parents pay for the supplementary services at income-related fees. The programs are universal and available to all children regardless of parents’ income or employment status. Although these were initially established as educational programs, stress is increasingly placed on socialization and enhancing child development as well as cognitive stimulation and preparation for primary school. Meeting the needs of working parents is also being emphasized, despite serving children with at-home parents or caregivers as well as those with two – or sole – working parents.

The countries that have opted for this model are moving towards coverage of all children in this age group. France, Belgium and Italy are the exemplars and have the most extensive preschool programs.

ECEC for children under three years of age

Care for children under the age of three is the major child care issue now, in part because the supply is inadequate and in part because of concern about quality and the consequences for children. Increasingly, the ECEC policy involves some combination of maternity, parenting and child-rearing leave policies as well as ECEC services. Almost all the OECD countries now provide paid and job-protected maternity or parenting leaves following childbirth to enable women to recover physically, the family to adapt to a new baby, and to help the baby get a good start in life. Some countries provide more extensive leaves as a form of infant care – and even toddler care. These leaves are an important component of ECEC policy (see below) and their duration has significant implications for the scale of need for infant and toddler care services and for the age at which non-parental care services are needed.

Given the growing trend toward assuming that ECEC in infancy is a task for parents, most programs target "toddler" aged children (one- and two-year-olds) rather than infants, although infant care is still provided in few countries. The diversity of services is far greater than that for the three- to six-year-olds. All the programs target the children of employed mothers, and all charge income-related fees. In no country is there coverage for the full cohort as yet, although some countries appear to be coming close to meeting current demand. The major differences are whether the services are delivered through a separate system, in particular the health care system, or as an integral part of the ECEC serving all preschool children as in the Nordic model, whether services are delivered in centers or in family day care homes, and if the latter, whether in informal or formal arrangements.

The infant/toddler group programs do not have consistent or uniform curricula and the family day care programs have even less. Programs usually operate 10-12 hours a day and children attend a full day except when parents work part-time. In some countries there are a few programs that operate irregular hours (for those working non-traditional hours) but such programs seem scarce everywhere.

The dominant program mode for this age group is family day care (child minders) usually because the supply of places in centers is limited but sometimes out of parental preference. In contrast to many other countries, family day care in the Nordic countries, France and Germany is under public sponsorship, with providers often being recruited, trained, supervised, and even paid by local government authorities.

Integrated ECEC Programs

ECEC programs serving all children under compulsory school age, covering the normal work day and year, publicly funded and administered under education or social welfare auspices, constitute the Nordic model. Integrating care and education from the onset, these programs developed initially as a service for the children of working parents. However, since labor force participation rates of Nordic women are the highest in the OECD countries, in the 75 to 90 percent range, these programs are increasingly serving all children. They are designed to meet children’s needs for early education, socialization, and opportunities for enhanced
development as well as care. The programs are universal, heavily subsidized by government, of very high quality and charge income-related fees. The programs are delivered largely through centers but include family day care homes as an important component of the system, especially for children under age three. In addition, universal family allowances are provided, the financial support by a non-custodial parent is guaranteed to children in lone parent families (advanced maintenance), paid sick leave is available for parents to leave work and care for an ill child, and in Sweden, for example, income-tested housing allowances are available to families with children.

Sweden and Denmark are exemplars of this model. The most important feature of these programs is the emphasis on quality: they constitute the highest quality of out-of-home care and education available anywhere. The programs are all heavily subsidized but parents do pay income-related fees, usually equal to less than 10 percent of average wage. The programs are universal and serve all children under age seven, with priority for children with working mothers, lone mothers from immigrant or low-income families, or who have a disability. Increasingly, the assumption is that all children will have a right to participate regardless of parents’ employment status. The governments have announced a policy of guaranteeing a place for any child whose parents wish them enrolled, from the age of one. (All these countries have parental leaves of at least this length.)

Family day care (called “child minding” in much of Europe) is not regarded as secondary to group care programs in Denmark but seen rather as the major public service providing ECEC to toddlers. Family day care providers are trained personnel who receive good salaries and benefits and who are selected, guided, supervised and made ever more qualified by assigned and qualified supervision. They provide the most commonly used resource for children under age three for the many parents who prefer this arrangement. It is used less extensively in Sweden, where the parental preference is still for center care.

Education and child care: two parallel systems - the Anglo-American mode

A third model of ECEC is a dual system of social welfare day care for neglected, abused, deprived and/or low-income children, and part-day educational nursery school for middle and upper class children. Funding and auspice tend to involve both the public and private sectors. Private providers constitute a large component of the delivery system and include for-profit as well as non-profit providers. Services for three- to six-year-olds tend to be in adequate supply but there are shortages of infant and toddler care and there is a very wide range in quality. Informal family day care (child minding) is a large component of the delivery system as well, especially for the under threes.

This model, best illustrated by Britain, Canada and the US, is now in flux.

Infant care as parent care

Paid, job-protected maternity, parental and child rearing leaves also constitute a significant component of ECEC policy and are a major component of both the continental European and Nordic models. This policy of paid leaves following childbirth (or adoption) has major consequences for infant and toddler ECEC programs. Increasingly, countries are moving towards the establishment of a policy that will facilitate infant care, care by a parent at home. Such leaves range from a minimum of 3 months in the Netherlands, to 6 months in Hungary, the Czech Republic, the Slovak Republic (plus an extended parental leave until the child is age three in Hungary and age four in the Czech Republic), 9 months in Italy, 1 year in Canada, Norway and Finland (plus another 2 years at a lower rate of pay), 15 months in Sweden (plus another 3 months unpaid), 2 years in Austria and under certain circumstances in France, and 2 years paid leave in Germany (and a third that is job-protected but unpaid). These leaves form a key part of ECEC policy.

The Swedish Parent Insurance benefit is the exemplar, providing for up to 18 months of paid and job-protected leave of which at least two months must be taken by the father (or lost). The first year of leave is paid at 80 percent of wages up to a ceiling, another three months at a low flat rate and the final three months are unpaid, but still job-protected. The parental leave can be prorated or shared by mother and father. All eligible mothers take advantage of the leave. More than 75 percent of eligible fathers took some part of the leave in the
mid-1990s, but this amounted to only 11.4 percent of all parental leave taken (and 15 percent now). Nonetheless, on average, fathers were on leave for 44 days (Swedish Information Service, 1996; see also, OECD 2000).

Conclusions

By 1990, the movement toward universal preschool for children from the age of two and a half or three until they enter primary school was largely accomplished in most of Europe, for the most part, funded and delivered by government. Several countries have already achieved full coverage, regardless of parents’ employment status or income or problem, and this is clearly the goal in those countries that have not yet achieved it. These programs are viewed as good for children and access is assured, sometimes as a matter of legal right and sometimes out of societal conviction. The key issues for the future are (1) increasing the availability of supplementary services to supplement the school-day, school-year programs and meet the needs of working parents who are employed full-time, (2) expanding the supply of services for the under threes, (3) integrating care and education for all children under compulsory school age, probably under education auspices and (4) attaining and sustaining adequate quality for all.

Infant and toddler care have emerged as the key ECEC issue for the future, with growing consensus regarding infant care and continuing diversity regarding toddler care. The general trend now is to assume that infants should be cared for by a parent who is subsidized for at least one year at home but there is no consensus yet on the length of the leave.

Toddler care (care for the one- to two-year-olds) is in scarce supply in almost all countries, becoming close to adequate only in the Nordic countries. Committed to achieving full coverage, the Nordic countries have announced policies of guaranteeing a place in subsidized care for all children aged one year and older to all parents who wish one. Family day care is increasingly viewed as a valued component of the ECEC system, as long as it is supervised and regulated and providers receive some training. When this is the case, however, and family day care providers receive a salary equal to staff in centers, and receive social (or fringe) benefits as well, family day care can no longer be viewed as the “cheap” alternative it now is in many countries, but rather as an alternative for those preferring smaller groups, sibling groups, more flexible hours and, perhaps, greater intimacy.

Costs are high for good quality programs but there appears to be growing recognition of their value and its importance. Government subsidies are generous and given to providers, in most countries; and parent fees play a minor role in covering costs. The Nordic countries are close to achieving their goals. There appears to be significant progress in the continental European countries. The Anglo-American countries show some progress, too, but their delivery systems remain fragmented, coverage and quality are still inadequate, costs are often a heavy burden for parents, and programs are not yet fully responsive to the needs of working mothers.

References


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