

**EARLY CHILDHOOD EDUCATION AND CARE:
INTERNATIONAL PERSPECTIVES**

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I am Sheila B. Kamerman, a professor at Columbia University School of Social Work, director of the University-wide Institute for Child and Family Policy, and co-director of the Cross-National Studies Research Program. I have been carrying out research on child and family policies in advanced industrialized countries for more than 25 years and have studied early childhood education and care policies and programs throughout the industrialized world.

Early childhood education and care (ECEC) is high on the child and family policy agenda of all advanced industrialized countries today and many developing countries as well. Equitable access to good quality ECEC programs supports both the education and social needs of young children and their families. In more and more countries young children are spending two or three or even four years in these programs before entering primary school. In some countries access to these programs is a legal right – at age one in most of the Nordic countries, at age two in France, and age three in most of the other continental European countries such as Belgium, Germany, and Italy. In all countries there is stress on expanding supply unless there are already enough places to cover all children whose parents wish them to participate; and there is an ongoing stress on improving quality.

The term “Early Childhood Education and Care” (ECEC) includes all arrangements providing care and education for children under compulsory school age regardless of setting (schools, centers, or carers’ homes), funding (public or private), hours (part-day, full school day, full work day), or curriculum. There are three major “models” of early childhood care and education programs in the industrialized countries:

- (1) a program that is designed to respond to the needs of working parents as well as children, covers the normal workday and year, serves children from the end of a paid parental leave lasting 1-3 years depending on the country, and is administered under social welfare auspices (or sometimes, education) (for example, Denmark or Sweden);
- (2) a program that includes preschool for children aged 2 or 3 to compulsory school entry (typically age 6), administered under education auspices, and provides supplementary services for children whose parents’ work day and year do not coincide with the school day and year; and a second program for children under age 3 usually under a separate administrative agency but sometimes under education auspices as well, that also begins when a country’s paid maternity and/or parental leave ends; (for example France or Italy)
- (3) a fragmented system that maintains two parallel systems (or non-systems) of care and education, but that is beginning to move toward integrating the two streams (for example Britain or the U.S.).

The dominant model in Europe is that of the preschool program for children aged 3 to compulsory school entry, and a separate program for the under 3s. A full understanding of European early childhood education and care programs, however, requires an understanding of the role played by paid parental leaves in providing infant care. I have described all three models including infant and toddler care programs and parental leave policies elsewhere (Kammerman, 2000 and 2001), but now I will focus on the preschool programs

In Europe, these early childhood education and care programs are increasingly available to all children this age because they are considered good for children regardless of their parents' employment status. They enhance children's development and prepare them for formal primary school as well as providing care for those children whose parents are in paid employment. Most important, they reflect the growing consensus within the OECD (Organization for Economic Cooperation and Development) group of countries that care and education are inseparable in programs for preschool-aged children. In many countries, these programs are free, at least for the core program covering the normal school day, while others charge modest income-related fees; and all are voluntary. Nonetheless, when places are available, all children attend.

This morning, I will comment briefly on some aspects of these ECEC programs:

- the extensiveness of the programs serving children aged 2 ½ or 3 to compulsory school entry, at ages 5-6-or 7 depending on the country;
- the general trend towards universal access for all children whose parents wish them to participate;
- the movement towards locating these programs under "education" rather than social welfare auspices;
- the interest in improving the quality of the programs;
- the conviction that these services are essential for all children, not just those with employed parents or those who are poor or otherwise disadvantaged; and
- the recognition that they are not cheap, but nonetheless worth investing in.

Eligibility, Coverage, and Take-Up: To repeat: ECEC programs in Europe are largely universal, voluntary, and available to all children aged 3-6 regardless of family income or problem. Some countries do give priority to employed or student parents. Where places are available, just about all children are enrolled in center or school-based programs, for example: about 98 percent in Belgium and France, 95 percent in Italy, 80-85 percent in Denmark, Sweden, and Spain. (See Table 1) (Coverage is lower for children under age 3, ranging from about 30 percent in France to almost 60 percent of 1 and 2 year olds in Denmark, and the services are delivered in centers or in supervised family day care homes.)

Financing and Costs: In countries with the preschool model, the core program covering the normal school day is free and the supplementary (“wrap around”) services are heavily subsidized and charge income-related fees. In countries providing a full work day program, fees are also income-related but heavily subsidized for all. In almost all countries governments pay the largest share of the costs, with parents covering only about 11-30 percent (in contrast to the 55-70 percent of costs that parents bear in the U.S.) According to a recent study, public investment in ECEC per child in 1996 ranged from \$4511 in Sweden and \$2951 in France to \$600 in the U.S. (Meyers and Gornick, 2001). Countries use a range of financing mechanisms including direct funding (the primary financing strategy), subsidies, tax benefits, and employer contributions. Affordability remains a barrier to equitable access, especially when parents bear the major share of financing these programs. The programs are not cheap anywhere and especially not in those countries desiring a quality system.

Staffing and Compensation: Staffing is an important component of the quality of ECEC programs. Although there is no consistent pattern of staff training and qualifications, there is consensus that staff require specialized training and that compensation should be equitable across ECEC programs and primary school. There is some concern regarding scarcity of males among staff, and some effort – in some countries – to actively recruit male staff. And there is some recognition, also in some countries, of the importance of staffing that reflects the ethnic and racial diversity of the children served.

Quality: There is no agreed on definition of – or standards concerning – quality of ECEC programs cross-nationally. The current OECD study of ECEC in 12 countries should provide more information about quality when the final report is issued. U.S. researchers have carried out the most extensive efforts designed to identify the variables that/ account for the most significant differences regarding program quality – and the consequences for children’s socio-emotional-cognitive development. These variables have been identified as group size, staff-child ratios, and caregiver qualifications, in addition to health and safety standards. These criteria have been further refined and supplemented so that current indicators of quality would include caregivers’ education and training, salaries, and turnover rates – among the dimensions of quality that can be regulated, and staff:child interactions and relationships among those variables that require direct observation..

Both public and publicly funded private programs in Europe are subject to the same government regulations regarding quality, but countries vary in the type and extent of regulations and whether they

are imposed by the national government, the state government, or local, and the degree of enforcement. Of some interest, the standards specified for most of the countries are not far removed from the recommended standards of U.S. scholars.

Peter Moss, the coordinator of the former European Commission Network on Child Care, attempted to carry out a study of child care quality in the European Union in the early 1990s and concluded that quality is a relative concept, reflecting the values and beliefs of the society in which the programs are embedded. Nonetheless, all the countries discussed here recognize the value of quality as it relates to subsequent outcomes. The importance of integrating care and education regardless of the administrative auspice of the program, is emphasized as is the need for a stated, explicit educational mission.

The research literature on **outcomes and impacts of ECEC** is enormous and well beyond what can be addressed here. The most extensive, systematic, and rigorous research has been carried out in the U.S. But clearly there is important and relevant research that has been carried out in many other countries, too. Among the most influential European studies is the research of Bengt-Erik Anderson (1985; 1990), the Swedish psychologist who followed several groups of children from infancy to high school and beyond, and compared them on the basis of various tests and teacher observations/evaluations. Comparing “early starters” in day care centers (those entering at 9-12 months of age) with those in family day care and home care, those entering at a significantly later age, in family day care, and/or experiencing shifts in care, showed more negative results. The research found distinct advantages by age 8 for early day care starters and those enrolled in center-based care. Positive differences were found in language and all school academic subjects. Teachers found the early starters more outspoken, less anxious in school situations, more independent, and more persevering. (It must be remembered that these children were in consistently high quality programs.)

French research has documented the value of the *ecole maternelle* (the French universal preschool program) in achieving readiness for primary school and reducing primary school problems and school “failure.” French research has found that their preschool has particularly strong positive impacts on the most disadvantaged children, and as a result are expanding access to the *maternelle* for children from age 2, with priority given to those living in disadvantaged communities. In Italy, too, researchers found that children ended up better prepared for primary school if they had a preschool experience (and better prepared for preschool if they had a still earlier group experience).

To summarize: the major current policy trends include:

- integration of care and education under education auspices
- a stress on universal access, not limiting access to poor, disadvantaged, or at risk children;
- a goal of full coverage of all children whose parents want them to participate.
- substantial public investment
- increasing emphasis on staff qualifications and training
- ongoing concern with quality
- expanding the supply of toddler care (care for 1 and 2 year olds)
- extending the duration of paid and job-protected parental leaves.

CONCLUSIONS

I have summarized the highlights: What are the implications, the emerging issues?

The movement toward universal preschools has clearly emerged as the dominant model of ECEC in Europe. 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. These programs are increasingly viewed as a "public good". Regardless of the early focus on formal education, program goals have been broadened now to include socialization and enhancing development in addition to cognitive stimulation and preparing children for primary school. There is strong conviction regarding the value of these programs for all children and there is increasing recognition of the appropriateness of public financing for programs that should be available to all children, free of charge. The key issue for the future, in most countries with this model, is increasing the availability of supplementary services to meet the needs of employed parents.

Quality remains an issue everywhere and there appears to be growing consensus on the important dimensions even though the recommended standards have not yet been achieved in most countries. Educational philosophy varies among countries but countries increasingly see these programs as "education" in the broadest sense, incorporating physical, emotional, and social development along with literacy and numeracy.

Public financing is the dominant mode in all countries. Parent fees play a minor role in meeting the costs. 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.

Finally, the continued rise in labor force participation rates of women with young children coupled with the growing recognition of the value of good quality early childhood education and care programs for children regardless of parents' employment status, suggests that the pressure for expanding supply, improving quality, and assuring access will continue in all countries, despite variations in delivery.

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Table 1: Child Care by Auspice, Age of Child, Locus of Care, Quality, and Access/Coverage

Country	Auspice	Age	Locus of Care	Quality	Access/ Coverage (%) ^(a)
<i>Austria</i>	Welfare Public or private, non profit	3 - 6	Preschool	No national standards; Vary by state: Staff child ratios 3:20. 1.7:14 FDC Home, max 7 staff.	80%
		0 - 3	Centers		3%
<i>Belgium</i>	Education	2 ¹ / ₂ - 6	Preschool	1:19; 1.5:20-25.	97%
	Welfare Public or nonprofit	under 3	Centers	2 ¹ / ₂ :7 (incl. .5 nurse) in centers; 3-4 ch. max in FDC Homes.	30%
<i>Canada</i>	Education	5 - 6	Preschool	Set by Province.	50%
	Welfare Public; non-profit and for profit	under 5	Centers and FDC Homes		45%
<i>Denmark</i>	Education	6 - 7	Preschool	set locally.	100% ^(b)
	Welfare	6 mos. - 6 years.	Centers and FDC Homes (esp. for under 3s)	generally, 1:5.5, 3-6 1:2.7, under 3.	3-6: 83% ^(c) 0-3: 58% ^(a)
	Largely public				
<i>Finland</i>	Welfare; largely public	1 - 7	Centers and FDC Homes (also for under 3s)	1:7, 3-7 year olds 1:4, under 3s FDC Homes, max 4 preschoolers	3-6: 73% ^(d) 1-3: 48%
<i>France</i>	Education	2 - 6	Preschool	National health, safety, and staffing standards. 1:10 2 year olds 1:27 others staff = teachers 1:8 toddlers; 1:5 infants 1:3 FDC	3-6: 99%
	Largely public health and welfare	3 mos. - 3 years.	Preschool, centers and FDC Homes		2-3: 35% 0-3: 29%
<i>Germany</i>	Education, public and private non- profit	3 - 6	Preschool	1:10-14	85% ^(e)
	Welfare; public and private non- profit	under 3	Center and FDC (largely)	1:5-7.5	5% (West German States) 50% (East German States)

^(a) The age of entry and access/coverage need to be seen in the context of the duration of the maternity/parental leave.

^(b) Some also attend child care center for part of day.

^(c) All children one year old and older with working parents, now guaranteed a place in subsidized care.

^(d) All children under 7 with working parents, now guaranteed a place in subsidized care if they wish.

^(e) Coverage in kindergarten for all children 3-6 is the goal.

Table 1 (continued): Child Care by Auspice, Age of Child, Locus of Care, Quality, and Access/Coverage

Country	Auspice	Age	Locus of Care	Quality	Access/ Coverage (%) ^(a)
<i>Italy</i>	Education	3 - 6	Preschool	3:25	95%
	Welfare, public and private non-profit	under 3	Center	no national standards 1:3 under 3s is customary in most regions.	6%
<i>Spain</i>	Education, public and private non-profit	0 - 6	Preschool	National standards 1:25 3-6 year olds	3-6: 84%
			Center	1:18 2-3 year olds 1:10 toddlers 1:7 infants 1/3 staff "trained"	0-3: 5%
<i>Sweden</i>	Education, largely public	0 - 6 ^(f)	Center	No national standards; local government sets standards. 2: 3 ¹ / ₂ children 3-6	3-6: 80%
			Centers and FDC Homes	1:3-5 children under 3 FDC: 1:4-8	1-3: 48% ^(a)
<i>U.K.</i>	Education	3 - 4	Preschool	2:26	3-4: 60%
	Welfare public, private, non-profit, and for profit	0 - 4 ^(g)	Centers and FDC Homes	National standards 1:4 for 2-3s 1:3 for under 2s	
<i>U.S.</i>	Education	5 - 6	Preschool	No national standards State standards vary widely	95% of 5 year olds @50% of 3-4 year olds in either preschool or center care
	Education and Welfare Largely for profit and private non-profit	0 - 4	Preschool and Centers; FDC for under 3s.	32 states require 1:4 ratios for infants. Half the states have 1:5 (or lower) ratios for toddlers.	0-3: 26%

Source: Kamerman, S.B. (Ed.) (Forthcoming). Early Childhood Education and Care: International Perspectives. NY: Institute for Child and Family Policy, Columbia University.

^(a) The age of entry and access/coverage need to be seen in the context of the duration of the maternity/parental leave.

^(f) Sweden has now lowered school entry to age 6.

^(g) Compulsory school entry is age 5.