Practical Research Notes

Issues in the integration of early childhood provision: an idea whose time has come?

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Throughout the OECD countries there is increasing concern about provision for early childhood outside the home. (Early childhood is defined as the period from birth to eight.) There is no single cause for this heightened concern; rather, a coalescing of many forces which affect our children. Some of the more important are:

- conflicting value systems in a more fluid, post-modern, mobile world;
- recent research on early brain development;
- the decline in the birth rate; the greater emancipation of women;
- high divorce rates;
- efficient contraception;
- the persistent and debilitating effects of poverty and the roots of crime.

Additionally, many countries are seeing 'pre-school' as a necessary precursor to primary or grade school and the age of entry becomes ever earlier. All these factors are driving policy-makers to an unparalleled focus on the early years of life, an increasing commitment of very substantial sums of public money and a real concern with high quality institutional provision.

From the Tasman Sea to the Finnish Arctic, from Peoria to London there are approaches to targeted early intervention for those in need; combined service delivery of health, welfare, education and child-rearing; and attempts to match local needs comprehensively and more efficiently. In some respects there is nothing very new about this. One could as easily look to the works of Robert Owen some two hundred years ago, or look at the work of the MacMillan sisters in Deptford at the advent of

the last century. Schools have often been used as arms of the medical and welfare services, especially for the very young. If one is old enough, memories of the British infant and nursery schools during the second world-war may well surface. Those schools consistently fed their children school 'dinners', inoculated them against prevalent childhood diseases, gave them milk and supplemented their diet. Nordic countries have fed their own young children since the late 1940s, regarding a balanced diet (along with the important social learning and group cohesion advantages of eating and sharing together) as part of an insurance against future illness; and a powerful route to a more equitable, interdependent society.

The quickening pace of concern and especially its energy and focus are, however, quite different from the usually somewhat limited interventions for the poor and needy carried out in the past. These are not simply issues of charity. Modern concerns relate to <u>all</u> our children. No social group is insulated from a near 40% divorce rate in England (51% in South Australia). There are few OECD countries' children (even the very poorest) who do not have television and watch substantial amounts per week. In many countries both parents work, often full-time; and in many single parenthood is now a common experience for almost a quarter of our children. Of course, many families are 'remade' with step-parents, but the television will frequently be the major 'child-minder' and may have replaced so-called 'quality' time with parents to a greater or lesser degree. For instance, how many families can sit down to a regular breakfast together? In Britain the mythical 'average' woman now has her first (and increasingly only) child at an age of 29 years plus and is back at work within a year. In Portugal the birth rate is at an all-time low of 1.46. In Denmark some 90% of adult women are in full, or part-time, work.

All this, leads to the inevitable preoccupation with the comprehensive provision of long day care, of nurseries, of ecoles maternelles, of family day care, of pre-schools, kindergartens and 'after school hours care'. It leads to a booming industry concerned with 'service delivery' of systems of care from birth; with substantial commitments to the private sector (as in Queensland or in New Zealand, where much early provision is in the hands of private entrepreneurs). It results in major concerns with programming and the likely consequence of a watered down primary curriculum pressing unsuitably upon our very young. It leads to preoccupations with the rapid

turnover of staff and with attempts to upgrade staff to a graduate or diplomate 'educare' profession, as is becoming the case in Scandinavia, England and Australia. It leads to central government attempts to define key issues of quality and accountability that can be applied to private and public sectors alike. It leads, almost inevitably, to an increasingly bureaucratic approach to health and safety, to trying to ensure a 'no blame' and, more importantly, a no litigation approach to provision. Inexorably, given the fashion for local management and devolved control, it leads to the 'one stop shop', in meeting parent needs more directly and more conveniently. It recognises that parenting is difficult and that many need support. In doing all these things, therefore, it leads to the provision of 'wrap around', integrated services.

There have been many different initiatives over the years. Americans might point to Head Start, in 1964; an inspiration which targets health, jobs, education and welfare together and which has already cost thousands of millions of dollars since inception. One might point to a whole host of other more localised attempts, such as 'Bright Futures' in Illinois or 'Chapter One' initiatives. The Finns and Swedes would point to their excellent, publicly funded, long day care (often from six months of age), to their 'drop in' play parks, to the multi-professional teams working in day care and to paid maternity and paternity leave on a generous scale. The Finns might also ask that we note how almost every child born there is enrolled into a 'rolling' longitudinal study which provides social, health and educational data and which helps guide policy. They would also point to the desperate needs of the Lapps (Sami) in the far north and how integrated services are attempted, so that all aspects of care and schooling can be provided, along with health and social support, for a group whose livelihood and purpose has been largely overtaken by the modern world.

Visitors to New Brunswick in Canada would note the careful creche and subsequent integration of pre-school with grade school provision for the Mic Mac and the Malliseet aboriginals (North American Indians). Likewise, visitors to the ACE Centre in rural Chipping Norton in England, or to the Pen Green Centre in depressed and former industrial Corby, would marvel at the complete care, support, counselling and training systems which are embedded in the education provision. These latter were labelled by the DfES (somewhat foolishly and to the incredulity of many visitors from overseas) as 'Early Excellence' centres. By the end of 2002 there were over 100

of them throughout England. Like their sibling 'Sure Start', they appear to work really well and to be reasonably cost effective (especially if one factors in the long-term social savings of provision which helps ameliorate stress, helps adults train and contributes to the avoidance of, possibly, broken families and/or the potential for criminal behaviour). The arguments are very persuasive. Why not spend $3000 now on a 3-year old and avoid spending $30,000 on a seventeen year old who has to be kept in prison'. From Sure Start and Early Excellence have now grown the 'Children's Centres' in England. These will be the integrated centres of the future and a thousand of them are planned in England. (2003). Another sign of the UK commitment to integrated services for children (and families and communities) is the appointment of a British Minister for Children from June 2003.

Clearly, 'integration' means different things to different people and in different contexts. Centres designated as 'Early Excellence centres' under the British plan were those demonstrating the ability to offer

- High quality and integrated early education and child care;
- Family support, involvement and adult learning;
- Health services;
- Practitioner training;
- Dissemination of good practice.

Bertram, et al (2001) say, 'A key and distinguishing feature of the EEC Programme is its emphasis on delivering high quality educational opportunities for both the children and the adults who use the service.'….' The pilot EECs are **not** uniform in their approach to this work and do not offer a single model of integration." (op cit, 6/ 7)

One should note, therefore, that structural and functional cohesion are not necessarily the same and that there is no single model which suits all purposes. However, it is clearly fundamentally and logically secure that **care** and **education** should be better blended. Fundamental to success, however, is that ministerial and executive integration has to occur; and that involves good communication, parity of status and a willingness to avoid 'turf disputes' over professional superiority, or notions that one level of education is intrinsically more important than another. Moreover, the

monopoly of women in the early years may occasionally lead to a view that child - rearing is, instinctual and essentially of lower status. This can sometimes have the disastrous effect of producing a self-satisfied, insulated hegemony of males in the 'more senior' echelons of the education system.

Recently, an experienced focus group of South Australian professionals, concerned with the early years at all levels, from that of executive public servant to practitioner, met regularly to talk of their aspirations and to adumbrate principles they thought important in the provision of integrated services. These are set out below.
They fit well with the comments made to me when visiting several countries recently. They fit well with the pioneering report by Osgood and Sharp (2000); and correspond to some of the issues emerging in the British Council/DfES current inquiry (Pascal, 2003) into provision in five countries.

Principles and aspirations which underpin a concern to integrate provision during the early years from birth to eight

- **Care, education and healthy development are mutually interdependent and should be increasingly blended**
- **Clear policy and directional support is necessary at all levels of government**
- **There must be a clear focus on the needs and interests of the community**
- **There must be relative ease of access (geographical and in terms of time)**
- **Provision based upon an active knowledge of child development which is itself embedded in understanding of the family and community**
- **High quality leadership, and good leadership support structures are necessary**
- **Dynamic, flexible, sometimes non-bureaucratic processes are needed to cope with change and adaptation to local need**
- **The system must clearly demonstrate that it values relationships at all levels**
- **There needs to be sensitive resourcing, staffing and appropriate adult: child ratios**
- **Programmes should be available which match children's developmental needs and interests (including play)**

The list is by no means exhaustive. With each 'principle' come a large number of concomitant issues; e.g. 'practice which underpins the vitality of attachment and consistency in the early learning of the young child; an awareness of the key roles of enjoyment, motives and dispositions;' 'modest virement' of money (the ability to move some resources from one category of finance to another). (CRG, 2002, p3) Many would see them as desirable features in later stages of education, too.

Thus we may see that the traditional 'split' between care and education is probably no longer tenable at either government or practitioner level. Many countries have recognised this. Some, like South Australia, have a unified Department of Education and Children's Services. Some, like Denmark, have concentrated considerable attention and resources on bringing more male personnel into educare. Some, like Tasmania, have designed a heavily process oriented 'curriculum' for their very young; a 'curriculum' based on feelings and ideas, on identity and sense of interdependence, rather than solely upon literacy or numeracy.
Most English people noted that, whilst 'Sure Start' and 'Early Excellence' were the 'brain children' of different ministries, sooner or later common sense would have to prevail over political and departmental egos! The English government has now rectified that undesirable split, thus fulfilling some of the conditions originally thought necessary in **Start Right** (Ball, 1994). Other countries have combined research and development in aspects of education, health, care and welfare (e.g. Finland; *STAKES) in an attempt to help bridge the policy and understanding gap between traditional schooling and early childhood provision. Moreover, many countries - Australia, England, Sweden, Finland and parts of Canada among them - now provide combined care and education degree initial training courses; a sure sign of directions to come. No country, however, to my knowledge has yet fully adjusted the salary differentials that prove so discouraging to many professional carers. Moreover, with the exception of Scandinavia, few have 'scaffolded' the career possibilities for advancement within multi-professional teams, so that carers of experience/seniority might be in charge of teachers, or vice versa within long daycare centres. There is still much to be done in that regard. In many countries the simple alignment of health zone/districts and responsibilities with those of education and welfare would go far to improve cooperation and integration of service delivery. But,

whatever the situation, it seems that the integration of early childhood care and education is likely to be assured, is now the noted and increasingly informed policy in many OECD countries, with strong interest shown by the welfare, medical and criminology fraternities, too. In short, it is **'an idea whose time has clearly come'.**

References

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***STAKES** is the **National Centre for Welfare, Health, Research and Development**, Finland. Its brief links the ministries of Social Affairs and Health with that of Education. It covers much child development and early provision, as well as work on adolescence, alcoholism and health promotion.

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