

**Children in Big Cities:
Possible Lessons for Developing Countries From an International Perspective.**

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Introduction

Observers are acutely aware of the deprivation and poor life prospects that many children face in large cities. While some major pockets of deprivation are located in rural areas, often widely dispersed geographically, large numbers are concentrated in the big cities. Although resources are often more available in cities than in rural areas, the concentration of deprived, disadvantaged, poor children is more visible in the cities. And cities often include large numbers of children who have come from rural areas, on their own, ending up as street children without homes or families.

The problem of children living and being reared in large cities is certainly not unique to either the developing countries or the developed. According to UNICEF, by 2025, 6 out of 10 children in developing countries will live in urban areas. In comparison, about 8 out of 10 children in the developed world are already living in cities. One difference is that about half of the children in developing countries will be poor (with incomes under \$1 US a day) while 11.8 percent were poor in the OECD countries in the 1990s, using 50 percent of median income as the poverty threshold (UNICEF, 2000) or 26 percent, using the US absolute poverty threshold (estimated as \$14.40 US per day in Smeeding, 1997).

As stated in the background memorandum for the “Conference on Children and the City,”¹ about half the population of the MNA region in 1998 were children and youth under the age of 18. Over 60 percent of these children live in urban areas and the proportion is rising. At least one-third to one-half are poor, depending on the definition used. The overall rates have been stable since the mid 1980s, rising in some of the developing countries and declining in many of the developed countries. Girl children are especially vulnerable to a wide range of social risks. A sub-set of children, including street/homeless/orphan children, children engaged in harmful labor, adolescents in conflict with the law, and those children experiencing violence, are particularly disadvantaged. There has been some progress over the last two decades, especially with regard to infant mortality rates, immunization rates, primary school enrollment, and fertility rates, but many major problems remain.

Health care, compulsory education, income poverty reduction, employment, housing, are all critical issues and important responses to the problems of children in big cities. However, the charge to which this paper is responsive, is to focus on local initiatives, including services for troubled children and their families, early childhood education and care services for all children, and family support and parent education services. I will describe some current trends and patterns with regard to vulnerable and disadvantaged children in other regions/countries, refer to relevant research, describe some exemplary programs, and suggest some possible directions for exploration by developing countries and by cities in the MNA countries. I will focus largely on young children. The geographic regions covered for these purposes include the US, several other advanced industrialized European countries, Turkey, and a sample of ASEAN (Southeast Asian) countries.

¹ Conference on Children and the City: “Learning from Global experiences, Creating Local Solutions,” Initiating Memorandum

Disadvantaged Children and their families in big cities: The U.S. experience

American cities house large groups of poor children and immigrant children and manifest extensive racial, ethnic, religious, and cultural diversity. Children in the central cities are particularly disadvantaged in the US (in comparison to children in suburban areas) and almost half of all poor families with children are found there (Annie E. Casey Foundation, 1999; Kahn and Kamerman, 1996; Sawhill and Chadwick, 1999). The data about infant mortality, reading and math scores, crime, violence against children, teenage pregnancy, drugs, school dropouts, and lack of job readiness among children and youth in big cities are revealing. Many of the families are “multi-problem,” with children and parents experiencing several problems simultaneously. The scale and severity of community, family, and child pathology and deprivation call for distinctive and fresh approaches to solving these problems.

The Casey Foundation, a private foundation in the US, has been especially concerned about the situation of children in big cities, both young children and adolescents (AECF, 1999 and 2001). It has stressed in its work the proposition that “children do best when their families do well, and families do better when they live in supportive neighborhoods... Kids fare the worst when families are weak” and families are weakest when they lack income, social supports, quality public education and social services (Nelson, 1999, p. 6).

In two US studies of effective services for troubled children and their families, directed by myself and a colleague, the first begun in the late 1980s and the second in the mid 1990s, we highlighted the problems of children in big cities and the obstacles they faced to obtaining help (Kamerman and Kahn, 1989; Kahn and Kamerman, 1996). Drawing on the findings of the first study, our point of departure was the well-being of children and their families in large cities. By “children” we mean children in the family and neighborhood context. And by “families” we mean families with children, also in a neighborhood context. In the course of these studies, we explored possible pathways to developing a supportive environment for children and their families living in big cities. We paid particular attention to meeting the needs of vulnerable and high-risk children and their families.

Although we found no exemplar city, we found several overarching themes and several innovative programs that seemed to be successful in improving the situation of the children they were designed to help. One key theme is the importance of a community or neighborhood base in delivering both supportive and therapeutic services to children and their families. We identified communities and neighborhoods in various parts of the country that had tried different types of local mobilization and reorganization. A second key theme was “child and family centeredness” and the importance of involving families in all child-related interventions. Our focus, thus, was on identifying effective child- and family-centered services in the context of comprehensive, local, community- or neighborhood-based initiatives.

What would a supportive neighborhood/community for all families with children in an industrialized urban society look like and how would it respond, in particular, to the needs of vulnerable and high-risk children and their families? We identified three different types of programs, both public and private non-profit: (1) comprehensive service programs involving several service systems (health, education, social services, justice, employment, housing); (2) categorical problem-oriented service programs, such as child welfare (foster care) services; and (3) categorical and more or less universal programs (early childhood education and care and family support/parent education services).

One nationally-recognized example of a comprehensive community-based child and family service program is located in a neighborhood in Brooklyn, New York City. The program began in child welfare (foster care and protective services) and played a major role in subsequent city-wide social

service reforms. The program's mission is to sustain children and youth in their homes by enhancing the capacities of parents and helping to build community resources. It encompasses both the establishment of (1) basic community infrastructure (early childhood education and care for preschool-aged children; after-school programs, summer camps and other recreation services for school-aged children, teen evening programs, parent workshops, summer youth employment, and so forth); and (2) a variety of child and family counseling services, foster care, and much else. The program center is located in a residential area within walking distance of a large part of the one square mile neighborhood that the program serves. It also operates a job placement program, an emergency food program, and three school-based programs for children, adolescents, and their families. The services are free to neighborhood residents who have at least one child under 18. The program serves about 5,000 neighborhood residents, largely Asian and Hispanic. It is directed by two nuns and operated under religious auspices but serves people of all religions. It is open from early morning to evening; and because the directors live on the premises, they are on call for emergencies at any time, any day.

The agency (and evaluators) have found that providing children with foster care placements near their birth parents, their extended family members, school and friends, has greatly facilitated reuniting children with their families after temporary placements in foster care (McGowan and Hess, forthcoming; Citizens Committee for the Children of New York [CCC], 2002). A second major finding is that providing a wide range of services for parents as well as children aids in preventing many of the problems that contribute to inadequate parenting.

This program is considered an exemplar in child and family services and is now a national model. A new book will be published shortly describing the program and why it has been so successful (McGowan and Hess, forthcoming). It is funded primarily from contracts with the City's public child welfare service agency, a few small government grants, and about 30 percent from private foundations and individual and corporate donors.

A second exemplar is a community-based categorical program, funded by the private foundation mentioned earlier, the Annie E. Casey Foundation (AECF, web site). It is targeted at the most disadvantaged children, those who have been abused and neglected. The child welfare staff must provide these children, who have been traumatized by family crises or by removal from parents, with safe and stable foster care – and do this all as quickly as possible.

The program's primary objective is to ensure the safety of the child. Thus, first, it aims to prevent abuse and neglect. If it is not able to achieve this, its goal is to intervene in such a way as to avoid removing the child from his/her home or, if removed, to return the child to his/her family or place them in a permanent new family through adoption.

One of the program's major strategies is recruiting foster parents from within the neighborhoods where at-risk and disadvantaged children live. Another key feature of the program is training these foster parents to become partners with the child's biological parents, in the child's own home, and training them to become a source of practical help and emotional support to the child's birth parents. A third core strategy is to create a child-centered team including birth parents, foster parents, social workers, and staff from other relevant organizations such as schools or health services, to help provide other kinds of help for the child and the biological parents, either to avoid removal from the home or, if removed, to help in reunifying the child with his/her parents. As a result of these two strategies, the number of children taken from their homes and placed in out-of-home foster family care has been reduced significantly.

For the relatively small number of children who are unlikely to be reunified with their parents or adopted, long-term foster care may be the best option. These children, largely older adolescents, are provided with help in preparing them for independent living.

A third program is a publicly-funded child-parent center that provides comprehensive educational and family support services to poor children from preschool through early elementary school. The children are largely African-American, disproportionately from lone-mother families, and living in inner city neighborhoods in Chicago. The program provides half-day preschool to 3-4 year olds, half- or full-day kindergarten to 4-6 year olds, and after-school services to 6-9 year olds. It operates through 23 centers, through the public school system. The primary objective is to ensure school readiness and enhance primary school achievement. In order to enroll a child in the preschool program, parents must agree to work with the program for a half day each week.

The premise that undergirds the program is that school success is facilitated by a stable and enriched learning environment beginning with preschool. Stress is placed on early intervention to prevent the development of school problems. As a result, enrollment beginning with preschool is emphasized. In addition, the program stresses active parent involvement, strong links with the community, a staff member who makes at least one home visit for each child (and more if indicated) and provides continuity of support that facilitates the child's transition from preschool through kindergarten and early elementary school.

The Center's preschool and kindergarten programs are affiliated with the elementary schools in the neighborhoods where the children live, but are located in separate buildings. The programs operate all year, both through the school year and the summer. Parents are strongly encouraged to read to their children, attend parent-teacher conferences, and enroll in parent education classes. Primary school classes are smaller than in the local schools and the staff are well-trained and qualified. The program also provides health screening and referrals, speech therapy, nursing services as well as free breakfast and lunch, which is available to both children and parents. A rigorous evaluation found that among the long-term effects are higher rates of secondary school completion, lower school drop-out rates, lower rates of school problems, fewer cases of juvenile arrests and violent crime, and less need for special education.

Early childhood education and care in the OECD Countries

Early childhood education and care services (ECEC)² are an especially important service for preschool-aged children and are becoming universal in most of the OECD countries, especially for 3-4-5 year olds (OECD, 2001). Integrating care and education is, increasingly, an overarching theme, as the need for out-of-home care grows and the recognition of the value of a good quality group socialization and education experience for *all* children rises, as well.

Three different models characterize these services in the advanced industrialized countries (Kamerman, 1999; OECD 2001). The most extensive provision is in urban areas:

1. Services to protect vulnerable, disadvantaged children under compulsory school age, including compensatory education, and usually delivered under social welfare auspices. This function was key to the initial ECEC developments in all the OECD countries but has declined in importance over time. It remained dominant in all the Anglo-American countries

² ECEC services include kindergarten, pre-kindergarten, preschool, nursery school, center care, and family day care delivered under public or private auspices, and under education, health, or social welfare auspices.

until relatively recently and still has a role to play, as we have just seen in the description of the Child-Parent centers and in Head Start programs in the US (see below).

2. Services under education auspices, covering the normal school day, for children aged from 2 ½ or 3 to compulsory school entry, to prepare them for primary school including, more recently, services that promote child development and general well-being. France and Italy are the exemplars of this type.
3. Services for children under compulsory school age, beginning at the end of a paid and job-protected leave following childbirth for working parents, designed to facilitate women's labor force participation as well as to promote child well-being. The Nordic countries are the exemplars.

A review of 36 US studies supports earlier findings that quality ECEC programs can produce short-term cognitive and academic benefits for children from disadvantaged backgrounds (Barnett, 1995). A review of relevant research covering other OECD countries as well confirms these findings (Kamerman, Neuman, Waldfogel, and Brooks-Gunn, forthcoming). There is strong evidence that participation in these programs is linked to lower rates of school problems, higher rates of school achievement and secondary school graduation, and lower delinquency rates.

I have already described one example of the first model. In addition, perhaps the prototypical compensatory education program is the Head Start program in the US, a free (to participating children), voluntary, part-day, compensatory education program that stresses parent participation and provides education, health, nutrition and other services to children from poor and disadvantaged families. It is funded by grants from the federal government to local public and private non-profit organizations. Britain, also, has a similar recently established program (Sure Start).

Preschool Programs

An exemplary universal, publicly-funded and largely publicly-operated preschool program is the French *ecole maternelle* (Kamerman and Kahn, 1994; Richardson and Marx, 1989; Cooper, 1999).³ It is a world-renowned program because, among other attributes, it has the most extensive coverage of any preschool program in the world, with almost all 3-4-5 year olds enrolled on a free and voluntary basis. In addition, more than 35 percent of the two-year olds (largely those aged 2 ½) are enrolled as well and there is a growing demand for more places for the two-year olds. The programs are located in or near local primary schools and are administered as part of the education system. Although it does not constitute the highest quality (by the standards of some scholars) largely because of its large classes and lower staff:child ratios than in some other countries (see below), it involves highly qualified teaching staff and is viewed by many French as the jewel in the crown of their education system. Research indicates that participation in the program has significant positive impact on primary school readiness, on lower rates of school failure, and higher rates of secondary school completion. Moreover, there is strong evidence that two-year olds who are enrolled in the *maternelle*, are far more successful in primary school and more socially adept than those who do not participate. The impact is especially strong on poor and disadvantaged children.

³ Another exemplary preschool program is the Italian *scuola materna*, in particular those preschools located in several northern and north-central Italian cities (Kamerman and Kahn, 1994). However, there appears to be more consistent quality across the different regions of the country in France than in Italy.

The core program covers the normal school day (8:30 am – 4:30 pm) and school year, is voluntary, and consists of three morning and three afternoon hours of language arts, developmentally appropriate literacy and numeracy skill exercises, crafts, games, dance, singing, physical exercises and play, and follows a national curriculum. Lunch is provided as well. All teachers have training that is the equivalent of a master's degree in early childhood pedagogy. The class size averages about 25 students of whom about 22 normally attend. A teacher is usually assisted by a half-time assistant and there is extra help available at lunch time and nap time for the younger children. The lunch time program provides dramatic evidence of how national culture can be introduced in a non-academic context as, for example, in the attitude towards food taste, aesthetics, and style. Of particular importance, there is evidence that the *maternelle* plays an important role in promoting social cohesion and integration of immigrant and minority children by emphasizing immersion in French language and culture at an early age.

To accommodate the needs and schedules of working parents, most programs are open from early morning to evening and provide services that cover before- and after- school hours when parents' work hours go beyond the school day and on school holidays and vacations. These supplementary services are available at subsidized and income-related fees.

The *maternelle* is free for the core school day. The annual cost for a place in the before and after school program for a child in Paris was about US \$5,500 in 1999 according to French government figures (Cooper, 1999). The national government pays for and trains the teachers and local government pays for the school buildings and for the supplementary services.

Facilitating Women's Employment and Promoting Child Well-Being

If France has the most extensive ECEC coverage for 3-4-5 year olds, Denmark has the most extensive coverage for children from age 6 months and older. (Working parents are at home on paid and job-protected parental leave for 1–2 years following childbirth.) About 60 percent of children aged 6 months to 3 years and 85 percent of the 3–6 year olds are enrolled in publicly-funded, publicly-regulated, and publicly-provided or -supervised centers or family day care homes. About 60 percent of the under-3s are cared for in “family day care,” the term used to describe care by a woman delivered in her home rather than that of the child; the remainder – and almost all the 3-6 year olds – are in group care. The quality of Danish ECEC programs, along with those in Sweden, is outstanding (See OECD 1999 and 2000). In the context of the usual criteria used to assess quality, group size is small, staff:child ratios are high, staff are well trained and highly qualified, and staff turnover is low. The programs are administered under social welfare auspices. (Of some interest, since the mid-1990s the Swedish programs are administered under education auspices. This is a growing trend in Europe.)

Facilitating female labor force attachment and supporting and enhancing children's cognitive, social, and emotional development are the primary objectives. For Danes, the story is clear cut: almost all parents of young children, whether married or single, are in the labor force. Parents need and expect a full supply of excellent quality ECEC services. The government policy guarantees a place for all children aged one and older whose parents are in the labor force or who are students, and who wish their children to participate. Municipalities are responsible for funding and administering the system. Local mayors have been quoted as saying that sufficient and good quality ECEC attracts businesses and residents.

Virtually all children in the day nurseries (for the under-3s) and preschools (for the 3-6 year olds) and in the programs that cut across both age groups, attend full time, typically for 7-8 hours a day and sometimes for as long as 9-10 hours. The program operates 12 months a year and is closed for only a few major holidays. The programs are expensive (about US\$15,000 a year for a center place

and less for family day care) but parent fees are heavily subsidized by the government and represent only about 20-25 percent of the actual costs.

The physical facilities are spacious and attractive and there is extensive equipment. Staff are paid at about an average salary for the country. There is no formal “curriculum” as such; children play a leading role in determining how each day is organized. Most children arrive at about 7:30 in the morning, have breakfast (which is provided free), and play informally for a while before beginning the more structured activities. Many programs are “age integrated” with the children in groups that cut across the ages (“sibling groups”) rather than groups organized by chronological age.

The family day care programs in Denmark and Sweden are also interesting because of their high quality. Some parents prefer this more informal type of service program, especially for their very young children (ages 1 and 2). These are publicly supervised and regulated and not necessarily a cheaper service.⁴

Family support services⁵

In the late 1980s, several OECD countries developed innovative programs offering a socialization and educational experience for parents (overwhelmingly mothers), grandparents, caregivers, and very young children (Kamerman and Kahn, 1994). The objective is to provide a diversity of group experiences to meet the needs of very young children and their parents, available when parents are not employed or when they are at home on parental leave. These programs offer an opportunity for parents to learn more about parenting and child development in a safe and nurturing environment. The context is often a search for improving the conditions of childhood, being sensitive to the needs of new parents, and responding to social-family-gender role changes. It is often an opportunity, as well, to help immigrant parents make an easier transition to a new culture. Included among these programs are part-day centers, part-week centers, mother-toddler groups. These are not an alternative to ECEC programs but a supplement to reduce the social isolation of new mothers and to provide more opportunities for them to become more responsive to the needs of their children.

The Time for the Family Center (Mantovani, 2001; Kamerman and Kahn, 1994) is one of several such new initiatives that emerged in several cities in north and north-central Italy. (Variations have emerged in France, Britain, and the US.) The Time for Family Centers, established first in Milan, have been replicated in other cities in Italy. Their primary focus is on providing socialization and educational experiences for children under age 3 and their mothers or caregivers. They are designed to attract young, shy, insecure, isolated, and immigrant mothers. The program provides an opportunity for these women to meet one another, discuss common problems and concerns, learn what to expect regarding their own young children, and participate in activities with their children – all under the guidance of trained staff. The program is free. Mothers come for a few hours in the morning or afternoon, and a few days a week they may come out of their own needs or in response to

⁴ Although in the Mediterranean countries in-home domestic servants may be available to provide child care, this is not the case for most of the advanced industrialized countries where such work is viewed as unattractive and better paying jobs are readily available. In general, family day care is usually a form of temporary employment for women who have young children themselves and wish to be at home to care for them.

⁵ The term is used to describe a wide range of services targeted on mothers and other caregivers and very young children (under age 3). They are community based and, sometimes, home based. Some, such as the one described below, are for all families with very young children. Some others, in UK and US for example, are designed to help families with problems, dysfunctional families or families with children with special needs. Some are targeted at disadvantaged families.

their perception of their children's needs. The programs are designed to respond to "normal" needs and concerns, not specifically to problems; but they are viewed as helping to educate parents about their children's developmental processes. They provide a substitute for what was earlier provided by the extended family – information, advice, role modeling, encouragement, and support. They also help prepare mother and child for when the child is three and makes the transition into the universal Italian preschool that almost all 3-4-5-year olds attend.

Parent education and family support

Parent education and family support is another form of ECEC service. A Turkish child development scholar, Kagitcibasi (1996 and 1997), describes these services as a cheaper but equally effective alternative to the more formal services just described and especially important for developing countries where resources may not be adequate to establish extensive ECEC group services. She refers to research in Latin American countries (in addition to the US and UK studies) showing a reduced rate of school failure and school problems as a consequence of ECEC center-based initiatives and she notes the higher gains experienced by the most disadvantaged children in Argentina, Brazil, Chile, Columbia, and Mexico through participation in these programs, and in Turkey, also. She refers to studies by Myers which provide examples of child development services that are being integrated into existing community development processes. She states that:

“In many developing countries, early childhood education programs follow [the] traditional Western pattern and are conceptualized in formal preschool terms. However, because preschools tend to be expensive, a limited number exist in developing countries, and they mainly serve urban, middle-class families who can afford to pay. Slowly, other models such as the parent education and support model, are gaining favor...” (Kagitcibasi, 1997, p. 250).

Dr. Kagitcibasi describes her studies of a demonstration program in Istanbul (the Turkish Early Enrichment Project) and the interventions used. Its two core components were home- and community-based cognitive training of mothers and other supports for mothers, with the goal of enhancing cognitive, social, and emotional child development. Mothers who had only a primary school education or less were trained through a network of paraprofessional field workers who had a secondary school education. The training alternated between a week at home and a week in a group setting at a community center or at their workplace. The mothers worked on the cognitive materials provided by the paraprofessionals and then used these materials, focusing on teaching pre-literacy and pre-numeracy skills at home to their children, acting as teacher/trainers to their children. The Mother Support program focused on bi-weekly group discussions, covering the health, nutrition, and psychological needs of their children and on such subjects as how to discipline their child. The goals were to support mothers in their parenting role, to sensitize them to their children's development, and to help them to cope with problems better. The project had positive effects on the children's overall development and on their school achievement as well as positive effects on the mothers and their parenting.

Both short-and long-term evaluations of the program revealed the effectiveness of early intervention via home and community-based parent education and center-based child education, but the strongest effects were from the mother training program. Kagitcibasi concludes that the best investments in early child development, especially in developing countries, appear to be (1) programs focused on mothers rather than children and (2) “programs with multiple outcomes (cognitive and socio-emotional development; better school adjustment, performance, and attainment; better social adjustment; better parenting; increased women's status; and better spousal relations and family interactions) and multiple beneficiaries (children, parents, and families). The short- and long-term results of TEEP include all of these outcomes.” (p. 267)

ECEC and family support in the Asian countries⁶

The main focus in this section is on ECEC and related policies and programs and the major trends and issues. The countries covered are Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand, and Vietnam.⁷

Most of these countries explicitly stress the importance of education, a highly regarded value in much of Asia. Although the major stress is still on primary and secondary education, there is growing interest in developing ECEC programs for children under compulsory school age. The model followed is largely that of the Western industrialized countries and is designed to respond to a series of social, family, and gender role changes as well as to prepare children for primary school and aid in child development.

All these countries have limited resources to invest in ECEC and major social problems that are in urgent need of attention. Infant mortality and morbidity, limited access to health care, poverty and low rates of basic adult literacy are severe problems requiring attention. At best, indicators of well-being for Thailand and Malaysia, countries ranking highest in this group with regard to per capita income and the UN's Human Development Index, rank at only about one-third of the level of world leaders in economic security and child and woman well-being, with Laos and Cambodia ranking near the bottom. There is significant diversity within the group. As a result, some countries rank ahead of some MNA countries while others rank behind. The same pattern with regard to ECEC programs is not followed consistently across these countries suggesting that more than resources is involved in making a commitment to ECEC.

All the ASEAN countries stress the central and traditional role of the family in rearing and socializing children. Although each of the countries in the region has its own culture and some communities have different philosophies, the value placed on the traditional family is shared throughout the region. Yet despite this, present-day families are experiencing significant changes due to the impact of economic development, demographic, social, and cultural changes. The changes have brought about some important positive results (improved health, reduced income poverty, extended and enhanced education, reduced gender inequities) but also have led to changes in the relationship between families and society, especially with regard to the education, socialization, and care of young children; inequities remain and have even increased in recent years. Most of the developments have occurred in the urban areas.

Responding to family change is a major factor in these countries' growing interest in ECEC. Somewhat surprisingly, the changes in the landscape of families in these countries are similar to those observed in the more industrialized countries, although the rates are not the same. The countries are aging and families are becoming more diverse. Families are getting smaller as fertility rates decline, and there are changes in household and family structure. Gender roles are changing as a growing proportion of women are in the paid labor force. Extended families remain important,

⁶ This section draws on country reports on ECEC and Family Support in seven ASEAN countries, a conference at which these reports were discussed, and a synthesis report summarizing the presentations the conference was the UNESCO sub-regional conference on "Family Support in the ASEAN Countries", May 22-24, 2001. See also S.B. Kamerman synthesis report prepared for UNESCO: "Early Childhood Care and Education and Other Family Policies and Programs in Southeast Asia, 2001"

⁷ Three ASEAN countries did not participate: Brunei, Myanmar, and Singapore.

especially in some countries, but the numbers are declining. Nuclear families are rising in numbers and becoming, increasingly, the dominant family type.

Nonetheless, families continue to be viewed as “the first safety net for the survival, protection, and healthy development of children”, as stated in a Cambodian report. However, communities and villages, once composed of extended family networks established for generations, and the extended families which were their core, have been increasingly fragmented by death, natural disasters, and rural-urban migration. As a result, families are confronted by growing problems. They have less capacity to provide care and the demands placed on them are often greater than they can meet.

Gender inequality and traditional gender roles persist within families despite the increase in women working outside the home. A repeated theme in all these countries is that improvement in the status and role of women is a fundamental component of any effort towards enhancing the situation of children. Legislative initiatives targeted on this goal have occurred in all of these countries over the last two decades. All have enacted laws that outwardly stress the importance and value of women’s role in the society, establish increased rights and protection for women, and acknowledge the changes occurring in women’s roles, explicitly stressing gender equity and equality. Yet despite this and despite some progress, significant inequities remain. Women’s education level is generally low or at least lower than men’s. Thus, the issue of equal access to education for girl children is especially important.

All the developments described above lead to a growing need and demand for ECEC. At the same time, there is growing awareness of the value of ECEC for enhancing children’s development and preparing them for later schooling.

To sum up, these countries are characterized by:

- The increasing number and percentage of women in the labor force, especially those with young children, and the need for alternative, affordable child care.
- The decline of the extended family and increase of nuclear families.
- Continued relatively high birth rates producing a large population of young children.
- The ratification of the United Nations Convention on the Rights of the Child (UNCRC) and the World Summit for Children, held in 1990. The increasing awareness of the importance of preparing children for primary school.
- The need to ensure access to primary and secondary school, especially for the girl child.
- The multi-ethnic nature of the population in several of the countries requiring a common, shared experience to prepare the children for primary school.
- The problem of street children especially in Vietnam, Indonesia, Laos, and Cambodia and their need to be prepared for school and to be socialized into the society.

Thus, despite limited resources, the need, desire, and demand for access to ECEC is likely to increase. There is growing interest in ensuring access to these programs. There is also growing interest in enhancing parental knowledge and understanding of child development and how parents can contribute to and participate in the education of their young children.

The obstacles to expanding ECEC include: the competition for resources with other needs such as reducing poverty, increasing access to health care, coping with disasters, and the lack of trained ECEC staff. Most importantly, the obstacles include as well the administrative fragmentation within government for setting policies and implementing them, and the extent to which care and education are viewed as integrated -- and administered under one government agency -- or separate and administered by several agencies, departments, or ministries. A few country illustrations follow.

Some Country Developments

In **Malaysia**, a multi-ethnic, multi-religious, and multi-cultural country with a population of 22 million, education receives extensive attention. Universal, free public education up through secondary school has been established. Several private universities have been established also. The literacy rate for the whole population is 94 percent.

Malaysia has achieved its goal of 100 percent participation in primary education. Almost all children in the primary grades are in grades appropriate for their age. The rate of enrollment from primary to secondary school was 91.2 percent and from lower secondary to upper secondary, 85.7 percent. There are also primary school classes for children with special needs. There is equality in access to educational opportunities by gender. In 1997 the proportion of female enrollment in public primary schools was 51.5 percent, in lower secondary schools, 50.5 percent, and in upper secondary schools, 47.5 percent. Technical and vocational schools are still dominated by males (67 percent) but females constitute almost half of the university students, 47.5 percent. The focus now is on enhancing quality of education by updating curriculum and strengthening basic skills in reading, writing, and mathematics.

According to the Malaysian report for the Education For All Conference (2000), ECEC programs are divided into home-based centers (what some would call family day-care homes) serving fewer than 10 children and targeted largely on children under age 4, and preschools for 4-6 year olds, available primarily in urban areas. The objectives for the preschools include:

- providing care for the children of working parents;
- providing employment opportunities for women;
- stimulating broader societal support for ECEC;
- providing cognitive, social, physical and spiritual stimulation for children;
- preparing children for primary school.

Almost 88 percent of children in first grade in 1999 had some prior experience in a preschool program.

Preschool education is conducted largely by the government which operated 81.6 percent of the preschool programs in 1995. The other 18.4 percent are operated by the private (non-profit) sector.

Coverage for preschool education improved dramatically over the 15 years ending in the mid-1990s, from 17 percent of 4-6 year olds in 1981 to 41.5 percent in 1995. However, the goal of 65 percent by the year 2000 was not achieved. The Malaysian report notes that in comparison with the full and universal coverage of primary school education, there is a need for further improvement with regard to preschools. It is expected that the 1996 Education Act will be amended to make preschool as well as primary school compulsory. The focus now is on expanding preschool programs with a particular stress on stimulating children's cognitive, physical and socio-emotional development.

A 1998 study of "Childcare and Parenting Styles Among Working Parents in Malaysia" conducted by the National Population and Family Development Board found that working parents rely heavily on family members and themselves for care of their young children while they work. Among the family members, grandparents played a major role followed by other relatives and friends. Domestic servants, most from other countries, accounted for less than 7 percent of child care. Childcare centers accounted for only 5.1 percent of the care provided. About 9 percent of the children had no caregivers and can be considered "latch key" children, left alone while their parents worked outside of the home.

The government pays for all public preschool expenses including teacher salaries, capital costs and equipment, food subsidies, etc. In private preschools, parents pay fees and the other expenses are borne by the NGO operator/caregiver. Preschool teachers must attend formal training or a special course before they can teach at a kindergarten or preschool. However, it is not clear how long the training is nor of what it consists.

The Malaysian government is greatly concerned about the inadequacies in its preschool programs and supportive of efforts to expand the supply, to amend the Education Act of 1996 and make preschool education compulsory, and to increase investment in preschool and education generally. It is also concerned with monitoring and enhancing the quality of the programs, strengthening and expanding teacher training, and, most importantly, increasing collaboration and cooperation across the several government agencies involved. In the future, efforts are expected to continue to support families with children, especially with regard to the care and education of young children.

Indonesia has also advanced. Female literacy rates have increased significantly, the percentage of girls to boys in primary school is the same now and the rate of secondary school completion by girls has almost tripled since 1980.

In Indonesia, the development of children is mostly a family responsibility. When parents are not able to be the primary caregivers because of employment outside the home, care is carried out by relatives, neighbors, or care services. There are several types of ECEC programs which focus largely on providing education and health care, but care and education are viewed as separate functions and data are not available with regard to coverage and the portion of eligible children in each program type. Only 27 percent of first graders were found to have had any prior preschool experience at the end of the 1990s. Most centers are in urban areas.

- Kindertgartens, which operate under the authority of the Ministry of National Education, provide early education services for children aged 4-6. Most divide children into two groups, one for 4-5 year olds and a second for 5-6 year olds.
- Posyandu is a type of health and nutrition, home-based service designed to encourage the psycho-social development of children aged 3-6 and is under the responsibility of the Ministry of Health. A member of the family is recruited to function as a change and development agent to provide information and advice about health and nutrition.
- A "Family and Under Five Development Program" trains/educates mothers and other caregivers to help them to better stimulate children's cognitive, physical, and socio-emotional development and to monitor the child's physical growth.

According to an Indonesian report, national budget allocations for education, health, and social services are limited and ECEC programs are under-funded at the community as well as national level.

In **Thailand**, a policy statement was issued by the Prime Minister in 2001, listing the objectives of the government's child and family policy:

- (1) to establish community-based centers for providing information, advice, and help to families with regard to health care and family planning;
- (2) to support quality, community-based, preschools;
- (3) to protect children against abuse and punish those who violate or abuse children;
- (4) to promote women's rights, status, roles, and gender equity.

The Thai concept is that government, NGOs, and the private sector should work together in order to promote child and youth well being. Primary education is compulsory but at least 10 percent of children could still not access school at the end of the 1990s. Sixty percent of sixth graders do not go

to secondary school. Half of the 13-14 year olds are already in the labor market. It is estimated that with the HIV/AIDS epidemic and the economic problems of the late 1990s, child abuse, child neglect, child prostitution and child labor are likely to increase.

In Thailand, school-aged children receive far more policy and program attention than preschoolers. Most parents lack knowledge of child development and do not understand young children's developmental stages from birth through five years of age, or the link between the preschool experience and subsequent child outcomes. Communities have limited resources and limited interest in developing ECEC programs. Health care is a priority and the supply of ECEC centers is inadequate. What there is, is for 3-5 year olds, administered under the auspices of the Minister of Education; there is limited care for children aged 0-3. Community organizations, NGOs and civic groups are working to achieve specific targets having to do with improving the situation of disadvantaged children and families.

Less information is available to the other ASEAN countries discussed here, but several points are of interest.

A consistent finding in research in the Philippines is that mothers are the primary caregivers of young children, especially infants. At later ages, other family members such as grandparents and older siblings play an important role. Depending on the socio-economic status of the family, paid, in-home caregivers are important for preschool-aged children. When children are old enough for preschool (age 3), the neighborhood child care center or a private preschool takes care of the children for 2-3 hours a day.

Compulsory school begins at age 6 but only 86 percent of those entering primary school go from first to second grade. ECEC programs are supposed to improve this. Public child care centers as well as primary schools are subsidized by the local or national governments. If fees are charged, they are largely voluntary and minimal. Parents who cannot afford the fees volunteer their services (cleaning the center or assisting staff). Parents who can afford higher fees send their children to private preschools.

Vietnam, like all other southeast Asian countries, stresses the role of parents and families in providing early childhood care and education. However, in recent years it has increased attention to preschool-aged children. In 1999, a law was enacted regarding preschool education, establishing responsibility for programs for 0-6 year olds under one ministry, that of Education and Training, and with links to the Ministry of Health and to Women's organizations. The supply of ECEC programs is inadequate especially in rural areas and among poor children.

As in many other countries, early childhood care and education policies and programs target primarily the 3-5-year-olds. Eight percent of 0-3 year olds but 45 percent of 3-5 year olds have access to ECEC in Vietnam. About 76 percent of 5-year-olds are enrolled in kindergarten. Access and quality vary dramatically between urban and rural areas. The supply of ECEC is clearly inadequate, especially for the 0-3 year olds. Access in general is limited, and fees are reduced for poor children but still too high for many families. The programs are overwhelmingly public or publicly subsidized; only 1 percent are private.

ECEC policies and programs are integrated administratively under one ministry, but the delivery system still appears to be fragmented. There are nurseries for children aged 3 months to 3 years and kindergartens for 3-6 year olds. In addition to providing care and education for these very young children, the programs are designed to provide cognitive, physical, and social stimulation and prepare children for first grade. Current policies are aimed at increasing the supply and coverage

rate in kindergarten to 70-80 percent, developing family day care homes for the under 3s, and stimulating public support and increased investment.

In Vietnam, the current goals are: to make parents more informed about child development and good parenting; to establish low-cost community-based programs linked to health care services; to establish safe ECEC programs; and to increase the supply of programs. The problems of street children – often migrants from rural areas – and of orphans, require special attention as well. The current trend is to encourage the development of private ECEC programs but the government will fund programs in the disadvantaged communities.

An ASEAN Summary

There is growing recognition of the importance of ECEC for 3-5 year olds and some emerging understanding of the importance of programs for the under 3s. However, resources are limited in these countries and the first priority is for adequate health care and nutrition, then for universal primary (and in some instances secondary) education, and then for attention to poverty reduction. There is only limited awareness of the importance and relevance of early childhood development for adult development or for the need for policies and programs that are responsive to the extensive changes that are occurring in the larger society. Given the limited knowledge parents may have concerning child development, there can be neglect of young children and insufficient cognitive, social, and physical stimulation. Even where programs exist, there are shortages of qualified staff and opportunities for training. Moreover, traditional values prevail, placing a stress on caregiving of very young children by mothers or by other family members (grandmothers and older siblings) when mothers are in paid, out-of-home employment and unable to provide care themselves.

The ECEC policies and programs described in the seven countries are consistent in the goals they are trying to achieve (cognitive, physical social stimulation; enhanced child development; preparation for primary school) but clearly not in the extent to which they have been achieved. Moreover, although some of the variation seems related to constrained resources (in Cambodia and Laos, for example), Malaysia seems to have advanced further than Thailand despite similar rankings with regard to poverty and child and women well-being generally and social expenditures as a portion of GDP.

The combination of traditional values, limited resources, and few qualified staff re-enforce the conventional and historic pattern of ECEC as two programs rather than one, one providing “care” to the under 3s (on a limited basis and assuming a primary role for parents and families), and a second, providing “education” for those aged 3 to compulsory school entry largely involving a part-day program. There is not, as yet, a holistic and integrated “care and education” program. Two alternative approaches have been tried, one placing responsibility for the whole cohort under school entry under the education ministry (as in Vietnam) and a second focused on establishing collaborative links across ministries (as in a pilot project in the Philippines). However, neither of these strategies is fully developed and there is need for careful and systematic assessment of the implementation and outcomes of each.

Most countries allocate ECEC responsibility to several different agencies. Ministries of education are always one of the agencies but others are often involved as well, with little evidence of collaboration across agencies. Only Vietnam (and perhaps Laos) appear to have assigned one ministry, education, the full responsibility for ECEC while Malaysia seems to have placed education in a lead position, but not the sole position. The Philippines and Indonesia divide responsibility according to the age of the children, between two ministries, education and social affairs or health. It is not clear, however, the extent to which care and education are in fact integrated for each age group. National and

International NGOs have an important role to play in the development of ECEC programs, and there may be a role for the market as well, but governments, both national and local, have the key role to play in establishing the relevant policies.

A major problem in developing relevant policies is the lack of data on the specifics of the existing programs, on the experiences of children participating in these programs, and on the actual coverage in each age cohort. For example, there is a lack of data with regard to how many children of different ages (and what portion of the age cohort) participate in different types of out-of-home care arrangements. There is also need for data that indicate the curricula or content of each of the programs and the duration of the program day and year. For example, do the programs cover the usual work day or the school day, or only part of the day? Does the program operate a full year or only a portion of the year? There is need for data on the qualifications of existing staff and the kinds of training they receive. Most important, there is need for data on the relationship of care and education in these programs. And there is need for data on quality, financing, costs and expenditure, staffing, and administrative auspices (across governmental agencies and across public and private sectors).

Some possible lessons

What can be learned from this array of reported experiences?

1. Big cities continue to have both positive and negative effects on children and child-rearing. Resources may be more readily available in urban areas as is true for all the ASEAN countries. NGOs are more likely to be active in cities. In both developed and developing countries, there is a greater supply of ECEC programs in urban areas than rural. But, as indicated at the beginning, disadvantaged children are more visible in the cities, they are more concentrated, and the problems of street children and orphans are ever present. A big issue is what financial resources are available. Cities rarely have adequate funds and are usually dependent on national government resources. In several countries the national government gives funds to the cities for city governments to use for their needs. Thus, for example, in several Nordic countries, ECEC programs are funded by the municipalities, but out of funds provided by the national government.

2. A community or neighborhood base offers a far more effective platform for service delivery than a larger geographic area (a city, region, state, or country for example) whether to support infrastructure development, mobilize community development initiatives, implement therapeutic interventions, or develop ECEC and family support services. Community-based service programs are usually more visible to potential consumers, and staff in neighborhood programs are more likely to be aware of the needs and priorities of community residents and service users/consumers. Communities are the preferred base for foster care and protective services, minimizing separation, isolation, and strangeness for children, if they have no home or family or if they need to be removed from home and family. They are also the preferred base for ECEC programs, providing children and parents with a familiar environment and more opportunities to make friends and relate to others. The neighborhood base also can facilitate health care continuity between ECEC services and family health care providers. If street children and orphans are connected to a particular neighborhood, it may be easier to link them with a community facility or with foster families within the neighborhood. Community-based programs are better positioned for outreach generally.

3. Child- and family-centeredness is an important characteristic of effective programs serving children. Children exist in a family context, and helping children often requires paying attention to their parents as well. Involving parents, whether as part of a therapeutic intervention or as active participants in an early childhood programs may be key to achieving child-related goals.

4. Culture plays a key role in designing child and family services. Myers & San Jorge (1999) in their study of ECEC services in a sample of low-income communities in Mexico City find that the lags in the development of these services are “mainly a product of cultural beliefs and values, grounded in history and habit that makes it difficult for people to respond easily...to social changes that challenge previous ways of thinking about and organizing child care and early education”. (p.3) They state that it is generally acknowledged that the early years are critical in the cognitive, social, emotional, and physical development of children, and that good quality ECEC services can have a significant positive and long-term impact on children and their development. Nonetheless, in some countries, governments resist involvement in what is seen as a family matter. Moreover, it is unclear whether certain types of services run counter to existing culture. For example, family day care assumes that parents are willing to trust a neighbor to care for their child. This is not the case in all countries. Similarly, foster family care may have limited availability in countries where caring for a stranger’s child is unacceptable. Also, where older women are likely to be in the labor force, they are a less available source for either foster parents or family day care providers. Moreover, any change in the roles of women in child care/child rearing threatens male dominance in traditional cultures where male dominance is assumed.

5. As women enter the paid labor force in rising numbers, the demand for extra-familial ECEC is likely to grow. As more mothers enter employment, they are likely to remain in the labor force and be less available as either grandmothers and siblings, to provide the needed care. As parents become more knowledgeable about what constitutes positive indicators of child development and what contributes to this goal, the need to integrate care and education will become more important.

6. ECEC programs are a major component of any effort at enhancing the well-being of children in urban areas. There is extensive evidence that now documents the positive impacts of these programs for children’s cognitive, social, and emotional development. There are positive consequences in primary school for children who participated in preschool programs, in particular, for disadvantaged children. They help children transition into school and result in higher levels of achievement when in primary school. These children are less likely to have school-related problems, repeat grades, drop out of school, or fail to transition into secondary school. If one goal is to ensure full enrollment of children through primary school and increase the proportion of children completing secondary school, expanding preschool is a major strategy. In Brazil, for example, children aged 0-6 participate in preschool under education auspices. This is viewed as the first stage of basic education. Day care centers are incorporated into the educational system promoting intellectual, psychological, and social aspects of development. Coverage for the 4-6 year olds increased from 35 percent in 1990 to 50 percent in 1998 and the plan is to increase coverage still further. These programs have been found to have positive consequences for children’s social, emotional development and, if meals are provided, can reduce the risk of malnutrition (Myers and San Jorge, 1999). They also help acculturate immigrant children and children from other cultures.

7. If resources are constrained and if the program cannot be free for all, they can target the most disadvantaged children by letting them participate without charge while income-related fees are imposed on others. If priorities must be set, one model is to invest in preschools for the 3-4-5 year olds and develop a program like TEEP or the Time for the Family program for younger children and their parents.

8. There continues to be a need to raise the status and role of women if the situation of children is to be improved. Gender inequality and traditional gender roles persist within families and the larger society despite increases in female labor force participation and despite legislation enacted in many countries to promote equity. Developing ways of enhancing women’s status and roles is not only a

strategy for improving women's situations but, as research has shown repeatedly, is a core strategy for improving the situation of children. Although this is best done at the national level, efforts can be made at the local level as well. As is stated in a World Bank report on public health in the MNA region (2002) "Girls' education is probably the single most effective investment a developing country can make, given the host of positive benefits it creates for families, including better family health and nutrition, improved birth spacing, lower infant and child mortality and morbidity." (p. 6)

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