

## CHAPTER 1:

# Summary of Key Findings

## About the Study

The IEA International Early Childhood Education Study (ECES) is a comparative research program of the International Association for the Evaluation of Educational Achievement (IEA). The purpose of the study is to explore, describe and critically analyze early childhood education (ECE) provision and its role in preparing children for the learning and social demands of school and wider society.

In the context of IEA's ECES, ECE has been defined as formal early education and care provision for young children from birth up to the age of primary education. This period is defined under the UNESCO International Standard Classification of Education (ISCED) system as ISCED Level 0 (UNESCO [United Nations Educational, Scientific and Cultural Organization] Institute for Statistics, 2012). ISCED Level 0 can be further divided into early childhood educational development programs (ECED) (ISCED Level 0.1) and programs in pre-primary education (PPE) (ISCED Level 0.2) (see Appendix A for more detail).

The data analyzed in this report were collected using a policy questionnaire addressed to and completed by the National Research Coordinator(s) (NRC) of eight participating countries. The participating countries were: Chile, the Czech Republic, Denmark, Estonia, Italy, Poland, the Russian Federation and the United States. It should be noted that the eight participating countries opted into the study and so cannot be viewed as a representative or purposefully selected sample of country types. Nevertheless, they do provide interesting illustrations of ECE policy in action in a range of diverse contexts.

The questionnaire collected basic information about the wider policy context for ECE from birth to the age of primary schooling in each participating country. In particular, it aimed to provide an overview of policy strategies, as well as the systemic and structural results of ECE policy at national and, where necessary, subnational levels.

The analysis of the survey data enabled transnational comparisons in policy and systems, and documented key policy changes underway and planned. These data revealed a set of key findings in each of the five policy areas as covered in the questionnaire and this report: public policy; delivery models and providers; participation and enrollment; supporting quality in ECE; and expectations for child outcomes. These key findings are highlighted throughout the report with their supporting evidence, but are all summarized below for ease of access.

## Public Policy

1. All eight study countries have a wide range of policy aims for ECE, including aims to support a child's development and learning agenda, aims to support parental employment and training, aims that address wider social and civic issues, and aims that support early intervention for language needs or special needs. This suggests that ECE policy is being used to meet a spectrum of social, economic, educational, and political demands in all eight study countries.
2. Among the study countries, a mix of national and regional or local level governance (national and subnational) has been implemented to manage ECE services dedicated both to children under three years (early childhood education and

development: ECED) and children three years and over (pre-primary education: PPE). The influence of national level governance increases as provision moves towards the pre-primary year and transition to the schooling system. This suggests that for younger children there is increased potential for local or regional variation in the delivery of services.

3. There is a complex system of governance and system management for ECE in most of the study countries. In seven of the eight study countries, responsibility for delivering and managing ECE services at a national, local or regional level is distributed among a range of national bodies or ministries at each of these levels and between different phases in ISCED Level 0 (ECED and PPE services, including kindergarten). Only in Estonia is there a unitary system with one national body responsible for services throughout the entire ISCED Level 0. This complexity in system governance and management is especially evident in the development and delivery of policy for children under three years (ECED).
4. Four of the eight study countries have statutory entitlements for children to have access to some level of ECED service, ranging from sessional, to half day, to full-time programs, with relatively generous levels of entitlement in Denmark, Estonia and the Russian Federation. Six of the eight study countries have statutory or universal, non-mandatory entitlement for children to full-time PPE services in the year before entry to primary schooling, again with relatively generous levels of entitlement in Denmark, Estonia and the Russian Federation. This would seem to be in line with the trend internationally towards a establishing a universal and statutory ECE system, particularly at PPE level (European Commission/EACEA [The Education, Audiovisual and Culture Executive Agency]/Eurydice [Education Network in Europe]/Eurostat, 2014; OECD, 2012b).
5. In most of the study countries, national policy indicates an acceptance that parents, particularly mothers, need to be supported in balancing their work and family commitments; the majority of study countries incorporate an entitlement to some level of parental leave, usually maternity leave. However, the complexity of eligibility requirements, limitations on accessing some entitlements, the variable level of salary compensation and complex timing of the leave entitlements within the study countries create challenges for parents and employers to navigate and for policymakers to address if parental leave is to form a coherent and equitable part of an integrated ECE system.
6. All study countries have recently undergone, or have imminent plans for substantial changes in their ECE policy, at both ECED and PPE levels. In particular, increases in public expenditure and enhanced statutory entitlements to ECE services are the most common recent or planned changes. The evidence illustrates the dynamic nature of ECE policy and reflects the growing visibility and importance attached to the development of the ECE systems within all the study countries.

### **Delivery Models and Providers**

7. In all study countries, there are various setting types or forms of provision delivering ECE services to children under three years old (ECED) and from three years up to primary school age (PPE). These include home-based and center-based services, and may be called crèches, kindergartens, nursery schools, nursery or kindergarten classes in primary schools, kids clubs, preschools, day-care centers and integrated centers. Some countries have a greater variety of setting types than others, and the

number of setting types also tends to reduce with the age of the child. The variety in types of provision within the study countries exemplifies the current complexity and diversity in the delivery of ECE services during ISCED Level 0.

8. Settings in the study countries are mostly focused on a particular age group of children, usually birth to three years of age (ECED) or children aged three to primary school age (PPE); however, Denmark and Estonia have fully integrated settings that cater for children from birth to primary school age.
9. Funding for ECE settings is complex. In Denmark and Estonia, all ECED and PPE settings are fully publicly funded, but in Chile, the Czech Republic, Italy, Poland, the Russian Federation and the United States, settings can be fully publicly funded, fully privately funded, or receive a mixture of public and private funding.
10. All of the study countries have ECE settings that offer a range of daily schedule options, from shorter sessions to extended day services (over 10 hours), with the Russian Federation also offering 24-hour services in one type of setting. Parents may have to use more than one setting to meet their needs of 10 or more hours. In the United States, for example, a child may attend a preschool at a primary center in the morning, a different program in the afternoon, and home-based childcare in the late afternoon to evening.
11. There are differing approaches to targeting certain populations to enhance their participation in ECE services, with some countries avoiding a targeting approach, and adopting a universal and integrated approach (Czech Republic, Italy and Poland) and others embracing targeting as a useful strategy to increase the integration and inclusion of certain groups, particularly children from low-income families and children with special needs or disability (Chile, Denmark, Estonia, the Russian Federation and the United States).
12. Enrollment levels to ECE services appear to increase in line with the age of the child, with high levels of enrollment (above 86%) in all the study countries (where data available) in the final year of ISCED Level 0, and some countries approaching 100% enrollment.
13. Supply-side and demand-side funding are both used extensively in the study countries as key elements in the financing of ECE settings at both ECED and PPE levels. Supply-side funding is used in a variety of ways, including subsidizing funded places, subsidizing staff salaries, and providing capital and resource grants to settings. Methods of demand-side funding include: providing tax credits or relief, offering vouchers to parents, reduced fees, and paying family allowances. In those countries where there is largely publicly-funded ECE provision (Denmark, Estonia and Italy) supply-side funding predominates.
14. In the study countries there is an awareness of the importance of offering support in transition for parents, children and practitioners at key points in the ECE system and through to ISCED Level 1, and encouragement at national or subnational level levels for the incorporation of transition strategies within ECE practice in the majority of the study countries, supported by national guidelines in Chile, the Czech Republic, Denmark, Estonia, the Russian Federation and the United States.

## Participation and Enrollment

15. There is significant variation between the study countries as to the number of children in the population who are from low-income families, have special needs or disability, are from minority ethnic groups, and whose home language is different from the national language. In some countries, these subgroups can form a very sizable element of the population; this has implications for policy choices. Even given this variation, when comparing the study countries that submitted evidence, there are differences in the level of enrollment of children from these subgroups, with some countries achieving much higher levels of enrollment proportionally than others. In particular, the study countries offering publicly-funded universal ECE have a significantly higher level of participation of these subgroups than countries where there is targeted funded entitlement.
16. Prioritizing regulations or targeting strategies to allocate ECE places preferentially are commonly used in the study countries at national and/or local level. A range of social, developmental and economic criteria are used by the study countries to focus the targeting strategies, with the most common prioritizing regulations aimed at enhancing ECE participation for children from low-income families and children with special educational needs or disability.
17. The promotion of culturally and linguistically responsive practices in ECE settings to increase the enrollment and participation of children from diverse social and cultural backgrounds is evident in all the study countries, and usually supported by legislation.
18. There is more universal coverage of ECE places at PPE level than for children at ECED level. Shortage of ECE places is greater for children under the age of three years, and this shortage can also be more acute for children living in rural areas, from low-income families, or who have special needs or disability.
19. In the seven study countries where there is a national commitment to achieve universal coverage of ECE services, strategies have been adopted to increase the geographic coverage of services and to extend their opening hours in order to enhance the participation of all children.
20. Ascertaining the costs of ECE services to parents can be difficult, as charging policy and practice are not generally nationally documented. However, the data from the participating countries suggest that when free universal publicly-funded ECE services are unavailable, there is evidence that these costs can constitute a significant proportion of household income. This also implies that the costs to parents may be a significant factor when looking at levels of child enrollment in ECE services.
21. Targeted intervention programs as part of ECE services are used extensively in the majority of study countries as a mechanism to provide additional and early support for children from low-income families, children from minority ethnic groups, children with special needs or disability, and children whose home language is different from the national language. The intervention may take a variety of forms, including input from specialist professionals, providing additional resources, running support groups, providing specialist advice, and supplying internet-based study material to support professional practice.

## Supporting Quality in ECE

22. All study countries regulate their ECE services, with regulatory responsibilities being distributed between national and subnational bodies, indicating a desire to ensure all ECE services meet minimal standards. Some countries appear to regulate more than others, and some aspects of service delivery are more regulated than others, with the most frequently reported regulated aspects across countries overall being health and safety, and child protection. The system for monitoring regulatory compliance may also be very complex, with a wide range of national and subnational bodies with compliance responsibility for different aspects of regulation in many of the study countries.
23. A comparison of the information presented for the study countries illustrates the diversity of staffing for ECE services, which varies by age phase, type of setting, setting provider (public or private), location and professional role of staff. In services for under-threes (ECED), a wide range of child care, educator and health focused staff are found in the study countries, but there are more “education” focused staff than “care” or “health” focused staff. In the United States, staff working in settings outside primary schools tend to have greater preparation in child development, while teachers in primary schools often have more training in academic teaching. The qualification level of these US staff also ranges from lower secondary school level to graduate level and includes, but not always, specialized training in ECE. The minimum qualification required of staff tends to increase with the age of the child they work with, with more staff having ISCED Level 5 and above in the pre-primary year. Leaders in all settings are usually required to have an ISCED Level 5 or above in educational attainment in the pre-primary year. Specific training in leadership and management is rare.
24. Opportunities for continuing professional development are variable in the study countries. For most at the ECED level this is optional, with it becoming a requirement for more senior staff or for those who work in the pre-primary year.
25. Remuneration rates are very different between the study countries and thus cannot be compared across them, although within-country salary levels are usually higher in PPE level settings than ECED settings. In the study countries, staff with higher qualifications and more senior roles are more highly paid, and those who work in public settings are paid more than those working in private settings, as are those working in center-based services compared with home-based services. There is also a differentiation between those who work with children aged from three to six or seven years (PPE) and those who work with children aged under three years (ECED), and even for teachers within these age groups depending on funding sources. Leaders’ basic salaries do not always differ from the staff who work directly with children, but additional allowances mean in some cases they may earn considerably more.
26. The majority of study countries nationally regulate group sizes and staff:child ratios in their ECE services. Maximum group size usually changes as the child gets older, with group size steadily increasing year on year, and the number of children per staff member also increasing from birth to three, often stabilizing from age three years to entry to primary schooling. Regulated maximum levels for group size and adult:child ratios across the study countries vary little, except in Chile,

where children are served in significantly larger groups, with more children per adult.

27. The importance of regulating for health and safety is acknowledged in all the study countries throughout the ISCED Level 0 age phases, with a wide range of aspects being addressed in the regulations, suggesting key concern for the health and well-being of the children.
28. The study shows that national curriculum guidance, which usually includes guidance on learning content and learning standards, has been developed for early childhood services in the majority of study countries, and that this is broad in scope and provides specific guidance on learning content, pedagogic approaches, learning goals and assessment. The guidance promotes a broad and balanced range of learning areas to be covered throughout the age phases, with no narrowing of curriculum focus as the child heads towards entry to primary schooling. Countries report both cognitive and non-cognitive areas as included in curriculum guidance at both age phases. All countries reported that a range of pedagogies are encouraged, including more progressive, play-based approaches, and more academic, formal, instructional approaches. This seems to suggest some choice and freedom for settings to develop their preferred approach.
29. It is evident in all the study countries that engaging families and parents in partnerships with ECE programs, and encouraging their active participation in the life of the setting and in the development and education of their child, is a central element in policy strategies.
30. The data suggest that in the study countries inspection is more frequently reported than accreditation as a means to assure quality services at both ECED and PPE levels, although, in the majority of countries, the two processes complement one another; inspection is usually more frequently used to monitor setting quality, with accreditation more frequently used for authorization of setting quality.
31. All the countries that have accreditation and inspection processes promote the results to inform the further development of quality in settings and to establish quality credentials with key bodies, as reflected in the reports. The study countries demonstrate genuine attempts to be transparent and accountable to interested bodies and individuals through the use of reports in development planning, quality improvement, performance management, knowledge creation and transfer, and also to acknowledge and celebrate documented achievements.

### **Expectations for Child Outcomes**

32. The study countries take a broad view of children's learning and the outcomes that early education settings might support, including a range of cognitive and non-cognitive learning outcomes, and do not focus on a narrow range of children's learning outcomes in this phase of education.
33. National child assessments are not commonly conducted in this phase. The findings reveal that assessments, when conducted, are used in the study countries to capture a broad range of learning outcomes, which include cognitive development, executive functioning and social-emotional development and are not narrowly focused solely on areas of traditional or perceived "school readiness", such as literacy and mathematics. The methods of assessment used to capture children's learning

and development in the study countries are reported to include practitioner observations, standardized tasks and standardized tests, with a mixture of methods prevalent.

34. The findings indicate that child outcomes data are reported to a wide group of recipients, each of whom potentially can use the data to inform the development of educative practice for young children in the home, in the setting, and in the locality, region or country as a whole. The data also indicate that a range of reporting platforms are used, from information and communications technology (ICT), internet websites and other mass dissemination mechanisms, to local, face-to-face interactions, documentation and feedback.
35. The study countries illustrate the potential value of having child outcomes data at a national and subnational level to inform, evaluate and improve system performance, as well as at setting level to inform children's learning plans and setting improvement. However, few countries reported typical national or typical subnational assessments of children's learning and development for children at different stages in ISCED 0. The countries that reported having typical assessments used the information to inform, evaluate, and improve system performance, and to inform children's learning plans and setting development at the setting level. Some countries (Denmark, Italy and the Russian Federation) do not collect and use child outcomes data for ethical, methodological, and administrative reasons.

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