Access to early childhood education and social exclusion are issues currently of importance for policy and program development in Europe. This paper explores links between early education access and social exclusion in regard to profound and rapid changes in Europe that are forcing families to find new ways to remain integrated within their communities and societies, and to prepare their children for adult lives. The paper argues that early childhood education can be an effective mechanism for promoting social integration and cohesion, particularly for socially excluded families. Access to early education could open doors to many other services, further integrating these families. Creating full accessibility should be given the highest political priority, but to reach the marginalized and excluded segments, public awareness would have to grow and strategies to improve access to services would need to be introduced. The paper then considers strategies centering on the client, program, policy and organization. The paper concludes by noting that the nature of services provided would also have to be scrutinized with respect to their suitability for supporting children at risk. (JPB)
Access to Early Childhood Development: Strategies for Enhancing Social Integration

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1. Introduction

This paper explores the linkages between access to early childhood education (ECD) and social exclusion. Both issues are currently gaining ground in Europe, and elsewhere, as major planks of policy and programme development. With all nations exposed to profound and rapid changes, families have to find new ways to remain integrated within their communities and societies and to prepare their children for their future role as participating citizens. It is widely accepted that this preparation should start at an early age. While the majority of children in Europe make use of ECD services, many belong to families that could be described as socially excluded. They do not have access to the basic entitlements that are their due as citizens. This could deprive them of adequate care and development opportunities during the early years, with consequences for their ability to function effectively as adults.

The thesis being forwarded in this paper is that ECD could be used as an effective mechanism for promoting social integration and cohesion. It is argued that ECD can open doors to many other services in society with the result that children and families who are unable to benefit from ECD are doubly handicapped. Creating full accessibility should, therefore, be given the highest political priority. But in order to reach the marginalized and excluded segments, public awareness would have to grow and strategies to improve access to services would need to be introduced. The nature of the services provided would also have to be scrutinised with respect to their suitability for supporting children ‘at risk’.

2. The Importance of Early Childhood Development

The importance of the early months and years of life is now well recognised. The quality of care and interaction provided during this period has an impact on the growth and development of the child. Appropriate care and education during this period has a lasting effect on their intellectual capacity, personality and social behaviour as adults. It is also widely accepted that investing in the development of children yields high rates of return in social as well as in economic terms. Children who have enjoyed early care and education show:

- better readiness for schooling;
- improved school attendance and performance;
- reduced delinquency during teenage years;
- reduced teenage pregnancy;
- reduced need for curative medical attention;
- more social responsibility as adolescents;
- fewer accidents.
There is a high probability that as adults, such children will be more likely to be employed, will enjoy higher incomes, divorce less, have smaller families and display less criminal behaviour. There is also evidence that parents whose children benefit from ECD services grow in competence and their employers find them to be better motivated. There is also a deepening understanding that children need ECD in their own right as children and not just as future adults. They should be recognised as intrinsically important, regardless of their future status, or the outcomes of intervention programmes. All nations have their own specific mechanisms for educating and taking care of young children and these can vary significantly across cultures. Raising children can be the prime responsibility of the parents or can be shared by the extended family or community. Effective care and education can be home-based or can take place in settings outside the home such as in crèches, pre-schools and kindergartens. These services could be organised by the community, be part of State provision, or run on more commercial lines. Good child care inevitably combines attention to physical needs with activities aimed at socialisation; it poses developmental tasks and offers cognitive stimulation.

The notion of ECD is increasingly used to describe this whole range of activities but also to include many other things. Parent education, community development and income generating activities are often incorporated in it as is the whole array of policies, programmes and organizations that direct and finance these activities. The inherent danger of linking these clusters under one label is that the latter gets more attention and carries more prestige while the child moves out of sight.

There is a growing debate on what constitutes good quality ECD. There is one school of thought that insists that quality can only be attained through working with well-trained, well-paid professionals who use research-based curricula in well-resourced settings. Another school contends that good results can be obtained by working with less-trained para-professionals who receive a stipend at best, operate under make-shift conditions but make full use of local knowledge and resources and are well-motivated.

Whatever the outcome of the debate, a consensus is emerging that ECD should encompass a broader approach which is more inclusive and reaches the widest possible audience. It should be participatory and responsive to local needs. It should be community based, should build on local strengths and local child rearing patterns, and should be cost effective and financially feasible. And finally, it should be capable of reaching the largest number of children at risk.
3. Social Inclusion and Exclusion

The term 'social exclusion' is used to describe the position of a variety of groups ranging from ethnic minorities, immigrants, single-parent families, street children, the elderly and unemployed to former prisoners. It was coined in France in the mid Seventies to refer to individuals who were labelled as social 'problems' or even as social 'misfits' i.e. mentally and physically handicapped people, delinquents, drug addicts. In its current usage, social exclusion has lost this earlier stigmatising and narrow perspective. It is now used to depict the social disadvantages that are caused by the major economic and social transformations that are taking place in society.

The term social exclusion, and with it the associated concepts of inclusion, integration and cohesion, has become common parlance among policy makers in Europe. It presents the image of compassion and solidarity and generates the impression of a collective moral responsibility for social integration. The term reflects the sentiment that all citizens should function well in one society. People should not feel left out or isolated; the romantic notion of living in a village where everybody is known and connected to everybody and everything is seen as exemplary. All citizens should have the wherewithal to get optimal access to the main services and benefits that society has to offer and be able to participate in the processes and activities that are deemed as relevant by the society at large. Policies should create a caring society, a society that successfully copes with the fragmenting and alienating forces and that keeps all its people together in a reasonable state of social well-being, in other words a society for all. Social integration, in this very wide sense, has become a catch phrase for showing that governments really care.

4. Early Childhood Development and Social Integration

The discussion of ECD in the context of social inclusion and exclusion should not come as a surprise. A prime reason is that children show up in demographic statistics as the most vulnerable segment of the population, and also as the quickest to be discarded or excluded. They form the majority of the poor, the sick, and the handicapped. Increasingly, their numbers prevail on the lists of victims of violence, war, discrimination, commercial exploitation, abuse of power, injustice, and environmental degradation. As they are too young and too unequipped to fight for themselves and as their parents are often too powerless and disenfranchised, governments have the obligation to step in.

Another good reason for approaching ECD from a social integration perspective is because it lends itself so well to policy intervention. With relatively little effort and cost, children can be rescued from leading a marginalized life and can be guided to become well-participating citizens. In this context the word 'cost' should, perhaps, be replaced by 'investment' as monies spent on ECD programmes return manifold.

In the Netherlands, the Averroës Foundation has developed a programme 'Step In/MOVE' which seeks to build bridges between mainstream society and young socially excluded families. A crucial feature of the programme is that families as well as municipal agencies can choose from a range of service and programme options and suit these to their own needs.
Most effective intervention programmes boil down to a limited number of rather simple and feasible principles. They are: abiding by the Convention on the Rights of the Child (CRC), involving and empowering parents, working in groups, respecting and validating local culture and knowledge, connecting nonformal and formal systems, and embedding local activities in larger, facilitating support structures. The salient common feature of these principles is that they not only have a direct bearing on children but also carry strong integrative powers.

5. Early Childhood Development as a Tool for Social Integration

A strong integrative force in ECD is its facility to bring people together. Everywhere in the world people list the care of their young among their top priorities. ECD is also used as an entry point for community development. People readily rally around children and are prepared to undertake joint action for them. They are willing to build facilities, make toys, supervise play groups and sit in meetings and participate on boards, or otherwise lend their time and resources.

ECD can also be a good training ground. Through their participation in ECD, people can gain experience and confidence in relating better to their communities and society as a whole. In particular, parents and para-professionals - who are often parents themselves - can discover their own potential and learn new skills by accepting new tasks and responsibilities. These skills are: working in groups, planning, organising activities, running an administration, conducting and participating in meetings, getting access to information, negotiating and bargaining, defining and resolving problems, defending their own interests, relating to professionals and civil servants, building and maintaining networks, and acquiring and improving communication abilities. In general, people working in ECD see their social and employability skills grow. Children, their parents and their communities are the immediate stakeholders in ECD and stand to benefit from it. For them, ECD is a way out of social exclusion. But what about those segments of society that are firmly integrated? What do they have to gain from ECD programmes directed at children and families other than their own? Two direct advantages spring to mind. The first is that ECD yields high economic returns; instead of having to maintain socially excluded groups, society can now profit from their increased productivity. The second advantage is that communities and nations become more politically stable when their children are being cared for.

ECD enriches society at large in other, indirect ways as well. Since ECD programmes are often carried out in situations of rapid transition and uncertainty they are, by force of circumstances, propelled to find solutions for many new problems and challenges. Some of these problems may seem remote from or may even be unknown to those who are securely anchored in society. However, many of them are already encroaching on all layers of society. Some of the most devastating effects of globalization, for example, manifested themselves first at the peripheries of society, but are now increasingly felt by mainstream households as well.
6. Accessing ECD Services

There has been a growth in the availability of early childhood services across Europe in the last few decades. An increasing number of children use day care, after school care, nursery schools, play groups and other formal child care services. But the participation in these services of socially excluded groups such as the chronically unemployed, lone parent, immigrant, ethnic minority and refugee families is limited. In other words, those who are the most vulnerable and most at risk are also the most excluded from them.

A variety of reasons explain this phenomenon. The lack of universal and effective provision for early child care and education could be a primary reason. In addition, if the services available are mainly in the independent, commercial sector then those who cannot afford them are automatically excluded from them. In this context, ECD can easily become an elitist device. Children may be set on a track very early in life which may lead them away rather than towards integration. Top universities, for example, tend to dominate the curriculum of high schools; these, in turn, determine the educational climate in the schools, kindergartens, and pre-schools, closing out all those who cannot cram into the few slots available. In many aspects, early education facilities carry the stereotypes and biases of the dominant society against girls, specific ethnic, socio-economic, religious or language groups, or the physically and mentally handicapped.

But even where ECD services are widely available, they may be out of the reach of the most disadvantaged groups on account of a lack of awareness and demand, poor information, a mismatch between the needs of the parents and the services available or because of the quality of the services. There may also be individual reasons for low uptake of services other than poverty, structural unemployment and discrimination. Psychological distress, ill health, physical handicap, substance abuse, family violence and poor or non-existent marital bonds are increasingly turning into divisive and excluding instruments. Children living in these circumstances find it hard to gain access to ECD services. Their families are less empowered and less prepared for community action.

7. Strategies for Improving Access to ECD Services

There are innumerable biases against reaching the unreachable. Most of these are deeply engrained and pervasive and call for a profound understanding of the causes of exclusion and of the system that seeks to break it. There are, however, a number of strategies that are promising. These strategies and their underlying principles have been largely tested in developing countries. They have proven to be effective, often under extreme conditions and in a variety of circumstances. Central to these principles are the core values of equity, respect for diversity and dialogue.
Strategies for improving the access of the most marginalized families to ECD services can be organised under four domains:

- **client-centred**: these strategies respond to the needs and wishes of the client-audience and to the contexts in which they live.
- **programme-centred**: here the features of the programme and its delivery are considered.
- **policy-centred**: these refer to the policy level approaches that are required to sustain and expand effective ECD.
- **organization-centred**: these are the institutional and management inputs that are needed to promote ECD and deliver effective ECD services?

**Client-centred strategies**

*Empowering potential users* would be a first step in any client-centred strategy. Parents need to feel confident about their role as the prime educators and care givers of their children. ECD should solicit and legitimise parental and other forms of local knowledge. It should also value the meaning that parents and the local community attach to the socialisation of their young ones. From the beginning of time, children have been looked after at home by mothers, older relatives or by siblings. Informal arrangements outside the home are also used as a low-cost alternative in many countries. There is nothing intrinsically inferior about the quality of care provided to children in these settings. All that children need is 'an average, good environment' to thrive, regardless of the specificities of this environment. This requires that children are safe, get proper health care, are fed and can play and interact regularly with at least one reliable adult. If these conditions are met children will, in the main, develop quite normally. The point here is that in Europe, as elsewhere in the world, this 'average, good environment' is rapidly eroding and with it the innate skills of many parents.

Restricting the delivery of ECD to 'professionals' can have the unpleasant consequence of disempowering parents and devaluing their role as care givers. In essence, empowerment is an intentional, ongoing and dynamic process focused on the family and local community. It involves mutual respect, critical reflection, caring and group participation. It enables people to gain access to a valid share of resources as well as an increased leverage on power. Families that are socially excluded for a variety of reasons may have considerable skills in ECD and may be using informal and non-formal means for the care and development of their children. Recognition and validation of their efforts would constitute a notable first step in increasing their self-confidence and thus removing an important barrier to social integration.

In order to be effective, strategies for improving access to ECD should see families, and not individual children, as units of intervention. All members of the family should be enabled to develop their competencies and programmes

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Empowerment of socially excluded groups often necessitates the intervention of outside agents. The manner in which agents relate to these groups is essential. In this context, the notion of partnership, rather than that of giver and taker is gaining ground.
should be directed at their intersecting needs. Although mothers have rightfully been identified as critical mediators between children and their environment, the role of fathers needs to be reviewed and upgraded. Empowerment, foremost, means the strengthening of the personal and social networks of families and their members and their capacity to work in groups.

Creating an awareness of the importance of ECD and providing information about the benefits and services that are available is another way of targeting strategies towards clients from marginalized groups. Better awareness will inevitably lead to a demand for better and more services as well as to joint action to meet local needs. Demand-driven interventions are more effective and relevant than supply-driven services. The participation of the target group in expressing local needs, in finding solutions to common problems, in contributing to the design and delivery of programmes will also go a long way towards assuring uptake of services and increasing their effectiveness. Creating awareness is most effective as a group process and, as members of a group, parents will quickly discover that they need ECD and find their way to it.

Strategies aimed at potential users will be successful only if there is sufficient information about the culture and special needs of marginalized and at-risk groups. This makes it necessary to go beyond general statistics and gather documentation and information about specific groups. Qualitative descriptions of traditional practices, materials that validate the many efforts of parents and other caregivers, and ethnographic and anthropological studies are needed to fill the gaps in macro level data. Their inclusion would acknowledge individual, cultural and situational differences, locate local strengths and assets and make delivery of centrally managed services more sensitive and sustainable. It would also help to reconcile needs of children as perceived by outsiders and as expressed by the parents and children themselves.

Most information on ECD flows within a restricted community, much of which is preaching to the converted. There is hardly any spill over of information to the other groups that make up society, even to those who are not socially excluded. It is not far-fetched to state that, for example, the military establishment, the business community, or the political parties should also take part in information exchange about ECD. In the end, it is a matter for the public at large.

Programme-centred strategies

It would be fair to say that the most innovative and promising intervention programmes are those which respond to what is happening at the grass roots level, which involve as many key players as possible, including parents, community and other stakeholders, and have strong informal networks. They also draw on local practices, programmes and activities. Not surprisingly, building on local strengths is widely accepted as the main principle in human development. ECD programmes for socially excluded groups will be successful only if they are rooted in the community and focus on local assets rather than on weaknesses or gaps. It is equally important that ECD programmes are connected to services geared towards older children and youth in order to ensure ongoing healthy development.
A comprehensive approach to programme development, which takes account of the intersecting needs of parents and children, is required. Socially excluded families are likely to suffer from multiple disadvantages. The common picture is of a mother who is either on welfare or underemployed. She has few relatives, friends or acquaintances she could consult or be comforted by. She mistrusts the outside world and stays away from statutory agencies and their professionals including kindergartens and teachers. Her physical condition is poor and she is in a light depression. She cares about her children but is not in a position to mediate between them and society and provide them with optimal education. In turn, her children may not develop well, may under-perform and lose out on what society has to offer. They are locked in a vicious circle from which it is hard to escape without outside intervention.

In order to reach such marginalized and at-risk families, ECD programmes should use complementary approaches, combining action for children with empowering parents, providing support to families and other caregivers, community development, strengthening institutions that work with children and families and advocacy. ECD services tend to operate in a vacuum and are rarely part of a larger system of interlinked policies, interventions, agencies and services. People engaged in ECD services should ideally be active participants in a network that also includes, for example, people that represent the police, social work, health services, unemployment schemes, the business community, schools, researchers and even recreational services.

In theory, intervention programmes aim for large-scale coverage, effectiveness and speedy implementation. In practice, they hardly ever score on all three criteria. Usually, large-scale programmes are ineffective, while effective programmes are restricted to small numbers of children. In most instances, their implementation takes a great deal of time. Experience also shows that large scale programmes are most effective when they allow for maximum local input and control. Their coverage expands most rapidly if project staff are members of networks that are extensive and intensive and if project experience can be shared readily.

Policy-centred strategies

Policy, in essence, is about creating a vision that inspires, motivates, guides and sustains people in their efforts to bring about change. A new vision on children, encapsulated in the CRC, is gradually emerging but it requires consistent follow up and application to have any effect. Three policy instruments are increasingly gaining currency in ECD. These are agenda setting, networking and social movements. A common feature about these instruments is that they are strongly inter-connected and they appeal to all stake holders in ECD. Governments and NGOs, in particular have to collaborate to put ECD on the agenda, to effectively network or get a social movement going.

The challenge for policy makers is to establish ECD as a structural approach to integrating children and families ‘at risk’. A first step to this end is to create an environment in which this assignment is fully understood and appreciated. NGOs can play an important advocacy role in getting governments to develop an outspoken policy agenda committed to migrant, minority groups, unaccompanied refugee children and children living in especially difficult circumstances.
Without earmarking and identification of adequate resources policies will remain an empty promise. Devolution of resources to local authorities may be a key policy-centred strategy in assuring that the resources get through to the children and families for whom they are intended. But, devolution will be effective only if mechanisms for accountability, monitoring and evaluation are set up.

**Organization-centred strategies**

It is often overlooked that programmes need organisational, administrative and management support. The effectiveness of programmes and policies often improves considerably when the institutional capacity of implementing agencies is addressed. A new demand on ECD organizations is that they should be capable of working with other groups and function in outcome-oriented networks.

The comprehensive and pervasive nature of the problems facing marginalized families demands a co-ordinated response from the different agencies providing services for children and families. Excessive fragmentation can lead to unequal access and duplication of efforts. Reorganization or the creation of new structures may be required to improve collaboration, and linkages between agencies. Of special significance are linkages between organisational structures serving pre-school age children, as well as older children and youth.

It is clear from the discussion that the four strategies are interrelated. Action in any one dimension will be effective only if there is a synergistic relationship between the dimensions.

The most frequent organization-centred strategy is to set up umbrella agencies. A case could be made for setting up an overall body that could monitor the situation of excluded groups and signal problems. At the most basic level, such a monitor could gather data on children and families, their needs, the services that are offered to them, how many participate and who and how many are left out, or require special attention. Governments have the main responsibility for setting up such a monitor while Non Governmental Organizations (NGOs) could play a role in gathering data about groups that are traditionally hard to reach.

*Co-operation between government and NGOs* would also be key in assuring the success of strategies for improving access to ECD services. The role of NGOs in combating social exclusion is well recognised. NGOs can identify the varying needs of specific communities and respond to them in a flexible and innovative manner. They can bridge the information gap between services and marginalized groups and can effectively undertake advocacy on behalf of these groups. This is particularly true for those NGOs that consist of, or are functionally linked to, grassroots organizations and other community groups. Because of these characteristics, they can cater to those elusive groups that governmental agencies find hard to reach.
8. Some Queries

ECD services are expanding at a steady rate all over the world, including in Europe and more children and families are participating in them than ever before. There is also sufficient reason to believe that many disadvantaged children are included in these services. For most children, the future certainly looks brighter than before. But problems remain and questions need to be raised to address them. The first concerns the quality of services. Are the services designed for disadvantaged families adequate? Or, are they second-rate and therefore reinforcing disadvantage? Do they promote the overall development of children and do they help to overcome the barriers that exclude them from full participation in society?

The second question is whether expanding ECD services reach the ‘hard-core’ of socially excluded families in any substantial manner? Are there groups of families in Europe that are more socially excluded then ever before? Could it be said that there is a causal relationship between current social and economic policies - which seek to serve the majority - and the emergence of a small minority of hard-core unreachable groups?

Most ECD programmes in use in Europe are pretty standard and apart from some contextual features share many similarities. This is despite their claims of being ‘innovative’, ‘alternative’, or ‘experimental’. Most programmes now tend to include parents, promote family, school and community linkages, and pursue the holistic development of children. But is this sufficient? Do these programmes keep pace with the realities that children have to face? Should ECD not be extended to child abuse, domestic violence, addiction and neglect? Another development which is increasingly affecting children, even the very young, is globalization. What is known about its impact on the development of children. What new problems and challenges does it pose for them? To make significant headway in ECD, these questions need to be tackled with some urgency.
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