

1 Encouraging early child development

[Mária Herczog]

■ BACKGROUND

“The first years last forever.” The adage reminds us that health, well-being, social skills, the ability to co-operate, the will and aptitude for discovery and learning are to a great extent determined by the quality of care and education in the first years of life. Essential cognitive, emotional and social competences develop during this period, which can only be built upon through special efforts – and usually less than fully – at a later stage. In present day Hungary, 20 per cent of children entering the school system are at a disadvantage difficult to compensate for. While schools can do a great deal to stop this initial handicap from leading to serious failures and to ensure that these children do not drop out of school, it is the period of life before school, especially the first three years, which are of crucial significance in *preventing* this situation.

The fact that parents lack the appropriate knowledge and skills at the time of starting a family and in the period following is – among many other factors – a fundamental determinant of social marginalization and isolation, failures at school and the subsequent generation problems. Rather than being driven by natural instincts only, parenting, motherhood and skills are primarily acquired: parenthood, the developmental needs of the child and the appropriate ways to respond to these needs must be learnt and the most successful methods identified. While several generations of children were reared and educated in the same way in the past, with an unchanging set of goals, values and methods in their upbringing, the conditions have fundamentally altered over the past 50–100 years. The causes include shifts in the demands of formal education and the labour market as well as a new family structure: *we no longer have an extended family system or a large number of children*. People with low levels of education, those living in difficult social circumstances or in social isolation, those struggling with mental problems or disabilities and those out of work are in a particularly difficult situation but *those people with a higher social status are not immune to problems* either – this is therefore an issue for society as a whole.

As expressed in a Communication by the European Commission: “Child poverty results from a complex interaction between these factors. The best outcomes tend to be achieved by countries addressing the issue on all fronts and striking an appropriate balance between targeting the family and targeting the child in its own right. This entails combining strategies to increase

While schools can do a great deal to tackle underachievement due to an initial disadvantage, it is the first six (especially the first three) years that are crucial for efficient prevention.

Rather than being driven by natural instincts, parenting, motherhood disposition and skills are primarily acquired; the ways to meet the developmental needs of a child must be learnt.

parents' access and attachment to employment with enabling services and with income support that minimise the risk of creating trap effects. Success requires these measures to form a well-balanced policy mix – focused on early intervention, adequately resourced and underpinned by clear objectives and targets.” (COM, 2008).

In the first instance pregnancy and childbirth followed by the first three years of life elementally determine the child's social integration, skills and abilities and behaviour.

The fact that early childhood has been a neglected and underappreciated period up until now presents a problem at all levels of childcare professional training and its relevant sectors. There are historical reasons for this: the significance of developmental psychology and family and maternal care was not recognised for two decades (in the 1950s and 1960s) and the issue has only received marked attention in the past one and a half decades thanks to research results – especially the visually perceptible outcomes of neurobiological studies (*Table 1.1*). These results indicate that initially pregnancy and childbirth followed by the early critical period, especially the first three years, elementally determine children's social integration, their skills and abilities and their behaviour later in life. This holds true for both emotional and cognitive development. The child's development is dependent on the quality of emotional stimulation, talking, play and care activities, where *the knowledge and skills of the primary caregiver – usually the mother – and those providing or helping with day care are of crucial significance*. In Hungary, the existing institutional network – from health visitation through to day care facilities – constitutes a sound foundation for professional help provision but is in need of restructuring and development in several respects. In addition to reinforcing existing programmes, an integrated and collaborative system of schemes, provisions and services should be developed with the objective of ensuring that each and every child has access to services appropriate to his or her age, personal and cognitive development and family background and which will encourage the child's optimal growth and development in a secure and caring environment.

The past two decades have seen a striking rise in international attention devoted to this issue. A large number of research studies have been conducted in developed and developing countries, which have led to several action and intervention proposals. The research paper by ENGLE ET AL. (2007) on early childhood development as a global challenge is an especially important publication in this area. While the study cannot compensate for the lack of Hungarian research results, Hungarian professionals will also find the authors' conclusions instructive. In the developed world, most of the relevant research has been conducted in the United States with results which are convincing but unfortunately little known in Hungary.¹ It is clear from the partly differing experiences of developed and developing countries, however, that the basic questions and the answers to them are the same. The only viable solutions are those that consider the problem as a whole, build on a co-operation between

[1] A good overview of relevant research can be found at <http://www.promisingpractices.net/research.asp>.

[TABLE 1.1] RISK FACTORS AND DEVELOPMENTAL OUTCOMES – A SUMMARY OF RECENT STUDIES

RISK FACTOR	SOCIAL/EMOTIONAL OUTCOME	COGNITIVE OUTCOME
Neurodevelopmental risk		
Low birthweight/prematurity	Behaviour problems	Learning disabilities, poor performance
Abnormal neurodevelopment	Behaviour problems	
Abnormal skull/mid-face development	Behaviour problems	
Metabolic abnormality	Motor co-ordination problems	Grade retention, lower IQ, school failure
Cognitive deficits		
Low IQ, poor verbal skills	Delinquency, antisocial behaviour	Lack of school success, negative attitude
Absence of special education in preschool		Difficult transition to elementary school
Early behaviours/relationships		
Difficult temperament	Antisocial behaviour, delinquency	School failure
Hyperactivity/externalizing behaviour		Difficulty adjusting to school, lower IQ
Insecure attachment	Behaviour problems	
Family, parent characteristics		
Low maternal educational attainment	Behaviour problems	Early school failure
Divorce, family disruption	Behaviour problems	
Parental substance abuse (alcohol, drugs)		Delayed development, lower intelligence
Maternal depression	Behaviour problems	Cognitive delays
Low socio-economic status	Behaviour problems	Lower IQ, delayed development School failures
Immigrant status	Psychosocial problems, risk taking	
Parenting practices		
Coercive discipline/harsh punishment	Antisocial behaviour	
Maltreatment	Lower perceived social acceptance	Lower IQ/test scores, grade repetition
Inconsistent/erratic limits and routines	Antisocial behaviour	
[SOURCE] HUFFMAN & MEHLINGER (1998).		

Relationship between women's labour supply, employment policy, maternal and family care and child development in the early years

In Hungary no research has been undertaken.

the different sectors, professionals and institutions involved, embrace unified professional principles and methodology and rely on research results and relevant practices. The most important risk and protection factors as well as the necessary measures following from them are known and unequivocal (see *Figure F1.1*. “Pathways to school readiness” in the *Appendix*).

Several associations can be found between women's labour supply, employment policy, maternal and family care on the one hand and child development in the early years on the other. It must be noted, however, that the different goals of investigation should not be confused: important though employment and women's labour supply may undoubtedly be, it would be ill-advised to argue in favour of institutional day care on that basis in the face of the message of the past decades, which has now reached the general public and become widely accepted.

In Hungary no research has been undertaken and there are as yet no Hungarian publications investigating different aspects of the issue: how much women and family members really know about the needs of a child, about the ways and opportunities of acquiring child rearing skills and about the effects of the quality and quantity of day and home care on the child. We do not know to what extent families make informed decisions, what sort of information they rely on or how much importance they attribute to the actual or presumed interests of the child. Nor do we have any information as to what kind of relevant knowledge professionals or policy makers have. Unfortunately, for Hungary we do not even have any data on the effects of the various solutions on children in different social groups, living in different regions of the country, in families with different educational or income levels, different lifestyles and following different child rearing traditions.

This job must be done before any reforms can be planned. International studies only offer partial results and each result indicates that further, more extensive research is needed.² With respect to the child's needs, the optimum length of parental leave following childbirth, the optimum timing of return to work, essentially depends on the capability of the primary caregiver – usually the mother – to meet the child's needs during the period spent with the child, on the quality of day care, the responsiveness of the caregiver to the child's needs and the amount of time the child spends in day care relative to his or her age and needs. International research and programmes attribute increasingly more importance to a comprehensive approach to this issue. Empirical evidence is sought to establish the optimum form, duration and quality of care for young children in an effort to allow mothers to enter employment while securing the optimum conditions of development for the child.³

[2] For a – far from comprehensive – Hungarian summary of the international literature see BENEDEK (2007), BLASKÓ (2008), BÁLINT & KÖLLŐ (2008).

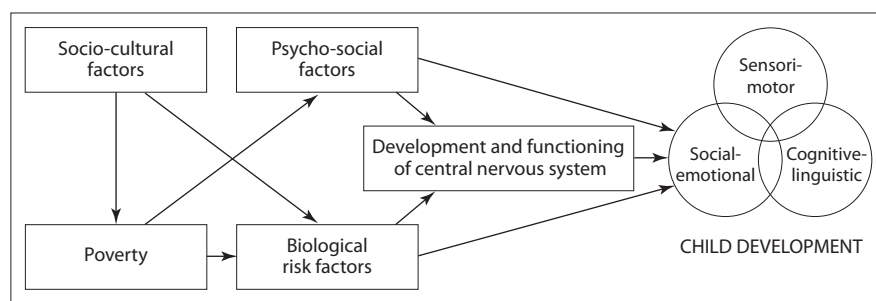
[3] The programme created by the Welsh National Assembly and its precursor studies (MELHUIISH, 2004) are a good example.

DIAGNOSIS

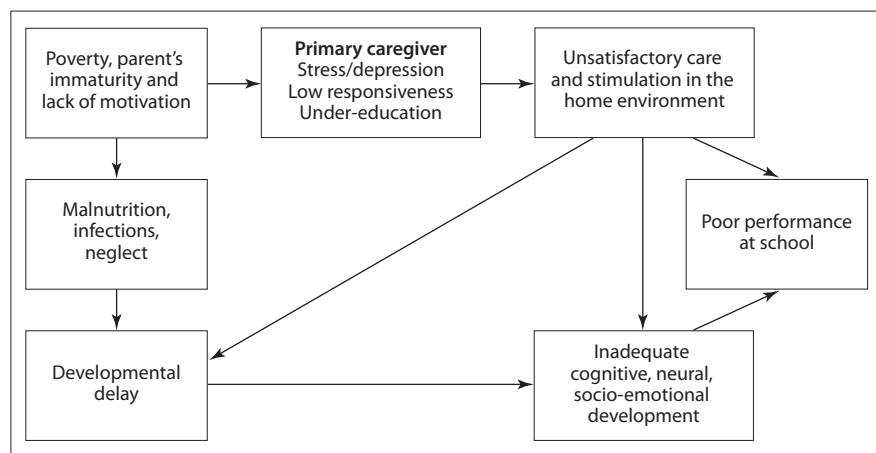
The fact that professionals or institutions do not respond, or do not adequately respond, to children's needs and where at the same time no satisfactory support is given to parents is the cause of children's school failures and difficulties in social integration.

1. The care of children before the commencement of school (0-6 years in Hungary) is regulated through the professional/institutional sector and other types of – converging or conflicting – interests. An approach where solutions are sought independently by health, education, and social and child protection services as well as by local governments has no chance of success in delivering a comprehensive, holistic child care, early education and family support programme. The fact that professionals or institutions do not respond, or do not adequately respond, to children's needs and where at the same time no satisfactory support is given to parents in fulfilling the task of child care contributes a great deal to children's school failures and their difficulties in social integration at a later stage (Figures 1.1 and 1.2).

[FIGURE 1.1] Determinants and risk factors of early child development



[FIGURE 1.2] Causes related to poor performance at school



2. The main focus of the Hungarian family support system is cash transfers which help mothers to stay at home. This has not only positive but also several negative effects with respect to the issue under discussion. Women (parents, caregivers) and their children have very little or no access to regular community activities – there are hardly any opportunities to join play groups or become

involved in institutional day care programmes, where some of their time could be spent on activities encouraging the child's development whilst improving their own parenting skills. It is an unfortunate fact that this kind of activity is not valued in Hungary, there is not a high level of demand for it. While there is general agreement that the quality of day care has a significant impact on early child development, no services of this kind are supported or offered to attract mother-child joint activities besides some private, paid provisions. There are major differences of opinion, however, as to the age threshold above which day care outside the home will not have adverse effects on the emotional development or attachment of the child. This threshold in the literature is estimated to be one to one and half years of age. The availability of flexible working hours or part time employment, and day care facilities appropriate for the child's needs would be a significant step towards achieving the goals desired.⁴

Flexible working hours or part time employment and day care facilities appropriate for a child's needs can help achieve the desired effects.

Health visitor services are not comprehensive.

The geographical areas covered by health visitor districts are too large and health visitors have no access to appropriate transport. Health visitors are required to attend to an overly large number of families, which leads to a decline in the quality of service.

3. *Health visitation* services could be a way to ensure that parents receive adequate information, that the circumstances of the child are assessed and that further steps can be taken as needed. Current rules and regulations consider health visitation to be comprehensive but in actual fact this is not the case. It is the responsibility of local governments to provide these services and in some cases they fail to do so. There could be several reasons for this: default of the regulations, lack of resources, bad regulations or lack of financial incentives.

Several health visitor districts cover geographical areas which are simply too large and *district health visitors lack access to appropriate transport*. A health visitor may be required to attend *an overly large number of families, which leads to a decline in the quality of service* (the standard requirement is 250 families per health visitor). There are 3,144 autonomous settlements (excluding Budapest) in Hungary, 1,730 of which maintain at least 1 health visitor position. In 2006 there were a total of 4,042 health visitor positions in Hungary, 3,808 (94.2 per cent) of which were filled. 102 health visitors worked as contracted businesses, 918 people (95.9 per cent) were employed as school nurses, less than a 100 people were hospital based health visitors and there were 108 health visitors to the 113 family planning service places. 3,143 (78 per cent) of all health visitors were assigned to a single settlement and 64 people were responsible for five or more settlements. The question of absence cover was adequately addressed in 516 (12.8 per cent) of the health visitor districts, the majority of which needed long-term cover (BALOGH & REMETE, 2008). As no reliable, systematic measurements are available on the probability of these problems in each

[4] As will be discussed in the next chapter, the current system has the effect of greatly reducing employment. While the labour market activity of Hungarian women – in contrast to men – does not deviate significantly from the EU or the OECD averages, the Hungarian figure characterising mothers with young children is the lowest among all OECD countries. The Hungarian birth rate remains similarly low notwithstanding the various measures of the past decades aimed at encouraging childbirth, even though the two main maternity benefit schemes (gyed and gyes) are exceptionally generous by international comparison.

of the 4,570 individual districts, the shortcomings of the service are difficult to eliminate in an effort to secure truly comprehensive services.

Data recorded in different periods or by different institutions of professionals remains isolated; a large part of the information becomes lost and does not reach either the families or the professionals involved.

Laws and rules regulating health visitation (as well as midwifery, obstetric and paediatric) services specify a large number of *compulsory assessments* relating to the course of pregnancy, childbirth and the physical, mental and environmental condition of the child at different stages of life. As a result of the unavailability of a synchronized computerized system, however, the data recorded in different periods or by different institutions or professionals remains isolated; a large part of the information becomes lost or cannot be used and does not reach either the families in any coherent form or the professionals involved in the child's care (paediatrician, family physician, health visitor) in a suitably processed form that could be linked to an intervention protocol.⁵

There has been a decline in the number of nursery schools since the early 1990s and few new places are created notwithstanding changes in legal regulations.

4. There has been a substantial decline in the number of *day nurseries* (state-funded day care facilities for children under 3) since the early 1990s, which is explained partly by ideological and partly by financial reasons. Compared to the earlier figure of 15 per cent, there are now nursery school places for only 8 per cent of children under the age of 3 and few new places are created notwithstanding changes in the legal regulations. In fact, the current conditions applying to nursery schools run by local governments are unfavourable to settlements with populations below a certain size due to the high costs of their establishment and maintenance compared to kindergartens, which care for children aged 3-6. (As will be discussed in *Chapter 11*, with the loss of tax revenue due to passive provisions taken into consideration, the net costs burdening the budget are substantially lower.)

The family day care network as an alternative child care facility is similarly slow to expand.

The *family day care*⁶ network, as an alternative child care facility, is similarly slow to expand, which is explained partly by the fact that it is a non-traditional, little known form of day care and partly by poor central financial support and a lack of motivation on the part of individuals and local governments. Family day care centres are subject to the regulations specified in Act XXXI of 1997,⁷ which replace the earlier regulations of 1993. The Act defines family day care as a facility providing children raised in a family environment with daytime supervision, care, non-institutional education, nutrition and activities appropriate for their age. Family day care may be attended by children who do not receive nursery school or kindergarten care, schoolchildren after school hours,

[5] A different kind of assessment is proposed in the recent study *Gyermekszámlálás* [Childcount] (TORNAI, 2007). It would be well worthwhile to reach an agreement on this issue to avoid launching parallel research projects that may debase each other and thus once again stand in the way of creating a coherent assessment and evaluation system.

[6] A rich portrayal of the workings and problems of family day care facilities can be found in Hungarian on the website of the Hungarian Family Day Care Association (<http://csana-info.hu>).

[7] Act XXXI of 1997 and Decree 15/1998 (30.04) on Child Protection and Care Administration on the duties and operating conditions of child welfare and child protection institutions and individuals providing personal care.

especially those who do not attend state-funded after school programs or facilities, and children with disabilities, whose special needs must be catered for by the family day care service. A family day care centre may be run in the home of the caregiver or in some other – special purpose – facility. The centre may admit children aged five months to 14 years and care is always given in small groups. At most five children may attend including the caregiver’s own children under the age of 14 if they do not attend some other day care facility. If one of the children at the centre is disabled, there can be at most 4 children in the group and if solely children with disability (or children with special needs) are being cared for, no more than 3 may attend the facility. Under exceptional circumstances special permission may be given to admit two additional healthy children or one additional child with special needs on condition that the caregiver has a permanent helper who attends to auxiliary tasks.

While relatively new in Hungary, this type of day care has a tradition that goes back several decades in Western Europe and North America. The Hungarian system has been adapted from the British model. For reasons mostly to do with government policies, private or family-based day care could not previously become common practice anywhere in Hungary, including regions where there was a great need for the facility because of a scarcity of nursery places or for children with disabilities or other kinds of special needs. Several objections to family day care have been voiced. The main argument against them is that, in contrast to facilities run by local governments with professional carers, there is no way of ensuring a consistently high quality of care in a non-institutionalized facility run by people lacking qualifications and experience. There are a number of counter arguments, however. The quality of care also varies between professional-run nursery schools and kindergartens in Hungary, as there are rather large differences in approaches, quality of professionalism, admission policies and care practices. Qualifications and local government supervision do not provide any guarantees in themselves. Regular professional evaluation, quality control, the measurement of customer satisfaction and professional training and development have an important function with regard to family day care centres – as well as any other service or institution, regardless of its type. An argument in favour of family day care facilities is that their size and character allows them to function with more flexibility than larger institutions, making them a viable alternative in small settlements or where special requirements need to be met. In addition to meeting children’s needs, they may be flexible enough to take parents’ working hours or other commitments into consideration (such as three-shift work or irregular working hours, etc.).

Family day care centres may be flexible enough to take parents’ working hours and commitments into consideration.

5. In several respects *kindergartens* are of special significance and quality in Hungary. The remarkably extensive state-funded kindergarten network caters for 85 per cent of children between the ages of 3 and 6. The problem here is (as will be discussed in the chapters on desegregation in the current volume) that some of the children in the greatest need of pre-school education do not

Kindergartens are of special significance and quality in Hungary. Despite the availability of a remarkably extensive kindergarten network, some of the children in the greatest need of pre-school education do not attend kindergartens and do not receive the support appropriate for their age.

Child welfare services achieve very limited success in meeting the targets set for them.

Programmes to support early child development

Opportunities for Children (Gyermekesély)

Let Children Have a Better Life (Legyen jobb a gyermekeknek!)

have access to kindergartens at all or not before the age of 5, and those who finally do join a kindergarten do not necessarily receive the help and support appropriate for their age and development. (PIK, 2003; HAVAS, 2007; SZABÓ & TÓTH, 2007).

6. *Child welfare services* provide preventative and support services in the home in accordance with child protection legislation but at present they tend to achieve very limited success in meeting the targets set for them. Their child protection activities focus on post-incident emergency “fire fighting” and *ad hoc* intervention. By the time they first meet the children and their families, the children can usually be regarded as being at risk and in need of protection. A social provision network supporting *families* in their various activities, dealing with problems and causes rather than symptoms and taking specifically planned preventative action has barely been developed, whether it be children, sick or elderly family members who are in need of help.

7. The helping professions in a broad sense – health visitors, paediatricians, nursery, kindergarten and school teachers and social workers – are largely or exclusively female professions with typically low prestige and low wages. This fact is unfortunately indicative of the level of priority or concern given to the area and the problems associated with it.

8. A number of programmes have recently been launched to support early childhood development. As part of a long-term programme aimed at fighting child poverty under the direction of Zsuzsa Ferge, field work is carried out in an attempt to characterize the situation and improve certain conditions in a disadvantaged micro-region (Szécsény).⁸ The “Flagship” Programmes developed in the framework of the Second National Development Plan integrate the Opportunities for Children (Gyermekesély) programme into school schemes run under the supervision of the Ministry of Education, the success of which is greatly dependent on the availability of solutions to the problems discussed above and on the willingness and ability of all departments involved to collaborate. Parliament Resolution 47/2007 (31.05) entitled ‘Let Children Have a Better Life’ (Legyen jobb a gyermekeknek!) signals the need for a change in attitudes and a new way of approaching the issue, and, by setting the most important targets, prepares the ground for the new programme in this vein.

[8] See <http://www.gyermekszegenyseg.hu>.

■ SUGGESTIONS

An overview of experiences of early years' development programmes, from ENGLE ET AL. (2007), is given in Part 2 of the *Appendix*. Our suggestions bear the conclusions of these experiences in mind but our focus is, of course, on the unresolved problems of the Hungarian support system.

1. The key to a successful solution is a programme which embraces a holistic approach, is based on the child's developmental needs and rights, views parents as well as every related discipline and institution as a partner and makes a point of measuring and evaluating developmental results at the level of individual children and groups of children (local, institutional, regional, etc.).⁹

Comprehensive health visitor services; wages in line with the difficulty of the job; travel support in districts covering large areas; reduced work load.

2. Health visitation *should be genuinely comprehensive*. The problem of insufficient resources should be dealt with. Local governments should be made to comply with the regulations and their service provision activities should be monitored. Wherever they are needed, health visitors with professional training should be offered fair wages in line with the difficulty of their jobs. *Travel support* (use of a car, fuel allowance, etc.) should be offered to health visitors covering districts extending over large areas. The *work load* should be alleviated and/or more resources (possibly more health visitors) should be allocated for the task depending on the social composition of the district. A standardised *district level assessment* procedure should be introduced, which should be applied on a regular basis. The initial and advanced training procedures for health visitors should be adjusted to the changing requirements of the job, since the current standard of training, competences and conditions do not allow a substantial element of the duties specified by the regulations to be fulfilled. By introducing a more up-to-date standard of duties and skills for paediatricians and health visitors and supplying better specifications on training and job practices appropriate to a public health provision approach, it could be guaranteed that the new requirements of the job are successfully satisfied.

3. The following steps are needed to develop an appropriate monitoring system.
a) Standard procedures should be introduced for storing information on children in an electronic format, assessment and documentation systems should

[9] A highly successful example is the Canadian initiative Linked-DISC (Linked Information Network for Kids Electronic Database - Developmental and Intervention Services for Children), which uses geographic information systems (GIS) to monitor the availability of services, institutions or opportunities that are in the service of early child development in a given community or region. The system allows professionals to assess and evaluate the relationship between children's progress on the one hand and the availability of health, education, training and social services on the other. Other well known and related schemes include the Mapping Program (HERTZMAN ET AL., 2000), and the Integrated Children's Services system used in the United Kingdom.

In developing a monitoring system, different databases should be linkable – while ensuring that the principles of data privacy are not violated.

Methodology centre

Information on identifiable persons accessed by the family physician or paediatrician may only be disclosed to the parents and the health visitor.

be simplified and computerized, different databases should be linkable while ensuring that the principles of data protection are not violated.

b) A *methodology centre* should be established with representatives of all relevant disciplines. It would be the responsibility of the centre to redesign the entire system and develop both a protocol and professional standards. The centre (an independent unit of the Hungarian Institute of Child Health working in co-operation with the health protection authority (ÁNTSZ), accountable to the Ministry of Health) could run and maintain the data system.

c) *All health visitation and family doctors, GPs, (paediatricians) should be supplied with computing equipment and software.* They should be trained on the use of the tools and on ensuring the cross-compatibility of assessment records. The necessary resources could be secured by the Social Renewal Operational Programme of the New Hungary Development Plan (ÚMFT TÁMOP).

d) It must be ensured that the *assessment procedures* specified by the new re-structured and standardized system *are applied to each and every child.* This should be a legally binding requirement and compliance should be monitored through the funding system. Failure to apply the assessment procedures or to record all required data should be penalized.

e) These requirements impose *additional duties* on health visitors and family doctors, which must be reflected in wages. Since family doctors have contact with the National Insurance Fund but health visitors do not, the latter should be recompensed for the extra duties arising from the assessment requirement and for the targeted intervention with the mediation of family physicians.

f) The system must strictly respect the privacy of data. Information on an identifiable individual accessed by the family physician or paediatrician may only be disclosed to the parents and the health visitor. Information gathered elsewhere can remain with the data collector – the medical records of childbirth, for instance, are stored by the hospital unit – but family physicians and health visitors should have full access to these records. Aggregate and anonymized data can be made available to other people for purposes of sector development and service schemes.

4. The early years programme *Sure Start* has been set up with the objective of alleviating child poverty and children's social exclusion in the United Kingdom. It focuses on children with disadvantaged backgrounds who have limited access to various services. *Sure Start* was launched in 1999 and the programme is rolled out in stages; it is currently in the sixth round of its activities. 500 local groups have been set up so far reaching four million target children, which constitutes a third of children under the age of four living in poverty. The programme targets two main areas of child welfare: 1. encouraging children's social and emotional development, protecting child health and improving skills and abilities; and 2. supporting the family as a community.

The *Sure Start* programme heavily relies on cross-sector co-operation and contacts with civil organisations. Delivered through local initiatives, the pro-

programme aims to attain equal opportunities for children from birth to 6 years of age by providing multi-level support for families with young children living in disadvantaged regions, villages, urban areas or housing estates. The services are aimed at forestalling the adverse effects of child poverty on health, social well-being and cognitive development and providing equitable care appropriate to the needs of children at different ages.

The nationwide programme *Sure Start* has undertaken to forestall the effects of child poverty.

The nationwide programme *Sure Start* has undertaken to break the “deprivation cycle” in an effort to forestall the effects of child poverty. The task is approached by setting up cross-sector and civil collaboration networks in order to provide community support for young children living in disadvantaged regions or under deprived circumstances. The providers work together in securing social and health care as well as daytime care for the children, and support for the families according to local needs. The services of *Sure Start* are delivered through newly formed integrated packages, community initiatives moulded to local needs with the co-operation of child health organisations and early day care institutions (nurseries, kindergartens, and family and welfare support services). Every existing local social, healthcare, education and child welfare institution and service must be involved in the scheme. The programme allows local gaps in target services to be filled as needed. The co-ordinated operation of integrated nursery, kindergarten, play group and supporting services is especially important for a flexible day care system.

The programme was introduced to a Hungarian audience in 2003 at an event organised by the British Embassy and the Ministry of Health and Social Affairs. A Hungarian work group was subsequently formed, which was charged with developing a programme for Hungary and making arrangements for its introduction. Pilot programmes were launched in settlements and micro-regions of different types (Ózd, Vásárosnamény and six satellite settlements, Budapest Józsefváros, Csurgó-Órtilos, and Mórahalom). In a second round in 2005, local *Sure Start* programmes were set up in Katymár and Győr.¹⁰

The programmes must be rolled out to as many areas as possible.

The *Sure Start* early years programme, which has now been launched in a number of other locations, should be rolled out to as many areas as possible so that under fives together with their parents (most typically mothers) can use early years community services — especially in the most disadvantaged regions and settlements. This also applies to children not attending day care facilities, especially where the family needs extra support with parenting because of their low educational attainment, poverty or other impediment. However, the effects of this service on the entire system of early years’ care giving, on the renewal of professional and lay thinking and on people’s attitudes towards child rearing cannot be overrated.

[10] On the Hungarian *Sure Start* initiative see www.szmm.gov.hu, and http://www.gyerekesely.hu/index.php?searchword=Biztos+kezdet&option=com_search&Itemid.

The Children's House community service is supervised by a *professional specifically trained for this task*. Both parents and children participate in the activities but a short-term childminding service is also available if needed. The programme is developed in co-operation with other services available in the locality taking local circumstances and needs into consideration. A practice that has recently become consolidated in Great Britain is a good example: based on the evaluation of the results of the *Sure Start* programme and learning from past experiences, the services are planned to be rolled out to all children up to the age of 14. These experiences can be adapted and used in Hungary.

Expanded home-based childminding service and family day care. Every child should have a kindergarten place from the age of 4.

5. A system of day care facilities must be developed having flexibility and keeping children's needs and the circumstances of their families in mind. As a first step towards achieving this goal, *the flexibility of the current system must be improved*. Much could be gained by expanding the *home-based childminding service* and the system of *family day care*. It should be ensured that there is a kindergarten place for every child from the age of 4. For a kindergarten facility – like nursery schools, family day care facilities and any other service – to maintain high standards the staff must be skilled and motivated, all necessary equipment should be available and the programmes should observe the principles that have been pre-defined with consideration to children's complex developmental needs. The quality of service should be continuously monitored and evaluated.

The quality of kindergarten service is not normally affected if younger children are provided with care in mixed, integrated groups. The success of a kindergarten is shown by assessments, evaluations and quality control, parent and child satisfaction and, in the long term, by the children's subsequent school achievements. This presupposes a partnership with the parents and extensive consideration for the rights and developmental needs of the children. Tasks and methods undoubtedly keep changing, which means that current assumptions, skills and practices should be adjusted. New methods, however, should not lose sight of earlier ones and the established child development experiences of nursery schools should be combined with current knowledge of, and research outcomes related to, early child development. Considering the sustained and excellent tradition of kindergarten practice in Hungary, this will lead to success.

The concern that *home-based childminding* and *family day care* may be cheap solutions with lower standards, thus restricting the outreach of the kindergarten service, is without any foundation. Firstly, these services have no possibility of replacing the kindergarten system; they may only function in combination with it, providing a supplementary service for a fairly small section of the child population. Secondly, the kindergarten tradition of Hungary has definitive significance thanks to positive experiences and the view firmly held by public opinion that children of the relevant age need both the community and the programs which are provided in kindergartens.

An expansion of the home-based childminding service is important in situations where sickness, special family circumstances or other factors prevent a child from attending institutional day care facilities, where no other service is available in the area and where only temporary or limited (a few hours), help is needed.

Family day care has been discussed before. Once again, it is especially a shortage of nursery schools and kindergartens or special circumstances of some kind that call for this type of day care but it also represents a good way of providing after-school programs in place of, or in addition to, other types of day care. With a more colourful, diverse and competitive mixture of facilities on offer, there are better chances of good quality services suited to individual needs. Local governments may not replace institutional day care services (nursery schools, kindergartens) with other types of day care services unless this is licensed and encouraged by the professional and financial regulations. Law makers and professional bodies must approach this issue with caution to ensure that the regulations encourage and enforce the best possible solutions.

6. In order for the practice described to become a widely accepted standard, the general laws of early child development and the theoretical and practical principles and methods guiding this development need to be disseminated to a much wider audience in much greater detail than is the case at present.¹¹ This can be achieved by *restructuring professional training practices* such that a unified consistent view of the basic principles of early years development is taught. The literature on developmental psychology, the methods of early years education and the foundational issues behind these should be made available (in an appropriate format and with appropriate content) to all (parents, professionals, the general public and the media). Basic and advanced professional training should be organized accordingly, paying special attention to maintaining co-operation, which is crucial for the different disciplines and professional experiences to be mutually accessible. *An independent BA training programme dedicated to early child development should be launched* and professionals currently working in this field should receive vocational and in-service training.

7. As regards early years programmes, what is needed is an assessment, evaluation and reinforcement of current programmes, services and institutions as well as the development of a system of integrated, mutually co-operative programmes and services that ensure that every child receives the care that encour-

Professional training programmes should be restructured such that a single consistent view of the basic principles of early years development is taught.

[11] A survey conducted in 1997 in California (CCHI, 2000) revealed that 46 per cent of parents (57 per cent of fathers) did not know that the period from 0 to 3 years of age was decisive with respect to brain development. As a result of a media and popular science campaign, this figure was reduced to 2 per cent in three years. We may wonder what the outcome of a similar survey involving professionals and parents would be in Hungary.

Early years programmes linked with the Opportunities for Children (Gyermekesély) programme.

ages optimum growth and development in a secure and caring environment and is appropriate to the child's age, personal and cognitive development and family circumstances. The services must be continuous, linked to currently active initiatives, and close contacts must be maintained with the Opportunities for Children (Gyermekesély) programme, which secures EU funding.

The Opportunities for Children initiative aims to

- a) dramatically reduce (to a fraction of its current level) the proportion of poor children and families in the population of Hungary over a single generation,
- b) eradicate extreme forms of children's social exclusion and dire levels of poverty,
- c) reform the mechanisms and institutions that currently regenerate poverty and exclusion, specifically
- d) secure healthy living conditions from the earliest age,
- e) secure early education opportunities to encourage better cognitive development,
- f) substantially reduce regional and ethnic inequalities that currently determine people's destinies, and
- g) help children grow up in a secure environment, thus minimizing the probability of limiting life perspectives and future opportunities and outcomes.¹²

These objectives are consonant with those represented by the author of this paper. Naturally, there are some differences in emphasis, since the Opportunities for Children programme is primarily targeted at the reduction of child poverty, while the programme concerned with early child development and the reform of public education targets every child, paying special attention to those living in disadvantaged, marginalised conditions. If the public's awareness of children's needs, risk factors and ways of preventing and dealing with them can be successfully raised, public opinion will be transformed and thus, in addition to the public knowledge pool, social sensitivity will also be increased and it will become clear that all of society loses out if children's opportunities are not made equal and the conditions for their optimum development are not created.

The implementation of the programme presupposes a dialogue within and across the disciplines involved and an evidence and practice based description of the basic principles and related practical tasks. The final proposal preparing the ground for general operation should be one which is implementable and acceptable to all involved.

[12] For a description of the programme in Hungarian, see: <http://www.gyerekesely.hu/index.php>.

■ GAINS AND COSTS

The prospects for early child care and education in the home and in the community may substantially improve within a few years. One measure of the programme's effectiveness is children's success in entering school and over the following school years. This means that the children are more motivated to learn, achieve more in their studies, there is a stronger co-operation between the parents and the school and that the entire social provision system – health, education and social services – functions more efficiently. Research results show that significant improvement can be achieved in connection with marginalised groups, not only in educational attainment but also in women's employment, income and quality of life.

The costs of the programme are difficult to estimate because it cannot be established as to what extent the costs of the current system would be reduced if it functioned more efficiently. Although assessment, evaluation and longitudinal surveys are cost and equipment-intensive tasks, the equipment and the financial resources would be needed in any case – the absence of these procedures creates losses and expenses which currently place a substantial burden on the state budget [the absence of appropriate prevention measures, for instance, creates a need for late intervention (in case of premature birth, disability, abuse, etc.)]. Another problem is that no indicators are available for measuring the quality of life. The costs of early years' day care are difficult to estimate as they vary greatly by the type of care, and stricter regulations – such as those applying to nursery schools – create higher costs, i.e., the total financial burden greatly depends on the structure of development. The staff and training requirements of the programme depend on its range. If it is first launched in disadvantaged regions, the unemployed can be extensively involved, while in more developed regions there is a high probability of career change, which means that sufficiently attractive conditions must be created in order to succeed in establishing new services of high quality.

All of the proposed programmes can be run in parallel with the second National Development Plan. Public health and early years' development oriented day care services are also closely related to labour market programmes aimed at enhancing women's employment and adult education.

■ CONFLICTING INTERESTS

The basic source of conflict is that the current structure of education and welfare services defines rigid professional boundaries between sectors which are difficult or impossible to cross. A restructuring of the health visitation system involves fundamental changes to training centres, the medical profession and local governments offering basic child welfare services. A reform of the profes-

sional practices and operating principles of early years day care institutions – kindergartens and nursery schools – may be met with resistance on the part of professionals and institutions generally because they are assigned duties which deviate from previous practices in their approach and, to some extent, in their content. The change may involve new working hours (flexible opening hours, non-stop care provision, and liaison with the parents) and new working conditions (competing services, sector neutrality). A transparent, achievement and result oriented system may initially be met with reservations but predictable and efficient practices, better conditions and higher professional standards should prove to be attractive to most professionals and institutions.

■ WHAT WE DO NOT WANT

We certainly do not want efficient and successful programmes and services to falter. By building on the sound tradition of the health visitation service, we intend to protect the profession from decline and erosion but do not wish to put an end to universality. Changes to the nursery school and kindergarten system, the expansion of services and the modernisation of some approaches are planned to be introduced while keeping the good practices of the current structure untouched. The parent education, self-help groups, and participation in *Sure Start* programmes would be voluntary; paternalistic programmes threatening the autonomy of families are certainly to be avoided. We do not wish to interfere with the lives of the families or lecture them on what the ‘best’ solution is but we do want to avoid the private sector and the illusion of free choice in child care and education constituting a risk to children and leading to their inadequate development.

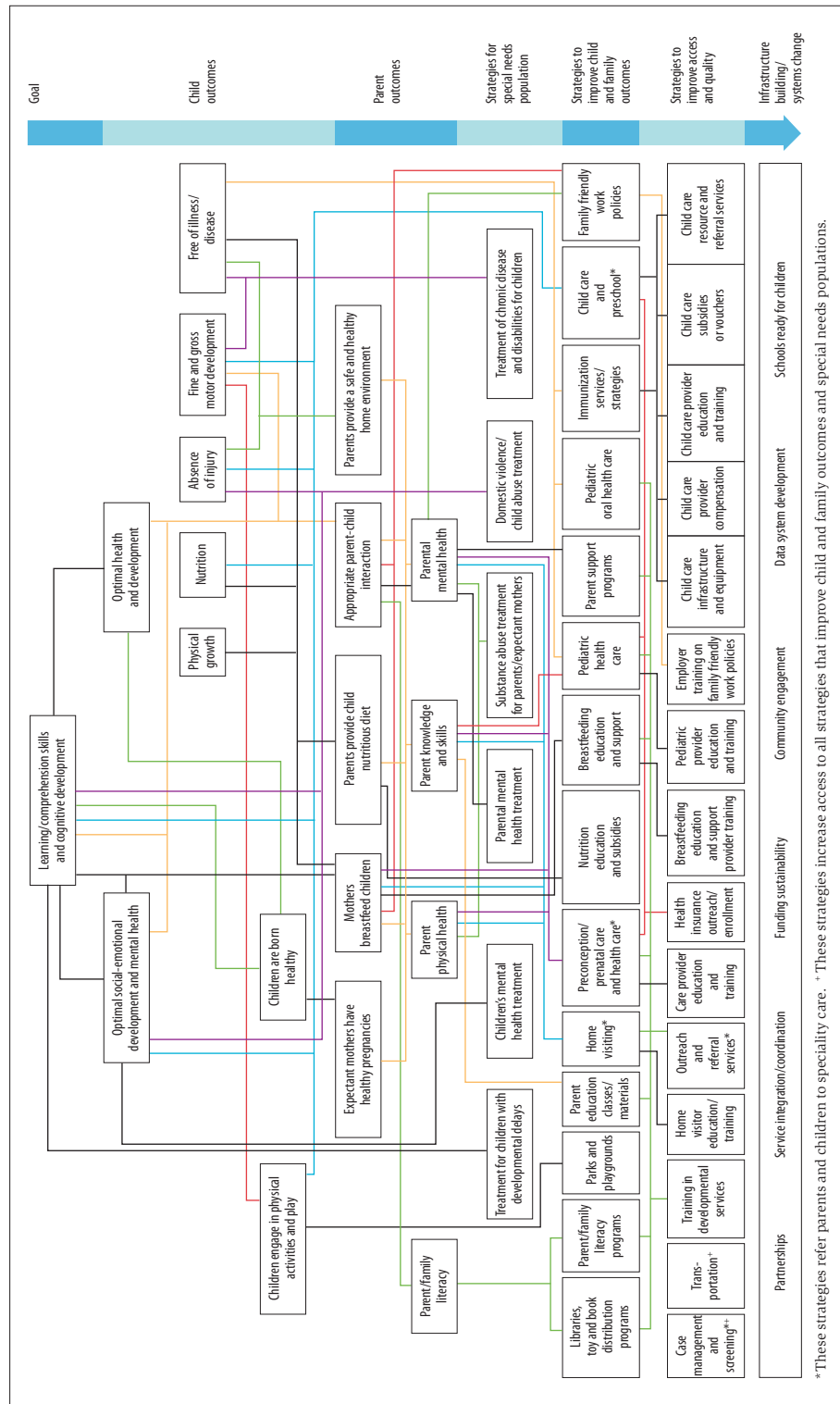
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[APPENDIX 1.1/FIGURE F1.1]
 PATHWAYS TO SCHOOL
 READINESS AND RISKS

[SOURCE] THOMPSON
 ET AL. (2005).



*These strategies refer parents and children to speciality care. * These strategies increase access to all strategies that improve child and family outcomes and special needs populations.

[APPENDIX 1.2] AN OVERVIEW OF EARLY YEARS' PROGRAMMES
FROM ENGLE ET AL. (2007)

PANEL 1: CHARACTERISTICS OF SUCCESSFUL EARLY YEARS' PROGRAMMES

- Integration of health, nutrition, education, social, and economic development, and collaboration between governmental agencies and civil society.
- A focus on disadvantaged children.
- Sufficient intensity and duration and include direct contact with children beginning early in life.

*Adapted from JARAMILLO & MINGAT, p. 111.

- Parents and families as partners with teachers or caregivers in supporting children's development.*
- Provide opportunities for children to initiate and instigate their own learning and exploration of their surroundings with age-appropriate activities.
- Blend traditional child-rearing practices and cultural beliefs with evidence-based approaches.*
- Provide early child development staff with systematic in service training, supportive and continuous supervision, observational methods to monitor children's development, practice, and good theoretical and learning material support.*

PANEL 2: REASONS THAT GOVERNMENTS DO NOT INVEST IN EARLY CHILD DEVELOPMENT INTERVENTIONS

- Children's loss of developmental potential, and the cost of loss of developmental potential, both for individual children and poverty alleviation, are not recognised.
- There are no globally accepted indicators for child development to monitor progress or ensure accountability.
- Governments respond to short-term effects and find difficulty in justifying the long-term investment in human development.

- There are multiple organisational stakeholders for young children, so the responsibility for early child development is not assumed by any entity.
- There is not a single strategy for promoting early child development.

PANEL 3: WHY GOVERNMENTS SHOULD INVEST IN INTERVENTIONS FOR EARLY CHILD DEVELOPMENT

- It is the most cost-effective period in the child's life to invest.
- Events in the early years of a child's life influence the child's productivity and learning ability throughout the life course, and are effective strategies for reducing poverty among disadvantaged populations.

- Programmes increase the efficiency and effectiveness of school expenditures by reducing drop-out and repetition.
- Increased schooling for girls has a long-term effect on their children's survival, growth and development.
- Interventions are more sustainable because parents and families carry these changes over to subsequent children.
- There is a strong evidence base on effective interventions for early child development.
- The Convention on the Rights of the Child ensures every child the right to development as well as survival, and requires governments to support families in child rearing.

PANEL 4: POLICY AND PROGRAMME RECOMMENDATIONS

- Implement early child development interventions in infancy through families and caregivers, and add group learning experiences from 3 to 6 years, particularly for disadvantaged children as a poverty reduction strategy.

- Ensure that development programmes combine health and nutrition services with early learning, rely on families as partners, and have adequate quality, intensity, and duration to affect children's development cost effectively.

- Incorporate early child development into existing services and systems to increase programme coverage.
 - Monitor the effectiveness of programmes with outcome measures of child development.
 - Increase advocacy on the importance of early child development and the consequences of the loss of developmental potential to individuals and to society.
 - Include programmes in policies and financial allocations at national, local, or international levels.
 - Create coordinating mechanisms for ministries that share the responsibility for early childhood development.
 - Ensure that all children are adequately nourished, including micronutrients, such as iodine and iron.
5. RESEARCH PROPOSALS
- Identify the characteristics of child development programmes that are effective and can be expanded and implemented through existing health, nutrition, education, and social protection services.
 - Examine the role of early child development programmes in mitigating the effects of multiple disadvantages, including poverty.
 - Research parenting interventions to identify the most effective and scaleable strategies.
 - Assess possible synergies among programme components to guide implementation recommendations.
 - Define a core set of globally accepted measurements and indicators for child development that can be adapted across countries for monitoring, planning, and assessment.
 - Improve and assess strategies to increase effectiveness of outreach to disadvantaged children, including orphans.
 - Strengthen the evidence base for the effects of maternal depression, exposure to violence, parental loss, toxins, malaria and other infectious diseases on child development and identify effective interventions to reduce their risks and adverse consequences.
 - Create and test a method for estimating the costs of different models of early child development programmes.