



Early Childhood Services for Children from Birth to Three Years Old



INTERNATIONAL
STEP by STEP
ASSOCIATION

Survey Report





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The report was prepared by Dr. Mihaela IONESCU, ISSA Program Director
Edited by: Taryn Paladiy

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List of ISSA Full Member NGOs¹

1.	Albania	Qendra Hap pas Hapi
2.	Armenia	“Step by Step” Benevolent Foundation
3.	Azerbaijan	Centre for Innovations in Education
4.	Belarus	Belorussian Parents’ and Teachers’ League “Step by Step”
5.	Bosnia & Herzegovina	Center for Educational Initiatives Step by Step
6.	Bulgaria	Step by Step Program Foundation
7.	Croatia	Open Academy “Step by Step”
8.	Czech Republic	Step by Step Foundation
9.	Estonia	Hea Algus
10.	Georgia	Centre for Educational Initiatives
11.	Haiti	Step by Step Program/TipaTipa
12.	Hungary	Partners Hungary Foundation
13.	Kazakhstan	Community Foundation Step by Step
14.	Kyrgyzstan	Foundation for Education Initiatives Support
15.	Kosovo	Kosovo Education Centre (KEC)
16.	Latvia	Centre for Education Initiatives
17.	Lithuania	Centre for Innovative Education
18.	Macedonia	Foundation for Educational and Cultural Initiatives of Macedonia (FECIM)
19.	Moldova	Programul Educational Pas cu Pas
20.	Mongolia	Mongolian Education Alliance
21.	Montenegro	Pedagogical Centre of Montenegro
22.	Poland	Comenius Foundation for Child Development
23.	Romania	“Step by Step” Centre for Education & Professional Development
24.	Russia	Russian Education Development Fund «Soobschestvo»
25.	Serbia	CIP – Centre for Interactive Pedagogy
26.	Slovakia	Nadacia Skola Dokoran NGO
27.	Slovenia	Developmental Research Centre for Educational Initiatives – Step by Step
28.	Tajikistan	OSI-Assistance Foundation
29.	Turkey	Mother Child Education Foundation (ACEV)
30.	Ukraine	Ukrainian Step by Step Foundation

¹ This report was developed based on a survey that ISSA ran in February-March 2013, in which 29 out of the 30 ISSA Full Members participated. The report does not include data from Georgia.

For more information about ISSA membership and ISSA Full Members, please visit www.issa.nl.

Introduction

We at ISSA believe that this report makes a significant contribution to understanding the need for action in early childhood services serving the youngest children and their families across Central Eastern Europe and the Commonwealth of Independent States – CEE/CIS. The report raises critical issues to be addressed through dialogue, advocacy and joint actions among partners from different sectors and organizations in CEE/CIS countries.

ISSA is a vibrant network that connects professionals and organizations working in the field of early childhood development. Its Full Members of 30 non-governmental organizations are located primarily in Central and Eastern Europe and Central Asia. ISSA's core mission is to ensure equal access to quality care and education for all young children through building a learning community around innovative approaches and reflective pathways promoting high quality services for children from birth through primary school.

In past years, ISSA has focused its programs on access, equity and quality of early childhood services for children from 3 to 10 years of age. Building on the expertise of its members, over the next several years, ISSA plans to expand its programs towards early childhood services for the youngest children, birth to three years old, and their families, promoting high quality, equitable and holistic services. In this view, to obtain a broader understanding of the early childhood services in the ISSA regions, ISSA implemented a survey among its Full Members during March 2013, mapping the most important features of the early childhood systems in their countries which target children from birth to three years old and their families.

This report provides a general picture on the strengths, weaknesses, and the gaps that exist in those systems through a wealth of information about relevant components of early childhood systems: legislation, types of services, management, administration and financing, professional staff, quality, access and inclusion. It identifies some common issues and challenges that many countries share when referring to various components of the systems, and also the most critical areas that would need more advocacy and substantial intervention in ISSA's Full Members' view.

Given that the answers were provided by single representatives of the ISSA Full Member organizations in each of the 30 countries in the network, and they are mainly education focused organizations, the data from the sample cannot be considered comprehensive or representative of all stakeholders in the ECD systems in the members' countries. However, as the report indicates in the last chapter, the majority of ISSA Full Members are active and experienced non-governmental organizations in the field of early childhood from birth to three years in their own countries. We at ISSA are confident in their assessments of the early childhood sector in their countries.

As many terms specific to the field are used differently in different countries, in order to avoid any misunderstanding, a Glossary was developed and shared with all member organizations when the sur-



vey was sent. This Glossary may prove to be a useful tool to the field, and ISSA is considering further development of the Glossary to make it more comprehensive. The Glossary can be found at end of the report.

Although in the report ISSA Full Member NGOs are mentioned through their country name, at the beginning of the report we acknowledge the full name of the organizations belonging to ISSA, so that when referring in the report to a country, the name of the ISSA member in that specific country can be easily tracked.

I. Information on Early Childhood Systems in ISSA Regions

A. POLICY REGARDING EARLY CHILDHOOD SERVICES

1. Legal Basis

Within the ISSA network, there are significant differences in the legal basis for the provision of services for the birth to three age range. There are also significant differences among and within regions. What had been a singular approach to child care in the past has changed to diverse approaches among the countries with different ministries involved, with different agendas and responsibilities. This lack of uniformity of approaches can be either seen as a challenge in not being able to address countries in the same way or as an opportunity for ISSA to advocate for a more unified approach within the regions of the network and to promote the best examples of quality being provided for this age group.

In most of the countries, early childhood services are functioning based on legislation issued by one ministry, most frequently (10 countries) by the Ministry of Education (through the Law of Education), four countries by the Ministry of Health and six countries by the Ministry of Social Affairs/Policy, or the Ministry of Labour, Family and Social Policy, or the Ministry of Human Resources (Hungary). In eight countries the services are under the law of both the Ministries of Education and Health or under three different ministries, usually the Ministry of Education, the Ministry of Health and the Ministry of Labour and Social Affairs/Ministry or Family and Social Policy. The latter situation might lead to more integrated policies and more diverse services or not, depending on whether there is coordination between these ministries.

Q1. What is the legal basis for early childhood services focusing on children from birth to age of three at the national level (e.g. common law of education)?

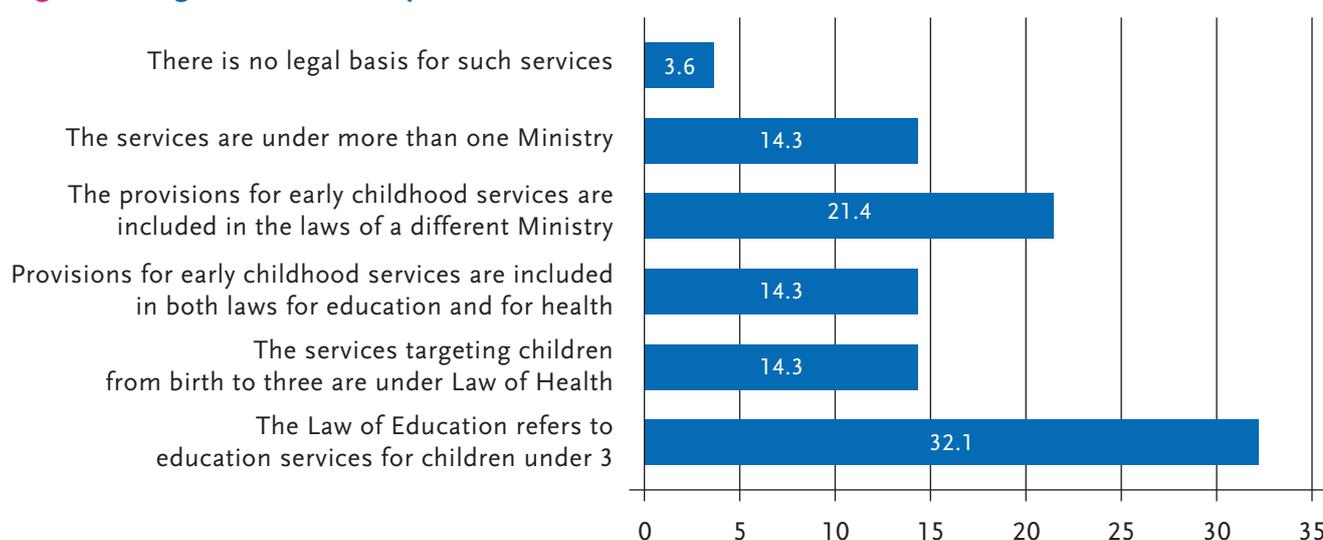
Answer options	Response [%]	Response count
1. The Law of Education refers to education services for children under 3	31.1	10
2. The services targeting children from birth to three are under the Law of Health	14.3	4
3. Provisions for early childhood services are included in both the laws for education and for health	14.3	4
4. The provisions for early childhood services are included in the laws of a different Ministry (please specify the name in the comment box)	21.4	6
5. The services are under more than one Ministry (please specify their names in the comment box)	14.3	4

Answer options	Response [%]	Response count
6. There is no legal basis for such services	3.6	1
Comment		14
	answered question	28
	skipped question	1

No answer provided: Latvia

No legal basis: Slovakia

Figure 1: Legal basis for early childhood services



Legal basis provided under one ministry:

- Ministry of Education: **Armenia, Bosnia and Herzegovina (BiH), Croatia, Kosovo, Kyrgyzstan, Lithuania, Montenegro, Russia, Slovenia, Slovakia**
- Ministry of Health: **Azerbaijan** (Ministry of Health provides home visits to new-born children every ten days up to three months of age, bimonthly home visits by age of 1,5 years and then monthly home visits by age of three. Home visits are conducted by nurses and paediatricians), **Bulgaria** (since 2008), **Czech Republic** (since 2012), **Moldova**

Legal basis provided under one ministry, different than the Ministry of Education or Health:

- Ministry of Human Resources: **Hungary**
- Ministry for Labour and Social Policy: **Macedonia, Poland**

Legal basis provided under two ministries:

- Ministry of Education and Ministry of Health: **Kazakhstan, Belarus, Ukraine, Mongolia** (The Education Law refers to EC for children starting from the age of two. The Law on Health refers to services at specially designated services for homeless, malnutrition, and triplets.)
- Ministry of Education and Ministry of Labour, Family and Social Solidarity: **Romania** (since 2011)

- Ministry of Health and Ministry of Labour and Social Affairs: **Czech Republic, Tajikistan** (Ministry of Education and Ministry of Health developed early childhood development standards in 2004. Generally, services to children under three are regulated by Law of Health. Labour Code of the Ministry of Labour and Social Protection describes pregnancy leave and child care leave (Article 84). Article 159 – Guarantee for employment of pregnant women and women with children under three years old and single mothers with children under 14 years).
- Ministry of Local Government, Ministry of Health: **Albania**

Legal basis provided under three Ministries:

- Ministry of Education, Ministry of Health and Ministry of Social Affairs/Family: **Estonia, Turkey, Haiti**
- Ministry of Education, Ministry for Health, Ministry for Labour, Employment and Social Welfare: **Serbia**

2. Parental Leave

Regarding parental leave, there are a few distinctions made by the respondents according to the legislation in their countries:

- *Maternal leave* – the leave that mothers are entitled to receive before and right after the baby is born; mothers may decide the length of the period they would like to take both before and after.
- *Care leave* – the leave that parents are entitled to use for taking care of the child in the first two-three years of life, after maternal leave ends. In this case, both mother and father may benefit from these rights, and sometimes, even other members of the family in specific cases.
- Usually there is a leave which is supported financially by the state providing mothers with compensation equivalent to her salary or to a certain percentage of it (from 30% to 100%), and a period of care leave to which mothers are entitled, but their compensation/benefits are decreased or are no longer provided, depending on the length of time they choose to spend with their children after the first months.

In ten countries, parents are entitled to **three years of parental leave**, split into intervals of time when mothers receive benefits in different ranges. From the policy perspective, this indicates a supportive approach to families and very young children and also an interest for demographic growth, but also indicates that there might be a high demand from parents to be provided with specific services. However, the demand varies greatly. Even when entitled by law, some mothers are unable to take the entire leave period they are offered, due to economic realities. They may not be able to maintain their household on a reduced salary, or may fear that their job will not be held for them for the full period.

Still, the duration of parental leave varies greatly among the countries, and in some contexts the number of children being born influences the level of benefits (e.g. Slovenia). In some cases, the greater the number of children, the longer the period of parental leave.

There is also a difference in benefits between mothers who are employed and those that are not employed. The latter might receive only a standard financial allowance for a short period of time, while the employed mother may benefit from financial support for the entire period the law guarantees, and she may also be granted the right of having her job secured after the parental leave ends.

It is surprising to see that there are countries where the parental leave is very short, up to three months and only mothers are entitled.

Once again, there are no established patterns for maternal leave by region. Each country has a somewhat different approach which can either be seen as an opportunity to advocate for certain policies or as a detriment to eventually having a unified policy concerning the time a mother/father can spend with a young child.

See below the situation per country:

Q2. How many months is a parent entitled to take parental leave (mother or father) after they bring a child home?

Answer options	Response count
	28
answered question	28

3 years of parental leave:

Azerbaijan (Mother is entitled to three years of parental leave, meaning that her job is kept by employer, and she can come back to her working place after the leave. She is paid at the level of her full salary during the first four months – 125 days, then 40 USD per month up to the child's first 1,5 years and then 15 USD up to the child's third year), **Belarus, Hungary** (if the mother worked at least 365 days in the last two years, she gets 168 paid days with 70% of the salary in the first year, 70% in the second year but not more than 434 Euro, and in the third year 90 Euro. Those that do not have insurance receive 90 Euro for three years), **Moldova** (Mothers who are employed are entitled to three years of maternal leave (with 30% salary); those who did not have a job have a standard allowance (10 EUR/month) for a period of 18 months from the birth of the child. A one-time allowance at the birth of the first child is about 125 EUR), **Kazakhstan** (Parental leave is for three years. For another two years, she is entitled to leave without benefits.), **Russia** (For 1.5 years the mother receives maternity benefits, and her job is 'guaranteed' till the child is three years old. Her employer is obligated to hire her back for the same job.) **Slovakia** (Maternal leave is for 28 weeks, and parental leave is for three years.), **Ukraine** – For 36 months state benefits are paid, and for another 36 months mothers are entitled to leave without benefits.)

2 years of parental leave:

Armenia (Parental leave is 2 years but mothers receive an allowance from the government for 140 days in total, which they can take before and after birth splitting the days in a way they want), **Lithuania**.

1 year of parental leave:

Albania (12 months in total, which can be one month prior and 11 postpartum or 12 months maternal leave. In the first six months, the leave is paid at 100% of the standardized state salary, based on the amount of health insurance paid during the first six months, and in the next six months at 60% of the

salary), **BiH**, **Bulgaria** (one year and 90% of salary), **Croatia** (six months are at full pay and the remaining six are partially paid), **Kosovo** (Mother can decide: six months with 70% of salary, plus three months with 50% of average salary. She can also receive an additional three months of leave without payment.), **Mongolia** (Mother is entitled to four months of paid leave – with 100% salary if employed, and 70% salary if not employed or self-employed but paying social assurance, and additionally 12 months of unpaid maternal leave), **Montenegro**, **Poland** (Starting with 2013, the maternity leave is for 52 weeks, 26 paid with 100% of the salary and 26 weeks paid with 80% of the salary), **Romania** (parental leave is three months at full salary for the mother/father. After that, the mother/father may take parental leave for child care until the child is one year old. For parents with disabled children, the parental leave may go up to two years of age.), **Serbia** (The parental leave starts 28 days before the birth and lasts for 12 months. It is paid with 65% of the regular salary, and in some cities the city government expands it to 100%), **Slovenia** (Parental leave lasts for 365 days. Paternal leave consists of maternal leave (the right to maternal leave is granted to the mother of the child, under certain conditions also the father of the child or another person), *paternal leave* (The right to paternal leave is granted to the father of the child and is non-transferable) and *care leave* (this right may be exercised by one of the child's parents, both parents and under certain conditions, a grandparent or other person). *Maternal leave* lasts for 105 days. The mother may begin maternity leave up to 28 days before the expected date of birth, determined by the gynaecologist. *Paternal leave* lasts for 90 calendar days, regardless of how many children are born at that time; of these 90 days, the first 15 days of the leave must be used before the child is six months old, otherwise this part of paternity leave can no longer be used. The other 75 days can be used up until the child is three years of age. *Care leave* is a form of leave meant for the on-going care of a child; beneficiaries can use it immediately after the expiration of the maternity leave. One, both, and, under certain conditions, even grandparents, can take this form of leave. Care leave typically lasts for 260 days. Leave may be extended, if:

- The mother has given birth to twins – extended for 90 days.
- The mother has given birth to multiple live births – for each additional child the leave is extended for 90 days
- The mother has given birth prematurely – extended for as many days as the pregnancy was shorter than 260 days.
- The mother has given birth to a child in need of special care – extended for an additional 90 days (based on the opinion of a medical commission), this right may be exercised until the child is 18 months old

The parents at home are already caring for at least two children up to eight years of age – extended to 30 days, for three children for 60 days and for four or more children for 90 days. The rights above are cumulative. According to the law, the job (position) should be preserved during child leave. The parental leave is paid. The difference is, whether parents were employed before starting the leave, or not. If they were not employed, they are entitled to a parental allowance, which is a fixed amount, from May 2012 it is 251€. If parents were employed, they are entitled to parental compensation – an average of the last 12 months of salary), **Turkey** (Benefits are for the mother only. Women working in the public/government sector can receive the following: paid leave – eight weeks, and 24 months unpaid leave. Those working in the private sector receive eight weeks of paid leave before and after birth and six months unpaid leave.)

1.5 years of parental leave:

Tajikistan – Women are entitled to maternity leave for 70 calendar days before the birth, and 70 (in the case of complicated deliveries – 86 days, and the birth of two or more children – 110 days) calendar days after the birth, with paid state social insurance. Child care leave: At the end of maternity leave women can request additional leave to care for children up to the age of 18 months. A woman may request additional leave without pay for the care of children up to the age of three. Child care leave can be fully or partially used by the child's father, grandmother, grandfather or other primary caregivers. A person's job (position) is preserved during child leave. Usually, both mothers and fathers do not use the entire child care leave. If a woman works, the child is often cared for by the grandparents.

9 months of parental leave:

Macedonia

4 months of parental leave:

Latvia (Maternity leave is granted totally for 112 days (maternity and delivery leave). Mother may receive 14 days additional leave if she has had health problems during the pregnancy, child birth or postnatal period as well as if two or more children were born. Maternity benefit is 80% of the beneficiary's average wage. One of the parents, mother or father, can receive the maternity benefit.)

3 months of parental leave:

Haiti (three months for mothers only)

Other situations:

Czech Republic – Parents can choose the amount of parental leave, one or two or three years and the payment varies accordingly. The highest payment is 70% of the salary. **Lithuania** – Parents can choose the length and the amount of parental leave. The amount of parental allowance depends on the duration of the allowance chosen by the recipient: if the insured person chooses to receive the allowance until the child turns one year old, the amount of the allowance is 100% of the allowance beneficiary's compensatory wage; if the person chooses to receive the allowance until the child turns two years old – the allowance until the child turns one year old is 70% and 40% of the allowance beneficiary's compensatory wage until the child turns two years old. The family decides who (mother or father) will use the right for parental leave. **Kyrgyzstan** – Women have the right for maternity leave for 70 days before child's birth and 56 days (in cases of aggravation, 70 days) after the child's birth.

Regarding fathers

In most of the countries, fathers are recognized as right holders of parental leave, with a few exceptions (Azerbaijan – just recently the state committee on family, woman and child issues suggested to the parliament to amend the law so fathers may get 3-5 days of parental leave due to new-born child, but this suggestion has not been adopted yet at the legislation level, Haiti and Kosovo). However, they do not have the same rights as mothers in all countries in terms of the length of parental leave, more often being much shorter, up to even only a little more than one week paid leave (10 days in case of Turkey), and only in the child's first year of life.

See below the situation as indicated by respondents.

Q3. Are fathers also included in parental leave options?

Answer options	Response [%]	Response count
1. Yes	31.1	22
2. No	14.3	3
3. I don't know	14.3	3
Comments		11
answered question		28
skipped question		1

No answer provided: Latvia

Country	Comments
Armenia	Father can take leave if he is the only caregiver.
BiH	Only one week paid leave.
Czech Republic	Paternal leave started just few years ago. Fathers can opt for 22 weeks of paid paternal leave.
Hungary	Fathers can receive parental leave paid with 70% of the salary for the first 168 days, only if the mother is not available for different reasons. Also, they can receive the same as mothers, 70% of the salary, but a maximum of 130 200 HUF (appr. 430 EUR) up to the child's second year and up to three years of age they are paid approximately 90EUR.
Latvia	Father and mother have equal rights: mother or father can get maternity and paternity benefits (the parents themselves choose who will receive the benefit). In Latvia, fathers most often choose to get 10 paid days.
Lithuania	One month paid leave with 100% salary.
Mongolia	There are no legal provisions regarding paternal leave, but in practice fathers generally receive 5–10 paid days.
Montenegro	The parental leave is the right of a parent, but in case that one parent discontinues the use of leave, the other parent has the right to use the unused part of the parental leave.
Romania	By law, the father may receive one month parental leave in the child's first year.
Slovakia	The father has the same rights as the mother.
Slovenia	Fathers are entitled to 90 days of paternity leave. The first 15 days must be used before the child is six months old, otherwise this part of paternity leave can no longer be used. The other 75 days can be used up until the child is three years of age. The majority of fathers use 15 (paid) days, the rest remain unused.
Tajikistan	Child care leave can be fully or partially used by child's father, grandmother, grandfather or other primary caregivers. In practice, this happens very rarely.
Turkey	Fathers receive ten days paid leave since 2011 (related law 657, article 104). They also can use unpaid leave up to 24 months right after the birth.
Ukraine	The mother and the father have the same rights.

Continuity between parental leave and provision of early childhood services

According to law, in most of the countries there is no gap between the time the parental/care leave ends and the age at which an infant can be enrolled in early childhood services. Nevertheless, the situation varies greatly, depending on the specific context of the country. In many cases, although the children could be enrolled after the maternal/care leave finishes, there is a shortage of places in ECEC services in many countries, therefore children need to stay at home (except those families which can afford to go to pay for private institutions). This creates pressure on families, given that mothers usually need to go back to work for financial reasons (in the case when three years of possible leave, many mothers do not take the entire leave and return earlier to work) and have to find various solutions for the children. Also, it happens that ECEC services unofficially enrol children who are younger than the law allows, which may lead to the assumption that although the services try to meet families' needs, they are not totally prepared to offer quality services, as they are not officially recognized as services for younger children.

In many places in the world, the solutions for caring for children who fall into this gap consist of having a family member care for the child (such as a grandparent) or using local people in the community to care for the child in their homes who may not have any qualifications or meet standards for child safety and stimulation. The solutions which currently exist need to be further researched to understand if there are advocacy and training opportunities for ISSA members to create more optimal conditions for child care in this gap period, so that families are supported during this period of their child's life.

Q4. Is there any gap between the time parental leave ends and the age an infant/child may be enrolled in services (e.g. ECEC or day care)?

Answer options	Response count
	28
answered question	28

According to the respondents, in 23 countries **there is no gap between parental leave and the age the infant/child may be enrolled in services**: Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Croatia, Estonia, Haiti, Hungary, Kazakhstan, Latvia, Lithuania, Macedonia, Moldova, Mongolia, Montenegro, Poland, Romania, Russia, Serbia, Slovakia, Slovenia, Tajikistan, Turkey, Ukraine. This indicates a coherent policy approach in terms of providing children and families with specific services during the first years of life. However, the reality may be very different than the policy, because child care services may not actually be available for families who have children in this age category, especially in rural areas.

The following additional comments refer to country specific contexts:

Country	Comments
Albania	There is no gap. Children often are enrolled even before the end of maternal leave, should the mother choose not to stay the whole period. After six months of maternal leave, there is a significant decline in financial support, and many mothers choose not to complete their maternal leave.
Azerbaijan	Formally there is no gap, but informally, mothers tend to start working before the child reaches the age of three.
Bulgaria	There is no gap. Families can enrol their children in crèche from the age of ten months.
Croatia	In most of the ECEC institutions, children can be enrolled at six months, but usually they are enrolled at the age of one. Sometimes, there is a gap if a child has not turned one year old and the parent needs to return to work, because there is a shortage of places.
Haiti	No, most day care institutions start at the age of one or two years old.
Hungary	A child can be enrolled in ECEC if parents are working or are studying. If a parent is receiving maternal leave welfare (0–2 years), s/he cannot enrol his/her child in an ECEC centre, unless she/she gives up the rights to the care leave. But the services are available starting at 22 weeks of age.
Kazakhstan	There may be a gap if there are no spaces available in crèches.
Latvia	There is no gap, children can be enrolled at 12 months, but usually they are enrolled at 18 months. In most of the private ECEC services, children can be enrolled at 3–6 months.
Moldova	Officially, there is no gap in the case of previously employed mothers, as they are entitled to three years of maternal leave. But there is a gap for non-working mothers. The state guarantees the coverage of education expenses from the age of three. Unofficially, in some places, up to one third of children in the kindergartens are under the age of three.
Mongolia	ECEC services starts from the age of two, and parental leave is for up to two years. However, those who cannot afford to stay home and take care of the child usually go back to work after the paid 120 days are over.
Slovenia	Officially, the child can be enrolled in preschool by the age of 11 months, after the maternity leave ends. However, in many cases, parents are challenged because there are often no vacancies in preschools, therefore they must look for other forms of day care or they are forced to use private options while waiting for a place in preschools.
Serbia	No, on the contrary, the child can start earlier if the mother/father starts to work or is obliged to go back on work.
Turkey	There is no gap between the end of parental leave and enrolment age in services. However, there is not widespread access to the services, i.e., only a small number of target groups/beneficiaries are covered.
Romania	There is no gap. By law, child enrolment in crèche can start at three months of age.
Tajikistan	There is no official gap. Mothers are entitled to child care leave until the child is 18 months old. Nursery services for children of 18 months are available, but not every kindergarten has such services. Most children stay at home until the age of three, and then they can attend education centres (private and public).

Still, there are countries where there is a gap, primarily for the following reasons:

- public services do not accept children before the age of one, given the shortage of places, although according to the law the services are provided starting at nine months of age, which is the duration of the paid leave (Kosovo);
- discontinuity between the end of parental leave and the starting age for enrolling in early childhood services (Czech Republic, Kyrgyzstan).

See below more comments from some of the respondents:

- **Kosovo** – Even if the law states that services should be provided from nine months, public services accept children only from the age of one. On the other hand, private ECEC services accept children starting at three months of age.
- **Kyrgyzstan** – There is a gap of three months, because in Kyrgyzstan there is ECEC and day care for children starting only at six months of age.
- **Czech Republic** – It depends on when the parent decides to end the parental leave. If a parent ends leave when their child is two years old, there can be a one year gap, since, officially, public ECEC services start at three years of age. It differs regionally – there are some kindergartens accepting children from age two. However, in some areas (for example, Central Bohemia), there are not enough places in kindergartens, so children sometimes have no access to ECEC services until they begin to attend preschool at the age of four or five.

Age of enrolling children in ECEC services provided in crèches

In ten countries in the ISSA network, children can be enrolled in crèches starting at the age of six months, which sometimes is the term when the maternity leave ends. These may be crèches or day care centres since those are the most frequent type of services that are provided. In some countries, such services are not governmental, but private (Czech Republic, Kyrgyzstan), and in some countries they are not provided at all (Haiti, Moldova, Slovakia).

Q5. At what age does the government provide early childhood education and care services in crèches for children under three years of age in your country?

Answer options	Response [%]	Response count
1. From 6 months	31.1	10
2. Starting at 1 year of age	14.3	4
3. Starting at 2 years when the child can enrol in kindergartens	14.3	5
4. Right after the maternal leave ends	21.4	5
Comments		13
	answered question	24
	skipped question	5

Country	Comments
Armenia	The law states “from birth.”
Azerbaijan	The law states from three years old.
Bulgaria	Families can enrol their children in crèche starting at the age of ten months.
Croatia	There is very limited space in the ECEC institutions for six-month-old babies, so most of the children are enrolled only when they have reached the age of one.
Czech Republic	There are no government-provided ECEC services in crèches for children under three. (Such services to be provided are defined by the Small Business Act).
Estonia	Starting at 18 months of age.
Haiti	No government service is provided for this age group yet.
Hungary	Crèches are provided for children from 20 weeks to three years.
Kazakhstan	By law, the services are provided for children starting from the age of six months, but in reality, most parents enrol their children starting from 1,5 years, because there are many crèches lack adequate staff or age-appropriate conditions.
Romania	By law, crèches can enrol children starting at the age of three months, but parents (usually the mother) normally return to work after the child is one year old.
Moldova	ECEC services are provided only starting with the age of three.
Slovakia	Care services in crèches are possible from one year age, but this depends on local government decisions, not the national law.
Tajikistan	Normally, children at age 1.5 can be enrolled in a nursery, but usually, children stay home until they are three years old (and even until they are six years old), because most of the women are housewives, and there is very limited access to kindergartens. Family doctors see the new-born babies at age two months when it is time for vaccination. At two months, a doctor provides a medical card for the baby. Family doctors can provide parents with some basic knowledge on child bathing, massage, breast feeding, etc. But it is not happening everywhere. It depends on the doctors’ knowledge. Home visits by family doctors are very rare. Usually, parents bring their babies to clinics. Some parents do it often, some rarely because of far distance and costs.
Turkey	Family day-care services serve the children of civil servants/governmental and private employees in line with Law on Civil Servants (no. 657) and Law on Employment not free of charge and optional.

Age of child when parents can benefit from parenting support

In almost half of the ISSA countries (14), there are no parenting support services or programs provided for this age group. This indicates low support for parents in the child’s first three years of life. This is the situation in: **Armenia**, **Bulgaria**, **Haiti**, **Hungary**, **Kosovo**, **Kyrgyzstan** (only some small private initiatives), **Moldova**, **Mongolia**, **Slovakia**, **Ukraine**. In **Bosnia and Herzegovina** and **Macedonia** right after the birth mothers receive a visit/support provided by a medical nurse. In **Azerbaijan** public services to parents are provided during regular visits of nurses and paediatricians to the families of new-born children and then parents’ visits to polyclinics. One of the paediatricians’ duties is to inform parents about child’s development and care. Recently the government introduced a practice of contracting NGOs for social service provision including parent education. About 30 NGOs received state grants for this. In addition, the State Committee on Family, Woman and Child issues created a network of family counselling centres, but this does not meet the demand.

In those countries where such programs *are* provided, they are focused primarily on the child’s health and are in countries where the responsibility for children from birth to three falls under the Ministry of Health.

There is clearly a region-wide lack of programs supporting parents during the infant/toddler period, and this is an area to be further explored by ISSA and its members. A cross-sectorial intervention would be the optimal way to support parents, with a stronger emphasis on child's learning and development, in close connection with health and nutrition aspects.

Q6. At what age does the government provide parenting support services for the families of children under three years of age in your country? (If none of the answers apply to your country context, please leave a comment in the comment box)

Answer options	Response [%]	Response count
1. From 6 months	16.0	4
2. Starting at 1 year old	8.0	2
3. Starting at 2 years old when they can enrol in kindergartens	8.0	2
4. Right after the parental leave ends	8.0	2
5. No parenting support programs are offered for this age group	60.0	15
Comments		11
	answered question	25
	skipped question	4

Country	Comments
Albania	There are mandatory programs offered by the Mother and Child Centres every month, when the baby comes for a health check.
Azerbaijan	The parenting support services are provided from the time of the child's birth through paediatricians.
BiH	There are only some programs of health support (provided by nurses) for the new-born, as well as courses for pregnant women.
Bulgaria	We do not have official parenting support services.
Czech Republic	There are self-help groups, mother centres, parent centres, Early Childhood Intervention Services for children with a whole range of disabilities, but these are not governmental.
Macedonia	After the birth, mothers receive visits and support from a medical nurse.
Mongolia	Parenting support programs start from the age of three.
Romania	Programs start at the age of three months.
Russia	It is possible from the age of 1.5 years, if places in crèches are available.
Slovenia	Health visitors (nurses from Home-care service, organized by local Health Centres) make five visits at home for the child during the first year, and also one visit each during the second and third years of the child's life.
Tajikistan	Parents can receive information on childcare from their family doctors. Usually, some maternity hospitals provide information on childcare right after delivery. Later, parents learn more information from their friends, neighbours, family doctors, books, etc. It is all up to the desire of parents to learn more about proper child care.
Estonia	Such services are provided from the child's birth.

B. TYPES OF EARLY CHILDHOOD SERVICES FOR CHILDREN FROM BIRTH TO THREE AND THEIR FAMILIES

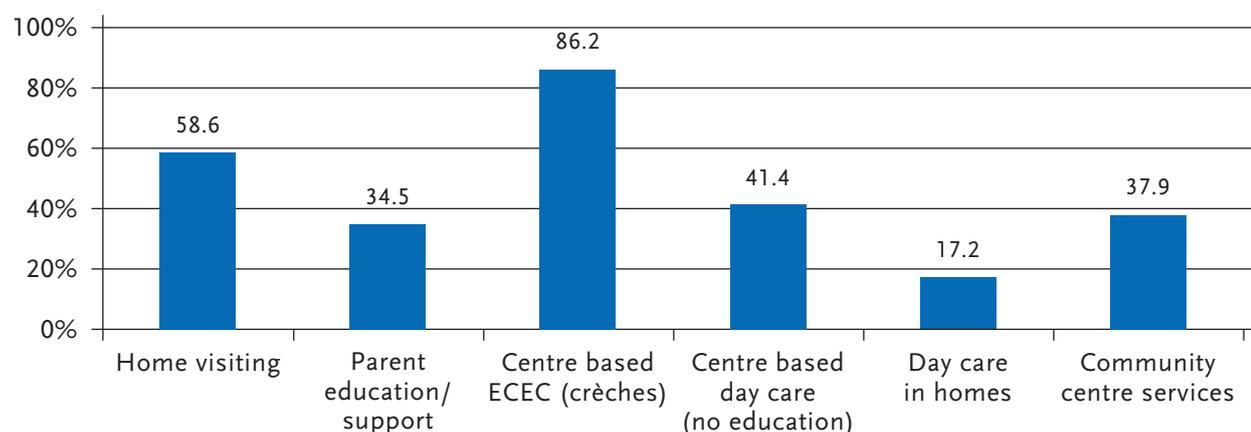
1. Diversity of Services

There is a wide diversity of services in the countries represented in the ISSA network which indicates that there is still a long tradition of providing early childhood services in these regions for this age group.

Respondents were asked to choose the type of services that are offered in their country from the options below:

- Home visiting services
- Parent education/support services
- Centre based early childhood education and care (ECEC) services (crèches)
- Centre based day care (care only/no education services for children)
- Day-care in homes (care services regulated by government)
- Community centre services for young children and their families (examples: playgroups, drop-in care, etc.)

Figure 2: LegaType of early childhood services existing for children from birth to three and their families in ISSA regions



No public ECEC (crèches) funded by the state: Haiti, Moldova

According to the 29 respondents who answered to this question, the most widespread service for this age group is **ECEC in crèches** which exists in almost all countries, although in some they are not governmental/public services, but rather supported by non-governmental and/or international organizations, or by private or religious organizations. Still, their mere existence does not confirm a high coverage on the country level, nor a level of high access to such services. These crèches seem to be only in larger urban areas. The positive factor is that according to the survey, amongst all other types of services, those provided in crèches are more focused on parent education and child health instead of just social services.

According to our respondents, more than a half of the governments of ISSA countries provide **home visiting** services which are focused on child health, parent support and social services. Usually, these visits are provided by medical nurses or paediatricians. This confirms the dominance of the health sector in providing this type of service, and indicates a good avenue for commencing a more cross-sectorial approach, since the service is widespread in the ISSA regions.

Also, there are a large number of countries (12) that provide **day care centres** for young children, which are services that usually focus more on health and social services, but have very low coverage in terms of the numbers of children who can attend.

The **day care in-home** services do not represent a widespread type of services, and usually these services are not regulated by the government. Countries like Slovenia provide “occasional child’s home” or “childcare families,” which can be public or private.

An extended number of countries provide early childhood services that are **community based** (11 countries), which, although they respond to a need, do not compensate enough for the low coverage of services on the country level.

See a more detailed situation of the types of services existing in each country in the ISSA regions in the table below.

Country	Home visiting	Parent education/ support services	Centre-based early childhood education and care (ECEC) services (crèches)	Centre-based day care (care only/ no education services for children)	Day care in homes	Community centres
Albania	x		x			
Armenia	x		x			
Azerbaijan	x	x	x			x
Belarus	x	x	x	x	x	
Bosnia & Herzegovina	x		x	x		
Bulgaria			x			
Croatia	x	x	x			x
Czech Republic	x	x	x	x		x
Estonia	x	x	x	x		x
Haiti			x	x		
Hungary	x		x		x	
Kazakhstan	x		x	x		
Kyrgyzstan				x		x
Kosovo	x		x	x		

Country	Home visiting	Parent education/ support services	Centre-based early childhood education and care (ECEC) services (crèches)	Centre-based day care (care only/ no education services for children)	Day care in homes	Community centres
Latvia			x			x
Lithuania	x	x	x			
Macedonia			x	x		
Moldova	x					
Mongolia	x		x			
Montenegro			x	x		
Poland	x		x		x	x
Romania			x			x
Russia		x	x	x	x	
Serbia	x	x	x	x	x	
Slovakia			x			x
Slovenia	x	x	x			
Tajikistan		x	x			x
Turkey	x	x	x	x		x
Ukraine			x	x		

Countries that reported having 5 kinds of services:	Countries that reported having 4 different services:	Countries that reported having 3 kind of services:
Czech Republic Estonia Turkey Belarus Serbia	Azerbaijan Poland Croatia Russia	Kazakhstan Kyrgyzstan Tajikistan Hungary Lithuania Slovenia Bosnia and Herzegovina
Countries that reported having 2 kinds of services	Countries that reported having 1 type of service	
Albania Armenia Haiti Kosovo Latvia Macedonia Mongolia Montenegro Romania Slovakia Ukraine	Bulgaria Moldova	

Country	Comments
Albania	Home visiting services start during the first month, in which nurses visit the mother and her new-born at home, and offer case-specific counselling and recommendations.
Armenia	Home visiting services are provided by paediatricians or family doctors from polyclinics during child's first months. Later the parents can receive information while visiting the polyclinic.
Czech Republic	There are grants to support families provided by the Ministry of Labour and Social Affairs. Very few crèches exist.
Haiti	Hired nannies are mostly used to care for older children and other family members.
Kyrgyzstan	Parent education and support services, day care in homes and community centres exist in small quantities in the private sector in Kyrgyzstan.
Macedonia	There are not many education activities for this age group.
Romania	Crèches are public national services. Day-care community centres are set up by local authorities and sometimes together with NGOs.
Russia	All services are private and focused on social services for families. There are also crèches, which are publicly funded.
Poland	According to the law in Poland, there is also the possibility to open "Children's Clubs" for children 1–3 years old. If there are no other services, children under four years old can participate.
Slovenia	<p>Day-cares in homes are described below but they are not defined according to the definition in ISSA glossary.</p> <ul style="list-style-type: none"> ▪ "Occasional child's home care": preschools may also organize occasional child's home care. The law allows preschools (regardless of opportunities and interests related to their needs) to organize home care for preschool and primary school children. Home care can be performed by preschool workers (teachers, assistant teachers and counsellors) and external collaborators, but the law states that they must have at least secondary education or five years of experience in educational work. This service is fully paid by parents. ▪ "Childcare families": Preschools may organize education and care for children in family childcare. This form of education and care takes place at home and can be performed by a teacher or assistant-teacher who is employed in the preschool, or a private tutor. ▪ "Early Childhood education at home": preschools can also organize for children (who because of illness cannot be included in the preschool), early childhood education at home. This form of education can be organized by a legal person and not a preschool; but only if this legal person has been registered for performing such activities and has provided the appropriate professionals for education.
Tajikistan	UNICEF worked with the Ministry of Health to create centre-based early childhood education and care.
Ukraine	There are private services of nannies and private home-based kindergartens. However, they are not regulated by legislation.

Home visiting services are mostly focused on child health, with 25 countries listing health as the main focus (in combination with parent education and social services). Crèches and centre-based services also place a large focus on health.

Parental support services, although not that widespread in ISSA regions, are more focused on parent education services and child health services.

Although ten countries mentioned the existence of centre-based ECEC, focusing both on parent education and child health services, there are still a lot of countries where the ECEC centre-based services focus on child health (nine countries), or on social services to families (eight countries) or on social services to families and child's health (eight countries). This indicates that the ECEC centre-based provisions are still not offering an integrated model of services.

Q8. What is the focus on each of the services you marked above? (Click on more than one focus if the situation applies. If none of the answers apply to your country context, please leave a comment in the comment box.)

Answer options	Home visiting services	Parent education/ support services that are centre based (in crèches)	Centre-based ECEC (education and care services in crèches)	Centre-based day care (care services only)	Day-care in homes (care services regulated by government)	Community centre services	Other type of service (specify in comment box)	Response count
Focused on child health services	12	2	9	7	2	1	1	19
Focused on parent education services	3	4	4	1	1	2	1	8
Focused on both parent education and child health services	7	4	10	2	1	1	2	13
Focused on social services of families	6	3	8	4	3	4	0	15
Focused on both child health and social services	6	3	8	6	0	2	0	13
Service not offered	2	3	1	3	5	4	4	7
Comment:								9
							answered question	27
							skipped question	2

Country	Comments
Croatia	In Croatia, there are nannies, but this is not a regulated area of the labour market. A new law on paraprofessionals is in the process at the time of this report.
Czech Republic	There is no day-care in homes regulated by the government. Also, there are not many services like centre-based ECEC and centre-based day care, only a few of them.
Estonia	Services are focused also on child education services.
Haiti	In Haiti's government's strategic plan, community centres should be developed to give holistic care to children from birth to three, including health, parenting and education.
Latvia	Services are focused on providing care and education for children (1,5–3 years old).
Montenegro	Work with children under three years in kindergartens is performed by a team consisting of a nurse (focus on children's care and health) and a teacher (focus on children's education).
Poland	According to Polish law, all care services should have an educational component.
Romania	It depends on how the local authorities organize the services. According to the old system of crèches, health services were in focus. However, according to the new methodology (2012) for crèches, the activities in the services have to focus also on education, meaning the child's cognitive, emotional and social development.
Turkey	Child homes are boarding institutions that serve children from birth to the age of 12, who are in need of protection as defined by the Child Protection Law.

Funding

Generally, early childhood services are publicly funded, but in most cases with inadequate spaces available and low geographic coverage.

The two types of services which are supported with public funding are home visiting and ECEC services in crèches (although parents also have to contribute). This is the reason that private institutions are investing in setting up and running crèches that obviously fill a gap in early childhood services for this age group.

Also, in most of the countries, project-based funding provided through international organizations contributes greatly to the government's efforts in supporting a wider range of services, but still focuses on crèches. This situation most likely appears because of low awareness of the diversity, the integration and the benefits of services that can be offered for children of this age group, the shortage of services and the lack of funds for national coverage of such centre-based services.

Q9. How are those services that exist in your country funded? (Click on all options that that apply. (If none of the answers apply to your country context, please leave a comment in the comment box for other situations))

Answer options	Home visiting services	Parent education/support services that are centre based (crèches or community centres)	Centre based ECEC (crèches or community centres)	Centre based day care (care only/no education services for children)	Day-care in homes (care services regulated by government)	Response count
Public funding	17	9	21	9	4	26
Private funding	1	6	11	5	3	15
Project-based funding (international organizations such as WB, UNICEF, OSF, etc.)	6	6	14	8	0	18
I don't know.	1	1	0	1	4	4
Comments:						9
					answered question	28
					skipped question	1

Country	Comments
Albania	Parents have to pay for the food provided during the day, which is subsidized for children in less advantageous situations (Roma, children with special needs, parents in welfare, more than one child in crèche, etc.)
Croatia	We don't have day-care in homes regulated by government.
Czech Republic	There are no regulations. Some Ministry grants exist, but there is a lack of funding.
Haiti	Some of the ECEC crèches and day-care centres are church-based and project-based, international/NGO funded centres.
Hungary	Crèches create foundations and get support through the foundations (usually from parents).
Macedonia	Parents pay a fee for food, about 25 EUR per month.
Poland	Services are paid by: parents, national government (small granting program), local governments, European Social Fund.
Romania	Crèches are funded from national and local budgets. There are also some pilot-projects in private-public partnership or in partnership with UNICEF or World Bank and other NGOs.
Serbia	In public health centres all services are funded by government, in private health centres everything should be paid by parents; in public crèches local government is financing 80% of the expenses (which mostly goes to the salaries of the nurses) and the family is paying the remaining 20%; in private services/crèches everything is paid by the family. In public social services/programs for family support, all funds are coming from the government (cash transfers for the new-born child, for a third child, cash transfer for unemployed parents, cash transfers for families with one parent, nourishing at home for disabled children – a few hours a day if the parents are employed, physical treatments for disabilities, residence and health care in local spa for specific diagnostics, once a year.) There are some private social services where all funds come from the families, and there are different projects in regard to social services in which usually services are provided to families for free.

Country	Comments
Slovenia	<p>Preschool programs are financed from the public and founder's funds, the parents' payments (amount of the payment depends on the level of their income), donations, and other sources. "Occasional child's home care" is financed by parents. If the contractor of the services "Child-care families" is a public preschool, they are funded the same way as other public preschools. If the contractor is a private preschool, then it is funded the same way as other private preschools (private preschools are eligible to funding from local authorities if they meet the following conditions:</p> <ul style="list-style-type: none"> ▪ if they implement at least a half-day program ▪ if they have included at least two classes of children ▪ if they have employees or otherwise provided teachers and assistant teachers to implement the program in accordance with the law and regulations; and if they are accessible to all children.)

According to the respondents, the most needed public services are parent education/support services and ECEC in crèches. This confirms the shortage of services to cover the needs on a national level and also the low public funding that is provided for such services (given that they are expensive).

Special attention should be paid to early childhood intervention services, which also represent a weak area in the landscape of early childhood services in all regions. More details about these services are provided in the next section.

Q10. In your opinion what kind of services are most needed in your country for children under three years of age and their families? (1 – most needed, 6 – least needed)

Answer options	Rating average	Response count
Publicly funded home visiting services	3.59	29
Publicly funded parent education/support services	2.45	29
Publicly funded ECEC in crèches	2.48	29
Publicly funded day-care in crèches (care only)	4.52	29
Publicly funded day-care in homes	4.55	29
Early childhood intervention services (for children with developmental or behavioural difficulties)	3.41	29

Latvia, Croatia could not enter the values.

Some members, such as Albania, Azerbaijan, Croatia, Estonia, Slovenia, Haiti, Kazakhstan, and Romania responded that integrated services exist or have been piloted in their countries by international agencies (e.g. UNICEF). However, even though integrated services are offered, it is assumed that the coverage on these is even lower than the coverage of crèches/day care. It would be interesting to document how these are being provided and what percentages of children are actually benefiting from them.

As the integration of sectorial services is not a widespread reality in the ISSA regions, this is an area of intervention which should be further explored, including learning from those countries that already have such services in place.

Q11. Has there been any piloting experience of integrated services (parenting support, health and social assistance and early education) in your country?

Answer options	Response [%]	Response count
Yes – If yes, please describe it in the Comment box	41.4	12
Not that I know	44.8	13
I don't know	13.8	4
Comment:		12
	answered question	29
	skipped question	0

Country	Comments
Albania	In Tirana, the crèches have integrated parenting classes offered by psychologists. There are four crèches that have a psychologist, offering individual support and monthly parenting classes. The health services are provided by a medical doctor for five crèches. This was a project started by ISSA's member in Albania with funds from UNICEF, and now it is under the responsibility of the Municipality of Tirana. The situation is not the same in other parts of the country, as the services are decentralized.
Belarus	There are centres where parents bring their children with speech, physical or mental problems to receive additional support.
BiH	UNICEF established several integrated community centres, but mostly for children starting from the age of three.
Croatia	Integration of services is a widespread reality in my country. All ECEC services are integrated in Croatia at this time
Estonia	Hea Algu's (ISSA member) Family Program (Home-based) piloted such services from 1997 to 2013 and the Caritas Institute of the Family (as member of Caritas International) program also piloted these services from 1997.
Haiti	Tipa Tipa (ISSA member) is piloting such a project with health care, parenting and assistance to parents and new-born babies up to one year old.
Kazakhstan	The government, together with UNICEF, piloted integrated services for the countries of Central Asia. Seminars were held with the participation of communities.
Macedonia	There are integrated services in field of Early Childhood Intervention services
Romania	Multifunctional Centres promote a convergent ECD approach in public services (crèches or kindergartens) where children under three years old are enrolled.
Slovakia	There is no piloting experience of integrated services.

2. Early Childhood Intervention Services

A large majority of countries in the region identify and provide services for children with developmental or behavioural difficulties. How the services are being offered, however, varies from country to country, with the largest number of services being offered at polyclinics or healthcare facilities (86.2%), at special education centres (51.7%) and at social centres for children with developmental and behavioural disorders (34.5%).

It appears, also, that some countries are providing services through home visiting services, in integrated centres at crèches or kindergartens (48.3%). Many countries do not have a system of screening in place, and systems to monitor children with developmental or behavioural difficulties appear to be even less common.

As the number of respondents is large for this answer (21 countries), it is assumed that children are being offered different ways to receive services. Still, according to the comments on answers, this does not lead to high coverage and access to services (these services are more accessible for children in urban areas, as Albania and Kazakhstan point out in their response), nor to a comprehensive and articulated system of early intervention, with very few exceptions (Slovenia).

Q12. Are services provided for children under three years of age who have been identified as having developmental or behavioural difficulties (early childhood intervention services)?

Answer options	Response [%]	Response count
Yes – If yes, please describe it in the Comment box	75.0	21
No	17.9	5
I don't know	7.1	2
Comment:		21
	answered question	28
	skipped question	1

No early childhood intervention services provided in: BiH, Kosovo, Moldova, Montenegro, Mongolia

Country	Comments
Armenia	De jure, the intervention services are provided by polyclinics (paediatricians, nurses, family doctors) through the home visiting system. De facto, in later stages, most of these children do not have any written history.
Albania	The psychologist in the crèche has the responsibility to observe, refer, follow-up on the development of child, screen children and offer early childhood intervention advice to parents and caregivers.
Azerbaijan	There are very few centre-based rehab centres and private centre-based programs; there are also very few special centre-based public programs.
Bulgaria	Yes, there are centres for providing early childhood intervention services.
Czech Republic	There is a network of NGOs working in the field with most services based on home visiting.

Country	Comments
Croatia	Yes, children are mostly included for four hours a day (and included in other services as well, such as additional therapy). If the difficulties are severe, there is an option of an additional educator (3rd person), but it takes time to organize infrastructure for this person.
Estonia	Integrated groups in centre-based ECEC; different health, educational and social services
Hungary	Early Childhood Development and Intervention Services are under the control of the Ministry of Human Resources.
Kazakhstan	Screening from an early age is done by the SATR Centre and polyclinics, but not enough in rural areas where first aid medical stations have been closed down.
Latvia	Only medical services are offered.
Lithuania	There is a network of child development centres with in-patient and out-patient provision for young children aged 0–7 with disabilities. These centres provide the main support for children aged birth to three.
Macedonia	Many years ago, UNICEF funded some activities.
Moldova	No regular early childhood intervention services exist; only a couple of NGOs provide these services.
Poland	There is a system of supporting families with children with special needs, but it is not sufficient to meet the need.
Romania	Although public services include children with difficulties, there are no early childhood intervention services provided in the crèches or day-care centres.
Slovakia	Services are offered as a part of health care institutions.
Slovenia	There is a variety of services for developmental or behavioural difficulties: developmental clinicians and other specialists for developmental and behavioural disorders.
Tajikistan	Public Health OSI-Tajikistan funded a project to create Early Childhood Intervention centres. The Education Department OSI-Tajikistan funded associations of mothers of children with disabilities.
Turkey	The services are regulated by the Ministry of National Education, Directorate of Counselling and Special Education and centre-based services. These services are insufficient to meet the need.
Ukraine	There are a number of Early Intervention Centres which are financed by the government and by private individuals and donor organizations.

Where available, the identification of children with developmental and behavioural difficulties is done mostly through health services (polyclinics, home visiting services, day-cares focusing on health services) or where they exist in the countries through crèches (especially those that provided integrated services, like Albania, Croatia, Estonia, Slovenia).

Q13. Is there a system for identifying children under age three with developmental or behavioural difficulties?

Answer options	Response [%]	Response count
Yes – If yes, please describe it in the Comment box	72.4	21
No	17.2	5
I don't know	10.3	3
Comment:		20
	answered question	29
	skipped question	0

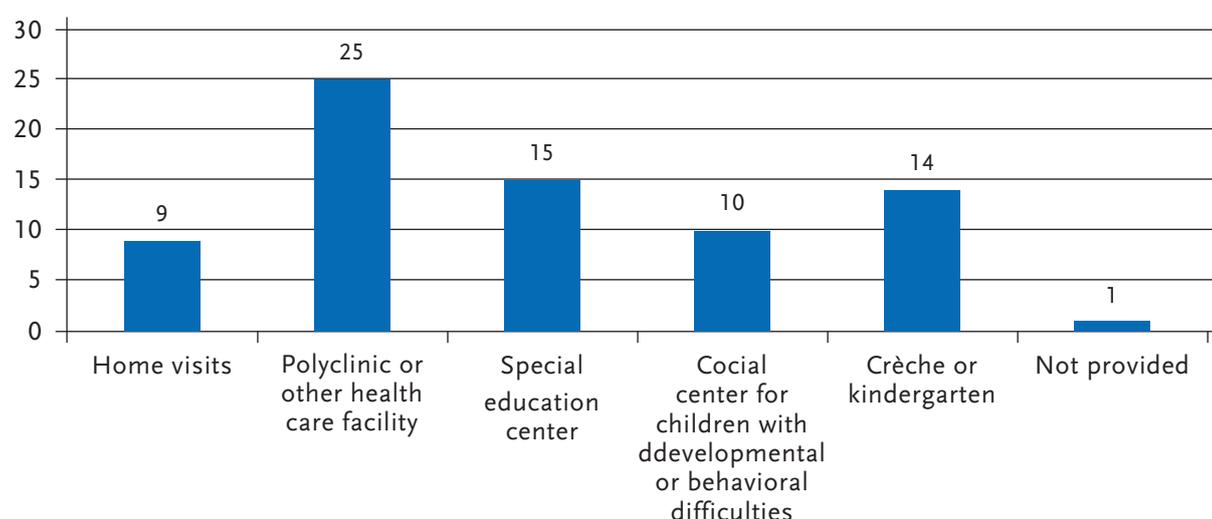
No: Moldova, Mongolia, BiH, Kosovo, Haiti

Country	Comments
Albania	Yes, all the children are screened with the Denver Test by health care services.
Azerbaijan	In Azerbaijan Denver 2 tests and ABA tests are used for early screening at the family counselling centres of the State Committee on Family, Woman and Child issues, but the centres only cover a limited number of children. Neuropathologists in public polyclinics are checking children, but if polyclinics are not available (in villages for instance), then children are referred to the polyclinics based in rayon centres. Parents are not well informed about the need for early screening. In the public health system there is no early screening system. It is now in the process of being introduced.
Belarus	This system is within the healthcare system.
Bulgaria	Every child in the crèche has her/his own portfolio where data from evaluations on social, health, emotional, physical and creative development from one to three years of age are recorded.
Croatia	Screening is performed under the social centre, but the regular process of identification is taking too long, so prevention and rehabilitation are sometimes inappropriate and too late.
Czech R	There are preventive visits to the paediatricians, but they are focused mostly on the health and development, not on behavioural difficulties. These problems are usually identified later in kindergartens or primary schools.
Estonia	Supporting Centres for Special Education Needs in different parts of country.
Hungary	Paediatricians and home visiting nurses perform screening.
Kazakhstan	Local polyclinics are obliged to screen children and provide support to families, but in rural areas this work is poorly performed and inadequate.
Latvia	Provided through the medical system and in a few cases through Supporting Centres for Special Education Needs.
Lithuania	Model of Psycho-pedagogical Assistance.
Macedonia	Screening is not very systematic, but the doctors do screening of infants and provide information for parents; if they diagnose difficulties, they send families to the “Centre for mental health”, where the staff, doctors, pedagogues, psychologists, deal with behavioural difficulties, among other problems.

Country	Comments
Montenegro	In 2011 the Ministry of Health began with the formation of a national register of health care for children with developmental or behavioural difficulties, at the state level, which would include data from all parts of Montenegro.
Poland	There is a system of supporting families with children with special needs, but it is not enough to meet the existing needs of children and families.
Romania	It is a medical service provided by the general paediatrician, and in towns there are early childhood intervention services (“paediatrics clinics”) with intervention staff: neurologist, psychologist, physical therapist.
Serbia	<p>There is a system for identifying children with development and/or behaviour difficulties which is defined by the Law on Health Protection. It mostly exists at the level of primary health protection, which is to be provided in community/municipality-based health centres. Examinations of infants and preschool children, as well as preventive activities toward the child/family, are performed by a paediatrician specialist team at the primary level in the form of systematic reviews which are organized such as:</p> <ul style="list-style-type: none"> ▪ for infants (first year of life): up to the fifth day of life – screening for phenylketonuria and thyroidal hypo–function; during first month of life – five daily visits of patronage service to the family; regular vaccination in accordance to the national plan; regular health reviews after the first month of life, after three, six, nine and twelve months of life (in total five health checks during the first year of life); children enrolled in preschools are also being tracked by preschool teachers and nurses, as well as by the paediatrician from the local health centre who is responsible for the specific preschool institution; ▪ after the first year of life, there are systematic reviews for infant and preschool children organized through the regular visits of child and parents to the paediatrician in the local health centre: at eighteen months, at the age of three and five years, at the age of six years – for enrolling the school, as well as special reviews where a change was found that needs to be addressed; ▪ for the child with risks, the patronage service is providing one visit by paediatrician (up to 15 days of life) as well. There is a screening review for detection of speech disorders and regular patronage visits for children with mental disorders – twice a year; ▪ from birth up to 19 years there is regular compulsory vaccination, and for healthy children, health reviews are organized depending on the needs; for children with different disabilities and disorders, patronage visits to the family are to be provided once a year up to 18 years of age ▪ for some chronic diseases (such as diabetes) and developmental difficulties (such as speech difficulties, etc.), focused health education and individual counselling by paediatrician, psychologist or speech specialist is available for children and parents.
Slovakia	Yes, as a part of health care institutions.

Country	Comments
Slovenia	<p>Identification of children with developmental and behavioural difficulties is set as a form of regular visits to the paediatrician. Preventive activities in the form of systematic reviews are organized for infants, preschool and school-aged children and adolescents up to 19 years of age. Examinations of infants and preschool children are performed by a paediatrician specialist team at the primary level.</p> <p>Infants and preschool children are entitled to:</p> <ul style="list-style-type: none"> health check at the age of one to three, six, nine, twelve and eighteen months, and at the age of three and five years, a special review in a case of systematic review, where a change was found that needs to be traced, compulsory vaccination – as laid down in the vaccination program, programmed health education and individual counselling. <p>Systematic examination of a child at the age of three years is held with examination of a psychologist, and examination of a child at the age of five years is held with the review of a speech therapist. Children who are enrolled in preschools are also being identified by the preschool teacher and other professionals.</p>
Tajikistan	If parents see their family doctors often, there is a system to identify children with developmental and behavioural difficulties. Identification also depends on the competence of medical staff.
Turkey	Ministry of National Education, Directorate of Counselling and Special Education, at the local level Centres of Counselling and Research.
Ukraine	Identifying children under the age of three years old with developmental and behavioural difficulties and providing support to families is done by organizations subordinated to the Ministry of Health.

Figure 3: Where are the early intervention services provided?



Most commonly, early intervention services are provided at polyclinics or health care facilities, but also in special education centres or social centres for children with developmental or behavioural difficulties. Fourteen countries mentioned the crèches/kindergartens as also being centres where such services are provided. However, there is still the issue of whether such crèches are always available to all families that may need their services, both in terms of access and financial considerations. Given that many countries mentioned that children with special needs are one of the vulnerable groups in

most need of assistance, it can be assumed that these centres do not have national coverage to provide assistance to all families in need, especially in small cities and rural areas.

Country	Comments
Armenia	If service is provided at a kindergarten, it usually starts from age 2.5.
Haiti	All providers of such services are NGOs or church-based institutions.
Macedonia	It can happen that children attend crèche, but also a health facility and centre for children with behavioural difficulties.
Romania	The services are provided only in the capital cities of the counties.
Serbia	Serbia has strong and well-functioning paediatric services in health centres and home visiting services (patronage) as well. There are Child Development Counselling Centres in Health centres.

Fifteen respondents answered ‘yes’ to the existence of a monitoring system for the child’s progress if they are provided with early intervention services. Most commonly it is the responsibility of health providers, but it is not a common situation throughout the region, as the early intervention services are not that developed and accessible. This is one of the weakest types of services provided in the ISSA regions.

See more detailed information provided by ISSA members below.

Q15. Is there a system in place for monitoring the child's progress if he/she is being provided with early childhood intervention services?

Answer options	Response [%]	Response count
Yes – If yes, please describe it in the comment box	53.6	15
No	28.6	8
I don't know	17.9	5
Comment:		17
	answered question	28
	skipped question	1

No system in place: BiH, Estonia, Kosovo, Moldova, Mongolia, Poland

Country	Comments
Albania	Only the crèches in Tirana maintain child logs, which are followed by the crèches' psychologists.
Armenia	In healthcare facilities, the monitoring is done based on their health documentation/ checklists. At social centres for children, the NGOs or foundations have individual portfolios for children.
Bulgaria	The centres where children are enrolled monitor their progress.
Croatia	There is an IEP program for each child with special needs (but the quality of intervention is not the same for all children in Croatia; there are major differences in different parts of the country). Monitoring is done separately; professionals at ECEC institutions are doing IEPs, and the health system is doing their own monitoring system. This needs to be connected, but it is not in reality.
Czech Republic	There are individual plans for monitoring the progress, a well-made complex service.
Estonia	Only piloting groups for new-borns in Child Clinics.
Hungary	Committee of learning difficulties – regional services monitored by the Ministry of National Resources.
Kazakhstan	Healthcare facilities do their best to conduct continuous monitoring and provide support to parents.
Latvia	There are individual plans for monitoring the child's progress in ECEC institutions, and also healthcare facilities monitoring children based on medical data.
Lithuania	Psycho-pedagogical assistance.
Montenegro	In the field of national health care, regional centres were established in several cities of Montenegro for children with developmental or behavioural difficulties.
Romania	Yes, the child gets a follow-up sheet and each specialist mentions the evolution and progress of the child. But sometimes is difficult for the parents of rural areas to reach these services.
Serbia	On the level of primary healthcare centres (through The National Institute for Public Health "Dr. Milan Jovanovic-Batut").
Slovakia	At a polyclinic or other healthcare facility.
Slovenia	Professionals (both in schools and health services) monitor the child's progress.
Tajikistan	There is a system to monitor the child's weight and height progress and overall physical condition at the polyclinic. But again, it depends on how often parents bring their children to polyclinics. There is no computerized monitoring system. Progress is recorded on the medical card of a child.
Turkey	Ministry of National Education, Directorate of Counselling and Special Education, at the local level Centres of Counselling and Research.
Ukraine	Healthcare facilities do monitoring on the basis of medical data. Early Intervention Centres do monitoring of their clients and they also do some monitoring of potential clients.

C. MANAGEMENT, ADMINISTRATION AND FINANCING OF EARLY CHILDHOOD EDUCATION AND CARE SERVICES FOR CHILDREN UNDER 3 AND THEIR FAMILIES

1. Management, Administration and Financing

Regarding the management and administration of early childhood services for children from birth to three, most services are regulated by the Ministry of Education and the Ministry of Health. The local municipalities are starting to play a greater role in regulating services as a result of decentralization of the systems. Funds are provided partially from the central government, but most of them are provided by the local authorities, which sometimes leads to scarcity of services due to lack of funds, especially in poor rural areas.

The majority of home visiting services are regulated and funded by the Ministry of Health. The majority of crèche-based and centre-based day care services are regulated and funded by the Ministry of Education and local municipalities, with local municipalities funding the largest portion. Administrative and financial decentralization lead to local governing of early childhood services, but also to an uneven distribution of services throughout each country.

The parent education/support services are regulated by different ministries (Education, Health or Social Affairs) and not that much by local municipalities.

Q16. Which Ministry/ies in your country regulates each of the services that you marked as being provided in your country? (If there is more than one ministry, click on all options that apply)?

Answer options	Home visiting services	Parent education / support services	Centre-based ECEC (crèches)	Centre-based crèche/day-care	Day-care in homes	Community centre services	Other types of services (include their name in the comment box)	Response count
Ministry of Education	5	7	17	7	2	4	2	20
Ministry of Health	17	5	6	3	1	1	0	18
Other Ministry (please specify the name in the comment box):	6	6	7	4	3	4	0	13
National agency (please specify the name in the comment box):	0	0	0	0	0	0	0	0
Local Municipalities	5	2	10	3	1	4	0	14

Answer options	Home visiting services	Parent education / support services	Centre-based ECEC (crèches)	Centre-based crèche/day-care	Day-care in homes	Community centre services	Other types of services (include their name in the comment box)	Response count
There are no regulations	1	2	0	2	2	3	3	6
Please include here the name of the other ministry and/or national agency, if you selected these options above and any other comments you have.								18
								answered question 28
								skipped question 1

Country	Other ministry or national agency
Albania	Municipalities.
Azerbaijan	Regulation and funding services are separated. The Ministry of Education regulates centre-based early childhood education and care services, but they are funded through regional branches of the central government. Family counselling centres are both regulated and funded through the State Committee on Family, Woman and Child issues. Home visits and health services are regulated by the Ministry of Health, but funded through local branches of the central government.
Czech R	Ministry of Labour and Social Affairs. There is a lack of regulations.
Estonia	There is no Ministry of Health in Estonia. There is the Ministry of Social Affairs, which coordinates work in health area. Parent education/support services are coordinated by the Ministry of Social Affairs. Day-care provisions in homes are coordinated by the Ministry of Social Affairs.
Haiti	Ministry of Social Affairs.
Hungary	Ministry of Human Resources.
Kazakhstan	The Ministry of Labour and Social Welfare allocates some funding for poor families so that their children can attend crèches for a certain period of time (a year).
Latvia	Community centre services – Ministry of Welfare.
Lithuania	Ministry of Social Security.
Macedonia	Ministry of Labour and Social Policy.
Montenegro	State documents related to care and education of children up to three years are related to children's rights and their protection, access to health care for children, social and child protection.
Poland	All services are under the Ministry of Labour and Social Policy, but it is the local government's responsibility to create, finance and monitor these services.
Romania	The Ministry of Labour, Family and Social Solidarity. Each ministry has a correspondent at the local county authority.
Russia	The services are provided on a commercial basis.
Slovakia	Ministry of Education, Science, Research and Sport and the local government
Slovenia	Ministry of Education, Science and Sport.

Country	Other ministry or national agency
Serbia	All services in national health institutions are covered by The Public Health Insurance Fund and services in social protection institutions are funded by the Ministry for Social Affairs. All local governments are required to have an Inter-sectorial Body composed by different experts (doctor, psychologist, pedagogue, speech therapist, teacher, social worker), with the mandate to prescribe specific support for the child in need and for the family, but these requirements still are not financially supported by central government, so their realisation depends to a great degree on local government funds.
Tajikistan	Ministry of Labour and Social Protection.
Turkey	Ministry of Family and Social Policy.

Respondents also mentioned the following types of services in their countries: community day care centres in Roma settlements/day care centres for children with disabilities which are supported and funded by local NGOs and international donors in **Serbia**, and the ‘occasional child’s home care’ and the ‘childcare families’ which are regulated by the Ministry of Education, Science and Sport in **Slovenia**. In terms of financing, Ministries of Education in the ISSA countries mostly fund parent support services that are provided through centre-based day-care and crèches, while Ministries of Health fund the home visiting programs. The local municipalities are mostly involved financially with the crèches and the provision of services in community centres.

Q17. At what level is the financing authority situated for each of the early childhood services that exist in your country? (Check all options that apply. Please specify the name of the authorities in the comment box.)

Answer options	Home visiting services	Parent education/ support services that are centre-based (in crèches)	Centre-based ECEC (education and care services in crèches)	Centre-based day care (care services only)	Day-care in homes (care services regulated by government)	Community centre services	Response count
Central budgets from Ministry of Education	4	7	8	3	1	2	11
Central budgets from Ministry of Health	11	3	5	2	1	0	14
Central budget from another Ministry (name):	3	1	5	2	2	1	8
National agency (please name):	0	0	0	0	0	1	1
Regional budgets	1	0	2	1	0	0	2
Local municipalities	4	2	12	3	1	5	18
I don't know	4	1	1	2	3	2	5
They go under different authorities	0	1	4	3	2	2	4
Please include here the name of the other ministry and/or national agency, if you selected these options above and any other comments you have.							11
							answered question 28
							skipped question 1

Country	Central budget from another Ministry, national agency or other authority
Albania	Ministry of Local Government.
Czech Republic	Ministry of Labour and Social Affairs. Parents and sometimes local municipalities provide financing, but it is not the local municipalities' obligation.
Estonia	Day-care in homes (care services regulated by government are coordinated by Ministry of Social Affairs.)
Haiti	In the national strategic plan, the community centres should eventually depend on the municipality. The third ministry in charge of family and child protection is the Ministry of Social Affairs.
Hungary	Ministry of Human Resources.
Kazakhstan	In the Republic's budget, funds are allocated to the regions, and each region works within the allocated budget.
Macedonia	Ministry of Labour and Social Policy.
Serbia	Community centre services are funded by international projects through local NGOs.
Slovenia	Other types of services: local municipalities; private sources. Early childhood education programs: Centre-based ECEC is financed from public funds, parent payments, donations, and other sources.
Turkey	Ministry of Family and Social Policy, for children under protection.
Ukraine	They are financed through the budgets of regional governments.

More than half of the crèches are connected to a public preschool (16 countries), and they are an independent unit of the public system in only six countries. They can be also private.

Q18. What is the legal status of the centre-based services (crèches):

Answer Options	Response Per cent	Response Count
They are connected to a public preschool administered by a single Director	57.1%	16
They are independent units of the public system	21.4%	6
Other situations:	21.4%	6
Please include comments for the other situation:		11
	answered question	28
	skipped question	1

Country	Comments
Czech Republic	Very few public, usually private.
Estonia	Usually they are independent units of the public system.
Haiti	They are NGOs, private or church founded.
Kyrgyzstan	In Kyrgyzstan, there are two types: crèches for children from six months to three years old are independent, and crèches and kindergarten for children from six months to seven years old are a whole service administered by a single Director.
Macedonia	In a few cases there is only one facility.

Country	Comments
Poland	They can be public (municipality) or private.
Romania	They are connected to Social Services Halls, Local Education Inspectorates and Local Health Departments.
Slovakia	Crèches can be created by the local municipalities or the private sector.
Slovenia	Centre-based services (crèches) are connected to a public/private preschool; administered by a single Director.
Turkey	They are connected to the Ministry of Family and Social Policy focusing on care and education.

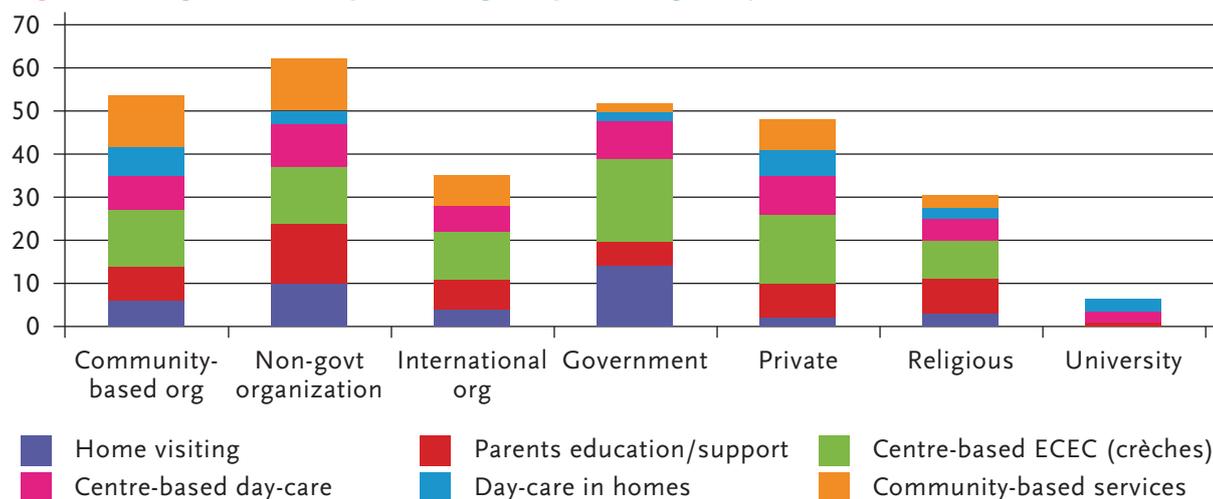
2. Partnering for Early Childhood Services

Regarding the institutions and organizations who are partnering in providing early childhood services for children under three years of age, in the data provided by the respondents some patterns can be identified:

- Governmental institutions are mostly involved in home visiting programs, day care centres and ECEC in crèches.
- Non-governmental organizations play a crucial role in complementing governmental efforts to provide more diverse services. They are a reliable active partner, especially for parenting support services, home visiting services, crèches, day care centres and community based services.
- International organizations are an active partner, especially in providing services through crèches.
- Local community-based organizations are mostly partners for providing crèches and community-based services, but also provide significant support for parenting programs and day-care centres.
- Private organizations focus their support to a significant degree on providing ECEC in crèches, parenting services and day-care centres.
- Religious organizations primarily partner in providing crèches and day-care centres.
- Crèches followed by parenting support programs and day-care centres are the types of service that are most supported by all kinds of partners.

65% of the countries report local community-based organizations partnering to provide early childhood services, 75% non-governmental and international organizations, 75% government, and 70% private.

Figure 4: Organizations partnering for providing early childhood services



3. Adult/Child Ratios

Given the young age of children and the need for an adult’s support and supervision, the adult/child ratio plays a crucial role in the quality of services provided. The recommended adult/child ratios at this age level begin at 1:3/1:4 for children up to 24 months of age and go up to 1:6 for children up to three years of age. In many of the ISSA countries, there are clear regulations regarding adult/child ratios, and this section presents the data collected from all respondents.

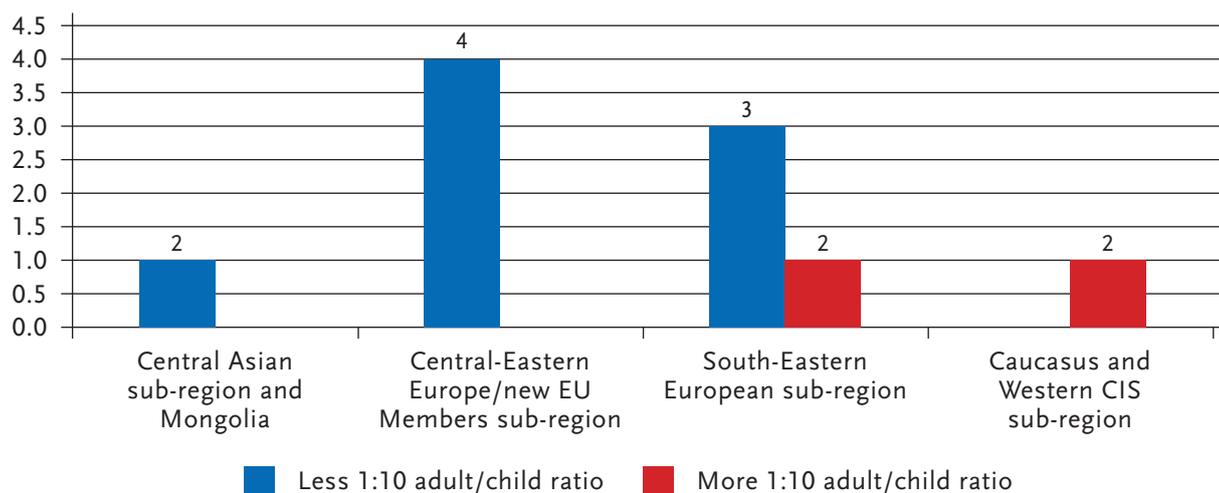
In ISSA regions, with few exceptions, the child-adult ratio is much higher than optimal, sometimes unacceptably high. This is due to the shortage of services and the high demand from families, especially in urban areas where such services are much more likely to be available than in rural areas.

There are countries where there are no regulations regarding the adult/child ratios (Latvia, Montenegro, Haiti), or some that have regulations only starting after child is 24 months of age (Czech Republic, only since 2013).

Birth–6 months: There are countries where the adult/child ratios take into account the child’s needs at birth to six months age (Lithuania, Serbia, Romania). The child-adult ratio in Armenia is excessively high.

At or Less than 1:4 – international standard for quality	Less than 1:10 adult/child ratio	More than 1:10 adult/child ratio
Lithuania: 1:3	Albania: 1:7	Armenia: 1:15
Romania: 1:4	Bulgaria: 1:6	Bosnia and Herzegovina 1:12
	Hungary: 1:6	
	Kazakhstan: 1:6	
	Serbia: 2:7	

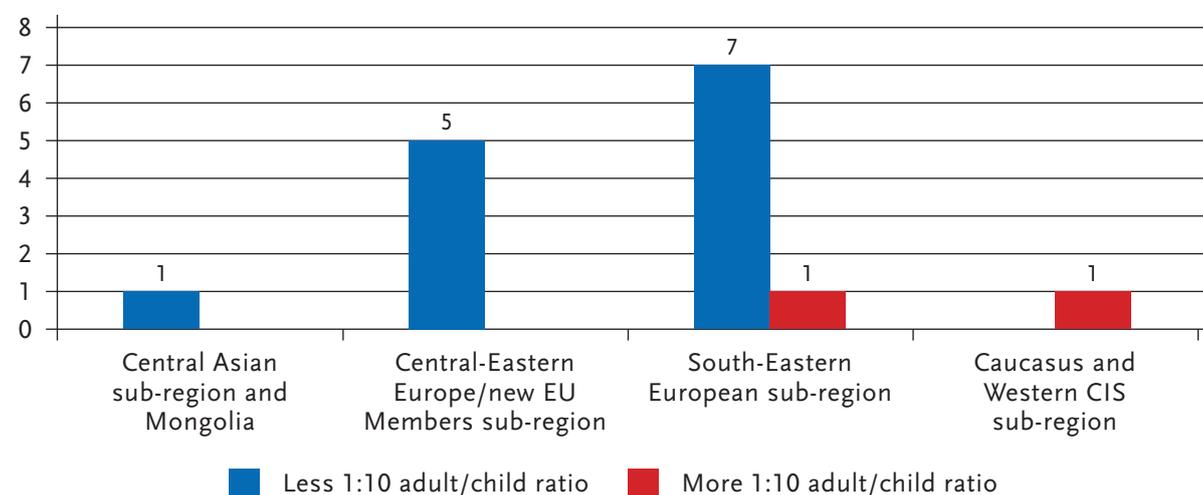
Figure 5:



6–12 months: There are more countries where the adult/child ratios take into account the child’s needs at 6–12 months of age. See below. Anything over 1:4 is outside of generally accepted ratios for this age level to be considered quality. The child-adult ratio in Armenia and Bosnia and Herzegovina are excessively high.

At or Less than 1:4 – international standard for quality	Less than 1:10 adult/child ratio	More than 1:10 adult/child ratio
Kosovo: 1:4	Albania: 1:8	Armenia: 1:15
Lithuania: 1:3	Croatia: 1:5	Bosnia and Herzegovina: 1:12
Macedonia: 1:4	Hungary: 1:6	
	Kazakhstan: 1:8	
	Poland: 1:5	
	Romania: 1:6	
	Serbia: 1:7	
	Slovenia: 1:7	
	Turkey: 1:5	

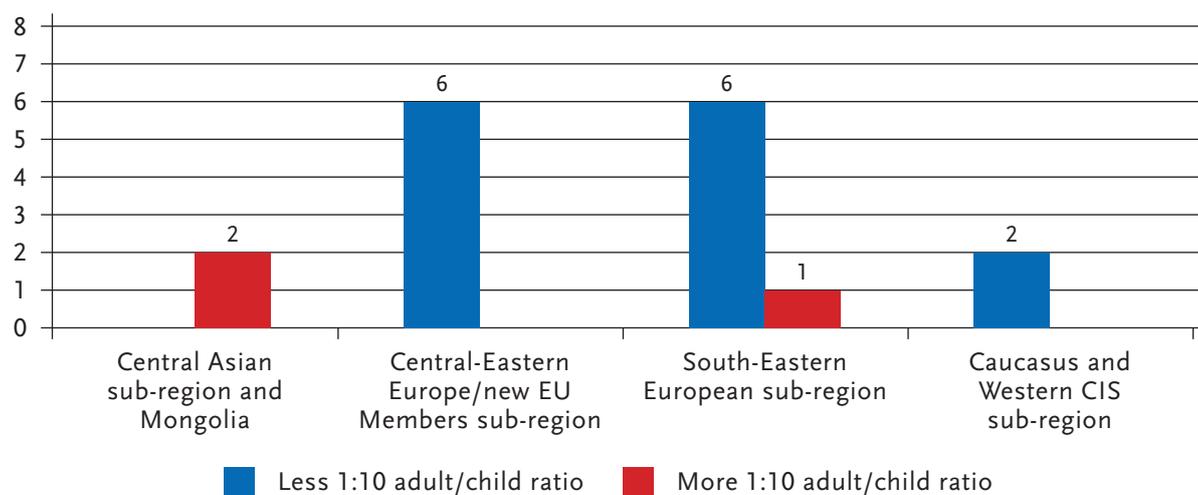
Figure 6:



12–18 months: There is serious concern for those countries that have ratios higher than 1:10 and the number of countries who are far outside of international standards is growing, the more we advance in the group ages.

At or Less than 1:4 – international standard for quality	Less than 1:10 adult/child ratio	More than 1:10 adult/child ratio
Lithuania: 1:3	Albania: 1:8	Armenia: 1:20
	Bulgaria: 1:6	Belarus: 1:15
	Croatia: 1:8	Bosnia and Herzegovina: 1:12
	Hungary: 1:6	Kazakhstan: 1:12
	Kosovo: 1:6	Mongolia: 1:15
	Macedonia: 1:6	
	Poland: 1:8	
	Romania: 1:6	
	Serbia: 1:9	
	Slovenia: 1:7	
	Turkey: 1:5	

Figure 7:

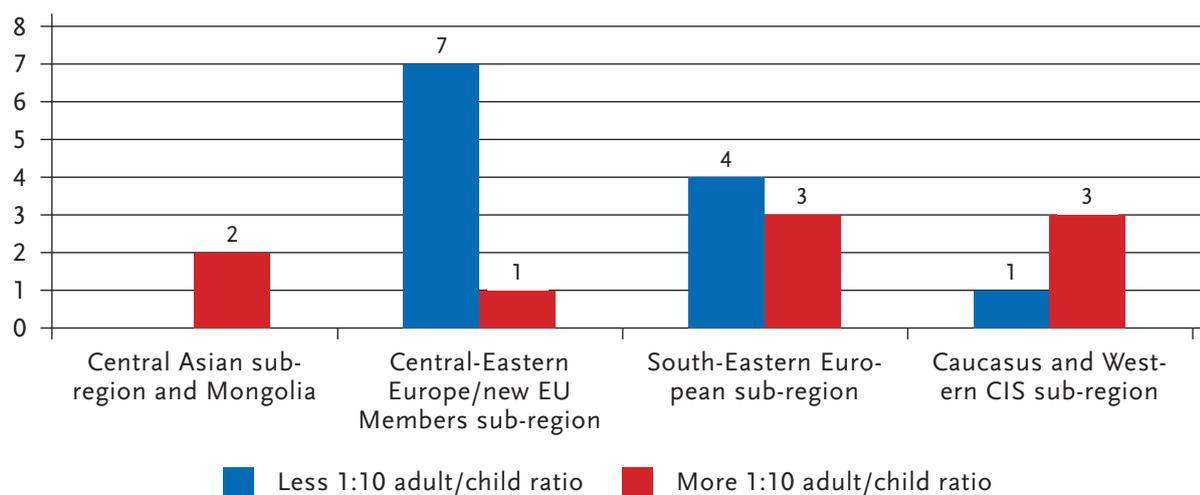


18–24 months: None of the countries are within international guidelines for this age group and eleven countries have ratios above 1:10. Again, this is very concerning.

Less than 1:10 adult/child ratio	More than 1:10 adult/child ratio
Bulgaria: 1:6	Albania: 1:15
Estonia: 1:8	Armenia: 1:20
Hungary: 1:6	Belarus: 1:15
Kosovo: 1:6	Bosnia and Herzegovina: 1:12
Lithuania: 1:7	Croatia: 1:12
Macedonia: 1:8	Kazakhstan: 1:15

Less than 1:10 adult/child ratio	More than 1:10 adult/child ratio
Poland: 1:8	Mongolia: 1:20
Romania: 1:8	Russia: 1:20
Serbia: 1:9	
Slovenia: 1:7	
Turkey: 1:5	
Ukraine: 1:9	

Figure 8:

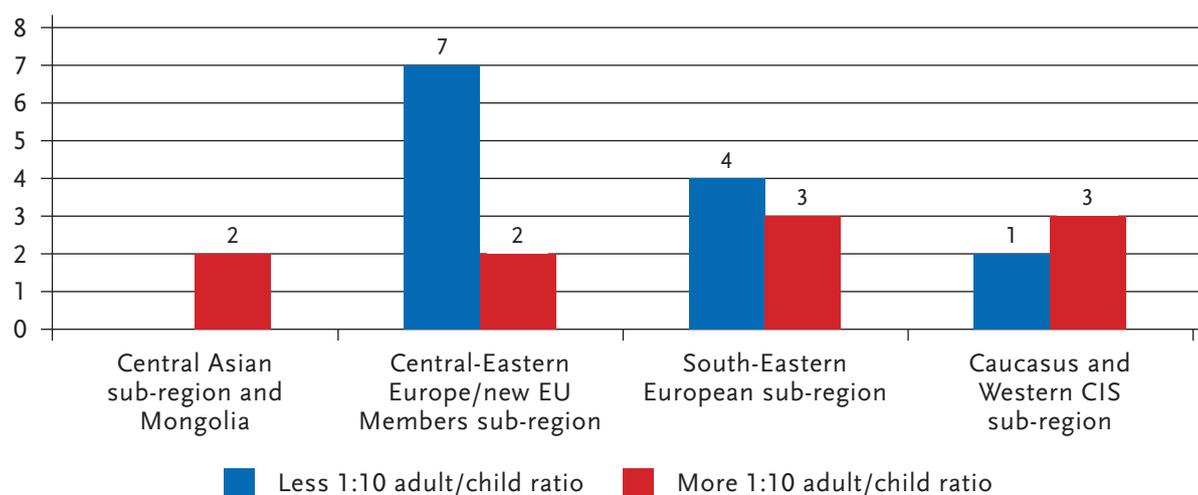


24–36 months: Although there is still a large number of countries (12) that keep the adult/child ratios under 1:10 for this age group, that the fact that the ratio goes up to 1/20 in some countries (see below: Armenia, Kazakhstan, Russia) indicates a lack of a quality assurance system and poses serious questions about the quality of services the children are provided. It also indicates that the professionals working with this age group are under significant pressure to manage such large groups.

At or Less than 1:6 – international standard for quality	Less than 1:10 adult/child ratio	More than 1:10 adult/child ratio
Bulgaria: 1:6	Estonia: 1:8	Albania: 1:15
Hungary: 1:6	Kosovo: 1:7	Armenia: 1:20
Turkey: 1:5	Lithuania: 1:7 ²	Belarus: 1:15
	Macedonia: 1:9	Bosnia and Herzegovina: 1:16
	Poland: 1:8	Croatia: 1:14
	Romania: 1:8	Kazakhstan: 1:20
	Serbia: 1:10	Mongolia: 1:20
	Slovenia: 1:7	Russia: 1:20
	Ukraine: 1:9	Slovenia: 1:12

² For children of 3 years old, the maximum adult child ratio is 1:10.

Figure 9:



The adult/child ratio is a relevant indicator referring to the quality of services that the youngest children are provided. The ratios indicated above may lead to the conclusion that in many countries in the ISSA regions there is a great need for raising the awareness of how important the services catering to the youngest children are, how important is for them to be provided with age-appropriate stimulation and healthy environments, and in this context how important the adult/child ratio is, as well as how critical is the way the quality assurance systems (structural and functional) are defined and put in place.

There is a need for ISSA members to engage with ECEC stakeholders to further educate all parties on the importance of quality and what adult/child ratios mean for the quality of services.

D. QUALITY ASSURANCE

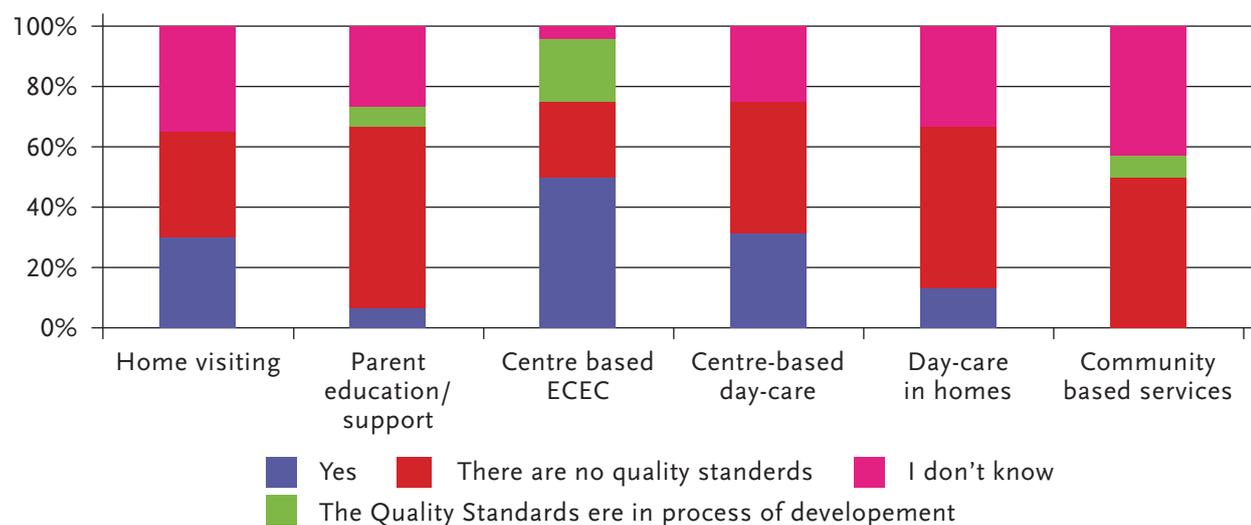
Quality is crucial for the ISSA network. Mapping the existence of quality standards or the concern for quality in the early childhood systems, especially for the youngest children, is of high interest, as ISSA's new strategy is heading towards developing a Quality Framework for Early Childhood Services for children under three years of age and expanding and deepening its expertise for this age group.

26 ISSA members responded to the question related to the existence of quality standards. Although answers were provided regarding different types of services, there is large number of respondents indicating that they do not know if such standards exist or not.

As shown in the graph below, most commonly there are no quality standards in place for most of the services, with the exception of the crèches, where thirteen countries indicated that such standards exist (see below the detailed information by country). Even when they do exist, some standards refer only to hygiene, safety and organizational rules, not necessarily to stimulation and child development (e.g. Poland), with the exception of those countries where the crèches do provide integrated services, including health, education and social assistance (e.g. Croatia, Slovenia). In the case of Serbia, the standards are for crèches and preschools together, but without making special reference to crèches. A few countries are in the process of developing standards: Kazakhstan, Macedonia and Russia. In the case of Serbia, standards for professionals working in services from six months to 6.6 years are under development, but again, the standards do not make specific reference to educators working in crèches.

No standards of any kind exist in Kosovo or Haiti.

Figure 10: Which of the services below have Quality Standards for monitoring the quality of services?



From the data provided by the 26 respondents, most commonly there are no specific standards for parenting education/support services and community-based centres. Very few countries have standards for home visiting services.

See below the detailed information regarding the existence of Quality Standards in the countries in ISSA regions.

Quality Standards Exist

Home visiting services	Parent education/support services that are centre based	Centre-based ECEC	Centre-based day-care	Day-care in homes (regulated by government)	Community-based services
Moldova – (Ministry of Health) Belarus Turkey Slovenia Czech Republic	Belarus	Albania Armenia Belarus BiH Bulgaria Croatia Estonia Latvia (quality guidelines) Lithuania Mongolia Poland (only regarding safety, hygiene and organizational rules) Romania Serbia Slovenia Turkey	Belarus Estonia Poland (only regarding safety, hygiene and organizational rules) Romania Turkey	Belarus Poland (only regarding safety, hygiene and organizational rules) Slovenia (if they are organized by preschools then the same standards apply)	—

Standards are in the process of development

Home visiting services	Parent education/ support services that are centre-based	Centre-based ECEC	Centre-based day-care	Day-care in homes (regulated by government)	Community-based services
—	Russia	Serbia (<i>Standards referring to the quality of professionals working in early childhood services for children from 6 months to 6.6 years</i>) Kazakhstan (<i>Ministry of Health and Ministry of Education will develop quality monitoring of services for children attending crèches</i>) Macedonia Russia	—	—	Turkey

No standards for ECEC crèches: Slovakia

Other comments

Country	Comments:
Albania	The crèches' standards are used only in Tirana. The rest of the country can't apply them, as their services are too low in quality.
Azerbaijan	Standards have been recently introduced, but only for ECEC for children from 3 to 6 years old.
Bulgaria	The ECEC Quality Standards for ages 1-3 are described in Decree N26/18.11.2008.
Haiti	There are Caribbean Community standards for ECEC services that are suggested as guidelines for Early Childhood Services in Haiti.
Latvia	There are no governmental Quality Standards, but there are Quality Guidelines for ages 1.5–3.
Poland	There are no governmental standards concerning the educational aspect of services, they concern safety, hygiene and organizational rules only. Comenius Foundation developed Educational Standards for ECEC services which are widely promoted, but used mainly in those services which are cooperating with the Comenius Foundation.
Romania	There are "Early Learning and Development Standards" referring to child development (agreed by the Ministry of Education), and medical standards concerning somatic growth.

In the case of those countries that do have quality standards, there are different authorities that have developed them which relate to the focus of the services that are provided. Not all respondents provided additional information about the type of document and the authority that developed it, but below you can find the answers for each type of service and the countries that provided this information.

Q22. If Quality Standards exist, please specify for each type of service the name of the document and who developed it.

Home visiting services	Belarus – Standards for education at home
	Czech Republic – Social services quality standards recommended by the Ministry of Labour and Social Affairs since 2002 became binding law on 1.1.2007. Text criteria Standards is contained in Annex 2 to Decree MPSV No. 505/2006 Coll. Implementing Regulations to the Act No. 108/2006 Coll. on social services, as amended.
	Turkey – Ministry of Health: Mother Child health and family – Date:06/02/1997, no: 22900) planning Centres Regulations.
Parent education/ support services that are centre-based	Russia – Education Committee
Centre-based ECEC (crèches)	Albania – Step by Step Centre, UNICEF, Ministry of Health; Ministry of Education.
	Armenia – State Education Inspection Checklists introduced by government decision; Order of the Minister of Education N416-N from 26.04.2011 “Labour qualifications of administrative and education staff in Preschool Education Institutions of Rep. of Armenia.”
	Bulgaria – The quality standards are described in the Decree N26/18.11.2008 and they are connected to the social health, personal, emotional, physical and creative development of children from 1 to 3 years old.
	BiH – Pedagogical Norms and Standards, Pedagogical Institute
	Croatia – The document is developed by the National Centre for External Evaluation.
	Estonia – ‘Koolieelse Lasteasutuse Seadus’ developed by the Ministry of Education.
	Latvia – Public Preschool Education Guidelines developed by the Ministry of Education and Science.
	Lithuania – External and Internal Audit, Ministry of Education.
	Hungary – Each centre-based ECEC is doing its own quality standards system.
	Serbia – Bureau for Education Quality and Evaluation – Quality standards of educational institutions.
	Macedonia – Early Child Development Standards/ UNICEF.
	Mongolia – Early Childhood Development Standards, UNICEF and Ministry of Education.
	Poland – Ministry regulations on safety, hygiene and organizational rules.
	Slovakia – Ministry of Education, Science, Research and Sport and the local government on safety, hygiene and organizational rules
Slovenia – Regulations at the national level define structural indicators (space, safety, health, food issues) and professional education level of the staff.	
Turkey – Quality standards that are in line with international criteria are in the process of development (2013). The project name: “Strengthening Preschool Education Project- Ministry of National Education, UNICEF, ACEV”.	
Centre-based day care	Poland – Ministry regulations on safety, hygiene and organizational rules.
	Estonia – Koolieelse Lasteasutuse Seadus developed by the Ministry of Education.

Day-care in homes (regulated by government)

Poland – Ministry regulations on safety, hygiene and organizational rules.

Slovenia – Regulations at the national level define (space, safety, health, food issues) structural indicators and professional education level of the staff and also refers to other services, like “Occasional child’s home care” and “Child-care families.” Process indicators are a part of the national curriculum.

Regarding the existence of a monitoring system, most of the countries (15) indicated that such a system exists for the crèches, and only six countries have monitoring systems for home visiting services. Again, the number of respondents that indicated that they do not know is very high, which indicates that this information was not easy to find or such monitoring systems either do not exist or only partially exist.

Q23. Which early childhood services have a system for monitoring and evaluating the services?

Answer options	Yes	No monitoring system exist	I don't know	Response count
Home visiting services	6	5	7	18
Parent education/support services that are centre-based	2	8	5	15
Centre-based ECEC	15	3	4	22
Centre-based day-care	4	6	5	15
Day-care in homes (regulated by government)	1	6	5	12
There is no system of monitoring and evaluating services	0	3	4	7
I don't know	1	1	4	6
Comment:				4
			answered question	28
			skipped question	1

No answer provided: Ukraine

Additional comments provided by some of the respondents:

- **Kazakhstan** – Ministry of Health and Ministry of Education are planning to develop a system of monitoring.
- **Kyrgyzstan** – No monitoring systems are mentioned in the framework documents.
- **Romania** – There are monitoring tools, but it is not yet determined who will use them.
- **Slovenia** – Monitoring and evaluation is focusing mostly on consideration of regulations. School directors are responsible for monitoring and evaluation of process quality in centre-based ECEC and other services.

Where they exist, monitoring of services falls under the responsibility of different ministries. In most cases, home visiting services are monitored by the Ministry of Health or of Social Affairs. The crèches are monitored in most of the cases by the Ministry of Education and their local education authorities,

but also by local municipalities. There are also state inspection agencies responsible for monitoring the quality of services. In Macedonia, all three sectors are involved, education, health and social assistance. In some countries, monitoring is not external, but internally provided by the management of the centre.

Q24. In cases in which a monitoring system exists, who is monitoring the services?

No answer provided: Ukraine, Slovakia, Haiti (no monitoring provided)

Home visiting services:	Albania – Ministry of Health Serbia – Ministry of Health Belarus – Social Services Turkey – Ministry of Health Czech Republic – Ministry of Labour and Social Affairs
Parent education/support services that are centre-based	Russia – Teachers
Centre-based ECEC	Albania – Municipalities Armenia – State Education Inspection, part of Ministry of Education Azerbaijan – Ministry of Education for education and regional branches monitor care, nutrition and hygiene BiH – Inspectors/counsellors Bulgaria – Municipality experts Belarus – Director of the centre and the Deputy Director Croatia – Advisers from Education and Teacher Training Agency Hungary – Regional Methodological Centre Lithuania – External and Internal Audit, Ministry of Education Macedonia – Health, education and social inspectors Mongolia – Specialized Inspection Agency Poland – Local government, Agencies for Safety and Hygiene Serbia – Ministry of Education Slovenia – DRCEI Step by Step in the case of SbS classrooms, for the others, the principals of the centres. Slovakia – State School Inspection Turkey – Ministry of Family and Social Policy
Centre-based day-care	Belarus – Director of the centre and the Deputy Director Poland – Local government, Agencies for Safety and Hygiene Turkey – Ministry of Family and Social Policy
Day-care in homes (regulated by government)	Slovenia – For child's home care and childcare families, the principals of the preschools provide monitoring. In the case of violations, the school inspection is in charge.

As a **conclusion to this section**, the quality of early childhood services in the ISSA regions is an area where future ISSA initiatives may support further developments in the countries. We need to learn from the countries with more advanced systems and to advocate for more articulated quality systems to be in place for these services.

E. ACCESS AND INCLUSION IN ECEC SERVICES

1. Access to ECEC Services

Low or no access to early services is seen as a serious issue throughout the region, coming up several times in response to questions not directly related to access (legislation, types of services, etc.) Quite a few countries reported very low access in rural areas. Also, the cost of services may limit the accessibility of services to lower income families.

Although almost 45% of 29 respondents answered that services are accessible (Tajikistan, Bulgaria, Estonia, Lithuania, Romania, Slovakia, Slovenia, Croatia, Montenegro, Serbia, Armenia, Belarus, Russia), this may refer mainly to the legal framework and not to the actual situation. According to the law, all children under three years of age and their families may have access to early childhood services, but in reality, in many countries, they face a lack of such services.

Q25. Are early childhood services accessible to all children from birth to three and their families?

Country	Comments
Albania	Health services are accessible to all children and families, but crèches exist only in the cities.
Armenia	The services are declared de jure, but the access de facto is limited. Generally, the children are enrolled from the age of 1.5 or 2, when mothers return to work.
BiH	No
Croatia	In reality many children do not have access to early childhood services due to insufficient availability of places or because parents cannot afford it.
Czech Republic	There are Early Childhood Intervention Services accessible to all in need.
Hungary	In many regions, early childhood services are not accessible.
Latvia	The services are accessible from the age of 1.5 years.
Kazakhstan	There are not enough crèches to fulfil the need.
Kosovo	There are no ECEC services in rural areas. Also, in the urban area, there is a need for more facilities for children ages birth to three.
Kyrgyzstan	There is a huge demand for public ECEC services. The demand far exceeds the availability of services.
Macedonia	No, only for those that can afford to pay the fee.
Moldova	No
Mongolia	Kindergartens and crèches start from age two, and their coverage rate for ECEC services, including alternative programs, is only 70%.
Poland	No
Romania	By law, the services are accessible to all children.
Serbia	Services are available by law, but in practice, poor and Roma children, as well as disabled children, do not have adequate access.
Slovenia	The legal basis provides access to preschool for all children, but in reality there is a different situation. Some children are not included in the early childhood services, due to insufficient places available, waiting lists, or too expensive costs for some parents, etc.

Country	Comments
Slovakia	The legal basis provides access to preschool for all children, but in reality there is a different situation. Some children are not included in the early childhood services, due to insufficient places available, waiting lists, or too expensive costs for some parents.
Tajikistan	Yes, parents can bring their children to receive services (with or without special needs).
Turkey	By law all children have the right to benefit from ECEC services. However, public and private institutions are insufficient in number. There is a shortage of qualified personnel. In addition, these services are not free of charge, and many families lack awareness of the importance of the early years.

According to studies in countries where such data is available, 26 respondents provided information regarding the percentage of children benefiting from early childhood services.

As can be seen, 18 countries list the percentages of children benefitting from ECEC services at 30% or lower, which is very low coverage. Only five countries in the ISSA network have higher than 30% of children benefitting from early childhood services. Only three countries have percentages reaching the 65–80% level – Estonia, Slovenia and Russia.

Eleven countries have coverage of less than 10%, which means that children most likely are staying at home with their parents or with other relatives/caregivers. In this case, we would want to see greater numbers of parents/caregivers receiving parent support services that increase the chances that children are in safe and stimulating environments during these years which are so crucial to a child's development.

See below the situation according to percentages of children under three years of age benefiting from services (these are average values for the entire age group):

0–5%	6–10%	11–20%
Azerbaijan (2.74%), Bosnia and Herzegovina (3.5%), Kosovo (2.5%), Poland (5%), Romania (3%), Turkey (0.53%),	Albania (10%), Czech Republic (10%), Hungary (10%), Kazakhstan (10%), Mongolia (approx. 10%)	Bulgaria (12%), Croatia (17%), Macedonia (12%), Montenegro (12%), Serbia (15-16%)
21–30%	31–40%	41–60%
Armenia (26%), Latvia (20–25%)	Slovakia (40%)	Lithuania (42%)
61–80%	No precise information provided	
Estonia (75%), Slovenia (65%), Russia (70%)	Haiti (very low), Kyrgyzstan, Moldova, Tajikistan	

When asked about the **main reasons for the lack of access to early childhood services**, the answers provided by ISSA members could be clustered in the following main categories:

- Shortage of services, lack of facilities. This was the main reason mentioned by 20 respondents out of 25.

- Lack of funds at the local and central governmental level. Five countries mentioned this reason.
- Lack of professional staff
- Fees too high for families to afford
- Lack of infrastructure
- The existing parental leave policy makes parents choose not to enrol children in services
- Low awareness of the importance of early years
- Lack of regulations
- Lack of government involvement

See below the clusters of reasons and the country distribution among them:

Categories of main reasons for the lack of access of early childhood services:

- **Shortage of services, lack of facilities**

Albania (no crèches in rural area)	Mongolia
Armenia	Poland
Azerbaijan	Romania (especially in rural areas)
Croatia	Russia
Hungary	Serbia
Kazakhstan	Slovakia
Kyrgyzstan	Slovenia
Kosovo	Tajikistan
Macedonia	Turkey
Moldova (no services available)	Ukraine
- **Lack of funds on the local level and on central governmental level**

Armenia	Poland
Bosnia and Herzegovina	Serbia (local government)
Croatia	Turkey
- **Lack of professional staff**

Poland	Tajikistan
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- **Too high fees**

Czech Republic	Slovenia
Macedonia	Serbia (especially for poor families)
Poland	Turkey
- **Lack of infrastructure**

Romania	Serbia
---------	--------
- **The parental leave policy makes parents choose not to enrol children in services**

Estonia	
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- **Low awareness of the importance of early years**

Turkey	
Serbia (among parents, policy makers and even professionals)	

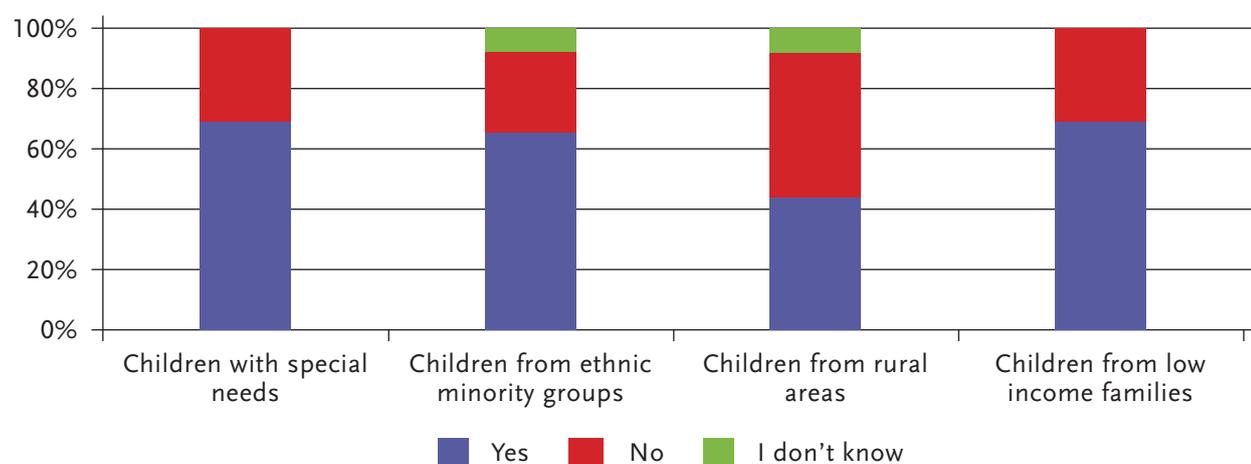
- **Lack of regulations**
Turkey (or regulations not up to date)
- **Lack of government involvement**
Haiti
Serbia (lack of investment and the per capita financing policies)

2. Access to Services for Children from Vulnerable Groups

26 countries answered the question related to access of services for children from vulnerable groups. The same difference needs to be made between access as provided by the law and access de facto in concrete situations. Many of the respondents who answered ‘yes’ refer to the legal provisions that guarantee the access to all children regardless of their gender, ethnicity, race, religion, etc. Still, many of the respondents mentioned that even when by law those belonging to vulnerable groups are entitled to benefit from such services, in reality they often have limited access for the many reasons that are mentioned below.

According to the answers provided by ISSA members, in terms of access to early childhood services, the most vulnerable groups of children between birth and three years of age are **children from rural areas**, followed by those **with special needs** and those coming from **very poor families**.

Figure 11: Are early childhood services available to children from vulnerable groups?



Country	Comments
Albania	For vulnerable children the only services accessible are health services.
Armenia	The services are declared de jure, but de facto the access is limited.
Croatia	Parents need to be employed to find a place within ECEC, which is sometimes a discriminating factor for low income families.
Hungary	It all depends on the region where the children live, if the town/village has services.
Kyrgyzstan	In general yes, but in practice many children are staying at home.
Macedonia	The government does not provide such services. Children from vulnerable groups have access only through projects financed by donors.
Moldova	It is hard to track who are the children under three in the kindergartens, since they are there in spite of the Law on Education.

Country	Comments
Romania	Children coming from families with low incomes do not have access, due to poverty.
Serbia	By law, children from vulnerable groups should be prioritized for entering preschool institutions. In practice, they are not always (in all preschools) given priority for different reasons.
Slovenia	If the parent's income is low (up to 18% of average monthly per capita of net average wage), then parents are exempt from the paying the cost of the preschool program. If additional children from the same family are attending the preschool, parents pay 30% of the determined price for the second child and for all other children the preschool program is free of charge.
Tajikistan	Not throughout the country.
Turkey	By law, all children have the right to benefit from the services, yet there are insufficient public institutions which serve the most in need. In addition, these services are not free of charge; therefore vulnerable children are excluded from mainstream services. Each private institution is obliged to provide 5% of its capacity to disadvantaged children selected by the provincial Social Services Directorate.

The main reasons identified by 19 ISSA members for each category of vulnerable groups are presented below:

Children with special needs

Lack of regulations: Ukraine

Lack of facilities/services: BiH, Croatia, Haiti, Hungary, Russia, Ukraine

Lack of professional staff: Kazakhstan, Croatia

Lack of financial resources: Croatia, Macedonia

Parents' lack of information/competences: Croatia, Estonia, Kyrgyzstan

Social prejudice: Haiti, Tajikistan

Lack of diagnosing services: Croatia, Estonia, Mongolia

There appear to be multiple barriers for children with special needs to access services, although over 35% of those answered cited lack of facilities as the reason.

Children from ethnic minorities

Lack of regulations, of identification of population in need: Croatia, Turkey

Lack of facilities/services: BiH, Croatia, Hungary, Poland

Lack of financial resources: BiH, Croatia, Macedonia, Romania (Roma minority)

Language/cultural barriers: Estonia, Romania (Roma minority), Slovenia, Tajikistan

53% of the countries identified barriers for children from ethnic groups. As shown, all of the countries that mentioned the lack of access for children belonging to an ethnic minority are from Europe and they refer to Romani children.

Children from rural areas

Lack of facilities/services: BiH, Croatia, Czech R, Haiti, Hungary, Kazakhstan, Kosovo, Poland, Montenegro, Romania, Slovenia

Lack of professional staff: Estonia

Lack of financial resources: Croatia, Czech R, Macedonia, Tajikistan, Ukraine

Distance to facilities: Slovenia, Tajikistan

Lack of facilities is the most significant barrier for children from rural areas.

Children from low income families

Lack of facilities/services or shortage of places: Croatia, BiH, Mongolia

Lack of professional staff: Poland

Lack of financial resources: BiH, Croatia, Czech R, Haiti, Kazakhstan, Macedonia, Mongolia

Lack of financial resources is the greatest barrier for children from low income families.

3. Providing Parenting Support Services and ECEC in Crèches – Searching for Some Answers

Although the crèches represent the most common type of early childhood service provided to the youngest children and their families in ISSA's regions, we have learned through the report that there are still countries where such services are not provided or they are in shortage, especially in small cities or rural areas. Also, in many cases, such standards do not focus on the child's overall development, but more on care.

Parenting programs provided through centres are less common, although they represent a key service in the area of early childhood services given the importance of these years for the child and the support that parents need during the child's first years of life.

In this section we strive to understand the factors that lead to services that exist, or what the main reasons are if they do not exist. In ISSA's 2013-2015 strategy there is a focus on expanding its programs that influence early childhood systems to provide more quality integrated services for the youngest children and their families. This section provides useful insights for guiding ISSA and its members' future interventions, based on a better understanding on where to focus our efforts in advocacy, capacity building, resources needed for tailored interventions, etc.

According to the answers provided by ISSA members, the reasons that had the most responses for lack of parent support services are:

- lack of finances,
- low awareness of age group's importance,
- lack of or limited local political support,
- lack of coordination between sectors,
- lack of infrastructure to house programs.

It is important to note that the reasons that had the highest scores were the low awareness of the importance of the child's development during the birth to three period and the lack of finances. They are strongly connected, since low awareness leads to low investment. This indicates that **advocacy initiatives for providing quality services for children of this age group and for their families are a high priority**. By looking at all the barriers that have been identified by respondents, advocacy initiatives aimed at raising the awareness for the importance of the first years of life and the crucial role of the parents should target:

- politicians and policy makers at the local and national level,
- local communities,
- service providers.

**Q30. If Parent Support services do not exist/are insufficient, what barriers have been encountered?
(Click on all barriers that apply to the situation in your country.)**

Answer options	Response [%]	Response count
Lack of local demand (parent, teacher, nurses)	42.9	12
Lack of local community “buy-in”	60.7	17
Poor provider-program relationship between parents and provider	39.3	11
Cultural/contextual mismatch (e.g. approach used)	32.1	9
Lack of logistical or technical support	53.6	15
Lack of in-country expertise	53.6	15
Lack of or limited local political support	67.9	19
Low awareness of birth to three age group importance	71.4	20
Program participant non-compliance/high drop-out	21.4	6
Lack of human resources for birth to three services	53.6	15
Lack of coordination between sectors	67.9	19
Political instability	28.6	8
Poor/lack of legislation for such services	50.0	14
Lack of finances for birth to three services	75.0	21
Lack of infrastructure to house programs	67.9	19
	answered question	28
	skipped question	1

No response: Lithuania

In the countries where parenting support services exist, they have been provided mainly because professionals are available to deliver parenting support programs, and because there is a high demand from parents. In addition, government funding and other donors’ initiatives and investments also facilitated the existence of such services, as well as advocacy campaigns for birth to three services.

In conclusion, parenting support services are greatly needed (if we look at the categories of groups that were mentioned in section C.2. as most in need when referring to this age group, mothers were positioned in first place and fathers in third place). There are many examples where such services are provided, where there is financial support and the existence of professionals to deliver quality programs. However, since there is a lack of awareness of how crucial this investment is, there is a lack of funding at the central and local levels, and no coordination between sectors for integrating all sectors (health, education, social assistance) or for providing services like home visiting and ECEC services for parenting support.

Q31. If Parent Support services exist, what has facilitated their development?

(Click on all that apply to the situation in your country.)

Answer options	Response [%]	Response count
Parent demand	62.5	10
Available professionals to deliver program	68.8	11
Advocacy campaign for birth to three services	50.0	8
Strong local leadership for birth to three services	43.8	7
Policies for birth to three services in place	43.8	7
Other demand (e.g. teachers, nurses, activists)	31.3	5
Government funding for birth to three services	56.3	9
Municipal funding for birth to three services	31.3	5
National standards for birth to three services	18.8	3
Integrated programming	31.3	5
Donors initiative/investment	37.5	6
Other (please specify)		2
	answered question	16
	skipped question	13

When referring to the lack of or deficiency of crèches, the largest barrier for the provision of ECEC services in crèches identified by 85% of the countries is lack of financing. 69% of countries also identify lack of coordination between sectors and lack of infrastructure to house services as barriers. 65% identified low awareness of age group importance, which can also be a reason for lack of government financing for these programs.

The main barriers are almost the same as for the parenting support services, and this highlights again that there is a **strong need for advocacy for this age group**, for understanding in a holistic way the child's development during the first years of life, of the importance of the role of parents and of stimulating play-based learning environments, and for providing different services by engaging in more cross-sectorial approaches, thus making funding more efficient.

Q32. If early childhood education and care services (ECEC in crèches) do not exist/are insufficient (shortage), what barriers have been encountered? (Click on all barriers that apply to the situation in your country.)

Answer options	Response [%]	Response count
Lack of local demand (parent, teacher, nurses)	23.1	6
Lack of local community “buy-in”	38.5	10
Poor provider-program relationship between parents and provider	15.4	4
Cultural/contextual mismatch (e.g. approach used)	19.2	5
Lack of logistical or technical support	50.0	13
Lack of in-country expertise	38.5	10
Lack of or limited local political support	53.8	14
Low awareness of birth to three age group importance	65.4	17
Program participant non-compliance/high drop-out	11.5	3
Lack of human resources for birth to three services	38.5	10
Lack of coordination between sectors	69.2	18
Political instability	11.5	3
Poor/lack of legislation for such services	34.6	9
Lack of finances for birth to three services	84.6	22
Lack of infrastructure to house programs	69.2	18
	answered question	26
	skipped question	3

57% of the 28 respondents to this question below indicated that parent demand and municipal funding have facilitated the provision of ECEC services in crèches. These can be closely tied to each other. Where families demand such services and pay taxes, municipalities are more willing to fund them. However, having policies in place and professional staff to work with the youngest children have also been strong factors facilitating the provision of such services.

Many of these countries had a wide national system of crèches during the socialist and communist eras, which were coupled with a strong social assistance function for families. There was less focus on stimulation and individual children during this era (Czech Republic: ‘There were many crèches before 1989, but they were often seen as bad for children, where all were treated as a group, not individually. There is still this stigma in society.’ Macedonia: ‘It is the system which exists from the time of socialism.’) At the same time, during the decentralization process, many of the countries experienced the dissolution of these systems and very poor or no attention given to reforming them. Thus, although there is a demand for crèches from parents (see the chart below), they might prefer to keep children at home (where an adult or hired caregiver will take care of the child, if possible), if the crèches do not ensure that quality care and stimulation is provided.

The provision of crèches does not meet the existing needs. Crèches require appropriate funding and policies in place, local community support, a cross-sectorial approach and quality professionals.

Q33. If early childhood education and care services (ECEC in crèches) exist, what has facilitated their development? (Click on all options that apply to the situation in your country.)

Answer options	Response [%]	Response count
Parent demand	57.1	16
Available professionals to deliver program	50.0	14
Advocacy campaign for birth to three services	25.0	7
Strong local leadership for birth to three services	17.9	5
Policies for birth to three services in place	50.0	14
Other demand (e.g. teachers, nurses, activists)	7.1	2
Government funding for birth to three services	42.9	12
Municipal funding for birth to three services	57.1	16
National standards for birth to three services	32.1	9
Integrated programming	35.7	10
Other (please specify)		3
	answered question	28
	skipped question	1

Moldova: No state regulated services

F. STAFF AND PROFESSIONAL DEVELOPMENT

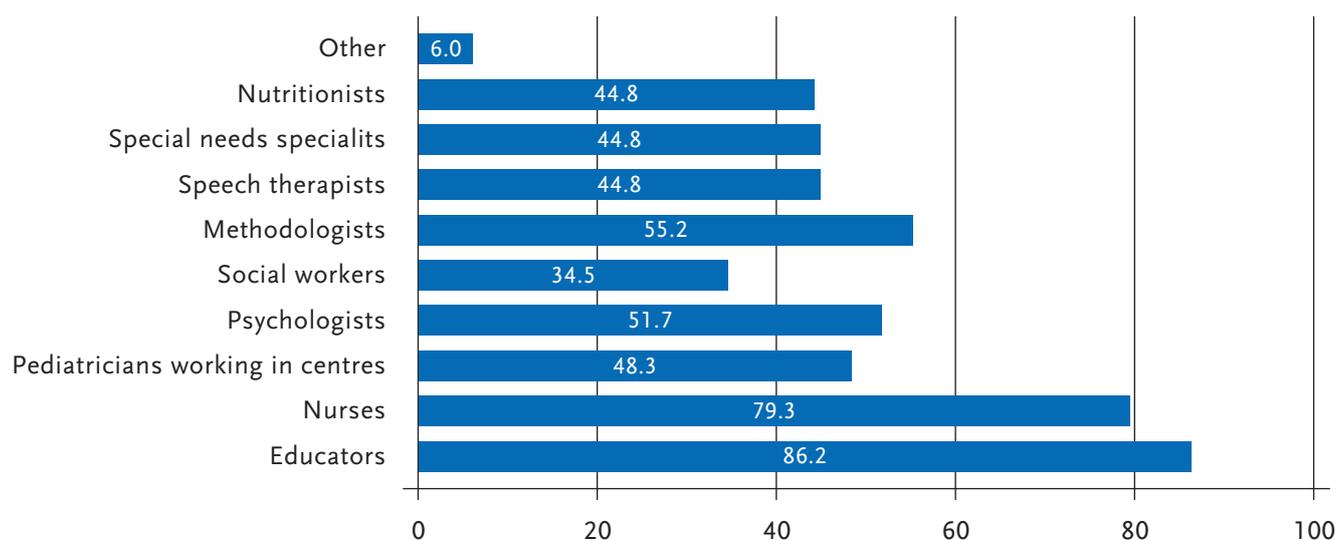
1. Categories of Staff

According to the 29 respondents to the survey, educators and nurses are the most common types of professionals to be employed in early childhood services from birth to three, but also psychologists and paediatricians who usually serve one or more centres.

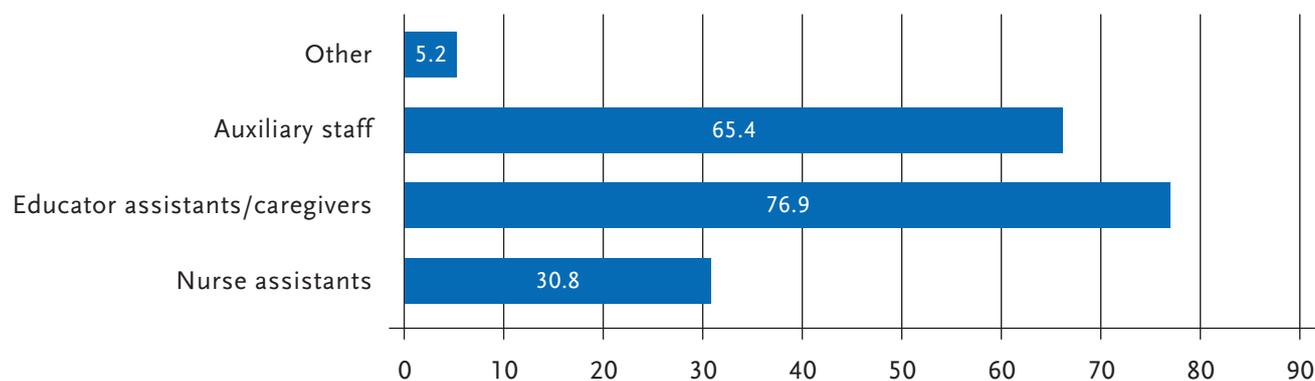
The educator assistants and other auxiliary staff are the most common paraprofessionals to be employed in early childhood services.

Comments from respondents: Regarding the staffing situation, specific situations could be identified in some countries: **Haiti** is facing a difficult situation of having to work with unqualified staff. In **Romania**, in some services all other specialists work in part time programs or depending on the demand. Within a pilot project a multi-professional staff team was setup, including a speech therapist, social worker, social pedagogues, but it is a pilot project in ten crèches in Bucharest starting this year, it is not a common framework of providing services. In **Slovenia**, there are also pedagogues. In **Turkey**, although services are provided for this age group, in practice, preschool educators work with this age group.

Figur 12: Categories of professional staff working in early childhood services



Figur 13: Categories of paraprofessionals working in early childhood services



No answer provided: BiH

Regarding paraprofessionals, here are some specific cases: in **Azerbaijan**, the paraprofessionals are not allowed to work in public programs, but private programs may contract them. In **Croatia**, all staff working with children must have a degree; therefore there are no paraprofessionals. In **Romania**, there are caregivers without specific training in childcare and education who work in such centres. In **Serbia**, **health mediators** work in services targeting Roma population. They are working with all ages starting from birth. **Slovenia** has a similar situation, in which **Roma teaching assistants** work with the Roma population.

2. Pre-service Training

Educators and methodologists are the most common staff members working with this age group to have a university degree. Nurses most commonly have a vocational degree and, in a few cases, specific trainings. However, in the case of educators, degrees are most likely for the professionals working from birth to six and not specialized for this age group. Only five countries require a specialized degree in early childhood from birth to three and are not centralized in one particular region.

Q36. What level of training is required to work in ECEC for professionals/paraprofessionals working in early childhood and care programs?

Answer options	University degree	Vocational degree (upper secondary degree or post-secondary)	Specific training	No specific training	I don't know	Response count
Educator	20	1	3	1	1	26
Nurse	4	15	3	0	1	23
Social worker	11	1	4	0	1	17
Methodologist (professional development specialist)	16	2	2	0	0	20
Educator assistants/caregivers	4	5	4	5	2	20
Nurse assistant	0	2	6	2	7	17
Auxiliary staff	0	3	6	7	2	18
Comment:						3
answered question						28
skipped question						1

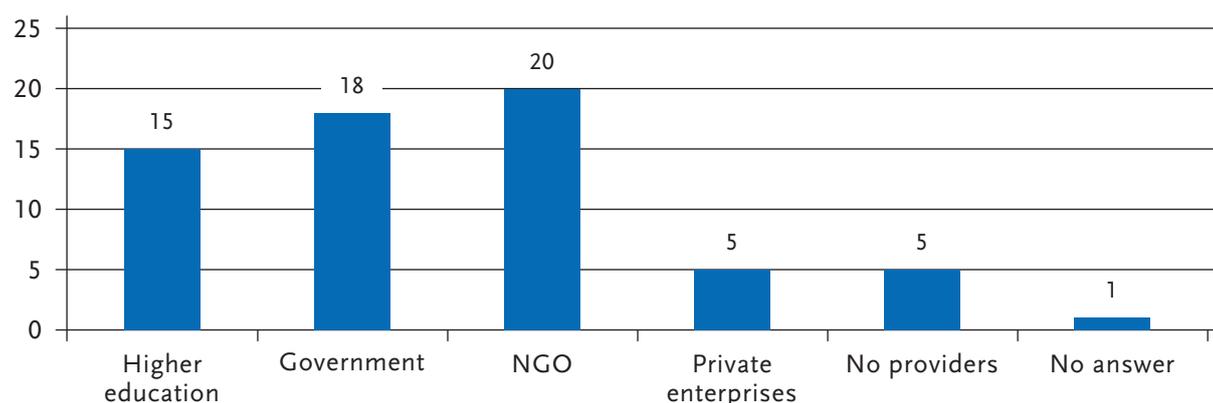
Q37. If a degree is required, is it a specialized degree for early childhood from birth to three?

Answer options	Response [%]	Response count
Yes, they are specialized for this age group.	19.2	5
No, it's for early childhood, which includes the age span from birth to 6/7 years of age	57.7	15
There is no special preparation for this age group	19.2	5
The requirements are under development	3.8	1
Comments:		6
answered question		26
skipped question		3

3. In-service Training

In-service training by NGOs and government in-service training are the largest providers of continuous professional development activities, followed by higher education. The Step by Step NGOs are active in providing in-service training for professionals working in early childhood services for children under three in Albania, Armenia, Croatia, Estonia, Lithuania, Poland, Romania and Slovenia.

Figur 14: Providers of continuous professional development to professionals working with children from birth to three



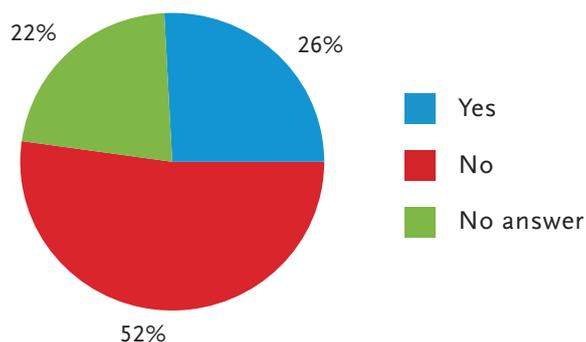
No answer provided: Moldova

No providers: Czech Republic, Haiti, Kosovo, Macedonia

Country	Providers of continuous professional development activities for professionals
Albania	Step by Step Centre is the only known provider
Armenia	Step by Step Benevolent Foundation
Croatia	Education and Teacher Training Agency, Open Academy Step by Step, other NGOs.
Estonia	NGO Hea Algus Training Centre
Hungary	Sure Start – Institution for Social Policy and Labour Affairs
Lithuania	Centre for Interactive Education
Macedonia	It is not specified, each of the above-mentioned could provide services only with the permission of the Ministry for Labour and Social Policy.
Poland	There are many such NGOs and private providers, one of them is the Comenius Institute created by the Comenius Foundation.
Romania	In-service training is provided by the County School Inspectorates and the Step by Step Centre for Education and Professional Development
Slovenia	Those that are accepted as providers in tenders for professional development programs by the Ministry of Education, Science and Sport. Some private enterprises providing these services are: MIB (International Education Centre), Family lab Slovenia, Training Centre Freising, Supra Ltd.

In contrast with professionals, paraprofessionals are offered fewer to no opportunities for professional development. This was also the conclusion of the CoRe report (2011), a study on educator competences in European Union countries. According to the respondents, no continuous professional development activities for paraprofessionals are provided in: Moldova, Latvia, Slovenia, Macedonia, Czech Republic, Romania, Kosovo, Bulgaria, Albania, Haiti, Lithuania. This is an area where more investment is needed, and ISSA might play a more active role.

Figur 15: Continuous professional development activities provided to paraprofessionals



Country	Providers of continuous professional development for paraprofessionals
Azerbaijan	NGOs and private entities
Belarus	Institute for Professional Development
Croatia	There are no paraprofessionals in public ECEC institutions.
Hungary	Private enterprises
Kazakhstan	Administration takes care of professional development of their employees, if they see that a particular employee is interested herself.
Mongolia	Teacher Professional Development Institute, NGOs, Preschool Education College
Serbia	Health mediators are supported in different courses regarding ECD topics by the Ministry of Health.
Slovenia	Only as a part of specific projects.

4. Online Professional Development

Online courses for professionals and paraprofessionals – offer and demand

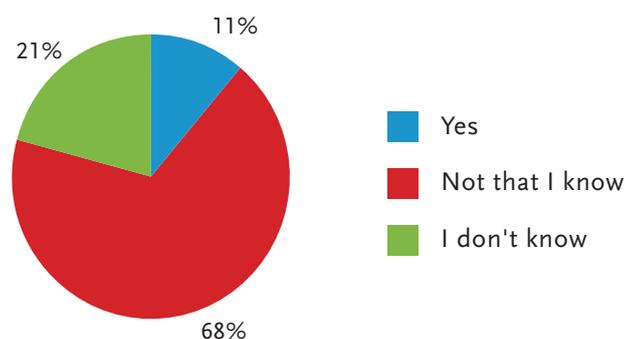
As online communication becomes increasingly available to large numbers of people, online options are also becoming more accessible as a means of providing professional development at lower costs for broader categories of staff. Nevertheless, the number of providers in-country and the options for online professional development is still low. The reasons are numerous: poor infrastructure, poor competences to develop and use online platforms, lack of funding for providing such courses, lack of interest from potential users, etc. Even though today the number of providers and users are low, this is a new pathway that will become more and more used in the future as a way to engage in professional development. Many professionals are broadly using the internet for finding/reading new resources, exchanging practices and ideas, but not necessarily for structured learning.

The provision of online courses is a learning process itself and needs capacity building on the level of the provider to be able to offer quality accredited courses. In addition to being able to receive credits, professionals need to find online courses relevant, attractive, interesting and enriching, as well as user friendly.

Given that the online world is so generous in providing access to such numerous resources, the development of structured learning pathways for professionals and parents represents a very powerful means to enrich their early childhood competences.

This section aims to explore if online courses for professionals and parents exist in the ISSA regions, and if members feel there is a demand for such opportunities for learning. Such information may guide activities to be explored and undertaken in the future. Of 28 respondents, only three mentioned that online courses for professionals in early childhood services are provided in their country: Kazakhstan (courses for medical nurses), Poland (online courses provided by Comenius Institute), Russia (for professionals working in remote regions). Nineteen respondents stated that they are unaware of such courses being offered in their countries.

Figur 16: Online course offered for professional development in EC services

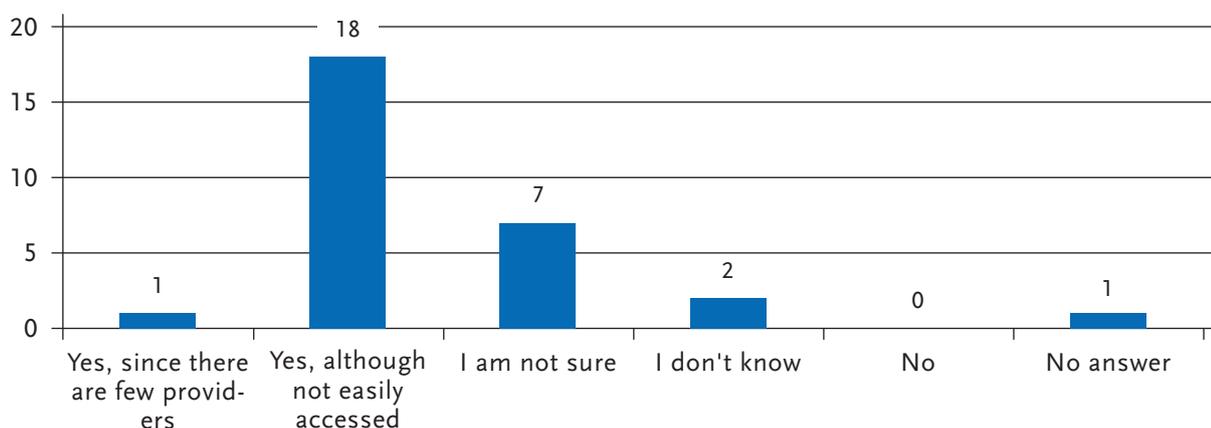


Comments:

- **Kazakhstan** – There are courses on the basis of polyclinics for medical nurses and other staff with secondary education.
- **Poland** – Comenius Institute (founded by Comenius Foundation) organizes online courses for everybody interested in becoming a caregiver. Thematic focuses are developed based on Ministry regulations.
- **Russia** – Yes, for programs in distant regions.

In terms of demand for such courses for teachers/caregivers, 18 out of 28 respondents answered that in their view there is a demand, although the online courses are not easily accessed by practitioners, and seven respondents answered that they are not sure that such demand exists. None of the respondents believe that such demand does not exist.

Figur 17: Demand for online course for teachers/caregivers



In their comments below, four respondents gave reasons for their doubt that the demand for online courses by teachers/caregivers:

Country	Comments
Belarus	Not everyone can access or operate computers.
Kazakhstan	There are no online courses, yet, and the reasons vary; since the salaries are so low, some of the staff are not interested in having professional development courses.
Romania	Professionals working in ECEC do not have the practice of accessing online courses.
Slovenia	Online means are not very popular among practitioners.

Online courses for parents – offer and demand

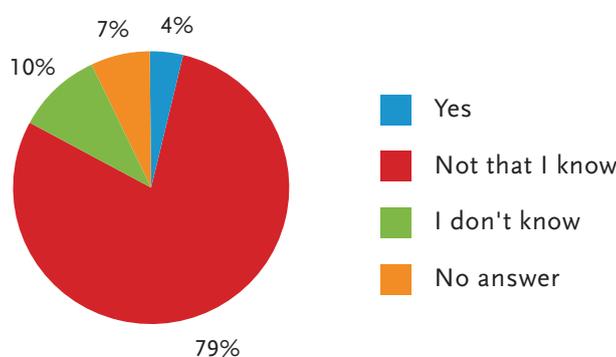
In many countries, parents are active internet users, with the exception of those that live in remote areas where there are no internet providers (or even mobile phone companies) and also for those who live in very poor conditions and cannot afford any of these devices and services. For these parents, other types of services need to be provided so that they do receive appropriate support.

Still, there are a high number of users with young children that could be accommodated with online learning opportunities for parenting information. It is not uncommon for parents to search for answers to many of their questions on the internet (some have even developed parents' online communities to support each other).

Parents are a very diverse and heterogeneous group, requiring a very flexible, easy and user-friendly learning pathway. Online initiatives could provide such an environment, especially if parents are involved in the development of such a course or courses.

23 respondents out of 27 said that from what they know, no online courses in parenting for parents with children under the age of three exist in their countries. Only one respondent knew of such an opportunity. Some also provided some comments, which can be seen below:

Figur 18: Existence of online courses on parenting education for parents with children under 3 years of age

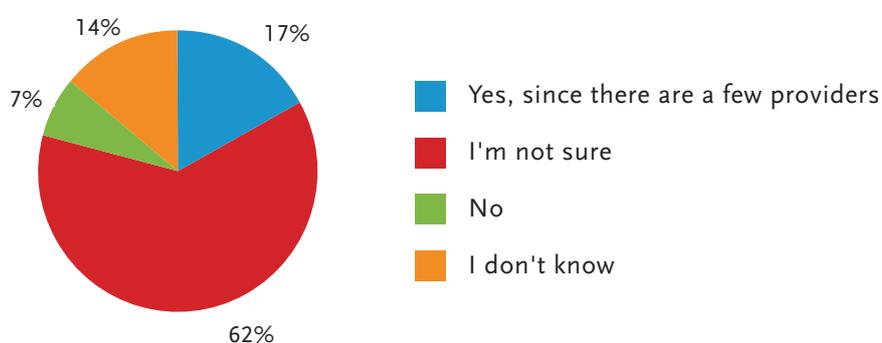


Country	Comments
Montenegro	Insufficient computer literacy, demand and offer.
Russia	There is information on parents' websites and chat forums about courses like this.
Slovenia	Different organizations, POP TV (TV network) have something similar; it's not an online course, it's more like online education, support activities – The question is, who uses them? There is a question of equal opportunities.

The majority of respondents expressed doubt that there is a demand from parents for online courses for which they would have to pay (18 respondents out of 29).

See below some comments explaining the reticence:

Figur 19: Demand for online courses for parents



Country	Comments
Albania	Those who are interested and have access to the internet, find their information sources in other languages.
Belarus	This category of parents does not have adequate financial resources.
Croatia	The price would need to be really low, since the life for many new parents is a bit heavy at the moment.
Kazakhstan	There is demand but it is not great.
Macedonia	There is still not enough awareness about the importance of the first years in the child's development.
Slovenia	Only more educated parents would participate.
Turkey	There may be greater demand for courses which are free of charge.

Online courses are another way of providing learning opportunities for adults around the care and development of the youngest children. While they cannot totally replace in-person trainings or workshops, they can target more people than the classic trainings and at lower costs. Both teachers and parents represent a very broad and diverse category, which cannot be addressed as a whole. Groups inside each of both categories may be successful beneficiaries of online courses and this could be an area to be further explored through marketing research.

II. Members' Experience and Involvement in the Field of Early Childhood from Birth to Three Years of Age

A. ACTIVITIES AND RESOURCES

This section presents the data collected from ISSA members regarding the types of activities they have conducted in the last five years in the field of early childhood, targeting children from birth to three years of age, the resources they have used from those developed within the Step by Step Program funded by OSF and those developed by ISSA, and the resources they developed for this age group in the last years.

1. Diversity of Activities

Regarding the types of activities in which ISSA members have been involved in the last five years, 63% of ISSA members mentioned the development of resources to be used by educators and parents in their countries. Over half have been involved in professional development of staff, development of policy documents and parenting programs. The least mentioned activity by respondents was the development of resources for medical/care staff, which indicates the education focused expertise that exists in the ISSA network, but also the weak connection that exists between the education and health sectors. Only a few organizations have approached health/care staff (Romania, Serbia). Also a very weak connection exists between ISSA members and universities in reference to this age group. There are five ISSA members that have not been active in this age group at all in the last five years.

Q44. List the types of activities in the field of early childhood from birth to three that your organization has been involved with in the last five years:

Answer options	Response [%]	Response count
Providing a parenting education/support program	51.9	14
Providing professional development activities to staff in centre-based ECEC	55.6	15
Providing professional development activities to staff in centre-based day care	22.2	6
Consultancy	51.9	14
Development of policy documents	44.4	12
Development of resources for parents	63.0%	17
Development of resources for educators	63.0%	17
Development of resources for medical/care staff	3.7%	1
Working with in-service training providers (universities)	7.4%	2
We haven't been working with this age group in the last five years	18.5%	5
Other (please specify)		5
	answered question	27
	skipped question	2

No answer provided: Kosovo, Hungary

We haven't been working with this age group in the last five years: Azerbaijan, Belarus, Montenegro

Czech Republic just started working with this age group.

Types of activities ISSA members have been engaged with for this age group in the last five years:

- **Training/professional development of staff (in-service):** Albania, Armenia, Bulgaria (training and mentoring teachers), Croatia (training and mentoring teachers), Czech R (training for social workers), Estonia, Haiti (training of trainers), Moldova (training community centre staff), Kazakhstan (training on environment and interactions), Kyrgyzstan (training and development of guides), Latvia, Lithuania, Mongolia (training and development of modules for teachers), Poland, Romania, Russia, Serbia (for nurses and for professionals from Associations of Psychologists/Pedagogists), Slovakia, Slovenia, Ukraine.
- **Parent Support Programs:** Armenia (also dissemination of information for parents through polyclinics), BiH, Czech R (lectures and trainings), Estonia (training for parents, for Family Program Coordinators/Home Visitors), Haiti, Lithuania, Mongolia (trainings and modules for parents), Poland (Play groups and libraries for young children and parents), Serbia (parenting programs in Roma settlements), Slovakia.
- **Activities for children:** Estonia (opening playground activities), Macedonia (activities for Roma children).
- **Policy development:** Albania (strategy development), Bulgaria, Poland (Local education strategies targeting young children).
- **Working with pre-service providers:** Slovenia, Slovakia.
- **Consultancy:** Albania, Slovenia.

2. Resources Used

According to the respondents, the resources which member organizations have access to as Full Members of ISSA and the resources which OSF has made available through the Step by Step Program, have been used to a great extent in the last five years by ISSA members during their “Birth to 3” initiatives involving various stakeholders. The resources that have been the most used are:

- Training modules for Child-Centred Activities for Infants and Toddlers
- *Creating Child-Centred Programs for Infants/Toddlers*
- ISSA Principles of Quality Pedagogy
- *Parenting with Confidence*

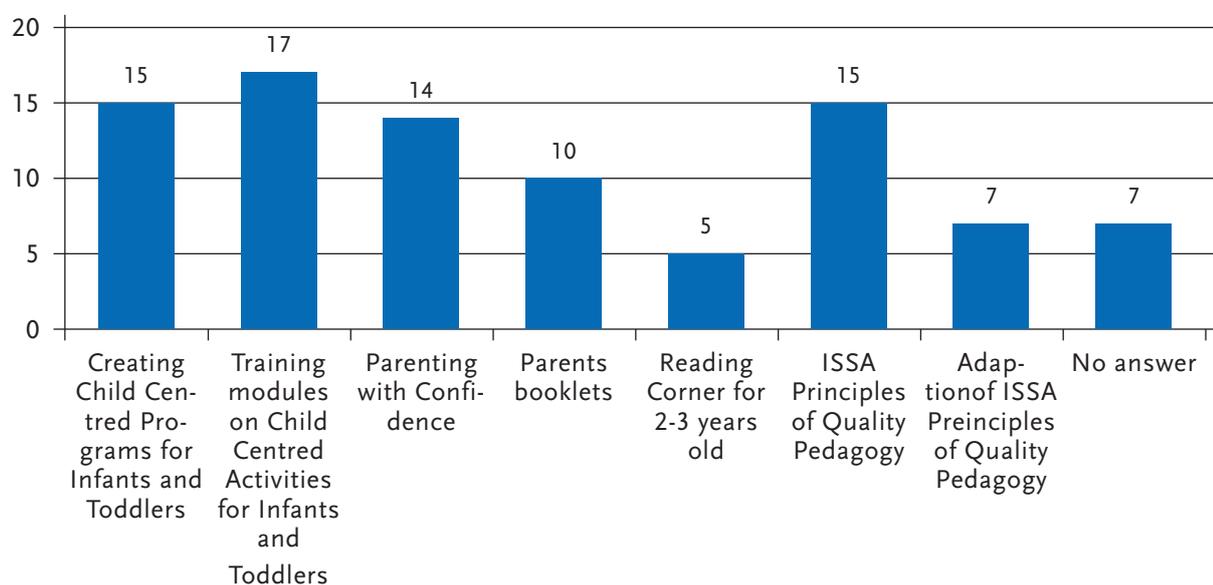
As indicated by the number of members who are using these resources, there is a need in many countries for materials that promote child-centred and high quality programs for this age group. There is also a need for materials supporting parents during the child’s first years of life, which is another opportunity for ISSA members to pursue.

The resources are mostly used for:

- professional development activities for the staff working in various early childhood services (education, health, social protection) – training and mentoring of staff, workshops, training of trainers, development of training modules for educators.
- parenting support programs – training, workshops, lectures, development of training modules and information/supporting materials for parents.

Only 75% of the NGOs answered this question, which leads to the conclusion that 25% are not using any of the resources or are not working with this age group. The most common resources being used by about 50% of the ISSA members are the methodology book *Creating Child-Centred Programs for Infants/Toddlers* and the original training modules, the *ISSA Principles of Quality Pedagogy* and *Parenting with Confidence*.

Figure 20: Step by Step/ISSA materials currently used by ISSA members in their work on ECEC from birth to three



Skipped answers: Belarus, Azerbaijan, Kosovo, Hungary, Tajikistan

Resource	Countries where ISSA members used the resources
Creating Child-Centred Programs for Infants and Toddlers:	Albania, Armenia, Bulgaria, Croatia, Estonia, Haiti, Macedonia, Moldova, Mongolia, Latvia, Lithuania, Romania, Serbia, Slovakia, Slovenia
Training modules for Child-Centred Activities for Infant and Toddlers:	Albania, Armenia, Bulgaria, Croatia, Estonia, Haiti, Kazakhstan, Latvia, Lithuania, Macedonia, Moldova, Mongolia, Serbia, Slovakia, Slovenia, Russia, Ukraine
Parenting with Confidence:	Albania, Armenia, Azerbaijan, BiH, Czech Republic, Haiti, Lithuania, Macedonia, Moldova, Mongolia, Romania, Serbia, Slovakia, Slovenia, Ukraine.
Parenting booklets:	Albania, Armenia, BiH, Estonia, Lithuania, Macedonia, Moldova, Mongolia, Serbia, Ukraine
Reading Corner for 2–3 years olds:	Czech Republic, Estonia, Kazakhstan, Moldova, Slovenia.
ISSA Quality Principles:	Albania, Croatia, Czech Republic, Estonia, Lithuania, Macedonia, Montenegro, Kazakhstan, Kyrgyzstan, Mongolia, Serbia, Slovakia, Slovenia, Russia, Ukraine
Adaptation of ISSA Quality Principles:	Albania, Bulgaria, Croatia, Haiti, Lithuania, Montenegro, Romania, Slovenia.

Other comments:

- **Romania** – Videos are used.
- **Slovenia** – *ISSA Principles of Quality Pedagogy* for age 3-6 are used for advisory purposes.
- **Croatia** – Open Academy Step by Step published a national issue of their Magazine on Birth to Three.

3. Resources Developed

When asked what resources they had developed around services for children under 3 and their families, the answers of twenty ISSA members provide a very broad picture of the diverse expertise and experience that exist in the ISSA network, as well as the various types of resources that have been developed.

The main purposes of the resources were:

- Policy development (quality standards, early learning standards, guidelines for services)
- Professional development (methodological guidelines, guidebooks, training modules, master classes)
- Developing activities with children
- Parenting support
- Networking and dissemination: issuing a magazine

The main target groups were:

- Educators
- Parents

- Policy makers
- Children

See below for more detail on the resources developed by members in all ISSA regions:

Central Asia & Mongolia	
Kazakhstan	Training booklets based on experiences of teachers and parents, family resource centres for parents and children from low-income families in four rural areas.
Central-Eastern Europe/new EU Members	
Albania	National Standards for Crèches; (Program) National Standards for caregivers; Parenting booklets.
Bosnia and Herzegovina	A few booklets for parents.
Bulgaria	Training package on: Supportive socio-pedagogical environment and use of play in the course of interactions with peers and adults, cooperation with parents and social partners, planning, realization and evaluation of educational interactions.
Croatia	An issue of a national magazine targeting teachers and other professionals working in pre-schools.
Estonia	Structure and description of home-based service, different papers for documentation of home visits/group activities.
Lithuania	Methodological guidelines for nursery teachers and parents working with children from birth to three; training modules for teachers; guidelines on how to develop an educational program for the youngest children.
Poland	Comenius Foundation: ECEC Quality Standards; Comenius Institute: Training course (260 hours) – Educational materials for training participants.
Romania	Early Learning and Development Standards for children from birth to seven years old; Booklets for parents “The infant/toddler is a person”; Lists of toys for children from birth to three.
Slovakia	Activities for children, teachers and parents.
Slovenia	Working-materials for improving children’s language, social, emotional, intellectual and motor development from one to three years. The materials were designed for three target groups: educators, parents and children.

Central-Eastern Europe/new EU Members

Turkey	<p>Family Letters developed in 2003 in a set of thirty “letters” which aim to provide prospective mothers and families with children up to three years of age with information about pregnancy and children’s physical, cognitive, and social development; Family Letters consists of a total of 30 letters (six letters for the pregnancy period; twelve letters for the infancy period, twelve letters for the toddler period: 1–3 year olds). For detailed information, see http://www.acev.org/en/ne-yapiyoruz/anne-babalar-icin.</p> <p>In 2011, a toll-free mobile service was developed with the collaboration of Turkish Vodafone Foundation, to provide text-message information to mothers on child development for the 0-6 age group. Mothers may subscribe to the free service and are sent text messages every other day (a total of fifteen a month). The SMS service is catered to the age of the child supplied and includes month-specific developmental information, as well as suggestions for how parents may support their children, as well as comfort and reassurance to new mothers. A total of 1,080 messages have been composed for this service. The content of the messages were derived from “Family Letters” and from Mother Support Program materials. In 2012 educational curriculum for mother-baby (16-28 months) groups and play groups (for children of 29-36 months) were developed by ACEV to be implemented in ACEV-supported Child Development Centres in Istanbul. ACEV and KAGIDER have partnered on a policy proposal to increase women’s employment in Turkey through the provision of childcare subsidies. A public financing model with the technical support of Price Waterhouse Cooper was developed by ACEV and KAGIDER. ACEV will continue working with the Ministry and other public agencies in order to create the legal frameworks and technical infrastructures necessary to ensure that the implementation of this support is realized and sustainable.</p>
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Caucasus and Western CIS

Armenia	Facilitators Guidebook; Training of Trainers Module for Parents’ Group Facilitators; Development and Education Standards of Children from Birth to 6.
Moldova	Booklets for parents on early literacy and numeracy development.
Russia	Seminars, master-classes to share experience.

Caribbean

Haiti	Modules on child safety and health, pre- and post-natal care.
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B. PARTNERS

21 ISSA members answered the question related to the organizations they partner with for implementing programs targeting children under three years of age and their families. The main broad categories of partners are:

- International organizations (mostly UNICEF, Open Society Foundations, C.S. Mott Foundation)
- Central government organizations and local organizations (municipalities, local authorities, NGOs)
- Early childhood services (mostly crèches and community centres)
- Higher education institutions (universities, colleges, higher education institutes)

No response: Belarus, Croatia, Macedonia, Mongolia, BiH, Kosovo, Hungary

Types of organizations	Partners	Countries
International organizations	UNICEF	Albania, Armenia, BiH, Haiti, Kyrgyzstan, Macedonia, Moldova, Romania, Serbia
	Open Society Foundations	Armenia, Czech Republic, Moldova, Romania (OSI New York), Serbia (ECP)
	C.S. Mott Foundation	Moldova
Central government organizations	Ministries	Albania (Education, Health), Armenia (Education), Estonia (Social Affairs), Lithuania (Education),
Local organizations	Municipalities	Albania, Bulgaria, Estonia, Kazakhstan, Latvia
	NGOs/ Associations	Estonia (Lelula, Caritas Estonia), Lithuania (Centre for Education and Development, Local Educational Centres), Kazakhstan, Serbia (Professional association of nurses working in crèches), Tajikistan (Association of parents with disabled children, Association of parents IRODA (Autism))
	Local governmental authorities	Kazakhstan
EC services	Crèches/ preschools	Kazakhstan, Lithuania, Serbia, Slovenia (Preschool Jožica Flander Maribor, Preschool Pobrežje Maribor, Preschool Murska Sobota, Preschool Puconci, Preschool Črenšovci, Preschool Tišina, Trebnje Preschool, Preschool at Public School Belokranjskega odreda Semič, Preschool Oton Župančič, Črnomelj Preschool, Preschool Metlika), Ukraine
	Community centres	Haiti (Hôpital de la Communauté Haitienne Community Centre), Turkey
Higher education institutions	Universities	Kazakhstan, Russia (Academy for Postgraduate Education)
	Colleges	Kazakhstan
	Institutes	Poland (Comenius Institute), Russia (Institute for Education Development), Slovenia (Institute for Psychological Counselling and Developmental Projects)

According to the respondents, the most active international organization in the field of early childhood services for children from birth to three and their families in the ISSA regions is UNICEF (cited by Albania, Armenia, BiH, Haiti, Kyrgyzstan, Macedonia, Moldova, Romania, and Serbia).

See below a more detailed list of partners mentioned by the respondents who provided additional information:

Country	Organizations
Albania	Save the Children is starting to be interested in working with this age group.
Armenia	Step by Step Benevolent Foundation, World Vision.
Azerbaijan	United Aid to Azerbaijan (UAFA), the Rehabilitation Network (a network of community-based rehabilitation centres), a network of family counselling centres run by the State Committee on Family, Woman and Child issues.
Czech R	NGO “People in Need” (Člověk v tísni), Open Society Foundation Prague, Association of Workers in Early Childhood Care.
Estonia	NGO Caritas Estonia.
Kazakhstan	Colleges are interested, because many of their graduates will be working in crèches.
Latvia	Private preschools.
Lithuania	Centre for Interactive Education, Ministry of Education.
Serbia	Preschool institutions, health centres and maternity hospitals.
Slovenia	Public and private preschools.
Tajikistan	NGO “IRODA”, “KISHTI”, “ZDOROVYE”, “RANGINKAMON”, “MARKAZI NUR”.
Turkey	Mother-child health and family planning centres, Centres connected to Ministry of Family and Social Policy, Private day care centres, Nurseries and community driven models such as KEDV neighbourhood nurseries.

C. PRIORITIES, NEEDS AND FUTURE INVOLVEMENT

1. Priorities in the Country Regarding Early Childhood Services

According to the respondents, the main three priorities regarding early childhood services for children from birth to three are:

- Development of integrated policy
- Updating early childhood policies
- Funding for ECEC (crèches)

It is surprising that so many fewer respondents listed preparation of future professionals, continuous professional development of staff, and parenting support programs as a priority, given the low provision of parenting support programs and the fact that professional development of paraprofessionals is almost non-existent. This may be due to the need for policy-level work on the importance of this age group before specific interventions can be funded and implemented.

Parenting support programs have the highest priority in Caucasus and Western CIS. Funding ECEC crèches/centres seems to be a higher priority in CEE and the new EU members’ sub-regions. Investing in infrastructure and the funding of flexible services is a higher priority in South-Eastern Europe. Updating early childhood services policies has the highest priority in Central Asia and the Caucuses. Integrated policy development has the highest priority in South-Eastern Europe and Central Asia. See the figures below.

Figure 21: Cumulative percentages for the first three highest priorities regarding early childhood services for children from birth to three

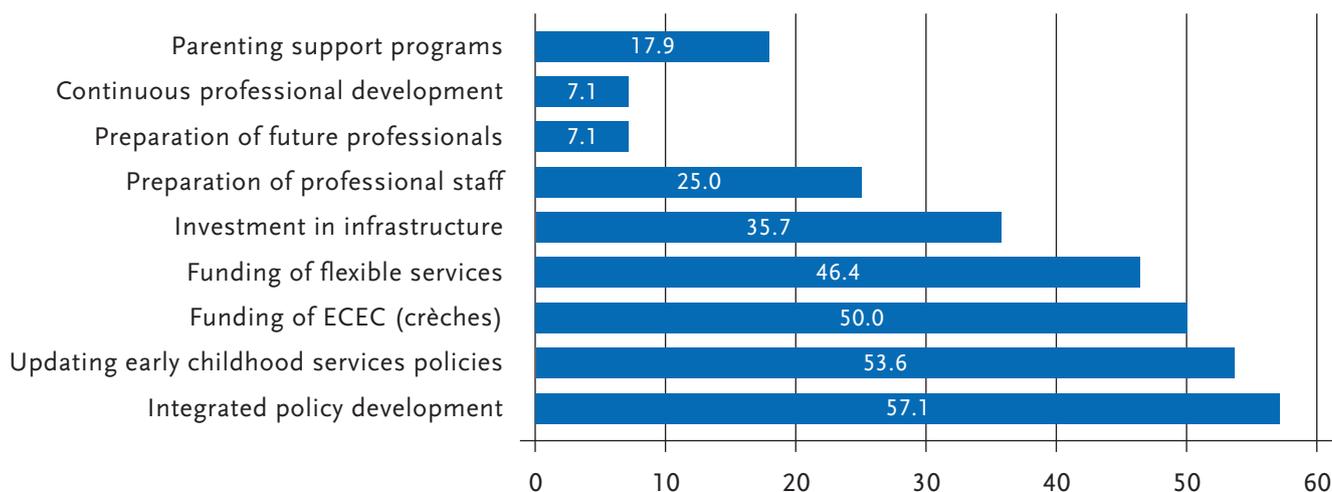
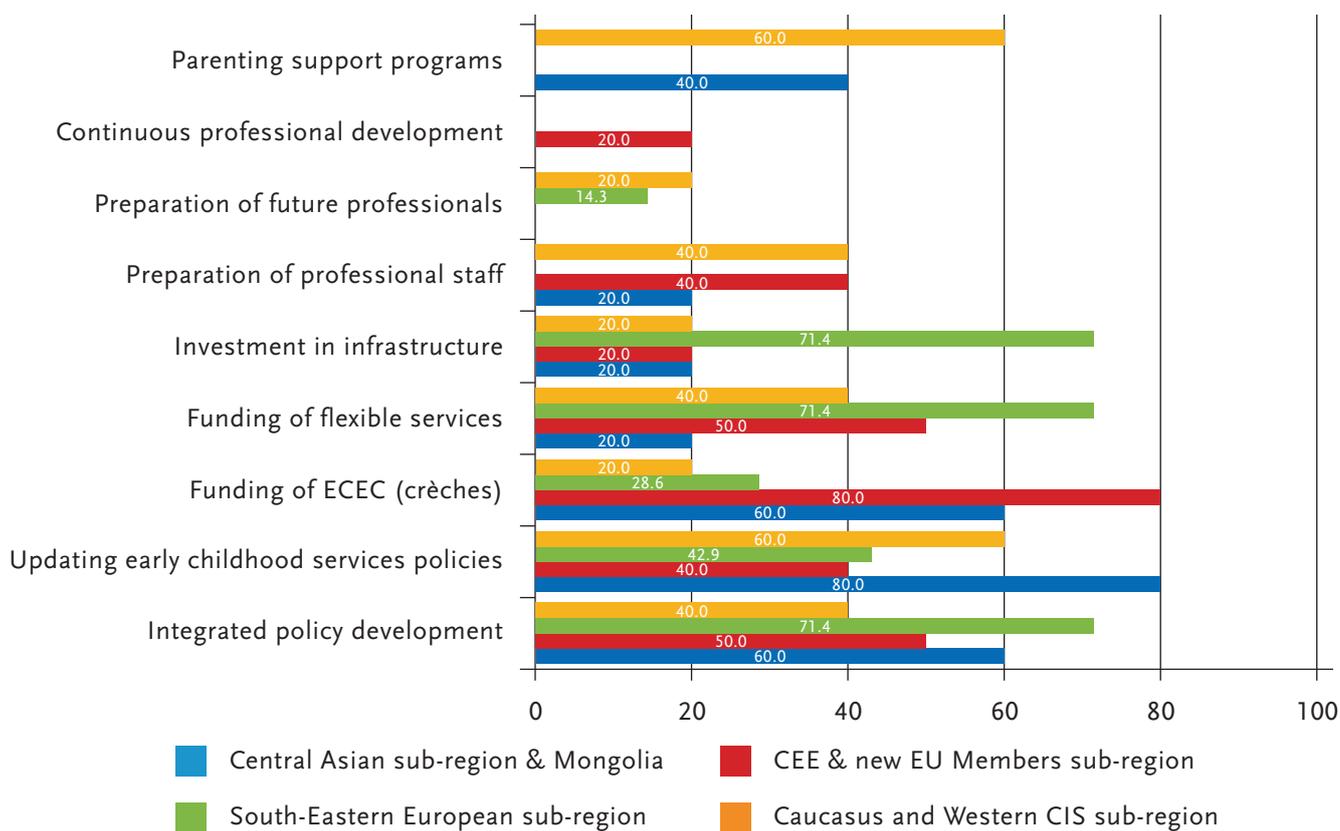


Figure 22: Cumulative percentages per ISSA region



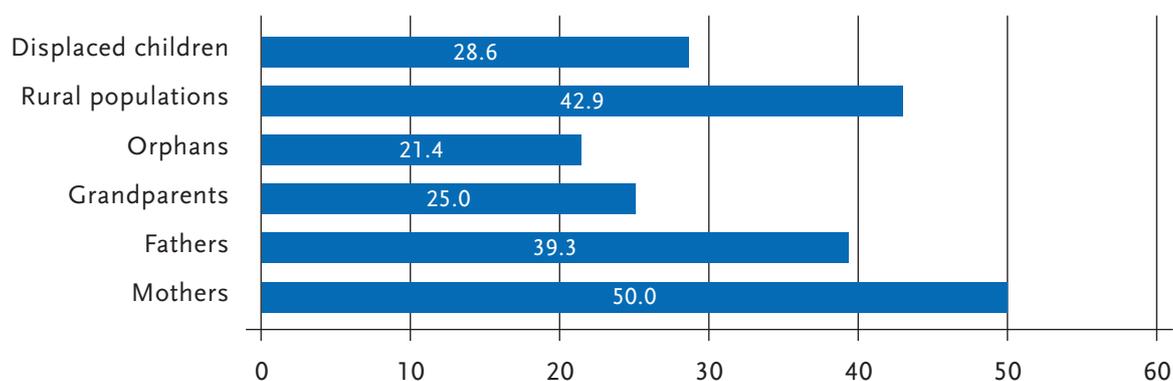
2. Population Group in Greatest Need for Early Childhood Services from Birth to Three

According to ISSA members, the three population groups which are in the greatest need for early childhood services when we refer to early childhood services for children under three years of age are:

- mothers
- rural populations
- fathers

This confirms previous discussion about the lack of infrastructure and shortage of services in rural areas, as well as the need for programs targeting mothers and fathers.

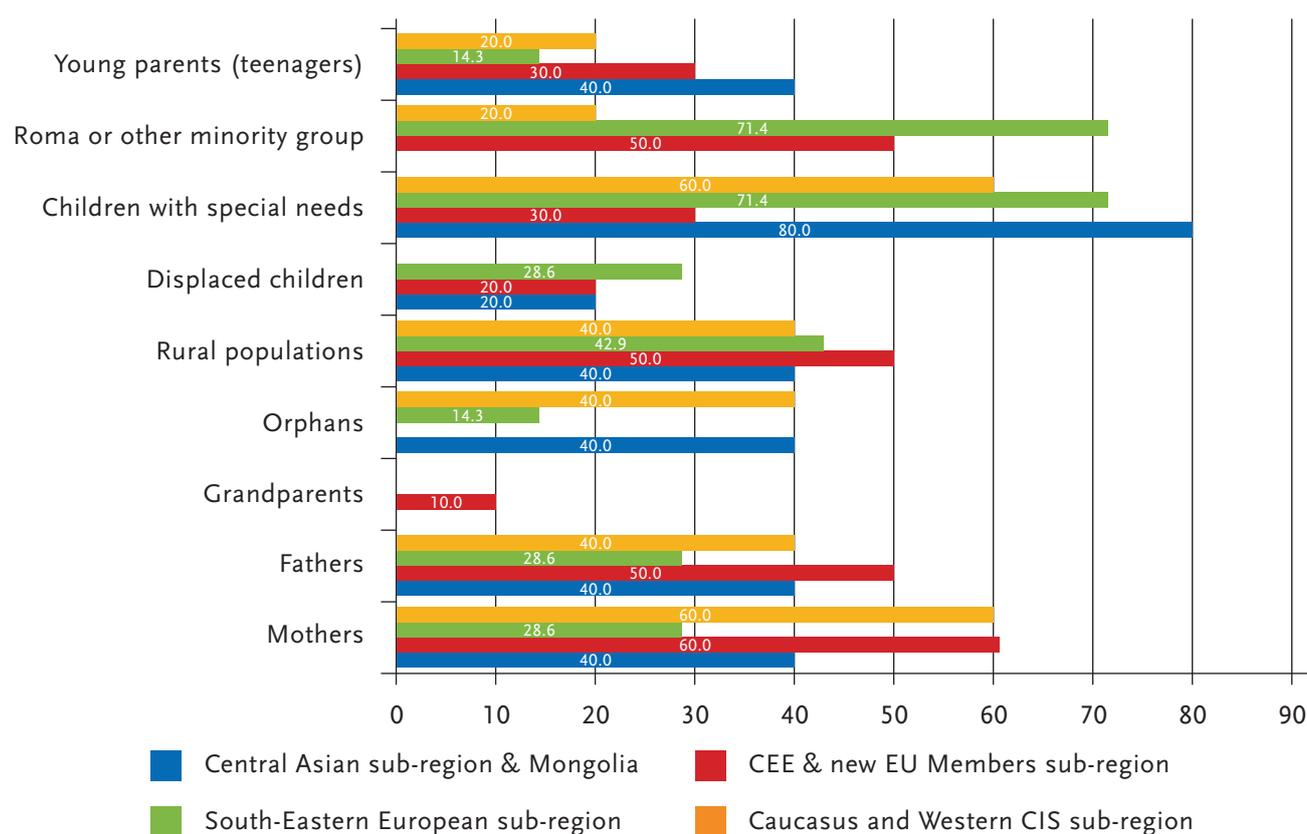
Figure 23: Cumulative percentages for the first three categories of population in greatest need for EC services



According to the data resulting from the survey, the analysis by region reveals the following:

- Roma populations are the greatest priority for South-Eastern Europe.
- Children with special needs are a priority for South-Eastern Europe and Central Asia.
- Mothers have been mentioned more by ISSA members from the Caucasus, Western CIS, Central Eastern Europe and new EU members.
- Fathers are considered a priority group more by Central Eastern Europe and new EU members.
- Rural populations were mentioned more frequently as a high priority by the South-Eastern European countries.
- Displaced children are mentioned more by the South-Eastern European countries.
- A particular group is mentioned by the Central Asian countries as a high priority, that of young parents.

Figure 24: Cumulative percentages per ISSA region



3. Areas of Intervention on Services for Children from Birth to Three Age and Their Families for ISSA Members

This section aimed to survey the interest of ISSA members in becoming involved in specific early childhood services interventions in their own countries, given the specific context of the systems that exist.

There are a few major areas which could be identified by clustering the members' responses, and those are:

- Implementation of specific programs focusing on integrated services, scaling-up quality standards, early intervention services, inclusive early childhood services, home-based and community services.
- Policy development focusing on integrated policies and quality framework policy.
- Pre-service training programs.
- Capacity building on staff working in ECEC services, in-person or online.
- Family support programs in-person or online.
- Resource development targeting educators and parents.
- Advocacy initiatives focusing on access to ECEC services in rural area, child-centred services.

Below is a more detailed presentation of how ISSA members expressed their interest:

Implementation of specific programs:

- Offering integrated services: Albania, Czech Republic, Kyrgyzstan (policy), Moldova (policy), Poland (at local level), Ukraine
- Scaling-up quality standards: Albania
- Early intervention: Azerbaijan
- Inclusive early childhood services: Czech Republic, Kazakhstan (children with special needs), Slovenia (programs for Roma children and families and children at risk)
- Home-based services: Slovakia
- Community-based services: Slovakia

Policy development:

- Integrated services; Moldova, Poland (at the local level)
- Developing quality framework for services: Slovenia, Ukraine

Pre-service training programs:

- Preparing a university degree for ECEC: Albania
- Preparation of future professionals: Latvia
- Training for higher education institutions: Tajikistan

Capacity Building of staff working in EC services:

- Training of trainers for parenting programs and centre-based programs: Haiti
- Professional development and support for educators/professionals: Armenia, Belarus, Czech Republic, Latvia, Lithuania, Mongolia, Montenegro (providing support), Romania, Russia, Serbia (education, health and social welfare),
- Professional development for paraprofessionals: Mongolia
- Online courses for educators: Armenia, Russia
- Master classes: Russia
- Management of crèches: Bulgaria

Family support:

- Parenting support programs: Armenia, Croatia, Hungary, Kyrgyzstan, Latvia, Macedonia, Moldova, Mongolia, Romania, Russia (workshops for parents), Serbia, Slovenia (family and community empowerment programs), Tajikistan, Turkey (using apps – reaching families through toll free mobile service SMS, informing them about child-rearing issues)
- Programs for grandparents: Tajikistan
- Online courses for parents: Armenia, Russia
- Activities with young parents (teenagers): Estonia

Resource development:

- Developing resources for educators: Belarus, Lithuania, Mongolia, Romania (activities for crèches), Russia (training course for educators), Serbia (training courses for staff in crèches – education, health and welfare staff), Ukraine (development of training programs for educators)
- Developing resources for parents: Belarus, Croatia, Lithuania, Mongolia, Ukraine (development of training programs for parents)

Advocacy initiatives

- Czech R, Moldova, Macedonia, Poland (EC in rural areas), Turkey (legal framework for creating child care and education subsidizes for working women)
- Organizing conferences: Russia

Conclusions

Legislation, Funding, and Partnering

- In most of the countries of the ISSA regions, the **legal provisions** for early childhood services for children under three years of age are provided under the Ministry of Education. However, it is also very common for them to be governed by two ministries (most likely, Education and Health, or Health and Social Affairs), and in a few countries three ministries govern such services.
- There are no established regional patterns for maternal leave. Each country has a somewhat different approach, which can either be seen as an opportunity to advocate for certain policies or as a detriment to eventually having a unified policy concerning the time a mother/father can spend with a young child. However, in most of the countries the **parental leave** is around 2 or 3 years with different benefits being provided during this period, and usually there is a difference between the legal rights for maternal and paternal leave.
- According to the laws, in most of the countries in the ISSA regions, there is **no gap between the end of parental leave and the age when children and families can access early childhood services** (in most cases at six months old). Nevertheless, the lack of infrastructure, low national coverage (especially in the rural areas) and the cost of services all make it difficult for the legal provision to be put into actuality. Thus, services are not being provided according to the population's needs.
- The administrative and financial decentralization of systems after the collapse of communism and socialism has led to **local municipalities playing a greater role in funding and regulating early childhood services**. However, this decentralization has also led to significant disparities between regions within countries and weak capacity to provide various early childhood services according to the existing need.
- In general, early childhood services are publicly funded. The two types of services which are greatly supported by public funding are the home visiting services and ECEC services in crèches (although in most cases, parents also have to contribute financially). Nevertheless, it is important to note that private funding is very much invested in setting up and running crèches. The shortage of services and the lack of funds for nationwide coverage of centre-based services has led to more project-based funding, provided by international organizations through non-governmental organizations.
- The crèches, the parenting support services and day-cares are the services for which most actors are partnering. To a lesser extent, partnerships are for community-based services and day-care in homes.

Types of Services

- There is a diversity of early childhood services for children from birth to three years of age and their families in the ISSA regions, with the most frequent being centre-based early childhood education and care (ECEC), home visiting services and day-cares (focusing on care/health with no education services provided). **The least frequently provided services are parent education support services and day-care in homes.**
- The **integration of sectorial services** is not a widespread reality in ISSA regions.

- The most needed public services are parent education/support services, ECEC in crèches and early childhood intervention services.
- Early childhood intervention services represent the weakest area in the landscape of early childhood services for this age group in all ISSA regions (as in many parts of the world).

Quality of Services

- The very high child-adult ratio in crèches is a concern in ISSA regions when considering the quality of services. The ratios are much higher for all age sub-groups than the ratios widely accepted internationally as precursors for quality. There is a serious need for quality frameworks and quality assurance mechanisms that regulate the provision of services.
- There is a great need for addressing the issue of quality for this age group in the ISSA regions. Only about half of the countries have quality frameworks/standards for ECEC services for children from birth to three years of age in place. Existing standards apply mostly to crèches and sometimes they refer only to health, hygiene and safety issues, neglecting cognitive and social-emotional development. There is also a demand for harmonizing the quality standards among sectors so that there is a common understanding of what a quality holistic approach to services means.
- Access to services is very low in all ISSA regions, with eleven countries estimating access at less than 10%. The most vulnerable groups of children between birth and three years of age are children from rural areas, followed by those with special needs and those coming from very poor families.
- The lack/shortage of parenting support services and crèches seems to stem largely from a widespread lack of awareness of the importance of the age of birth to three for a child's development in life. This lack of awareness leads to poor funding and attention at all levels.

Pre-, In-service Training

- With few exceptions, pre-service training of professionals working in early childhood services does not specifically focus on or require a specialized degree for early childhood from birth to three years of age. Training and degrees cover the entire age span from birth to six years of age, with no special preparation for the birth to three age range. The in-service training for professionals is mostly provided by non-governmental organizations and governmental agencies, while the professional development of paraprofessionals is very poor. There is little information about the availability of online professional development opportunities for professionals and parents, and little confidence in the demand for online courses, due to poor IT skills, reticence to using IT, and low coverage of internet providers and devices in poor and remote areas.

ISSA Members' Expertise and Priorities

- Most of ISSA's members have dedicated their activities for this age group to professional development of professionals working in early childhood services (mainly educators, but also social workers and nurses), training and mentoring, development of training modules and methodological guides, and parental support programs.
- 75% of ISSA members are using the Step by Step/ISSA resources in their activities with professionals working with children from birth to three years of age and their families. 70% have developed different types of resources (targeting mainly professionals, parents of children from birth to three years of age and policy makers).

- According to ISSA members, the first three priorities regarding early childhood services for children from birth to three are: the development of integrated policies for early childhood services for children of this age group; updating the early childhood policies and funding for ECEC (crèches).
- In the view of ISSA members, the three **population groups which have the greatest need for early childhood services** when we refer to early childhood services for children from birth-3 are: mothers, rural populations, and fathers. A more differentiated view on the regions indicates that:
 - The **Romani population** is the greatest priority for South-Eastern Europe.
 - **Children with special needs** are a priority for South-Eastern Europe and Central Asia.
 - **Mothers** are more of a priority for ISSA members from the Caucasus, Western CIS, Central Eastern Europe and new EU members.
 - **Fathers** are considered a priority group more by Central Eastern Europe and new EU members.
 - **Rural populations** are a high priority for the South-Eastern European countries.
 - **Displaced children** are mentioned more by the countries of the South-Eastern European sub-region.
 - **Young parents** are a particular concern for Central Asian countries.
- The **major areas of intervention needed identified by ISSA members** on early childhood services for children from birth to three are:
 - Implementation of specific programs focused on integrated services, scaling-up quality standards, early intervention services, inclusive early childhood services, home-based and community services.
 - Policy development focusing on integrated policies and quality framework policy.
 - Pre-service training programs.
 - Capacity building for staff working in early childhood services, in-person or online.
 - Family support programs in-person or online.
 - Resource development targeting educators and parents.
 - Advocacy initiatives focusing on access to EC services in rural areas and child-centred services.

Critical areas to Be Addressed Through Advocacy Initiatives and Targeted Interventions

Given that the main problems identified by ISSA members refer to: low access, questionable quality, lack of inter-sectorial approaches, low awareness of the importance of this age group, lack of funding at the central and local levels, lack of integrated policies and lack of infrastructure to house programs, the **following areas could be considered critical to be addressed through advocacy initiatives and targeted interventions. They are also relevant for shared learning among ISSA members and other organizations beyond ISSA regions.**

- **Raise the awareness of the crucial importance that the first three years have** in the life of any individual. Advocacy campaigns should target politicians, policy makers, service providers, local communities and parents, and should advocate for targeted funding, coordination between sectors, specific policies and quality frameworks.

- **Greater access to services for children from birth to three and their families:** Municipal funding, parent demand, and the policies around services appear to have the greatest impact on facilitating the existence of services. There is a need to advocate for flexible and coordinated solutions between sectors to provide quality, tailored services, especially for those that live in poor conditions, in rural areas and are subject to marginalization.
- **Professional and paraprofessional staff specialized in working for this age group:** There is a need for greater investment in building the capacity of professionals and paraprofessionals to work with the youngest children and their families. Special attention should be given to the provision of parenting support services, community-based centres and early intervention services for which a more cross-sectorial approach is needed. The coordination between sectors needs to be provided by integrated or coordinated policies, but also on the level of the partnerships between actors involved in this field, including non-governmental organizations. Online learning, although limited in coverage, represents a possible and innovative solution for providing learning opportunities for different categories of professionals and also for parents.
- **Lower adult/child ratios:** Internationally recognized adult-child ratios are significantly lower for this age group than is currently experienced in all of the countries, with the exception of Lithuania. Many of the countries reported three to five times the recommended ratio. There are no circumstances under which services provided with such ratios can be considered quality services.
- **Quality frameworks/standards for monitoring quality of services:** The need to advocate for the quality of services for this age group is very high. The adult-child ratio is very high in many of the countries in the ISSA regions, and quality standards exist in only eleven countries and only for crèches. **Advocacy for quality is crucial for this age group.**
- **More integrated services:** Many countries offer some kind of integrated service, but as pilots or on a small scale. Better documentation of successful integrated services would be helpful as models that ISSA members could promote.
- **More coordination among the different ministries who administer early childhood services for children from birth to three years old:** Over half of the countries have early childhood services for children under three years old under the auspices of two or more ministries. It would be helpful to also document which countries are successfully coordinating these services as models of how other countries could approach the age group.
- **Policies and funding for parental support programs:** Given the low coverage of crèches and day-care centres at the national level, as well as low access to them, parenting support programs are a high priority for many of the countries in the ISSA regions. The largest barrier to these kinds of programs identified by members appears to be lack of awareness of the importance of providing these services to this age group, as well as lack of government/political support, including infrastructure to house programs. Mothers and fathers are seen as a group most in need when referring to early childhood services for children under three years of age. This is an area for advocacy and stronger intervention support.

Glossary

Centre-based day care – These are also crèche-based services that provide care for infants/young children in a centre, but **do not intentionally** stimulate the development of the whole child (physical, social-emotional, and cognitive). Day-care services do not work with parents to support their role. These are usually full-day programs.

Centre-based ECEC – These are early childhood education and care services that are based at a crèche. They provide both care for infants/young children **and** child **education** to stimulate the development of the whole child (physical, social-emotional, and cognitive). They are usually staffed by professional educators or specialists in child development. These are usually full-day programs.

Community-based services – These services are offered by local/municipal governments and are managed by the local community. These services might not be governed by national regulations. Usually, they are multifunctional and serve the communities where there is a shortage of services for young children and their families and are set up as a result of community/parent demand. Community-based services may include drop-in programs for parents and young children, play-groups, ECEC services that are supplemental programs (not usually full-day programs) and activities for parents/family members or for parents/family members together with children.

Day-care centre auxiliary staff – Staff working in early childhood services who ensure the physical environment is clean and safe.

Day-care in homes – Services that take care of infants/young children in a home, but do not intentionally stimulate the development of the whole child (physical, social-emotional, and cognitive) nor work with parents to support their role. These services, however, are regulated by government (local, regional or national).

Early Childhood intervention – This term refers to services that are provided to children under three years of age and their family when the child has been identified as having developmental or behavioural difficulties.

Early childhood services – Services that are provided directly to children younger than three years of age, directly to their parents or parental figures, or directly to children and parents together to support the child's development. These services might focus mainly on child health/nutrition or on child development (stimulating his/her holistic development), on social care (having a service for supporting parents who have jobs), or a combination of these types of service.

Educators – Professionals with a degree in education, psychology, or child development who work in early childhood services and provide learning and development activities for children and support programs for parents/families.

Educator assistants/caregivers – Paraprofessionals assisting educators in organizing activities for young children that stimulate their development and learning, in addition to performing general care duties for the children.

Home visiting services – Services that provide parenting support through visits to the home and include working with both family members and the baby/young child. Visits may include information and support on child nutritional and health requirements, as well as ways to support the infant's/young child's holistic development.

Integrated early childhood services – This term refers to those services that provide *care, education and social assistance* to children and their families and have professional staff hired for specific services.

Methodologists – Professionals working in early childhood services who are responsible for the professional development of the staff.

Nurses – Professionals with a medical degree who work in early childhood services as caregivers and/or in parent support programs.

Nurse assistants – Paraprofessionals assisting the nurses in early childhood services, who supervise children throughout the day to ensure their physical/health needs are met.

Parenting support services that are centre-based – Services that provide parenting support at a centre. Services can include information and support on child nutritional and health requirements and ways to support an infant's/young child's holistic development. These services are offered **in addition** to care and/or education services for the infant/young child.

Private funding – This refers to funding from any kind of organization that is private, not including the international organizations that are funding projects in the country.

Public funding – This refers to any kind of central, regional or local funding that is provided by state authorities.





INTERNATIONAL
STEP by STEP
ASSOCIATION

ISSA – An innovative network of early childhood development professionals and organizations primarily in Central/Eastern Europe and Central Asia, working to make quality early childhood education accessible to all children