WHAT ARE INTEGRATED INTERVENTIONS IN EARLY CHILDHOOD EDUCATION AND CARE (ECEC)?

Integrated interventions combine multiple services or supports across different agencies in health, social welfare, employment services and education. Such interventions are typically larger in scale than those in other categories (e.g. parent- or child focused ECEC interventions), requiring collaboration or coordination of multiple service providers within the community. Unlike interventions in other categories, which may be achievable with support from a single donor or community group, these programs are often backed by government investment and oversight is necessary to enable coordination across agencies.

Integrated interventions are regarded as the most effective way to address young children’s learning and development and break inter-generational cycles of poverty. According to Rao et al. (2017) integrated programs have the largest effects of any kind of program in supporting young children’s learning.

Four integrated interventions in ECEC were identified for this review (of a total of 109 studies; see further details under Background) which required studies to examine links to children’s development outcomes, resulting in available evidence for Paraguay and Peru (Latin America region) as well as the Philippines and Vietnam (East Asia region).

KEY MESSAGES

- Despite their effectiveness, integrated programs are relatively rare, as a result of the need to coordinate efforts across a range of agencies during design and implementation.

- The impact of such interventions depends on the training and motivation of the personnel, relevance to the context, strengthening of the existing services, the target population, and the overall holistic focus during program design.

- Integrated interventions are most suited to contexts where some kind of ECEC support is already established.

- Coordinating efforts around common aims and needs in ECEC may be particularly valuable for developing economies where the responsibility for young children’s development and learning is split between ministries with different funding and administrative arrangements.
What works and why?
Integrated programs achieve their impact by empowering local communities and encouraging those who stand to benefit to become directly involved as change agents within their local contexts. Generally success depends on, designing a holistic focused program that is relevant to the local community with trained and motivated personnel that can possibly strengthen existing services through added program elements for the right beneficiary groups.

Why implement such programs?
Integrated interventions appear most suited to contexts in which some kind of support for early learning is already available within local communities. The value lies in enhancing this support, by adding components - such as adding parent support to centre-based ECEC - or by creating coherence and coordination in a fragmented service system.

Such interventions are particularly relevant in countries where the responsibility for young children’s learning and development is split between different ministries which may find themselves competing for funding.

KEY SUCCESS FACTORS

Training and motivation of personnel
In the Peruvian Wawa Wasi program, initial and additional trainings are arranged for the Mother-Carers by the field coordinators who also participate in annual and monthly trainings. Training is often repetitive, going over the same subjects of health and nutrition - to reinforce the main messages of the programme (Cueto et al., 2009).

Intensification of existing services
The integration of a parent support program with a centre-based ECEC program have also strengthened the effects of support for early learning in the Vietnamese study (Watanabe et al., 2005).

Selection of children into the program
Also in the Vietnamese study, the largest effect on learning outcomes have been reported for children with stunting, suggesting that benefits are greatest for those most in need (Watanabe et al., 2005).

Holistic focus of integrated programs
The Pastoral del Niño program in Paraguay has found that increased parents’ attention on the physical home environment (e.g. by upgrading floors and roofs to reduce parasitic infestations) accompanied by increased attention to the social and emotional aspects of the home environment are positively linked to child development (Pearson et al., 2008).
EXAMPLES OF INTEGRATED INTERVENTIONS

Early Childhood Development (ECD) program in the Philippines

Implemented in the late 1990s, the program has taken an integrated, multi-sectoral approach to delivering a combination of services including centre-based ECEC (day care and preschool), home-based services (family day care and home visits by health workers) and community health stations. This has been achieved through the appointment of a Child Development Worker (CDW) in each community to link centre-based and home-based services and to provide community-based parent education.

The program has also made improvements to national monitoring and referral systems, enhanced community participation and local ownership to ensure sustainability and established a Council for the Welfare of Children (CWC) to be the national ECEC Coordinating Council (Armecin et al., 2006).

The Wawa Wasi program in Peru

This program involves four models of support for young children and their families (Cueto, Guerrero, Leon, Zevallos, & Sugimaru, 2009):

1 In a family Wawa Wasi (most common model) Mother-Carer takes up to eight children into her home, usually for a full day (8am–5pm, Monday to Friday).
2 In another version of this model, two Mother-Carers take in up to 16 children at a community facility.
3 In the institutional Wawa Wasi model, centre-based ECEC is provided by NGOs or other organisations that meet all expenses.

4 In the new Qatari Wawa model for rural Andean children, home visits are combined with workshops and activities for the children, their parents and older siblings, through a local community centre.

Each type of Wawa Wasi is overseen by a local office, with basic training as well as support and also includes three meals per day for participating children.

Strengthening centre-based ECEC through support for both educators and parents in Vietnam

The program has concentrated on training educators in child-centred teaching methods as well as on the provision of material support. Parent support include one-day training sessions for fathers and mothers separately every month, on ten different topics concerning child development. Also, the program has established a small local library and play corners in homes (Watanabe, Flores, Fujiwara, & Tran, 2005).

Pastoral del Niño program in Paraguay

This program has encouraged parents (and prospective parents) to engage in early stimulation and covered nutrition and health. Trained community workers have met with families once per month to conduct training and parent discussions, visited the families in their homes and accompanied pregnant women to health check-ups. (Pearson, Austin, de Aquino, & de Burro, 2008). Although this program focused on parent support, it is included in the integrated category because it aims to mobilise communities to provide wraparound support to families with young children.

Background

The global commitment to early learning has been expressed in the United Nations (UN) Sustainable Development Goals Agenda (SDG, United Nations, 2016) and access to support for early learning is considered a human right for all children, whether provided by the family, community or institutional programs (UNESCO, 2013). Inadequate cognitive stimulation has been identified as one of the key psychosocial risk factors associated with poor child development – a factor that is modifiable, with the right interventions (Walker et al., 2007). Thus, insights into how early learning supports may be delivered effectively in various contexts are essential.

To this end, a scoping review of Early Childhood Education and Care (ECEC) interventions in economically developing countries between 1998 and 2017, aimed at improving children's learning in the years before school, was conducted (Jackson et al., 2019). To gauge their effectiveness and to be included in the review, interventions had to have measured children's learning outcomes which, in line with the SDGs, could comprise cognitive, socio-emotional, language and motor development.
The 109 studies included in the review were grouped into six categories which aligned with a recent meta-analysis of ECEC interventions in low and middle income countries (Rao et al., 2017). The number of studies in each intervention category was as follows:

- Parent-focused interventions: 37 studies
- Child-focused education and nurturing care: 35 studies
- Quality: 20 studies
- Income supplementation: 8 studies
- Comparative: 5 studies
- Integrated interventions: 4 studies

For a summary map of the evidence - using the Firefox browser - visit https://datavis.acer.org/gem/early-childhood-interventions-gap-map

This policy brief summarises findings from the scoping review of the four studies of integrated ECEC interventions linked to changes in developmental outcomes for children to distil their key success factors for policy- and decision makers.

Implications
Identification of the aspects in integrated interventions which made the greatest differences to outcomes is difficult because programs are founded on the assumption that learning is best supported through the collaboration of multiple inputs, in a locally-customised form. Moreover, the scale of integrated programs makes any design involving treatment and control groups especially difficult for impact evaluation studies.

Furthermore, program success for integrated interventions is very context specific. Still the following questions provide guidance regarding key factors when considering the implementation of integrated interventions in ECEC.

1. Are there existing ECEC interventions in the community which can be brought together with intensified efforts?
2. Who is the target audience of the program – both in terms of children as well as parents/caregivers - and does it have a differentiated need?
3. Has an integrated intervention been implemented in a similar in culture/context and, if so, what are the factors contributing to its success?
4. How can the beneficiaries/neighbourhoods be involved to improve community buy-in of the planned integrated initiative?
5. What are some issues outside the education sector that could be addressed by a planned ECEC intervention - maybe related to health, nutrition or the physical environment - that could be linked to child development and ultimately learning outcomes?

FURTHER READING