Lessons from the COVID-19 Pandemic for Early Childhood Development and Nurturing Care

Priority areas for policy consideration and development to support Early Childhood Development (ECD) and Nurturing Care (NC) in times of persistent and profound disruption to children's lives in the Asia-Pacific Region

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MARC DE ROSNAY, ELLIE TAYLOR, KAREL STROOBAND & CATHRINE NEILSEN-HEWETT
EARLY START, UNIVERSITY OF WOLLONGONG, AUSTRALIA

ARNEC
Asia-Pacific Regional Network
for Early Childhood

Summary

COVID-19 emerged as a public health crisis. Its impact was wide-ranging and profound, and shed light on the needs of young children, their families, and communities during times of acute crisis and persistent and profound disruption to normal services and program delivery.

Several important lessons for preparedness and responding arose from the COVID-19 pandemic. First, responding was facilitated by the existence of policy frameworks, systems, workforce, collateral, strategic partnerships, and relationships that were in place prior to the onset of the pandemic. This speaks to the importance of an authorising environment focused on ECD.

Second, when families and communities are under acute pressure, the value of existing relationships and understanding of local values, needs and priorities (i.e., contextual sensitivity) is of profound significance for effective service delivery

Four areas were identified for ongoing policy consideration and development:

1. The early childhood care and development (ECCD) workforce

2. Prioritizing policies and programs that support home learning and community engagement

3. Promoting channels for integration of service provision

4. Systems to monitor the wellbeing of children, parents, and communities

Introduction

The COVID-19 pandemic has had wide ranging, profound and evolving impacts on early childhood development (ECD) through-out the Asia-Pacific region that are still being felt today. As communities, governments, and other agencies struggled to respond to the pressures and impacts experienced by children and families between 2020 and 2022 a variety of systemic and programmatic responses emerged to support ECD and nurturing care across the region.

Examination of these responses using a case study methodology was initiated by ARNEC and its partners[1] to identify good practice and innovation, and to understand the factors that enabled effective responding (e.g., service delivery, information dissemination, etc.), as well as the obstacles encountered by communities, governments, and other agencies in their attempts to support children and families.

These case studies also showed that the Nurturing Care for Early Childhood Development framework[2] provides an appropriate and flexible analytic framework to both understand and differentiate the impacts of the COVID-19 pandemic on children. Additionally, the NCF outlines evidence-based approaches to strategic actions that can be taken to ensure that communities and nations have structural and systemic preparedness to respond to children's needs.

The learnings of this process culminated in a series of findings and insights that have potentially far-reaching implications for the preparedness of governments, communities, and other agencies to respond to the ECD needs of children and support families in times of persistent and profound disruption to the experiences and services that support ECD and nurturing care.

COVID-19 was first a pandemic and public health crisis. As such, some factors (e.g., separation of children from their peers and a lack of familial and community network support for caregivers) gave rise to insights and learnings that are specific to such a context. However, the pandemic was wide-ranging and profound in its disruption to many facets of life and thus presents important lessons for preparedness and responding to a range of future scenarios that can be anticipated.

Emerging themes. Four inter-related priority areas for policy consideration and development are outlined below to support preparedness and enable timely and impactful future responding to the ECD and nurturing care needs of children and families.

Despite the distinctive experiences documented in individual case studies and the different jurisdictional settings, several recurrent themes emerged that can influence and inform a broad approach to policy development and planning. The findings of the case studies and the Integration Report[1] repeatedly illustrated that,

- responding was facilitated by the existence of policy frameworks, systems, workforce, collateral, strategic partnerships, and relationships that were in place prior to the onset of the pandemic

- when families and communities are under acute pressure, the value of existing relationships and understanding of local values, needs and priorities (i.e., contextual sensitivity) is of profound significance for effective service delivery

1. The early childhood care and development (ECCD) workforce

To respond to ECD and nurturing care needs in times of persistent and profound disruption, a skilled ECCD workforce, as well as supporting practice and regulatory frameworks, and resourcing, must already be in place.

In many jurisdictions there exist a significant number of early childhood educators and other early childhood specialists (in Health, Community Development, etc.) who, with adequate training and skill-development, can

- deliver their services via alternate modalities

- modify their role to support the delivery of outcomes via alternate methods

- be re-deployed in similar roles during times of acute need or disruption.

Pre-existing mechanisms to ensure funding for this workforce, their appropriate dispersion throughout communities, and clarity around role, supervision, and deployment are critical if they are to be called on to ensure timely, responsive, and flexible adaptation in times of crisis and disruption.

While many ECCD professionals have a holistic approach and broad expertise in a range of cognate domains, it is essential that meaningful differences between distinctive discipline areas are recognised and maintained through periods of change and disruption. Thus, early childhood health professionals may not be equipped to deliver early childhood education programs, but they may be well positioned to encourage caregivers to access and engage with appropriate resources to support home learning.

ECCD professionals with expertise and training in early childhood education and care (ECEC) are strongly positioned to establish respectful and close connections with families and communities, and to use this contextual understanding to respond flexibly; thereby increasing the chances of children's needs being met in times of significant disruption. The ability to adapt to fluctuating circumstances and shifting authorising environments (including chains of command) was a key factor in ensuring the success of ECD projects that arose in response to the COVID-19 pandemic[1,3].

The Mobile Creches' ECEC program supporting migrant workers in India[3], for example, required a significant shift during the second wave of COVID-19. The focus of their program moved to the provision of emergency medical help and relief for the most disadvantaged children and families. Their food distribution program resulted in the formation of new partnerships between Mobile Creches and nutrition-focused NGOs to supply resources to vulnerable communities. Their core remote-learning program (consisting of weekly phone calls between creche workers and families) also remained in recognition of the need to monitor family welfare and share important COVID-19 information.

Frameworks for and models of practice are also needed to support working directly with families, which can occur within homes, remotely, and through community organisations. For these

models to be successful, they need to be aligned with existing practice frameworks, adequately resourced, and subject to suitable regulation.

Workforce capabilities can be strengthened considerably through the integration of cross-sectorial partnerships and bringing together professionals across sectors. Interviews with program managers[1] reflected the importance of continuing multi-sectoral collaborations between organisations and communities to increase the scope and scale of programs and learning opportunities to foster ECD. Responding to the needs of families in a holistic manner is particularly crucial in times of persistent and profound disruption.

To respond flexibly and adapt to difficult circumstances, the ECCD workforce must also be technologically enabled. Digital and mobile technologies were crucial in retaining connections amongst families, ECCD professionals, and communities during the COVID-19 pandemic. In instances where internet access is limited or unattainable, engagement via frequent phone calls, or sharing electronic devices within communities, remains a good option.

Recommendations: Recognising and planning for the critical role played by the ECCD workforce is an essential feature of preparedness to meet the ECD and nurturing care needs of children and families in times of persistent and profound disruption. The current and future ECCD workforce needs to be supported and equipped to adapt quickly to crisis situations and work in flexible, multi-sectorial ways. These capacities are underpinned by a well-resourced and trained, ongoing ECCD workforce that is, additionally, equipped with clear practice frameworks and structural mechanisms to modify their practice in times of acute change and leverage digital technologies.

2. Prioritising policies and programs that support home learning and community engagement

Learning is a built-in mechanism ensuring children's enculturation and adaption to changing circumstances. Opportunities for age-appropriate, playful early learning within the home and in the community are essential for children to flourish.

Early childhood education and care (ECEC) is a critical service that supplements the home learning environment and supports caregivers in a variety of other ways[4]. For children experiencing poverty, other disadvantage, and vulnerability, ECEC is also an essential mechanism to promote inclusion and equity[5]. At times of persistent and profound disruption, such as the COVID-19 pandemic, community-based ECEC services may struggle to deliver community-based and face-to-face ECEC services for young children.

Few jurisdictions have frameworks and practice models that support and resource direct ECEC practice tailored to the home environment and adapted for remote delivery. COVID-19 has revealed, however, that home learning and community engagement become critical conduits for ECD (including ECEC) in times of persistent and profound disruption to ordinary service provision. Furthermore, where such initiatives have been (relatively) successful, they have depended on local knowledge, existing relationships, and trust; key assets that can be cultivated through high-quality, community based ECEC service provision in times of relative stability.

A flexible home learning and community engagement strategy requires suitable frameworks and practice models, strong relationships, and a digital landscape that supports content and engagement in ways that are accessible for children, families, and community workers.

Digital infrastructure can play a critical role to ensure ongoing home learning and community engagement opportunities for children and families. Policies and programs ought to leverage social media platforms, and other popular communication mechanisms, to promote the importance of home learning. Home learning resources need to be user-centred and differentiated to the developmental, learning and wellbeing needs of children.

It is widely recognised that many families have limited resources within the home, thus necessitating home learning and engagement mechanisms that keep families motivated and engaged, whilst meeting individual needs. Save the Children Philippines, for example, developed

CASE STUDY

Home-based Early Childhood Care and Development Program (ECCD Council, Philippines)

The ECCD Council exists within an authorising environment established by national legislation that identifies the need for children to experience quality ECCD programs and makes provision for their delivery within local government units (LGU). This is matched by a mature and supportive policy environment.

Children without access to ECCD services were identified through a formal mapping process, which also focused on identifying children at heightened risk of vulnerability and disadvantage. Given a relative lack of ECD data at a local level, this mapping process was essential for the identification of children's needs and to increase access to ECCD programs.

The home-based program drew upon existing workforce and previously implemented ECCD practice frameworks to provide sustained support for parents as children's first teachers and to create enriched home learning environments responsive to children's developmental and learning needs. The ECCD Council worked with LGUs to re-deploy local Child Development Teachers and Workers as program facilitators.

Program development recognised the critical role of parents and adopted an adult education approach to build parental capacity and independence in the delivery of the program. Parent communities were established to provide peer support and an environment in which parents could discuss issues and challenges they may otherwise face alone. Parents were able to connect with each other through similar experiences, and work together to achieve shared goals.

a mobile app (iMulat) that provided a well-rounded resource tending to the needs of young children in the Philippines[3]. It included play and activity suggestions, nutrition and health information, and strategies to foster wellbeing among children and families.

While the remote delivery of direct ECEC practice models for home learning does not replace the importance of access to community based ECEC services (e.g., early childhood education, community health), it can provide a critical bridge in times of crisis or in contexts of isolation.

Importantly, home learning positions caregivers (most commonly mothers) at the forefront of ensuring children receive ongoing, rich, and playful opportunities for learning and development. This can be a significant burden, necessitating support mechanisms for caregivers who may experience additional stress.

Recommendations: Existing frameworks, practice models and curricula that underpin ECEC service delivery can be supplemented with approaches that structure and resource ECEC practice in ways that engage directly with the home environment and are suitable for remote delivery. The foundations of such an approach should include a policy and practice landscape that supports authentic community engagement at times of relative stability, and anticipated mechanisms for continuing such engagement at times of crisis or acute stress. Given the ongoing relevance of an ECEC practice model focusing on direct engagement with the home environment, the regulation of such a model could be established at times of relative stability and the model scaled up at times of persistent and profound disruption to ordinary services.

3. Promoting channels for integration of service provision

ECD is supported by effective service integration, ensuring children and families receive care and development opportunities across the spectrum of social, educational, and health needs. Integration is critical between government departments (e.g., Ministries of Health, Education, etc.) and between authorities and other entities who operate within the policy parameters set by government. Service integration can rarely be fully realised at a local level without government partnership and is encouraged through leadership and strategic planning within government.

Integration of key services – e.g., education, health, and child protection – requires careful planning, the establishment of joined up systems and processes, and relationship development. This includes clear frameworks for service integration, transparent mechanisms to ensure conversations are ongoing and rich, and mutual respect between discipline areas and their respective workforces, which are often characterised by power imbalances. By putting such measures in place, ECD program quality and scope is improved, and services are better able to meet the complex needs of families more holistically. Further, workforce capabilities are strengthened by bringing together professionals across sectors.

In response to the COVID-19 pandemic and subsequent restrictions, Cambodia's Ministry of Education, Youth, and Sport developed a program to support the continuation of children's learning across the five areas of their national preschool curriculum framework[3]. They noted that the program's success was contingent on collaborative efforts across government departments, and with development organisations (e.g., Plan International, Save the Children, UNICEF). The program was developed through multi-sectoral collaborations across ministry departments and development planners, as well as connections with preschool sector professionals. Partnership approaches such as this helped to promote a continuum of care for children and families.

Recommendations: Priority can be given to establishing – and maintaining – initiatives and relationships that support effective service integration, particularly for children and communities who are most vulnerable. A strategic vision can be established by government through careful and authentic consultation with stakeholders. Clear frameworks should be established to ensure mechanisms are transparent, and communication is continuous and fruitful. Establishing clear, measurable outcomes (see 4., below) will be essential to evaluating the success of such initiatives.

4. Systems to monitor the wellbeing of children, parents, and communities

Inbuilt mechanisms for feedback were a critical component of many of the impactful programs that arose out of the COVID-19 pandemic[1]. Some case studies illustrated how effective measures could be put in place to ensure programs met community needs and remain vigilant to changing needs through open communication channels that give families and communities a voice.

Despite the merits and importance of such responsive design, many of these mechanisms do not allow for the evaluation of programs and do not provide government and other agencies with indicators or evidence-based outcomes (e.g., positive changes in children's developmental outcomes) that can inform policy development, funding mechanisms, adaptation of existing programs, future program design, and continuous improvement.

When considering the ECD and nurturing care needs of children, it is important that there is ongoing monitoring of key aspects of children's learning, health, and wellbeing, as well as the wellbeing of their support networks, which includes families and the sectors serving them. For such information systems to be effective, decision makers, governments, authorities, and other agencies need to be able to rely on current community-level profiles that provides an accurate picture of access to services and resources, pre-existing risk, and conditions for children and families.

In some areas of ECD and nurturing care, there are clear existing lead indicators and measures that are widely recognised (e.g., vaccination levels, stunting measures, etc.) and imply relatively clear links between service delivery and outcomes. By contrast, in other areas of children's learning and development, and in the domain of parental wellbeing, it is less clear how best to track outcomes, although many viable options are now in existence[6,7], and some may be able to be integrated with existing service provision and program delivery; thereby providing a cost effective and relatively rapid improvement in information systems.

Investment in monitoring systems that are both suited to jurisdictional needs/constraints and can be benchmarked to international lead indicators of children's learning, development, and wellbeing[8], can provide a solid foundation for adapting to rapidly changing circumstances and persistent disruption to ongoing services. The design and implementation of such systems should be a priority for all governments in the region if the ECD and nurturing care needs of children are to be met.

As service delivery inevitably shifts and programs are implemented to respond to crisis conditions and ongoing disruptions, active surveillance of, for example, child outcomes can be implemented more easily if ongoing monitoring systems are already in place. In the design of monitoring and surveillance systems it is critical that distinctive domains of children's ECD and nurturing care needs are effectively differentiated. The WHO NCF[2] provides an excellent basis for such differentiation (i.e., health, nutrition, responsive caregiving, early learning, child protection).

Programs should also be continuously monitored and adapted to the overarching needs of communities, particularly those with high incidence of poverty, unemployment, and low parental education attainment. Effective program evaluation should include assessment of facilitator effectiveness, determination of program fidelity and outcome-based measurements of effects for children, families, and communities.

Furthermore, it is important to emphasise that young children need security and safety, never more so than during times of significant disruption. Acknowledging that the COVID-19 pandemic resulted in an unacceptable increase in violence against children, and that child protection is often an underfunded sector, it is critical to track child safety with reliable indicators.

Recommendations

Empowerment of the child and family voice should be a focus in policy and program development. However, this focus needs to be balanced with valid and reliable monitoring systems and indicators that can be developed and implemented to provide decision and policy makers with accurate information about the quality-of-service delivery and key outcomes for those receiving services. Such monitoring systems need to be valid, reliable, easy to implement and aggregate, and transparent.

Acknowledgement

Endnotes

1. Asia-Pacific Regional Network for Early Childhood (ARNEC) (2022). Integration Report: Development of Knowledge Products to Support Early Child Development (EDC) and Nurturing Care (NC) Based on Resources Accrued During and in Response to the COVID-19 Pandemic. (Unpublished manuscript; joel.lasam@arnec.net)

2. World Heath Organization (WHO) (2018). Nurturing Care for Early Childhood Development. WHO; Switzerland.

3. Asia-Pacific Regional Network for Early Childhood (ARNEC) (2022). ARNEC COVID-19 Case Studies. (Unpublished manuscript; joel.lasam@arnec.net)

4. Turner, M. & Morgan, A. (2019) Opening eyes onto inclusion and diversity in early childhood education. In S. Carter et al. (Eds.) Opening Eyes onto Inclusion and Diversity. University of Southern Queensland Press; Australia (https://usq.pressbooks.pub/openingeyes/)

5. OECD (2020). Early Childhood Education: Equity, Quality and Transitions: Report for the G20 Education Working Group. OECD Press

6. https://www.oecd.org/publications/measuring-what-matters-for-child-well-being-and-policies-e82fded1-en.htm

7. There are now a wide range of measures (such as those based on the EDI and a variety of other options targeting more specific outcomes) and innovative approaches that can be used to collect child-level and caregiver data relatively inexpensively and efficiently. There is now adequate precedent to design and implement monitoring systems integrated with services and programs to yield high-quality indicators of children's learning, development, and wellbeing.

8. See https://data.unicef.org/resources/early-childhood-development-index-2030-ecdi2030/