

EARLY CHILDHOOD DEVELOPMENT AND POVERTY REDUCTION IN THE PEOPLE'S REPUBLIC OF CHINA

Wei Ha and Ye Xiao

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ABBREVIATIONS

CDRF	China Development Research Foundation
CNY	Chinese Yuan
ECD	early childhood development
PRC	People's Republic of China

ABSTRACT

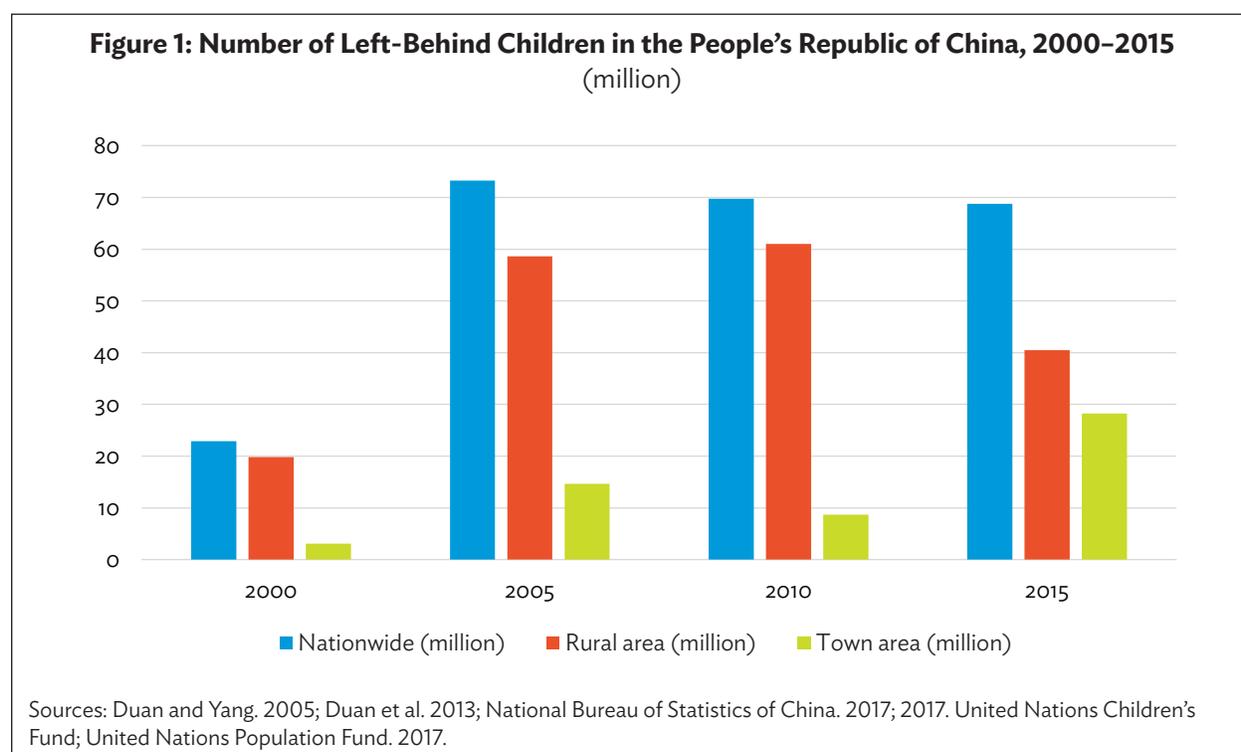
The People's Republic of China (the PRC) has made laudable achievements in poverty reduction and completed the arduous task of eliminating extreme poverty by the end of 2020. In its recent national 14th Five-Year Plan, improving the quality of human capital is highlighted as an essential goal. Existing research has shown that investing in early childhood development generates the highest rates of returns and leads to better education, health, social and economic outcomes. After decades of neglect in early childhood development, the government has been increasing investment in preschool education targeting children in ages 3–6 years since 2010. Until 2019, early childhood development has received renewed attention by the government. Drawing on policies and practices in developed countries and intervention research projects based on randomized controlled trial, this paper suggests that comprehensive and equitable early childhood development service system should become a priority in building essential public service systems. Moreover, special attention needs to be given to the vulnerable rural population and their caregivers. Home visiting program could be used in hard-to-reach areas in lieu of center-based approach.

I. CHALLENGES FACING EARLY CHILDHOOD DEVELOPMENT

A. Migration-Related Challenges to Early Childhood Development in Disadvantaged Rural Areas

Since its reform and opening-up, the People's Republic of China (PRC) has experienced the most massive and unprecedented population migration from rural to urban areas in the world whereby a large number of rural laborers have gone to cities to seek job opportunities. This kind of rural-urban migration has led to the geographical segmentation of rural families, where one or both parents work in the city. As a result, children left behind become the main concern for child development in lagging rural areas. Due to the increased cost of living in the city, working hours are long, which makes it difficult for parents to take care of their children. Coupled with the challenge of services accessibility for rural household registration holders, this situation compels migrant children to remain in rural areas.

In 2000, there were 22.9 million left-behind children in the PRC, including 19.8 million rural left-behind children. In the following 10 years, the number of left-behind children increased rapidly. In 2010, the number of left-behind children nationwide reached 69.7 million, of which 61 million were in rural areas, accounting for 37.7% of all rural children (Duan and Yang 2005, Duan et al. 2013). Figure 1 shows that by 2015, the number of left-behind children in the PRC stood at 68.7 million, of which children from rural areas numbered 40.5 million, accounting for 28.9% of the total number of rural children (National Bureau of Statistics of China, United Nations Children's Fund, and United Nations Population Fund 2017). These trends demonstrate that the scope of the left-behind children phenomenon in rural areas has decreased. In contrast, the number of left-behind children in cities and towns has increased, which is in line with the changing trend of the urban and rural population structure in the PRC. In addition, the new policies for rural population migration into cities and "village urbanization" contributed to the transition of rural left-behind children into urban left-behind children.



The numbers of preschool, rural left-behind children have increased rapidly. In 2010, the number of rural left-behind children under the age of 5 reached 23.4 million, accounting for 38.37% of all rural left-behind children, which is an increase of 7.5 million or 47.73% compared to 2005. At the same time, the number of left-behind children (6–14 years old) and older left-behind children (15–17 years old) at the compulsory education stage decreased by 9.65% and 19.68%, respectively, compared to 2005 (All-China Women's Federation Research Group 2013).

The key reason for this is the new urbanization policy of the PRC, which stipulates that it is necessary to promote universal access to essential public services in urban and rural areas. In other words, basic service provision in many cities has become universal to include the rural migrant population. Consequently, many rural parents who seek employment in urban areas chose to take their children to live in cities and receive compulsory education in cities. However, the care and education of preschool children has not received much policy attention in terms of the urban public service system. As a result, even in cities, raising preschool children remained the burden of families. Therefore, left-behind children in rural areas were more likely to go to the city with their parents when they reached the age of compulsory education, while children in ages 0–6 years old, i.e., the preschool age, were more likely to stay in rural areas.

According to the China Family Development Report, the proportion of 2-year-old children left behind was highest in 2015, accounting for 44.1% (National Health and Family Planning Commission 2015). The proportion of rural left-behind children under the age of 5 reached 47.08%, of which 32.67% lived with their grandparents. These numbers illustrate that the phenomenon of intergenerational support has become increasingly prominent. This is because nearly 20% of migrant parents leave their villages before their children turn 1 year old (among which 30% of them leave 1–3 months after their children are born), resulting in a considerable number of left-behind infants who receive insufficient breastfeeding (ACWF Research Group 2013). Consequently, long-term parent–child separation has affected the care, safety, and education of these preschool children to various degrees.

B. Developmental Delays and Other Care Issues

Research has shown that infants and toddlers living in poor rural areas lag in nutrition, health, cognition, language, social, and emotional development. For example, a study in the Qinling Mountains and Bashan Mountains found that the risk of cognitive delays in infants in poor rural areas increased significantly with age. Data show that the incidence of cognitive delays in the sample children in ages 24–30 months reached 50.4%. In contrast, the likelihood of motor retardation decreases with age, with 25% of infants in ages 6–12 months experiencing motor delays (Cui et al. 2018). In another study on the early development of infants and young children in ages 6–18 months in Qujing, Yunnan Province and Baoding, Hebei Province, a fourth of the sample children had at least one developmental delay in communication, motor skills, problem solving, and social abilities (Wang et al. 2018).

In addition, the anemia rate for infants and young children in poor rural areas was high, with 48.3% of infants and young children in ages 6–12 months developing severe anemia (Luo et al. 2017a). Moreover, the development of children's language ability in poor rural areas was also at risk (B. Wang et al. 2019). For instance, language delays were found in 40.6% of children in ages 6–18 months (Luo et al. 2017b). In poor rural areas of southern Shaanxi, 46.11% of infants experienced delayed social and emotional development, and 47.58% of them had poor family environments. The data clearly shows that there is a positive correlation between the family environment and social and emotional development of infants (Li et al. 2018).

The above problems in early childhood development in poor rural areas have roots in the caregiving and nurturing environment created for children. Firstly, poor feeding knowledge among caregivers in rural areas led to poor nutrition among children (Yue et al. 2018b). After 6 months, breastfeeding cannot

adequately meet children's energy and nutritional needs. However, only 49.8% of the caretakers can correctly estimate the most appropriate time to add complementary food, which is supposedly 6 months (China Development Research Foundation, CDRF 2017), and only 16.7% of food supplements meet the nutritional requirements of the children (Wang 2016). These inappropriate feeding practices increase the risk of infant anemia (Luo et al. 2016).

Secondly, caregivers lack scientific knowledge in parenting; they seldom interact with children; and they cannot create an environment to stimulate their cognitive development. One study found that interactive parenting styles such as telling stories, singing, and playing games with children are very rare among low-income families in rural areas (Luo et al. 2017b). Another survey in Huachi County, Gansu Province, showed that only 24.4% of families would tell stories to their children (CDRF 2017).

Thirdly, a worrisome tendency is that caregivers themselves significantly negatively affect the cognitive and socioemotional development of children. Some 23.26% of the caregivers of children in ages 6–24 months in poor rural areas of southern Shaanxi were found to have symptoms of depression. In fact, the proportion of grandmothers with moderate or high levels of depression was higher than that of mothers, accounting for more than 34.7% (Gan et al. 2019, Yue et al. 2018a). Overall, it is clear that the early development of left-behind children who are raised by grandparents is significantly slower than that of their urban counterparts.

C. Public Services for Infants and Child Health Care and Isolation of Caregivers

The establishment of the basic public service system in rural areas of the PRC started late, and the health care and early education of infants and young children in rural areas was not given priority. Consequently, caregivers could not obtain the necessary knowledge on infant care and health care. Most of the grassroots child health care workers in rural communities were part-time village health workers with a relatively low educational and professional attainment. They lacked the awareness, ability, and corresponding incentive mechanism to provide sufficient early childhood development services. As a result, they could not meet the needs of early childhood development in rural areas (CDRF 2017).

The care and education of infants and young children have almost entirely been undertaken by families, which require their substantial investment in time, energy, and money. There are only a few public health care and education institutions, and no mature market services for families to choose from. In 2016 and 2017, the former State Health Planning Commission and the State Council Children's Work Commission conducted sample surveys in 10 cities, which showed that while 33.3% of parents demand education services, the actual enrollment rate for children in ages 0–3 in the survey sample was only 5.55% in 2016. In 2017, the survey data of the State Council Working Committee on Women and Children from four provinces and cities showed that 48% of parents had need for childcare services; however, the actual engagement rate in the survey sample was just 4.29% (Yang 2018, Yang 2019). In contrast, the average rate of childcare provision in countries of the Organisation for Economic Co-operation and Development reached 33.2% in 2016.

Overall, the PRC's policies for the early development of infants and toddlers are not systematic at present as many policies lack substantive solutions and public investment. The division of responsibilities between governments at all levels and relevant departments is also not clear. Since the abolition of the National Leading Group on Kindergarten Work in 1982, there has been no particular government agency to undertake the work of early childhood development. Moreover, the working mechanism of overall coordination and effective cooperation among various departments has been absent, resulting in weak policy implementation until very recently.

II. HISTORY OF THE EARLY CHILDHOOD CARE SYSTEM FOR CHILDREN IN AGES 0–6 YEARS

A. Pre-1990s: Employers as Primary Providers of Childcare

As illustrated in the previous section, public services for early childhood development have been absent for a long time in the PRC, and children whose parents are not employed by the state and those living in deprived areas suffer the most. Under the planned economic system, the work units of urban residents have assumed most of the functions of social services, including meals, children's education, and medical services. Consequently, the responsibility of caring for preschool children is placed on the units and enterprises that parents work in. In addition to nurseries and kindergartens¹ organized by units and enterprises, there are nurseries organized by local women's federations and run by the local governments, which fill in the gap to some extent (Zhang 2017). Nurseries and kindergartens run by different entities have different financing arrangements. Those run by government agencies and public institutions receive fiscal subsidies from the government coffers directly whereas those run by public enterprises can deduct these expenses pretax. Funding for those organized at the local level raise funds through their own means (Cai, Wang, and Zhang 2019). Under these circumstances, most of the nurseries and kindergartens run by state-owned enterprises, governments, and public institutions have sufficient funds and higher quality, while preschool education and early education for children outside the system were of lower quality.

In rural areas, during the period of the Great Leap Forward, there were childcare services in the form of childcare mutual cooperative groups, farm nurseries, year-round day nurseries, and other forms of care. Some of them were spontaneously organized by farmers, while some of them became part of agricultural producers' cooperatives and were borne by the collective. However, most of the time, the form of childcare in rural areas was mainly through the help of neighbors. In other words, there was a big gap in the supply level of preschool education between urban and rural areas and between areas with different economic advantages during this period.

The Regulations on the Administration of Kindergartens promulgated in 1989 stipulated that public kindergartens have to accept children over the age of 3. In doing so, nurseries providing care services for children under 3 years of age were placed entirely outside of the policy focus (Yue and Fan 2018). It was not until 2010 that ECD for children in ages 0–3 years was again placed on the policy agenda.

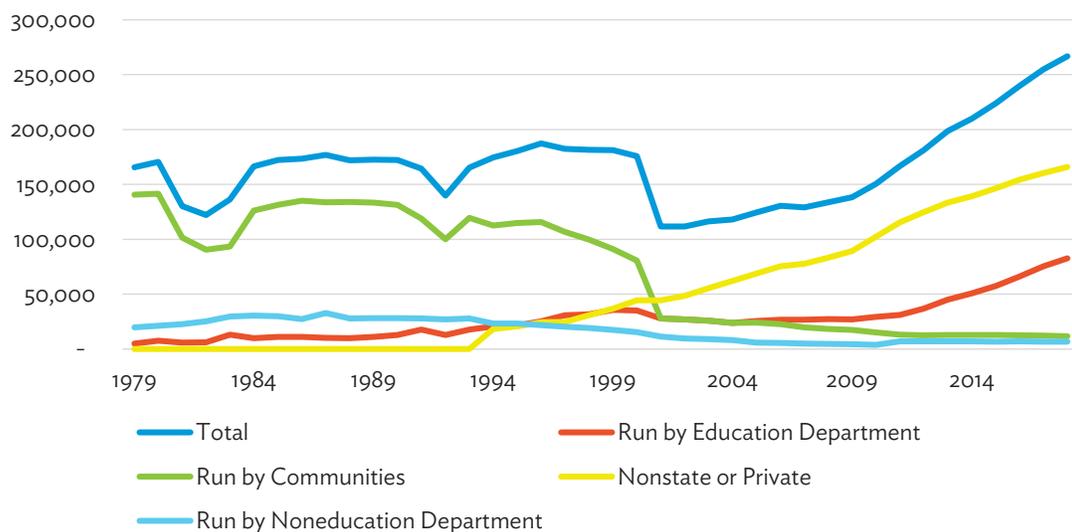
B. Mid-1990s–2010: Kindergarten and the Policy Gap in Early Development of Children in Ages 0–6 Years

In the mid-1990s to 2010s, the number of collective kindergartens decreased significantly, and the number of private kindergartens increased rapidly. There was, however, a policy gap in the care of and early development of children in ages 0–3. From the mid-1990s to 2010, kindergartens and nurseries run by enterprises were “closed, suspended, merged and transferred” in the wave of state-owned enterprise reform. In fact, even before that, the financing system of preschool education started to collapse with the abolition of the tax-free status of childcare expenses. As a result, many enterprises stopped or reduced their investment in kindergartens and nurseries (Zeng and Fan 2009). This was reflected in the changes in the number of collectively run kindergartens, which dropped from about 130,000 in 1990 to around 80,000 in 2000, or from 76.2% to 45.9%.

¹ Nurseries are called daycare centers and preschools in the United States.

As a result of policy changes, the number of collective kindergartens decreased rapidly after the year of 2000, leaving only 15,000 in 2010, accounting for a mere 0.1% (see 2 and 3). At the same time, the state began to encourage market forces to run kindergartens, and a considerable part of the original enterprise-run kindergartens was transformed into private kindergartens. Data show that in 1994, the PRC's education statistics yearbook began to include private kindergartens in the statistics. In 1994, there were 18,300 private kindergartens. After that, the number of private kindergartens began to increase rapidly each year, reaching 62,200 in 2004, accounting for 52% of the total number of kindergartens. Thus, market forces became the leading supplier of preschool education. The number of state preschools rose slowly from 13,000 in 1990 to 44,000 in 2000, before levelling off at 25,000–30,000 a decade later (see Figure 2).

Figure 2: Number of Kindergartens (for Ages 3–6) in the People's Republic of China, 1979–2018

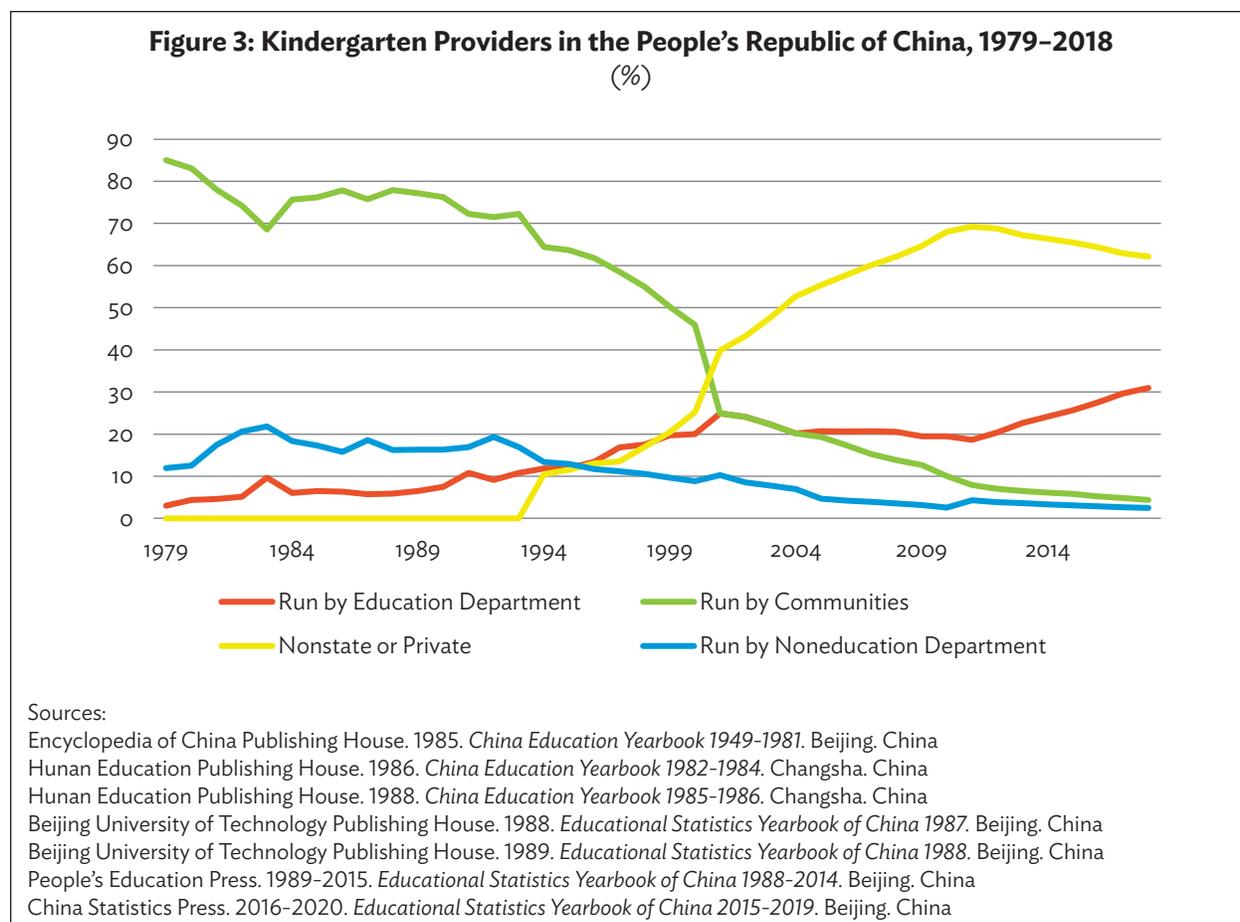


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C. 2010s–2020s: Public Kindergartens and Early Education for Children 0–3 Years

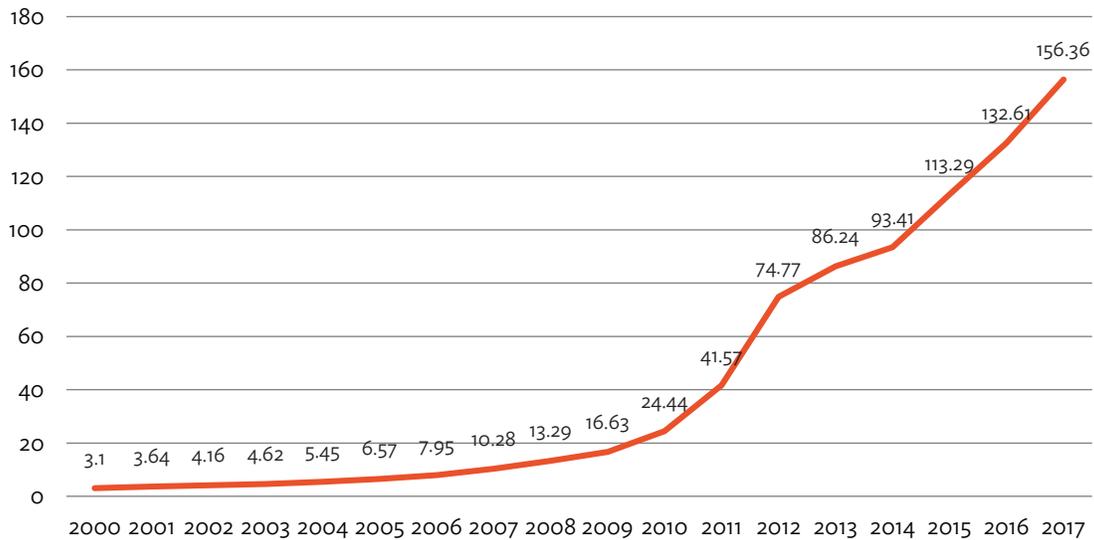
During the 2010s and 2020s, there has been a large-scale increase in public kindergartens, and early education for children in ages 0–3 years was back on the policy agenda. From 2010 to 2020, private kindergartens continued to proliferate as the government began to increase public investment in preschool education and the number of public kindergartens began to expand. The Outline of the National Plan for Medium and Long-Term Education Reform and Development (2010–2020) proposed actively developing preschool education, expanding preschool education resources in various forms, establishing a government-led public and private kindergarten system through social participation, and formulating county-level 3-year plans of action for preschool education. It is clear that this policy responded to the long-standing outcry against the affordability and accessibility for preschool education. This transition also benefited from the achievements of the popularization of compulsory education in the PRC, with the consolidation rate of 9-year compulsory education reaching 87.5% in 2010.



By 2020, the PRC has implemented three 3-year action plans for preschool education. The national financial investment in preschool education increased from 24.4 billion yuan (CNY) in 2010 to CNY156.4 billion in 2017—a 5.4 times increase. Song (2019) reports that this proportion of financial assistance, which was below 1.5% before 2010, increased from 1.7% to 4.6% (see Figures 4 and 5). By 2018, the gross enrollment rate in the 3 years before school reached 81.7% (see Figure 6), and the number of public kindergartens reached about 83,000, accounting for 31% of all kindergartens, an increase of 12% over 2011. The number of private kindergartens reached 166,000 accounting for 62% (see Figures 2 and 3). In February 2020, the Ministry of Education issued the “*County Preschool Education Popularization Inclusive Supervision and Evaluation Measures*” to clarify the main indicators of county preschool education. Main targets include the gross enrollment rate of children in ages 3–6 reaching 85%; moreover, 80% of these children should be served by public preschools (50%) or semipublic preschools (30%). With the completion of the three preschool education action plans, the gross enrollment rate of preschool education in the PRC was expected to reach 85%.

At the same time, the government gradually started to pay particular attention to ECD of young children in ages 0–3. The enrollment rates of preschool children in the PRC are currently at a low level, and the enrollment rate of children in ages 0–3 in various educational institutions in 2017 is only 4.1% (Tencent Education 2017). The Outline of the National Plan for Medium- and Long-Term Education Reform and Development (2010–2020) stated that attention should be paid to the education of children in ages 0–3. In 2012, the MOE identified pilot cities for ECD for children in ages 0–3 year-old. The Thirteenth Five-Year Plan for the Development of National Education in 2017 continued to emphasize the development of early education for infants and young children in ages 0–3. In April 2018, the State Health and Safety Commission issued the Action Plan for Healthy Children, 2018–2020,

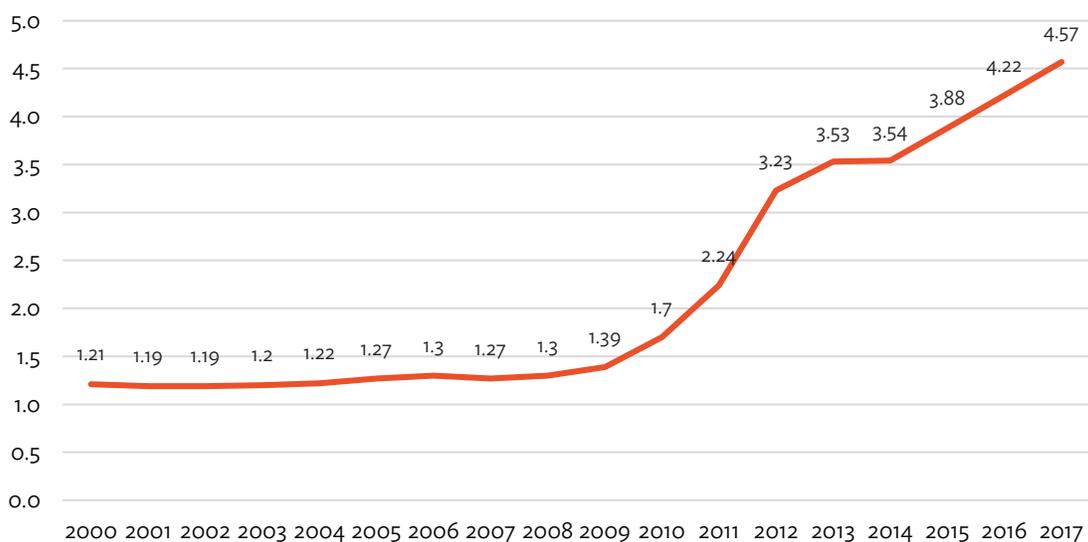
Figure 4: Public Investment in Preschool Education in the People's Republic of China, 2000–2017
(billion yuan)



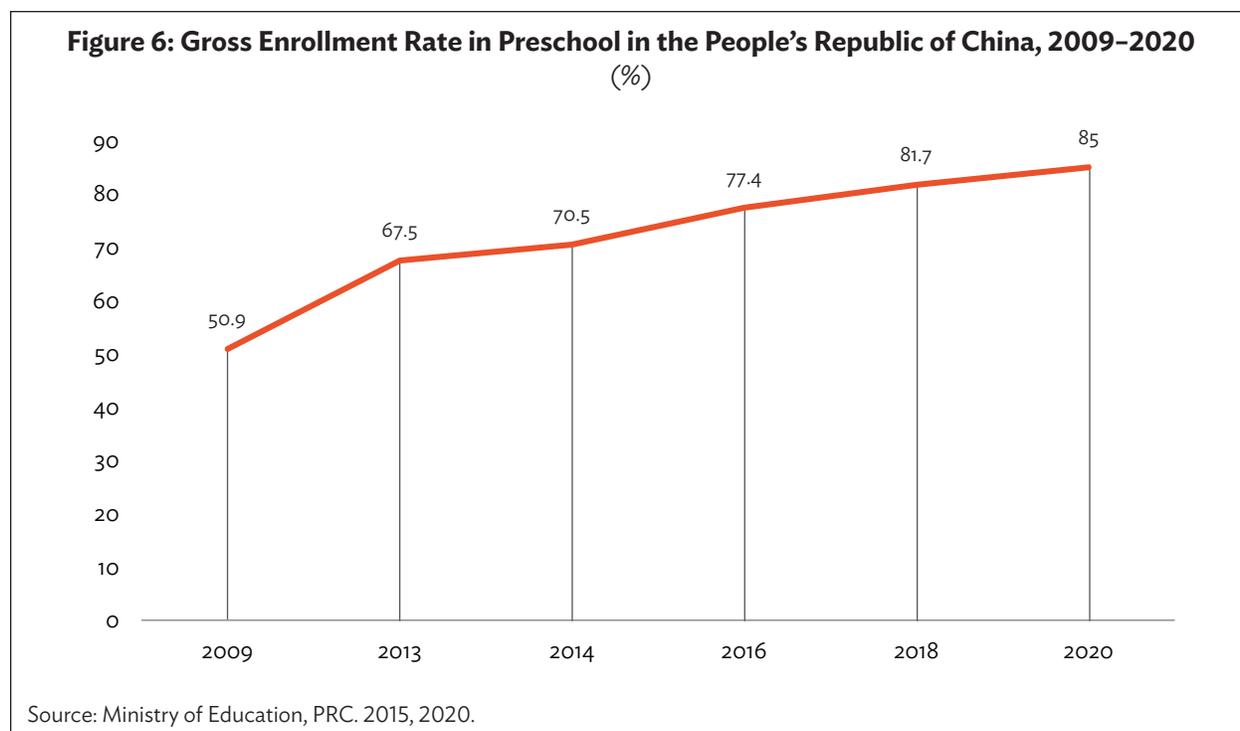
Source: Song, 2019.

proposing the implementation of ECD activities, promoting the equalization of ECD, and promoting ECD services in rural areas, communities and families. Shortly after that, the State Council issued the 2019 “*Guiding Opinions on Promoting the Development of Infant Care Services under the age of 3*”, putting forward the principle of “family-oriented, complementary care”, strengthening support for families and communities, increasing support for infant care services in rural and lagging areas, and delineating the division of responsibilities among government departments. After that, the provincial governments issued corresponding implementation opinions to promote the development of infant care services according to the requirements of the State Council.

Figure 5: Percentage of Public Investment in Preschool Education in the People's Republic of China, 2000–2017



Source: Song, 2019.



Between 2011 and 2016, the central government invested around CNY100 billion in ECD (or 0.7% of total public investment), with CNY360 billion in additional investment coming from local governments (0.45% of total local government public investment). This was significantly higher than the CNY24.4 billion invested in 2010. Enrollment rates for 3–6-year-olds in preschools have risen sharply and are on track to reach the 85% target. Despite the fiscal challenges due to the coronavirus disease or COVID-19 pandemic, the central government remains committed to prioritize intergovernmental transfers for ECD in the 2020 budget.

III. INTERNATIONAL RESEARCH ON EARLY CHILDHOOD DEVELOPMENT PRACTICES AND RELATED INTERVENTIONS

A. Early Childhood Development Policies and Practices in Developed Countries

Beginning in the mid-20th century, many countries began to pay attention to ECD, and gradually shifted the policy focus to 0–3-year-olds. Policy objectives were based on the human capital theory, which argues that human capital development may address the developmental challenges of the poor population and promote social equity.

A notable example is the Head Start program, which was founded in 1964 by the President of the United States (US) Lyndon B. Johnson. The US federal government began to implement the Head Start program in 1965. This included early education services for families with vulnerable children in ages 3–4 years old. Under its umbrella, preschoolers from low-income families and their families were provided with comprehensive services to help them prepare for school.

In brief, Head Start empowered local nonprofit and for-profit public and private organizations to fund ECD programs. It used a centralized service model, which authorized institutions to open child development centers to provide integrated services including education, health care, and parent training. For example, they offered free education for children from low-income families for a period ranging from several months to a year, free medical checkup and nutrition packages, and nutrition and health training for parents. Another critical feature of Head Start was parental involvement, where parents and volunteers worked as support staff with children in ages 4–6 and were paid for doing so. This would not only help children grow but also help parents get remuneration and skills training in this process. Consequently, the improvement of parental quality played a significant role in improving the family environment for children.

As Head Start grew, it expanded from an 8-week summer program to a year-round program. The scope of its services was gradually expanded, initially for preschool children in ages 3–4 years from low-income families, and in 1969 to middle-class families. At the same time, service models were innovated and enriched to suit the needs of families, including the standard service model, flexible education model (variations in attendance), double sessions, home-based model, and local service model. The standard service model was to receive five half-day classes in the child development center every week, while other models were flexible in time, place, and teaching content. Moreover, authorized agencies could also choose appropriate service models according to local social needs and their abilities (Liu 2007).

In 1995, the Early Head Start program for children under 3 years of age was incorporated into the Head Start program system. Its service models were more diversified, including the centralized mode of providing services for children and parents based in the Head Start Center, the family mode of providing social opportunities for families based on home visits, and the mixed-mode of combining various modes (Liu 2007). By 2019, the Early Head Start program reached 3 million children.

The Head Start program created a model to promote the growth and development of poor children, which has become a model for noncompulsory education and has offered valuable lessons to other countries. For instance, the United Kingdom (UK) has borrowed the integrated service model of the Head Start program. It implemented the “Sure Start Program” in 1997 to provide early development services in low-income families for children under the age of 4, including their parents.

Assessing the experiences of the UK and the US, it can be seen that early education of infants and young children in ages 0–3 years old has gained more and more policy attention. With this in mind, the PRC also gradually included the early development of infants and young children in ages 0–3 years old into its policy considerations. The Head Start experience suggests that ECD policies should focus primarily on children in lagging areas to promote social equity, and parental involvement should be emphasized as a strategy to serve both generations.

B. Early Intervention Projects and Home Visit Interventions

Early intervention projects have high returns and long-term effects, and developing countries have adopted low-cost home visit interventions. Many studies have shown that investing in preventive interventions, such as ECD, yields far higher returns and is more effective than investing in remedial interventions, such as remedial education programs and adult education and training. Many experimental early childhood intervention projects show that investment in ECD not only has higher returns on investment and improve children's cognitive level and academic performance in the short term, but also improve children's education, income, and health in the long run. The Perry Preschool Project for poor African-American children in ages 3–5 years old with low IQ scores is a case in point. Carried out in the 1960s, the intervention measures of the project included preschool intervention and weekly home visits provided by professional teachers. Studies have shown that the return on investment for this project was

around 7%–10% (Heckman et al. 2010). This early intervention was also found effective in reducing crime and increasing income for beneficiaries when they were in their mid-40s (Heckman and Karapakula 2019b). Subsequent follow-up studies also found that the effects of the intervention persisted in the participants' next generation, with fewer suspensions from school, higher educational attainment and occupational earnings, and less involvement in crime. These intergenerational effects were particularly significant in the participants' male descendants (Heckman and Karapakula 2019a).

Another representative example of an early intervention program is the North Carolina Beginners Program in the 1970s. Participants came from low-income families, mostly African-Americans, and were raised by single mothers. The intervention was divided into two stages. The first was the preschool intervention from birth to 5 years of age, which was carried out in daycare. The second was the follow-up intervention for 6–8-year-olds, including school visits and home visits. Research shows that the Beginners Program had a 13.7% return on investment, which was higher than Perry's Preschool Project (Garcia et al. 2017). Long-term follow-up studies demonstrated that the intervention group had higher intelligence and academic test scores, was more likely to enter college, and had fewer births during adolescence (Campbell et al. 2002). In terms of health, children who received the intervention had a lower risk of metabolic syndrome and cardiovascular disease in their mid-30s (Campbell et al. 2014). Finally, the latest research on the PRC's ECD program also illustrated that in rural areas, the cost–benefit ratio of government investment in ECD projects is 4.2–9.3, and the return on investment is roughly 7%–15% (L. Wang et al. 2019).

These programs demonstrate that ECD should be increasingly prioritized in developing countries. This is because in the context of a developing society, home-visit-based early childhood intervention programs are advantageous due to their low cost. Home visit-based early intervention programs are less costly and have already been implemented in countries such as Bangladesh, the PRC, Colombia, Jamaica, and Peru (Grantham-McGregor and Smith 2016). For example, home visits and nutritional intervention by community health workers were carried out in the families of malnourished infants and young children in Jamaica in the 1970s. A follow-up study conducted 20 years after showed that the income of the intervention group was 25% higher than that of the control group (Gertler et al. 2014).

In addition to their low cost, home visits improve the standard rate of child development by more than 50%, effectively promoting the development of language and rough movements, improving nutrition, reducing the occurrence of anemia, as well as improving caregivers' parenting skills and family environment (CDRF 2017). For example, the CDRF and the National Health Commission of China launched the "Huiyu China: Mountain Village Household Early Childhood Education Program" (Rural Education and Child Health project) in 2012, which was piloted in seven districts and counties throughout the country. It provided parenting guidance and nutritional intervention to families of children in ages 6–36 months and has already benefited 5,000 children.

In 2012, the Peruvian National Department of Development and Social Inclusion launched the Servicio de Acompañamiento a Familias (SAF) project for large-scale early childhood education, which aimed to improve the parenting skills and awareness of family caregivers and to strengthen the relationship between caregivers and children in impoverished areas of Peru. The SAF project provided different intervention programs for rural and urban areas, with daycare services in urban areas and one-to-one visits and group activities in rural areas. An evaluation of the SAF project showed that short-term interventions could increase children's developmental levels from 50% to 57% of the overall distribution (Scharady et al. 2019).

IV. POLICY RECOMMENDATIONS FOR THE EARLY DEVELOPMENT OF 0–3-YEAR-OLD CHILDREN IN THE PEOPLE’S REPUBLIC OF CHINA

A. Investment in Early Childhood Development to Improve the Quality of Human Capital

The key to poverty eradication is to improve the quality of human capital. Investment in ECD in lagging rural areas has the highest returns. At present, the PRC is attempting to build a well-off society in a comprehensive way. After solving the problem of absolute poverty, it is also facing the severe challenge of relative poverty. In 2020, the basic requirements for poverty alleviation were to eliminate the food and clothing concerns for the rural poor and to have access to compulsory education, basic medical care, and safe housing. Under this “new normal”, the PRC’s economic growth will shift from relying mainly on manufacturing to relying more on technological progress and innovation.

The key to achieving this transformation is to improve the quality of human capital of the future labor force. Therefore, ECD as a focus should be incorporated into the national health, education, and poverty alleviation strategy. The relative poverty reduction strategy should give priority to preschool children in lagging rural areas, and take comprehensive and holistic interventions such as nutrition, health, parenting, and education to ensure that children in lagging rural areas are given equal opportunities for early development. Early intervention at the age of 0–3 can offer higher returns on investment, so it is urgent to accelerate the formulation and implementation of policies for the early development of infants and young children in ages 0–3 in lagging rural areas.

B. Provide Comprehensive and Equitable Early Childhood Development Policies Especially to Rural Vulnerable Children

The PRC’s ECD policy has shifted from the preschool education of children in ages 4–6 to the care and education of children in ages 0–3. Since the State Council issued the Guiding Opinions on Promoting the Development of Infant Care Services under the Age of 3 in 2019, early education for children in ages 0–3 has gradually received more attention, and relevant implementation guidelines have been issued one after another. While expanding public investment in the early development of children in ages 0–3 is essential, we should also consider narrowing the gap between urban and rural areas and focusing on the early development of infants in deprived areas.

Learning from the successful experience of the Head Start program, early education for children from low-income families has been given policy attention. The objective is to gradually expand the scope of policy services to middle-class families with guaranteed fairness. Reflecting on the investment in preschool education in the PRC, preschool education in most lagging rural areas has not received priority attention. The main direction of financial investment in preschool education by the central and local governments is still public kindergartens, i.e., municipal kindergartens, and county public kindergartens are still the primary recipients of financial investment.

Nevertheless, the central government’s preschool education financing has a particular need for the expansion of financial aid for vulnerable groups of children, who comprise about 10% of the children in kindergartens (Song 2019). The phenomenon of “rural depression” in preschool education funding is prominent (Liu 2019). Therefore, the early development policy for infants and young children in ages 0–3 should avoid repeating the unfair financial distribution of preschool education. Plus, financial support should discard the “public-only” limitation for funding. This means offering aid on a standardized basis to all institutions, regardless of whether they are run by government departments, enterprises,

universities, collectives, or by social organizations and nongovernmental organizations. As long as they provide inclusive education and insurance services, financial support should be given in order to better leverage all kinds of capital and social forces (Pang et al. 2019).

C. Include Support to Caregivers in Early Childhood Development Policies

ECD policies require multifaceted support for caregivers. Infants in lagging rural areas in the PRC are facing high risks of developmental lags in nutrition, health, cognition, language, and social and emotional growth, which are correlated with service of caregivers. To change this, it is necessary to improve rural public health care and medical services, provide physical examinations for psychological and behavioral development of children under 3 years old; as well as offer breastfeeding guidance, supplementary food provision, reasonable dietary assistance, and other services to caregivers.

It is also essential to help parents establish awareness of ECD, popularize scientific knowledge of parenting, and correct poor parenting behavior. The former aims at enhancing knowledge about child nutrition, while the latter is to create an excellent nurturing environment for children and promote their cognitive, linguistic, social, and emotional development.

An essential part of the Head Start program was the inclusion of parental involvement in the implementation stage, including helping parents set goals for family cooperation, participation in maternal education and child development, participation in child nutrition and mental health services, and participation in community services and home visiting services (Liu and Nie 2008). The concept of “parental participation” is worth incorporating into the ECD policies in the PRC in order to provide support centered on caregivers, especially teaching caregivers to interact with children, to improve the family environment.

D. Provide Flexible and Diverse Early Childhood Development Services

Drawing on the PRC’s past and international experiences, ECD services should take into account the actual situation of families and the country’s level of local economic development, so as to provide flexible and diverse services. Drawing from its rich experience in the 1950s and 1970s, the PRC should adopt full-time, part-time, half-day, hourly, nighttime, and other forms of care to meet the diverse and multifaceted needs of different types of parents for the education and care services for children in ages 0–3 (Pang et al. 2019). This should include full-time services, mainly for families with two working parents that lack intergenerational support. In addition, daycare services in the form of “monthly care”, “half-monthly care” and “weekly care” should be provided as well as half-day services mainly for part-time working mothers or families with partial intergenerational support.

Additionally, it is essential to note that a significant number of lagging rural areas in the PRC are located in remote and mountainous areas with inconvenient transportation. This means that many institutions cannot reach the village level. To support rural communities in expanding the scope of public services for ECD, home visits are helpful but require a large number of funds and personnel.

To cater to the needs for ECD, institutions can set up morning care or afternoon care for parents to choose accordingly. For example, temporary services may be offered mainly to meet the short-term educational and care needs of families with special work needs, such as short-time care, weekend care, and holiday care. In addition to relying on ECD services provided by educational institutions, families can also serve as units of ECD services. In the Head Start program, it is clear that its standard service model was to let children receive education in the child development center. However, there was an additional family service model that assisted parents in educating children and improving the quality of family education, which also deserves consideration.

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Early Childhood Development and Poverty Reduction in the People’s Republic of China

The People’s Republic of China (PRC) has eliminated absolute poverty in 2020. Its recent national 14th Five-Year Plan (2021–2025) highlights improving the quality of human capital as an essential goal. Research has shown that investing in early childhood development generates the highest rates of return and leads to better education, health, social and economic outcomes. After decades of neglect, the government has been increasing investment in preschool education targeting children in ages 3–6 years since 2010. This paper recommends that a comprehensive and equitable early childhood development service system must be a priority in building essential public service systems.

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