

GLOBAL LEADERS

2009/2010

Missing data - How to monitor the situation of young children in Poland?

Anna Blumsztajn

Agnieszka Strzemińska „Shipyard – Foundation for
research and social innovation”

Karolina Lewandowska

December 23, 10

Global leaders for young children
program World Forum

Polish context

- 6 years-old going to school – has focused a lot of attention
- A new law on care for the 0 to 3 years-old has now been waiting 1,5 year in the parliament
- EU funds are being spent on preschool education – no quality standards or monitoring
- **shift of attention to the 0 – 3 years old**

Inspiration for the initial GL project

- „Invisible children project” realized by Comenius Foundation was based on the experience of young children not participating in social life, being inexistant from a social point of view
- No data could be found on the situation of young children especially in relation with different institutions– health situation and access to health care, safety, environment etc
- No data also because young children are not perceived as citizens, autonomous members of society – they’re only part of a family
- **the „no-data” situation was at the same time the best proof of the invisibility of children and no proof at all – since there are no data to prove it...**

„No data on young children” situation

- The absolute inexistence of data concerning children aged 0 to 6 reflects the lack of consciousness about the specific developmental needs of young children. No special indicators, except for those widely used (i.e. infant mortality) are focused on young children.
- This is all the more disturbing that various “signs” show that the situation of young children in Poland is difficult: frequent press reports on drastic child abuse, highest rate of under 16-years old poverty in the EU, smallest rate of preschool enrollment, falling number of pediatricians...
- Lack of data focused on young children makes it impossible to launch a public debate concerning their situation that is not ideologically biased. It also very difficult to formulate and discuss adequate policy. Partly because there are no data, young children are inexistent as a target of policy – f.i. they do not appear as a group of beneficent for the EU funds for social development in Poland.

Aims and activities in the initial GL project

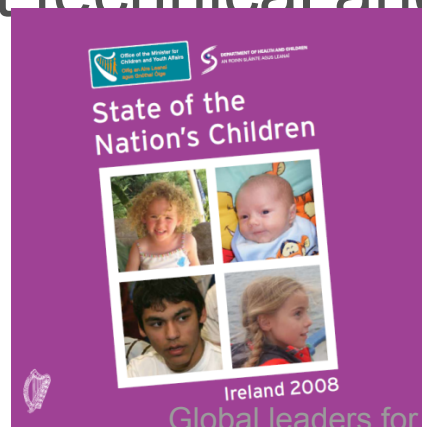
- Main goal: within a group of key agents and institutions working for young children, to agree on a set of several indicators of children well-being and to do a feasibility study of their implementation
- this „index” (although not synthetic) would be the result of a „missing data” report, that would explore dimensions of children’s well-being, discuss indicators approach and sum up existing information
- **An important dimension of children well being would have to be social participation – one of the objective was to make clear how social relations are a crucial part of young children well-being**

Activities initially foreseen in the GL project

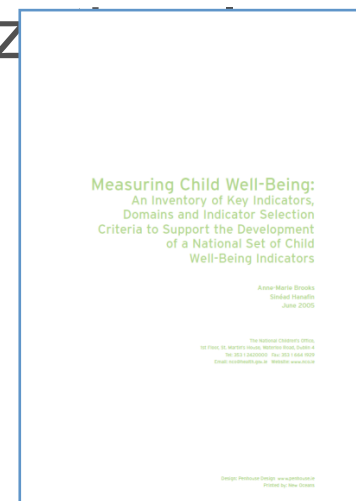
- working group of sociologists and psychologists for the conception of the report;
- study of indicators of well-being of young children;
- Meeting with experts from specific fields (health services, child protection, social policy, education, social psychologist) to discuss the particular dimensions of the report;
- study of indicators of well-being of young children;
- Meeting with experts from specific fields (health services, child protection, social policy, education, social psychologist) to discuss the particular dimensions of the report;
- Contact with all institutions potentially interested in validating the indicators to inform them about the project;
- Presentation of the preliminary version of the “Missing data report” (with proposition of indicators) at a conferences;
- Consultations, seminars with other organizations and modification of the indicators;
- Feasibility study (expertise what resources would be needed to implement the indicators);

What happened when we started

- we needed to have something prepared to discuss with the working group
- started looking at other reports and study child-well being indicators... and got stuck
- went through dozens of reports and all the discussions about well being, indicators for young children etc.
- Found out about the Irish Experience
- we started looking at available data in Poland and find different technical and organizational difficulties



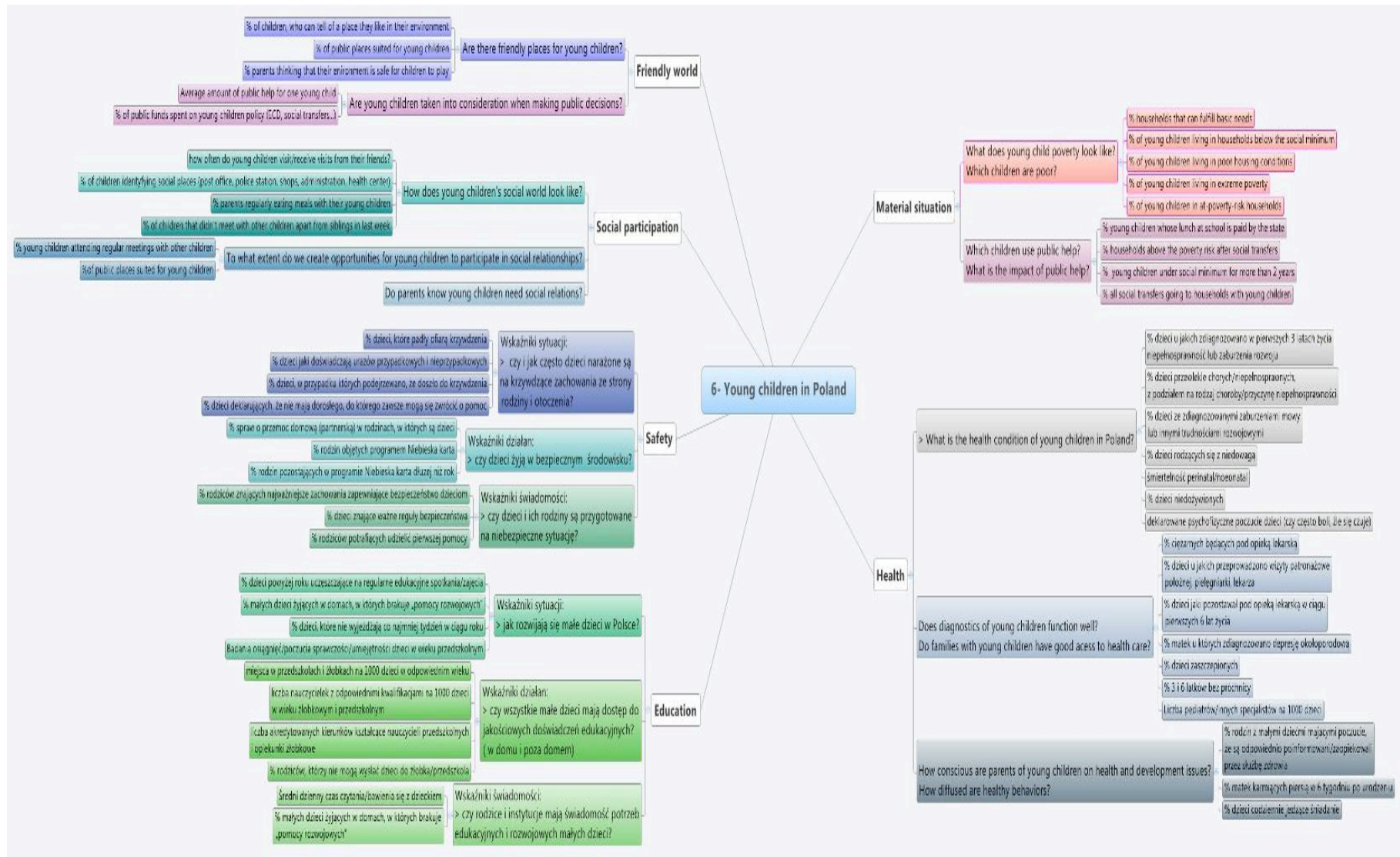
Global leaders for young children program World Forum



What has been done (1st stage)

- a conception of a holistic system of monitoring well being of young children with 6 dimensions and indicators of situation, action, and attitudes.
- the report consisted also of examples of good practices, discussion on well being and indicators for young children
- a preliminary review of what is available, and how difficult to implement will each of the indicators be (we identified several kind of „problems” with the data and rated the indicators we wanted to achieve accordingly)
- **We didn't know where to go to with all of this**

What has been done (1st stage)



What has been done (1st stage)

Material conditions	Health	Education	Friendly world
% MD żyjących poniżej minimum socjalnego	Śmiertelność około-porodowa	Miejsca w przedszkolach i żłobkach na 1000 dzieci w odpowiednim wieku	% wydatków publicznych na „politykę małego dziecka”
% MD żyjących w ubóstwie skrajnym (minimum egzystencji)	% ciężarnych będących pod opieką lekarską	% dzieci 3-5 letnich w przedszkolach	% dzieci w opiece zastępczej
% MD żyjących w gospodarstwach zagrożonych ubóstwem	% dzieci rodzące się z niedowagą (<2,5 kg)		
% gosp. Domowych z MD, w których są złe warunki mieszkaniowe			
% gosp. Domowych nie mogących zaspokajać podstawowych potrzeb/kupić dóbr trwałych			
% dzieci w przedszkolach otrzymujących dopłatę do posiłków (na poziomie kraju, województwa, powiatu, gminy)	Liczba pediatrów/innych specjalistów na 1000 dzieci	% małych dzieci żyjących w domach, w których brakuje „pomocy rozwojowych” (odpowiednik wskaźnika dla starszych dzieci)	akty prawne uwzględniające małe dzieci (również w uzasadnieniu)
% środków z pomocy społecznej przekazywanych do rodzin z MD	% rodzin z MD mającymi poczucie, że są odpowiednio poinformowani/zaopiekowani przez służbę zdrowia	% dzieci poniżej 3 lat w żłobkach/innych formach edukacji	% dzieci nastoletnich rodziców
% rodzin z MD deklarujących korzystanie dla dzieci z jakiejś formy pomocy publicznej (rząd, samorząd, ngo, kościół)	Ocena rodziców łatwości/trudności dostępu do opieki zdrowotnej dla MD	Dojrzałość szkolna	% dzieci porzucanych przez rodziców
% MD żyjących poniżej minimum socjalnego od co najmniej 2 lat	% MD przewlekle chorych/niepełnosprawnych/z zaburzeniami rozwoju		
	% dzieci u jakich przeprowadzono wizyty patronażowe		
% rodziców MD deklarujących, że nie mogą z powodów materialnych zaspokajać ważnych potrzeb dzieci ze znajomymi)	% dzieci u jakich zdiagnozowano w pierwszych 3 latach życia niepełnosprawność lub zaburzenia rozwoju		
Średnia kwota pomocy publicznej na jedno MD	% MD niedożywionych	Liczba nauczycielek z odpowiednimi kwalifikacjami na 1000 dzieci w wieku żłobkowym i przedszkolnym	% dzieci, które potrafi wymienić miejsca, które lubi w swoim otoczeniu (w jakim wieku?)
Udział środków ze świadczeń społecznych w dochodach rodzin ubogich z MD	% matek karmiących piersią w 6 tygodniu po urodzeniu	Liczba akredytowanych kierunków kształcących nauczycieli przedszkolnych i opiekunki żłobkowe	% rodziców, które może wymienić przyjazne miejsca dla małych dzieci
	% MD codziennie jedzące śniadanie	Średni dzienny czas czytania/bawienia się z MD	% samotnych rodziców
	% MD jaki pozostawał pod opieką lekarską w ciągu pierwszych 6 lat życia	% MD, które nie wyjeżdżają co najmniej tydzień w ciągu roku	
		% rodziców, którzy nie mogą wysłać dzieci do żłobka/przedszkola	
		Zadowolenie rodziców z przedszkola	
% zagrożenia ubóstwem wśród gosp. domowych zredukowany świadczeniami socjalnymi/zasiłkami rodzinnymi	% MD ze zdiagnozowanymi zaburzeniami mowy lub innymi trudnościami rozwojowymi psychologicznymi	Poziom rozwoju/umiejętności u progu szkoły podstawowej	% środków publicznych wydawanych z uwzględnieniem potrzeb małych dzieci (na różnym poziomie – krajowym, regionalnym, lokalnym)
December 23, 10	% matek w których zdiagnozowano depresję okołoporodową		
	% 3 i 6 latków bez próchnicy (R)		
	Deklarowane psychofizyczne poczucie (czy często boli, źle się czuje) w jakim wieku?		

What has been done (1st stage)

- Project was discussed with group of sociologists/ researchers (not specialized on young children though)
- Survey on what data was needed sent to CF partners on the field/researchers
- Meetings with ngo data expert
- Unknown data sources, unpublished or hardly available data were discovered
- Feasibility study
- Meetings with some experts
- Project was presented at two national conferences on early childhood development
- Will probably be described in the press

Advocacy challenges: Who to advocate to?

→ 3 target groups

- Decision-makers – they should be convinced that such a monitoring system is needed – ideological debate: Do we want a holistic well being report? What is well-being?
- Data experts – they should gain awareness of the problems with the data right now and change the way it is collected/proceeded etc. But they are not experts on how to measure young children well-being
- Ngos, researchers, specialists in some aspects of young children development - they should help us formulate indicators and support the initiative – expertise and support, but they are focused on specific aspects and need more in-depth research.

Advocacy challenges: What to advocate?

- Report was too technical to present at conferences, still not precise enough to be treated as a working document
- Report was too technical and specific to be published and promoted among the general public
- Unclear whether we advocated an idea or a concrete proposition/version of this idea
- No data on children in general – couldn't really justify focus on young children
- Other groups needed it as an advocacy tool as well – was not their priority
- We weren't able to find an agency/structure that would be interested/willing to implementing it
- two ideas – importance of the social participation dimension and importance of „childmainstreaming” the data – unclear messages

Modification of the project (2nd stage)

Project has evolved into 2 separate components:

- A working paper – containing all the specific and technical information gathered before, with 30 selected and described indicators, along with a detailed plan of what to do with it:
 - general review from 3 experts (sociologist, psychologist, health expert)
 - consultation of specific issues with specialized institutions (police, Warsaw regional public health center etc)
 - small advocacy meeting with representants of 7 institutions – Parliamentary commission, Advisory Board to the Prime Minister, 3 Ministries, National Statistical Bureau, Ombudsmen for the Rights of the Child.
- A publication explaining the need to monitor and increase social participation of young children, together with the results of a survey on parents' attitude towards different aspects of child development (2011)

Advocacy – main challenges

- Not easy to advocate alone
- Two ways to advocate – leverage support of large group or hand a ready product that is needed – none could be done here
- No clear target – specific competent group (officials, data specialists) or public opinion in general
- Sometimes easier to „do the job” than to advocate that it should be done by a larger group/more qualified and legitimate institution
- Difficult to explain to others (and oneself) why advocate a policy tool when things need to be done
- Level of awareness on young children is still very low – very difficult to convey the idea that specific data for this group need to be gathered
- No group or institution committed to the idea

Effects of the project

- An advisory document, with examples and preliminary work done will be ready, waiting for a policy window
- We identified large amount of almost useable data on young children, but great difficulties to implement them
- A clear, documented conception of a system of monitoring young children well being to start the debate with
- **complete change of perspective: there are data, but no interest group/institution interested enough to enforce their „childmainstreaming” and regular publication**