URGENT

POLICY BRIEF

Early Childhood Care and
Education (ECCE): Basic points
for policy assessment

S. NO.	MEMBER STATE	DATE	ADOPTED

Introduction

This document will highlight recent research in brain development which suggests extending the prenatal period to birth as an important developmental stage.

The period from birth to 8 years of age is one of remarkable development for the child, and presents a critical window of opportunity in preparing children for learning and life. The purpose of this brief is: (a) to highlight the need for and importance of a comprehensive and responsive policy for ECCE; (b) to identify a framework for a review of ECCE policies; and (c) to provide a context to discuss such policies with relevant stakeholders to arrive at evidence-based recommendations to improve the effectiveness of ECCE policies, to support young parents and caregivers.

This brief document is organized as follows:

- It provides an overview of ECCE, highlighting its importance along three main developmental stages: prenatal to birth, birth to age 3 years, and 3–8 years old. This document will highlight recent research in brain development which suggests extending the prenatal period to birth as an important developmental stage.

- Following this, a framework for nurturing care, largely taken from the WHO's Nurturing Care Framework in ECCE (2018) and its key components, is presented to review ECCE policies. This section also presents a set of examples of the kinds of policies, services, and interventions that might be used to improve ECCE based on the framework presented.

- The document continues with a brief assessment of one specific policy, in India. In doing so, this document offers an example of how ECCE might initially be assessed. Of course, ECCE policy requires a more in-depth analysis that goes beyond the scope of this document. For the moment, what is presented here should be taken as a simplified exercise.

- The fourth section of the document presents a set of six high-level recommendations extracted from a panel discussion that UNESCO MGIEP hosted at the World Conference on Early Childhood Care and Education, at the pre-conference (youth conference) with young parents, caregivers, and research scientists on November 13, 2022, in Uzbekistan.[1]

- Finally, the document finishes with a summary section and next steps.

1   Note that the recommendations presented in this document were not formally exposed in the panel discussion and do not necessarily reflect the opinions of the panelists. In this regard, the recommendations presented are those that MGIEP considers to be the final conclusions of the debate from a policy perspective.

1. Overview of ECCE

Over the past few decades, research and social change have converged to focus generalized attention on ECCE. Factors that have influenced this attention are a recognition of the role of ECCE in supporting the rights and wellbeing of children, commitments to equal opportunities for women in the labor force, and clear evidence from fields such as neuroscience, health, and economics of the benefits of high-quality early childhood experiences (OECD, 2021). According to the latest estimates from the UNESCO Institute for Statistics, the number of children not enrolled in pre-school in the year before primary school has decreased over the past decade, from 52.1 million in 2009 to 47.2 million in 2018 (World Bank India, 2022). Moreover, a recent study by UNESCO (2021) highlighted that of 193 national legal frameworks examined, 63 countries opted for free pre-school education, 51 countries made it mandatory, while 46 made it both free and mandatory. Note that most countries with compulsory pre-school education are in the same region and most sit in the middle- and upper-income groups (ILO, 2022).

On average, the vast majority (83%) of children between the ages of 3 and 5 are enrolled in early childhood education (ECE) in all OECD countries (OECD, 2022). In Latin America and the Caribbean (LAC), pre-school enrolment rates increased globally from 33% in 1999 to 54% in 2012, with particularly high rates in many LAC countries. In LAC, enrollment in ECE has increased significantly since 2000, including among children under 3 (UNICEF, 2020). Moreover, countries in the Middle East, North Africa, and Sub-Saharan Africa have lower percentages on average than other developing regions, averaging at a crude rate of around 30% for pre-school education (WHO, 2018). In 2019, the level of pre-school development for African countries was situated at about the same level as the rest of the world was in 1986 (OECD, 2021). In East Asia and the Pacific, prior to COVID-19, 24% of children did not attend pre-school, limiting their capacity to learn and progress in primary and secondary education (OECD, 2021).

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(World Bank India, 2022)

ECCE is a very diverse area of education, spanning formal pre-primary education systems, informal and home childcare programs, and parent education programs (OECD, 2021, 2022).

Countries respond to ECCE needs through different types of effort, such as improving the quality of education through curriculum and pedagogy, workforce development, multidimensional mapping of policy, and so on (OECD, 2021). A wide variety of approaches to services, curricula, and pedagogy are presented across countries, regions, and jurisdictions for ECCE. Indeed, countries take different approaches to the governance and oversight of education (OECD, 2021). There is more variability in approaches to ECCE content, governance, oversight, and funding than at most other levels of education (Kamerman, 2006). ECCE is a very diverse area of education, spanning formal pre-primary education systems, informal and home childcare programs, and parent education programs (OECD, 2021, 2022).

While countries respond differently to ECCE needs, the COVID-19 pandemic has significantly affected and disrupted the continuity of learning through school closures, generating an unprecedented situation globally. It is estimated that more than 90 percent of learners globally were affected at the height of school closures in early April 2020 (OECD, 2021). While education at all levels has been affected by the pandemic, ECCE has not received as much attention in education-related discussions, decision-making, and actions, when compared to other levels of education (OECD, 2021).

Similarly, closures of healthcare facilities during the pandemic highlighted that where routine check-ups, including those for expectant mothers, are not adhered to, the timely reaching of children's later developmental milestones can be impeded. It is with this in mind that this paper emphasizes the role of prenatal care for expectant mothers, and the mechanisms required to support this (Meaney et al., 2022).

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1.2 Importance of prenatal care and support

While most discussions and policies around ECCE begin during infancy and go up to 1,000 days, accumulating research has revealed that the prenatal stage is one of the most important parts of the developmental process. The prenatal period of development is the period between conception and birth (also known as pregnancy) and is a time of remarkable development of the brain that sets the stage for future psychological development. For instance, most of the 85 billion neurons that make up the human brain are generated during this period, and many have already migrated to their final brain

positions. Similarly, converging evidence shows that maternal mood shapes the developing brain and consequently adult life. Thus, given that the entire human brain develops before birth, it is critical that ECCE discussion and policy be expanded to include the fetal period on which a lifetime of cognition is based.
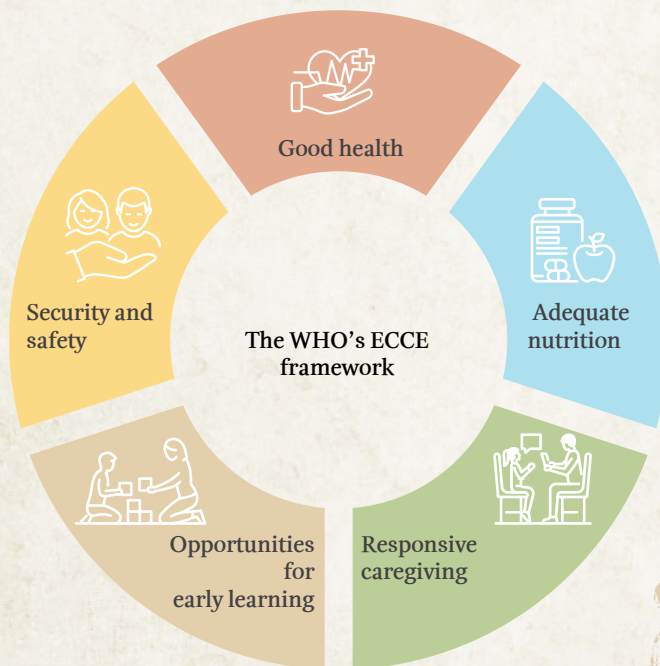
Addressing the determinants of a child's brain health regarding maternal health is very important because it has been shown that there are many factors that influence maternal health and the uterine environment, which in turn have an impact on the baby's brain development. These factors include the mother's nutritional status, any stress, physical or mental health conditions, congenital infections, her access to prenatal care, safe labor and delivery, and so on (Kamerman, 2006).

Those factors will be observed in this document as they are crucial to ensuring that mothers (parents and caregivers) receive all necessary health, emotional, and social services during pregnancy (and birth) so that they and their child can be as healthy as possible.

2. A framework for nurturing care in ECCE – five key components

Nurturing care is a set of conditions that ensure young children's health, nutrition, safety and security, appropriate care, and early learning opportunities (WHO, 2018). Parents and caregivers are those best placed to ensure the developmental process of their youngsters. They make the best providers of nurturing care, but they are most able to provide such nurturing care when they are themselves secure – emotionally, financially, and socially (WHO, 2018).

To reach their full potential, the WHO framework (2018) suggests that there are five components of nurturing care that children require from their parents and caregivers (see Figure 1). In this sense, the related policies, services, and interventions should be linked to these five elements.

Using this framework (WHO, 2018), an overview of the components is given in Table 1. These conditions are necessary for parents and caregivers, to ensure the realization of the components and examples of the kinds of policies that can be created to support each of the components as well as the associated services and interventions.

Figure 1. The WHO's ECCE framework – five components
Source: WHO (2018)

Table 1. An overview of ECCE framework components

ECCE framework components	Parents and caregivers are able to provide when	Policies (examples)	Services and interventions (examples)
(1) Good health — This refers to physical and emotional wellbeing, providing an affectionate and appropriate response to children's daily needs; a secure environment, hygiene practices, promotive and preventive health services and care; and appropriate treatment for illnesses (OECD, 2022; WHO, 2018)	Depends on caregivers' physical and mental wellbeing	Universal health coverage	■ Family planning ■ Immunization for mothers and children ■ Support for mental health ■ Antenatal and childbirth care ■ Essential care for newborn babies, with extra care for small and sick babies
(2) Adequate nutrition — This refers to meeting the nutritional needs of pregnant women, lactating mothers, and young children through adequate nutrition (OECD, 2022). This is essential because the maternal diet during pregnancy affects mothers' health and wellbeing, as well as the nutritional profile and growth of the developing child (WHO, 2018)	Food safety and family food security	The International Code of Marketing of Breast-milk Substitutes, and its accompanying guidance Baby-friendly Hospital Initiative (BFHI)	■ Maternal nutrition ■ Support for early initiation, exclusive breastfeeding, and continued breastfeeding after six months ■ Micronutrient supplementation for mother and child, as needed ■ Fortification of staple foods ■ Growth monitoring and promotion, including intervention and referral where indicated
(3) Responsive caregiving — This refers to building trust and social relationships with children by observing and responding to their movements, sounds, gestures, and verbal requests and their social interactions (OECD, 2022; WHO, 2018)	Where caregivers are sensitive, responsive, predictable, and loving	Paid parental leave Affordable child-care services Urban design	■ Rooming-in for mothers and young infants, and feeding on demand ■ Responsive feeding ■ Support for caregivers' mental health ■ Involving fathers, extended family, and other partners ■ Social support from families, community and faith groups
(4) Opportunities for early learning — This refers to elements such as epigenesis, a built-in mechanism for human beings, ensuring successful adaptation to changing circumstances (WHO, 2018). Thanks to this kind of mechanism, it is expected that children are given the opportunity of having interactive engagement with caregivers within a conducive learning environment (OECD, 2022; WHO, 2018)	Motivation and confidence	Universal access to good-quality day care for children, as well as pre-primary and primary education	■ Information, support, and counseling regarding opportunities for early learning ■ Play, reading, and storytelling groups for caregivers and children ■ Good-quality day care for children, and pre-primary education ■ Storytelling of elders with children ■ Using local language in children's daily care
(5) Security and safety — This refers to giving children and parents protection from unanticipated danger (physical pain, emotional stress, environmental risks) (OECD, 2022; WHO, 2018)	Ensuring caregivers' emotional, mental, and social health, working to prevent maltreatment	Social protection and social services Minimum wage	■ Good hygiene practices (at home, at work, and in the community) ■ Safe family and play spaces in urban and rural areas ■ Social care services ■ Cash or in-kind transfers and social insurance ■ Supporting family care and foster care over institutional care

3. Brief assessment of ECCE policy in India

This framework allows us to identify the challenges to ensure the implementation of its services, and impact it may have on children reaching their full potential.

This section illustrates an example of ECCE policy in India, enabling existing policies to be compared to the framework along with a presentation of the possible use of the assessment framework. However, note that this policy is not supposed to be necessarily representative of the ECCE policy in India. Moreover, it should be noted that an analysis of ECCE policy within an individual country requires a more in-depth exercise than is possible within the scope of this document.

In 2013, the Government of India (GoI) adopted a National Early Childhood Care and Education (ECCE) policy (GoI WCD, 2013). When contrasting the main components of the ECCE policy adopted in India with the WHO ECCE framework, it is possible to see that India's national ECCE policy addresses all five components of nurturing care (good health, adequate nutrition, early learning opportunities, safety and security, and responsive caregiving). At the same time, this framework allows us to identify the challenges that this policy might face in attempting to ensure the implementation of its services, and therefore the impact it may have on children reaching their full potential.[1]

Vision and main characteristics

The vision of the policy is to "achieve holistic development and active learning capacity of all children below six years of age by promoting free, universal, inclusive, equitable, joyful and contextualized opportunities for laying foundation and attaining full potential" (GoI WCD, 2013). The policy commits to universal access to quality early childhood education for all children under 6 years of age, and addresses three age groups[2] and their associated needs. ECCE services are

1 There is a limitation in the depth of the analysis of the national ECCE policy as this document only analyzes the ICDS content as the main scheme through which ECCE services will be provided. The scheme is analyzed only through the WHO framework and does not observe other services offered by other ministries involved in the implementation of such services. Further analysis is needed and should also take into account the revisions and redesign proposed by the government since 2013, particularly observing the new National Education Policy, issued in 2020 by the Ministry of Education of India (Government of India (GoI), 2020). This review is limited to a light analysis in order to illustrate and support the discussion that took place during the youth conference in Uzbekistan.
2 Conception to birth, birth to 3 years, 3–6 years (GoI WCD, 2013).

delivered through public, private, and non-governmental providers (GoI WCD, 2013).

The national ECCE policy is a detailed document that lays out how, through capacity building, a robust monitoring mechanism, and coordination with the providers, ECCE can be universalized in the country. It also reaffirms that the Integrated Child Development Services (ICDS) scheme is the main program through which ECEC services will be provided, and that the Ministry of Women and Child Development (MWCD) will be providing those services (GoI WCD, 2009; Save the Children and CBGA). However, due to the integrated nature of the services, other ministries are involved in the management of this scheme[3] (Save the Children and CBGA, 2021). A key feature of the ICDS is that all services are offered under one roof, namely the Anganwadi Centers (AWCs and Anganwadi workers (AWWs)), which subsequently provide six services: (1) supplementary nutrition, (2) immunization, (3) health check-ups, (4) referral services, (5) pre-school and non-formal education, and (6) nutrition, health, and education (GoI WCD, 2009).

WHO framework

All five components – Good health, Adequate nutrition, Early learning opportunities, Safety and security, and Responsive caregiving – of the ECCE framework are linked to the services offered under the ICDS scheme (see Table 2). This suggests that there is a commitment to promoting ECCE in India, but several weaknesses in the implementation and the resources provided can be observed.

Although there is an understanding of the importance of ECCE, its effective implementation is hindered by a gap and an irregularity in the delivery of these services, with compromised quality and coverage due to low-resource allocation. In other words, there are disparities in the service provided through the national ECCE policy, the ICDS scheme, and the AWCs (and AWWs). Indeed, one of the most important factors in ensuring equitable and quality ECCE is the formalization and accreditation of the services provided. In the case of India, the majority of ECCE is offered by the AWCs and the AWWs (Save the Children and CBGA, 2021).

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Table 2. ECCE framework components linked to ICDS scheme services

ECCE framework components (WHO, 2018)	Good health	Adequate nutrition	Responsible caregiving	Opportunities for early learning	Security and safety
ICDS scheme services (GoI WCD, 2009)	▪ Health check-up services ▪ Immunization of pregnant women and children ▪ Referral services	▪ Supplementary nutrition	▪ Rajiv Gandhi National Crèche Scheme	▪ Pre-school and non-formal education	▪ Nutrition, health, and education

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3 Ministry for Health and Family Welfare (MHFW), Ministry of Human Resource Development (MHRD) and Ministry for Social Justice and Empowerment (MSJE) (Save the Children and CBGA, 2021).

A study showed that 60% of AWCs in 19 states were found to operate from rented and inadequate housing (Panda, 2021). Moreover, difficulties in accessing water, toilets, and electricity are observed in some AWCs.

First, most of the institutions intended to provide ECCE are severely underfunded and suffer from massive funding delays which then impact the quality and, more broadly, the motivation of the service provider – here the AWCs and AWWs (Save the Children and CBGA, 2021). Note that the ICDS scheme is centrally sponsored and state-administrated (WCD, 2009). For instance, in 2020–21, the total budgetary provision for ECCE in the country was around Rs. 25,000 crore (3000 million USD), which is about 0.1 per cent of the GDP. This means there is an allowance of Rs. 8,927 (109.30 USD), on average, per year, for a child attending the ECCE service, though it should be noted that there are large regional differences (Save the Children, 2021).

Clear evidence has shown that many AWCs lack the necessary infrastructure for day-to-day operations, leading to implementation issues (Panda, 2021; Sharmacharjee and Chakravorty, 2015). This infrastructure problem has an impact on the six services offered under the ICDS scheme and therefore on the potential achievement of the five components.

For example, a study showed that 60% of AWCs in 19 states were found to operate from rented and inadequate housing (Panda, 2021). Moreover, difficulties in accessing water, toilets, and electricity are observed in some AWCs. It has been noted that drinkable water is not available in some AWCs, which puts children at risk of contracting waterborne diseases. Many AWCs are not visited by medical professionals (Panda, 2021). Subsequently, poor infrastructure and equipment in the AWCs have a direct impact on any nutritional efforts. Indeed, it has been identified that apart from dietary energy intake, certain non-food attributes, such as access to safe drinking water, sanitation, health care, and environmental hygiene, are crucial determinants of child malnutrition. Therefore, not having, or having limited access to, these resources is detrimental to the implementation of nutritional supplementation, for example. Also, in many AWCs, the essential utensils needed to provide supplementary feeding to beneficiaries are also not available (Dutta and Ghosh, 2017; Lata Devi, 2019; Sharmacharjee and Chakravorty, 2015). Additionally, the supply of nutritional supplements is irregular, with gaps in delivery and poor quality. For example, ready-to-use supplements provided to pregnant and breastfeeding women were below the recommended level (Dutta and Ghosh, 2017; Lata Devi, 2019; Sharmacharjee and Chakravorty, 2015).

Subsequently, the crèche scheme has been criticized for its lack of adequate childcare facilities. Indeed, women are discouraged from bringing their children to the AWCs. In addition, inadequate

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training, inexperience, and low fees have emerged as the main factors responsible for the ineffectiveness of AWWs (Anima and Sala, 2021). It was shown that only 54.5% of AWWs received month-long mandatory introductory training (which oriented them to various aspects of maternal care and childcare, health, nutrition, and record-keeping) before being appointed to work in the AWCs. This made them unqualified to teach children and more broadly impacted children and their development (The Ashoka Tree, 2019). This inexperience and lack of proper training have made AWWs feel uncertain, incompetent, or less confident in performing their duties. Indeed, according to one study, 66.25% of the AWW sampled felt there was a need for deeper training (Anima and Sala, 2021). Moreover, the AWCs exist for the healthy growth of children and hence their hygiene conditions should facilitate this. It was noted that 51.8% of AWCs had poor hygiene status, for different reasons (Panda, 2021).

Consequently, this lack of expertise is one of the reasons that there was almost no emphasis on non-formal, pre-school education and health education for breastfeeding mothers as well as pregnant women in the majority of AWCs. Indeed, some research shows that supplementary food services have become the primary focus of many AWCs (Anima and Sala, 2021).

Finally, the national ECCE policy presents a roadmap for how to achieve universal ECCE in India but it lacks clarity in terms of funding, which significantly impacts the achievement of its goals. This has implications for the effectiveness of the ICDS program and for both AWCs and AWWs, which are heavily impacted by a policy implementation gap reflecting resource accessibility and quality, poor governance, and programmatic gaps (Save the Children and CBGA, 2021).

4. Policy Recommendations from the Young Parents Session at the WCECCE

In addition to presenting the WHO framework for ECCE and illustrating this using one country as an example, this document also presents a summary of the policy recommendations that derived from a panel discussion between young parents and policy makers on the matter. On November 13, 2022, UNESCO MGIEP hosted a panel on "Inclusion, quality, and wellbeing for young parents" at the pre-conference (youth conference) of the World Conference on Early Childhood Care and Education (WCECCE), which was held in Tashkent, Uzbekistan. The panel comprised of five panelists: **two parents (India and Uzbekistan), a psychotherapist, an expert in early childhood care, and a policy maker** (more information about the panelists can be found in the Annex).

The panel discussed the three stages of ECCE – prenatal to birth, birth to 3 years old, and 3–8 years old. The moderator and panelists discussed the issues, challenges, policy implications, and good practices of ECCE, with a focus on the role that parents should play and the support that should be offered to parents and their children. Following their discussions, the panel made the following high-level recommendations:

Recommendation 1

ECCE should formally start from the time of conception as it is now well recognized that child development starts with brain development in the womb. Therefore, some countries, such as Colombia, will begin ECCE not from birth but from the point of brain development of the baby in the womb.

Recommendation 2

When the child is in the womb, nurturing support should be provided to parents to ensure a conducive environment that reduces stress **among them and that also helps** nurture the unborn child in the womb. This might include providing Social Emotional Learning for parents.

Recommendation 3

From **birth to age 3**, it is important to continue providing a nurturing environment for parents and children. Caregiver support should be provided, along with the opportunity for parents to form communities of practice and share feelings, challenges, and opportunities.

Recommendation 4

From **birth to age 3**, children should be encouraged to play, to build on their natural tendencies of kindness, while parents are responsive to children's curiosity, encourage them, and minimize any negative and/or punitive reactions.

Recommendation 5

At the age of **4–8**, children should be introduced to Social Emotional Learning in a formalized setting, with special attention paid to well-designed curricula and pedagogy to facilitate learning. Children should be given opportunities to play in and interact with nature and the outdoors, and introduced to the green education initiative.

Recommendation 6

As ECCE involves multiple interventions spanning different line ministries, **coordination and collaboration** should be institutionalized within policy design and implementation.

5. Final summary and next steps

This short document has provided an overview of ECCE and its importance, particularly during the early phases of human development (even at prenatal stages). Given the increasing attention placed on ECCE policies, this document also briefly presented the five-component framework developed by the WHO (2018) to guide and inform policy makers. Using this framework, the document presented several examples of related policies and initiatives to support ECCE and then a set of recommendations that were openly expressed at the panel discussion hosted by UNESCO MGIEP at the World Conference on Early Childhood Care and Education, at the pre-conference (youth conference) with young parents, caregivers, and research scientists on November 13, 2022, in Uzbekistan.

During the panel, stakeholders, policy makers, and researchers seem to support the adoption of ECCE policies in line with the evidence and ideas presented in this document: (1) that ECCE should start in the prenatal period; (2) that ECCE should incorporate support for both parents to create a nurturing environment for the child; (3) that communities of practice should be created and encouraged, to support parents and caregivers; (4) that play should be protected as a fundamental element of ECCE for all children; (5) that Social Emotional Learning (SEL) should be incorporated into the curriculum of young children; and (6) that the design and implementation of ECCE require a transversal and cooperative effort from different ministries. In this regard, UNESCO MGIEP remain attentive to supporting countries in the further design and implementation of ECCE policies, where SEL plays a prominent role, to help parents and caregivers to provide a nurturing, learning, and caring environment for all children.

The document also offered a brief overview and assessment (using the WHO framework) of ECCE using the example of India. When contrasting the components of the WHO framework with ECCE policy practice, it is clear to see that India is making considerable efforts to build relatively comprehensive ECCE services. However, more effort should be made to ensure the delivery of this service to the whole population.

Finally, the main take-aways from this policy brief are that we have aimed to: (a) highlight the importance of creating a comprehensive and responsive policy for ECCE; (b) emphasize the relevance of providing countries with a framework to assess ECCE policies; (c) insist on the need to provide a context to discuss such policies with stakeholders, in order to arrive at evidence-based recommendations to improve the effectiveness of ECCE policies, in particular to support young parents and caregivers. In sum, a comprehensive ECCE policy will require the involvement of different ministries, levels of government, and stakeholders, especially with the aim of ensuring that principles of equity are achieved and that all members of the relevant population benefit from these policies equally.

Annex: Panelists

Isabelle Filliozat,
psychotherapist, France

Isabelle is a leading figure for positive parenting in France. She was named Vice-President of the Commission of the First 1000 Days (from pregnancy to 2 years), initiated by President Macron's government on September 19, 2019. She is the author of 40 books written in French for adults and children.

Maria Camila Londono Aristizabal,
PhD candidate, Canada

Maria holds a bachelor's degree in Psychology from the Pontificia Universidad Javeriana in Bogotá, Colombia, and is a PhD candidate in Psychology (research profile, family studies) at the Université du Québec à Trois-Rivières, Canada. In January 2020, Maria joined the UNESCO Chair: Early childhood and inclusive early intervention at the Université du Québec à Trois-Rivières as a research assistant. Maria has a keen interest in early childhood assessment and intervention, pre-school education, and children's cognitive functioning. Her professional experience includes working with children, adolescents, and adults in psychological assessment/intervention, in support and guidance for educators and as supervisory staff at childcare centres.

Mohit Sharma,
IT specialist, India

Mohit works as a senior IT specialist in Noida, India. Father of a young boy, he has a keen interest in ECCE, as he strongly believes that talking about ECCE helps address the critical phases of a child's development. He believes this provides a framework for educators to deliver quality early childhood care and education. It has also showed him, first hand as a parent, how he can become an active player in the education of his child.

Shakhnoza Ganieva,
International Organization in Tashkent, Uzbekistan

Shakhnoza works at the International Organization in Tashkent and holds a Bachelor's degree in Entrepreneurship and Management from the Management Development Institute of Singapore in Tashkent. Since she became a mother for the first time, she has been committed to providing the utmost for her child. She has been interested in early childcare literature since her pregnancy. However, local sources are neither a sufficient nor up-to-date resource for help in raising her child. She is keen to share her personal parenting experience during the ECCE conference.

Monika Lütke-Entrup,
Head of Unit, Niedersächsisches Kultusministerium, Germany

Monika has been Head of Unit for Early Childhood Education (children aged 0–10 years) at the Ministry of Education in Lower Saxony since 2007. She has previously worked as a program manager for the Robert Bosch Foundation and the Bertelsmann Foundation. As a public servant of the state government of Lower Saxony, a German federal state with 8 million inhabitants, she has worked on issues of policy making and policy implementation, ranging from professional training and curriculum development, to finance and legislation. Prior to this, she managed a national agenda for the reform of early childhood education in Germany. She received a D.Phil. and an M.St. from the University of Oxford, UK, and an MA from the University of Münster, Germany.

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