



ENGELBERG CENTER FOR CHILDREN AND YOUTH

## RESEARCH REPORT

# Infants and Toddlers in Israel: Needs of Children and Parents, Services and Policy

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Updated version

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## Preface

The importance of investing in early childhood, particularly in the toddler period (age birth-3) has kept reappearing on the public agenda in recent years.

The need for research to collect data and information on toddlers was born from a lack of concentrated information indicating the needs of parents and children, and a lack of an overall outlook and responsibility regarding this age group at the national and local levels.

The Professional Committee on Early Childhood at JDC-Ashalim, which set itself the goal of developing responses, and interdisciplinary conceptions of work and training, initiated and propelled this important study. The committee members, representing the ministries of Education, Health, Social Services, and the Economy, organizations implementing daycare centers, academia, and local authorities, emphasized the need to formulate principles and inter-ministerial work practices alongside the development of a "network of solutions" – physical, organizational and professional infrastructures to be built as part of a local authority's conception and model of work for early childhood.

The Myers-JDC-Brookdale Institute (MJB), which accompanied the committee's work, conducted the study in 2014 and its findings are presented here in this summary document. (This version of the document contains data updated to 2016.)

One exciting finding relates to the processes of data collection from parents; not only did the parents agree to participate in focus groups, but the groups even revealed the deep need of parents to air their thoughts, difficulties and wants, and to share with other parents.

These processes encouraged us to promote systemic thinking and programs giving expression to the parenting experience, its complexities, and the issues raised in the first years of childrearing and the development of parenthood.

I would like to thank the members of the Professional Committee, the MJB research team and our various partners. May this joint work lead to considerable improvement of, and constant investment in, the field of early childhood in Israel.

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# Executive Summary

## Introduction

Israel has some half a million infants and toddlers, from birth to age 3 (for the sake of simplicity, they are all referred to as toddlers in this report). This age is characterized by rapid growth and complete physical and emotional dependence on an adult caregiver. Normal development at this age is believed to have a great impact on the future of the child, including socioeconomically, and thus on society as a whole. A variety of services are available to support their development and assist parents in childrearing. However, there is no overview in Israel of the array of needs of this population. The service system does not cover all areas and even in areas where there are services, their provision is not always regulated by law or universally accessible. Moreover, there is insufficient information on the needs of the toddlers and their parents, and on the challenges facing the service system in supporting this population. Ashalim's Professional Committee on Early Childhood, which comprises various government representatives and professionals working with this population, requested that the Myers-JDC-Brookdale Institute (MJB) draw up a document collating all the data on the topic to underpin the committee's continuing work. The goal of the study was to provide information and data to formulate possible guidelines for developing an overall, inter-ministerial policy in this field, and also serve as a basis for developing intervention programs and distinct models for working with toddlers and their parents.

The study was conducted from November 2013 to February 2014 and includes: a review of the literature and collection of data from Israel and abroad on the needs of toddlers and on service systems, as well as patterns of service consumption; special analyses of data from the Social Survey of the Central Bureau of Statistics (CBS) database on the consumption of services by parents of toddlers; 7 focus groups with professionals in localities of services dealing with toddlers and parents; 29 in-depth interviews with senior executives in government offices and public organizations in the areas of health education and social services, as well as academic experts in relevant fields. The updated version also includes supplementary information collected in 2015-2016. In addition, apart from the collation of detailed data on toddlers from various sources and on various topics for the first time, the study is unique in its emphasis on the voice of the parents: there were 10 focus groups of parents (mainly mothers) of toddlers from different population groups.

The report presents data on: the characteristics of toddlers and on the growth and developmental needs unique to them and their families; the report describes difficulties and challenges in raising toddlers, and the need for support and information as expressed by parents in this context. Then, the report describes the service system available in Israel to respond to the various needs, the patterns of their consumption, and the challenges it faces in its efforts to provide comprehensive, quality service. Finally, it presents programmatic directions to contend with the challenges, and guidelines to organize overall policy in the area of services for toddlers and their parents.

## Challenges in the Parenting of Toddlers and Parental Needs for Support and Information

Adapting to parenthood and coping with the duties of parenting toddlers poses several challenges.

For most parents, the birth of a child is accompanied by joy and positive feelings. At the same time, the parental role is complex and demanding, both emotionally and practically. Many parents (especially in the case of a first child) reported difficulty in adjusting to their new role both conceptually (transitioning from being responsible only for oneself to being responsible for a child's survival), and practically, given the demands of the role. Parents reported frustration with the multiple new skills they had to learn, with no prior knowledge or preparation. They particularly related to the topics of nursing, eating and feeding; coping with early-childhood education, and with additional changes in family life, especially surrounding the birth of an additional child. Furthermore, they reported difficulties in combining parenthood and work: coping with the negative opinions of employers as to the commitment of mothers to their work; maneuvering between the hours of work and the needs of childcare; the small amount of sick days, especially when there is more than one toddler in the family; and choosing an appropriate framework of supervision, care, and education.

*Populations with special characteristics and difficulties.* As it emerged from the literature and interviews with academics and service professionals, the challenge of raising toddlers is more prominent in families under great pressure from various problems (such as migration, severe divorce conflicts, children's illness); in families living in conditions of poverty or constant financial stress; in families of very young parents, and in particularly large families.

Poverty, young-age marriages and large families were frequently mentioned in focus groups in Bedouin villages, Arab localities and the ultra-Orthodox community; there, parents and professionals spoke of the compound difficulties of dividing care among many children, of difficult access to care services etc. Moreover, in Arab and Bedouin families, parents also contend with the conflict between traditional influences and modern western, cultural values. For example, mothers in the group reported that sometimes their relationship with other women in the extended family were challenging. They said that the sense of support for mother and infant raise other aspects of excessive intervention in the care of children by the grandmothers and other females in the extended family. Professionals noted special health issues as well, such as: a high rate of infant anemia in the Bedouin sector and inattention to immunization among some of the Bedouin and ultra-Orthodox populations.

The focus group of ultra-Orthodox mothers spoke of exchanging childrearing myths and deep-set beliefs. While this exchange attests to community support, it may be inconsistent with safe practices. It was also noted that newly-religious families (*ba'alei tshuva*) require a specific response: not only are they often cut off from their families of origin, lacking the necessary support and help, but they also have to cope with a new lifestyle in terms of both religion and large nuclear families.

*The need of parents for sources of support and information.* Parents of toddlers require support and information in many areas. In the focus groups, mothers reported that they turn to their families, to caregivers in educational frameworks, to literature, and to various media (including the Internet) to

obtain information on diverse issues of childrearing. But they also noted the difficulty of having too many sources; too much information can be overwhelming and result in a sense that there is no one reliable source. Professionals and academics also pointed to the confusion and to the shortage of accessible, reliable information in this area.

## **Services for Toddlers and their Parents, Patterns of Utilization, Unmet Needs, and Challenges of Service Provision**

Services for toddlers are designed to provide the children with a package of responses to enhance their development by identifying and treating delays, difficulties and risk situations, and to help their parents cope with parenting duties. The following elaborates the characteristics and patterns of utilization of the services as well as the challenges of providing quality services.

### **1. Supervision, Care and Education Arrangements for Toddlers**

Arrangements of supervision, care and education are designed both as a childcare solution for working parents and as a framework to promote child development.

*Types of arrangements:* The arrangements for the supervision, care and education of toddlers are divided into market services, i.e., purchased frameworks whether public or private, and non-market arrangements, i.e., childcare provided by one of the parents (usually the mother). Parents participating in focus groups reported misgivings both about entering a child into paid care – an issue involving personal preferences, values, and financial considerations – and about choosing appropriate care when there is insufficient information about the supply and quality.

Some market arrangements (daycare centers and *mishpahtons* – small family-child home-based units) are under the supervision of the Ministry of Economy (formerly, the Ministry of Industry, Trade and Labor – ITL). There are some 1,950 daycare centers and some 3,700 *mishpahtons* countrywide where some 116,000 children are placed (23% of all toddlers in Israel). These are subsidized by as much as 65% for working mothers, based on an employment and studies test, and by as much as 77% for children eligible under the Toddlers at Risk Law 2000 of the social service system.

Apart from supervised frameworks, there are private arrangements of non-uniform standard. Based on different estimates, some 17% of children aged birth to 3 attend private frameworks.

In total, about 40% of the toddlers in Israel attend (public or private) paid daycare frameworks. There are large gaps between Jewish and Arab families in the reliance on daycare, the rates varying from 59% to 14% respectively.

*Shortage of daycare frameworks for toddlers.* The data show an annual increase in the consumption of daycare frameworks of 3%-4%, with demand far outstripping supply. The reason for the shortage is the absence of legislation regulating the allocation of public land for daycare centers, unlike for preschool/ kindergartens. Furthermore, the establishment of a daycare center requires investment from the local authority, which is difficult for financially-strapped localities. In recent years, the government decided on a significant expansion of the allocation for building, expanding and refurbishing public

day-care facilities to support the weaker local authorities. A new procedure was published, which makes it easier to receive building permits. Following these efforts, between 2009/10 and 2014/15, the number of day-care centers increased by 29% (and the number of *mishpahtons* by 19%). However, as noted above, only a quarter of children up to age 3 are in recognized frameworks.

***Quality care in toddler frameworks.*** The quality of care in toddler frameworks is very important to the children's development, especially those from homes with few resources. One question preoccupying the literature, professionals, experts and of course parents is – what constitutes high-standard care for toddlers, and how can it be provided? Besides physical aspects (the building, equipment, standard of food), certain characteristics are commonly believed to affect the standard of care: the group size and ratio of caregivers to children; the education and training of caregivers; and their income and job stability.

Comprehensive discussion by an ITL committee of the standard of care for toddlers led to the publication in January 2009 of the handbook: "Standards for Operating Educational Frameworks for Toddlers" (Rosenthal, 2009). Intended as a professional guide to ensure quality care in toddler frameworks, it defines various aspects comprehensively. Yet, despite its importance, to date it has not been fully implemented. The Ministry of the Economy decided on gradual implementation of the standards in all daycare centers – beginning with safety standards. Additionally, in recent years, steps have been taken to reduce the number of children in the charge of each caregiver, and the training for caregivers and other staff was significantly expanded and updated, including the expansion of the practical work component. On-the-job training and support were also substantially enhanced.

***Challenges to the provision of quality daycare.*** Professionals and academics related three main foci that should be improved or developed in order to raise the overall standards of daycare frameworks:

- ◆ ***Training and professional support of caregivers.*** Notwithstanding the substantial expansion of training, service providers and academic experts claim that the training provided is still not sufficient. This is because despite the existence of training programs and even the utilization of academic experts in their development, the conditions in the field make it difficult to impart training to all the workers. The experts contend that because of the high turnover of caregivers and the shortage of workers, caregivers are accepted who have received no training, contrary to regulations. Although these caregivers are required to complete their training on the job, as a requirement for official recognition of the center by the Ministry of Economics, in reality many of them leave without having received any training. Also noted was the need for further expansion of the on-the-job support and instruction, useful also as a means for emotional support and prevention of burnout.
- ◆ ***Improving the professional status of daycare staff, especially of caregivers.*** Service figures and academics reported that the work of caregivers lacks professional prestige and has no professional horizon. They emphasized the difficult working conditions (due to too few regulation staff positions), the demanding work, and low salaries. All of the above, according to them, are responsible for the high turnover of caregivers and the constant difficulty of locating and recruiting staff.

- ◆ *Reducing the group size and improving the ratio of caregivers to children.* The Standards Document defined the maximal group size and the recommended numerical ratio of caregiver to toddlers in terms of the existing units. Although the standard for the number of children under the charge of each caregiver was reduced in recent years, it is still almost double that recommended in the Standards Document. Further, a 2010 census of daycare centers by the Ministry of the Economy indicated a high rate of units exceeding the regulation number of children. In recent years, the Ministry of Economy enhanced the administrative follow-up and supervision of the number of children in day care, however, additional enhancement of the supervision system is required in order to follow more closely those aspects that have to do with occupancy and quality of care.

Professionals at both the administrative and field levels noted that the challenges of providing quality care and education multiply when preschools have either special-needs toddlers who have not yet been diagnosed, mostly because they are too young, or a large number of children with special emotional, developmental difficulties and family problems, referred to daycare under the Toddlers at Risk Law 2000.

The topic of day care for children age birth to 3 was recently raised in an inter-ministerial committee that discussed the possibility of transferring the responsibility for these centers from the Ministry of Economy to the Ministry of Education. As of March 2016, the committee had not come to a decision, and left it to the government to decide. The committee did highlight the need to decide, on a national level, whether the ultimate purpose of the day care centers is to create an educational continuity from birth to 18, or to continue to encourage mothers to join the job market. The committee also noted the considerable costs of making a significant change in day care activities, which renders this decision one that only the government has the authority to make. And it emphasized the importance of investing in this area, whether the responsibility remains with the Ministry of Economy or is transferred to the Ministry of Education.

## **2. Enrichment and Recreation**

Enrichment and recreation can contribute to a child's physical, cognitive and emotional development. They can take place in unstructured activities in playgrounds, in special frameworks, or in extracurricular activities and programs for toddlers and parents (private or public). These responses may also meet various needs of parents who do not send their children to frameworks of supervision, care and education, and serve as a public meeting place where the children can join enriching activity and where the parents, at the same time, can receive information and support from other parents and from professionals.

Mothers that participated in enrichment programs noted that the programs were a reliable source of developmental enrichment and quality, relevant information, of breaks from routine, and of support and enrichment for the children. However, the extent of subsidized or free activities in the community is limited and occasionally restricted to populations registered with social services; this poses a barrier to use by additional families that may need them. Mothers living in poverty reported that there were few subsidized enrichment activities in their immediate surroundings. Additionally, in many areas, playgrounds were described as neglected and unusable.

### 3. Developmental and Health Services

Toddlers in Israel receive ongoing health services via the primary clinics of health plans and emergency rooms of hospitals. In addition, there are specific services for early childhood, particularly for toddlers. UNICEF emphasizes the unique place of the health system in fostering development in early childhood since it is the first system to establish contact between formal services and parents, and it can serve as a gateway to other services for toddlers. This report relates to the main health services offering specific responses for toddlers (beyond primary clinics and emergency rooms): Family Health Centers (formerly, Well-Baby Clinics), child-development services, and mental health services.

*Family Health Centers (Well-Baby Clinics).* Well-Baby Clinics are a universal service in Israel operating on a neighborhood basis. The centers offer preventive medical services for pregnant women, babies from birth to age 1, and toddlers and children from age 1 to 6. Services include follow-up of growth and development; guidance and counseling for parents at all stages of development; vaccination; testing of sight, communication and language; referrals to infant survey examinations for early detection and treatment of health problems; and consultation and referrals for diagnosis if necessary. Pregnant women are monitored by a nurse and physician, receive information on recommended tests, on early detection of health problems, consultation and guidance on improving one's lifestyle for a healthy pregnancy, and follow-up for detection of behavioral-functional difficulties and post-partum depression. The centers also participate in community activities on Health Day, in neighborhood community programs, and in providing instruction to professionals caring for toddlers (preschool teachers, caregivers, daycare directors).

A survey of mothers conducted in 2006 by MJB on service utilization showed that, overall, the service is egalitarian as regards income level and national affiliation. Thus, a very high rate of low-income and Arab mothers received the main services (inoculations and examinations). With respect to some topics examined by the survey (e.g., counseling), these populations were found to receive even more services than higher-income populations, apparently in response to greater needs. In general, low-income and Arab mothers were found to show greater satisfaction with the service.<sup>1</sup> While professionals and staff in the field are aware of the importance of providing responses to vulnerable populations, this conception has yet to be translated into more regulation staff positions in regions warranting special responses.

Although the clinics offer counseling, information and advice, parents and professionals claimed that the service is seen mainly as performing vaccinations and developmental examinations. Suggested explanations for this gap cited the duality of health services for follow-up of pregnancy and child development (both the Family Health Centers and the health plans); the lack of regulation staff positions, which affects the allocation of time and resources of support; communication difficulties between nurses and parents; and problems of service accessibility in certain regions. Also, according

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<sup>1</sup> The 2006 survey did not relate separately to the Bedouin population. Professionals reported low rates of vaccination in Bedouin localities (mainly the ones not recognized by the state) and attempts to make the service accessible via mobile Well-Baby Clinics.

to the nurses participating in focus groups, although the centers offer a range of services to support individual/group counseling free of charge, this fact is not publicly advertised, and the service in general is not branded as a source of guidance and support.

Nonetheless, professionals inside and outside the service of Family Health Centers emphasized its great potential for providing counseling and support to parents since its distribution is countrywide and it is free of labeling.

***Child development.*** Developmental services in Israel comprise three main layers: child-development institutes and units, and private therapists, all responsible for diagnosis and treatment of children with various developmental difficulties.

Parents and professionals reported a lengthy wait for diagnosis and treatment, and a web of bureaucracy making it hard for parents to apply for a response for a toddler and to receive it on time. This situation is highly problematic given the importance of early detection and treatment of developmental problems.

***Mental health in early childhood.*** This area is a developing field and a number of organizations provide services for the variety of difficulties arising at this age – from parent-child communication to eating/feeding disorders and severe psychopathy. While responses do exist, they are few and plagued by the typical deficiencies of new services: low parental and professional awareness of the existence of a problem (and therefore tardy detection and referral), and a shortage of knowhow and manpower with relevant training. Similarly, like mental services in general, the stigma surrounding these services acts as a deterrent to their utilization.

#### **4. Welfare Services**

Welfare services in Israel are provided by social service departments and other bodies, and include preventive services, and protection, rehabilitation and assistance to individuals and families in crisis, distress or at risk. Based on data of the Ministry of Social Affairs and Services (MSAS) from 2012, some 6.5% of the birth-to-3 age group was registered with local social service departments, most of them as a member of their families rather than due to problems of functioning. As part of the National Program for Children and Youth at Risk – 360°, in 170 localities with a socioeconomic cluster of 1-5 participating in the program, some 34,700 children aged birth to 3 were found to be at risk; most of them suffer from deficient parenting or a deficient relationship with parents, and from developmental problems.

There are two types of services for toddlers – community services (mainly placement in regular or multi-purpose daycare serving some 17,000 infants and toddlers. The latter is a special daycare with therapeutic staff; various programs for children and parents (with the participation of several hundred annually), and out-of-home services – especially foster placement of children facing real danger to their lives or development due to deficient parenting.

The extent of community social services for young children (including toddlers) has increased considerably in recent years due to two main initiatives aimed at broadening community services: Toward the Community of MSAS and the National Program for Children and Youth at Risk – 360°, which has a special focus on early childhood. Furthermore, attempts have been made to provide responses for children at risk in regular daycare centers that have a large number of children referred by social services. There are also attempts to construct a broad package of inter-ministerial services at these daycare centers.

MSAS professionals noted that many social service staff were inadequately trained in early childhood – on such topics as identifying risk situations, preliminary preventive intervention, and referral to suitable services. A survey of some 50 social service departments conducted in local authorities by the Knesset Research and Information Center revealed that the services encounter difficulties that rule out daycare eligibility for many toddlers at risk, as set down in law. Reasons for this exclusion include the high cost of daycare centers for some families despite subsidies, a shortage of suitable frameworks near a child's home, at-risk situations not defined in law (which, in the view of social workers, justify daycare placement), and the difficulty of furnishing medical documents as required by law in instances of violence or neglect if there are no physical signs or the signs have disappeared in time.

Regarding multipurpose daycare centers, which is the major service for at-risk young children, there is a shortage of regulation jobs for caregivers and of ongoing training and support, which are required in light of the special challenges they face. The only additional allocation made has been for professional manpower for various preventive therapeutic interventions.

## **5. Toddlers – Common Issues for Services**

The various services face several common issues as revealed by the study:

- ◆ **Identification and prevention.** The identification of risk situations and of delayed development can be made in ongoing examinations for this purpose (as performed at the Family Health Centers), or in the ongoing work of professionals who come in contact with the children (physicians and other medical staff in primary clinics of health plans and hospitals, and staff in frameworks of supervision, care and education. Besides the sophisticated array of services at Family Health Centers, designed for the early detection of basic developmental impairments in early childhood (e.g., audial, visual or motor problems), experts and professionals cited the difficulty of identifying more moderate developmental issues (e.g., language impediments) and exposure to risk situations (e.g., suspected physical neglect or abuse). One reason is that many young children (some 60%, as said) are in the care of their parents or unsupervised frameworks and therefore less exposed to professionals who might identify incipient risk situations and offer assistance. Another difficulty stems from the staff workload at services that children do attend – Family Health Centers, primary clinics in the community, frameworks of supervision, care and education – and this hampers the detection of risk. In addition, it is more complex to identify risk in early childhood than at later ages. Many of the professional staff lack sufficient knowledge and skills to identify signs of risk at this age. This issue of the importance of detecting and preventing risk situations also came up in the recommendations of the Winter Committee, an

inter-ministerial committee on the identification of at-risk minors (2010): namely, to establish procedures and guidelines, make provisions for instruction to boost awareness and detection among professionals, and set up a multi-disciplinary computerized database that will allow sharing of information for better detection. At the time of writing, the government has accepted the recommendations and efforts are under way to implement them.

- ◆ *Inter-ministerial cooperation.* Formal, structured relations and cooperation of services are vital to pooling resources and maintaining continuity. Service professionals and academics emphasized the need to strengthen cooperation in every area (e.g., continuity of service between daycare and preschool after age 3) and between different areas (e.g., contact between Family Health Centers, daycare, and social services). This cooperation is especially important in complex situations that require a full picture of a child's situation and the receipt of responses from a variety of services.
- ◆ *Contact of professionals with parents.* The professional literature, experts, professionals and parents note the difficulty of communication between professionals and parents; for instance, when instruction from professionals is perceived by parents as criticism or when communication problems (e.g., language, culture) prevent parents from gaining assistance from professionals. Administrative and field professionals reported insufficient training in how to establish dialogue and a positive relationship with parents.
- ◆ *Shortage of services for early childhood.* Parents and service professionals noted the shortage of services of every type (accessible, subsidized, recognized, supervised and high-quality enrichment activity, health and education services), particularly for residents of the periphery, among the ultra-Orthodox population, and in Arab and Bedouin localities. Professionals referred to the shortage of experienced colleagues in various fields and in early-childhood specialization (including social workers, nurses, and paramedical professions). The shortage is especially prominent in Arab localities and in the periphery.
- ◆ *The employment and salary conditions* of professionals working with young children are perceived as inadequate, causing high turnover and difficulties in recruiting quality manpower.

## Toddlers – Overall Policy

In Israel, as in other countries, the responsibility for providing services for early childhood (including toddlers) falls to diverse national and local agencies. According to the OECD, a coherent, consistent policy on the part of the different service sectors regarding quality care, supervision, financing, and evaluation would facilitate greater investment that is more directly suited to the children's needs; a greater ability to achieve service continuity between the different ages and services, and a greater ability to supervise services. All these improvements would lead to a higher standard of, and better access to, services. Different bodies worldwide have attempted to outline the components and management of policy to ensure an overall response to young children and their families in health, education, welfare, child protection and family support. Recently, many countries have adopted several means to promote comprehensive policy for early childhood. For example, some countries have created work teams to set standards for the operation of different services, to collect systematic data

and adopt uniform supervision. Other countries have established a special ministry to chart policy, or appointed an existing body to lead and integrate a policy of services for early childhood.

## Programmatic Directions

The report describes the issues and challenges of raising toddlers as expressed by parents from different population groups. It also describes the existing service system to help parents with childrearing and to meet the children's development needs, the patterns of utilization, and the challenges facing the system in its effort to provide comprehensive, quality services; all these were broached by parents, professionals and academics or emerged from studies and administrative data.

The information gave rise to programmatic directions that should be considered in developing policy and programs for the population of toddlers and their parents. These are the salient ones:

1. *Strengthening the provisions for delivering responsible, reliable and accessible information* to parents on issues of childrearing and available services. The information may be given in universal service frameworks. Its transmission should relate to the distinct needs of different populations characterized by linguistic or cultural variation, or contending with distinct difficulties. To this end, sufficient time should be allocated to professionals in the various services, and their skills of communicating with parents in an effective, non-judgmental, and culturally-sensitive manner should be strengthened.
2. *Developing and expanding subsidized responses of support and enrichment services for children and parents*
3. *Examining issues related to the mechanisms of support of parents of toddlers* – the length of maternity leave, the number of vacation and sick days, participation in childcare costs
4. *Expanding the supply and improving the quality of supervision, care and education frameworks*
  - a. Increasing the quantity of supervised daycare frameworks (with the emphasis on the Arab and ultra-Orthodox populations)
  - b. Expanding the conditions for subsidized daycare for families of children who are not defined as at-risk but who do not meet the subsidy criteria due to their work (e.g., weighing the provision of temporary support to mothers in the process of looking for work)
  - c. Informing and guiding parents about the supply of frameworks, their quality, and the criteria for choosing one
  - d. Improving the quality of the frameworks based on the Standards Document (Rosenthal, 2009) with special attention to the following points:
    - *Creating a uniform licensing and supervision system for all frameworks*, relating to the main aspects of care and educational work
    - *Expanding training* for caregivers and providing a system of ongoing support and guidance to facilitate a source of consultation and support; developing opportunities for promotion in this economic branch; raising salaries of caregivers
    - *Abiding by regulations regarding the ratio of children to caregivers.*

5. ***Improving access to health and developmental services.*** By broadening the geographic distribution, it is possible to expand the hours of clinics open for working parents; to expand manpower, to market and publicize subsidized activities, and to raise awareness of the existence of specialist clinics
6. ***Providing responses suitable for different populations.*** Apart from the need to expand the extent of responses in peripheral areas, there is a need for special, culturally-sensitive responses to populations with special cultural characteristics such as immigrants, Arabs or ultra-Orthodox.
7. ***Expanding the knowledge and skills of professionals in various services for the early detection and prevention of risk situations among toddlers*** and creating mechanisms to coordinate and transmit information between the different services, for the early detection of risk and danger situations among toddlers, as recommended by the Winter Committee
8. ***Promoting overall policy for early childhood.*** Finding ways to promote overall policy in the field and strengthen cooperation between the various ministries and services at the national and local levels.

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