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**Strengthening the young child's
care environment**

Bernard van Leer



Foundation

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Editorial

This edition of *Early Childhood Matters* is devoted to the Foundation's issue area 'Strengthening the care environment'. Regular readers will recall that the previous two editions introduced the other two of our three new issue areas, namely 'Successful transitions: The continuum from home to school' and 'Social inclusion and respect for diversity'.

Strengthening the care environment is about giving every child the chance to survive and thrive. As so often, the case for acting on behalf of disadvantaged young children can be based on both rights – as enshrined in the Convention on the Rights of the Child (CRC), which recognises a child's right to "full and harmonious development", along with General Comment 7 (GC7) of the United Nations Committee on the Rights of the Child – and pragmatism.

The pragmatic case is this: working towards optimal conditions for a child's early years is one of the best investments that a country can make if it is to compete in a global economy based on the strength of its human capital. And yet, despite compelling evidence, early childhood development continually struggles to be taken seriously as a priority in the larger policy environment.

*The Lancet*¹ recently hinted at the scale of the problem: it estimated that at least 200 million children aged under 5 years are failing to reach their potential in cognitive and socioemotional development, due mainly to malnutrition and inadequate stimulation in the first five years of life. This is both a tragedy and a scandal, and it needs to be widely appreciated as such.

Our own thinking about the best ways of strengthening the care environment for disadvantaged young children – which must involve attention to both a child's 'near environment' of parents, caregivers and teachers, and the 'further environment' of systems, policies and public opinion – is laid out in the summary of our issue area framework document on page 3.

We are also pleased to have the opportunity to present CARE USA's complementary conclusions on the importance of taking a broad and holistic view of early childhood interventions (page 9): "an approach consisting of one or even two areas of intervention is not sufficient to address the varied, interdependent needs of very young children. Additionally, focusing only on children, or only on children and their caregivers, does not adequately address needs of the community or facilitate essential changes in national policy."

Further articles in this edition expand on various aspects of the care issue. Enhancing parenting skills is naturally a common approach, and an overview of what support to mothers specifically means from an academic perspective is on page 45. The CRC and GC7 both recognise that the survival, well-being and development of young children are dependent on close relationships with adults, and Joan Oates draws on some of the most recent findings from attachment research to tell us about the importance of a child establishing secure attachments in the first 12–18 months of life (page 17).

In Guatemala, the Childcare with Affection programme aims to raise awareness and educate parents and teachers on the impact of violent behaviour on children, particularly during early childhood (see page 14). Another example of improving parent–child interactions and strengthening parent–child bonds is the Roving Caregiver Program in Jamaica, a consolidated home visiting programme which focuses on strengthening the home environment (see page 25).

When families are exposed to poverty, social changes or migration, young children are at risk of insecurity that can delay or distort their physical and psychological development. This situation is common in urban contexts, the environment in which the Foundation for Slum Child Care provides support and training to caregivers in existing daycare homes in slum communities of Bangkok, Thailand (see page 36).



Working towards optimal conditions for a child's early years is one of the best investments that a country can make if it is to compete in a global economy based on the strength of its human capital

The care environment has many layers which affect children's rights and learning. On page 21 we present an interview with Teresa González, Director of Programme, Monitoring and Evaluation at Right to Play, who highlights the lasting benefits of play as the way young children learn: "If young children can be brought up in an environment that is not only loving but also creative, then that sets the foundation for their holistic development and lifelong learning."

Conflict, natural disasters, HIV/AIDS, and rising poverty are among the issues leading to a growing number of orphans and vulnerable children with little adult care or supervision. Interventions which emphasise community-based care and psychosocial support are aimed at tackling that situation – for example, Action for Children in Uganda uses special outreach efforts to address the problems facing elderly caregivers of young children (see page 41).

By building on traditional knowledge of communities, a home-based programme approach is presented on page 30 as a vehicle for strengthening the care environment for children. A similar

approach is been carried out in a different context in the Colombian Amazons. Here, the project has an integrated intervention that recognises and promotes the community as the main agent for the care and protection of its children (see page 32).

The overall message to emerge from the articles collected in this edition is indeed that laid out in the foundation's framework document, as well as the "5x5" approach of CARE USA: it takes a holistic view of young children's development, and a recognition of the many different levels of the care environment, to create programmes that create significant positive change for children who are growing up in circumstances of social and economic disadvantage. As *The Lancet* makes abundantly clear, many children are in urgent need of just such change.

The Editors: *Teresa Moreno and Jan van Dongen*

Note

1 Jolly R (2007) Early childhood development: the global challenge. *The Lancet*, 2007;369:8-9

The framework for the Foundation Strengthening the environment of care for young children

This is an abridged version of the framework document for 'Strengthening the care environment', one of the three issue areas outlined in the Bernard van Leer Foundation's Statement of Strategic Intent for 2007 to 2009. Abridged versions of the frameworks for the other two issue areas – 'Successful transitions: the continuum from home to school' and 'Social inclusion and respect for diversity' – were published in the previous two editions of Early Childhood Matters.

Background and context

The Foundation's 'Strengthening the care environment' issue area flows from the Bernard van Leer Foundation's mission – which is to enhance opportunities for children from birth to age 8 who are growing up in circumstances of social and economic disadvantage, to get a good start in life and to make a fuller contribution to tomorrow's families, communities and societies.

We recognise young children as persons whose capacities are evolving powerfully and rapidly. We promote the development of those capacities, which includes removing or reducing obstacles to their development. Our work is guided by children's right to 'full and harmonious development', as enshrined in the Convention of the Rights of the Child.

To help realise this right, the Foundation works at two levels:

- We support and inform those in the 'near environment' of young children, particularly parents, caregivers, and teachers.
- We seek to exert a positive influence on selected aspects of the 'further environment' of young children, including child-related systems and services, policies and resource decisions, and media and public opinion, particularly as these relate to the 'near environment'.

The conceptual framework

We define 'care' as the integrated set of actions that ensure for children the synergy of protection and support for their health and nutrition, physical,

psychosocial and cognitive aspects of development. Our vision of success in this issue area involves parents/caregivers and young children in caring relationships that ensure a happy and rewarding childhood and a secure future.

Care does not take place in a void. Young children are best understood as social actors whose survival, well-being and development are dependent on and built around close relationships – with parents in the first instance, but also siblings, peers, and neighbors and other significant non-kin adults. The importance of early relationships has both the support of scientific evidence and the legal and moral weight of the Convention on the Rights of the Child and General Comment 7 of the United Nations Committee on the Rights of the Child.

In spite of this, strong caregiver–child relationships are not a priority in most nations. This is due to factors such as inadequate access and training, families who are unable to withstand socio-economic shocks, poverty issues, government apathy and under-appreciation of the investment benefits related to early childhood. The Foundation's efforts must provide evidence and levers for addressing these blockages as broadly as possible.

We define the 'care environment' as the factors that govern the integrated set of actions that constitute our definition of care. These come in three categories, elaborated upon below: existing beliefs and practices, physical and social settings, and processes of intervention. Stressors during the early

years in any of these three categories can impair children's all-round development.

1. Existing beliefs and practices

In many settings, an increasing number of female-headed households amongst families of the poor is becoming an institutional norm. In societies where family structures are being severely eroded due to the effects of HIV/AIDS, the role of grandparents has taken on an additional significance in caring for children.

But parenting should not be equated with motherhood. Men contribute more to household and family life than is often credited, but do not always feel always enhanced by activities with their children. We need to examine in greater depth the role of fathers, the extent to which culture, beliefs, socio-economic status and other influences affect their involvement in childcare, and the effects of their presence and absence on the development of children.

Also in need of more exploration are the nature of friendship and peer relations amongst children and their impact on children's development, as well as how older siblings contribute to young children's learning and well-being.

Returning to the subject of gender, in most cultures children have internalised socially acceptable gender roles by the time they enter a pre-school. Boys and girls are being treated differently in care, early learning and child rearing practices, which impacts negatively on issues of equity and equal opportunities for development and growth.

We need to understand where men's and women's defined family roles originate, how parents perpetuate gender roles in their children, and what effects this has – for example, encouraging greater risk-taking in boys. And then we need to analyse how best to incorporate a better understanding of gender in our interventions.

Moving on, we also need to understand better the factors that inhibit or encourage positive parental interactions with young children. Factors that limit the amount of attention parents and caregivers can pay to a young child include lack of education, and economic or social priorities such as the need to work long hours or travel long distances to work.

Local traditions may either support or inhibit good parenting practices. Questions which help to determine which is the case include: Do parents understand meeting children's 'needs' as referring to only physical needs, or also to such things as talking to children and story telling? Do they see an 'intelligent' child as one who obeys, or one who asks a lot of questions? What do parents believe they achieve with their discipline practices?

Action to motivate parents and caregivers to encourage their children's all-round development demands blending an understanding of traditional child-rearing practices with what is known globally about the best environments for optimal child development. Local beliefs and practices should be used as an entry point for dialogue aimed at enhancing the quality of care practices and provisions.

2. Physical and social settings

Many environments are not conducive to children's safety, health and learning. In particular, poverty has an important impact on caring relationships and caregivers. Poverty can mean lack of access to services, poor environmental conditions, inadequate material supplies, social instability, and overworked and demoralised caregivers. Poverty is also associated with early motherhood, which statistically puts children at a higher risk.

There is little knowledge about how children experience poverty, and more also needs to be known about the relationship between parenting styles and poverty; furthermore, we need to come to a realistic appraisal of what we can reasonably expect from poverty-stricken caregivers. What we do know is that poverty impacts children by stressing their caregivers – and that it can make children more vulnerable to serious illness, leave them insecure and clinging and lacking in energy and curiosity, and delay or distort their physical and psychological development.

Normal physical development depends on proper interaction between a caring adult and the growing child. Skilled help can be needed to revive such caring relationships when families are uprooted through such traumas as poverty, social changes, migration, chronic violence, catastrophes, disasters,

disease, war, violence, loss of parents, or the numbing effects of severe deprivation and emotional shock. It is important to understand better the effects of such factors on children's and caregivers' lives.

Diseases such as HIV/AIDS, malaria and tuberculosis exacerbate the effects of poverty on young children. Employment income is lost when breadwinners become ill, and children may have to live with withdrawn and preoccupied caregivers. They may suffer stigma and social instability if they are moved from one home to another – during a time when such instability is maximally injurious to their health and well-being.

Key questions here include what are the most effective ways of dealing with and diminishing parental stress, and what are the factors that contribute to children's resilience and coping mechanisms in challenging care environments. We also need to look at what other factors – religious beliefs, cultural norms, gender – are most important alongside poverty in terms of their impact on care practices and child rearing in particular local contexts.

A final point here is that evidence increasingly shows that social capital is critical for poverty alleviation and sustainable human and economic development. Early childhood programmes promote social capital in the long term, but it is also important that they should consider the existing state of social capital in searching for holistic approaches that can integrate well with other community action.

3. Processes of interventions

Provision of services is key to the Care programme. The child-caregiver relationship is central, and services should seek to involve primary caregivers in preference to any institutional alternative. Services should be community-driven and address the real issues. They should be cost-effective, sustainable and build on existing strengths. Holistic and integrated approaches work better than isolated interventions.

Interventions should also be rights-based. Rights-based approaches see young children not as beneficiaries but as rights holders, in a manner that protects their interests and dignity. Rights-based approaches also emphasise non-discrimination, the child's best interests, the right to survival and full

development, and the participation of children in all matters affecting their lives.

However, we do need to be aware of the potential for tensions between local practices and the Convention on the Rights of the Child. What is accepted at a global level may not be seen as acceptable in all local traditions. We need to work at translating global and national debates on rights into local demands and action.

Our interventions are centred on early childhood education, but we need to look at other sectors more thoroughly – nutrition, drinking water, health, birth registration, mental health etc. We need to get better at linking up with providers of other services – sports clubs for youths, for example – in search of spin-off benefits.

The compelling evidence that exists to justify investments in early childhood has not been disseminated widely or well enough, and early childhood continues to receive minimal investment by governments and philanthropic institutions. Many high-risk families and children have no access to adequate early care and supports services. Many countries lack a sustainable continuum of services from prenatal upwards.

We need to look at how we can assist in creating partnerships among government and private child welfare agencies, and helping those existing mainstream care structures to amend their objectives and improve their mode of working.

Optimum care for young children can be realised only by mainstreaming good service provision models. But there is a lack of collaboration in establishing care and education policies serving the most vulnerable children and families, and many workers active in mainstream service delivery are not cognizant of key care issues, concepts and methodologies. We will look at how best to mobilise policy implementers to consider the needs and rights of young children in cross-sectoral work.

In seeking to mobilise policy makers and influence policy we need to concentrate our advocacy efforts on the most important issues, focusing on those good practices which are most conducive to being

mainstreamed, and those processes of intervention that best create and meet demand for effective care and support services.

Programme objectives

The objectives of the Foundation's Care issue area are as follows:

- Strengthened knowledge, skills and practices of caregivers that support care giving and early learning in an environment that promotes equity and equal opportunities for boys and girls;
- Reduced stress and improved capacity of parents, caregivers and community to mitigate the psychological and social effects of poverty on young children and their families; and
- Mainstreamed effective services and promoted policies that maximise access to adequate care and support services for young children and their families.

Indicators include Care programmes in defined countries showing improved outcomes for young children, reduced stress levels in parents and children, and increased uptake of core programmes at local, national or international levels.

Programme strategies

Consideration of the above issues has led us to identify three interlocking strategies that will guide our programming:

1. Prioritise long-term intervention

Supporting basic early childhood service provision is the prime focus. To do this well, we need to put time and effort into analysing local situations, to understand what changes are needed and what interventions are most suitable in the local context. We need to understand why people behave the way they do, and to foster dialogues that deal not only with symptoms but also with causes.

The services that result could be home based, centre based or community based depending on context, but we should ensure in all instances that the inter-generational child-caregiver relationship is the central idea behind care, in preference to institutional alternatives that do not involve a central role for the primary caregiver.

Possible interventions include developing clear

policies and guidelines on quality and standards of care, developing appropriate training materials and tools, addressing gender equity and equality issues, supporting partners for institutional strengthening and capacity building, and advocating for services that support parents.

2. Mitigate factors that stress caregivers

In the places we work, we need to analyse what are the most significant factors that contribute to stressing caregivers – poverty, migration, disease, etc. – and negatively influence children's futures.

Children's voices need to be heard. They need to understand the decisions communities make, and be able to influence the nature of interventions. We need to take the time to bring in local knowledge, to review and critique dominant thinking, and to study gaps in our own understanding with our partners rather than subject them to pre-cooked ideas.

We also need to understand the limits of our support in areas such as food aid, medicines, nutrition and health support, which would stretch our limited resources but cannot be ignored. While the focus stays on early childhood development and the child-caregiver relationship, overall economic strengthening is an integral part of our programming. To address these issues we will need to consider link-ups with other stakeholders and service providers.

Possible interventions include household economic strengthening and advocating for policies that directly or indirectly support parents, such as cash transfers.

3. Scale-up effective models

Our interventions need to be those which are capable of being mainstreamed, so that we can advocate for changes in public policy to take the most effective models to scale. While understanding that there may be tensions between universal rights and local practices, it is important that we choose partners who share the Foundation's positions. Helping communities, families and children to think in terms of rights can be especially helpful in creating more local demand for better public provision of services. We need to investigate how best to translate concepts of universal rights



The Foundation's interventions also address issues such as birth registration, a fundamental right under Article 7 of the Convention on the Rights of the Child

into these local demands and actions. Possible interventions here include publications to disseminate successful strategies, and partnering with local advocacy organisations.

Programme approach

The Foundation is reviewing its existing work in the field of care. In the past, there have been project approaches that have later scaled up to programmatic approaches, but they have been sporadic, incidental and inconsistent. Our programmatic approach will now become more comprehensive, providing guidelines that must always be considered and from which exceptions will need to be justified.

All programmes will start with baseline studies that cover the basic indicators, and evaluations will be done on a yearly basis to inform decisions about whether to continue with the investment, to scale up, scale back or phase out. We will look into establishing more of a presence in the field to assist with monitoring.

Research will be done to strengthen our evidence base where gaps exist in what we know what we

need to know more about, and when there are new insights in programming that need to be unpacked. The outcomes of particular interventions may also require special studies. We will mentor partners to develop the capacity for research and evidence based advocacy at the local level.

The Care team will make learning a priority. We will learn from research and literature, programme evaluations, and experiences from the field. This culture of learning should help us to be more adaptable, creative and innovative in our programming.

Programmes will be designed within a specified time frame, usually of between five and 10 years plus time thereafter for impact evaluations, and with a clear exit strategy. We will prefer to work in partnerships with local, national or international partners, for reasons of cost effectiveness and building local capacity to help ensure sustainability.

Currently the Care programme works in three geographic zones, and it will continue to do for some time to come. These areas are Southern and Eastern Africa, South America and the Eastern Caribbean.

We are guided by the approved list of countries, but we will also be alert for any possibilities of helping to mainstream particular services among larger populations.

While the Foundation's mission is to focus on children aged 0–8, we envisage that the focus within Care will especially be on very young children, aged 0–3, given both the evidence that this is such a critical age for the child's development and the neglect from which this age group tends to suffer in terms of services.

As the best way of ensuring sustainability and scaling up is to influence public policy, communications are an integral part of our work – they are needed for

disseminating evidence, demonstrating effectiveness, campaigning and creating demand. This will require good documentation, clear content and the ability to tailor messages to particular audiences.

The Care team's annual budget of approximately 6 million Euros will be invested 65%-25%-10% between practice, knowledge and policy respectively. This division of resources aims to build critical mass through demonstrating effective interventions, building knowledge, and investing in policy advocacy. The aim of maintaining these overall entanglements does not, however, restrict individual grants from being 100% oriented towards policy. We will also leverage our funds to explore outside funding where this is possible and suitable.

Celebrating Care

Behold the Child among his new-born blisses,
A six years darling of a pigmy size!
See, where 'mid work of his own hand he lies,
Fretted by sallies of his mother's kisses,
With light upon him from his father's eyes!
See, at his feet, some little plan or chart,
Some fragment from his dream of human life
Shaped by himself with newly-learned art...

William Wordsworth
Ode: Intimations of Immortality

Care in early childhood is about celebrating the present, with an eye on the future.

Opinions differ on the exact learning capacities of young children, but evidence is now overwhelming that good-quality care in early childhood can shape tomorrow's adults in ways that bring social results ranging from higher employment rates and health levels to greater tolerance and less crime. The future of our civilisation lies in very small hands. Investigating and investing in the best methods of caring for young children is therefore not only a moral responsibility, but an endeavour for which a

rigorous cost-benefit analysis case can and should be made.

The long-term gains that accrue to society are especially acute in countries which start with low levels of education. Investments in early childhood can make a crucial difference to the future competitive ability of children who start life in disadvantaged situations. We work in countries with resource crunches, where parents need to work all hours to make ends meet – lacking the time for good parenting, even if they have the knowledge.

We need to work together with the public as well as the private sector to build on the evidence and rally support for advancing early childhood development through the Care agenda. By focusing on building the capacity of families and caregivers, we are not necessarily seeking equality of outcomes, but equality of opportunity – as the phrase goes, a better start is likely to lead to a better finish.

Luis Pereira, Programme Manager, 'Strengthening the care environment' issue area

Promising practices

Promoting early childhood development in resource constrained settings

In the global response to the HIV crisis, there has been a significant gap in programming attention for children under the age of 8 and their caregivers.¹ Too young to attend primary school, young children are often left unattended in the house as overburdened caregivers are forced to choose between work and childcare.

As CARE² began to address the challenge of early childhood development (ECD) among orphans and vulnerable children (OVC), it became clear that an approach consisting of one or even two areas of intervention is not sufficient to address the varied, interdependent needs of very young children. Additionally, focusing only on children, or only on children and their caregivers, does not adequately address needs of the community or facilitate essential changes in national policy.

As a result, CARE integrated sectors and strategies in health, early education, water, nutrition, food security, economic development, community mobilisation, policy and advocacy to develop the 5x5 model – so called because it integrates five ‘levels of intervention’ with five ‘areas of impact’.

Under the 5x5 model, while the child is the central focus, the childcare setting, from crèche to formal school, is the critical entry point for interventions, since such settings provide cost effective opportunities to deliver integrated services to a number of children at once. Central to the 5x5 model is building the capacity of childcare centres to facilitate ECD and education while empowering caregivers and communities to improve the lives of young OVC and their families. Advocacy around these interventions should ultimately lead to

changes in the larger policy environment to reflect recognition of early childhood development as a national priority.

The 5x5 model represents an innovative, community-centred approach to ECD programming that is responsive to the needs of children made vulnerable by the effects of HIV and poverty. Initial pilots in challenging and resource-constrained environments, such as urban slums, transport corridors, and rural communities with a large number of child-headed households, indicate that the model can be readily adapted and contextualised.

The 5 levels of intervention

1. The individual child

The primary beneficiary of all early childhood interventions is the individual child. Most programmes tend to focus on process and output indicators to measure progress; impact evaluation has not always been properly incorporated. CARE’s 5x5 model mandates the measurement of impact on children’s physical, socio-emotional, and cognitive development using validated and culturally relevant tools and indicators.

2. Caregiver/family

The health and well-being of each child is highly dependent upon the health and well-being of his/her primary caregiver and the level of household income. Poverty and domestic violence are most often cited as major obstacles to child well-being within the home. These obstacles can be minimised or even eliminated by providing caregivers and households with microfinance or income-generating activities, training, adult education, parenting classes, mentoring and other social support groups,

nutrition, and child rights training. Helping caregivers to access physical and mental health services, build parenting skills and boost earning potential are important and sustainable strategies that benefit entire households.

3. Childcare settings

With the increase in the numbers of ovc, many communities have formed crèches, daycare centres, and full-fledged ECD centres to offer care to children too young for primary school. Using a childcare setting as an initial point of intervention within a community provides an effective focal point around which services benefiting caregivers, households, and individual children can be organised and delivered. Childcare settings also make excellent gathering points for community meetings, classes and health services. Such settings can also serve as forums for discussion of local and regional policy, thereby planting seeds for civic engagement in policy change.

4. Community

Children, families, crèches, and community ECD centres are only as strong as the communities that support them. Sustaining the benefits of any ECD intervention depends upon buy-in from caregivers, local authorities, and community leaders. Through volunteer programmes, communities play an important role in ensuring the effective management of ECD centres. Community members are involved in activities such as rotational cooking, painting and upkeep of centres, and can be mobilised to address childhood needs through awareness-building activities that incorporate better nutritional practices, hygiene, safe water handling, early childhood illnesses and immunisation, and issues around child abuse and neglect.

5. National policy

Any improvement in health, education, or child rights on a local level will be short-lived without accompanying changes in nationwide policy, laws, budgets, and national action plans. Making an impact on national policy is integral to the 5x5 model. To influence the policy environment, CARE works with local partner organisations and other key stakeholders in the community to highlight the plight of young ovc through advocacy and community mobilisation. Advocacy is a key component of promoting change. CARE is part of

a coalition of voices that publicly advocates for the needs of children.

The five areas of impact

1. Food and nutrition

Nutrition plays a vital role in early childhood development. Physical development during the period between birth and 3 years of age is critical as this is the time when children are most vulnerable to the permanent effects of stunting and negative cognitive outcomes attributable to malnutrition.

Because a child's brain undergoes tremendous growth between the ages of 0 and 8, caloric and protein intake impact a child's future mental abilities. Micronutrients also play an important role. Iodine and iron deficiencies have been cited as two of the leading reasons for poor developmental outcomes for young children in developing countries. Numerous studies have shown the positive impact of good nutrition on academic performance throughout childhood and adolescence.

Following the 5x5 model, every ECD centre should provide at least one nutritious meal to every child. In urban environments, this might require linking ECD centres with food donation programmes. To be eligible for many of these programmes a centre must have appropriate food storage and sanitation.

In rural areas, programmes without access to donated food resources must depend upon either community donations and/or establishing gardens at the centres. In such cases, community members are instructed in environmentally responsible farming methods and which types of produce provide the most nutritious diets. In addition to increasing food security, interventions build ECD centre staff and parent/guardian capacity through training on childhood nutrition, as well as safe food and water handling. These types of training are essential to reducing food and waterborne infections that lead to diarrhoea, one of the major causes of infant and child mortality.

2. Child development

Critical windows for physical, cognitive, and socio-emotional development are open only during early childhood. A recent study found that socio-emotional stimulation was equally as important for



Childcare settings such as an ECD centre can provide an effective focal point around which services benefiting caregivers, households, and individual children can be organised and delivered

aspects of physical development as good nutrition. Growth failure in early life has been attributed to emotional neglect as well as poor diet.

The 5x5 model emphasises the use of quality ECD curricula to build the capacity of teachers and caregivers in childcare settings. Countries like Kenya and Uganda have country-specific ECD curricula in the form of teachers' manuals. These manuals, jointly produced by UNICEF and ministries of education, explain the importance of cognitive and socio-emotional activities and integrate them with physical play and learning exercises. To be most beneficial for young children, curricula must emphasise verbal expression, learning through movement and all five senses.

The curricula should identify activities that are specific to age and developmental stages. Ideally,

ECD programmes should address the special needs of young OVC by building teacher and administrative staff competence to understand issues related to child protection as well as HIV and AIDS. Centre staff should also be taught and equipped to create safe and stimulating learning environments for children.

The 5x5 model focuses on linkages between the ECD centres and formal primary schools. ECD programmes have been proven to be important in helping children transition to formal school settings. This enables OVC to gain access to further education, increases school retention, and also makes it possible to monitor the long-term effects of ECD programmes on individual children.

3. Economic strengthening

Economic strengthening interventions are integral to CARE's 5x5 model. Group savings and loans enable

caregivers to save and lend to each other at rates more reasonable than those charged by commercial lenders or loan sharks. Most participants borrow money to start small businesses, often based on skills acquired through income-generating activity trainings. Profits from these businesses can enable households to both meet their basic needs and repay what was borrowed back to the savings and loans group.

Such microfinance schemes have had a positive impact on the physical and emotional well being of children. CARE's economic strengthening programmes have succeeded in a number of sub-Saharan African countries by increasing household income and assets and providing direct benefits to children in the form of better nutrition, increased school attendance, and healthcare. These interventions are easily monitored through the number of savings groups formed, the amount saved by each, and the uses made of savings.

4. Health

Diarrhoea, anaemia, respiratory infections, malaria, and malnutrition are some of the biggest threats to child survival. For young children's health to improve, communities need access to quality health clinics, safe water, and sanitation.

In urban areas there are numerous clinics and health centres providing free treatment to young children. As a result of poor outreach and communication, many guardians are unaware of the services provided by these centres or how to access such services. In rural areas, access problems are compounded by distance.

In both rural and urban environments, poor children have little interaction with healthcare personnel outside of vaccinations and clinic visits for acute conditions. The lack of routine health screening results in untreated infections and health conditions (eye and ear infections, parasitic infections, HIV, etc.) that can inhibit child development.

Children's health can be improved by strengthening linkages among ECD centres, schools, crèches, and health clinics, as well as by bolstering clinics' outreach programmes. In rural areas, where

access to health services is often limited, linking with existing resources as well as identifying and mobilising community health workers provides children and their guardians with better healthcare options.

Additionally, trainings in first aid, safe food handling, and safe water and sanitation have been important in preventing childhood illnesses. Providing ECD centres with water treatment chemicals and safe storage vessels reduces the incidence of waterborne diseases.

ECD centres also play a critical role in ensuring completion of childhood vaccination regimens, a very important aspect of protecting child health. Most ECD centres do not have policies or records of children's vaccination. With so many children sharing limited space, communicable diseases pose a major threat. Establishing policies around vaccinations within ECD centres and keeping records of children's vaccination statuses are fundamental to CARE's 5x5 model. By using ECD centres as vaccination sites and building relationships with local clinics that provide regular immunisations, rates of vaccination can be considerably improved.

HIV is a pervasive health challenge complicated by issues of stigma. Education of caretakers and caregivers at ECD centres may lead to the reduction of the silence surrounding HIV and the isolation experienced by those living with the disease.

Any education programme must be coupled with improved access to services. A major element of the 5x5 model is to establish formal links with clinics and hospitals in order to bring preventive services to ECD centres and communities and build referral mechanisms for HIV testing and treatment. ECD practitioners must also be informed of what options are available for testing and treatment so that they are able to discuss options with parents and caregivers and ensure that young children get the help they need.

5. Child rights/protection

oVC and their guardians experience a range of well-documented rights abuses, including property stealing, the worst forms of child labour, sexual abuse, physical abuse, and severe neglect. Under

the 5x5 model, interventions on child rights and protection have two main components.

First, the 5x5 model leverages existing community resources. Police officers, judges, magistrates, and child welfare officers can be important advocates for vulnerable children. An ECD programme based on the 5x5 model ideally links existing legal services with ECD services by ensuring that ECD staff members know how to access legal services and community members understand how these services can assist them and the children under their care.

Second, while many national governments have endorsed the UN Convention on the Rights of the Child, many children still do not enjoy the rights enshrined in the act. CARE conducts awareness campaigns to increase communities' understanding of child rights with special focus on community members who are in positions vital to the well-being of young children. This often means informing local law makers, law enforcers, and traditional village leaders about child rights declarations endorsed by their own government. At times stakeholders must be encouraged to live up to their own promises as well as to international standards of child rights.

Notes

- 1 This is a summary of a document authored by CARE USA. The full text is available online at www.crin.org/docs/promisingpractices.pdf.
- 2 CARE is a leading international humanitarian organisation fighting global poverty. Non-political and non-sectarian, it operates in more than 65 countries in Africa, Asia, Latin America, the Middle East and Eastern Europe.

No painful blows or hurtful words...

María José Dufourq, Plan Guatemala

Over the years in Guatemala there have been an increasing number of reports on ill-treatment and sexual abuse of children. These reflect poor child-care practice, the weakening social fabric and increased violence in the country. However, these reports are based on official figures, which show just the tip of the iceberg. The problem is much more serious.

Analysis of the situation

Working alongside local non-governmental organisations, Plan Guatemala¹ carried out preliminary studies to investigate the extent of the problem. These revealed an urgent need for a protection programme to address not only family and community issues, but also to negotiate and make representations at national level to fill legislative gaps in child protection.

Two research projects were carried out, titled 'Let's break the culture of silence' (in 2004) and 'Social representations of sexual abuse with emphasis on incest' (in 2007). Two studies were also carried out at the local level, in the Jalapa and Escuintla districts. Results from these studies showed that many of the situations in which children are vulnerable are perceived by Guatemalan society as being acceptable and, in many cases, even normal occurrences. Rigid childcare models justify the use of violence towards children as an educational and disciplinary technique.

There are a number of deep-rooted cultural aspects directly affecting adults' relationships with children. Cussianovich (1995) refers to them as affection-inhibiting factors:

- There is a tendency to associate affection with women or mothers. Related to this, women are defined as sensitive and 'weak', whereas men do not display affection, because they don't want to

be seen as sensitive or 'weak'.

- Affection is also associated with children, which reinforces the idea of the child as inferior, immature, innocent and helpless.
- Affection is associated with private, intimate relations or encounters.
- The culture of violence as a way of life in the family, in the street, at school and in the workplace has led to a state of mistrust, where everyone may be viewed as a potential aggressor. This brings a violent element into everyday life.
- Children and youngsters are stereotyped, for example, as youth gangs, street children, etc. (PRONICE-Save the Children, 2001).

Solutions

Moving away from these destructive ideas towards positive and constructive care and education methods involves working with parents, teachers and carers to raise awareness and strengthen emotional maturity.

In 2005, in conjunction with the National Network for the Prevention and Assistance in the Mistreatment and Sexual Abuse of Children and Adolescents, Plan Guatemala started the Childcare with Affection programme. This programme aims to raise awareness and educate parents and teachers on the impact of violent behaviour on children, particularly during early childhood. 'No painful blows or hurtful words' is one of the programme's slogans.

Within this context, in February 2007, together with UNICEF and the International Child Development Programme (ICDP), we began to implement workshops under the title of 'I'm a person too'. These workshops have been held in other parts of the world and have proved to be extremely valuable for promoting children's balanced and



Photo: María José Dufourq / Plan Guatemala

The basic condition for children's development is a stable, long-term relationship with at least one adult who is capable of showing love and bringing the child up with an enriched experience of the world

positive growth. They are aimed at supporting good quality interaction between adults and children, contributing to the rounded emotional, cognitive and social development of the children.

The workshops are based around a series of eight guides, presented in 12 sessions designed to provide spaces where parents and carers can reflect and where children can be observed. The idea is to build on the positive aspects that already exist in the adult-child relationship. This builds confidence and encourages initiative, and also introduces routines and exercises that lead to finding new ways of interacting in everyday life. A great deal of emphasis is placed on building on what the target population knows and lives with, using participants' experiences as the raw materials for discussion and reflection.

The workshops promote three kinds of dialogue, depending on whether the child needs love,

stimulation or setting of limits.

The programme is taking place in five field offices in the east and the north of the country. Our fieldwork team has been trained in this methodology, and they in turn train groups of people in the communities so that they can pass on what they have learned to people directly involved in childcare (parents, grandparents, young people, etc.).

Otto Catalán, one of our promoters in charge of training people who work directly with carers, says: "You start with yourself, applying what you've learned with your own family. One thing I really like about the programme is that people's experience is valued, as well as their cultural and educational background. I've realised that my relationship with my son has improved now. I'm more affectionate, more patient and more tolerant."

| Types of dialogue | The eight guides |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emotional dialogue | <ul style="list-style-type: none"> • showing love • following and responding to initiatives • establishing personal communication – praising and confirming |
| Dialogue aimed at understanding | <ul style="list-style-type: none"> • getting their attention • naming and describing the world • broadening their knowledge of the world |
| Regulating dialogue | <ul style="list-style-type: none"> • setting limits in a positive way • suggesting step-by-step actions |

According to the programme's terms of reference, "psychological research shows that the basic condition for children's development is a stable, long-term relationship with at least one adult who is capable of showing love and bringing the child up with an enriched experience of the world".

Zoila, one of the mothers taking part in the programme, commented that she found the workshops really useful because she got valuable information from them: "When you speak to a child you should look them in the eyes so that they feel you're concentrating on them. I really think that if we treat our children with love and affection they'll respond in the same way."

This is a significant challenge for parents, teachers and carers, especially as they often feel that they are losing the power that they see as necessary for looking after a child. However, as the number of workshops increases, we hope to expand awareness and build a network of protection for children living in these communities.

Note

- 1 Plan International is a child-centred community development organisation. It is not affiliated to any religious, political or governmental organisation. Guatemala is one of 47 developing countries in which it implements its programmes. Its vision is of a world where children can realise their full potential in societies where human rights and people's dignity are respected. Plan has been working in Guatemala since 1978 and currently works with 650 communities in the districts of Escuintla, Jalapa, Izabal, Baja and Alta Verapaz.

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Attachment matters

**John Oates, Senior Lecturer in Developmental Psychology, Child and Youth Studies Group,
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Towards the end of the last century, the long-standing debate about whether the first five years of a child's life really are important for development throughout the life-span became particularly prominent. On one side of the debate were those who espoused theories such as those developed by John Bowlby, Donald Winnicott and others working within a psychoanalytically informed tradition. Their position was supported, for example, by those seeking to promote pre-school education, following such pioneers as Maria Montessori and Friedrich Froebel. A broad alliance of interest took the view that these early years in a child's life are a critical period for emotional and cognitive growth; that experiences during this time have long-term and important consequences.

On the other side were researchers who were critical of the evidence base for the 'importance of the early years' promoters, who had tended to rely on case studies, on clinical sources and on observations of individual children's progress. This counter-movement, whose key figures included Ann and Alan Clarke, Jerome Kagan and Michael Rutter, highlighted evidence emerging from longitudinal studies of children, especially children who had been moved from very poor care environments to more supportive situations. This new evidence suggested that for some children early 'damage' was not necessarily so permanent and entrenched that it could not be overcome by appropriate remedial care later in childhood.

Viewed in hindsight, we can now see that the terms of this debate were often drawn too widely and with perhaps too little attention to the detail of what these different researchers and theorists were actually saying. Our understanding of child development has moved on. We now know that child development is a complex phenomenon, with multiple interacting factors. Genetic and constitutional factors in the child act in constant interplay with caregiving

characteristics, with socio-economic circumstances and with child health, such that predicting the precise course of an individual child's developmental trajectory is well-nigh impossible to do with any certainty. What is becoming clear, however, is a new understanding of how certain risk and protective factors play central roles in this trajectory. This is helping us to recognise why some children can seem to be resilient in the face of apparent adversity, while others appear to show long-term effects of adverse events.

Combination of risk factors

Recognising this complexity moves the debate on from a position where single factors such as child poverty, early placement in childcare or loss of a parent, for example, were seen in isolation. Two developments in particular have fuelled this movement forward. First, a series of long-term studies of cohorts of children, in the USA, Germany, New Zealand and UK among others, are now bearing fruit and overcoming the reliance on retrospective studies of early childhood that had clouded previous discussion. Second, statistical techniques for dealing with massive datasets of the sort that these longitudinal studies create have advanced significantly, and meta-analyses of sets of studies have enabled more robust findings to emerge. These methods are showing how it is often the combination of risk factors that causes the longer-term poorer outcomes for children, along with lengthy exposure to adverse child-rearing environments. The concept of resilience has been developed out of this work, showing that exposure to single, short-term, low-intensity stressors in early childhood can help children to meet future adversity and come through relatively unscathed.

In this article I want to highlight one finding that has emerged loud and clear from research – the importance of a child establishing secure attachments in the first 12–18 months of life.

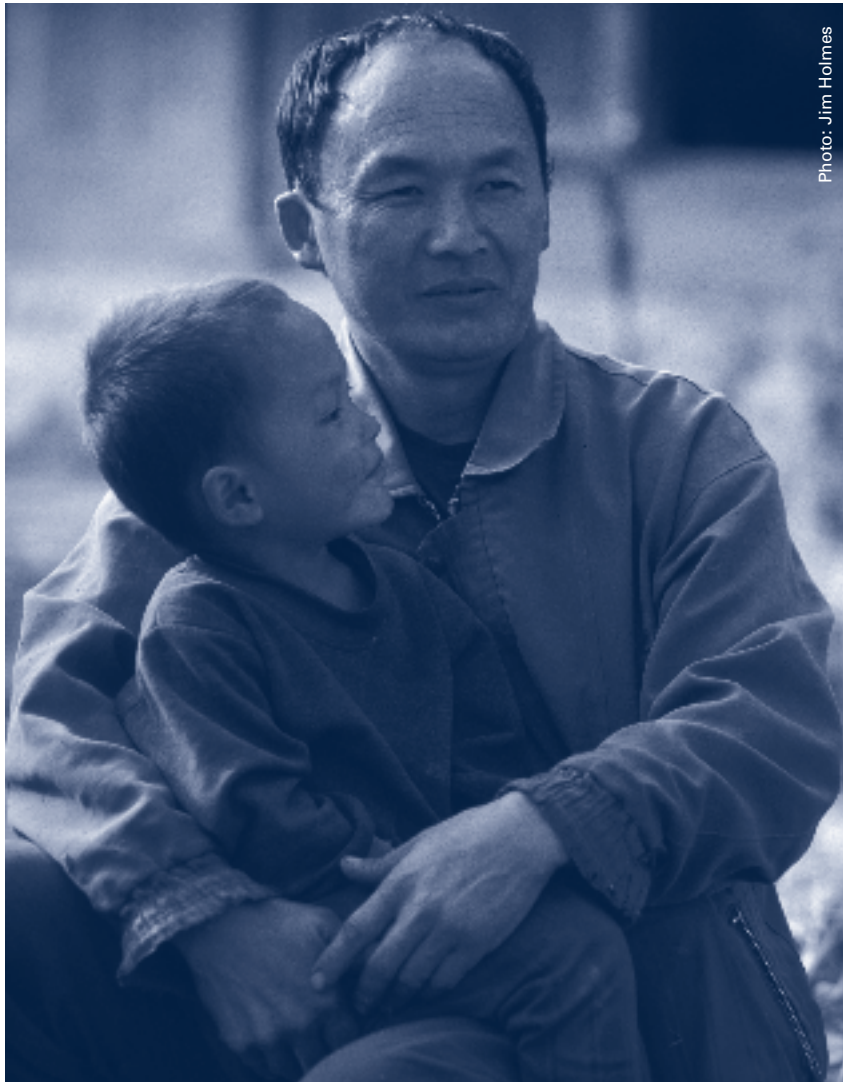


Photo: Jim Holmes

One of the key influences in the development of attachment security is caregiving which is attentive to the child's emotions and needs

Although this may seem like a single factor, in fact it encapsulates a key set of qualities within the very early caregiving environment that give a child an enduring sense of self-worth and security in the ability to call on others for assistance in the face of distress. This outcome, which is called 'secure attachment', was theorised very clearly by John Bowlby and defined operationally for research purposes by Mary Ainsworth.

As conceptualised within attachment theory, a secure attachment to a caregiver is where a young child recognises a caregiver as a 'secure base' from

whom exploration is possible, and who can be returned to if exploration leads to stress that the child cannot handle alone. This is not simply an emotional bonding, which emphasises closeness, but is broader in scope and recognises the need for children to develop their autonomy.

Insecure attachment, in contrast, is where this basic trust in the caregiver has failed to be established sufficiently, and hence the child is unable to hold the caregiver in mind as a 'safe haven'. Insecure attachments are marked by difficulty in the child in using the caregiver as a source of comfort and reassurance, and by ambivalent or avoidant behaviour towards the caregiver. These are often associated with uncertainties and wariness in exploring the environment, and sometimes with inappropriate approaches to strangers for support.

Insecure attachments are also associated with subsequent poorer learning performance, with difficulties relating with peers and with various forms of psychological difficulties in later life.

In situations where there are multiple adverse risk factors, attachment is more likely to also be disorganised, meaning that the child has difficulty in maintaining a consistent way of handling relations with caregivers and others. Whereas a securely attached child has an established and positive way of relating with others, and a child with an ambivalent or avoidant attachment at least has a consistent,

learned way of dealing with stress and relations with the caregiver, the child with a disorganised attachment seems to lack the ability to maintain consistent behavioural strategies even when the stress is only mild. This form of attachment is strongly associated with severe behavioural and emotional problems emerging later in childhood and in adolescence.

One of the key influences in the development of attachment security has emerged consistently from the longitudinal research studies. First pointed to and defined by Mary Ainsworth, it is 'sensitive caregiving'. That is, caregiving which is attentive to the child – to their emotions, both positive and negative; to their needs, either expressed or implicit; and to their complementary needs for comfort and autonomy.

More recently, it is also becoming clear that a caregiver's capacity to 'enter into the child's mind'; to see the world through their eyes, is also central to attachment development. But, just as with the broader range of factors influencing children's development, this is not the whole story. It has been shown that sensitivity is not the only influence – that in some way aspects of a caregiver's own early experiences filter through into their child's attachment development, and that possibly constitutional factors within the child play a role as well. In addition, the social and economic environment can either support or make less likely the formation of secure attachments. For example, it is now known that post-natal depression in the caregiver is a risk factor for attachment difficulties in the young child, and post natal depression is itself associated with poverty, lack of social support and other forms of adversity. It is clear that the quality of early attachment influences later development in profound ways. It affects not only a child's subsequent relationship experiences, with peers and then with partners, but it also affects their cognitive development and their social adaptation.

Knowing, then, the costs of attachment insecurity and disorganisation, the implication is that early and appropriate intervention, where it is needed to improve the chances of a young child developing secure attachments, is of clear economic benefit as well as a crucial target for recognising the rights of young children to care that maximises their life

chances. Policy makers are beginning to realise that attachment is indeed an important focus for early childhood and care support strategies and investment, and intervention research trials are showing how caregivers can be helped to improve the way they relate with their children to enhance attachment security. Given the multiplicity of factors that directly or indirectly affect children's attachments, a multi-pronged approach would often seem to be the right way forward, addressing not only caregiving behaviour, but also the surrounding conditions that can foster supportive caregiving.

Multiple attachments

But what does attachment research have to say about the most disadvantaged children on our planet? Much of the research has been conducted within relatively affluent societies where the caregiving environment tends to be relatively stable and where children can expect, usually, to have at least one committed biological parent to care for them through the early years.

Unfortunately attachment theory, as proposed by John Bowlby and developed subsequently by others, is often misrepresented as stressing the importance of the biological mother alone for healthy attachment development. Indeed, Bowlby's concept of 'maternal deprivation' has often been (mistakenly) seen as asserting that the bond with the mother is the crucial and only relationship affecting attachment. Instead, Bowlby stressed (and his views have been borne out by later research) that children can and do form multiple attachments to those who give a degree of support and care over more than short periods of time. Attachments take time to establish, hence frequent changes of caregiver are not conducive to secure attachments being made, but becoming an attachment figure is possible for fathers, grandparents, siblings, aunts, uncles and also adoptive parents or fostering carers.

This should give us hope for children growing up in situations of war, extreme deprivation, HIV/AIDS or other serious disadvantage, as long as policies are in place that can help to establish and maintain these ongoing nurturing relationships by others, where parents are unavailable to the child. The challenge, then, is to find the best ways in which the maximum number of children who face the risks

of having insecure attachments can be helped by having committed, emotionally warm and sensitive caregivers. This needs to be seen as not only ethically of the highest priority, addressing children's basic rights, but also as making sound economic sense, equivalent at least to investing in economic development.

New publication series: ***Early Childhood in Focus***

The first volume in the new Open University series *Early Childhood in Focus*, "Attachment relationships: Quality of care for young children", is now available from the Bernard van Leer Foundation. Fittingly, it is on attachment relationships, and it presents short, accessible summaries of the most recent findings from attachment research, along with the policy issues that these raise. Bringing these issues to the notice of those who determine children's futures at governmental levels, and raising the profile of secure attachment as one of the most important components for early childhood well-being, and for a happy and fulfilling life, is a key aim of this publication.

"Attachment relationships: Quality of care for young children" looks at how caregiving, social and economic conditions, and cultural contexts influence the development of attachment relationships, giving more details and extensive source references for the points raised in this article. It includes contributions from an international group of eminent researchers and gives an accessible, state-of-the-art overview of key research findings worldwide. It is closely focused on the Bernard van Leer Foundation's issue area 'Strengthening the care environment'.

The *Early Childhood in Focus* series is designed to inform, encourage and provide leverage for successful rights-based policy advocacy on behalf of young children.

Promoting learning and development in the early years through play

Interview with Teresa González

Teresa González is the Director of Programme, Monitoring and Evaluation at Right to Play, which uses sport and play programmes to improve health, build life skills, and foster peace for children and communities affected by war, poverty and disease. Here she talks about Right to Play's philosophy and approach, and why it has recently begun to focus its efforts more strongly on very young children.

ECM: As you know, this issue of Early Childhood Matters is about the Foundation's issue area "Strengthening the care environment" for disadvantaged young children. To start with, can you talk a little bit about why recognising the right to play is so important for creating a better care environment for young children?

Teresa González: At Right to Play, we talk in terms of learning to play and playing to learn. If young children can be brought up in an environment that is not only loving but also creative, then that sets the foundation for their holistic development and lifelong learning. In particular, for parents in developing countries who are often under stress and facing difficult situations, our programs support them to create the opportunities to sit down with their children, to nurture and learn with them.

Many of your programs at Right to Play involve organised sports, which you say most children aren't ready to get involved in until about the age of 6. But you also have programs that involve younger children.

That's right. For about five years we've been running the 'Red Ball Child Play' program for children from kindergarten through to grade six or eight, depending on the country. We gradually came to realise it was important to concentrate even more on the 0–6 age group, and so beginning

last October we introduced a new programme, Early Child Play, into 22 of our countries. This is aimed at even younger children, so now we deal with children all the way through from age zero to adolescence.

Let's talk first about the longer-running programme, which revolves around five different coloured balls. Talk us through the significance of those.

The five balls are in the colours of the Olympic rings, and they each represent a different aspect of the holistic development of children. The blue ball is about peace, social skills, working as a team and solving conflicts. The red ball is about intellectual and cognitive development, focusing on concentration and perception. The yellow ball is about the spirit, and the focus is on self esteem and character education, helping children to respect each other and manage their anger in positive ways. The green ball represents the environment and aspects of health such as immunisations, and the black ball is all about the body's physical development. The reason we concentrate on these five areas is that we see the child as a holistic human being and therefore have to ensure that they are healthy, happy, and socially, physically and mentally prepared to live in a difficult world. Right to Play is about children, youth and communities creating a world where they can look after themselves and one another.

And the idea here is these balls serve as a basis for a programme of lessons and activities that aim to help children to develop in these different ways?

Yes, we developed a whole programme with each lesson centred on one of the balls. For each lesson, resources are provided for the teacher and all the games are laid out, games which get progressively more challenging as the children progress through the program. I should mention here that we focus greatly on the issues of gender and disability, making certain that young girls are always equally involved and that disabled children can participate to the fullest possible extent. Our approach to learning is “reflect, connect and apply”, so in every game we have inquiry questions that lead the child to reflect on how to connect things to their own life and then apply it to something larger.

Can you give us an example?

I recently was involved in playing a balancing game with very young kids. At one point we asked them “imagine this is a glass you’re balancing – if you don’t balance it, then what would happen?” It would break, came the reply. And what would that mean? There’d be glass lying around. And what would happen then? I’d end up in hospital, said a little girl, and I don’t like hospitals. So we asked: what would you do if a glass broke? “Get someone else to come and pick it up,” she said. It’s an example of how a simple game can be extended to get children to think about real-world situations. Children have a lot of fun learning this way, and it helps them to develop their thinking skills.

This is a programme that’s implemented primarily by teachers in schools or by community volunteers in extra-curricular time?

Both. We train teachers to adapt our programme into their everyday work in schools, and we also train community volunteers who run these activities after school or on weekends. When it comes to the Early Child Play programme for pre-school children, of course that’s not implemented through formal schooling. Often the programme is integrated into community settings like early childhood centres, but basically it runs wherever there is a need expressed by the community.

So let’s move on to talking about the Early Child Play programme. Why did your experience convince Right to Play that it was so important to bring even younger children into your activities?

One of the reasons is that children in developing countries often don’t go to kindergarten or start school until later in life, because they have to work or because the walking distances to school are challenging. We wanted to create a programme where children could develop their language skills and thinking skills through games, giving them an opportunity to grow as healthy and curious human beings. We thought that if we could engage their minds with colours and shapes, engage their muscles by playing with balls and pushing things, and develop their social skills, this would help them to cope when they enter kindergarten or first grade. They will be better socialised and more used to playing and learning with others.

Also, when it comes to identifying issues with language or sight or hearing, it’s generally a case of the younger the better. We’ve developed an early intervention template to help identify issues that need to be taken to the healthcare centres. Often, we found that not intervening at an early age means it’s too late to do anything about it.

There’s another reason. We realised that very young children are a great way of getting communities to come together. We can talk to parents about things like the importance of nutrition, we can encourage them to play with their children at home, encourage and support them to sing to their children and nurture them. There are such significant opportunities to lay good foundations in a child’s very earliest years.

You use “play” as an entry point for interventions with much broader aims, such as health, community development, and conflict resolution. Can you explain the thinking behind that?

What we tend to do is start by talking to parents about how play and sport are part of the development process of the child. We get them to think about how their children first start to perceive sounds, and then to explore and manipulate space and we relate this to learning strategies. We find that



Photo: Courtesy Right to Play

"We try to show parents and teachers that playing games and sports can actually lead to very good learning outcomes, and that all games and sports are about learning and development." - Teresa González

when you take parents through whole process of conceptualising how their children learn, then it all becomes much easier to talk to them about things like health and safety and self-esteem. Sport for development is a magnificent tool to motivate others to participate fully in this complex world.

We work in a lot of very challenging situations, such as refugee camps, where children are especially in need of a lot of care and love and emotional understanding. But whenever we start in a new place, we always start with engaging the community, particularly the mothers. They appreciate the workshops we do with them because it's not only about them learning new things but also reinforcing what they already know deep down, like how good it is for them to touch and talk to their children.

In many places, play is not valued – either because traditional cultural norms value other attributes in a child, such as quiet obedience, or because life is so challenging that making time to play with young

children is seen as an unnecessary luxury. If caregivers in such circumstances think of play at all, they tend to think more of entertainments that will keep their children occupied. How do you go about convincing people in such situations that play is important for deeper reasons of education and development?

And it's not just caregivers, it's teachers too. They often see play as kids misbehaving instead of sitting quietly in class. Most cultures, in fact, tend to see play as being simply about children having fun and that's it. What we try to do is show parents and teachers that playing games and sports can actually lead to very good learning outcomes, and that all games and sports are about learning and development.

That's why the first thing we do is hold workshops, to help parents and teachers to understand the significant role that play and sport play in the development of the child. We engage them in Right to Play activities and they see how they themselves are learning and enjoying the games. They begin to

see how games and sports can be used to enhance thinking skills, imagination and creativity, and development of both small and large muscles, and they end up valuing the activities. We help parents to understand what kinds of play are helpful for children of different ages, from birth up to school age.

After the programme, we often observe that teachers, volunteers or caregivers who participated tend to change their attitudes towards teaching and their style of teaching, once they notice how well kids are learning when they're having fun rather than sitting quietly and being bored.

The right to play is, of course, enshrined in the Convention on the Rights of the Child. The idea of universal rights doesn't always fit with cultural traditions, though. How helpful is it in your work to be able to talk in terms of rights?

Rights are absolutely central to everything we do. But we do need to get away from our tendency to define rights in what I would see as a static concept that we impose on others. It's very important to be able to take a cultural perspective, to see rights in the context of the environment where we work. We have to look at what we understand by child rights and what the local community understands to be good ways of treating children, identify where the gaps are, and figure out pragmatically the best ways of bridging them. We have a shared responsibility to protect children.

That might mean, for example, that when we encounter families who believe child labour is a normal and acceptable way to support the family, we don't directly take up the rights argument but instead try to explain how education creates opportunities for the future that in the long term will help the family even more economically. Of course, I am horrified by child labour, but I have to engage people to be able to convince them.

We do a tremendous amount of background work studying what rights children have in practice and how people see these issues, and how we can approach the gaps we identify in ways that aren't going to be seen as unwanted interference. It's not easy. But ultimately, regardless of how well others' sense of child rights meshes with ours, we have to

remember that every human being in this world is responsible for the future of all children. Children are our hope, our future, and our conscience. Children permeate all Right to Play policies, programs, and future direction.

Finally, how do you evaluate your programmes, and what are the results you see?

We usually use external evaluators, and qualitative assessment methods. The kind of results we see are that children who've participated in our programmes tend to concentrate more and not to be absent as much because they've come to love learning through games. Their self-esteem and their sense of who they are seem to be better.

The Red Ball Programme has been running for only five years so it's early to look at long-term effects. But we certainly are doing what we do with the intention that when children grow into adults, the kind of effects we see in children – and indeed our overall philosophy as an organisation, to look after yourself and look after others – will translate into helping to create societies that are healthier, more able to cope with stresses, and perhaps above all more full of hope. People who have lived through the most appalling circumstances always say that hope is the most important thing.

The Roving Caregiver Program

A family-based early intervention programme for enhancing early childhood development and parenting

Jaipaul L. Roopnarine and Ziarat Hossain¹

It is well established that in different cultural communities around the world, young children who live under difficult economic and social circumstances are particularly vulnerable to cognitive and social delays prior to entry into formal schooling (see McLoyd, Aikens and Burton 2006). Developmental delays that appear in the early childhood years seem to persist into adolescence, where the negative outcomes are even more pronounced. For example, children from poor households in the USA show a greater likelihood to drop out of school, become pregnant, and engage in crime compared with those from more privileged economic backgrounds (see Duncan and Brooks-Gunn 1999; McLoyd, Aikens and Burton 2006). In the English-speaking Caribbean, high rates of developmental delay and youth violence have been recorded in poor Jamaican children (Crawford-Brown 1997, 1999; Samms-Vaughan 2006), and severe physical punishment has been determined as a predominant method of addressing childhood transgressions in Jamaican (Samms-Vaughan, Williams and Brown 2005), Barbadian (Payne 1989), Dominican (Barrow 2003) and Kittitian families (Rohner, Kean and Cournoyer 1991). The psychological and educational costs to children of harsher forms of discipline that are void of explanations (e.g., power assertive discipline techniques, physical punishment) are spelled out in detail in authoritative reviews (e.g., Gershoff 2002) and recent research articles (Lynch et al. 2006; McLoyd et al. 2007).

The goal of this article is to provide a synopsis of the Roving Caregiver Program (RCP), a home-based intervention programme designed specifically for young Caribbean children who are at risk for academic and social delays that may be attributed

to poverty and inadequate parenting. Three issues are at the core of our discussion: (1) the manner in which the RCP contributes to strengthening the care environment of young impoverished children at risk for developmental delays; (2) key aspects of the RCP model that may be credited with successful outcomes in children, families and the community; and (3) the main challenges confronting the RCP model as it is being implemented more broadly across different Caribbean nations. Before addressing these issues, however, it is necessary to discuss the conceptual and theoretical underpinnings of the RCP model. Much of what is included in this piece is based on reports submitted to the Bernard van Leer Foundation and to the Caribbean Child Support Initiative based in Barbados.

Theoretical/conceptual background

The RCP approach to early intervention is firmly grounded in contemporary child development and family theories and conceptual frameworks that have emerged within multiple disciplines that emphasise the total ecology or developmental niche of the child, and stress accommodations between the developing child/parent caregiver and the immediate surroundings and beyond (Ogbu 1981; Super and Harkness 1997; Whiting and Whiting 1975). Thus, the model takes into consideration social relationships outside of the family that affect childhood and family development, and incorporates the notion that neighbourhoods and communities can mobilise social capital to improve on childrearing tendencies that adversely affect social and cognitive outcomes prior to entry into formal schooling (see Jarrett and the Alexander Consulting Group 1995). Accordingly, recognising the adaptive-resilient nature of families, the RCP focuses on strengthening the early care environment of children and families

who live under challenging social and economic circumstances. Resilience refers to the ability of adults to function effectively as parents in the face of adverse economic and social difficulties within the near environment (see Rutter 1990), drawing on community resources such as multiple caregivers and religious institutions for support in executing parenting roles and responsibilities, and displaying good home environment management skills (e.g., family cohesion, good child monitoring skills).

Within the RCP, the early care environment is broadly conceived of in terms of its structural configurations (e.g., different marital and mating systems and familial structural arrangements) and childrearing processes, and the interdependent, reciprocal relationships between families and communities. It considers key experiences within families that can be modified through interventions that have implications for changing entrenched parenting practices and beliefs or ethno-theories about childrearing and education (e.g., harsh physical discipline, inadequate cognitive stimulation) at the community and societal level (e.g., alloparenting, monitoring children, close personal relationships). This approach to early intervention not only meshes well with the cultural-ecological models mentioned earlier, but also captures principles stipulated in the 'Convention on the Rights of the Child' (see General Comment No. 7, Implementing Child Rights in Early Childhood, 2006).

By targeting for intervention the early care environment within the family, the RCP recognises three fundamental concepts: that providing economically disadvantaged families with services during the earliest years in a child's life has a greater likelihood of arresting chronic risk later on; that parents and other caregivers within the home environment are children's first teachers and therefore are critical in encouraging the acquisition of and the nurturing of cognitive and social skills during one of the most sensitive periods in the human life span; and that a home-based model of intervention embraces the perspective that the home environment provides a 'haven of security' to very young economically disadvantaged children whose families may not otherwise seek intervention services. Indeed, research data support the early use

of intervention services for children as a beacon of hope for ameliorating multiple risks in their daily lives (Kammerman and Kahn 2004), and point to the benefits to families of strengthening the parent-child bond and interaction patterns during the early childhood years (Kagitcibasi 1999).

The RCP model and its strengths

Building on a rich history of home visiting programmes (see Sweet and Applebaum 2004 for a recent meta-analysis), the RCP has its origins in an intervention project developed for young economically disadvantaged mothers in Jamaica. Basically, the RCP trains paraprofessionals ('Rovers') to work with caregivers and young children in and around the home environment. During weekly visits lasting between 30 and 60 minutes, Rovers use specified materials and follow a routine set of stimulation (interaction) exercises geared at promoting strong parent-child attachment bonds, good parenting skills and cognitive and social development in children (see Roving Caregiver Program 2003). Additionally, there is a component that addresses parental beliefs and practices regarding childrearing. The RCP has refined some aspects of its approach to home intervention prior to implementation in other Caribbean nations (e.g., Dominica, St Kitts, St Lucia).

Data from implementation in Jamaica suggest that the RCP had a strong impact in preventing further decline in cognitive functioning in young children prior to entry into school compared with children who were not enrolled in the programme. Currently, there is a more systematic long-term study being conducted in St Lucia to further delineate the effects of the RCP on children and parents.

Noteworthy strengths of the RCP are:

- It is grounded in culturally relevant theoretical principles and research on early childhood development and early intervention. That is, the RCP is driven by principles embedded in cultural, developmental and intervention models of human development.
- Family intervention is community based and takes into consideration the diverse familial structures and diverse individuals who may raise children in different communities.
- During home visits, the emphasis is on children's



According to the Roving Care Program, parents and other caregivers within the home environment are the children's first teachers and therefore are critical in nurturing a child's cognitive and social skills

- psycho-motor and perceptual skills (e.g., grasping a ring, encouraging head movements and gentle rolling, reaching for and grasping objects, scribbling, rolling and throwing a ball) and cognitive and early literacy skills (e.g., face to face encounters, assembling puzzles, looking at books, playing hand and counting games and working with puppets).
- It focuses on improving parent-child interactions and strengthening parent-child bonds (e.g., chatting with the baby, singing to/with, turn-taking conversations, imitating sounds, using more complex language and gestures as children age, naming objects and people, labeling body parts, looking and listening, using puppets, asking questions). It has a strong parent-education component that zeros in on parent management techniques, health and childhood safety issues, and growth-promoting childrearing practices.
- The stimulation exercises are both culturally and developmentally appropriate, incorporating both 'home-made' and manufactured materials.
- It has a well-developed set of manuals, videotapes and other materials for working with parents and children, and also for training and monitoring Rovers. Specific units for home visits and developmental activities are provided.
- It uses paraprofessionals selected from the local communities. They possess epistemological or local knowledge about the communities and consequently are better able to relate to families and community members and leaders.
- It draws on the social and intellectual capital of the community by utilising the church and other organisations to provide childrearing, religious and healthcare information and guidance to families.

Challenges in the delivery of the RCP

Not unlike other intervention programmes, sustainability of positive gains made as a result of intervention efforts is a primary challenge facing the implementation of the RCP in Caribbean countries. In several communities across the Caribbean, there is a gap in the provision of quality

early childhood education for children prior to entry into primary schools.

Perhaps equally challenging, and tied to sustainability, is the need to further focus on good parenting skills. Arguably, the most economical and efficient path to improving childhood outcomes rests with caregivers. In this regard, the RCP presents models of parenting that emphasise warmth and affection, use of limit setting, explanations and other non-punitive methods of child guidance.

Finally, in assuring parental input in interaction exercises, the RCP is introducing a 'plan-do-review' sequence that has been integral to neo-constructivist approaches to educating young children (e.g., High Scope; Weikart and Schweinhart, in press). This would have an empowering effect on parents and may have greater carry-over currency in encouraging parental activities with children when the Rover is not present.

Conclusion

In the main, the RCP shows tremendous promise in attenuating developmental delays in young Caribbean children who live in challenging social and economic circumstances. The RCP continues to modify elements of the interaction exercises between Rovers and children, Rovers and parents, and parents and children with the hope of maximising optimal childhood outcomes in the face of adversity.

Note

- 1 Jaipaul L. Roopnarine is Director of the Graduate Program in Child and Family Studies, Syracuse University, Syracuse, NY, USA. Ziarat Hossain is Assistant Professor: Individual, Family and Community Education, University of New Mexico, Albuquerque, New Mexico, USA

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Strengthening the care environment through the home-based programme

Inviolatta Moyo, Executive Director, Community Foundation for the Western Region of Zimbabwe

Home-based programmes are emerging as the most powerful vehicles for strengthening the care environment for children throughout the world. While communities are endowed with traditional knowledge, in many instances they lack the capacity and know-how to support these programmes. Without this capacity, the full potential of home-based programmes cannot be achieved, and the programmes cannot be fully used to complement the efforts of civil society and the government to strengthen the care environment.

The term 'environment' is perceived to encompass the situation, background, location, up-bringing, atmosphere and surroundings. As an organisation, the Community Foundation for the Western Region of Zimbabwe, therefore views the care environment with reference to the situation, surroundings and atmosphere in which a child grows. The care environment, from the point of a mother's expectancy, should be such that it adequately provides for the child to grow and reach its full potential.

The Foundation views the following as key needs in the care environment:

- family and community support;
- access to healthcare;
- access to food;
- access to education and recreational facilities.

The care environment in rural communities is unique depending on the history and socio-economic situation prevailing in the region. Underpinning the care environment in the western region of Zimbabwe are the cultures and traditions of the people of the region. We therefore see culture as a starting point for strengthening the care environment.

The war leading to Zimbabwe's independence in 1980 exerted many pressures on families in this region, and left a host of other fears and restrictions. The pressure of having to look after the family at the same time as dealing with harsh conditions such as poverty and loss of parents can result in anxiety and depression. The care environment has also been greatly affected by the recent poor performance of the Zimbabwean economy, which has led to increasing poverty. Any programme must take these factors into account if it is to be successful.

Some children do not have a family to look after them, and have no idea of normal family life. On the other hand, despite the economic and social difficulties prevailing in the western region of Zimbabwe, there are many children who grow up in a normal family environment. However, extended families are increasingly unable to act as a safety net for children. The role of home-based caregivers, and also traditional leaders, is therefore increasingly important, and these groups in turn need support.

Enlisting the support of the local leadership in any community is critical to achieving a strengthened care environment. There are two distinct types of community leaders: traditional leaders and political leaders. Traditional leaders include village heads, kraal heads and chiefs, while political leaders include councillors and members of parliament. Traditional leaders are very important because of their permanence in a community. Enlisting the support of traditional leaders can ensure sustainability of the programme, and also often motivates support from the whole community because of respect for the leaders. Elected leaders are equally important for the implementation of a

home-based programme, as they are policy and law makers. The programme can lobby these leaders for child-friendly policies and support in strengthening the childcare environment.

Community involvement is key to strengthening the care environment through a home-based programme, because the programme depends on local community resources. Community participation and involvement must be enlisted at all stages and through all activities of the programme.

Building the capacities of families and communities is of paramount importance for a strengthened care environment, i.e., facilitating people to gain skills and financial resources. Our belief is that once people have this capacity, they are able to do things on their own, and this leads to self-reliance and sustainability of the programme. Support to the family is an important component of any home-based programme. This includes raising awareness on the importance of the involvement of both parents in the child's care and upbringing.

Some of the objectives for community capacity building are:

- create awareness of the contradictions between traditional systems and taboos, and the needs of children, for example, after the loss of a parent;
- help adults identify vulnerabilities in children, and explore ways of developing communication between adults and children that help and protect children without undermining the role of the adult;
- provide carers with information and skills in early childhood development practices.

Community ownership

Planning together with communities is essential and has been shown to produce the best results. For example, the Foundation involves communities, through participatory procedures, in needs assessments to identify the needs of the children, and also in planning the way forward. The community must also have leadership of the programme, taking responsibility for its development.

We also involve children in plenary sessions. Consultation with children about their needs and aspirations provides invaluable information

– the children's views are accessed through discussion panels in child fora and kids' clubs. The involvement of children contributes to a holistic programme that takes into consideration not only what adults think children need, but also what children themselves think they need for a strengthened care environment.

Another approach to strengthening the care environment is supporting programmes that enhance food security for families and the community. We also co-finance income-generating programmes to increase resources available for families.

We also work to promote the extended family concept. This traditional care system has been declining because of social and economic changes, but it is very effective in accommodating orphaned and vulnerable children. The home-based programme is a fusion of the old extended family model and the new system which promotes individualism.

The home-based programme can also be strengthened by supporting indigenous initiatives from the community. For example, we support traditional initiatives like the Isiphala Senkosi/ Chief's Granary concept, where the village collectively ploughs a common field so that the underprivileged in the community can be assisted in times of need. Also, the Foundation has helped some communities through donations of donkeys, ploughs, cows and scotch carts which are communally owned and available to assist underprivileged and vulnerable families. These resources are also used by the communities as a form of resource exchange, for example, if a villager uses the communal resources for tilling his field, he will contribute a certain percentage of his yield to the underprivileged families.

Community ownership of the home-based programme leads to its success. The community must also be the ultimate authority in implementation of the programme. If too ambitious a programme is pressed on the community, or too much is expected in too short a time, the programme is bound to fail.

The care and protection of children in the Amazonas

Ruth Consuelo Chaparro and Adán Martínez, Caminos de Identidad Foundation (FUCAI), Colombia

Indigenous children in Colombia, and especially in the Amazonas Department, often live in an environment characterised by risk and vulnerability. Many of the children are disadvantaged from birth, as they are not registered and are therefore ignored in national statistics.

Malnutrition is one of the main problems faced by these children. The town of La Chorrera, for example, has the greatest risk of child death from malnutrition in the country. In La Chorrera and three towns of the Chocó, there were 5000–7000 deaths in children under 5 for every 100,000 live births in the period 1998–2002 (research by Magda Teresa Ruiz and Nubia Yáñez Ruiz at the Universidad Externado de Colombia). The national figure is 253 for 100,000 live births.

According to data from the Colombian Health Department, 30 percent of children in the Amazonas region suffer from acute malnutrition and 40 percent from chronic malnutrition. The ICBF estimates that calcium intake deficiency is at 96.8 percent in the Amazonas region, zinc deficiency is at 79.2 percent, vitamin A deficiency is at 51.5 percent, vitamin C deficiency is at 29.2 percent and protein deficiency is at 50.3 percent (ENSIN 2005, National Survey on the Nutritional Situation in Colombia, 2005, ICBF). These deficiencies increase children's susceptibility to chronic illnesses, mental disability, physical disability, decrease in learning ability and productivity and premature death.

Colombia has a coherent legal framework promoting appropriate education that respects cultural identity. Unfortunately this does not filter down to educational practice. Educational programmes and methodologies continue to be inadequate, ignoring the children's context and culture. In many cases, children do not learn the

cultural practices and knowledge that are part of their heritage. They may even develop a negative concept of their ethnic, regional, linguistic and cultural origins. Around 50 percent of children are not learning their indigenous language.

Verbal and physical abuse are frequent in indigenous communities. In La Chorrera, a study carried out on 225 boys and girls in the 20 communities found that 37 percent of the children are cruelly mistreated by their father, and 27 percent are similarly abused by their mother. There are also cases of sexual abuse, particularly in girls. There is also a growing number of unwanted pregnancies in young, unmarried mothers.

The Amazonas Indigenous Children project

The Amazonas Indigenous Children project of the Caminos de Identidad Foundation (FUCAI) focuses on 406 families in the area (totalling 2119 people), 30 secondary school teachers, a boarding school and five primary schools.¹ The participants, who are mainly from the Uitoto, Bora, Okaina and Muinane communities, live in 20 settlements located along the Igararaparaná river, a tributary of the river Putumayo, which itself is a tributary of the river Amazon.

The basic elements of the project are: participative action-research and production of materials; community training; strengthening grassroots organisations and institutional coordination; agricultural production and nutrition; and support for bilingual education in the classroom. The programme comprises integrated intervention that recognises and promotes the community as the main agent for the care and protection of its children.

Action research

FUCAI conducts participative and educational action-



Photo: Courtesy FUCAI

The focus groups of the Amazonas Indigenous Children project are parents, grandparents, indigenous leaders, authorities and teachers – the entire community is seen as the agent for the protection and care of the children

research, which seeks to generate knowledge that can be used for training participants and improving the situation for children.

We have identified the basic socialisation mechanisms of the people with whom we work, which inform them throughout their lives. These are the key features that we then use in our intervention with families. Examples include the oral tradition of telling a story or singing a song; the ritual morning bath; self-regulation, i.e., restrictions in food intake, behaviour or other everyday activities; keeping one's word; nutrition, work and dances.

We have also constructed a scale for the development of the Uitoto child, and a baseline of

good treatment and child abuse in local families. This research has contributed to strengthening the programme's training component by producing teaching materials related to, for example, the scale of development and the life cycle.

Community training

Children under the age of 7 years are at the centre of the project. According to Amazon cultures, the child is conceived as an extension to the parents' life, and when the child begins to take its first steps and utter its first words, parents are expected to take a significant interest and the necessary time to monitor the development of their child. Gender has an important role, with male children being prioritised (Rivero 1987).

The focus groups of the project are parents, grandparents, indigenous leaders, authorities and teachers. Thus the entire community is seen as the agent for the protection and care of the children.

The training focuses on traditional social practices such as the bath, the diet, advice and rituals, the perception of the rights of boys and girls, women, the family and ethnic groups; promotion of dignity and self-respect, particularly of children; self-regulation, independence, complementarity between different groups, spirituality, living as a couple and children's development.

Training is carried out by means of:

- workshops in each of the 20 communities, in which the whole population takes part. Normally, three or four one-day workshops are run each year;
- area workshops for the 40 local coordinators and 40 couples (two from each community). These last five days and are run twice a year;
- training workshops carried out every month for the coordinating women;
- educational assembly meetings.

In addition, annual meetings are held that are attended by about 250 representatives from all the communities. The topics are related to the quality and suitability of school education and the schools' internal relations.

Agricultural production and nutrition

This component seeks to address the problem of malnutrition suffered by the entire population, but especially children. FUCAI, in partnership with the Sembradores de Esperanza Foundation, seeks to improve soil quality in the area surrounding the communities, recover seeds that are no longer grown but that still exist in the region to enrich the *chagra* (the family agricultural plot) with food crops that are adapted to the region, and produce organic fertilisers to enhance sustainable production. This component has so far shown satisfactory results. Some families are recovering the variety and diversity of the traditional *chagra*, in some cases growing about 30 types of food crop. The scheme is promoting the production of a balanced diet based on local resources such as the *chagra*, game and fishing.

Spirituality

The indigenous communities are deeply spiritual. The project promotes reflection on spirituality and the revitalisation of traditional practices such as the rituals surrounding pregnancy, birth and children's development. The role of old people as guides for the community is strengthened.

Since these communities have been evangelised, Christian values are also promoted, to strengthen the respect for and the care and protection of children and families.

Strengthening grassroots organisations and inter-institutional coordination

To guarantee the continuity of the programme, FUCAI has been carrying out a training programme for indigenous leaders and authorities over the last four years aimed at strengthening local organisations. The training is being undertaken in partnership with the Asociación Zonal Indígena de Cabildos y Autoridades Tradicionales de La Chorrera (AZICATCH, the Indigenous Area Association of Traditional Town Councils and Authorities) and with each of the 20 community councils. A community life plan and a development plan have been developed jointly, in which the themes of family and childhood have been included.

Also jointly with the authorities, care and protection procedures have been designed to be used for serious cases of abuse in communities and at the area level.

We also work in a coordinated way with state institutions, particularly with the ICBF, which is responsible for issues related to family and childhood. Currently, we are developing an intercultural model of care and support for children in the Amazonas Department, and we are planning to hold events that will have political repercussions at the departmental level.

Based on local intervention, we generate knowledge with the aim of raising awareness of the problems facing indigenous children in the Amazonas, and impacting on policy formation at both regional and national levels. To this end, and together with other Colombian counterparts of the Bernard van Leer Foundation (Fesco, Germinando, Universidad

del Norte and Universidad del Valle), we are systematising the training of care agents to raise standards and also to impact on national training policy. This is an example of the determination of Colombian civil society to improve the environment for new generations.

Note

- 1 The Caminos de Identidad Foundation (FUCAI), with the support of the Bernard van Leer Foundation, is carrying out a programme to train families in the care of children, in the river Igaraparaná area of the Amazonas Department in Colombia. Under an agreement with the Instituto Colombiano de Bienestar Familiar (ICBF, the Colombian Family Welfare Institute), fucai is developing a model for assistance that is appropriate for the care of children in these minority groups, which are geographically isolated across the Amazon forest, and have huge cultural and linguistic diversity.

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Strengthening the care environment through the Babies Second Home Project

The Foundation for Slum Child Care, Bangkok, Thailand

After a year of separation from her husband, who had migrated to Bangkok to work as a factory worker, Mu left her home in rural Sri Saket with her 2-year-old daughter to join him, following in the footsteps of millions before her. The relative poverty and deprivation in the rural provinces and the chance of better opportunities in Bangkok are the primary motivations and ingredients of the dream for a better life, not only for the migrants but for the extended family they leave behind.

Unfortunately, things do not always work out as hoped. Mu and her family settled into a slum community in Klongtoey and slipped into a life most migrants are not prepared for. Life in Bangkok slum communities is a daily struggle for survival, compounded by a fear of being forced to leave their homes because they are built on land they do not own. The focus on survival and making ends meet often precludes the engendering of a community spirit, of caring for and sharing with one another. There is generally a lack of social cohesion or social solidarity.

Families are unstable. Single mothers are often left to bear the burden of raising children by themselves. Working parents have to leave their young ones while they go to work. Some are left in the care of older siblings, who in turn have to miss school. Others are left to play by themselves in hazardous places, such as on the roadsides or deserted areas.

Although there are people who could be hired to look after the children, the help is usually of poor quality and unaffordable by many. Child neglect goes unaddressed, even by the child's parents, who have no support or guidance. Life in a Bangkok slum

is a constant struggle, and the children born to these families suffer.

The Foundation for Slum Child Care (FSCC) was established in 1981 to provide care to disadvantaged children from birth to age 5. We operate four daycare centres, one at the city's biggest slum, Klongtoey, and three others near the garbage dumps of Bangkok where the poorest people live. The centres each service about 200 children per day.

Crisis

The Asian financial crisis in 1997 greatly affected our budget for operations. Both individual and corporate contributions were markedly reduced, at one point threatening the closure of one centre. We therefore looked for alternative ways to help more children and at lower costs. We visited other childcare operations, collected information and consulted with their operators, and met with parents in various slum communities. We learned that young children were often left with caregivers who did not have any knowledge or support on childcare or child development.

Response to the crisis: a new approach

We therefore embarked on an approach that would significantly expand our services to children in the slum communities. It was decided that FSCC would give support and training to caregivers in existing daycare homes. Our role was to empower the community to care for their own children.

Our daycare centres would function as a model and training school. The crisis then turned into an opportunity for us to expand through a proactive



Photo: Courtesy FSCC

The Babies Second Home programme now has 185 caregivers in 104 daycare centres, benefiting more than 5000 children per year

and far-reaching approach. It became an important milestone for our work at FSCC.

However, it was not easy for everyone at FSCC to understand that effort spent to improve the caregivers would benefit more children in the long run. There were too many children around who needed immediate help and could not wait for long-term solutions.

We hired three new staff members for a pilot project. They recruited caregivers to join our programme. As we worked closely with them, we had a better understanding of what the caregivers needed, and we designed the programme to address their needs. In 2001 we started the full programme under the name 'Babies Second Home Project', with support from the Bernard van Leer Foundation.

Sharing the success

For the Babies Second Home Project, we

methodically reviewed what we ourselves had been doing in our centres. We had frequent exchanges of ideas and active staff participation in the reviewing process. The lessons gathered from this 'laboratory' cannot be found in textbooks. The outcome has been beyond our expectations and we are happy to share our thoughts on the aspects that have contributed to our success.

Staff: the backbone of the project

As it is the staff that make the objectives come to life, the selection process is the first important task. We recruit college graduates who work easily alongside community members. Besides being tough and able to tolerate the heat and roughness in the slum areas, they must be humble, patient and show respect for the people they help. They must also be highly dedicated and willing to work after hours and on weekends – most training activities are during these times to accommodate the caregivers.

Just as the first set of staff seemed to be making good progress, there was an unexpected high turnover. It seemed like a serious problem at the time, but we recruited new staff and started over without too much of a setback. Field work is demanding and we must be prepared for higher turnover than usual. However, those who have left us often come back to help when we have training sessions and camps. These experienced staff are an important additional resource for us.

Gaining trust

Our work is based on the belief that everyone has the potential to improve and develop if only given the chance. We must be sincere and never put ourselves above the people we help. We have to be concerned with every aspect of their lives and make them feel part of the family. Once we succeed in winning their hearts, everything else will follow easily.

Clear objectives

It is essential to teamwork that objectives are clear and are shared. Our role is to give knowledge and support, not money or free lunches. All staff must go through the 15-day course we designed for caregivers. In the first four years we recruited as many caregivers as possible and focused on improving their quality. We initiated networking by forming clusters and creating cluster leaders who had a good understanding of our approach and shared our values. These leaders helped the new or less experienced caregivers as well as motivating the community to be more concerned with child matters. We are now in our sixth year of this programme, and have created and supported good, strong leaders in 22 clusters, which are constantly expanding as new members join. Our programme now has 185 caregivers in 104 daycare homes, benefiting more than 5000 children each year.

Volunteers

Our work in the communities is supported by more than a 100 community volunteers. We recruit and train them to recognise and know how to deal with child problems and bring them to our attention. Through these volunteers we manage to reach out to more homes and recruit more caregivers to join our programme. The volunteers are committed to our organisation and are ready to help in any way they can. Recently we had to move one of our

daycare centres to a temporary shelter and all the construction work was done by volunteers. We also have junior volunteers (aged 12–18 years) to lead children's activities and campaign on child rights. They report any abuse or neglect to either FSCC staff or community leaders.

Cluster leaders

Our success is contingent on the strength of the cluster leaders. They gradually take on the duties of the staff. When we eventually pull out, our work has to be sustained through the continued effort of these cluster leaders. Thus, a lot of effort is spent on their development to make sure they share our values and will follow our childcare guidelines. Individual coaching as well as group training sessions are important and frequent.

Cluster leaders are selected from promising caregivers. We provide them with training and recognition to enhance their status and respect among the members of their cluster. Items like FSCC caps and T-shirts are given in recognition of their involvement in the programme. Aside from running their own daycare business, they help the weaker members and seek new additions to their cluster. All caregivers are encouraged to aim to become a cluster leader, but not everyone will pass the trial period and be made a cluster leader.

The progress made by cluster leaders bedazzles us. The sense of belonging is very strong, and it is obvious that they are proud to be part of the organising team at FSCC.

Parents

We encourage caregivers to get to know the parents and make it a joint effort in caring for the child. This makes the work more effective and much more meaningful. Friendship begins simply with informal talks, followed by home visits when possible. Caregivers feel proud to be able to invite parents to activities held by FSCC.

We run family camps that have shown to be our most effective way of building trust, understanding and love between the participating families and ourselves. Camp activities give people the opportunity to open up to each other and ultimately make behaviour changes easier. The

family camp is run over three days at a shelter by the beach. For many, it is the first time they see the beach, and for most it is a rare time of enjoyment and happiness as a family. Parents realise that they have not given enough love and time to their children and, more importantly, that spending time with and caring for their children can be a source of unbridled happiness.

Curriculum

Our curriculum for the care of children is periodically reviewed and modified. At present we have a number of courses for the development of people involved with childcare, namely caregivers, teachers, families and volunteers. The subcommittee of our board on education is responsible for the curriculum, and we have many experienced lecturers. We designed a 15-day course on caring for young children; so far 10 classes – a total of 134 people – have completed the course and received our certificates. They have a good time while gaining knowledge, and it is apparent from the reunion parties that they have become good friends. Our curriculum has been approved by the Ministry for Social Development and Human Security for daycare registration.

A meaningful career

A very important issue we had to address was the sense of inferiority caregivers felt about their career. They saw themselves as merely being hired to look after other people's children. Therefore, we emphasise the impact of their career and work on the larger society as well as the community they live in. We strive to make them proud of their work. We also make learning fun. When the participants have a good time and feel relaxed, they open up and share their experiences with the group. We have had very positive feedback on this. Attendees say they are impressed with the warmth they receive, make many new friends, learn a lot, and are motivated to go back to work even harder. Many caregivers mention that they would be greatly motivated if FSCC executives or managers visited them once in a while, so we make a special effort to do that.

Show and share

We divide our staff's responsibilities into four geographical zones. Within the zones, they motivate the caregivers and learn about problems through

frequent home visits and small group gatherings. The staff facilitate and encourage the members to exchange ideas and share experiences. These small and informal meetings in community centres, or sometimes in member's homes, are good platforms for caregivers, who are typically shy and uneducated, to build up self-confidence and express themselves. This is how we get to know them well and can tailor support to fit their needs and culture.

The four zone leaders work very closely as a team. They plan their work, discuss lessons learned and evaluate caregivers together to assure the same standards. The manager and her deputy meet with them monthly for further guidance. The high level of participation creates a unified approach and work ownership. Participation is the biggest theme in every step we take.

Setting criteria

Daycare homes, as well as caregivers themselves, are evaluated and graded periodically. Evaluation criteria are set jointly with the caregivers themselves. Thus, they have a part in determining their standards and are willing to improve to reach the target. They do not feel that they are being checked upon to find fault.

Changes resulting from our work

Career image

The Babies Second Home Project has given the caregiver career a totally different meaning, changing from a babysitting business to a social worker. The career is recognised as one of great value to the family, the community and society at large. Caregivers are seen as people who help children to reach their full potential and become good adults. The child's welfare comes before money, so they follow FSCC's practice in leniency for those who cannot afford the full cost of childcare.

Status of women

Support from FSCC has helped women to become respected people in the community. From being seen as doing the menial work of child-caring, they are now regarded as having special knowledge in childcare and family issues. They are active members of their communities, where they assert leadership. Caregivers form a network and help one another, even though they may live in different communities

scattered all over Bangkok. (Bangkok has a total of 50 districts. In six years we already work in 29 districts.) Overall, the project lifts the woman's status and leadership in the community.

Husbands

Many daycare homes have expanded. As the business grows, other members of the families begin to see that it is a good and respectable career. There have been eight husbands who left their regular jobs to help their wives in the daycare homes. When men become caregivers, there are often changes to their behaviour. They often drink less and pay more attention to the well-being of their family and the children they help to care for.

Daycare registration

FSCC encourages and assists in getting the daycare homes registered with the Ministry of Social Development and Human Security. To date 20 daycare homes have been registered, to the surprise of the authorities who did not think it possible for a daycare home in the slums to meet their standards.

Children

Children benefit most from this project. As caregivers have better understanding of children, they get more love and warmth and less beating and abuse. The daycare homes have activity schedules for learning and playing. Children are taught good values and manners, as well as how to stay healthy and eat well. The caregivers make sure the children are ready physically, mentally and socially by the time they enter primary school. This is a revolutionary change from the previous role of attending only to basic needs of children.

At least 83 communities now have good daycare homes at which parents feel comfortable leaving their children while they go to work. This means that families can stay together, and not have to leave the children with grandparents upcountry as before. Also, the daycare homes serve as centres of information on childcare and child development.

Important documents

With the help of FSCC and the caregivers, children can obtain the necessary documents to entitle them to services provided by the city, i.e., healthcare and education. Prior to our involvement some children

did not have birth certificates. Their mothers did not realise their importance and did not bother to obtain them.

Parents' involvement

Caregivers are now starting to work with parents. They realise that family problems affect the growth and development of children. They interact with parents and offer advice. There are activities that include parents, e.g., sports days and FSCC family camp. The caregivers have noted that parents who have been to the family camps come back paying more attention to their children, especially fathers who used to regard child-rearing as the role of the mothers only. They now spend more time playing with their children and are less reluctant to show affection.

The role of FSCC

In the six years since the beginning of this programme, FSCC has changed from a small organisation working in only four communities to one with much expanded coverage, but with very little increase in the number of personnel. Our emphasis has changed from being a provider of services, to being a facilitator and trainer in the art of empowering communities. We are beginning to roll out our model by conducting practical childcare workshops to other groups, such as the daycares in tsunami-affected areas in Phuket, Crown Property communities in Bangkok, and in adjacent communities in Samutprakarn. This widens our network in Bangkok as well as upcountry.

Challenges

Our work is all about behaviour modification, which requires a change of mindset. This is the biggest challenge, but at the same time is extremely rewarding when successful.

We would like to cover all 50 districts of Bangkok, expanding through the system of networks. We have seen the power of networking and must continue to strengthen and create more leaders. Training in more city and provincial daycare centres will enable us to roll out our model and reach the multitude of children under their care.

Grandparents caring for young children

Lydia Nyesigomwe, Director, Action for Children, Uganda

Action for Children (AFC) defines orphans and vulnerable children (OVC) as those who have lost one or both parents due to AIDS or any other cause, and all other children who are in a life-threatening environment caused by poverty, which predisposes them to abuse and neglect. Uganda has 2 million of the 12 million orphaned children in Africa. HIV/AIDS, conflict, natural disasters, endemic diseases such as malaria and tuberculosis and rising levels of poverty are claiming the health and lives of millions of productive adults in Uganda, leaving their children orphaned and vulnerable. Loss of adults to care for, protect, teach, mentor and love children is the leading cause of vulnerability. Traditionally, extended families and community members would care for these children, but the complexities of the problems are eroding traditional support networks, leaving orphans and vulnerable children with little if any adult care and supervision. Among OVC, those under the age of 8 are an extremely vulnerable group, particularly if they also face malnutrition, micronutrient deficiency and lack of stimulation during early childhood.

In 2001, AFC carried out a baseline survey in the pre-urban areas of Kampala, to investigate the support systems for OVC. The results were interesting, revealing that over 75 percent of these children lived with their grandparents. With support from the Bernard van Leer Foundation, AFC started the Grandparents Action Support (GAS) project, to strengthen the capacity of grandparents as caregivers for OVC. The project also supported the establishment of community-based ECD centres and pre-primary schools.

AFC has a holistic and integrated approach to care for OVC in the 0–8 age group, delivering interventions using locally available resources through community-based ECD centres.

Interventions are directed towards the individual child, the caregiver/family (grandparent), the childcare setting, the community (local leaders and health systems) and the wider policy environment (political leaders and civil servants who make law and policies for care of OVC).

The principle focus of the interventions is to help the child to survive and thrive. We look at all aspects of child development, including physical development (motor development, food and nutrition, cognitive development), language and sensory development, psychosocial and emotional development, family economic strength, income-generating activities, health and child protection. The emphasis is on creating a supportive social environment by strengthening families and communities to meet the needs of their children.

Grandparents as caregivers

The majority of elderly caregivers are willing, and find comfort, satisfaction and meaning in parenting orphans and vulnerable children. Many of them, however, have very limited economic resources. Poverty, social isolation, lack of or reluctance to seek services, lack of education, inadequate housing, ill-health and fear of stigmatisation are some of the challenges facing many grandparents who are caring for young children. The burden of looking after children can also affect the grandparents' physical and psychological well-being.

Styles of child-raising today are very different from the way the grandparents themselves were raised and the way they raised their own children, and this can cause problems. Grandparents may be unaware or reluctant to learn about the prevailing realities of today, such as in technology, language usage, health and nutrition. For example, for many older people medicinal herbs serve as their primary healthcare,

Table: Summary of expected results from the Action for Children intervention areas

| Goal | Results | Indicators |
|-----------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Improve social conditions for ovc | Better care provided for ovc | <ul style="list-style-type: none"> • siblings stay together; • psychosocial and emotional care for ovc; • children are in clubs (child brigades). |
| | Improved health and nutrition | <ul style="list-style-type: none"> • home-based care for ovc and grandparents/caregivers; • food gardens; • food supplements; • access to community clinics; • child days for immunisations; • emergency medical care. |
| | Improved access to legal care | <ul style="list-style-type: none"> • preparation of wills by caregivers; • children obtain birth certificates; • family/community courts empowered to handle children's cases; • child rights clubs in communities; • decreases rate of child abuse. |
| | Increased household incomes | <ul style="list-style-type: none"> • access to microfinance, and sustainable businesses. |
| Support families and households | Strengthened households | <ul style="list-style-type: none"> • stable households; • access to microfinance, and sustainable businesses. |
| Quality education for ovc | All ovc in schools | <ul style="list-style-type: none"> • ECDS in communities; • pre-primary schools opened up; • all children (girls and boys) attending ECDS or pre-primary schools; • sensitisation of grandparents to need for education. |

and they may be reluctant to seek more modern medical help for the children in their care, such as immunisation and other preventive measures.

There may be problems of communication between children and grandparents, and different understanding of the child's responsibilities, and his or her rights. For example, acceptable ways to discipline children have changed significantly over the past two generations. It is no longer acceptable to use corporal punishment, which some

grandparents may find difficult to understand. Also, many grandparents still view a boy as more important than a girl, and may prioritise education for a boy ahead of a girl. Grandparents may also want to divide work according to gender roles (for example, cooking for girls), rather than promoting equal roles and responsibilities.

AFC's strategy for empowering elderly caregivers

AFC uses special outreach efforts to address the problems facing elderly caregivers, and to provide



Many elderly caregivers for ovc have very limited economic resources and are unaware of the prevailing realities of today, such as in technology, language usage, health and nutrition. Action for Children's 'Grandparents Action Support' project helps strengthen the capacity of grandparents as caregivers

them with support. Home visits are especially important. AFC social workers and community counsellors talk to the grandparents, carry out a needs assessment, and make a family case plan which describes the problems faced by the family, the strengths of the family, objectives and goals, and planned activities. With this case plan, members of the family understand what they need to do within a specified time period, and the social worker also uses it to plan interventions. Training to equip the grandparents with the skills

and knowledge to care for their grandchildren is also carried out by the social workers and other AFC personnel. Regular training includes income-generating activities, malaria control, children's rights, hygiene and sanitation.

AFC also works to promote broad community awareness, to increase community support for grandparents. This involves making the needs of elderly caregivers visible, and encouraging active support of grandparents by family, friends, service

providers, educators and political leaders. This is done through community training and sensitisation, with workshops and consultative meetings.

Grandparents are organised in Action Support Groups (ASGs). Each group usually has between five and 10 members. The groups meet once a week to discuss their problems and share solutions, and to support one another. The leadership in the groups rotates so that each member has the chance to act as leader, which increases confidence among group members.

Further training is carried out within the ASGs. Grandparents are trained to ensure food security, and are given farming tools. They are also offered training in adult literacy so that they can read and count their money, as well as support the children in their school homework.

AFC gives grants (USD 100) to individuals and groups to help them start income-generating activities. Grandparents usually set up small businesses such as crafts, vegetable and food sales, or build houses for hiring out.

AFC also encourages and assists elderly caregivers to seek legal advice, for example over land ownership and inheritance rights. They are also helped to relocate to their ancestral homes if they wish to do so.

Supporting mothers

Enriching the learning environment for young children

Marion Flett, Studies Officer, Bernard van Leer Foundation

It has long been recognised that one of the best ways of supporting the development of young children is to ensure that they can benefit from a rich, stimulating learning environment from the time they are born (e.g., Kelmer Pringle 1968; Amar and Amar 2002; Woodhead 1991; Rogoff 2003; Cannan 1992; Pugh, De'Ath and Smith 1994; Utting 1995). It is also a fundamental principle of quality provision for young families that mothers are recognised as the primary educators of their own young children – and therefore, runs the argument, anything that can be done to support mothers in this role can only be for the benefit of their children in both the short and the longer term. More recently it has also become apparent that the rhetoric in relation to parent support generally applies only or mainly to women. When we talk of parent education, parenting skills, parent support and parent professional partnerships, it is still almost exclusively women that we are referring to, particularly where younger children are concerned. This is perfectly reasonable, given that it is still women who take the major responsibility for the care and nurturing of the youngest children in all societies and contexts.

When we start to unpick what we mean by those terms, the role of fathers is distinguished and their contribution to childrearing acknowledged, but we do not really explore the differences between the two roles. I would suggest that this is because, in the literature and in practice, there are assumptions of the activities undertaken by parents and other caregivers but insufficient attention is given to the concepts of fatherhood and motherhood. Hence the emphasis is very much on doing rather than being, and we lose some of the richness of the different roles and the relationships between them. In this paper I would like to focus on the interplay between those two dimensions of being a parent, and to consider how the conceptual framework adopted has

defined the kinds of support that are provided for young families.

In terms of parent support programmes, there are a variety of different models but they can generally be classified into three types:

- The *deficit* model, which implies that parents are deficient in certain skills and behaviours and that by improving those skills they can become 'better parents'
- The *involvement* model, which recognises that parents are the primary educators and suggests that if parents are encouraged to participate in either home-based or centre-based programmes, then their children will benefit because of their greater knowledge of child development and engagement in child-focused activities
- The *empowerment* model, which is intended to 'acknowledge the knowledge' which parents already have, and enable them to build on it and to share it with the knowledge and expertise of professionals on a partnership basis, for their own benefit and that of their children. This model also seeks to have long-term benefits, as parents' own education and development is strengthened, which may have positive outcomes for their children immediately but also over a generation.

'Educate a woman and you educate a nation'

Research tells us that women's educational status is correlated with better opportunities and educational gains for their children (McGivney 1999; Blackburn 1992; David 1992; Gerver and Hart 1984; Blaxter 1981). Hence approaches which seek to provide enhanced learning opportunities for women reinforce the potential for optimal development in their children. In an article published in the *New Internationalist* in 1989 it was shown that in one state in India – Kerala –

higher educational status of women was correlated not only with child development but also with lower rates of child mortality. The research indicated that it was not because women had greater parenting skills that these results were obtained, but because their improved literacy skills gave them access to a wider world of knowledge, employment opportunities and self-development. In programmes like 'Home Link' in Liverpool or 'Young Families Now' in Aberdeen in the UK, SERVOL in Trinidad (Pantin 1990) and the 'Ofakim Project' in Israel (Paz 1990), where women are recognised as individuals in their own right as well as being mothers and /or childcare workers, they have thrived and flourished as have their children and the wider community.

Parents, particularly mothers, are the primary educators of their own young children, but their role as educators is very different from that of professional educators such as teachers and pedagogues. Similarly, mothers are the primary caregivers, but it is to devalue their role – and all the challenges and complexities as well as the joys and rewards that it brings – to lump them together with other caregivers, whose job it is to provide good-quality services. In the case of very young children it is tempting to say that anyone can 'parent', including members of the wider extended family such as grandparents.

Whoever is providing the care, we know that young children need warmth, affection, emotional security and stimulation for their optimal development. Hence the boundaries become somewhat blurred. We want caregivers to respond appropriately to young children – but they are not substitute mothers. We need to acknowledge and value the importance of nurturing young children, and in that sense there is a range of appropriate caregivers. We also know that it is healthy for young children to be cared for by a number of close, affectionate, responsive adults – but this is not quite the same as saying that anyone can 'parent'. Mothers and fathers have different roles in relation to their children, even if the activities they undertake in terms of care giving are very similar. There is also a distinction between the roles of parents and other nurturing caregivers, which should be recognised and valued.

The different models of support

Over the last three decades a flourishing industry has developed with professional workers engaged in activities aimed at supporting the parents of young children in their childrearing responsibilities. These initiatives pre-date the UN Convention on the Rights of the Child (1989), but they reflect the thrust of the Convention, which indicates that parties have an obligation to ensure that there is a framework of support in place for parents to enable them to fulfil their responsibilities for the care, nurture and education of their children. Yet few of these initiatives take account of the underlying ideology which inevitably shapes the programmes of activity and which determines how and what kind of support is offered to families – particularly those who are labelled as requiring intervention in terms of their 'parenting skills', for example because of their socio-economic status, low-income families or 'teenage' mothers. As David (1994) has pointed out, among others, there is a lack of clarity about just what are the aims of parent support programmes and which issues they are intended to address.

The deficit model

This model can best be conceptualised in terms of the association of 'poor parenting' with 'poor people'. Within this framework, problems in child development are associated with poor parenting practices rather than structural inequalities, and interventions are designed with the aim of improving skills. Hence both parenthood and childhood are defined in terms of problematic behaviour, and the types of interventions are often based on behaviourist models which seek to alter the behaviour of parents and hence affect the outcomes for their children as measured by child development indicators. The emotional relationships between parents and children are regarded as secondary, as are the socio-economic circumstances in which they live. Parents are not regarded as having strengths but as somehow being deficient in the skills they need to raise their children.

This model is most often found within the health or social psychology domain, where it is necessary to identify a pathology in terms of behaviour before an intervention takes place, because that is what legitimates the involvement of professionals. Programmes which fall within this category include,



Photo: K. Thomas/ Lineair

Parents, particularly mothers, are the primary educators of their own young children, but their role as educators is very different from that of professional educators such as teachers and pedagogues

for example, 'Positive Parenting', 'Pippin', 'Home Start' and the variations thereof, the Turkish 'mother training' programmes and the wealth of other 'parenting programmes' provided by social welfare services and voluntary groups in a wide variety of childcare settings.

A useful example of the deficit model in practice is provided by Brooks-Gunn (2000). She refers to the differences in 'parenting behavior' between poor and non-poor families as a factor in determining school success. She advocates for 'family focused

interventions' and talks in terms of 'treatment, intensity, timing and dose', apparently building on a medical model where the symptoms of a 'problem' are identified and then the remedy applied to cure the ill. Yet we know already that the structural problems of poverty will not be solved by this kind of approach (Bennett 2007). At least Brooks-Gunn concedes we also need to look more closely at service delivery.

The involvement model

The origins of this approach lie in the research

evidence which pointed to the fact that where schools and homes shared the same value base and attitudes towards education, then children generally achieved better outcomes. Hence the idea grew that if parents – particularly the disaffected and apparently uninterested – could be persuaded to be involved in supporting their children's education, then it would be for the benefit of the child. However, this association of factors was somewhat misunderstood in terms of cause and effect. The positive correlations between the values of home and school applied to those who themselves had generally been successful in the school system, but not those for whom it had been a negative experience. For a long time it was assumed that the way forward was to make services – especially education – more user friendly, but there was little recognition of the different ways in which children learned outside the school, for example. Hence 'involvement' was regarded as one way traffic rather than a shared learning experience between parents and professionals.

In Jamaica, for example, when an early stimulation project was first introduced, there were problems in attendance by the young mothers who were the target group. It was not until it was discovered that the professionals were commenting adversely on the young women's dress code that it was realised that the service would have to be a lot more welcoming if these mothers were to become involved. This example is included in terms of involvement rather than the deficit approach because basically it was reaching out in a positive way to build on existing family strengths; but it took a rather uncomfortable learning process to achieve the right balance of support for children's development and support for the women's adult status.

One of the significant issues in encouraging parental involvement, partly demonstrated by the above illustration, is the question of who is actually involved. In many instances it is not a desire to exclude fathers, but the reality is that even with the changes in family structure and participation in the labour market, it is still much more likely to be mothers who are the involved parent – especially when the children are young. This raises issues in terms of gender politics vis-à-vis the different roles of mothers and fathers as individuals in their own

right. It remains largely true that men retain that status much more easily than women do when they have children, and there is a tendency to infantilise women in their maternal role because of their vulnerability as new mothers. Yet there is general acceptance that all new families share a certain vulnerability, and many states make provision through their healthcare systems to ensure that there is at least a baseline level of support to new families which does not discriminate in terms of labels of need or risk factors. When universal services are provided on this basis, then they are generally regarded as accessible and non-judgmental by all users, leading to a high level of take-up. There is no stigma attached as there can be in other support services and hence the provision is valued.

The empowerment model

Universal provision is one way of laying the basis for non-discriminatory services. But there are still issues about reaching out to those who may be the most vulnerable and disadvantaged because the service does not meet their needs. In a project in Scotland, much the same thing happened as in the Jamaican example above. When maternity services were relocated from the city centre to a mobile unit on the outskirts of the city, the professionals were deeply puzzled and rather annoyed that the women they hoped to reach still did not attend the clinic. They had not understood that the move to the periphery had not brought about any attitudinal change on the part of the professionals so there was little incentive for the women to attend the clinic. An example of the attitudes prevalent at the time is that the women who did not attend for antenatal care were identified as 'defaulters'.

While the language may have changed, there is still some resistance to the concept of an empowerment model of support, where participants identify for themselves what is required and work with service providers to ensure that their needs are met in the most appropriate ways. Interestingly, when women are asked what would help improve the quality of their lives, it is almost universal that they respond in terms of meeting the interests of their children. They want 'something better' for them although they may not be sure of the best way of going about that. Blackburn (1991), in her work on families living in

poverty, was able to identify a series of principles which people wanted to apply to interventions. They did not want to be 'worked with' but rather have access to good services; they wanted their viewpoints to be valued and respected; they wanted some continuity and stability in provision over a longer term without new initiatives constantly being introduced; they wanted a partnership relationship with professionals in relation to their children; and they wanted a recognition that they were survivors and did not need to be taught how to manage poverty – in other words that they were both service providers as well as service users in terms of their family's health and education (Graham 1993).

The empowerment model uses the language of 'partnership with parents,' although it is not always recognised as an equal partnership. Whalley (1997) reminds us of the trend in nursery settings during the 1970s and 1980s, where parents – which generally meant mothers – were encouraged to come into early years settings so that they could learn 'how to play' with their children. There was little concept of shared learning or building on mothers' own deep knowledge. The *Start Right* report, however, published in 1994, reinforced the idea that parents are the most important people in their children's lives and that it is important to support young children's learning from their parents as well as in other settings (Ball 1994). Establishing a partnership of greater equality between parents and professionals requires considerable critical reflection on the part of staff and a better understanding of the knowledge–power relationship (McNaughton 2005). The investment is worthwhile because of what we know about better outcomes for young children – and the adults surrounding them – when parents and professionals are able to build positive respectful partnerships (Pugh and De'Ath 1994; Pascal and Bertram 1997). Thus, the possibilities for sustainable longer-term gains are enhanced through greater community capacity building and realisation of children's rights within a framework of family and community support.

One of the types of parent support programme which has also received a great deal of attention in the past two decades is the peer group approach – as demonstrated by programmes like Home Start, the Community Mothers programme in Ireland and

elsewhere and the Roving Caregivers programme in the Caribbean. The key to these initiatives is that support is provided not by professionals but rather by volunteer or low-paid workers – either other mothers or in the case of Roving Caregivers, school leavers, who are trained by professionals to offer support largely through home visiting programmes. While these programmes are generally regarded as being positive and beneficial, they stem from a particular value base which identifies one group of people as 'needy' and another as meeting that need. There is little sense of shared learning as there is in programmes which adopt a more community development approach (Flett 1991).

Smith (1997) takes this argument further in terms of raising the questions about whether parent education is about empowerment or control. He also draws attention to the distinction between parent education and parent support, arguing that the latter tends to focus more on parents experiencing difficulties while the former tends to cover more generic, less targeted programmes of advice and education. Yet it is not always clear what such programmes seek to achieve. In a review of the international literature in 2004, Moran et al. concluded that there are still a large number of issues which need to be addressed about what works in terms of parenting support. They did find evidence that parenting support benefits families, but pointed out that it is difficult for stressed families to benefit from parenting programmes when they are dealing with multiple disadvantages. Their final point sums up the challenge for professional intervention – "the provision of parenting programmes still represents an important pathway to helping parents, especially when combined with local and national policies that address the broader contextual issues that affect parents' and children's lives."

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Keeping Children Safe

A standards-based approach to child protection

Child abuse (physical, sexual, emotional/psychological and neglect) is a serious violation of a child's right and often has long-lasting consequences on the emotional and physical development of the child, and at times even results in death.¹ Violence against infants and younger children is a major risk factor for psychiatric disorders and suicide, and can lead to depression, anxiety disorders, smoking, alcohol and drug abuse, aggression and violence towards others, risky sexual behaviours and post-traumatic stress disorders. Preventing violence against children therefore contributes to preventing a broad range of non-communicable diseases (WHO and ICSPAN 2006).

Abuse of children occurs on a staggering scale across the world. A lot more could be done to prevent this. Anyone who comes into contact with children has a responsibility to keep them safe and promote their well-being; however, at home, at school, in the community and within agencies, adults who are supposed to protect and care for children also form a potential risk to children. Working with children can give adults who seek to harm them the power, status and opportunity to abuse their position of trust. And unfortunately this does happen. Agencies have a special responsibility to make their operations safe for the children with whom they are in contact.

Many aid and development agencies that have contact with children have tried to put measures in place to keep the children safe from harm. Yet a lot of organisations struggle with defining adequate policies and systems to prevent child abuse within their organisations and beyond; to equip their staff with the skills to recognise and respond to issues of child abuse; and to make their agencies 'child safe'. Many organisations face additional challenges of addressing child protection in environments where national and/or local protection systems are weak,

where emergencies have made children particularly vulnerable to abuse and exploitation, and where there is little common understanding of child protection issues and standards of practice.

In recognition of these challenges and as a response to them, several international aid and development agencies (mainly based in Europe), together with the UK National Society for the Prevention of Cruelty to Children (NSPCC), have worked together since 2001 to develop a standards-based approach to child protection. They form the Keeping Children Safe Coalition, with the goal to increase the safeguards offered to children through improved child protection policies and practice within agencies and authorities which work with children.

In 2006 the Coalition produced a high-quality child protection training and implementation toolkit. The toolkit is based around agreed standards that require staff and other agency representatives to receive an appropriate level of training, information and support to fulfil their roles and responsibilities to protect children. It is a comprehensive pack of materials for people working in child protection across the world. Comprising a full training pack with DVD and CD-ROM, the toolkit aims to support agencies at international, national and local levels to put these standards into practice (see box 1 and 2). The toolkit has been distributed globally and has been well received and endorsed by the UN Study on Violence Against Children.

Though no law or policy will fully protect children from abuse, these standards, simple policies and procedures, when put in place, will considerably strengthen child protection. In addition, adapting the standards globally will contribute to developing a common understanding of child protection issues, while also increasing the accountability of

organisations working, directly or indirectly, with and for children.

The Keeping Children Safe Coalition is now about to embark on the next phase of its work (2007–2009, funded by the Oak Foundation), with the aim to roll out child protection training globally through the establishment of protection networks with a range of target agencies working principally in developing countries, and to strengthen the global coordinating role of the Coalition. The first region where such a network will be set up is West Africa, and the first round of training in the region (in seven selected countries) has been tentatively scheduled for early February 2008. It will be conducted in English and French. The ultimate goal is that participating agencies will take the lead in adopting (and adapting to their context as they see fit) the Keeping Children

Safe child protection standards, which in turn will create safer organisations for children.

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WHO and ICSPAN (2006). Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence. World Health Organization and International Society for Prevention of Child Abuse and Neglect.

Note

1 The World Health Organization (WHO) estimated, through the use of limited country-level data, that almost 53,000 children died worldwide in 2002 as a result of homicide (WHO 2006).

Box 1: The toolkit

'Keeping Children Safe: A Toolkit for Child Protection' helps agencies to:

- recruit staff safely;
- strengthen policies and procedures that prevent abuse within agencies – help them deter, detect and respond to abuse;
- increase staff confidence to deal with child abuse concerns when they arise;
- create child-safe environments;
- keep children safe beyond agency boundaries;
- ensure increased protection for children around the world;
- integrate child protection into all areas of operation.

The toolkit can be downloaded from www.keepingchildrensafe.org.uk or ordered from publications@keepingchildrensafe.org.uk.

Materials are available in English only, but a full French translation will be available in January 2008.

Box 2: The standards

Standard 1

A written policy on keeping children safe

Standard 2

Putting the policy into practice

Standard 3

Preventing harm to children

Standard 4

Written guidelines on behaviour towards children

Standard 5

Meeting the standards in different locations

Standard 6

Equal rights of all children to protection

Standard 7

Communicating the 'keep children safe' message

Standard 8

Education and training for keeping children safe

Standard 9

Access to advice and support

Standard 10

Implementation and monitoring of the standards

Standard 11

Working with partners to meet the standard

Further reading

Websites

Better Care Network

The Better Care Network brings together organizations and individuals concerned about children without adequate family care. It facilitates active information exchange and advocates for technically sound policy and programmatic action on global, regional and national levels. The Better Care Network is guided by the UNCRC and the Stockholm Declaration.

www.crin.org/bcn/index.asp

This paper (see also page 9 of this issue of ECM) gives some examples of interventions and outlines each area of the model and the five levels of protection. The model works with the guidelines set forth by Education for All (EFA) and the Committee on the Rights of the Child (CRC). The paper does not review any research on effectiveness, but cites that preliminary findings show the model to be adaptive and that it promotes cost-effective and sustainable interventions.

www.crin.org/docs/promisingpractices.pdf

Publications

Series, Child Development in Developing Countries

The Lancet, 2007

Early 2007, the medical journal *The Lancet* published three papers about early childhood development. The first paper showed that more than 200 million children under 5 years of age in developing countries do not reach their developmental potential. The second paper identified four well-documented risks: stunting, iodine deficiency, iron deficiency anaemia, and inadequate cognitive stimulation, plus four potential risks based on epidemiological evidence: maternal depression, violence exposure, environmental contamination, and malaria. Finally, the third paper assesses strategies to promote child development and to prevent or ameliorate the loss of developmental potential.

www.thelancet.com/collections/series/child_development_developing_countries

Early child development from measurement to action: A priority for growth and equity

Editors: Mary Eming Young with Linda M. Richardson

The World Bank, 2007

This publication captures and expands on the presentations and discussions at the an international symposium held at the World Bank in September 2005. It consists of 15 chapters authored by ECD experts and leaders in the field. The chapters are grouped into five main parts: business imperative and societal benefits of ecd investments; lessons from evaluation of longitudinal ECD interventions; countries' experiences in monitoring ECD interventions; innovative approaches to countries' financing of ECD initiatives; next steps on the ECD agenda for the next 5 years.

<http://siteresources.worldbank.org/INTECD/Resources/ECDBook2007.pdf>

Promising practices: Promoting early childhood development for ovc in resource constrained settings (The 5x5 Model)

CARE, USAID, Hope for African Children Initiative, 2006

Caring for children affected by HIV and AIDS

Innocenti Insight, Innocenti Research Centre, 2006

This publication explores the options for the care of children in communities affected by the AIDS pandemic. Beginning with the premise that the

parent–child bond is the basic building block of child development and that the family is the basic unit of society, the report first looks at ways to keep parents alive and the family together as long as possible. It then explores alternative care arrangements beyond the immediate family. Settings range from care by the extended family, through different forms of fostering in the community, to adoption and placement in residential institutions. The report highlights ways in which actors from outside the immediate community can help to sustain and improve the capacity of households and communities to care for the children left behind.

www.unicef-irc.org/cgi-bin/unicef/Lunga.sql?ProductID=472

Early years children promote health: Cases studies on child-to-child and early childhood development

Child-to-Child Trust, 2004

This publication consists of 10 case studies and lessons learned on programmes using child-to-child methodologies from Latin America, Asia and Africa. It also includes an introduction on the child-to-child approach, examples of games, activity sheets and a list of publications.

www.child-to-child.org

Bringing up children in a changing world: Who's right? Whose rights?

Save the Children and Unicef, 2000

Written by members of Save the Children (Norway, USA, UK) and UNICEF, and based on in-depth study in four Nepalese villages, the report is an account of early childhood development. The report covers many aspects of child, family and community life, drawing much of the information from detailed conversations with members of the four communities. Chapters cover the context of the villages; child rearing beliefs and values; daily routines and responsibilities; reflections on child rights; and conclusions and recommendations for families and communities, district government and other agencies; and national policy in ECD.

www.crin.org/hrbap/index.asp?action=theme.docitem&item=4668

Programming experiences in early child development

Early Child Development Unit, Unicef, 2006

This document presents examples and case studies from 21 countries. They demonstrate the benefit of cross-sectoral programming to support ECD, some building on early childcare or education programmes, some working through health or nutrition programmes and others providing holistic services. It also highlights policy development as a critical component to support programming. This document is designed to give examples to programme implementers at all levels of how different sectors can work

www.unicef.org/earlychildhood/index_documents.html

Childcare and early childhood development programmes and policies: Their relationship to eradicating child poverty

Helen Penn

Childcare and early childhood development programmes and policies. CHIP report No 8 Childhood Poverty Research and Policy Centre, 2004

The paper explores paradigms, arguments and evidence on which international agencies draw in discussing ECD. These include assumptions about poverty and the role of ECD in reducing poverty, assumptions about 'the robustness' of ECD and the contexts in which ECD takes place. Two case studies, one from Swaziland and one from Kazakhstan are used to explore strengths and limitations. The paper concludes that almost all the evidence for the effectiveness of ECD in determining cognitive, social and economic outcomes is drawn either directly from the North, particularly from the USA, or relies on assumptions drawn from work carried out in the North as a basis for recommendations in the South. The paper points out that ECD may be a useful form of practical relief to mitigate childhood poverty in particular circumstances and this could include children affected by HIV/AIDS.

[www.childhoodpoverty.org/index.php/
action=documentfeed/doctype=pdf/id=88/](http://www.childhoodpoverty.org/index.php?action=documentfeed/doctype=pdf/id=88/)

From Early Child Development to Human Development: Investing in Our Children's Future

Mary Eming Young (Ed.), The World Bank, 2002

In April 2000, the World Bank convened a global conference to address the benefits and challenges of investing in ECD. Participants urged the public and private sectors to enhance and coordinate activities and to formulate policies to advance the development of all children and to "narrow the gap" for poor children. This book contains essential resource information that includes descriptions and case studies of successful ECD programs throughout the world.

www.worldbank.org

Early childhood interventions: proven results, future promise

Lynn A. Karoly, M Rebecca Kilburn; Jill S. Cannon
RAND Corporation, 2005

The authors consider the potential consequences of not investing additional resources in the lives of children, the range of early intervention programs, the demonstrated benefits of interventions with high-quality evaluations, the features associated with successful programs, and the returns to society associated with investing early in the lives of disadvantaged children. Their findings indicate that a body of sound research exists that can guide resource allocation decisions. This evidence base sheds light on the types of programs that have been demonstrated to be effective, the features associated with effective programs, and the potential for returns to society that exceed the resources invested in program delivery.

www.rand.org/pubs/monographs/MG341/

An introduction to early childhood studies

Maynard, Trisha and Nigel Thomas, SAGE Publications, 2004

This is a comprehensive text that has been designed to provide students with an introduction to the main theories and issues

within the field of early childhood studies. The book adopts a multi-disciplinary approach and pulls together all the key themes involved in the study of young children and childhood, and successfully demonstrates how these can be translated into real-life practice. It is also an invaluable resource for practitioners and policy makers working with children.

[www.sagepub.co.uk/booksProdDesc.
nav?prodId=Book211490](http://www.sagepub.co.uk/booksProdDesc.nav?prodId=Book211490)

Young children and HIV

Building blocks: Africa-wide briefing notes

International HIV/AIDS Alliance, 2006

Young children and HIV provides practical guidance on meeting the developmental needs of young children affected by HIV and the care and treatment needs of young children living with HIV. Focusing on children under eight years of age, it aims to help local organisations and service providers to strengthen family and community support for these children.

www.aidsalliance.org

Documentation from projects

Involving fathers in child & family services

Childhood and Families, 2004

This pack offers guidance to staff and parents on how to encourage more involvement of fathers and other males carers in child and family services and consequently in the lives of their children.

www.strath.ac.uk/centres/caf/

Bernard van Leer Foundation

Investing in the development of young children

The Bernard van Leer Foundation funds and shares knowledge about work in early childhood development. The foundation was established in 1949 and is based in the Netherlands. Our income is derived from the bequest of Bernard van Leer, a Dutch industrialist and philanthropist, who lived from 1883 to 1958.

Our mission is to improve opportunities for children up to age 8 who are growing up in socially and economically difficult circumstances. We see this both as a valuable end in itself and as a long-term means to promoting more cohesive, considerate and creative societies with equality of opportunity and rights for all.

We work primarily by supporting programmes implemented by partners in the field. These include public, private and community-based organisations. Our strategy of working through partnerships is intended to build local capacity, promote innovation and flexibility, and help to ensure that the work we fund is culturally and contextually appropriate.

We currently support about 140 major projects. We focus our grantmaking on 21 countries in which we have

built up experience over the years. These include both developing and industrialised countries and represent a geographical range that encompasses Africa, Asia, Europe and the Americas.

We work in three issue areas:

- Through “Strengthening the Care Environment” we aim to build the capacity of vulnerable parents, families and communities to care for their children.
- Through “Successful Transitions” we aim to help young children make the transition from their home environment to daycare, preschool and school.
- Through “Social Inclusion and Respect for Diversity” we aim to promote equal opportunities and skills that will help children to live in diverse societies.

Also central to our work is the ongoing effort to document and analyse the projects we support, with the twin aims of learning lessons for our future grantmaking activities and generating knowledge we can share. Through our evidence-based advocacy and publications, we aim to inform and influence policy and practice both in the countries where we operate and beyond.

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