



Family stress: Safeguarding young children's care environment

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Contents

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Cover: Carlos and Gema Gonzalez with their 1-month-old son Densel, Ciudad Sandino, Nicaragua
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Today's families faced innumerable struggles even before the global economic crisis created an additional dimension of uncertainty. Many families grapple with poverty, lack of opportunities to earn a livelihood, and consequent difficulties in meeting basic needs such as food and shelter. Others confront a daily reality of violence, whether within the family or in the wider community due to such causes as urban gangs or civil unrest. AIDS, drug abuse, natural disasters – it is not difficult to continue the list of factors that place families in today's world under stress.

When families are under stress, their children's wellbeing is compromised. Young children's security is anchored in the family, which ideally should provide a caring, stable and protected environment in which children gain the confidence to explore and learn how to handle the challenges of growing up. But when parents and caregivers lose the sense that they control their own lives, it becomes extremely difficult for them to create an environment that shields their children from insecurity. The negative impacts can be seen in many different areas of child development.

It is not just up to caregivers to adapt to stressful environments. Equally, early childhood professionals must adjust their strategies and methodologies to situations in which families are under stress. They must design ways to help caregivers mitigate the effects of stress factors on themselves and their children. To that end, this edition of *Early Childhood Matters* asks: "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 in particular contexts?"

As usual, we start with a conceptual overview (p. 3), in which Ted Wachs discusses the nature and consequences of stress on families, along with ideas for intervention strategies. The following articles explore examples of interventions, starting with the family strengthening programme of SOS Villages in Bulgaria, which works with parents to help them see their challenges differently and face them more effectively (p. 20). On page 11, Cristina Torrado explains how her experience in Colombia has informed her views about how public policy can have an impact on family stress, and on page 42 we present an overview of the implications of parental stress in Jamaica.

We had the privilege of interviewing James Heckman (p. 24), the Nobel Laureate in economics who is widely regarded as the leading authority on the economic case for investing in early childhood programmes. In relation to the current efforts of many governments to stimulate their national economies, Professor Heckman makes the case for including early childhood initiatives

Photo: Jon Spaul (Posed by models)

Young children's security is anchored in the family, which ideally should provide a caring, stable and protected environment.



in stimulus packages, as “investing in young children gives you double benefits – stimulus from the extra spending now, and the increase in human capital in the years to come”.

On page 16, we review the recently published book ‘Growing pains’, a stark look at the harsh realities of family stress caused by poverty and HIV/AIDS in sub-Saharan Africa which raises troubling questions for policy-makers and grantmakers. Following, on page 36, is the perspective of TREE, a South African organisation which works primarily through mentoring women chosen by their communities who then run community playgroups and parenting programmes, make visits to especially vulnerable households, and support self-help savings groups.

Continuing our exploration of the HIV/AIDS context, an overview of experiences from Kenya and Uganda (page 52) looks at how indigenous knowledge systems can be harnessed effectively to combat caregivers’ stress and build resilience.

Parental stress is often linked to domestic violence, which requires interventions that showcase alternative ways to cope and express emotions. On page 30, we present a comprehensive methodology developed by the Mexican organisation Cuidarte aimed at helping children and parents to co-exist and form new bonds of affection. Staying in Mexico, on page 47 we look at how IMIFAP promotes resilience in young children and parents through its programme in communities in Hidalgo

State, where a high rate of migration is both a reflection and a cause of family stress.

On page 61, you will find an announcement about the inaugural Oscar van Leer Fellowships for journalists from developing countries, which are aimed at improving media coverage of issues that affect children – including, of course, parental stress. The fellowships celebrate the foundation’s 60th anniversary, and commemorate Bernard van Leer’s son, Oscar, who gave the foundation its focus on improving opportunities for disadvantaged young children.

Finally, regular readers of *Early Childhood Matters* will notice that there is a new layout for this edition. We hope you like it, and as always we warmly welcome your comments on both substance and style.

The nature and consequences of stress on families living in low-income countries

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This article is identifying a variety of stressors that can compromise both family functioning and children's development. However, not all families or children undergoing stress are affected to the same degree or in the same way. The impact of stress upon families and children will depend upon the family's level of resources, existing family problems, family coping strategies and the individual characteristics of both parents and children. Knowledge of what factors influence the ways in which families respond to stress offers a means through which interventions to deal with family stress can be designed and implemented.

Individual level stressors are traditionally defined as life events that have the potential to lead to high levels of emotional tension, interfere with normal daily activities and require behavioural and physiological adaptation (Thoits 1995). Stress refers to the individual's physiological, behavioural and emotional reactions to stressors (Vedhara et al. 2000). Three major types of stressors have been identified:

- Sudden unexpected life event changes which require major adjustments in a short period of time (e.g., divorce).
- Chronic persistent demands which require re-adjustment over long time periods (e.g., poverty).
- Hassles or low-level daily events that require small behavioural changes over the course of a day (Thoits 1995).

While stress is often studied separately in individuals and families, individual stress can lead to stress at the family level. For example, maternal stress in dealing with a child with developmental disabilities can result

in marital conflict on the issue of how to best manage the child (Patterson 2002). Similarly, the stress of parental job loss increases the risk of intra-family hostility and marital conflict (McKenry and Price 2005).

Family level stress occurs when there is an imbalance between chronic or daily demands (stressors) on the family and the family's ability to manage these demands (Patterson 2002). When such an imbalance occurs, there can be an adverse impact on family functioning, as seen in disruptions in the quality of parenting, family cohesion, routines, relationship structures and patterns of non-family relationships (McKenry and Price 2005). Such disruptions in family functioning can have a negative impact on children.

Stress, child development and family functioning

To understand how stress influences children's development and/or family functioning, two critical principles must be considered.

Variability in reaction to stressors

There is tremendous variation in how individuals or families react to stressors. The same stressor may be highly debilitating to some individuals or families, whereas for others it may be viewed as a challenge that can be overcome (McKenry and Price 2005; Thoits 1995). The degree to which a stressor becomes a stress will partly depend on the nature, intensity and timing of the stressor. However, even when these factors are taken into account, the impact of stressors can vary depending on a variety of other factors, including:

- The coping strategies used by individuals or families;
- How the stressor is appraised or understood by the individual or family;
- The availability of social support;
- Individual characteristics;
- The level of family coherence and/or family resources.

(Listing taken from: Lim and Zebrack 2004; Lester, Masten and McEwen 2006; Luthar 2003; McKenry and Price 2005; Wachs 2000; Werner and Smith 1992; Ylven, Akesson and Granlund 2006).

Coping strategies are mental or behavioural efforts to deal with stressful demands or events. Emotional coping involves attempting to change the emotional meaning or significance of the stressor, whereas problem-focused coping strategies involve the use of rational techniques to directly deal with or change the stressor (Folkman and Lazarus 1988). The choice of which strategy to use depends, in part, on how the stressor is viewed. Emotional coping strategies are more likely to be used when the stressor is viewed

For families, the adverse impact of stressors will be lower when there is a high level of family cohesion.

as unchangeable, whereas problem-focused coping strategies are more likely to be used when the stressor is viewed as potentially changeable.

For individuals, the impact of a stressor also will vary depending on individual characteristics such as age, gender, temperament, intelligence and physical and mental health. For families, the adverse impact of stressors will be lower when there is a high level of family cohesion (shared trust, faith and values) but will be accentuated in families where there are pre-existing family problems (Patterson 2002).

The cumulative impact of stressors

Cumulative exposure to multiple stressors is particularly detrimental. Children exposed to multiple biological and/or psychosocial stressors are at far greater risk for compromised health and development than children exposed to only a limited number of stressors (Evans 2004; Lester et al. 2006; Luthar 2003). One reason is because exposure to cumulative stressors can compromise an individual's ability to make use of environmental supports or to effectively deploy coping strategies (Lester et al. 2006). For example, children who were reared for extended periods in orphanages and who were highly deprived were less likely to benefit from subsequent rearing in high quality adoptive homes than children who had spent less time in orphanages (Beckett et al. 2006).

Chronic stress can also lead to greater strain in family functioning (Lim and Zebrack 2004). This may be because the resulting continued disruption of family routines feeds on itself and becomes an additional stressor (Patterson 2002). For example, marital and economic strains in a family with a chronically ill child can increase the severity of the child's medical problems, which in turn can increase family marital and economic stress (Peebles-Kleiger 2000). As will be discussed below, the impact of chronic stress upon family functioning is seen most clearly for families living under conditions of chronic poverty.



Photo: Jim Holmes

Higher maternal education levels have been linked to a reduced likelihood of children encountering family economic stress, poor nutrition or illness

Sources of stress

Stressors that impact on families will also affect children in these families, leading to compromised child development. Also, many family stressors that impact upon children have the potential for being transmitted across generations. For example, poor nutrition and chronic poverty increase the likelihood of child school failure; school failure leads to reduced adult human capital, which in turn increases the risk status of the next generation (Engle et al. 2007). Known stressors that impact on the individual or family can be ecological, biomedical, psychosocial or societal, and include:

- Ecological disasters (e.g., floods, climate change);
- Food insecurity and nutritional deficiencies;
- Child or adult biomedical problems (e.g., genetic defects, chronic or severe physical or mental illness);
- Sudden severe economic loss or chronic poverty;
- Household crowding or poor housing quality;
- Marital problems;
- Exposure to family, neighbourhood or societal violence;
- Child developmental disabilities or behavioural problems;
- Child characteristics which do not fit well with family or cultural values and preferences (e.g., gender, temperament);
- Major societal changes;
- Societal discrimination.

(Listing taken from: Cook and Frank 2008; Evans 2004; Lim and Zebrack 2004; Luthar 2003; McKenry and Price 2005; Sheuya 2008; UNICEF 2004; Wachs 2000; Walker et al. 2007)

Following are some examples of how stressors operate at the child and family level.

Child illness or developmental disability

Having a child with a developmental disability or a chronic illness has been found to be a source of family stress in both high- (Ylven, Akesson and Granlund 2006), low- and middle-income countries (Azar and Badr 2006; Krulik et al. 1999). Regardless of country, mothers are most likely to feel stressed, since they are usually the primary caregivers of the affected children (Azar and Badr 2006; Krulik 1999). However, the stress of having a chronically ill or developmentally disabled child in the family is not restricted just to mothers. Time demands for dealing with a chronically ill or disabled child may lead to stress in spousal relationships or affect parenting of healthy siblings (Kruklik et al. 1999).

Although caring for a chronically ill or developmentally disabled child is a family stressor in many societies, the stress may be greater in societies where there is a social stigma attached to such conditions (Azar and Badr 2006). In such situations the child is more likely to be isolated from the outside world, thus cutting the child off from potential sources of help, while family members may be isolated from social support

networks that could help them cope with stress (Patterson 2002).

Chronic poverty

In both developed and developing countries, chronic poverty is strongly linked to both increased exposure to stressors and to reduced access to resources that could be used to deal with stress (Evans 2004; Grantham-McGregor et al. 2007). Chronic family poverty directly compromises children's development and increases parental and family stress, which in turn adversely affects the quality of child-rearing and subsequent child development (Beeber, Perreira and Schwartz 2008; Engle and Black 2008; McKenry and Price 2005). Chronic poverty can also compromise the family's ability to respond to stressors. Reductions in the ability to respond to stress in low-income families may reflect not just reduced resources, but also an increased sense of powerlessness and lack of control over external events in these families (Sheuya 2008; Thoits 1995). An example of the multiple ways in which chronic poverty can adversely impact upon both the family and the child are illustrated with reference to maternal depression.

In both developed and developing countries one of the significant consequences of family poverty is a sharply increased risk of maternal depression (Wachs, Black and Engle 2009). Poverty increases family stress and heightened family stress increases the likelihood of maternal depression (Beeber et al. 2008). When mothers

are depressed, children are less likely to receive adequate nutrition or preventative healthcare (Wachs, Black and Engle 2009) and are more likely to encounter insensitive, unresponsive, inconsistent or punitive parenting (Beeber et al. 2008). As a result, children of depressed mothers are more likely to have developmental problems such as insecure attachment, altered stress reactivity, social-emotional deficits and eventual behavioural disorders (Murray, Halligan and Cooper, in press). Particularly in low-income countries, lost work capacity and treatment costs resulting from maternal depression can significantly increase families' economic stress (Patel et al. 2007). Depression can also reduce the mother's ability to use existing intervention services (Beeber et al. 2008).

Crowding

Reviews of evidence from both developed (Evans 2004) and developing countries (Wachs and Corapci 2003) has shown that living under crowded conditions can result in increased social-emotional problems in children; reductions in children's task motivation and attention; reductions in the quality of parent-child interactions; increased negative family interactions; and increased levels of physiological stress in both children and adults.

Crowding is often defined in terms of living density (the number of people per room). Tolerance for living in crowded conditions varies across countries, but at a certain level, country-specific

tolerance thresholds will be exceeded. At that point, feelings of being crowded increase family stress levels. Heightened family stress adversely impacts on parent-child relations and subsequent child development. For example, findings from a study carried out in India showed that as home crowding increased there was greater parent-child conflict. Increased parent-child conflict in more densely crowded homes led to higher levels of behavioural and school adjustment problems in children (Evans et al. 1998).

Violence

In both developed (Wolfe et al. 2003) and developing countries (UNICEF 2004), all too many children encounter violence. In developed countries children encounter child abuse, domestic violence and community violence. In developing countries children encounter all of these plus an increased risk of exposure to societal violence (war). Exposure to violence in whatever form has been shown to result in a variety of child behavioural problems, including post-traumatic stress disorder and both internalising and externalising behaviour problems (Barenbaum, Ruchkin and Schwab-Stone 2004; Wolfe et al. 2003). The costs of exposure to violence for both children and families are compounded significantly when children and their families are forced to migrate to escape the violence (Lustig, in press).

While exposure to violence is a major risk that can compromise children's

development, not all children who are exposed to violence show long-lasting adverse consequences (Shaw 2003). Similar to what was presented earlier, the impact of violence on children will depend on other factors. One critical factor is family stability and parental reactions to the violence. To the extent that families can maintain their structure, routines and relationships, and to the extent that parents can be supportive of their children in the face of violence, the adverse impact of violence upon children's functioning will be lessened (Punamaki, Quota and El-Sarraj 2001; Shaw 2003). However,

problems or have been exposed to other cumulative stressors in addition to violence (O'Donnell, Schwab-Stone and Mueyeeed 2002).

Potential intervention strategies

Family stress may be universal, but the majority of research on interventions to deal with family stress comes from studies done in high-income countries (e.g., Beeber et al. 2008; McKenry and Price 2005; Ylven et al. 2006). All too often, resources that could help families cope with stress, such as mental health specialists or clinicians trained in stress management, are less

more appropriate – Cole, Bruschi and Tamang 2002). Alternatively, a family's choice of coping strategies may depend on existing realities. For example, active coping that requires the mother to seek outside help for herself or for her child may be difficult in cultures where women must be accompanied by adult family members (McConachie et al. 2001) or where there are social stigmas associated with developmental disabilities (Patterson 2002) or maternal depression (Beeber et al. 2008). However, certain validated intervention strategies to deal with individual or family stress may be generalisable across multiple societies.

Chronic poverty can also compromise the family's ability to respond to stressors.

family exposure to chronic violence or enforced migration – or societal violence resulting in the death or disappearance of family members – significantly weakens families' ability to maintain existing routines and relationships and the parents' ability to cope (Maksoud and Aber 1996; Lustig, in press). Children living under conditions of exposure to chronic violence are likely to be a double risk for compromised development, both as a result of the direct impact of violence, and as a result of the disruption of family structure and parental support. Disruption is even more likely to occur when families have a history of

available in low-income countries. Further, intervention strategies that have been developed and validated in high-income countries may have only limited generalisability to families in low-income countries. For example, as described earlier, there is a distinction between active problem solving coping strategies that attempt to deal directly with the source of stress and emotion-focused coping strategies that deal with emotional reactions to stress. In some societies, use of active coping strategies may be less feasible, due to predominant cultural values about the best way to deal with stress (e.g., in some cultures passive coping strategies are viewed as

Primary prevention strategies

Primary prevention strategies can reduce the likelihood of families encountering stressors. For example, providing infrastructure improvements such as increasing sanitation, access to clean water, or affordable housing can reduce the incidence of exposure to stressors such as illness and overcrowding (Sheuya 2008). Similarly, increasing the availability of early child development programs that combine nutritional supplementation, preventive medical care and cognitive stimulation can reduce the risk of offspring nutritional deficits, morbidity and subsequent school failure (Engle et al. 2007).

A third and most important primary prevention strategy involves promoting education for women. Higher maternal education levels have been linked to a reduced likelihood of children

encountering family economic stress (Boyle et al. 2006), poor nutrition (Kongsbak et al. 2006) or illness (Hatt and Waters). In addition, the incidence rate of maternal depression (Wachs et al. 2009) and maternal morbidity is lower for more educated women (Defo 1997). Such positive outcomes may reflect the fact that women who are better educated have more stress coping strategies available to them, are more likely to maintain a higher level of family cohesion, are better able to seek out and use available resources for their families, and are more likely to

when family cohesion and family resources are maintained. However, high levels of stress can significantly reduce the family's ability to maintain cohesion, routines and support children (Azar and Badr 2006; Lustig, in press; Patterson 2002). Under high-stress conditions, family cohesion and stability can be maintained when social support is provided to the family from friends, neighbours, relatives and neighbourhood or religious organisations (McKenry and Price 2005; Thoits 1995). Social support can involve providing needed resources to families to allow them to stabilise their environment (e.g., food and shelter). Support can also be emotional in nature, as when stressed family members are given the opportunity to 'tell their stories' (Lustig, in press). Social support can also occur in schools, which can provide a much-needed routine for children whose family routines have been disrupted (Barenbaum et al. 2004; O'Donnell, Schwab-Stone and Muyeed 2002). This is particularly so when teachers can be sensitised to the importance of supporting children living under major stress conditions.

In situations where stressors are widespread, friends, neighbourhood associations or schools may be less able to provide support. In these cases, support could be provided by outside civil, professional or non-governmental organisations. Given the limited resources of such organisations, a greater priority must be placed on identifying families that are under

A very important primary prevention strategy involves promoting education for women.

have a voice in family decision-making (Parrad, Flippen and McQuiston 2005; Robert et al. 2006).

Strategies to reduce the impact of stress

Obviously, removing children and families from acute stressors would likely reduce the level of family stress. However, in all too many situations this is unlikely to happen within a reasonable time frame (e.g., economic or societal disruption, climate change). When stressors cannot be easily removed, what can be done? As noted earlier, children can be protected against stressors when they receive social support from their parents and

particularly high levels of stress and who are unable to cope. However, identification of such families may be difficult in some cultures where there are cultural taboos against admitting family stress to an outsider or seeking outside help for stress (McKenry and Price 2005). Identification of vulnerable families and provision of outside support to these families can be facilitated when community health workers are sensitised to signs of family stress, such as maternal depression, or when intervention personnel are indigenous to the local community (Beeber et al. 2008).

One example of a successful outside support program involved mothers who were refugees as a result of societal violence (Dybdahl 2001). The intervention involved discussion groups led by trained pre-school teachers, which focused on support for the mothers as competent caregivers for their children in such difficult circumstances and on providing child-rearing information. Compared to mothers who received only medical care, those who participated in the group sessions showed gains in both maternal mental health and child functioning.

A second example of how identification and support can facilitate family functioning is seen in the case of maternal depression. As described earlier, under conditions of family poverty the risk of maternal depression is significantly higher; when mothers are depressed family functioning is

severely compromised and family stress increases significantly (Beeber et al. 2008). Unfortunately, particularly in low-income countries, primary healthcare workers are less likely to identify depressed mothers (Wang et al 2007). However, schools may be a potential resource, given evidence from a study done in rural Pakistan: it showed that identification of maternal depression was facilitated when children were given a brief module on mental health as part of their secondary school curriculum (Rahman et al. 1998). When depressed mothers are identified, a very effective treatment strategy is the use of existing health services to provide social support, either by mental health paraprofessionals, trained women from the community or through the use of group therapy (Wachs et al. 2009).

Note

- 1 Comments or requests for reprints may be sent to the author c/o Department of Psychological Sciences, Purdue University, West Lafayette, Indiana, USA, 47907, or via e-mail: wachs@psych.purdue.edu

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Can public policy have an impact on family stress and lead to an improvement in childcare?

María Cristina Torrado Pacheco, Childhood Observatory, Colombia National University

It is well known that the welfare of young children is bound to their family's general welfare and that of the community to which they belong. Because of this, if the aim is to close gaps in children's welfare – either inside a country or between countries – as well as to strengthen children's immediate care environments, it is essential to act on both family and social variables at the same time.

In order to have an impact on children's social context, economic development models need to promote better distribution of income and a wider range of opportunities for people to use their abilities productively and creatively. These models should identify people's welfare, not solely economic productivity, as the main goal of development.

If it is true that these aims are applicable to all societies in the world, they are even more valid for societies marked by inequality. This is the case of Colombia, a country of huge contrasts in the level of welfare achieved between regions, social classes and ethnic groups. It is also the only Latin American country affected by armed conflict and one of the regions with the most uneven distribution of wealth. Nearly 50 percent of the population lives in conditions of poverty and social exclusion that is “on the fringes of the basic progress humanity has achieved” (Garay 2002: 11).

This kind of social and economic context generates enormous gaps in the quality of care provision and social

services aimed at the child population. Both parents and children can be affected by a range of circumstances such as unemployment, ethnic or gender discrimination and social or political violence. The fact cannot be ignored that these contextual variables shape the surroundings in which children spend their lives.

The immediate social context

As we build a fairer world without poverty and free of violence, it is possible to change some factors in the immediate social surroundings that are affecting the quality of care provided in family or community environments. The stress felt by parents and caregivers living in conditions of poverty, violence and social discrimination is one of these factors, and is accepted as being one of the main variables mediating between children's broader social environment (the macro-context) and the care they receive in the home, which is the micro-context (McLoyd 1990; Rutter 1993).

Parents and caregivers who live in permanent economic uncertainty and who struggle to survive are subjected to prolonged stress, which can affect the psychological strength they need to look after their children and deal with tensions or crisis situations. Under such stress, they may become violent or become unable to take part in family life.

However, there is no causal link between insufficient economic resources and family stress. In fact, some research has shown that even in precarious

situations, parents and caregivers can provide children with quality care if they manage to find emotional alternatives to a sense of desperation and loss of hope. Finding these alternatives depends as much on personality traits as on the human and institutional resources available in the immediate social context (Zeitlin, Ghassemi and Mansour 1990).

It is important, therefore, to develop and promote social support networks, both in terms of the social capital and support provided by neighbours, and in terms of the various state-provided services and programmes. When parents receive support for childcare from these networks, they are more likely to be able to provide for their children and have better access to basic benefits and services. All of this makes it easier for children to overcome adverse conditions in their development. The absence of this kind of support, on the other hand, exacerbates family stress and feelings of powerlessness, which places the family's ability to care for their children at risk.

This is why many programmes aimed at fostering childhood development not only provide better integrated care services for young children, but also work directly with their families, strengthening relationships between neighbours and enabling access to the social services network. These strategies are the result of analysing the effective interventions and the practices of professional teams all over the world.

In Colombia, for example, the Family, Women and Childhood (FAMI, *Familia,*

It is important to develop and promote social support networks, both in terms of the social capital and support provided by neighbours, and in terms of the various state-provided services and programmes.

mujer e infancia) programme, run by the Colombian Family Welfare Institute (ICBF, *Instituto Colombiano de Bienestar Familiar*), aims to bolster the ability of families living in poverty to look after their children during pregnancy and in the first two years of life. Its main strategy involves setting up women's networks around a leader who provides training and support in issues related to nutrition, child-rearing and emotional bonding with the baby. This programme is running in a third of the country's municipalities, with 157,000 families taking part.

This type of intervention programme contributes to lessening the effects of family stress by underpinning supportive relationships between adults and between adults and children. Better results will be achieved if parents take part in productive activities to boost the family income. If this does not happen, poverty and social exclusion may cause the breakdown of relationships in their children's immediate environment.

This does not mean that we should ignore the role played in child development by the living conditions in the family home, the quality of nutrition and healthcare, or opportunities for playing and learning. In fact, to safeguard their welfare and development, children not only need a family capable of caring for them, even under adverse conditions, but they must also have access to a set of benefits and services that ensure sufficient quality of life.



Photo: Courtesy Proyecto Costa Atlántica
Integrated early childhood care programmes can contribute to dealing with family stress

Nowadays, enjoying a decent quality of life is recognised as children's basic right from their moment of birth, as this guarantees that they exercise their role as social citizens at this stage in their lives. It is the task of public social policy to ensure that all children benefit from this right, without exceptions.

In situations of emergency or armed conflict

In addition to the scarcity of material possessions and weakened social inclusion, emergency situations generate family stress and can reduce adults' ability to provide emotional support for children at times when their life contexts are disappearing or are under threat. This is the case of natural disasters or situations arising from armed conflict,

such as the destruction of homes or the forced evacuation of local inhabitants.

In the case of Colombia, boys and girls under 14 years old make up 40 percent of people who have had to flee, either because of direct threats or due to confrontation between armed combatants. These children and their families often have to leave their homes and move to another region in order to save their own lives. Enforced displacement is an experience involving loss and painful uprooting, and is highly stressful. Nevertheless, in the majority of cases, children stay in the care of their families¹.

In emergency situations, it is important to recognise, as proposed by Barudy and Dantagnan (2005), that all children, even the youngest ones,

possess the psychological resources for dealing with adverse conditions or painful events – provided they are in an environment where they are well treated and where their significant adults are sensitive to their needs and give them emotional support. In other words, children will be able to deal with the situation if parents and teachers re-establish an atmosphere of safe and protective care.

This is why, in an emergency, it is especially important that parents have the ability to provide children with emotional security and the care they need to deal with feelings of danger and vulnerability, ensuring their personal and social development. These skills can be developed by all parents and caregivers and are based on a strong emotional bond with the child and a solid relationship in the medium and long term.

Public policy

We have described how integrated early childhood care programmes can contribute to dealing with family stress, in two ways: by giving support to parents and caregivers in order to preserve ways of relating to children based on emotional security, and by improving access to the network of social services aimed at safeguarding their welfare. This way, the family gets support from local resources for strengthening the care environment.

However, if the services network is weak or if there are obstacles preventing access to it, the programme will

have limited results. This is why it is important to appeal to government leaders, who have the duty to guide public investment and ensure access to benefits and services needed for social rights to be enjoyed from the first years of life. The only way to make advances in the fight against inequality, discrimination and social exclusion is by taking into account their individual and combined effects in the medium and long term.

Although social rights have been recognised as the basis of public policy for several decades, in the majority of

quality provision, whereas the poorest families have to be content with the programmes provided for them, which, in the majority of cases, are of inferior quality. There are also other risks and limitations in the provision of child care and education services through the marketplace (Moss 2008).

Instead of promoting greater equality of opportunities for child welfare, the segmentation of the provision and quality of services tends to perpetuate inequality between boys and girls. It also places those parents with greater needs for support at a disadvantage, as their relationship with the state becomes more one of receivers of benefits than of citizens with rights. These benefits are usually temporary and are measured by selection processes, a situation that can turn into a new source of stress for parents and caregivers.

In Colombia, the segmentation of care and education services for young children is evident, as there is no unified provision. Thus, while some sectors of the population have access to kindergartens and schools with high quality standards that provide children with a range of material and cultural conditions for their development, the majority of the country's children under five years of age take part in an informal daycare programme guided by the ICBF, which in many cases does not satisfy even the minimum quality requirements. In this programme, known as Community Welfare Homes (*Hogares comunitarios de bienestar*), children remain in the care of a

It is also vital to break down all kinds of barriers that hamper access by some sectors of the population to essential services.

developing countries there are many circumstances that hinder their design and implementation. One of these is the predominance of residual models (Titmuss 1968), according to which social services must only intervene when the family and the marketplace fail to provide welfare.

In the case of social policy aimed at children's welfare, the residual model gives priority to subsidising families, either in cash or through the direct provision of programmes for the poorest inhabitants. This is how children's care and education services become segmented. So, families with economic resources can access better and higher

neighbour for several hours a day. In exchange for financial support, the neighbour takes them into their home, organises play activities and provides food paid for with public funds.

Is it possible to have a different public policy model that promotes greater equality for children while contributing to lessening the effects of family stress and its associated problems? How can we move towards a network of good quality social services for health, education and childcare that children can access without being restricted by their families' social or economic conditions?

This model, known as basic universalism, seeks to guide public social policy towards promoting a set of essential services that include universal coverage and high quality standards for all citizens, rather than applying a process of selecting beneficiaries (Filgueiras et al. 2006). In this case, children's welfare is acknowledged as a collective priority and a public benefit.

In order to progress towards a basic universalism model, the quality gap in health and education services must be gradually reduced until unified childcare provision is achieved. This might lead to alleviating the stress felt by families and generated by the unstable and precarious nature of social care programmes.

It is also vital to break down geographical, cultural and other kinds of barriers that hamper access by some sectors of the population to essential

services. This would contribute to children's welfare and families could be sure of participating in the benefits of social development.

Recovering the meaning of public policy for early childhood is also the duty of all Latin American countries, which, like Brazil, Colombia and Venezuela, define themselves in their constitutions as social states based on the rule of law. For these countries, providing universal welfare systems for children can lead to a greater redistributive effect for social public spending.

Note

- 1 National Survey to verify the situation concerning the rights of displaced people carried out at the end of 2007 by Colombian civil society organisations, led by the Consultancy for Human Rights and Displacement (CODHES, *Consultoría para los derechos humanos y el desplazamiento*) with financial support from the Dutch Embassy in Bogotá.

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A new book reports on the harsh realities for children affected by poverty and AIDS

Commissioned by the Bernard van Leer Foundation and published by Panos, *Growing pains: How poverty and AIDS are challenging childhood*¹ is an in-depth investigation into what are perhaps the most extreme example of stress experienced by large numbers of families in the modern world: the effects of the HIV/AIDS pandemic on already impoverished communities. Focusing mainly on South Africa, with additional reporting from East Africa, co-authors Anthony Swift and Stan Maher starkly reveal the harsh realities of what is happening on the ground and raise the question of implications for policy-makers and grant makers.

“I asked the authors to go beyond what was being reported time and time again, about the problems of local service delivery and the need for everything to be community based,” says Patricia Light-Borsellini, who was Bernard van Leer Foundation’s director of public information at the time the book was commissioned.

“I was interested in exploring questions that I felt were rarely asked, such as: when so much reliance is being placed on grandparents to care for orphaned children, are we setting up a demographic time bomb for when the grandparents are no longer around? Can community-based solutions realistically be based around volunteerism when those being called on to volunteer their time and energy are themselves so extremely impoverished? And what does ‘community-based’ mean, anyway, when communities have been affected so badly by illness and death? I wanted the book to unpack the dry terminology of technical reports and report back to us on what is really going on in African communities.”

In five chapters spanning over 200 pages, *Growing pains* first explores how families and communities have been undermined by poverty, violence and HIV/AIDS. It then looks in detail at some examples of individuals who are making a positive difference. Explaining their decision to inquire so deeply into individual projects rather than to more generally describe a broader range of interventions, Anthony Swift writes:

I wanted to reveal that what are presented as projects are often social processes resulting from individuals engaging in open-ended collaboration with others to tackle human suffering in ways that allow the human qualities of concern for others, compassion and dependability to come into play. My purpose was also to convey the complexity of this kind of work in some depth and reveal something of the orientation and resourcefulness of the people who undertake it.

The third chapter looks at how communities can be mobilised,



Photo: Anthony Swift

Hope rests entirely on the shoulders of a small minority of exceptional individuals who are selflessly dedicated to improving the lives of others

including through the participation of children, and the fourth explores how values that underpin concern for others can be strengthened. The final chapter argues that “ethical social values” need to become a “political rallying point”, and concludes that “creating circles of care around children is not going to be accomplished and sustained simply by making government services more accessible, crucial though that is. Efforts to help people who are economically excluded are most commonly represented as donations – contributions by benefactors, [but] the challenge is how the values that underpin the capacity of people to care for each other might be nurtured and reinforced.”

The extent of that challenge is illustrated by the experience of one non-governmental organisation that “it is not uncommon for ‘orphans’ to challenge carers over [their] child support grants, alleging that carers are ‘stealing their money’ and demanding that it is handed over to them to spend as they wish. Children have even physically attacked grandparents over the child support grant”. This is just part of an overall picture of a disintegrating society, equally vividly encapsulated by one interviewee’s reflection on “the increase of illegal firearms. Shooting people at random just for target practice! If at night you are walking on the road and a car comes from behind, you don’t feel happy at all. Perhaps that car will pull up ahead of you and a person will get out and just shoot you – even though there

are no issues between you and you don’t even know them.”

Lead author Anthony Swift, the international development journalist, describes the process of researching and writing the book: “We didn’t set out to prove anything. We went with open minds, except that people write of communities and, to some extent, African extended families as though they are static – an endless resource – whereas we wondered if in circumstances of chronic poverty and disease they sometimes even exist. We set out to anchor our findings in the experiences of people engaging with the issue by asking open-ended questions, and to write the book as far as possible through the quotes of people we had interviewed.”

The result is a compelling and often disturbing insight into communities that are deeply fractured and extremely fragile. It will give pause to those in donor organisations who base their interventions on the idea of harnessing the African extended family structure or the much-vaunted characteristic of *ubuntu* – defined by an interviewee as having a “good spirit” – and consider this to be the raw material that interventions should seek to harness and build upon. Patricia Light-Borsellini comments:

This isn’t necessarily what many charities and donors are going to want to hear, but it is a message they must hear. What this book

demonstrates is that ubuntu is in fact being eroded. It is dying out.

There has been too much of a readiness to rely on impoverished people in African communities to cope with everything that is being thrown their way, and yet still retain this spirit of looking after each other. It’s unrealistic. If we were talking about deprived communities in industrialised countries, we wouldn’t be so quick to assume that grandmothers and aunts and older siblings would have the capacity to look after orphaned young children by themselves. We’d be more concerned about them becoming isolated and overwhelmed, and we would focus more on putting formal systems in place to help them to cope.

There is a quote in the book from Kurt Madoerin, a Swiss doctor who actually lives in an African village and who has grown frustrated by endlessly hearing from those of us in the international development community what he calls the ‘mantra of strengthening communities, which sounds like a Tibetan prayer wheel’. That’s a telling observation.”

If ‘strengthening communities’ is too easy and empty a response, where does the answer lie? From reading the book it is easy to come to the conclusion that hope rests entirely on the shoulders of a small minority of exceptional individuals (several examples are

described) who are selflessly dedicated to improving the lives of others. Anthony Swift believes, however that “it would be wrong to consider them remarkable people. They are people who are taking a steady path away from the concerns of the global market. We all have this potential in us. Some ignore it. Others live by it. Most live with a nostalgia for it, expressed through the gesture of charity, and go for personal advantage. The prevailing system does not encourage us to do otherwise.

“These are people who regard the well-being of others as integral to their own. They demand relatively little for themselves, and they value reliability, courage, and long-term commitment to an area and the people in it – all ideas that have little to recommend them in a market system that encourages us to be preoccupied with self-advancement and consumer culture. Such individuals work through collaboration with others to reconstruct people’s faith in themselves and combat the dynamic forces of social division. From their perspective, the world that most of us inhabit looks very violent, commercial and full of illusion.”

What can donors do? According to Anthony Swift, their capacity to help is fundamentally limited. “We need to stop seeing people consigned to poverty as the ‘the poor’ – [that is,] deserving of charity, aid and benefits – and see them as people denied the fundamental right to a livelihood,” he comments. “Systems can’t replicate the work of these individuals. Look

at the problems we are having with social workers and schooling in the UK. We need to begin by questioning the prevailing set of values and develop a critical consciousness, which will involve us in rejecting the values of the commercialised world. We tend to leave values to people’s individual consciousnesses. I am saying they are central to the debate. It’s people’s values, as well as resources, that determine what happens to young children.”

If this conclusion is considered either too stark to be palatable or too ambitious to be workable, Patricia Light-Borsellini has a more measured and cautiously optimistic take. “For me, the lesson that emerges from the book is that we need to find a balance. When we try to work through communities, we must do so with a starting point of understanding how weak and fragile they are. We need to make sure that in our attempts to build the capacity of communities, we don’t inadvertently end up overburdening them instead.

“The responsibility must lie with national and local governments to lead and effect change, to become more accountable and more citizen-centred. But there is a trap here, of course – this isn’t going to happen unless communities demand it. This point is well made in the book as Anthony is describing an extremely frank interview with Marie-Louise Samuels, the national director of the South African government’s early childhood development efforts:

“The responsibility must lie with national and local governments to lead and effect change, to become more accountable and more citizen-centred.”

The government had identified a need to develop an advocacy programme to inform people accurately about government policies so that they could become active in insisting on implementation at a local level rather than waiting for somebody else to get things done. Marie-Louise Samuels believed that, whatever the government might do, implementation had to be underpinned by an awakening of community demand: ‘Service delivery has to be community driven. If it is not community driven, it becomes a plan, a nice intention [about] which we can say, ‘this is our plan – it looks very grand. We can tell the world what we are doing.’

“In my view, the task of awakening community demand comes back to the need for communication as a process of social change. Communication strategies are a way of building people’s capacity by informing and inspiring them to make the necessary demands on governments to go beyond their nice intentions and grand plans, and actually deliver in practice.”

The pivotal nature of communication strategies was central to the thinking behind the Bernard van Leer Foundation’s decision to invite Panos to become involved in publishing the book. Panos is an international network of media institutes that works to “ensure that information is effectively used to foster public debate, pluralism and democracy”. It was therefore a

natural partner for the effort to foster wider discussion of the issues raised in *Growing pains*, not only among international policy-makers but also – critically – in African communities.

Robin Vincent is Panos’ senior policy adviser on HIV/AIDS. What attracted him to the manuscript, he says, was the “strength and directness of its voices, its integrity, and its insistence on hard realities that slightly challenge the policy consensus. One of the things Panos has been advocating for some time is the need to take a wider view of HIV/AIDS, encompassing the broader social determinants. This chimes with the approach advocated by the Bernard van Leer Foundation through publications like *Where The Heart Is* and initiatives like the *Joint Learning Initiative on Children and AIDS* – to look at HIV/AIDS through the lens of issues affecting young children.

“What this book does is to bring a journalistic, almost ethnographic eye to complicated realities on the ground [that] don’t necessarily marry up with some of the simpler statements of policy-makers. At the same time, it illustrates graphically some of the key areas [that] demand the attention of policy-makers, such as cash transfers, social protection, gender violence, and the strength of communities and families to carry the policy response.

“Panos is not looking to put forward policy solutions. We exist to promote debate about policy areas, and we saw much material in this book [that] would lend itself to being adapted and

developed through a whole range of different formats.”

One of the first decisions Panos took after becoming involved with the project was to commission photojournalist Chris de Bode to illustrate its themes with images. The photos, which feature in the book, became an exhibition that attracted significant attention at the Mexico City AIDS conference in 2008 and the South African AIDS conference in Pretoria earlier this year.

“As valuable as the book itself is,” Robin Vincent says, “we have to recognise the reality that only a limited number of people are ever going to read books in their entirety. To reach wider audiences, it’s necessary to distil key messages into other media. Our sister organisation in South Africa, which has a strong network of journalists in the country, is currently working on a number of projects based on the book that aim at tying in with other events and initiating policy debates. These are not just magazine features but also things like radio dramas.”

Panos has, in addition, used material from *Growing pains* as the basis for a series of policy briefing papers, which connect voices from the book to broader debates in an easily accessible format. For more information about these, see the ‘Further reading’ section in this issue of *Early Childhood Matters*.

Note

- 1 Swift A. and Maher S. (2008). *Growing pains: How poverty and AIDS are challenging childhood*. London, UK: Panos.

A family strengthening programme in Bulgaria

Maria Dantcheva, National Family Strengthening Programme Manager, SOS Children's Villages Bulgaria

SOS Children's Villages Association has been developing its family strengthening programme in Bulgaria since 2004. The programme currently serves four locations: the capital, Sofia; two provincial centres, Gabrovo and Veliko Tarnovo; and a smaller town, Radomir. In 2008, the programme supported 552 children from 290 families.

Until 2003, state institutions were the only form of out-of-home care for children. Institutionalising children whose families struggled to care adequately for them was seen not only as unfortunately necessary but also in certain circumstances as positively beneficial. There was a common belief that state institutions could provide a better quality of care and guidance for vulnerable children than their families.

Gradually it became accepted that this view was mistaken. It was clear that institutions did not provide emotional nourishment. Abuse was commonplace. Most institutions were located in relatively isolated villages, permanently separating the children from their natural families. Over the years, hundreds of young people left state institutions without the necessary skills to succeed in the workplace or integrate into society.

Since 2002, the state has been trying to minimise the number of children placed into institutions. In situations of family stress, when previously it was routine to separate children from their parents, now the preference is to try first to improve the family situation. But resources to do this remain limited. Although the child protection departments set up in 2003 have had a significant impact, still they employ

relatively few social workers, who each have to deal with more cases than they can reasonably be expected to handle.

This is where the NGO sector comes in. Our family strengthening programme is one of a number of different civil society interventions that work closely with government systems. We receive practical support (such as office space provided by the municipality) and about half of the families we deal with have been referred to us by social workers at the child protection department. Even in the other cases – which come to us mostly through other NGOs or through teachers as a result of our outreach work in schools – we keep child protection authorities informed in case the family comes to their attention in future.

The reasons for family stress

The families we work with are under stress for a number of reasons. Many are single parents, with a significant number of single fathers as well as single mothers. About half are illiterate. A significant number are effectively homeless, living with relatives in cramped conditions. About a third of the families we work with come from the Roma minority community and suffer persistent discrimination; but the practical problems faced by the Roma

are not so different from those faced by other parents who are also stigmatised by low status.

Their stories vary. There are young girls who come to the city from the countryside, looking for a better future, but who fall pregnant and feel too ashamed to return home even when they can no longer pay the rent. There are parents who have lost the jobs that brought them to the city and lack the extended family support networks that they had in their villages. But economic factors are not always paramount; domestic violence is often an issue, and some parents are overwhelmed by struggle to cope with the special educational needs or disabilities of their children.

Among the most challenging families to work with are those in which the parents grew up in state institutions. Never having experienced a childhood in a family environment themselves, they often find it difficult to create a positive environment for their children. Some become parents at a very young age, having left the institutions and to find work in urban centres, and have no biological family to turn to for assistance.

Starting work with stressed families

For our family strengthening programme to succeed, parents have to want to work with us. So we involve the family very strongly, right from the first assessment of their situation. We ask them to think about how they see their lives and relationships, and what

are their strengths. Often this is the first time anyone has asked them to think in this way. At times we discover that they perceive as normal some behaviours that are not good for their children, such as the routine use of violent forms of discipline.

In this comprehensive initial assessment, we are looking for some solid ground on which to build an intervention – an aspect of their lives that is working well. We assess such factors as the family's social status, economic situation, the relationship between the adults as well as between the adults and the children, and parenting skills, habits and attitudes. In many cases, the only strong point we can find in the situation is the existence of a wish to become a better parent, or to give their child a better life. So this forms our starting point.

The goal of our intervention is for parents to become self-reliant in taking care of their children. Although we do provide some material support – such as new clothes and shoes for the children when we have had these donated, or food for very young children when parents are temporarily unable to afford it – this is not our main service. Sometimes the goal of self-reliance can be a difficult one to get across. We have worked with some families in which several generations have lived off social support, and they know nothing else.

To minimise the risk of having to support families indefinitely, we begin by defining together some clear goals for our relationship. These are very

simple things. It might be for a mother to find a place in kindergarten for her young child, and then to find a job. It might be for an illiterate parent to feel comfortable interacting with teachers at their child's school. It might be for parents who lack self-confidence to feel comfortable about taking their child regularly to the doctor for free medical checkups.

The process of strengthening families

In an average case, we might work with a family for about a year and a half before we meet the goals we set together. We'll check back on them after six months, and naturally they are free to come back to us at any time if they need to. Sometimes cases are simpler, and we can end support after a few months; usually these are situations where there has been a shock, such as divorce after domestic violence, and the parent already knows what kind of help she or he wants from us. At the other end of the spectrum – in our most challenging cases – we can be working with a family for three years or more.

Our support consists of primarily of counselling. Typically a counsellor will visit the family twice a month, although it can be as often as three times a week. We strongly believe in visiting parents in their own homes, because in many cases it's not realistic to expect them to come to us. Our counsellors are very highly trained, often with master's degrees in specialist areas of psychology, as many Bulgarian universities offer

strong academic courses related to social work.

Although our counsellors have strong academic backgrounds, the form of counselling they offer is extremely practical. For example, they help families to understand how to get their children places in kindergarten, or how to get schools to accept them if they have special educational needs – something that is often easier if the teachers know we are providing support. They encourage parents to overcome their own lack of literacy and get as involved as they can in their child's education. They might accompany a mother and child to doctor's appointments if the mother is too shy

Socially isolated parents often greatly appreciate the simple fact that somebody is treating them not as victims but as creators of their own destiny, and encouraging them to create plans for the future.

to go alone, until she feels confident enough to demand attention by herself. The counsellors give practical advice on solving housing problems; for example, something as simple as suggesting they reserve a specific place for doing homework when the family lives in one room can make a significant difference in a child's life.

In all of this, it is extremely important to establish a relationship of trust between the counsellors and the

families. The counsellors try to be seen as a friend, someone in whom children can confide their experiences and in whom parents can confess if they have done something they regret. Socially isolated parents often greatly appreciate the simple fact that somebody is taking a personal interest in them, treating them not as victims but as creators of their own destiny, and encouraging them to create plans for the future.

Group support is another component of our family strengthening programme and helps ease the problem of social isolation. The groups we have organised are not therapy groups; they're self-support groups that, ideally, include not only families that we work with but also other parents in the community. We set up these groups to encourage parents to talk to each other and to share their experiences. The groups do not always go smoothly, but they tend to work best if the parents live in very close proximity to each other. Our most successful self-support groups are those for illiterate single mothers and for parents of disabled or children with special educational needs – families who tend to be at especially high risk of social isolation.

Challenges, limitations and hope for the future

While we aim to build parenting skills and change attitudes, we are aware that our family strengthening programme can't have much impact on a family's underlying social status or economic situation. The life circumstances of



Photo: Courtesy SOS Villages Bulgaria

In many cases, the only strong point we can find in the diagnosis is the existence of a wish to become a better parent, or to give their child a better life

the families we work with will be as challenging for them after our support as they were before. What we can hope to do is give them a different perspective that will help them to face their challenges more effectively.

We have experienced failures, of course. Families are free to choose to stop working with us at any time, and when this happens it is usually because they expected to receive more material assistance and are disappointed with our emphasis on exploring their parenting attitudes and encouraging them to stand on their own feet. We encountered one case of suspected sexual abuse in which the father disappeared, presumably because he realised that the counsellor would discover the abuse. And we have had cases where we found the family situation was so bad that we had no choice but to recommend to the child protection agency that the children be separated from their parents.

Unfortunately, because there are very few foster families, institutionalisation remains the only option in such cases. Bulgaria needs now to work on expanding the availability of foster care, and improving options for re-integrating children into family environments after brief periods in institutional care. We also need to work towards a greater ability to intervene at an earlier stage. If a child is in the child protection system, it means something has already gone wrong. We need to develop the capacity and resources to identify at-risk families at an earlier stage, so that we can work

with them to try to prevent the situation from worsening.

There are many reasons to be hopeful. On a personal level, there are the successes that make this work worthwhile – parents who call on their former counsellor to ask for advice about a particular life decision or who simply drop by to say hello and update us on how they are doing. In the five years since we started our family strengthening programme – having previously been known for providing out-of-home care – we have established a strong reputation as an organisation and have gained expertise in the field.

More generally, the child protection system as a whole has come a long way in the short time since the policy of de-institutionalisation was brought in. We now have modern legislation and child protection departments that do good work with relatively few staff. And other Bulgarian NGOs that have worked with international NGOs since the end of the communist era now, along with ourselves, have the capacity to implement publicly-funded child protection services and improve the system further.

“We have to understand more the relationship between early childhood programmes and the role of the family”

Professor James Heckman, of the University of Chicago, is a Nobel Laureate in economics and an adviser to President Obama on early childhood policy. He is regarded as the leading authority on the economic case for investing in early childhood programmes.

ECM: The theme of this edition of Early Childhood Matters is parental stress. You're an economist. So let's start with the grim economic outlook, which is surely adding to the stress that many parents already feel. It is also creating, however, a new enthusiasm for government-led stimulus programmes. Does this present an opportunity for advocates of greater public investment in early childhood?

James Heckman: The recession is certainly exacerbating resource problems, but families were under stress long before the recession. An increasing percentage of children are growing up in families where the resources aren't there. From low-skilled immigrant families and others outside the mainstream, more and more children are emerging into society at age five or six as if from a cocoon, from family environments that are not conducive to launching them into the wider world.

Is the recession an opportunity? It should be. Keynes pointed out that you can stimulate economic activity merely by paying someone to dig holes and fill them in again, but this has a multiplier of one – in other words, it has zero longer-term effect. Unfortunately, a lot of things that are being proposed in stimulus packages now are little better. Things like repairing potholes on the

streets of my city, Chicago, are fine, but the increments of return you get there are very marginal. In comparison, the returns on early childhood programmes are extremely high.

Investing in young children gives you double benefits – stimulus from the extra spending now, and the increase in human capital in the years to come. So yes, there's an extremely good case for governments to include it in stimulus packages. It's a shame that most arguments about stimulus packages are about building bridges and roads, not building human skills and human capital.

You've advocated that instead of the state providing universal early childhood services itself, it should give parents vouchers to use in private programs. But when we're talking about children who are disadvantaged in early life by poor parenting, isn't it overly optimistic to assume that the parents of such children will have the capacity to use such vouchers wisely?

There are two things to say here. First, it's been well established by research done by people such as Justine Hastings and colleagues at Yale that when parents who are not well informed are first given school vouchers, the decisions

they make are not that good. They send their kids to schools that are close by, or where their friends go. But when parents are given education about which schools are better, they make wiser choices. So I completely agree that we need to educate parents to enable them to use vouchers wisely.

But there's a second part of the answer. There are a number of reasons why it's preferable to bring in other providers instead of having universal services provided by governments. One reason is that you get more resources if you involve religious groups, social groups and communities. Another is that the early years are a very sensitive time, and people are very worried about the central government inculcating values in their children that they don't agree with.

Many times I've heard people who hold more conservative values – not just evangelical Christians, but Mormons, Orthodox Jews and Muslims – say they're really worried that early childhood provision is going to teach their children values that will undermine the ones they want to inculcate in their children. We need to bring in these parents, respect their cultural sensitivities, and give them an informed choice among diverse early childhood services.

How do you avoid the danger that early childhood services provided by religious groups might merely extend the cocoon phenomenon that you spoke about earlier?

There's no reason why you can't teach noncognitive skills but still keep it in a cultural tradition. It is essential that these programmes should have a core concept of promoting the development of certain human abilities, but I think this can be done within a religious framework. Of course there have to be minimum standards enforced, not just a core curriculum of noncognitive skills but also to guard against the possibility of rip-offs from poor quality providers.

There will be cases of a fundamental disconnect, where some religious groups will not want certain aspects of

“It's a shame that most arguments about stimulus packages are about building bridges and roads, not building human skills and human capital.”

the core curriculum taught. But I think even those groups would welcome many parts of the core curriculum – for example, their children being helped to become more self-disciplined and self-confident in their social interactions with others.

The majority of parents mean well for their children. There is a small percentage of parents who don't, and I'm very interested in knowing more about them – but for the majority who do, what I'm trying to do is make family supplementation programmes 'incentive-compatible'. It's essential that parents are informed and involved,

and that early childhood provision doesn't come to resemble a government bureaucracy. I have an abiding image from a trip to Amsterdam a few years ago of a centre in which schoolmarm were handing down Dutch values to North African preschool children. The children's parents were offended, quite understandably.

In early childhood programmes, experimentation is used, but much more is needed.

Early childhood organisations typically use two complementary, but very different, arguments to advocate for greater attention to disadvantaged children: the child rights argument and the case from cost-benefit analysis, which you've done so much to establish.

My most important contribution has been to show that there is no contradiction between the economic case and the equity case, because the economic benefits are greatest with the children who are most disadvantaged. Former US President Harry Truman used to joke that he wanted to meet a one-handed economist, because every economist he worked with would say "on the one hand, on the other hand". Early childhood policy is a rare example of a one-handed economist argument. The case for social justice coincides

perfectly with the lessons of cost-benefit analysis.

Within the community of early childhood advocates, there is frustration that the economic argument for investing in early childhood is seen as firmly established but is not more widely accepted and acted on by decision makers. Do you share this frustration?

Well, there's less agreement than you might think. Broadly, yes, the economic argument is accepted. But the details are very fuzzy. Take a collection of proposed programmes – say, nurses visiting pregnant mothers, a focus on the 1–3 year age group, or the 4–5 year age group. Proponents of [each of] these programmes won't publicly attack each other, but a smart guy is going to lay all the programmes out on a coffee table and say, "hang on, there's no agreement here on what works best".

I have great respect for advocates for early childhood, but they have a tendency to think their case is 100 percent solid when it's not. Often, I think legislators are smart enough to know there's more disagreement than the advocates say, and their stridency alienates them. Early childhood advocates need to be more willing to admit weaknesses in the evidence and to be less prone to saying to each other, "we know this is important, why doesn't everyone else get it?" They should also push for more and better evidence.

How should the early childhood community go about strengthening the details of the economic case for investing in early childhood?

Experimentation and evaluation. There are many experiments going on in the education of older children right now – some of them are nuts, some are interesting, but all are of potential value. In early childhood programmes, we're also groping; experimentation is used, but much more is needed. We still have a long way to go.

The need for more experimentation is another argument for vouchers, by the way, for private sector diversity and choice. I worry that if Obama, or anybody else, commits too much time and investment into any one programme at this stage, we'll lose the opportunity to go forward and learn more. The best programme is almost certainly one that hasn't been tried yet.

I get the impression that early childhood advocates feel the need to put forward an appearance of unanimity, which in reality is an illusion. We need programmes openly competing with each other. One of my current projects is a book, with Craig and Sharon Ramey, looking at the hundreds of programmes that have been tried so far. The problem is that many current programmes haven't been adequately evaluated. European countries in particular are only recently starting to document properly. After all these years, the strongest data on early childhood programmes still comes from the old

American longitudinal surveys, like the Perry pre-school programme.

You advised Barack Obama on his early childhood education policy. The president's first budget included extra funding for early education, the Nurse-Family Partnership programme and Head Start. How optimistic are you that Obama's early childhood policy will be pursued with sufficient political will to effect significant change for American children?

Obama is serious – it's more than rhetoric. And it's not just him, but also the people around him. My paper, *Schools, skills and synapses*, was widely circulated at the Democratic convention. Arne Duncan, the Secretary of Education, is also from Chicago, which by the way has been an innovative place for early childhood programmes – intellectually aggressive, a hotbed of research.

The problem is that Obama is launching this [during] an economic tempest. There are competing priorities, like healthcare, and the early childhood advocacy lobby is less well-funded and well-organised than other interest groups. I think he'll get the funds he's asking for, but against all the competing demands, I'm not sure what that will convert into – Head Start for example is usually underfunded per child, and arguably not that successful as a consequence. The danger is adding more children to programmes at a low level of quality instead of raising quality.

Are you aware of countries where investment in young children is actually happening in the way you would like, which could be held up as an example to others?

Until a few years ago I would have said that France, with its so-called crèche programme, was a nice example. Then I saw research by the child development psychologist Richard Tremblay that compared children of similar backgrounds growing up in Paris and Montreal, where there were no such programmes, and found essentially no difference. The French crèche programme looked good, but it turns out that it didn't achieve much.

Although we need more evaluation of different programmes, what is clear is that you need to invest significant amounts to get positive results – we're talking \$5000–8000 per child per year in the US, comparable to the costs of high school. Typically politicians are talking the talk but investing far less, maybe one or two thousand. They get the good headlines that say they're doing something, but without the long-term results. Some haven't realised that this is about more than childcare, or that bad childcare can be worse than none at all.

Also, although I haven't studied them in depth, it seems to me that family-friendly policies in the Scandinavian countries – policies like family supplements and parental leave – may have a greater positive effect on young children than many programmes that



are considered to be early childhood development in the more traditional sense.

Apart from the economic case and the equity case, what arguments are important to persuade political decision-makers to take a greater interest in early childhood programmes?

We need to be honest in pointing out how failed families are failing children. It's a sensitive argument, as the danger is that if you make the argument you're

accused of blaming the victims. But we have to recognise that divisions are becoming more entrenched. Children who had good parenting are becoming even better parents. Children who had poor parenting are becoming worse parents – and having more children than the better parents, too. Society is becoming more unequal – the extremes are polarising. At one end of the spectrum, the percentage of children graduating college is growing. At the other end, the percentage dropping out of high school is also growing.

Photo: Gretchen Haien

“The question now is what is the best way to develop children’s noncognitive skills, the best way to improve parenting.” James Heckman

It’s interesting to note that many of the US states where early childhood programmes are most enthusiastically embraced are those with strong right-wing religious values, the people who are most concerned about the negative effects of breakdown of family structures. I’m not saying I’m endorsing the family values agenda. I am saying that we have to talk more about failed families. Here in Chicago, four in five African American children are born out of marriage. Something like 15–20 percent of all American children are growing up without ever having a second parent around. We have to talk more openly about family failure, and understand more the relationship between early childhood programmes and the role of the family.

At the same time, we have to get people to realise the value of non-cognitive skills. The Perry programme had no effect on IQ; it was the lasting effect of the noncognitive skills that made the difference. But people forget that. Go to any website that talks up the benefits of early childhood programmes, and you’ll likely find that they are far too hung up on IQ, on improving academic test scores, on ‘smarts’.

Evaluations of early childhood programmes need to be more rigorous and more sophisticated in evaluating their impact on noncognitive skills, because they have a huge impact on the ability to learn and succeed in life – skills like curiosity and engagement with the world, the ability to delay pleasure, the ability to relate to other people and

to tolerate criticism. We need to get that into the public consciousness.

One problem is that ‘noncognitive’ is hardly a catchy word or one that’s immediately understandable to the general public.

It’s a terrible word, as it’s defined as a negative. It’s better to talk about words like motivation, drive, ambition, personality, sociability, dignity, self-respect, and ability to co-operate and integrate. An old-fashioned word that I think is appropriate is ‘character’.

Do you have any further thoughts to share with readers of Early Childhood Matters on what the early childhood advocacy community should be doing to advocate more effectively?

I’m often struck that a lot of child advocates haven’t noticed that the discussion has moved on. They are stuck on repeatedly asserting that the early years are important. Yes. We know that. The question now is what is the best way to develop children’s noncognitive skills, the best way to improve parenting. Early childhood advocates need to recognise there’s nothing to fear from open competition between different ways of doing things – that’s what makes the case more airtight.

I also think the early childhood community can tend to be too parochial. You hear people talking about neurons being pruned at age three, as if that’s the whole story of what’s coming out of

neuroscience – which it’s not (neuronal changes happen all through life). Early childhood advocates need to reach out more to advocates for other life stages to develop a combined approach that advocates for ways of building skills and developing human potential over the whole life cycle.

Weaving networks for life

Strengthening emotional bonds

María Isabel Alva Castro and Rafel González Franco de la Peza, Cuidarte A.C., Mexico

“After all, living together means integrating oneself in a network woven with threads of affection”. (Julia Kristeva)

Although mistreatment and domestic violence can be blamed on circumstances caused by violence, poverty, marginalisation and lack of opportunity, they are also the result of scarce resources for child-rearing and education, a lack of empathy on the part of parents and caregivers, and repeated patterns of mistreatment or abuse rooted in common educational practices (Barudy and Dantagnan 2005).

The Weaving Networks for Life programme was developed by the Cuidarte A.C. organisation¹ and was conceived as a psychosocial intervention in Mexico’s Jalisco State, which has one of the highest rates of domestic violence in the country.² The vast majority of families in the programme typically live under extremely deprived social and economic conditions. This situation has encouraged an increase in cases of child mistreatment, abandonment and failure to provide care, all of which account for the highest percentages in statistics on the mistreatment of children in the state.³

The programme comprises three strategies (emotional literacy; prevention of mistreatment, abuse and violence; and promoting good treatment), with a common thread running through all of them – that of seeing loving relationships and mutual care as the basis and foundation of good mental health in young children and

their families. The programme aspires to generate new ways of forming affective bonds and improving the quality of co-existence between children and the adults they live with.

The key element of each of these strategies is to use methods involving specially designed games and innovative materials to develop specific skills. Through play, the children, their parents and their caregivers all learn about complex concepts and address questions and beliefs about child-rearing and affective relationships. This enables attitudes and habits to be changed in a non-threatening way, encouraging a relaxed atmosphere and even laughter.

Achieving emotional literacy

The aim of teaching emotional literacy is to build up five skills in parents, caregivers and children: 1) Emotional vocabulary; 2) Emotional awareness; 3) Emotional body awareness; 4) Emotional expression, and 5) Empathy.

Following an outline adapted to each age range, we work with material that enables participants to acknowledge emotional diversity and the complexity of their emotions, resulting in a less tense atmosphere and a better understanding of difference; this prepares the ground for dealing with and resolving conflict. Our work starts from the premise that stress can be controlled or eliminated when someone

can say what they feel, expressing it and putting it into words in both the school and the community environments.

When parents learn and understand the difference between emotions and feelings, they know that an emotion, such as anger, is something fleeting, temporary and legitimate; that it happens as the result of not being able to achieve something. The process of recognising and expressing what they feel means that they can be more understanding with themselves and with their children.

Parents work on the importance of expressing emotions, noticing and recognising what their bodies are feeling while they do this and what would happen if they repressed their emotions. They work on overcoming their rejection of certain emotions, which they cannot express because they are unable to accept them. This recognition produces immediate changes in the way they treat the children and makes them more receptive to demands for physical contact, for hugs and kisses. Physical contact, in the form of a loving touch, is a basic element in children's well-being, and also tends to reduce stress within families.

Our working experience in this field has helped us to come to the conclusion that a caring atmosphere is more effective when there is better knowledge of children's needs, ideas, fantasies and opinions. But this also happens when adults understand their own emotions and those of their own children, or the children in their care. This helps them

to learn to 'bear with' behaviour in their children that they would previously have tried to prevent by using a non-empathetic or violent response.

The same happens with teachers and educators, who are more sensitive to children's moods and more receptive to reactions that would previously have been considered negative, such as sadness or anger. This enables both parents and educators to be aware that children and adults may understand logic differently. This awareness makes children feel more confident in dealing with and talking about situations they experience with their families, and they also share more with their parents about what goes on at school.

Similarly, interaction between families is very positive when working with emotions. For example, parents are asked to show what feelings are triggered by certain situations, such as when children do not do what is asked of them or when they refuse to eat their food. Many of them feel emotions of anger or sadness, but they also realise that other parents may feel differently when faced with the same situation. This confronts them with their own reactions, particularly when they see more empathetic or affectionate parents. Equally, this process generates reflections on the level of demands placed on the children, who are sometimes treated as if they were adults, or on the fact that children are not an extension of their parents and may therefore feel and think differently from them.

Lastly, it is important to highlight and show positive ways of dealing with situations and getting successful outcomes, such as when a child gets good grades, for example. It is essential to acknowledge the child's efforts and achievements, by expressing affection and confidence in their abilities. The chance to share positive experiences can subtly generate a better mood and sense of well-being in parents and caregivers.

The play material used for the activities also helps adults to remember their own experiences when they were children and relive them in their role as parents. This allows them to feel more empathy when faced with expressing emotions that may be uncomfortable or difficult to accept because they are seen as causing bad feelings, such as envy, resentment, hatred and fear.

Fostering affective relationships

The prevention of mistreatment, abuse and violence is systematically addressed so that parents can recognise and identify different forms of relationships based on good treatment as being one of the most important factors in establishing affective bonds, and also as a resource to protect themselves against aggressive treatment. A key aspect of this has been recovering how parents and caregivers lived through situations in which they were well treated, revisiting the feelings associated with these experiences, then identifying and sharing how they currently treat the children and what they get back from them.

Photo: Courtesy Cuidarte AC (Mario Ferrer)
As a result of the project, children are more able to express their emotions and feelings

Alongside this dynamic, four skills are developed, known as the '4 Rs' (register, recognise, respond and recount). Their aim is to address the great challenge of encouraging affective relationships and people's own resources for generating them.

One stress factor is a lack of connection and a denial of body tension, of what the body is feeling or the way it expresses itself in purely physical terms. So, we work to identify bodily alarm signals so as not to collaborate with the aggressor. This is what is dealt with under the R of **register**.

In **recognise**, we stimulate cognitive processes related to concepts such as aggression and aggressiveness, mistreatment, abuse, bullying and violence. We also point out different communication mechanisms and the intentions of the person using them, as well as the effects on the person at the receiving end. Lastly, we show how violence escalates and becomes a cycle. All this enables an understanding of the way in which the exercise of power takes place in affective relationships. The programme deals with an overall view in which anyone has both the potential for being a generator and a receiver of mistreatment, abuse, bullying or violence. Similarly, recognise identifies the various ways in which the aggression is expressed in everyday terms, in life together at home and at school.

In **respond**, we enable an understanding about personal reactions and responses when faced with certain conflictive situations. We show that

there are responses that build and strengthen relationships, others that subjugate, and a third set that actually trigger an escalation in the aggression, the so-called 'eye for an eye' rationale, which can spiral into greater and greater damage that can even lead to death. Being able to make constructive, non-violent responses is quite a challenge and is an option that must be taught and rehearsed.

In the last R of the prevention programme, **recount**, we work with situations that enable us to experience how difficult it can be to break a vow of silence, or the problems and confusion that arise when trying to tell the difference between good and bad. Participants also recount their experiences in terms of the different roles they play, whether as generators, receivers or witnesses of violence.

Promoting good treatment

As part of the good treatment strategy, we work with developing skills for establishing bonds free from mistreatment, abuse and violence, first by identifying care and affection as alternative ways of child-rearing and, second, by recognising children as people with a full set of rights.

The aim is for parents and caregivers to find ways of forming relationships and teaching life skills by being supportive and restraining anxieties, by meeting children's needs, and by reinforcing self-esteem and the bonds based on empathy. We try to provide opportunities for rehearsing recognition



and acceptance of children's needs, wishes and thoughts by respecting their free and spontaneous expression. We need to enable anger and frustration to be released through words, games and creativity, and to allow mutually satisfying solutions to be found to difference and conflict, using tolerance and recognising their positive side.

This enables families and children to get used to assertive and non-coercive ways of discipline that put limits on and channel children's energy, without shouting or using physical punishment but instead by reinstating home life as a special moment for talking, playing and enjoying free time. This also helps the adults to reduce their stress levels and thus their tendency for violent outbursts.

By doing this, we encourage children to learn different ways of relating to each other, without resorting to aggression

as a way of asserting themselves or satisfying their needs. They learn to talk and resolve their differences and conflicts without discrediting or being aggressive towards other children, and to transform home, school and the community into enjoyable places.

Working with educators and the multiplier effect

An essential part of generating a multiplier effect for the programme is the training given to 864 adult educators, who care for and work directly both with children in schools and communities, as well as with parents and caregivers.

A basic initial requirement in their training is first-hand experience in each of the programme strategies that they can use to reflect on from their own viewpoint. The hope is that they feel the effects of each strategy and its outcomes,

Our working experience tells us that a caring atmosphere is more effective when there is better knowledge of children's needs, ideas, fantasies and opinions.

both in a personal sense and in terms of their own families, so that they feel stimulated and motivated to carry out their activities.

Following this, they are encouraged to adopt the methodology and are given help with adapting to the rhythm and working habits of their assigned groups of children or parents. It is at this time that some educators feel a sense of uncertainty as to how they can best pass on what they have learnt from the programme and from their own experiences. It is a moment to pause and think. Following up and monitoring educators makes them feel supported and able to exchange concerns and experiences, a process that enriches their reflection and leads to better results.

It is very important to highlight and acknowledge the creativity of some educators who have produced and adapted part of the material to fit their working conditions. They have also made the most of other existing resources at their disposal, such as reading stories, drawing, making up songs and rhythms, using puppets, etc. They have set tasks to get the parents involved, such as bringing in photos to make collages and analysing the emotions expressed on family members' faces and in their gestures. The materials are placed on the classroom walls within reach of the children, thereby allowing them to spontaneously express some of their feelings, which in turn has improved life in the school community.

Monitoring and supporting the ways in which the educators apply the

strategies has enabled us to generate new ideas for developing resources. The children are constantly showing us their enormous capacity and potential for learning, which motivates and reinforces the work done by the educators, who are the most enthusiastic when it comes to demonstrating and recognising results.

We should also add that collaboration between institutions has been a key part of the project's development and impact. The support of educational authorities has been fundamental in getting educators to take part and in enabling them to invest working time in their training. This support has also been invaluable for providing resources and collaborating with organisational bodies in schools and in some communities for the process of getting parents together, which has enabled us to reach thousands of children.

Results and challenges in developing the strategies

Participants in the Weaving Networks for Life programme, which began in 2008, include child development centres (with children aged from 0 to 5 years) and nursery schools (between the ages of 3 and 5), in five municipalities in the metropolitan area of Guadalajara,⁴ in Jalisco.

We also collaborate with three children's hostels, in which 90 percent of the children are housed by the state social agency after suffering mistreatment, neglect, abandonment, abuse and violence at the hands of their parents. Outside the metropolitan

area of Guadalajara, the programme works with early childhood education community promoters in nine municipalities.⁵

Once the three strategies have been completed (the first two have been put in place at the time of publication) we hope that the results will measure how these programmes are changing the way in which participants establish affective bonds. To do this, some tools have been developed to gather evidence to see what kind of impact has been made that can be sustained over the long term.

For the moment, there is a clear indication that adult participants have learned more words to identify what they feel and that they can identify a number of different levels of emotion and recognise the difference between emotions and feelings, all of which lead to forming better relationships. They are also adopting good treatment as a strategy for protection and to prevent mistreatment.

In the children, we are observing that they are more able to express their emotions and feelings. This gives them greater sensitivity for understanding how both they and others are feeling, and how they can express themselves in situations involving anger without the need to attack other children; all of this generates an atmosphere of better coexistence. They have also sharpened their perception of adults' emotional states and can talk with adults about how they feel or about the situations they are going through at home or at school. But there is still a lot left to

do. We are working with educators to prevent the adoption of stereotypical views of behaviour, both by the children and by the parents.

As for the parents and caregivers, one of our challenges is still that of achieving greater coverage and more participation in the programmes. But we also want to address their deeply rooted beliefs and attitudes about expressing emotions and educating their children, especially where this involves revealing feelings and emotions to children, which might make them seem vulnerable. The challenge is also to put processes in place to provide greater resources for changing practices of mistreatment, neglect and abandonment.

Conclusions

It is not an easy task to work on our prejudices; to allow ourselves to accept and express the whole range of our emotions; to address false beliefs on the existence of feelings that are 'good' or 'bad', or acceptable only when felt or expressed by one or the other gender; to recognise ourselves as the agents or victims of aggression; to give ourselves permission to say 'no' or to create child-rearing models based on good treatment. Nevertheless, we firmly believe that being aware of how we relate to others can be a major contributor to well-being; conversely, not understanding the source of our reactions can produce stress. Emotions, feelings and states of mind can create, maintain, regulate affective relationships or sometimes damage and destroy them.

The work of the Weaving Networks for Life programme is based on encouraging good treatment of others, creating well-being and responding to the needs of the people with whom we are working. By doing this, we ultimately hope to contribute to generating the care and protection needed by young children, in spite of the stress factors their families face.

Notes

- 1 Cuidarte A.C. is a non-governmental organisation set up in 2005 to develop personal, educational, parental and social skills for the personal care of others and of the environment by providing sexual and affective education, preventing ill-treatment, abuse and violence, and promoting good manners. www.cuidarte.org.mx.
- 2 According to ENDIREH 2006 (National Survey of the Dynamics of Relationships in Homes). National Institute of Statistics, Geography and Computing, Mexico.
- 3 2006 survey on the mistreatment of children and related factors. National Institute for Women, Mexico.
- 4 Guadalajara, Tlajomulco de Zuñiga, Tlaquepaque, Tonalá and Zapopan.
- 5 Acatlán de Juaréz, Arandas, Arenales, Autlán, El Grullo, El Salto, Ixtlahuacan del Río, Tala and Villa Corona.

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Siyafundisana:

Building resilience in vulnerable children and stressed caregivers

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In KwaZulu-Natal, the most populous province of South Africa, a high proportion of families are under extreme stress caused by the combined effects of poverty and the HIV/AIDS pandemic. TREE's Siyafundisana ("We learn together") programme helps parents and caregivers of young children – who are often their grandparents, as the pandemic has claimed the middle generation – to offer them better care.

The Siyafundisana programme works primarily through the mentoring of women to run community playgroups and parenting programmes, to make visits to especially vulnerable households, to support self-help savings groups and to liaise with community committees. These women – called *Abaholikazi* – often grow to become leaders in their community. They are nominated through a process of facilitation, in which we encourage community members to think about what qualities are needed and who among them is best suited to the role. We then train the four nominated candidates per community, support them, and give them a small monthly stipend, in recognition of the fact that they are themselves poor and cannot be expected to work without pay.

In effect, the *Abaholikazi* fill the gaps in South Africa's formal network of social workers, which is greatly understaffed – not surprisingly, considering the high levels of training and qualifications required. We believe that TREE's *Abaholikazi* model demonstrates you actually don't need such expensively trained and highly qualified social workers. What you need instead are committed women who are based in the communities themselves,

who are trained to a sufficient level that they can offer basic advice and who know which professionals to refer to when necessary.

This way of working has so far been undervalued by government systems, the involvement of which is necessary to broaden the reach of the programme. At present, TREE can support only 80 *Abaholikazi* – a drop in the ocean. There are promising signs, however. One municipality in KwaZulu-Natal has already included early childhood development in its integrated development plan, although it does not have the resources to sustain a full Siyafundisana programme. Also, TREE has put forward the *Abaholikazi* model for consideration in research commissioned by the national government into the potential of job creation in the early childhood sector, to be managed by NGOs using government resources.

The need for government and NGOs to work together

In general, we believe that there is much more potential for collaboration between formal government systems and NGOs than currently exists. Our experience at TREE is that South African government systems are genuinely



Photo: Anthony Swift
The Siyafundisana playgroups provide opportunities for joy, fun, friendship and happy relationships.

well-intentioned in their desire to help stressed families, but struggle to know how best to go about it in practice. They could benefit greatly from more focus on harnessing the practical knowledge of grassroots NGOs. Often, we see state-supported programmes which, while they do considerable good, nevertheless do not work as well as they should in supporting families.

One especially frustrating example we encounter frequently is the nutritional support programme, which is made available through government health clinics for malnourished young children. What often happens is that malnourished children receive food parcels until they reach a minimum level of health and are no longer considered to be malnourished, at which point they lose their entitlement to food parcels. Consequently they gradually slip back into a state of malnourishment, until they qualify for the food parcels again, and the cycle repeats itself.

The seriousness of the state's desire to tackle poverty can be seen in South Africa's system of social support grants,

something that is simply not available in most African countries. The benefits offered include the state pension, the child support grant, a foster care grant, and a care dependency grant, which helps children who are disabled or ill.

Unfortunately, we find multiple problems in practice. One problem is that the pension kicks in at age 60, and many grandparents who are struggling to look after their grandchildren are younger. Another is that the foster care grant was designed to assist children taken away from dysfunctional families to be raised by non-relatives, and consequently offers little help to the many extended family members who step in when parents become sick or die.

Difficulties in accessing identity documents

Perhaps the biggest practical obstacle in the way of stressed families accessing state support is the need for identity documents. For those living in rural areas, what should be a straightforward process of getting identity papers can

be a nightmare, involving long and expensive trips to government offices, daunting queues, and requirements for paperwork that they find bewildering. Corruption is also often encountered on the part of some local chiefs whose affidavits are needed, and with some low-level bureaucrats who process the documents.

A major task of the *Abaholikazi*, therefore, is to help families get their hands on the documents that will enable them to claim benefits – principally the means-tested child support grant, which is about US\$20 a month and is

before they return home. It's another idea that works in theory but poses problems in practice, not least because in many cultural traditions it commonly takes several weeks of consultation with family before a newborn is given a name. This helps explain why, frustratingly, so few parents of children under the age of one are able to take up their entitlement to the child support grant – at a time when children are especially vulnerable and in need of every bit of support they can get.

As the *Abaholikazi* explain to community members what support they are entitled to claim and walk them through the process of claiming it, we often see people gain self-confidence and become more assertive when dealing with government agencies. As many people who are suffering from poverty and HIV/AIDS have lapsed into a state of despondence and hopelessness, this is among the most satisfying aspects of our work.

As a result of the project, we often see people gain self-confidence and become more assertive when dealing with government agencies.

available to children up to the age of 14. The Convention on the Rights of the Child guarantees every child the right to an identity, but establishing it is an often emotionally and financially draining bureaucratic process for family members. For example, children need their parents' identity documents to apply for their own, but many parents die without ever having obtained their own identity papers.

The government is now running pilot projects in selected hospitals to give mothers the opportunity to get identity papers for their newborns

Self-help savings groups

Greater self-confidence has also been a gratifyingly common side effect of the women's parenting and savings self-help groups the *Abaholikazi* has been facilitating. In some groups, we are seeing women's self-esteem boosted to such an extent that they are feeling more empowered to express their collective opinions about matters such as violence within the family, in what is still culturally a very traditional and male-dominated society.

There are challenges. We are not experts in microfinance or income-generating activities, and there are no expert organisations working locally with which we could partner. Nor are banking facilities in South Africa yet geared to the needs of the poor, although the situation is improving. Nonetheless, we see real value in encouraging savings and in helping rural people become more plugged into the formal financial and economic systems, which is one reason we require our *Abaholikazi* to open bank accounts so that we can pay them by electronic transfer.

It is challenging to nurture the necessary mindset in communities that have traditionally existed outside the cash economy and who are used to the idea of individuals managing their own money, not on behalf of a group. We must patiently explain the concepts of working as a co-operative, pooling resources, and lending and borrowing with a plan for how the money is to be repaid.

But we are getting there. The self-help savings groups have been reasonably successful, albeit some more than others. And several of the community committees we facilitate through the Siyafundisana project have incorporated themselves by adopting constitutions – a necessary step for accessing the state help that is available in areas such as income generation. One committee has already taken the initiative to access a state programme that helps women who make handicrafts sell them to tourists.

Building communities and influencing attitudes

The kind of community building that TREE offers is an imprecise and time-consuming process. It requires great patience and individual attention to relationship building, and it does not lend itself to quantifiable target setting or analysis through logframes. But it is absolutely critical, not only for building the capacity of stressed caregivers to give their children better care, but also for preparing the ground for sustainability once donors withdraw and TREE is no longer present.

By that time we hope that, through the *Abaholikazi*, important messages we want to get across will have permeated the consciousness of the communities. Such messages include the importance of taking advantage of the free healthcare offered in government clinics, even though this often involves significant travel and cost. Another, somewhat more delicate, message is about the dangers of relying exclusively on traditional healers, who do a great deal of good but who have also, on occasions, been known to advise inappropriate treatments for serious ailments.

We are also working tirelessly to effect a shift in harmful attitudes about HIV/AIDS, notably the pervasive belief that witchcraft is implicated in it. This in turn creates great stigma around HIV-positive status, and causes people to hold back from having themselves or their children tested. Through the *Abaholikazi*, we are

spreading understanding that children must be tested and that, if they are positive, everything possible must then be done to access and adhere to treatment regimes. Sadly, the fact that accredited hospitals are concentrated mainly in urban areas means there is still substantial difficulty for children in rural areas to access anti-retroviral treatment.

Towards an understanding of positive parenting

Naturally, attempts to remould deep-seated attitudes and beliefs must be handled with supreme sensitivity. Nowhere is this more true than in TREE's core activity of promoting early childhood development through informal playgroups and parenting programmes. We have put enormous effort into researching local beliefs about parenting and identifying both the harmful practices and the positive traditional practices, which may have been gradually forgotten as morale has been ground down over the generations by apartheid, poverty, migration and AIDS.

In our parenting programme, we try to be as non-didactic as possible. We work from a series of key messages, printed in the local language, which we use as points for discussion. Instead of telling caregivers what to do, the *Abaholikazi* are mentored to try to encourage them to remember their own childhoods and think about what are beneficial ways for children to be treated. The idea of children's rights

meets much resistance, as many in the older generation feel that it ought to be tied to a twin concept of children's responsibilities.

As you would expect, the success of the parenting programmes depends to a large extent on the maturity and emotional intelligence of the individual *Abaholikazi*. For this reason we don't just train the *Abaholikazi* and send them off to work on their own; we are constantly mentoring them and helping them to deepen their understanding, so that they can in turn influence their communities more profoundly. For many, the experience of being an *Abaholikazi* has been personally transformative, as they gradually come to reassess ways they were treated as children or ways they once treated their own children.

Of our efforts to improve parenting, perhaps two issues are especially important and stubbornly difficult to get across. The first, which may be surprising for anyone raised in a Western paradigm, is that it's a good idea for parents to play with their children. For many of the caregivers, their childhood was about work – tending cattle, fetching water – and they have to be coaxed into singing and dancing with their children or joining in with imaginative games. In playgroups, some caregivers sit on the sidelines, while others get involved in a counterproductive way, instructing their children in how to play instead of being spontaneous together.

A day in the life of an *Abaholikazi*

Thembi wakes early on a hot and humid morning in KwaZulu-Natal. She makes maize porridge for breakfast – enough to leave left-overs for lunch – then tends to her bedridden daughter and sends her two older grandchildren off to school. With the two younger children, she walks across the valley to a community meeting hall.

Here she is joined by other caregivers and children for an informal playgroup session. Along with a fellow *Abaholikazi*, she sets out educational toys and encourages the caregivers – who range from young mothers to great-grandmothers – to play with the children. After the mid-morning snack, her colleague supervises the children while Thembi leads the caregivers in a discussion about what it means to be a good parent and what challenges they are experiencing in their lives.

After the playgroup, Thembi treks along a dusty road to visit a household where the son, who was the sole source of income, has recently died. Thembi is helping the bereaved mother, Mrs Bhengu, to navigate the bureaucratic procedure necessary to get identity documents that will enable her to access the child support grant for her grandchildren. She also checks that Mrs Bhengu has taken the children to the clinic, for their growth monitoring and immunizations.

Tomorrow, Thembi will meet with the TREE area manager and her local community committee to submit her monthly report on the progress of the playgroups, her household visits, and the women's self-help savings group she facilitates. The committee will authorise her monthly stipend of around us\$45 to be paid electronically into her bank account.

It's good to talk

At the same time, however, the most rewarding aspect of TREE's work is watching caregivers begin to realise how enjoyable it is to play with their children, and thereby take their relationships with their children to an entirely new level. This is what building psychosocial resilience is all about – not bringing in highly trained psychologists, but improving everyday interactions and relationships in the home in simple ways.

The second crucially important idea is that it's good for caregivers to talk to children, to listen and engage. Especially given the stigma that surrounds HIV/AIDS, and along with the traditional belief that children are to be seen and not heard, children are often not told what is going on when their parents fall sick or die. They may be told that mummy has gone on holiday, or that daddy is working in Johannesburg, instead of being given a truthful

explanation at a level that is appropriate for their developmental stage.

One heart-rending example of mistaken efforts to spare a child's feelings, encountered recently by an *Abaholikazi*, concerned a toddler and bedridden mother who were being kept separate by the mother's parents in the belief that the mother's gaunt physical appearance would scare the child. Once the *Abaholikazi* had persuaded the parents to open the door to the mother's room, on which the distressed toddler was hammering, both mother and child naturally derived great comfort from being in each others' arms.

Slowly, understanding is growing and attitudes are changing. We have observed a growing trend, led by the *Abaholikazi* themselves, of caregivers expressing the desire to attend adult basic education so that they can learn what is necessary to sit with their children and help them with homework. The child-to-child 'buddy' component of the Siyafundisana programme, which encourages 9- to 12-year-olds to play with younger children, also strengthens links between the generations – and instils positive habits for when they become parents themselves.

Windows of respite in challenging lives

Amid these details of how the Siyafundisana programme operates, it is important not to lose sight of the bigger picture. The core of the programme is the playgroups and parenting workshops, and the mere fact that these exist constitutes an enormous step

forward in the quest to help stressed caregivers, by supporting them to recognise resources in themselves and to use these to make a better life despite their difficult circumstances.

For the children, the Siyafundisana playgroups provide opportunities for joy, fun, friendship and happy relationships in what are generally pretty harsh and unstimulating lives. For the caregivers, the playgroups and parenting workshops are windows of respite in their challenging lives. They provide a forum for making new friends, consoling one another in their sorrows, and sharing experiences about the challenges of parenting and solutions that work.

Note

- 1 Established in 1984, Training & Resources in Early Education (TREE) is one of the oldest and largest early childhood development (ECD) non-profit organisations in South Africa. TREE has a full-time staff of 60 (mostly women), who live and work in communities throughout the province of KwaZulu-Natal, South Africa, to build the capacity of parents, caregivers and pre-school teachers to provide a more holistic early childhood development for their vulnerable young children.

Parental stress and its implications in Jamaica

Heather Ricketts and Camille Daley, The University of the West Indies, Jamaica

Parenting is an enjoyable yet onerous responsibility. Many find parenting a challenge, for a variety of reasons. Perhaps the most overwhelming reason is that parents can be incapable or ill-equipped to handle their responsibilities. Ricketts (1999; 24–25) makes the point that “[s]ociety, unrealistically and therefore ‘unfairly’ assumes that all parents are equipped with the necessary ‘tools’ and skills, and must therefore be good parents, without considering the fact that many face immense challenges. The result is that parents can be judged against a ‘flawed’ yardstick.” It is true that factors such as poverty, having too many children, not having a (caring) spouse or partner, and being unemployed or underemployed can overwhelm parents and increase their stress levels. Community norms and “environmental incivilities” (Bailey et al. 1998; 28) also serve as stressors.

In Jamaica, following a parenting study conducted in 2004, the overwhelming majority of parents felt that they were fulfilling their responsibilities either well or very well. At the same time, however, more than half of parents (including caregivers) were either moderately stressed or highly stressed – 40 percent and 17 percent, respectively (Ricketts and Anderson 2005). This special Parenting Module was part of the 2004 Jamaica Survey of Living Conditions (JSLC), a national survey that is fielded annually (Planning Institute of Jamaica and Statistical Institute of Jamaica). Levels of parental stress were determined by four factors that indicated their level of satisfaction with their caregiving responsibilities:

1. The extent to which they perceived that they were fulfilling their responsibilities as parents;
2. Their feelings about parenting such as feeling trapped/controlled, indifferent or fulfilled;

3. Their ability to cope with the job of parenting;
4. Their enjoyment of the parenting function.

The parents’ responses were used to calculate a stress level index, rated as low, moderate or high. The finding that the majority of Jamaican parents were stressed was supported by Samms-Vaughan (2004), who found that, compared to parents in the USA, Jamaican parents had higher mean stress scores in all areas of the US-developed Parental Stress Index.

Stress in Jamaican parents is of particular concern since, according to Ricketts and Anderson (2005), stress levels significantly shape the type of interaction between parents and their children and almost always dictate the methods of discipline used. Highly stressed parents frequently resort to physical punishment or to quarrelling and shouting. Young children were punished by being hit with an

implement, such as a belt or stick, while older children tended to be 'louded up' (a Jamaican expression meaning 'shouted at' or 'quarrelled with').

The stress factors

From the 2004 JSLC parenting data, parents' stress levels were significantly influenced by their consumption status, poverty status, the number and ages of the children in their care, their place of residence and their marital and union statuses. Harris and Khan (2004) who sought to measure the level of psychological distress associated with parenting in a study of 388 parents in the parish of Manchester, Jamaica, also found that parental distress increased with larger numbers of children. They found that parents who had only achieved first-cycle secondary education (up to grade nine) endured more distress than parents who had higher levels of education, and that mothers suffered from poorer mental health than fathers. Samms-Vaughan (2004), found the factors that caused Jamaican parents the most stress were their parenting incompetence, lack support from their spouse or partner, lack of attachment to the child(ren) and the reduced personal freedom that comes with being a parent.

Stress and poverty

The 2004 JSLC parenting data also suggested that parents' inability to adequately provide for the material needs of their children caused them great personal distress. Nearly one third

of poor parents were highly stressed, compared with 14 percent of those who were better off. Similarly, there were twice as many non-poor parents with low stress levels than there were similarly stressed poor parents. Given that poverty is a significant predictor of reported stress levels, and since poverty is greater in rural areas in Jamaica, it was not surprising that parents in rural areas suffered more stress. Fewer caregivers from Rural Areas reported low stress levels, compared with their counterparts from Other Towns and the Kingston Metropolitan Area.¹

Consumption levels dictate poverty status in Jamaica and the survey results showed a correlation with stress levels: while roughly 29 percent of parents in the lowest consumption group were highly stressed, this percentage steadily declined, falling to about 7 percent among parents in the wealthiest group.

The parents who were highly stressed usually had greater childcare responsibilities and were thus more dissatisfied with their parenting role. The survey found that poor households tended to be larger than average and had a higher proportion of children. There was a direct relationship between stress and the number of children parents had in their care (as the number of children increased, so did levels of parental stress). Parents who had more than three children were almost three times more likely to suffer from high stress than parents with just one child.

In addition to the number of children, their ages significantly affected

the level of stress experienced by parents. Parents with young children (under the age of 12 years) and both young and older children (12–18 years) were more stressed than those with only older children. Having to balance the different needs of both young and older children may be more stressful than dealing with just one age group. As for parents, those who were older (40 years or more) did not seem to feel stress more or less than those under 40 years.

The importance of a strong partnership

Stress was also linked to the union status of the parents/caregivers. More than half of married caregivers reported low stress levels, compared with 42 percent of caregivers in common-law relationships, 38 percent of caregivers in visiting relationships and 34 percent of single caregivers. One third of married parents were moderately stressed, compared with over half of single parents and those in no relationship. Parents in common-law and visiting relationships were the most likely to be highly stressed. It was clear that relationship security and stability contributed to lower stress levels; as these became compromised, stress levels rose.

Notable differences were seen according to the gender of the caregiver. Compared with females, who were more likely to report being highly stressed, a larger percentage of male parents reported low stress levels. Given that there are high levels of female-headed households in Jamaica and that women assume a greater responsibility for

childcare, elderly care, general nurturing and managing domestic arrangements, it was not surprising to find that higher proportions of female parents were highly stressed.

Implications for interaction with children and for disciplining

It is well established that “the parent–child relationship is the fundamental building block of human society, [and] if it is broken ... little else will be left to lose” (Bruce et al. with Engle and Duffy

at least one meal together, stress levels significantly influenced their levels of interaction. Parents who reported low stress levels interacted more with their children, while highly stressed parents showed lower levels of interaction.

When gender was introduced as a control variable, it was observed that highly stressed women still maintained moderate and high levels of interaction with children. The opposite was true of their male counterparts, who tended to interact less with their children when they reported being highly stressed. This is no doubt attributed to the fact that Jamaican mothers are mostly responsible for the domestic arrangements of the family and are expected to provide childcare and nurture, while fathers are expected to protect and provide (although this is changing somewhat). Society is far less kind to a mother who neglects her child(ren) than to a father who does so. Because many households in Jamaica are single-parent and female-headed, the full responsibility for childcare often falls on one person.

The survey also showed that nearly three quarters of highly stressed parents resorted to physical forms of discipline such as hitting, slapping or beating children more frequently, compared to just over half of parents under low stress. This suggests that regardless of stress levels, the majority of parents physically discipline young children. In disciplining older children, physical punishment was also used by 40 percent of highly stressed parents,

The survey found that there was a direct relationship between stress and the number of children parents had in their care.

1995; 3). Poor parent–child interaction can therefore retard children’s early development. Ricketts and Anderson (2005) measured parent–child interaction using four indicators:

1. How often parents talked with their children about their feelings and interests;
2. How often the family shared recreational activities;
3. The ways of showing affection;
4. How often the family shared a meal.

The data showed that although the majority of Jamaican parents communicated frequently with their children about their interests and concerns, showed affection and shared



Photo: Peter de Ruiter

There is a need for a national response to help parents cope and manage stress more effectively and improve their interactions with their children

compared with 24 percent of low stressed parents. Those who interacted poorly with their children were more likely to beat them than use other forms of sanctions, such as removing privileges.

Evans and Davies note that when it comes to disciplining children, “certain cultural beliefs that influence child-rearing practices and the socialisation process” (1997; 5). These beliefs stem from the idea that ‘children should be seen and not heard’ and flow in part from the biblical notion ‘to spare the rod is to spoil the child’. Wilma Bailey et al. (1998), based on evidence from Barbados and Jamaica, found that parents’ tendency to use corporal punishment is really an alternative to what could be productive communication. Leo-Rhynie (1997) notes that in our culture, “[p]arental success in child-rearing is usually assessed in the community on the obedience and good manners demonstrated by the children, their ability to remain clean and tidy, their ability to sit still for long periods of time without becoming restless – through church services for example – and their levels of helpfulness and cooperation” (Ibid; 44). To raise children ‘well’,

therefore, parents across socio-economic classes tend to use punitive and restrictive approaches to discipline. Stress heightens this tendency.

As Horace Levy (1996) found in a study of urban violence and poverty in Jamaica, corporal punishment was the norm. Parents whose frustration is borne largely out of inadequate finances, absent fathers, being penned up in their homes due to gang warfare and fears for their safety resorted to excessive beatings referred to as the ‘wicked lick’.

A national response to parental stress

The data revealed, not surprisingly, that low socio-economic status and poverty were the strongest predictors of parental stress. In light of the global economic downturn and the resulting deepening recession in the Jamaican economy, it is clear that a greater number of Jamaican parents may experience higher stress levels in the near future. As higher stress levels lead to unsatisfactory parent-child interaction and harsh physical discipline, healthy child development and parent-child relationships become more of a national concern. This is likely because the rising levels of antisocial behaviour and juvenile delinquency

occurring island-wide are undoubtedly a symptom of the underlying problem of poor parent-child interactions.

The parenting study highlighted the need for a national response to help parents cope and manage stress more effectively and improve their interactions with their children.

National responses have come in the forms of the soon-to-be implemented National Parenting Policy and the National Parent-Teacher Association established in 2006. A National Parenting Support Commission has also been established recently. This commission aims to provide parents the necessary information, training and support to ensure that children attain their full developmental potential. UNICEF has supported the establishment of Parent Support Advisory Teams (P-SATS) in some parishes. These provide parents with the opportunity to learn from each other and to receive support and information from specially trained individuals and specialist organisations. The Programme of Advancement through Health and Education (PATH), Jamaica’s premier social assistance programme, helps poor parents through financial support, healthcare and free education for children. Such parents are therefore relieved of some of the stress associated with their inability to provide for their children. The proposed addition of the Steps to Work Programme will, it is hoped, help to further relieve stress levels.

Also, in recent years, since the establishment of the Child Development

Agency and the enactment of the Childcare and Protection Act, there has been an increased commitment by the mass media to promote positive parenting, together with support from the UNICEF Jamaica office. For instance, one daily newspaper regularly shares substantial parenting tips and one radio station hosts a programme entitled Let's Talk Parenting. Special attention is being given to father involvement and this has the potential to make more fathers aware of – and responsive to – their parenting role, thus reducing the burden of care on mothers. As a result of these interventions, society has become increasingly intolerant of corporal punishment of children, particularly since the connection with general violence in society has been asserted. Increased awareness of the Convention on the Rights of the Child and the advocacy and community intervention work of various civil society organisations is resulting in positive behaviour change.

Apart from the more recent interventions, it must be noted that there have been many successful parenting programmes developed and operated by a range of non-governmental organisations in Jamaica over the past 30 years. These have sought to improve parenting practices, advocate for children's rights, and change traditional beliefs and behaviours. Some of these organisations include the Bernard van Leer Foundation (which supported the Rural Family Support Organisation,

or RUFAMSO), the Coalition for Better Parenting supported by UNICEF, the Jamaica Foundation for Children, Parenting Partners and Hope for Children. RUFAMSO in particular, targets its work in the more densely populated parishes of the island. Its tremendous success has seen the programme replicated in other Caribbean islands.

Conclusion

Parenting training is absolutely necessary to engender healthier parenting, healthy child development and a renewed emphasis on family planning to ensure that family sizes are manageable. Support services, such as the parenting hotline provided by the Jamaica Foundation for Children, are also critical. In light of findings that parents of low socio-economic status and those living in poverty are more likely to experience high stress levels and have poor parent-child interactions, it is hoped that the government will seek to replicate these successful programmes in more parishes across the island, specifically targeting these at-risk families.

Note

- 1 The geographical designation 'Other Towns' refers to the other main towns outside of the KMA. The 'KMA' represents the urban areas of Kingston and St. Andrew, and the towns of Portmore and Spanish Town in the parish of St. Catherine. 'Rural Areas' therefore refers to all other areas.

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I want to, I can... learn and have fun at nursery school

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Supported by the Bernard van Leer Foundation, IMIFAP developed, implemented and evaluated an integrated strategy for promoting the development of protective factors in early childhood. The *I want to, I can ... learn and have fun at nursery school* programme was developed in communities with a high migration rate in Mexico's Hidalgo State and involved girls, boys, nursery school teachers, mothers and/or caregivers. The programme had a positive effect on children's ability to develop internal protective factors and it helped foster resiliency in girls and boys, allowing them to better deal with adverse migration-related situations.

Throughout history, people have left the countries where they were born and migrated to other places searching for work with the hope of finding a better quality of life. According to statistics from the Pew Hispanic Center (2009), around 12 million Mexicans live in the United States. The migratory phenomenon, mainly from Mexico into the US, increased by an average of 30,000 people every year over the 1961–1970 period and by 390,000 per year over the 2001–2003 period (CONAPO 2004). Their main motivation is economic, as average salaries are ten times higher in the United States than in Mexico (Alba 2002).

Although migrants regularly send home money that drastically increases their families' income (in 2005 Mexican migrants sent more than 20 thousand million dollars, according to figures from Banco de Mexico for 2008), many villages have lost their most employable residents and some have been abandoned altogether, becoming ghost villages. Migration has also separated families: spouses and young parents cannot take part in their children's

upbringing and even brothers and sisters may become separated as they are taken in by other relatives.

Very little research has been done on the effects of migration on the development of the children who are left with caregivers, or on the way such effects produce (or fail to produce) protective factors to deal with this situation, which is frequently linked to abandonment and neglect. According to UNICEF (2008), minors who are not in the care of their parents are at greater risk of discrimination, lack of care, abuse and exploitation, and this is exacerbated by the fact that their physical well-being is not properly looked after. A survey of public school teachers in Mexico showed an increase in the emotional problems experienced by abandoned children in migrant populations, as well as in the level of dropout from school brought on by low grades (Proyecto El Rincón 2004). Although these situations are not by any means unique to migrant families, the children's sense of physical neglect is compounded by the psychosocial risk of lack of care and affection.

The role of resilience

It has been shown that resilient people are able to deal with stress and adversity independently of their socio-economic level and intelligence (Elder and Conger 2000; Hiew, Shimizu and Tominaga 2000; Vaillant and Davis 2000). Resilience has been defined as “the universal ability enabling a person, group or community to minimise or overcome the effects of adverse situations” (Grotberg 1995, p. 7). Even in cases where genetic and personality factors affect the development of resilience, skills have been identified that can be useful as personal tools for dealing with a range of risks; these tools act as internal protection factors that contribute to both well-being and mental health. Such factors include self-knowledge, the ability to communicate and establish personal relationships with others, independence, responsibility, expressing feelings and affective needs, and the ability to seek help.

Table 1. Content of the I want to, I can... learn and have fun in nursery school programme

Life skills	Health education	Civic and ethics training
I know and love myself	My sexuality	I belong to a community
I am responsible	I take care of myself	My family and friends
I organise myself and am productive	I look after my environment	How are men and women alike and how are we different?
I observe, listen and communicate	I eat healthily	I grow and let grow
I have fun and learn	I avoid addictions	I learn to participate
I express my feelings	I think, feel and decide I have control over my health	My country and my world The values of coexistence

The I want to, I can ... learn and have fun in nursery school programme

The programme – which included diagnosis, designing content and materials, training teachers and parents/ caregivers, children’s activities and evaluation – was carried out in the municipalities of Ixmiquilpan and Zimapán, in Hidalgo State, Mexico. In Ixmiquilpan, 30 percent of the population have not completed primary education, 8 percent of homes do not have running water and 62 percent earn less than the minimum wage (US\$113.38 per month), with which they have to feed and clothe a large family (INAFED 2005).

Zimapán is a very marginalised community. Over 37 percent of the population has not completed primary education, 38 percent have no running water and more than 65 percent earn less than the minimum wage. Due to migration, a third of children live without one or both parents.

A total of 78 teachers, 1530 nursery school pupils and 400 parents and/or caregivers from these municipalities were beneficiaries of the programme.

Diagnosis of the situation

Focus groups were used to talk about and discuss the experience of migration and particularly its effects on the children who are left behind in others’ care. Mothers, caregivers and teachers all mentioned that children miss the people who migrate and often feel abandoned. They feel sad or angry and are not able to handle these emotions,

leading to either rebellious behaviour or shyness and isolation.

Programme participants believed that the effect of migration on childhood depends on children’s understanding of the migration phenomenon. In the majority of cases, boys and girls receive a brief explanation from their relatives on migration and the reasons why they are being left behind. For older children, who have a better understanding of the economic reasons, migration within the family has negative consequences for their performance at school. These children do not believe that getting an education can improve their living conditions and they want to leave school to join the workforce outside the country.

To summarise, the diagnosis revealed that migrants’ children suffer from emotional problems, lack the resources to control and express their emotions, have varying ideas about the migratory phenomenon and often lack the motivation to perform well at school.

The intervention strategy

Based on this diagnosis and on IMIFAP’s previous experience, the *I want to, I can... learn and have fun at nursery school* programme was developed as a series of projects for each of the three nursery school grades (from 3 to 5 years of age). The objective of the programme was to strengthen internal protective factors both in children at nursery school level and in the people caring for them. The projects addressed three strands: life skills, health education, and

civic and ethics education (see Table 1). As support materials, a textbook was published and educational games for each grade were developed. A training manual was also produced.

The Hidalgo State education authorities found the programme useful and it was applied over the course of the 2007/2008 school year, integrated into the normal syllabus with an average of one teaching hour per week. The activities focused on strengthening the first strand, which included social, cognitive and emotional skills as a foundation for developing internal protective factors and resilience. The content of the other two strands dealt with situations in which these skills were applied in everyday life.

Additional content was adapted and developed for caregivers.² Specific content on nutrition was also added, in response to needs identified by the diagnosis. Teachers took part in an initial 40-hour workshop, after which they started classroom work with the children using the various support materials; caregivers attended a 16-hour workshop.

Effects on development and strengthening protective factors

At the end of the school year, an analysis was carried out on the content, testimonies, opinions and views of teachers, mothers and caregivers to assess how well protective factors were acquired or improved. The qualitative analysis of life skills – broken down into social, cognitive and emotional skills

(Mangrulkar, Whitman and Posner 2001) – produced the following results:

Social skills

Participants reported the highest improvements in social skills. As an effect of this strategy they reported an increase in children's self confidence when socialising and better respect for classmates. They reported an increased ability to communicate and participate in school activities. They described how children adapted better to the school environment and were more able to identify conflictive situations and handle pressure from their parents. And according to testimony from teachers, there was an increased respect for rules:

“They seem to accept themselves better; they've accepted themselves just as they are.”

Cognitive skills

Participants reported improvements in cognitive skills. They commented that boys and girls improved their decision-making skills and their ability to examine alternatives. They also learned to foresee and accept the consequences of their behaviour. One teacher explained that, at the end of the school year, the children seemed to be more independent: “They resolve their own problems as they crop up.” Testimonies from the family environment also confirmed these improvements: “When I choose clothes for my daughter to wear and she doesn't like them, now

she tells me so and suggests what she wants to wear. This happened after my daughter took part in the *I want to, I can ...* programme.”

Emotional skills

Teachers reported that boys and girls expressed their emotions more frequently and easily after having taken part in the programme activities, and that they had learnt to ask for help. They could also respond to other people's emotions and explain their own. One mother said that her daughter had been very shy since her father went to the United States but that, as a result of taking part in the *I want to, I can ...* programme, she had been able to express the reason for her sadness: “I miss my daddy and I'd like to talk to him.” Other caregivers noted:

“They've come to know themselves better and they express themselves more; they talk about their experiences, their emotions and about how they feel.”

Other results of the qualitative analysis show that:

- It was not only boys and girls who benefited from the programme; teachers and mothers/caregivers admitted that their teaching and child-rearing skills, respectively, had improved. They also commented that they had increased the time they spent with the children (providing opportunities for play and communication).

- The way adults expressed affection towards children had changed: they were described as being more affectionate, both physically and verbally. They expressed negative emotions in a more constructive way (for example, they avoided shouting at the children). They were also able to accept their own mistakes and admit them to the children.
- They used more positive and stimulating language when speaking to the children and avoided making negative remarks that might affect children's motivation.
- Teachers and parents/caregivers gave boys and girls greater freedom. They stimulated decision-making and problem solving skills by offering them a wider range of options to choose from. For example, in the classroom they allowed them to choose their own tasks, activities, materials, etc. At home they allowed them to choose what clothes to wear or games they wanted to play.
- Teachers felt more comfortable asking children specific questions when they were sad in order to invite them to reflect on and manage their emotions. Parents invited their children to reflect on their behaviour when they were naughty and motivated them to think about the consequences.
- Parents, caregivers and teachers came to the conclusion that it was easier for them to keep the rules and for children to respect them after having taken part in the programme.



Conclusions

The diagnosis showed that family structure changes radically as a result of the migration of one or both parents and that families do not always have the knowledge or resources to deal with this new situation, from both the adults' and the children's point of view.

Families do not attach great importance or recognition to the fact that children are also dealing with their own crisis process. The majority of caregivers lack the resources to help them overcome this difficult situation. They also have few strategies for guiding the development of protective factors that foster resilience in boys and girls, enabling them to find healthy and effective responses to stressful situations

caused by the absence of one or both of their parents.

The *I want to, I can... learn and have fun at nursery school* programme, when applied as an integrated strategy for children, teachers and parents/caregivers, has a positive effect on the community. The qualitative results show that this strategy can foster the development of life skills that act as internal protective factors: social skills, decision-making and handling emotions. Despite the psychosocial risk that migration entails, children manage to communicate their moods, recognise them, ask for help, choose alternatives for solving development challenges, set up positive relationships between equals and increasingly

Photo: Jon Spaul

"They do things not because they have to do them, or because it's compulsory, but because they want to do them." (A caregiver)

develop supportive and co-operative behaviour.

The participation and support of school authorities, by providing a structured environment for children, as well as the participation of community members, enabled local human resources to be trained, which in turn allowed development to take place at personal and family levels. This model also guarantees sustainability and ensures that the community develops and is strengthened. In the end, this is one of the key factors for children to be able to address in a healthy way migration-related adverse situations.

Notes

- 1 'Internal protective factors' can be defined as a child's internal, personal strengths and feelings, attitudes and beliefs (Grotberg 1995).
- 2 Based on the programme *I want to, I can... learn to be daddy and mummy*, previously developed by IMIFAP

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Leveraging IKS to build resilience in
compromised care environments

Brooding on vulnerable children and caregivers

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“I am 88 years old, I lost all my three children and their spouses to this disease and I have raised five grandchildren and now my twelve-year-old granddaughter has just had a baby. I am getting on in years and am dependent on support from my grandchildren. I worry a lot about this girl because she is a child, how can she care for the baby? It is not easy ...” (Interview with a caregiver in Kenya)¹

The overarching rights to survival, development, protection and participation, as spelled out in the United Nations Convention on the Rights of the Child, call for a strengthening of conditions for meaningful care and for protection mechanisms in children’s immediate environments. However, the care environment of low-resource households for many young children in Kenya and Uganda is compromised by a combination of different forces, including rising levels of poverty, skewed macro-and micro-economic policies and marginalisation worsened by the devastating effects of HIV/AIDS. These have all put a strain on local caregiving structures and support systems and have intensified parental/caregivers’ stress, putting surviving children at risk. Many parents/caregivers in these contexts lack time and resources, and this coupled with the exponential rise in extended illness in parents and subsequent death has created serious stressors on caregiving.

This paper draws on discussions with communities in Kenya and Uganda that took place during while data was collected for an ongoing study on how indigenous and local

knowledge systems and practice can be leveraged to strengthen childcare. Using the symbolic metaphor of the mother hen brooding over her young ones,² this article provides a snapshot of these aspects of community and family resilience – defined as the human capacity to face, overcome or even be transformed by experiences of adversity (Grotberg 2003) – and reveals how local community members are leveraging indigenous and local knowledge to cope with the demands of the compromised care environment. Specifically, we highlight how local and indigenous knowledge systems (IKS) provide a critical pathway to tackling parental/caregiver stress and children’s resilience.

The stress of caregiving

In practical terms, the physical, socio-economic and emotional stress for both children and the elderly starts when many sick economically active breadwinners migrate back to rural areas (or start ailing at home if they are based there). It is the elderly (especially women) who often take on the care of both their ailing children and their grandchildren. In situations where there are no grandparents or other family members, children take on this

responsibility and ultimately need to head the household when the primary caregivers die. This situation is often a multiple tragedy both for the elderly and children because in contexts of generalised insecurity with no state social protection (including old age pensions or child support grants) as in Kenya and Uganda, the care of an ailing breadwinner and funeral costs deplete the household's meagre assets and resources. Not only are surviving children and the elderly emotionally traumatised by the magnitude of their loss, death also robs them of their economic support. Notably, it fundamentally alters roles as the elderly are pressed into parenting in old age or children (some very young) are pushed into adult roles, forced to leave school to take on economic responsibilities as they head households and care for younger siblings.

Importantly, such vulnerable households are found in communities where poor households predominate and insecurity is generalised. Even in households with economically active parents, interviewed caregivers cited their insecure livelihoods, lack of assets, illness and lack of access to services as obstacles to being able to adequately provide for children. Poverty also increases the vulnerability of children to abuse and exploitation, as it forces many to leave school and work to supplement household income. Indeed, in these contexts HIV/AIDS-intensified poverty and household insecurity means that short-term survival takes precedence

over key long-term investments such as proper nutrition, education, health, nurturance and care. This is significant because it underscores the critical role of family capital, as it is the quality of everyday, long-term warmth and care experienced in family environments that determine children's ability to build resilience and rebound from adversity.

Caregiving in our study emerged as a complicated, frustrating, depleting and

of their grandchildren. The generational gap made parenting difficult, and many grappled with the daily care and disciplining of the children they were supposed to be nurturing. Some fathers simply withdrew from the situation or took to drinking, but encouragingly others (especially young fathers) reported that they found fulfilment in not only providing for their family but also in taking on a nurturing role. It is

Our study shows that households and communities in a child's micro-environment remain the most critical safety nets.

stressful experience for caregivers who need to balance work and care demands with the realities of their material and other limitations. Stress and vulnerability are overcome by resilience. For children, a limited exposure to adversity will build resilience; however, severe exposure – as is the case for many children in our study – may be overpowering or traumatic. Therefore, such children need strong caregiving to help build their resilience. Discussions with caregivers revealed that the stress they experienced made them feel depressed, powerless, guilty and sometimes angry. Many grandmothers felt helpless and/or overwhelmed by their caregiving tasks because they had raised children in resource-rich and supportive socio-cultural environments that were drastically different from that

noteworthy that many caregivers also said that despite the difficulty, there were aspects that were enriching and fulfilling, and many cited supportive networks as being critical in helping to mitigate their stress and to enable them to enjoy their children and/or their caregiving roles.

The village still raises the child

Our study findings supports evidence that shows that households and communities in a child's micro-environment remain the most critical safety nets, even in contexts where shocks like HIV/AIDS and conflict have strained family and community resources (Swadener, Kabiru and Njenga 1995; Richter, Foster and Sherr 2006; Joint Learning Initiative on Children and HIV/AIDS 2009). This is

contrary to proponents of the social rupture thesis who maintain that in the context of HIV/AIDS, community support structures have ruptured and are no longer able to provide care and protection for vulnerable children. An increasing number of studies oppose this simplistic reading of community capacity and posit that household and community support is merely stretched and overextended, making it in effect 'a safety net with holes' but one which nonetheless remains resilient. Indeed, evidence of community and family resilience reveal that communities are going through processes of social re-bonding and re-configuration in which new forms of adaptive strategies are emerging, albeit with varied degrees of success (Nyambedha, Wandibba and Aagaard-Hansen, 2003; Abebe and Aase 2007; Chirwa 2002; Madhavan 2004; sos Children's Village Kenya 2008; Bernard van Leer Foundation 2008). Our findings support these assertions and we believe that IKS, though often a neglected aspect of formal social protection, presents a critical and effective strategy to combat caregivers' stress and build resilience in families and children by promoting and strengthening community and household capabilities. Our findings reveal that different indigenous and local coping mechanisms are being used by communities to build livelihoods, leverage resources and support caregiving needs. This integrates vital social networks and fortifies the

resiliency and agency of communities and their children.

We define IKS as a wealth of internal resources that have been developed over time and regenerated, appropriated and incorporated into hybrid coping strategies, social networks and community resources. IKS is essentially tacit and is embedded in community practices, institutions, relationships and rituals. We acknowledge that IKS is a critical component of community coping strategies that are used to meet the needs of local communities, either on top of or in the absence of state-led programmes. We also recognise the importance of assessing these ways of knowing to integrate positive practices within the local continuum of social services. The examples highlighted in this paper show how household and community structures can be adaptive and, while we do not want to over-valorise IKS, we highlight examples where communities have begun to regenerate and develop new strengths, which are possible avenues for intervention. It is worth noting that some of these communities are coping without external support, thus dislodging the dominant theory that global knowledge/practice about childcare is always a prerequisite for strengthening childcare environments. The examples call for a shift from focusing on the 'needs' of families in strengthening childcare to how community 'assets' in childcare can be leveraged, fortified and synergised with

Photo: Wendy Stone

Our findings reveal that different indigenous and local coping mechanisms are being used by communities to build livelihoods, leverage resources and support caregiving needs



current interventions and with external resources.

Spreading wings over orphaned children

The Kinda Women for Development Group in Siaya district, Nyanza Province is an example of a group whose innovative strategies are helping vulnerable children in their community, including orphans and vulnerable caregivers. A key interviewee illustrates:

“As a women’s group, we could not sit and watch these children and households suffer on their own. We decided to act, and like the mother hen we spread our wings over them. It all started when we identified a child-headed homestead. Our group moved into the home and we conducted our activities from the home and thus ‘spread our wings’ over those children, ensuring that they did not lack adult care and support. We provided material, emotional and psychosocial support, and when the older siblings attained adulthood and we felt their capacity was enhanced we moved to another vulnerable homestead.” (Interview notes, Kinda Women for Development, Kenya)

The group’s role was also to ensure that children attended school and it launched early child development (ECD) centres within these homes for children in the community. This not only helped protect and nurture the orphaned children but also supported vulnerable households and enhanced community cohesion, as the centres catered to all children. Orphaned

children had a greater sense of well-being and belonging, as they no longer felt isolated and the stigma against them was greatly reduced. However, with time it became apparent that the number of children in need was growing beyond the group's ability to provide individual family support. The group members have since started supporting the children through the ECD centres, where they can offer them healthy foods and ensure that their holistic development needs are met. Many of the original beneficiaries are now adults and have families of their own; others have even completed high school. The group also set up a monitoring and mentoring system, where members are assigned to monitor and report on vulnerable households. Support is also provided to the caregivers, many of whom are now members of the women's group.

In a neighbouring village, another branch of Kinda Women's Group has come up with an innovative livelihood strategy: an indigenous poultry project. Using local materials and their own labour, they have constructed coops to house free-range chicken, which they collectively raise and sell both as a livelihood strategy for group members, as well as to support orphaned and vulnerable children who are being raised, mentored and/or fostered by group and community members. The commercial potential for this strategy is enormous, as the poultry is completely organic. Indeed, according to the Kenya Organic Agriculture Network, there is an increasing value

in the organic market in Kenya (Kenya Organic Agriculture Network 2009). Group members have collectively tapped on their rich knowledge base to experiment with and perfect the use of indigenous herbs and grains to treat and feed the poultry. In the process, they have boosted the sustainability of the project, thereby improving the potential of poultry production and increasing a vital source of food security that can boost nutrition, health and overall well-being, while simultaneously supplementing group member's incomes.

In Kyanjja parish in Uganda, grandmothers continue to play an essential role in childcare, even with limited and sometimes erratic resources. Action for Children (AFC) is supporting these elderly caregivers by providing subsidised education to children under eight years old. These centres also provide nutritious meals to children and subsidise medical treatment for families supported by the organisation. AFC also constructs houses for grandparents and supports their income-generating activities – these households are often headed by elderly grandmothers. It has also organised support groups for the elderly caregivers, where members visit households on a rotational basis to provide psychosocial support. These support groups provide a cushion against the vulnerability facing caregivers and children through a number of strategies that are underpinned by local and indigenous knowledge and resources. These include

income-generating activities, such as the production of mats of different designs and sizes using locally available palm and banana leaves. Other projects include raising pigs, poultry and goats. They also grow indigenous crops for household consumption and sell the excess to supplement their income. Proceeds from these projects go towards meeting the educational, nutritional and health needs of children.

The Stikho group of Webuye, Western Kenya is made up of women and men who have come together to support

harvest to a communal stockpile for those in need. The group has hired a farm where they plant maize that is sold to support these elderly caregivers. The Stikho Care Group is currently supported by Kenya Orphans Rural Development Programme (KORDP), and is engaging with family members on how to better support the elderly. The group sees the elderly as an asset; they are a vital resource in childcare because they can pass on to the younger generations the all-important cultural resources. Some family members are

community who are considered to be 'fit parents'. This is a community-based initiative that is not linked to any formal institution, although the provincial administration is aware of the programme and monitors it. Rose² is one such fit parent who takes care of several children. She provides them with a home nested within a community that collectively supports her to adequately parent the children.

Effects on stress and resilience

These examples affirm that families and communities hold the key to effectively absorb the care of vulnerable children and demonstrate that the wider community plays a critical role in supporting vulnerable households. All interventions need to recognise and support this process to strengthen the care environment. By increasing and strengthening the external resources available to children and caregivers, these activities help reduce caregivers' stress while simultaneously nurturing children's resilience. Caregivers report benefits such as an increased sense of sense of control and competence that has added to a general feeling of optimism and fostered others' trust in their capacities. They also talked of a significant reduction in stress, as children were able to attend school and households had enough food. In this way, group cohesion and community social networks have been helpful in mitigating stress and bolstering resilience in the children of such households. Clearly, community support

Orphaned children had a greater sense of well-being and belonging, as they no longer felt isolated and the stigma against them was greatly reduced.

elderly guardians within the community, showing that the community's role in care has not been completely destroyed. The idea of assisting the elderly in the community is not a new phenomenon but is a diacritic feature of Luhya identity in particular and African cultures in general. The group is therefore reviving and revitalising this quality in a context where clan dynamics have been reconfigured and their central role in community life has waned. By tapping on the communities' collective social and physical capital, they are reclaiming the concept of the community granary, where each household contributes a part of the

trained in psychosocial support and they also provide elderly caregivers with material support for their households.

Yet another group, the Mtoni Orphans' Group focuses on supporting orphans and disabled children within the community. They have organised meals for vulnerable households once a week and from time to time they buy necessities like food and soap for orphans. It is important to note that they have been doing this without any outside support. Interviews with key members reveal that there is a mechanism for community fostering in which abandoned children are taken in by individuals within the

networks and perceived adequacy of social support enhance the capacity to deal with the stress of caregiving in resource-poor households. However, the groups' limited capacity and outreach cannot help all vulnerable households within their communities, and this underscores the importance of support in strengthening these groups and enhancing their capacities to claim their right to state-led social protection.

Conclusion

Despite shocks, risks and stress, communities have remained resilient and are leveraging IKS to reinforce overburdened safety nets. In light of the above examples and the wider research context, we believe that interventions need to recognise the important role played by IKS in lowering caregiving stress and enhancing children's resilience. Community needs have in the past been set by experts and interventions have tended to focus instead on meeting community deficiencies in childcare (Mulongo 2006). There is a need for a shift in interventions to recognise, enhance and integrate valuable community assets and internal resources.

Indigenous and local ways of knowing and doing are a critical social protection mechanism that can enable families to develop coping strategies for managing the severe economic impact of HIV/AIDS and poverty. IKS can enhance household capacity to provide a safe, nurturing environment in which children and young people can develop

positive coping skills and resilience to help them thrive and find a positive future.

In the above examples and in general research, it is often women who are custodians of important indigenous knowledge on childcare. However, it is noteworthy that it is women who tend to participate more in childcare and in childcare projects. It is therefore important for IKS-related interventions to find sustainable ways to work with women without overburdening them and at the same time aim to enhance the role of fathers in caregiving. This would foster a community-wide culture of caring for children while addressing the associated gender issues.

Notes

- 1 From an ongoing study on IKS by the Bernard van Leer Foundation
- 2 'Rose' is a pseudonym.

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Economic strengthening for vulnerable children

USAID, Save the Children, AED, 2008

The multi-faceted nature of child vulnerability—whether due to such epidemics as HIV/AIDS, conflict, natural disasters, extreme poverty, or a host of other contextual factors—is reflected in the wide spectrum of professional disciplines that have mobilized to address it. Among these, economic strengthening is gaining in importance and prominence, with few experts working to reduce child vulnerability in doubt that poverty is a major contributor to the challenges they face.

This guide begins with the illustration of economic strengthening best practices in a format that multi-sectoral teams of donors and practitioners can use to inform their own work.

www.crin.org

Aggregate shocks, poor household and children: Transmission channels and policy responses

Ronald Mendoza

UNICEF, 2009

The global financial crisis that erupted in 2008 coupled with food and fuel price volatility are likely to affect developing countries, and within them the vast majority of the world's poor population in profound ways. This paper maps the different channels through which

their effects could be transmitted to the developing world, and it illustrates a basic framework of shock transmission to a developing country from the macro-levels –considering also possible adverse feedback effects.

www.unicef.org/socialpolicy/index_48711.html

Children's perspectives on economic adversity: A review of the literature

Innocenti Discussion Papers 2008-01
Innocenti Research Centre, 2008

This paper reviews some of the recent qualitative literature on children's perspectives on economic disadvantage. The idea of asking people who experience disadvantage about their own situations is still a relatively new one in the social sciences, and the idea of asking children about their own perceptions of economic and social disadvantage is even more recent. The nine studies examined cover a number of issues related to economic disadvantage, including exclusion from activities and peer groups at school and in the community; perceptions of 'poor' and 'affluent' children; participation in organized activities outside of school hours; methods of coping with financial hardship; support for parents in coping and in seeking and keeping employment, and aspirations for future careers and lives.

www.unicef-irc.org

Growing pains: How poverty and AIDS are challenging childhood

Anthony Swift and Stanford Maher
Panos, 2008

The book reveals the wider policies and practice that are currently falling short of providing adequate support to those impacted by poverty and AIDS. It goes beyond government frameworks to explore the grassroots interventions and effective community responses that are providing crucial "circles of support" for vulnerable families and children.

www.panos.org.uk

From words to action

Policy briefings

Panos, 2008

Part of the Growing pains series, this paper challenges policymakers to find practical means to support children in the face of poverty and AIDS.

www.panos.org.uk

Seen and heard: Involving children in responses to HIV and AIDS

Robin Vincent

Panos, March 2009

This paper explores the challenges of enabling children to express their views and priorities effectively and suggests how they can best be supported through a range of appropriate media and communication approaches. It draws

on the experiences of people living in communities affected by poverty and HIV and AIDS, and highlights examples of initiatives that successfully involve children.

www.panos.org.uk

Home truths: Facing the facts on children, AIDS and poverty

Joint Learning Initiative on Children and HIV/AIDS (JLIC), 2009

This report summarises two years of research and analysis of AIDS-related policies, programmes and funding and their effectiveness in addressing the needs of children. It calls for change in global, regional and national responses to the epidemic, including greater emphasis on strengthening families and communities to enable them to give children the care and support they are uniquely suited to provide.

www.jlica.org

Handbook of resilience in children

Sam Goldstein and Robert B. Brooks (Eds.)
Springer, 2006

Even the most significant technological and medical advances of the 21st century have been tempered by the increasing risk posed to children in the form of such stressors as poverty, victimization, and family dysfunction. With the proper support from parents,

extended families, and communities, children are much more likely to experience positive development rather than dysfunction in their adult lives.

The Handbook addresses ways in which the hypothetical and theoretical concepts of resilience can be applied in practice. It provides clinicians, academics, and mental health professionals with the information needed to affect positive youth development.

www.springer.com

Project related resources

Improving childcare needs of children and families - demands of the labour market

VBJK / Equal Project European Social Fund, 2008

This CD-ROM contains products from over 40 European organizations who strive for improving the quality in childcare and working conditions for parents such as integration of public and private services, flexibility in service providing, and improvement and accreditation of family day care professional skills.

www.vbjk.be/en

Family and community motivators: The front line of support for vulnerable young children

Mary Newman

Early Learning Resource Unit (ELRU), 2007

Children have roots and wings. Roots to know where they come from and wings to explore and grow. The FCM - the family and community motivator programme that is described in this document emerged out of the ELRU early work, commitment to struggle and to nation building. Through a process of working and learning together with parents, community leaders and other organisations, the FCM programme has developed a child and family centered approach to ECD programming which is constantly informed by the national democratic project. The FCM programme is by design needs-based, flexible and adaptable and seeks to place young children and families on the agendas of all community development initiatives.

www.elru.co.za/EEE.html

Oscar van Leer Fellowship 2009

The Bernard van Leer Foundation is accepting applications for the 2009 Oscar van Leer Fellowships for journalists. The fellowship consists of a four-week, expenses-paid training course in The Netherlands covering journalism and children's issues.

We invite applications from journalists in qualifying countries (Mexico, Kenya, India (Orissa), Peru, Colombia, South Africa, Tanzania, Uganda and Caribbean Region) who have an interest in covering children's issues.

Three fellowships will be awarded, consisting of a four-week high-level professional training in skills related to journalism about early childhood development and children's rights.

About the fellowship

The Oscar van Leer Fellowship commemorates Oscar van Leer, the son of the foundation's benefactor. The aim of the Oscar van Leer Fellowship is to contribute to a gradual improvement in the quality and quantity of media coverage of early childhood issues by training up-and-coming journalists, giving them knowledge and understanding that they will be able to apply as they progress in their journalistic careers.

Who should apply?

The fellowship is intended for ambitious young journalists with an interest in children's issues. Applicants must be connected to a reputable media outlet, either as an employee or as a frequently published freelance contributor, and must intend to continue to pursue a career in the media. The fellowship is open to journalists in all forms of media, including print, radio, television and web.

Application procedure

Applicants should send, by no later than 18 August 2009:

- A completed application form;
- A letter of motivation;
- Your resumé;
- One example of your work, which has something to do with the situation of children in your country.

Successful candidates will be announced on 1 October 2009.

The training will take place in early 2010.

For more information, please visit www.bernardvanleer.org

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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.