

ISSUE AREA FRAMEWORK SUMMARY
STRENGTHENING THE CARE ENVIRONMENT

Background and context

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

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

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

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

The conceptual framework

We define 'care' as the integrated set of actions that ensure for children the synergy of protection and support for their health and nutrition, physical, psycho-social and cognitive aspects of development. Our vision of success in this issue area involves parents/caregivers and young children in caring relationships that ensure a happy and rewarding childhood and a secure future.

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

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

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

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

1. Existing beliefs and practices

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

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

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

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

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

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

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

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

2. Physical and social settings

Many environments are not conducive to children's safety, health and learning. In particular, poverty has an important impact on caring relationships and caregivers. Poverty can mean lack of access to services, poor environmental conditions, inadequate material supplies,

social instability, and overworked and demoralised caregivers. Poverty is also associated with early motherhood, which statistically puts children at a higher risk.

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

Normal physical development depends on proper interaction between a caring adult and the growing child. Skilled help can be needed to revive such caring relationships when families are uprooted through such traumas as poverty, social changes, migration, chronic violence, catastrophes, disasters, disease, war, violence, loss of parents, or the numbing effects of severe deprivation and emotional shock. It is important to understand better the effects of such factors on children's and caregivers' lives.

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

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

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

3. Processes of interventions

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

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

However, we do need to be aware of the potential for tensions between local practices and the Convention on the Rights of the Child. What is accepted at a global level may not be seen

as acceptable in all local traditions. We need to work at translating global and national debates on rights into local demands and action.

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

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

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

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

In seeking to mobilise policy-makers and influence policy we need to concentrate our advocacy efforts on the most important issues, focusing on those good practices which are most conducive to being mainstreamed, and those processes of intervention that best create and meet demand for effective care and support services.

Programme objectives

The objectives of the Care issue area are as follows:

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

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

Programme strategies

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

1. Prioritise long-term intervention

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

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

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

2. Mitigate factors that stress caregivers

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

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

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

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

3. Scale-up effective models

Our interventions need to be those which are capable of being mainstreamed, so that we can advocate for changes in public policy to take the most effective models to scale. While understanding that there may be tensions between universal rights and local practices, it is important that we choose partners who share the foundation’s positions.

Helping communities, families and children to think in terms of rights can be especially helpful in creating more local demand for better public provision of services. We need to investigate how best to translate concepts of universal rights into these local demands and actions. Possible interventions here include publications to disseminate successful strategies, and partnering with local advocacy organisations.

Programme approach

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

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

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

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

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

Currently the Care programme works in three geographic zones, and it will continue to do for some time to come. These areas are Southern and Eastern Africa, South America and the Eastern Caribbean. We are guided by the approved list of countries, but we will also be alert for any possibilities of helping to mainstream particular services among larger populations.

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

As the best way of ensuring sustainability and scaling up is to influence public policy, communications are an integral part of our work – they are needed for disseminating evidence, demonstrating effectiveness, campaigning and creating demand. This will require good documentation, clear content and the ability to tailor messages to particular audiences.

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