

# ZERO TO THREE JOURNAL

## Taking a Global View on Infants, Toddlers, and Their Families

### IN THIS ISSUE

Supporting Parents  
Around the  
World to Provide  
Nurturing Care

A Worldwide  
Focus on  
Mental Health

Inclusive Early  
Childhood Development  
for Children With  
Disabilities

Changing the  
Global Mindset  
on Fathers



### ALSO IN THIS ISSUE

Around the World With ZERO TO THREE: A Sample of Global Engagement  
by Members of the Board, Academy Fellows, and Staff



**ZERO TO THREE**  
Early connections last a lifetime

## This Issue and Why it Matters

We are delighted to bring you this expanded issue of the *ZERO TO THREE Journal*, which features a global focus on infants, toddlers, and families. This marks the first time that an entire issue of the Journal is devoted to an international perspective on meeting the needs of the youngest and most vulnerable children around the world.

The catalyst for this issue is the growing recognition, both inside the scientific community and among institutions with an international reach, that investments in the earliest years yield significant returns, making early childhood development central to the peace and prosperity of society. This recognition has amplified the need to bring high-quality, effective interventions to scale in communities around the world. As more global partnerships have emerged, the opportunity to share knowledge, resources, and innovative strategies reveals how much we all benefit when we learn from one another.

The enthusiasm and momentum behind the recent efforts to strengthen the programs and services for early childhood education inspired us to bring together the voices presented in this issue to share the most recent innovations and milestones that have brought a focus on child development to the foreground. The feature articles in this issue provide global perspectives on mental health, inclusive services for children with disabilities, maternal and child nutrition, parenting support, father involvement, and home visitation. In addition to the feature articles, we include a supplemental section that provides a snapshot of the variety of ways that members of the ZERO TO THREE Board of Directors, Academy Fellows, and staff are reaching outside of the United States to make connections that strengthen families and improve the lives of infants and toddlers.

We are also excited to acknowledge the more 200 international members of ZERO TO THREE, who represent 32 countries. We would love to hear from you and invite you to share your experiences and interests! We hope this is just the beginning of an ongoing dialogue among those who care about and support young children and their families around the world.

Stefanie Powers, Editor  
ZERO TO THREE Journal

Joan Lombardi, Guest Editor  
Washington, DC

Jane West, Guest Editor  
ZERO TO THREE Academy Fellow, Heart of the West Counseling, LLC,  
and the Two Lillies Fund

### The *ZERO TO THREE Journal* was founded in 1980

Sally Provence, Editor 1980–1985

Jeree Pawl, Editor 1985–1992

Emily Fenichel, Editor 1992–2006

---

**Editor**  
Stefanie Powers

**Production Manager**  
Jennifer Moon Li

**Designer**  
Cassandra Olson

**Design Services**  
K Art & Design, Inc.

---

**Executive Director**  
Matthew E. Melmed

### **ZERO TO THREE Board of Directors**

Robert M. Chang	Catherine E. Monk
Lia Dean	Ann Pleshette Murphy
Helen Egger	Brian A. Napack
Robert Emde	Michael R. Olenick
Walter Gilliam	Jeree H. Pawl
Mary Margaret Gleason	Rizwan Shah
Brenda Jones Harden	Paul G. Spicer
Donna Levin	Eugene Stein
Alicia F. Lieberman	Mindy Stein
John Love	Barbara Thompson
Matthew E. Melmed	Ross Thompson
Andrew N. Meltzoff	Ginger Ward
Lisa Mennet	Charles H. Zeanah

### **Directors Emeriti**

T. Berry Brazelton	Arnold J. Sameroff
Samuel J. Meisels	Jack P. Shonkoff
Kyle D. Pruett	Edward Zigler

### **Founding Members**

T. Berry Brazelton	Peter B. Neubauer
Selma Fraiberg	Robert A. Nover
Stanley I. Greenspan	Sally Provence
J. Ronald Lally	Julius B. Richmond
Bernard Levy	Albert J. Solnit
Reginald S. Lourie	Leon J. Yarrow

---

The views expressed in this material represent the opinions of the respective authors and are intended for education and training to help promote a high standard of care by professionals. Publication of this material does not constitute an endorsement by ZERO TO THREE of any view expressed herein, and ZERO TO THREE expressly disclaims any liability arising from any inaccuracy or misstatement, or from use of this material in contravention of rules, regulations, or licensing requirements.



**ZERO to THREE**  
Early connections last a lifetime

# ZERO TO THREE JOURNAL

**Taking A Global View on Infants, Toddlers,  
and Their Families**

**MARCH 2018 • VOL 38 NO 4**

## Contents

- 5** The Hope and Challenges for the Youngest Children Around the World  
Joan Lombardi
- 10** Supporting Parents to Provide Nurturing Care for Young Children:  
The Fundamental Ingredients for a Better World  
Linda M. Richter
- 17** Building Generations of Healthy Brains: A Global Focus on  
Mental Health  
Karlee Silver and Jane West
- 22** Inclusive Early Childhood Development: Ensuring the Rights and  
Well-Being of Infants and Toddlers With Disabilities and Their Families  
Donald Wertlieb
- 31** 1,000 Days: Mobilizing Investments for Healthier, More  
Prosperous Futures  
Lucy Martinez Sullivan, Mannik Sakayan, and Kimberly Cernak
- 37** The Reach Up Early Childhood Parenting Program: Origins, Content,  
and Implementation  
Susan P. Walker, Susan M. Chang, Joanne A. Smith, Helen Baker-Henningham, and the  
Reach Up Team
- 44** Changing the Global Mindset on Fathers: Lessons From the  
MenCare Campaign  
Gary Barker, Ruti Levtoy, and Brian Heilman
- 51** Developing a System of Protection for Young Children in Uruguay:  
Understanding the Link Between the Home Environment and  
Child Development  
Florencia Lopez Boo, Mayaris Cubides Mateus, Rita Sorio, Giorgina Garibotto, and Christian Berón

*Continued*

[www.zerotothree.org/journal](http://www.zerotothree.org/journal)

The *ZERO TO THREE* journal is a bimonthly publication from ZERO TO THREE: National Center For Infants, Toddlers, and Families. All rights reserved. To obtain permission for reproduction or use in course work of *ZERO TO THREE* materials by copy centers of university bookstores, contact: Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923, (978) 750-8400; fax (978) 750-4470, [www.copyright.com](http://www.copyright.com) ISSN 0736-8038  
© 2018 ZERO TO THREE: National Center For Infants, Toddlers, and Families, 1255 23rd Street, NW, Suite 350, Washington, DC 20037, (202) 638-1144; Customer Service: 1-800-899-4301

## ALSO IN THIS ISSUE

- 2 This Issue and Why It Matters  
Stefanie Powers, Joan Lombardi, and Jane West
- 83 Jargon Buster: A Glossary of Selected Terms

## SPECIAL SECTION

- 55 **Around the World With ZERO TO THREE: A Sample of Global Engagement by Members of the Board, Academy Fellows, and Staff**
- 55 A Secret to Bringing Early Childhood Programs to Scale: Supporting Voices in the Field  
Jane West
- 57 International Perspectives on Young Children and Disasters  
Joy D. Osofsky and Howard J. Osofsky
- 60 Recovery From Severe Deprivation: The Bucharest Early Intervention Project  
Charles H. Zeanah, Nathan A. Fox, and Charles A. Nelson
- 62 Understanding Parent–Child Interaction Globally: A Model Using the PICCOLO Assessment Tool  
Mark S. Innocenti and Lori A. Roggman
- 65 High-Impact Learning in Infant Mental Health Through Global Engagement  
Jennifer Willford, Robert Gallen, and Maria Crist
- 67 Knitting an International Network in the Infancy and Early Childhood Field: International Perspectives of the ZERO TO THREE Fellowship 2016–2018  
Rochelle Matacz and Yiğit Aksakoğlu
- 70 Supporting Caregivers: Improving Orphanage Caregiving Environments Through Relationship-Focused Care  
Vonda Jump Norman
- 72 Perinatal Mental Health Screening and Consultation Model for Refugee Women and Their Infants  
Saskia von Overbeck Ottino, Christina Moses Passini, and Daniel S. Schechter
- 74 UNICEF Home Visiting Resource Modules: A New Resource for Everybody  
Jon Korfmacher
- 76 Preparing Practitioners to Support Young Children With Special Needs in Global Early Childhood Rehabilitation Contexts  
Mansha Mirza and Mary A. Khetani
- 79 The Uthando Project: Dolls for the Children of KwaZulu-Natal  
Julie Stone
- 81 Professional Development Support Around the World: The *DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5)*  
Kathleen Mulrooney

# The Hope and Challenges for the Youngest Children Around the World

Joan Lombardi  
Washington, DC

Last year UNICEF reported that about 140 million children were born around the world in 2016 (UNICEF, 2017). To put this in perspective, only about 4 million of these babies were born in the United States. All of these newborns hold the hope for the world's future. Yet the challenges to their overall health and well-being are too often overwhelming, compromising their developmental potential. In this issue of the *ZERO TO THREE Journal*, the authors shine a spotlight on both the hope and challenges for the youngest children growing up around the world.

Let's start with the hope. From neuroscience to economics, there is a surge of interest in the earliest years of life. Over the past few decades, child mortality for children under 5 years old has been reduced by more than half. Interest in early childhood development appears to be at an all-time high, with new champions emerging from world leaders to sports celebrities, from prime ministers to local policymakers. Indeed, the world came together just a few years ago to establish the 17 Sustainable Development Goals (see box, p. 6), which not only included specific targets related to young children, but set forth an overall goal of ending all forms of poverty, fighting inequality, and tackling climate change—all essential ingredients to supporting parents.

New research from around the world is emerging every week—from efficacy trials to a new emphasis on implementation studies as countries begin to scale up interventions. Moreover, new global, regional, and national networks dedicated to early childhood development are coming together, and there are increasing efforts to harmonize services across sectors and to take a life-course approach.

Despite all of this hope and momentum, the challenges facing families with young children around the world remain daunting. While more children are surviving, almost 6 million children each year die before their fifth birthday, many of them in the first year of life, and many from preventable causes. Even when children survive, they often face risks including malnutrition,

poverty, violence, and lack of clean water and a host of other issues. About 250 million children (43% of children under 5 years old) in low- and middle-income countries are at risk of not reaching their developmental potential because of poverty and stunting. (The Lancet, 2016).

When these conditions are accompanied by family violence, drug or alcohol abuse, poor maternal mental health, and/or lack of adequate child care, the impact of toxic stress increases. Along with these developmental risks, several world trends threaten progress and compound the negative effects on early child development. These include the increasing number of violent conflicts around the world, forced migration, pollution, and the impacts of climate change.

It is this combination of adversities that society must turn around for the future of children, families, and a peaceful world. Although the facts are alarming, there is increasing evidence that supportive child and family policies, simple interventions, and increased investments can help save lives and protect development. But the road ahead is long.

Turning to the seven articles in this journal, together they underscore both these challenges and the potential to make change, particularly if support and intervention starts early and takes a holistic approach. Because the domains of development in young children are integrated, the importance of comprehensive services becomes essential.

The promise of this cross-sector approach was underscored in the recent Lancet series: *Advancing Early Childhood Development: From Science to Scale* (2016) which introduced the concept of nurturing care. As discussed by Professor Linda Richter (this issue, p. 10), nurturing care includes health, nutrition, safety and security, early learning, and responsive parenting. These domains of nurturing care are indivisible and call for increased coordination across sectors. Dr. Richter reviews the rationale behind this concept, the current threats to development, and the promise of the upcoming guidance





The challenges facing families with young children around the world remain daunting.

on nurturing care that will be launched at the World Health Assembly in spring 2018.

Families are the primary instrument through which nurturing care is provided. Thus the conditions faced by parents in their efforts to raise their young children are critical. The well-being of the adults in children's lives is directly related to the well-being of the children. This is particularly true when considering maternal mental health. To be successful, parents need an enabling environment of support. The next article underscores the importance of these concepts. In an interview, Guest Editor Jane West (this issue, p. 17) introduces Dr. Karlee Sliver, Vice President of Programs for Grand Challenges Canada, and their landmark efforts to shine a spotlight on early development. Of particular note is their groundbreaking work in the area of mental health, with innovation and research taking place around the world.

Nurturing care and supporting families are necessary for all young children everywhere. Dr. Donald Wertlieb (this issue, p. 22), a longstanding champion of early childhood and disability rights for children around the world, reminds readers:

*Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society.* (Division for Early Childhood/National Association for the Education of Young Children, 2009, p. 2)

He goes on to document the progress and challenges of early intervention and the way forward to ensure the rights of infants and young children with disabilities and their families.

The next two articles illustrate the importance of early nutrition and responsive parenting, key elements of nurturing care. Lucy Martinez Sullivan, the Executive Director of 1,000 Days, and her

## The Sustainable Development Goals

On September 25, 2015, The United Nations brought together world leaders who committed to 17 goals to achieve three things in the next 15 years: ending extreme poverty, fighting inequality and injustice, and fixing climate change. These 17 goals are:

- Goal 1. End poverty in all its forms everywhere
- Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3. Ensure healthy lives and promote well-being for all at all ages
- Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5. Achieve gender equality and empower all women and girls
- Goal 6. Ensure availability and sustainable management of water and sanitation for all
- Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Goal 10. Reduce inequality within and among countries
- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12. Ensure sustainable consumption and production patterns
- Goal 13. Take urgent action to combat climate change and its impacts\*
- Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development

\*Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.

Source: The United Nations (2015). *Transforming our world: The 2030 agenda for sustainable development*. Retrieved from <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

colleagues Mannik Sakayan and Kimberly Cernak (this issue, p. 31), underscore the importance of the first 1,000 days of life, the global threats of malnutrition to mothers and very young children, and the mobilization efforts taking place around the world to address the issues, including the opportunities in the US. Turning to responsive parenting, Dr. Susan Walker and her colleagues at the Caribbean Institute for Health Research, Susan M. Chang, Joanne A. Smith, Helen Baker-Henningham, and the Reach Up Team (this issue, p. 37), discuss the seminal work of the Jamaica Home Visiting intervention, and the

training program, called *Reach Up*, which grew out of the earlier research and is now being implemented around the world, from Guatemala to Zimbabwe.

Finally, this series of articles concludes by turning to two current topics and applied examples. The article by Gary Barker, the Executive Director of Promundo, and his colleagues Ruti Levtoy and Brian Heilman (this issue, p. 44), discusses the changing mindset on fathers, drawing lessons from the MenCare Campaign taking place around the world. And an article by Florencia Lopez Boo, Mayaris Cubides Mateus, Rita Sorio from the Inter-American Development Bank, and their colleagues from the Ministry of Social Development in Uruguay, Giorgia Garibotto and Christian Berón (this issue, p. 51) provides a more in-depth picture of one country's efforts to develop early childhood strategies and appropriate measures.

This collection of articles will inspire and motivate all who read them to take action on behalf of the youngest and most vulnerable around the world. You can make a difference by:

- becoming familiar with the conditions facing children around the world and being better informed of key issues and strategies for change;
- following the early childhood development research emerging in and outside of the US, and staying open to sharing, collaborating, and learning across borders;
- speaking out on behalf of policies in the US and around the world that support increased investments in early nutrition, health, mental health, education, and child protection;
- supporting the work of refugee agencies in your communities and promoting cultural awareness and positive policies for immigrant families; and
- joining with civil society groups to work on behalf of children and families everywhere.

Finally, the work taking place around the world on behalf of young children and families inspires all to continue to promote equality and child rights, to step up efforts to reduce violence, pollution, and the detrimental effects of climate change, and to ensure the rights of all children and families to a peaceful and just world.

---

**Joan Lombardi, PhD**, has made significant contributions in the areas of child and family policy as an innovative leader and



Photo: © UNICEF/Gilbertson VII

Families are the primary instrument through which nurturing care is provided.

.....

policy advisor to national and international organizations and foundations and as a public servant. She currently serves as senior advisor to the Bernard van Leer Foundation on global child development strategies and to a range of foundations on domestic early childhood issues including The Buffett Early Childhood Fund. Joan served in the U.S. Department of Health and Human Services as the first deputy assistant secretary for early childhood development (2009–2011) and as the deputy assistant secretary for policy and external affairs in Administration for Children and Families and the first commissioner of the Child Care Bureau among other positions (1993–1998). She is the author of numerous publications including *Time to Care: Redesigning Child Care to Promote Education, Support Families and Build Communities* and co-author of *Beacon of Hope: The Promise of Early Head Start for America's Youngest Children*.

---

## References

- Barker, G., Levtoy, R., & Heilman, B. (2018). Changing the global mindset on fathers: Lessons from the MenCare campaign. *ZERO TO THREE Journal*, 38(4), 44–50.
- Lopez Boo, F., Cubides Mateus, M., Sorio, R., Garibotto, G., & Berón, C. (2018). Developing a system of protection for young children in Uruguay: Understanding the link between the home environment and child development. *ZERO TO THREE Journal*, 38(4), 51–54.
- The Lancet. (2016). *Series advancing early childhood development: From science to scale*. Retrieved from [www.thelancet.com/series/ECD2016](http://www.thelancet.com/series/ECD2016)
- Richter, L. (2018). Supporting parents to provide nurturing care for young children: The fundamental ingredients for a better world. *ZERO TO THREE Journal*, 38(4), 10–15.
- Silver, K., & West, J. (2018). Building generations of healthy brains: A global focus on mental health. *ZERO TO THREE Journal*, 38(4), 17–21.

Sullivan, L. M., Sakayan, M., & Cernak, K. (2018). 1,000 Days: Mobilizing investments for healthier, more prosperous futures. *ZERO TO THREE Journal*, 38(4), 31–36.

UNICEF. (2017). *State of the world's children: Children in a digital world*. Washington, DC: Author.

United Nations (2015). *Transforming our world: The 2030 agenda for sustainable development*. Retrieved from <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

Walker, S. P., Chang, S. M., Smith, J. A., Baker-Henningham, H., and the Reach Up Team. (2018). The Reach Up early childhood parenting program. Origins, content, and implementation. *ZERO TO THREE Journal*, 38(4), 37–43.

Wertlieb, D. (2018). Inclusive early childhood development: Ensuring the rights and well-being of infants and toddlers with disabilities and their families. *ZERO TO THREE Journal*, 38(4), 22–30.

## NOW AVAILABLE

*DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.*

### What's New?

- Includes disorders occurring in children from birth through 5 years old
- Extends criteria to younger ages, including to the first year of life in some cases
- Introduces discussion of several new disorders
- Retains the multi-axial system, with most axes revised substantially



Building on ZERO TO THREE's powerful legacy of using the latest scientific findings and clinical research, DC:0–5™ has been developed to enhance the professional's ability to prevent, diagnose, and treat mental health problems by identifying and describing disorders specific to infants and young children which are not well addressed in other classification systems. Individuals across disciplines will find DC:0–5 to be an essential guide to evaluation and treatment planning in a wide range of settings.

### Also Available

- DC:0-5 Official 2-day Training
- DC:0-5 Seminars
- DC:0-5 Faculty Teaching Resource

Find out more at [www.zerotothree.org/DC05](http://www.zerotothree.org/DC05)



17DC-01-02





**ZERO TO THREE  
ANNUAL CONFERENCE  
OCT. 3 – 5 • DENVER, CO**



**REGISTRATION OPENS APRIL 3!**

**October is  
NEW TERRITORY**  
for the ZERO TO THREE Annual Conference.  
Explore it with us in 2018.



**ZERO TO THREE**  
Early connections last a lifetime

[www.zerotothree.org/annualconference](http://www.zerotothree.org/annualconference)

# Supporting Parents to Provide Nurturing Care for Young Children

## The Fundamental Ingredients for a Better World

Linda M. Richter  
University of the Witwatersrand

### Abstract

The global community is recognizing how “nurturing care” is critical for the developing child. The term encompasses health and nutrition, safety and security, responsive caregiving, and opportunities for inclusive early learning, all of which are afforded by loving parents and families and supportive communities. Public policies and services provide an enabling environment for the care of young children. However, nurturing care is under threat from extreme poverty, political and economic instability, conflicts, and emergencies which expose families to stresses that undermine nurturing care. Additional threats include the intrusion of digitization, social media, and artificial intelligence into relationships between parents and young children, all of which can interfere in responsive, nurturing relationships.

The concept of *nurturing care* is used in global advocacy to unite the many disciplines and sectors that serve parents, families, and young children. The term was introduced in the recent child development series of the renowned Lancet medical journal, *Advancing Early Childhood Development: From Science to Scale* (2016). The concept was long-debated by the more than 55 experts who worked on the journal issue from organizations around the world. The aim was to draw attention to the indivisible needs of young children. Advocates of early childhood development frequently focus only on responsive caregiving and learning, health advocates only on well-being, and disability specialists only on developmental delays, nutritionists only on breastfeeding and complementary foods, and those working in child and social protection only on safety and security. Nurturing care includes them all, and all of these elements are critical to the integrity of young children’s development. Together they lay the foundation for a life in which their individual potential can be realised.

### Making the Case for Investing in Early Childhood Development

*The Lancet* Early Childhood Development series (2016) provided scientific evidence for the link between early care and development and progress toward global goals for optimal early childhood development. After interviewing a wide range of stakeholders that included experts, policymakers, and

funders, Shawar & Shiffman (2017) concluded that a unitary frame of the problem and its solution (see Figure 1) was needed to advance global priority for early childhood development.

**Figure 1. Domains of Care Necessary for Children to Reach Their Developmental Potential**



Source: Adapted from the *The Lancet* (2016) Executive Summary Advancing Early Childhood Development: From Science to Scale

The *Lancet* series advanced ten strong arguments, built around the concept of nurturing care for young children, to lay the foundation for their development across the life course (see box Ten Arguments for Nurturing Care as a Global Priority).

The 2016 *Lancet* series built on two previous child development series published in 2007 (Engle et al., 2007; Grantham-MacGregor et al., 2007) and 2011 (Engle et al., 2011; Walker et al., 2011), both excellent reviews of available evidence and recommendations for expanded programs and services for young children and their families. When the 2016 series was published, momentum had been building to scale up services for early childhood development, and the series gave life to a unique convergence between science and advocacy. The series was launched in concert with a Human Development Summit titled *Investing in the Early Years for Growth and Prosperity* at the World Bank's Annual Meeting of Finance Ministers.

At the World Bank event, significant in itself, seven finance ministers—from Cameroon, Cote d'Ivoire, Ethiopia, Indonesia, Madagascar, Pakistan, and Senegal—pledged to increase support for early child development. The week before, Uganda launched its National Integrated Early Childhood Development Policy, joining 68 other LMICs (45% of all LMICs) which had adopted similar policies (Black et al., 2017).

## Looking to the Future

In May 2018 another milestone will occur. Early childhood development will be in the spotlight at the World Health Assembly in Geneva, in the report on progress of the Global Strategy for Women's and Children's Health, which stresses Survive, Thrive and Transform. Attended by all ministers of health, a document will be presented—*Nurturing Care for Early Childhood Development: A Global Framework for Action and Results*—together with country profiles for early childhood development and a set of WHO guidelines on incorporating support for early childhood development into health and nutrition services.

Expectations are high. Focusing on early childhood development makes sense in high income countries, as well as in LMICs. National human and economic development starts early with each individual child, especially in poor countries where the burden of poor human development weighs heavily on the small proportion of the population that can compete globally. The promotion of early childhood development is also now seen as an essential element in efforts across the world to create more peaceful societies. At the High Level Forum on the Culture of Peace held at the United Nations Headquarters in New York on September 7, 2017, the President of the General Assembly, Mr. Peter Thomson, introduced a panel discussion *Sowing the Seeds of the Culture of Peace: Early Childhood Development Is the Beginning*, by stating that the culture of peace has the best chance of being sustainable when the focus is on early childhood development. Notes from the panel indicated agreement that



Photo: ANDRZEJ GRZEGORCZYK/shutterstock

Scientific evidence highlights the importance of the first 2–3 years of life for later success in school and in life.

*through nurturing care and quality early childhood development services, positive development of children can be supported, setting in place pro-social behaviours and skills for learning and earning. However, deprivation of such positive influences can derail early development, thereby leading to vicious cycles of disadvantage, inequity, violence and aggressiveness (Thomson, 2017).*

Care of young is characteristic of all mammalian species and, in humans, involves specific capacities for interaction. Babies are motivated to respond to human action and communication (Papoušek & Papoušek, 2002). These capacities include, for example, the unique features of child-directed speech and turn-taking in vocalizations and actions. Key to these interactional capacities is the adult's ability to recognise and respond to the infant's communications and to the infant's emotional and behavioral state in ways that promote the security, sustenance, affection, and learning needs of the developing child. Stresses associated with poverty, war and conflict, mental illness, drug use, and other factors disrupt these intuitive parenting abilities, and parents struggling with these issues need support to provide their young children with nurturing care.

## Opportunities and Challenges

As indicated, momentum is growing for efforts to ensure the protection of early childhood development, and new hope for young children is being engendered. At the same time, however, enormous threats to nurturing care pervade the world. Two such threats are vivid in my mind. The first is the unconscionable cruelty perpetrated against women and children in the many current wars and conflicts. The second is the intrusion of digitization, social media, and artificial intelligence into relationships between parents and young children.

## Conflict and Violence

Cruelty and suffering experienced during wars and conflicts particularly affect women and young children. As they flee persecution and death, for example as is happening to

## Ten Arguments for Nurturing Care as a Global Priority

1. Scientific evidence highlights **the importance of the first 2–3 years of life for later success in school and in life**. Birth cohort studies (see Jargon Buster, p. 83) in high, as well as low- and middle-income countries (LMICs), show that growth in the first 2 years of life predict years of schooling and adult earnings (Martorell et al., 2010). Similarly, early intervention trials have found that psychosocial stimulation in the first 2 years of life increases income in adulthood (Gertler et al., 2014). Conception to 2 years old (the first 1,000 days of life) is a critical time period during which environmental factors have a substantial effect on developing capacities, for good and ill. Despite this recognition, there is a strong bias that formal learning begins at about 3 or 4 years old, when children enter preschool (Lindland, Richter, Tomlinson, Mkwana, & Watt, 2016).
2. **The burden of risk for poor childhood development is huge**. An estimated 43% of children younger than 5 years old, some 250 million in 141 LMICs, live in extreme poverty (defined by the World Bank as less than \$1.25 per person per day) or are stunted in their growth (defined as two standard deviations below the World Health Organization norms for age and gender). These two factors limit learning and earning, as well as health and well-being, across the life course. Globally comparable data is limited, but where available, low maternal schooling (incomplete primary education) and maltreatment (hitting a young child with a belt, stick, or shoe) substantially increases the number of children at risk to 75% (Lu, Black, & Richter, 2016).
3. **The personal and social costs of these risks to human development are enormous**. The 250 million children affected by extreme poverty and stunting are estimated to earn annual incomes one third less than their better-off peers. This is aggregated at a societal level. Some countries currently spend less of their Gross Domestic Product (GDP) on health than will be lost to their country in the future as a result of poor early child growth and development. For example, the Cost of Hunger studies in Africa estimate that Ethiopia forgoes about 16% of its GDP as a result of lost life, learning, and earning associated with young children having stunted growth associated with undernutrition (African Union Commission et al., 2014).
4. **Nurturing care is necessary for the experience-expectant and experience-dependent brain to develop**. Neuroscientists refer to the massive proliferation of synaptic connections in the fetal brain during second trimester of pregnancy as “the big bang” (Lagerkrantz, 2016). During this time, sensory systems start to become active and the fetus is responsive to and dependent on environmental stimuli that shape processes and organization of the infant brain. This responsiveness and dependency continues after birth until about 2 years old, at which time synaptic connections begin to be pruned to retain and strengthen those connections that have been stimulated to become functional. Strong synaptic connections depend on the stimulation provided by secure, affectionate, and interested caregivers.
5. In the same way that the infant is dependent on nurturing care, **parents and family are themselves dependent on conditions that enable and support them to provide nurturing care for their young child**. These enabling conditions include, amongst others, security, social inclusion (see Wertlieb, this issue, p. 22), parenting support, protection during disasters, health care, mental health services, and family-supportive policies and services for families and young children. Family-supportive policies include, for example, health insurance, social cash transfers, a minimum wage, and maternity and paternity leave. Such policies ensure that parents have a minimum level of financial security to provide for their children and the time needed for exclusive breastfeeding and early care (Heymann, Raub, & Earle, 2011). Services that help families care for their young child include free or subsidised health care, child care, social services, and pre-primary education.
6. Systematic reviews conducted for *The Lancet series* (2016) were the basis of the assertion that **researchers know enough about what works for families and young children to begin to scale up services** in LMICs where there are high levels of risk of poor outcomes. Media campaigns help encourage and strengthen parent engagement with young children and to reduce harsh punishment. Early care and education programs provide a safe environment for the young children of parents who work in agricultural fields or busy urban markets. In high, as well as LMICs, parent groups conducted in communities or in facilities (Singla, Kumbakumba, & Aboud, 2015), as well as home visits for the most vulnerable families, have been found to improve young children’s growth and development (Yousafzai, Rasheed, Rizvi, Armstrong, & Bhutta, 2014).
7. There are **enough examples from LMICs to inspire the scale up of services to all children at risk**. India’s Integrated Child Development Services, inspired by Head Start and launched in 1975, is one of the oldest early child development programs in the world, now providing support to more than 46 million mothers of children between birth and 3 years old. It is legislated as a universal service for poor children and, although funds are never sufficient, the program is financed by government. Chile Crece Contigo (Chile Grows With You) is widely regarded as an exemplary early childhood programme. Established in 2007, it is now legislated, funded by government, and reaches close to 80% of all poor children. It has recently expanded to include children up to 9 years old. South Africa’s Grade R, a free pre-primary school year, was expanded to near universal coverage (80% of poor children) in a decade, starting in 2005. Legislated, and funded by government, plans are now afoot to expand the system to younger children (Richter et al., 2017).
8. **Programs for young children and their families can go to scale only when they are built on available universal services**, such as health and education. The early development of very many children in LMICs must be supported. To do this requires universal services onto which targeted programs can be built progressively. Health and nutrition services are an ideal platform from which to promote early childhood development. They are usually the most functional services in poor countries. They also have extensive contact with pregnant women, young children, and families, and many existing services provided for reproductive, maternal newborn and child health benefit young children’s development and promote psychosocial development. These include, amongst others, nutritional supplements for pregnant women and young children, exclusive breastfeeding, and Kangaroo Care (skin-to-skin contact between newborns and caregivers; Vavai, Gaffet, & Bhutta, 2017). Other potential platforms for universal services in LMICs include social cash transfers, birth registration, agricultural extension and water, sanitation, and hygiene programmes.

*continued*



**9. Adding touchpoints to promote nurturing care for children, and support for the mental well-being of mothers, could cost as little as US\$0.20–0.70 per person per year**, in LMICs, respectively (World Health Organization [WHO], 2015). Two such examples include the WHO/UNICEF Care for Child Development (2012) and the WHO Thinking Healthy (2015) programs. Costing was modelled on achieving 60% coverage in 73 high burden countries. Care for Child Development involves guided support and encouragement to mothers to talk to and play with their young child. Thinking Healthy, applied in this context, assists women to make decisions about how to resolve problems, an approach that has been found helpful in reducing depression (Rahman, Malik, Sikander, Roberts, & Creed 2008).

**10. Early childhood development is included in the Sustainable Development Goals.** The Sustainable Development Goals, set and

defined by the United Nations, includes 17 social and economic goals for global prosperity (United Nations, 2015). Goal 4, to ensure lifelong learning, has a target that “by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”. However, early childhood development is essential to at least 7 other goals: (1) Eradicate poverty; (2) End hunger and improve nutrition; (3) Ensure healthy lives; (5) Achieve gender equality; (10) Reduce inequality in and among countries; (16) Promote peaceful societies; and (17) Strengthen the means of implementation. In acknowledgement of the centrality of early childhood development, UN Secretary-General Ban Ki-moon stated that “The Sustainable Development Goals recognise that early childhood development can help drive the transformation we hope to achieve over the next 15 years” (Ban Ki-moon, 2015).

Rohingya Muslims in Myanmar, to both sides in the civil war in Syria, and in countless places around the globe, women carry infants and toddlers for hours over difficult terrain, facing danger at every turn with little or no food, clothing, or shelter. With few places to rest or sleep, stress, hunger, and pain overwhelm women; their breastmilk dries up, and they have no way to keep their children fed, clean, or warm, or to allay their fears. Under these conditions, mothers of young children become despairing and depressed. Their capacity for nurturing care is blocked. At the time when their young children need their love and protection the most, they are least able to provide it. It is almost impossible to imagine the anguish of parents and grandparents in these situations (Richter, Lye, & Proulx, in press). In December 2016, UNICEF issued a press statement estimating that some 535 million children—nearly 1 in 4 of all the children in the world—live in countries affected by conflict or disaster. Nearly 50 million children globally have been uprooted and driven from their homes; in Syria alone, some 500,000 children live in besieged areas, cut off from medical services, food relief, and other humanitarian aid (UNICEF, 2016). Advocates for young children have to become advocates for peace and for initiatives that prevent and halt conflict, protect families from violence, and support parents so that they, in turn can care for their children.

### Technology

The second threat, perhaps more insidious, is the intrusion of electronic devices into relationships, including parental interactions with infants. Mobile devices are pervasive in LMICs. In Africa, with a population of 1.3 billion people, there are 1 billion mobile phone SIM cards. Not everyone has a phone, but people put their card into other’s phones. Mobile phones have innumerable advantages for health, well-being, and child rearing, including promoting pregnancy and infancy health and well-being for mother and child, such as the messaging used in the Mobile Alliance for Maternal Action (2012), which is being rolled out in many parts of southern Africa and southeast Asia. However, there is growing concern about how mobile

devices may interfere with family relations, displace time spent in interaction with a young child, and reduce responsive parenting (Kildare & Middlemiss, 2017). More advanced, artificial intelligence devices, such as Siri and the Hello Kitty Robot, are standing in for parental interactions with young children in the lives of busy professional parents. There is much for young children to gain from robotic devices, including fun, exploration, learning, and the security associated with predictability. Judith Newman’s (2017) touching account of her autistic son’s engagement with Siri illustrated the benefits of artificial intelligence for children with special needs. The Sharkeys (2010) first drew attention to the potential hazards of “robot nannies,” and a recent review concluded that “Young children habituated to robotic companions might not acquire the moral responsibilities that real companionship



Photo: Rawpixel.com/shutterstock

Strong synaptic connections depend on the stimulation provided by secure, affectionate, and interested caregivers.



entails" (Jones, 2017). Advocates for young children must become advocates for the importance and uniqueness of human parenting.

Nurturing care is at the heart of who humans are and what parents want their children to become. It provides the context in which children experience their worth, gain confidence in their efforts to explore their world, feel empathic pain that prompts kindness and assistance to others, and generate hope for the future. It is not just a soft, little, private matter between a dad cuddling his baby or a mother breastfeeding. It is the

fundamental ingredient of the better world for which humans continually strive.

---

**Linda M. Richter, PhD**, is a distinguished professor and director of the DST-NRF Centre of Excellence in Human Development at the University of the Witwatersrand. She has worked at the interface of science, policy, and advocacy in child and family development for more than 40 years and led the 2016 *Lancet* series Advancing Early Childhood Development: From Science to Scale.

---

## References

- African Union Commission, NEPAD Planning and Coordinating Agency, UN Economic Commission for Africa, & UN World Food Programme. (2014). *The cost of hunger in Africa: Social and economic impact of child undernutrition in Egypt, Ethiopia, Swaziland and Uganda*. Abridged report. Addis Ababa, Ethiopia: UNECA
- Ban, K.-M. (2015). *Secretary-General's remarks at event on Investing in Early Childhood Development as the Foundation for Sustainable Development [as delivered]*. Retrieved from <https://www.un.org/sg/en/content/sg/statement/2015-09-22/secretary-generals-remarks-event-investing-early-childhood>
- Black, M. M., Walker, S. P., Fernald, L. C., Andersen, C. T., DiGirolamo, A. M., Lu, C., ... Devercelli, A. E. (2017). Early childhood development coming of age: Science through the life course. *The Lancet*, 389(10064), 77–90.
- Engle, P. L., Black, M. M., Behrman, J. R., De Mello, M. C., Gertler, P. J., Kapiriri, L., ... International Child Development Steering Group. (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *The Lancet*, 369(9557), 229–242.
- Engle, P. L., Fernald, L. C., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., ... Iltus, S. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*, 378(9799), 1339–1353.
- Gertler, P., Heckman, J., Pinto, R., Zanolini, A., Vermeersch, C., Walker, S., ... Grantham-McGregor, S. (2014). Labor market returns to an early childhood stimulation intervention in Jamaica. *Science*, 344(6187), 998–1001.
- Grantham-McGregor, S., Cheung, Y. B., Cueto, S., Glewwe, P., Richter, L., Strupp, B., & International Child Development Steering Group. (2007). Developmental potential in the first 5 years for children in developing countries. *The Lancet*, 369(9555), 60–70.
- Heymann, J., Raub, A., & Earle, A. (2011). Creating and using new data sources to analyze the relationship between social policy and global health: The case of maternal leave. *Public Health Reports*, 126(3 Suppl), 127–134.
- Jones, R. A. (2017). Representations of childcare robots as a controversial issue. *World Academy of Science, Engineering and Technology, International Journal of Mechanical, Aerospace, Industrial, Mechatronic and Manufacturing Engineering*, 11(8), 1371–1375.
- Kildare, C. A., & Middlemiss, W. (2017). Impact of parents mobile device use on parent-child interaction: A literature review. *Computers in Human Behavior*, 75, 579–593.
- Lagercrantz, H. (2016). *Infant brain development: Formation of the mind and the emergence of consciousness*. Cham, Switzerland: Springer International Publishing.
- Lindland, E., Richter, L. M., Tomlinson, M., Mkwana, N., & Watt, K. (2016). *Early means early: Mapping the gaps*. Johannesburg, South Africa: CoE-HUMAN and the Frameworks Institute.
- Lu, C., Black, M. M., & Richter, L. M. (2016). Risk of poor development in young children in low-income and middle-income countries: An estimation and analysis at the global, regional, and country level. *The Lancet Global Health*, 4(12), e916–e922.
- Martorell, R., Horta, B. L., Adair, L. S., Stein, A. D., Richter, L., Fall, C. H., ... & Victora, C. G. (2010). Weight gain in the first two years of life is an important predictor of schooling outcomes in pooled analyses from five birth cohorts from low-and middle-income countries. *The Journal of Nutrition*, 140(2), 348–354.
- Mobile Alliance for Maternal Action. (2012). *Learn more*. Retrieved from [www.askmama.co.za/learn\\_more.html](http://www.askmama.co.za/learn_more.html)
- Newman, J. (2017). *To Siri with love: A mother, her autistic son and the kindness of machines*. New York, NY: Harper Collins.
- Papoušek, H., & Papoušek, M. (2002). Intuitive parenting. In M. Bornstein (Ed.), *Handbook of parenting; Volume 2: Biology and ecology of parenting* (pp. 182–206). Mahwah, NJ: Lawrence Erlbaum.
- Rahman, A., Malik, A., Sikander, S., Roberts, C., Creed, F. (2008). Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: A cluster-randomised controlled trial. *The Lancet* 372, 902–909. ISSUE NUMBER 372
- Richter, L. M., Daelmans, B., Lombardi, J., Heymann, J., Boo, F. L., Behrman, J. R., ... Bhutta, Z. A. (2017). Investing in the foundation of sustainable development: pathways to scale up for early childhood development. *The Lancet*, 389(10064), 103–118.
- Richter, L. M., Lye, S., & Proulx, K. (in press). Nurturing care for young children under conditions of fragility and conflict. *New Directions for Child and Adolescent Development*.
- Sharkey, N., & Sharkey, A. (2010). The crying shame of robot nannies: An ethical appraisal. *Interaction Studies*, 11, 161–190.
- Shawar, Y. R., & Shiffman, J. (2017). Generation of global political priority for early childhood development: the challenges of framing and governance. *The Lancet*, 389(10064), 119–124.
- Singla, D. R., Kumbakumba, E., & Aboud, F. E. (2015). Effects of a parenting intervention to address maternal psychological wellbeing and child development and growth in rural Uganda: A community-based, cluster-randomised trial. *The Lancet Global Health*, 3(8), e458–e469.
- The Lancet. (2016). *Series advancing early childhood development: From science to scale*. Retrieved from [www.thelancet.com/series/ECD2016](http://www.thelancet.com/series/ECD2016)

- Thomson, P. (2017). *Statement by H. E. Mr Peter Thomson, President of the 71st session of the General Assembly, at the final meeting of the session*. Retrieved from <https://www.un.org/pga/71/wp-content/uploads/sites/40/2015/08/Culture-of-Peace-HLF-Member-States.pdf>
- UNICEF. (n.d.). *Early childhood development: The key to a full and productive life*. Retrieved from <https://www.unicef.org/dprk/ecd.pdf>
- UNICEF. (2016). *Nearly a quarter of the world's children live in conflict or disaster-stricken countries*. Retrieved from [https://www.unicef.org/media/media\\_93863.html](https://www.unicef.org/media/media_93863.html)
- United Nations. (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*. Retrieved from [www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E)
- Vavai, T., Gaffet, M., & Bhutta, Z. (2017). Promoting early child development with interventions in health and nutrition: A systematic review. *Pediatrics*, 140(2), e20164308
- Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M. M., Nelson, C. A., Huffman, S. L., ... Gardner, J. M. M. (2011). Inequality in early childhood: Risk and protective factors for early child development. *The Lancet*, 378(9799), 1325–1338.
- Wertlieb, D. (2018). Inclusive early childhood development: Ensuring the rights and well-being of infants and toddlers with disabilities and their families. *ZERO TO THREE Journal*, 38(4), 22–30.
- World Health Organization. (2015). *Thinking healthy: A manual for psychological management of perinatal depression*. Geneva, Switzerland: Author.
- World Health Organization/UNICEF (2012). *Care for child development: Improving the care of young children*. Geneva, Switzerland: Author.
- Yousafzai, A. K., Rasheed, M. A., Rizvi, A., Armstrong, R., & Bhutta, Z. A. (2014). Effect of integrated responsive stimulation and nutrition interventions in the Lady Health Worker programme in Pakistan on child development, growth, and health outcomes: A cluster-randomised factorial effectiveness trial. *The Lancet*, 384(9950), 1282–1293.

## Refresh Your Passion and Service Skills as a Volunteer Abroad!

1-3 Weeks • Tax-Deductible • 800-487-1074

**Projects Include:**

- Food & Nutrition
- Health Care
- Home Visits
- Childcare
- Parent Workshops





In collaboration  
with ZERO TO THREE



Meaningful Work to Feed Your Soul.

[globalvolunteers.org/zero-to-three/](http://globalvolunteers.org/zero-to-three/)

# MI-AIMH DVD Bundle

## Tools for BOTH Practitioners & Supervisors

**15% OFF for a limited time**

**Sale Price: MI-AIMH Members \$144.50 Non-Members \$208.25**

**With this bundle, MI-AIMH Members save \$25.50 and  
Non-Members save \$36.75**

Your choice of **ONE** Reflective Supervision DVD: Reflective Supervision **or** Reflective Supervision II  
**PLUS**

The IMH Home Visiting Manual on DVD

*\*Discounted bundle is available until April 30, 2018 – Shipping & Handling fees will be added*

When it comes to creating secure and trusting relationships, infant and family practitioners are pros. But how can supervisors help staff reflect upon the thoughts and feelings they experience while working with infants, young children and families?

In each of these 2-DVD training sets you'll explore *Reflective Supervision* through 4 unrehearsed sessions between infant and family professionals and their Reflective Supervisors. You'll see how Reflective Supervisors create a safe environment for staff to have and explore feelings about their work with very young children and families who are often times enduring very difficult circumstances.

*Reflective Supervision* features supervision with mental health practitioners. *Reflective Supervision II* features other early intervention home visitors. Both DVD sets include sample discussion questions.



Grown out of 40 years of experience in Michigan, *Infant Mental Health Home Visiting: Supporting Competencies/Reducing Risks* is one of the most comprehensive resources for practitioners and policy makers interested in promoting good infant mental health. This DVD is indispensable for infant-family professionals who are looking to incorporate infant mental health principles and promote attachment relationships in their work with babies and families.

 Michigan Association for  
**Infant Mental Health**  
*Learning and growing together.*

[mi-aimh.org/store](http://mi-aimh.org/store)



# Building Generations of Healthy Brains

## A Global Focus on Mental Health

**Karlee Silver**

Grand Challenges Canada  
Toronto, Ontario, Canada

**Jane West**

Heart of the West Counseling  
The Two Lilies Fund  
Denver, Colorado

*Editor's Note: In this interview, Jane West, Co-Guest Editor and ZERO TO THREE Academy Fellow, and Dr. Karlee Silver, the Vice President of Programs for Grand Challenges Canada, discuss issues related to global mental health, including noteworthy interventions that are focusing on addressing the cognitive, social, and emotional needs of young children and families around the world. Dr. Silver, these last 8 years, has set the strategy for Grand Challenges Canada's programmatic investments and guided her staff as they have sourced, supported, and, most recently, begun transitioning—to a grander scale—the early childhood developmental and psychological innovations that promise the greatest impact.*

Grand Challenges Canada is supported by the Government of Canada and other governments, foundations, and private investors. Grand Challenges Canada is an innovation platform that seeds and transitions to scale scientific, social, and business innovation to drive sustainable impact at scale. Its mission is to catalyze innovation that saves and improves the lives of the most vulnerable in Canada and low- and middle-income countries. Since its launch in 2010, Grand Challenges Canada has had a focus on supporting mental health through two targeted challenges:

- **Saving Brains** supports early brain and child development globally. The portfolio focuses on three areas of healthy development (health and nutrition, enrichment, and protection) that, when addressed together, set up a child to reach his or her full potential. Through Saving Brains, almost \$50 million CAD has been committed to more than 100 early child development innovations (from pilots to transition to scale projects) in 26 countries.

- **Global Mental Health** is focused on improving treatments and expanding access to care for mental disorders, through transformational, affordable, and cost-effective innovations that have the potential to be sustainable at scale. Through Global Mental Health, over \$40M CAD has been committed to 85 innovations in 31 countries.

### How would you describe the world's engagement with early childhood development and mental health as an issue historically and now?

The international experts who advised us on strategic areas for focus in 2010 spoke a lot about moving beyond a survival lens. They were still very passionate about addressing mortality, especially for newborns and mothers, where progress was lagging, but there was also a clear aspiration toward goals that were more meaningful to children, their families, and their communities. This is why, from the start, Grand Challenges Canada focused on improving lives, on people reaching their full potential.

Since 2010, I have observed a greater recognition by the global community that surviving is necessary but not sufficient for communities to thrive or kids to succeed in life. I do think that there is a greater understanding of how important the earlier years are. It's a big step forward to understand how the relationship between babies and parents can have a lasting impact on their life trajectories and the strength of their communities. More and more, the question of, "What does it take to support healthy brain development right from the earliest days?" leads toward action rather than deprioritization.



It's a big step forward to understand how the relationship between babies and parents can have a lasting impact on their life trajectories and the strength of their communities. (Burkina Faso)

I think that science has a lot to do with the shift in understanding, and as the science emerges, it seems to have attracted people who have been engaged in other parts of child health and maternal health. The concept of brain development and how it is influenced by the environment keeps coming up in different fields. As does the recognition of how much damage we're doing by separating out the brain, the mind, and the body. As the WHO says: there is no health without mental health. This is true for young children as they develop, for youth who are finding their way amongst social constructs, and adults who are building their communities and raising the next generation of children. When parents (or primary caregivers) suffer from untreated mental conditions, however, they are unable to provide consistent and quality play and love care to their child.

### What terms do you use when talking about the role of mental health in early childhood, as that's an idea that is not so easily understood?

I am drawn to the simple terms of "play" and "love." These embody the core concept that a child needs consistent adult care that provides for opportunities to develop and that reinforces the child's experiences as she explores the world. Play and love shape the wiring of a child's brain and shape the child's life.

A beautiful force is the universality of child development. Often the people supporting parents are parents themselves: so the people who are supporting parents to provide play and love also end up relating it to their own life.

A good example of this is in Ethiopia, where a Learning Through Play project was being delivered by mostly male workers. One of the male workers started playing with his own child in the way he was coaching others—a highly curious action given that women are seen as the ones to deal with children. His neighbor saw him doing this and asked what it was about, and the man replied: "I'm actually building my baby's brain. This is how it works!"

### What realization led you to put a large share of your funds into global mental health ideas—including early childhood development—of all the challenges that could have been selected?

In most areas of the world, we are reliant on psychiatrists, psychologists, counselors, and other specially trained people who focus on mental health to identify, diagnose, and manage mental illness. You also have to recognize cultural norms that further limit people living with mental illness to seek care as a result of stigma, for example, in some cultures there are no words for depression, so why would there be action to manage it?

Put together, it's not surprising that in many parts of the world, about 90% of the people living with mental illness are not getting the care they need. So, our main focus is to be bold, to figure out how to flip this mental health gap so that 90% of people get care. This means tackling the problem of limited specialized care by relying on "task shifting": using the human resources that already exist in the community to take on tasks that were originally conducted only by specialists. It may include the families of affected people, elders in the community, teachers, business leaders, other health care providers, et cetera, playing an active role in identifying, screening, and managing mental health conditions. We support innovators with bold ideas on how these nonspecialists can be the front-line to identify and support people living with mental illness to test, refine, and transition to scale their innovations.

There is also a growing body of evidence that healthy brain development is a preventative approach to mental illness. The ability to also focus significant resources on the window of opportunity provided by the first few years of brain development is the bridge between maternal and newborn health issues and mental health.

### What is the role of innovation to improve mental health?

It is possible for people with mental health conditions to feel better, to get better. There is hope. That's where an innovation agenda is very important for both the early child development and the mental health fields. Innovation is about tomorrow being a better day than today.





Play and love shape the wiring of a child's brain and shape their life.  
(Ethiopia)

Many of the innovations we support are low-tech social innovations. The novelty is in how people are involved. For example, the Friendship Bench in Zimbabwe is an innovation that aims to address the gap in mental health services by training community elders (grandmothers) to deliver a problem-based therapy. When people living with mental illness present at primary health clinics in three major cities in Zimbabwe, they are referred to the grandmother outside the clinic who is sitting on a bench. The grandmother guides the client through the 6 weekly sessions to identify critical problems and activate problem-solving techniques. This Friendship Bench intervention has shown to reduce depression 3-fold; anxiety, 4-fold; and suicidal ideation, 5-fold (Chibanda, Verhey, Munetsi, Cowan, & Lund, 2016).

**In the area of supporting brain development—Saving Brains—which you have referred to as preventative approach to mental health, what is the core concept you want everyone to understand?**

The strength of our Saving Brains portfolio is in sourcing, testing, and transitioning to scale innovations that enhance nurturing care. The more promising innovations are ones that focus on both the baby and the mom (or dad, or the primary caregiver) because, as mentioned earlier, the mom's well-being has a big influence on the baby's development. If you pay attention only to either the baby or the mom, then you're getting less impact than if you pay attention to both together.

One of the most powerful illustrations of the impact of the infant-caregiver unit that I've seen is Kangaroo Mother Care (KMC: skin-to-skin contact between infants and their caregiver). It was first tested by a Colombian pediatrician 20 years ago as an alternative to overcrowded newborn intensive care units.

Supporting a fragile baby's mom and dad to provide KMC has been shown to strengthen the family dynamic so much as to better support the continual development of a child into their 20s. From a study of 20-year-olds who were part of the original study that compared KMC to normal neonatal intensive care unit care, the families who provided KMC were more likely to enroll their kids into preschool, and those who received KMC were more likely to attend more school, and were earning 50% more at 20 years old than those who did not. The KMC-exposed individuals actually had bigger brains (Charpak et al., 2016)

Practices that set up this cascading effect of family investments into a child is as close as a holy grail as we will get for child development. This is a very powerful idea. I agree that it is shortsighted to talk about *only* intervening early, or *only* focusing on the first 1,000 days, and expecting healthy development to continue without support as the toddler transitions into childhood and adolescence. There need to be continuous investments in a child for him to reach his full potential. But, I would challenge us to think about whether there is a domino effect of positive outcomes that we can set off in the earliest moments of a child's life.



Photo courtesy of The Friendship Bench Project

The Friendship Bench in Zimbabwe is an innovation that aims to address the gap in mental health services by training community elders (grandmothers) to deliver a problem-based therapy.

The global early childhood development movement is reaching a new phase where the push is to take what is working and offer them on a large scale. What role is Grand Challenges playing in this transition?

Our current focus is on how to transition the most promising innovations to scale and sustainability. To do this, we are paying attention to a few areas. First, how can we use the scaling process to keep enhancing the impact of the innovation? By that I mean, not taking a model and just expecting to replicate it exactly in various different regions, but actually understanding what will indicate that the solution is working as expected, and how it needs to be adapted as it scales. This kind of iterative learning requires feedback on both the process of delivering services as well as on the outcomes experienced by the babies and their families.

Second, we want to invite more people into this space to help us solve this challenge. For example, both early childhood



Photo: Jacquie Labatt

If you pay attention only to either the baby or the mom, then you're getting less impact than if you pay attention to both together. (Haiti).



Photo: Fundación Canguro

Supporting a fragile baby's mom and dad to provide Kangaroo Mother Care (skin to skin contact) strengthens the family dynamic. (Laquintinie Hospital in Douala, Cameroon)

development and mental health need entrepreneurs who know how to scale solutions, and understand how to keep improving the impact as it scales, to engage in this challenge.

**Karlee Silver, PhD**, is vice president for programs for Grand Challenges Canada. Dr. Silver sets strategy for programmatic investments and enables the programs, investments, and knowledge management staff to source, support, and transition to scale promising innovations for social impact. She is the senior technical advisor for the Every Woman Every Child Innovation Marketplace, represents Grand Challenges Canada in the International Development Innovation Alliance, and is a steering committee member for CitiesRISE. Dr. Silver has been with Grand Challenges Canada since it launched, and led the process of selecting the organization's prioritized grand challenges. Prior to joining Grand Challenges Canada, Dr. Silver trained in the laboratory of Dr. Kevin Kain at the Sandra Rotman Centre in Toronto, first as a Canadian Institutes of Health Research postdoctoral fellow, then as a MITACS Elevate postdoctoral fellow, where she helped to identify host responses of malaria infection in pregnant women to harness for diagnostic and therapeutic purposes. Dr. Silver received her doctorate in 2006 from the University of Oxford, where she attended as a Rhodes Scholar and trained in genetics and immunology under the supervision of Professor Richard

Cornall and Professor Sir John Bell. An accumulation of inspirations, including traveling through southern Africa after Oxford, led to a refocus toward global health. Witnessing both the strength of women to sustain their families and communities, and the vulnerability of these same women to the consequences of poverty, inspired Dr. Silver to apply herself to health issues of women in developing countries.

**Jane West, LPC, ECSE**, is a mental health professional and educator specializing globally in early childhood issues. She runs Heart of the West Counseling, LLC, a company that provides therapeutic services to families and consulting services to early childhood programs and foundations. Both a Harris Fellow in Child Development and Infant Mental Health at the University of Colorado's Child Psychiatry Department and

a Fellow of the Leaders of the 21st Century program at ZERO TO THREE, West was responsible for shaping the early years of Early Childhood Partners' coaching and consultation programs in the mountains of Colorado, and is an active consultant and speaker on topics such as early childhood toxic stress and resilience. She is also an internationally accomplished journalist and an Emmy-award winning producer of documentaries for PBS and the BBC. In 2013, West launched an international donor-advised fund to support the development of early childhood mental health systems and workforce capacity in under-resourced areas of the world. The Two Lilies Fund shines a spotlight through its program development and public awareness campaigns (using film and podcasting) on model projects that are designed to strengthen the social and emotional development of young children and their caregivers.

## References

Charpak, N., Tessier, R., Ruiz, J. G., Hernandez, J. T., Uriza, F., Villegas, J., ... Maldonado, D. (2016). Twenty-year follow-up of Kangaroo Mother Care versus traditional care. *Pediatrics*, 139, e20162063; DOI: 10.1542/peds.2016-2063

Chibanda, D., Verhey, R., Munetsi, E., Cowan, F. M., & Lund, C. (2016). Using a theory driven approach to develop and evaluate a complex mental health intervention: The Friendship Bench project in Zimbabwe. *International Journal of Mental Health Systems*, 10(1). Retrieved from <http://ijmhs.biomedcentral.com/articles/10.1186/s13033-016-0050-1>

# Dartmouth

## DIRECTOR OF CHILD CARE CENTER

**The Director is responsible for the overall operation of the Dartmouth College Child Care Center including meeting the needs of children and families, program and curriculum, enrollment, staff hiring and supervision, and physical plant. The Director leads center staff in creating a warm, caring and safe early care and education environment.**

### Key Accountabilities:

- Leadership and Operations
- Classroom and Curriculum
- Family & Community Relations
- Staff Supervision and Development
- Child Care Model Review

### Minimum Experience:

Minimum of two years of experience in administering early childhood educational settings.

### Minimum Education:

- Baccalaureate degree or substantial coursework in early childhood education or related field plus nine credits in business administration or a state credential in education administration is required.
- Master degree preferred.



For additional information and to apply, please visit:

**<https://searchjobs.dartmouth.edu/postings/44249>**

*Dartmouth College is an equal opportunity/affirmative action employer with a strong commitment to diversity and inclusion. We prohibit discrimination on the basis of race, color, religion, sex, age, national origin, sexual orientation, gender identity or expression, disability, veteran status, marital status, or any other legally protected status. Applications by members of all underrepresented groups are encouraged.*



# Inclusive Early Childhood Development

## Ensuring the Rights and Well-Being of Infants and Toddlers With Disabilities and Their Families

Donald Wertlieb

Partnership for Early Childhood Development & Disability Rights  
West Newton, Massachusetts

### Abstract

The science and practice of early childhood development now stands ready to address the needs and ensure the rights of infants and young children with disabilities and their families, among the most underserved and marginalized in all regions of the world. Synergies in global policies such as the *United Nations Convention on the Rights of the Child*, *United Nations Convention on the Rights of Persons With Disabilities* (CRPD), and Sustainable Development Goals resolute in “leaving no one behind” guide innovations in inclusive early childhood development (IECD). Concepts and tools such as the Early Childhood Quality Inclusion Profile (ECQUIP) and “triple-twin-tracking” facilitate holistic, comprehensive, and equitable policies and practices increasingly evident in international and global initiatives for nurturing care for all children.

Infants and young children with disabilities are a large and growing population with a long tradition of being marginalized and excluded (Scherzer, Chhagan, Kauchali, & Susser, 2012). With the world’s mobilization around the United Nation’s (UN) Sustainable Development Goals (UN, 2015) and their clarion commitment to “leave no one behind,” these children and their families are key to progress in creating the healthy, prosperous, and peaceful world envisioned. Emergent policies, programs, and practices guided by the widely embraced tenets of the *United Nations Convention of the Rights of the Child* (UNICEF UK, 1989) and the *United Nations Convention on the Rights of People With Disabilities* (CRPD: UN, 2009) transform a large investment in early childhood development into a stronger and more inclusive system of early childhood development (IECD; Brown & Guralnick, 2012; Wertlieb & Krishnamurthy, 2015; Woodhead, 2016). Dimensions of this opportunity and imperative (see box What Is Early Childhood Inclusion?) are sketched in this article to provide concepts and tools that engage diverse stakeholders in the mission to ensure the rights and well-being of infants and toddlers with disabilities.

Globally, significant progress in reducing infant mortality and advances in technology and health sciences have generated

### What Is Early Childhood Inclusion?

“Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential.” (Division for Early Childhood, National Association for the Education of Young Children, 2009, p. 2)

growing numbers of children surviving, often with considerable ongoing risk and disability (Scherzer et al., 2012). Although for decades “helping babies to survive” was the focus, now the priority is helping them “to thrive” and to optimize the opportunity for every baby to achieve her full developmental potential. Recent estimates indicate that 43% of children under 5 years old, 250 million children, are at risk of not attaining their developmental potential in low and middle income countries (Black et al., 2016).

More than 8 million children are born each year with disabilities, most of which are preventable or amenable to interventions that mitigate negative impacts and enhance the quality of their lives (Darmstadt et al., 2016). The science of early childhood development provides effective strategies and interventions for improving health, equity, achievement, and human capital (Campbell et al., 2014; Heckman, 2007; Huebner et al., 2016; Moore, Arefadib, Deery, Keyes, & West, 2017). In addition, the “cost of inaction” (i.e., losses to a family, community, or nation associated with failure to invest in early childhood development) is increasingly documented and known to be substantial and avoidable (Institute of Medicine, 2014). The stakes are high, the opportunity grand, the challenges severe.

## The Rights and Needs of Children With Disabilities

Around the world, professionals, families, governments, and civil society organizations now advocate for enhancement of early childhood services across all sectors—health, education, social protection, and humanitarian action (Basset & Nieto, 2017; Donoghue, 2017; New York Academy of Sciences, 2016). Increasingly, policy choices are guided by an awareness that it is the youngest children in their earliest moments, or “first thousand days” (conception to 2 years old), who are most in need or return the most on investment (Britto, 2017; Moore et al., 2017). However, too often, the particular rights and needs of those infants and toddlers with disabilities are shunted off to a separate space of rehabilitation, separated or segregated special services, or worse, no services at all.

The *UN Convention on the Rights of the Child* (UNICEF UK, 1989), a global endorsement of children’s right to care, education, and participation, has been a core value and aspiration in most nations (UNICEF, 2013). The *UN Convention on the Rights of the Child* included an article on children with disabilities and a general comment on early childhood and the particular needs and rights of young children, but the more recent CRPD (UN, 2009) illuminated the fundamental interdependence of early childhood and disability matters in contemporary notions of equity, inclusion, and “leaving no one behind,” as expressed in this excerpt from General Comment 4 of the CRPD addressing inclusive education:

*Early childhood interventions can be particularly valuable for children with disabilities, serving to strengthen their capacity to benefit from education and promoting their enrollment and attendance. All such interventions must guarantee respect for the dignity and autonomy of the child. In line with [Sustainable Development Goal] 4, and the 2030 Agenda for Sustainable Development, States parties are urged to ensure access to quality early childhood development, care and pre-primary education, together with the provision of support and training to parents and caregivers of young children with disabilities. If identified and supported early, young children with disabilities are more likely to transit smoothly into pre-primary and primary inclusive*



Photo: Vitalinka/Shutterstock

Although for decades “helping babies to survive” was the focus, now the priority is helping them “to thrive” and to optimize the opportunity for every baby to achieve her full developmental potential.

*education settings. States parties must ensure coordination between all relevant ministries, authorities and bodies as well as [Disabled Persons’ Organizations] and other [nongovernmental organization] partners. (UNCRPD, 2016, pp. 21–22)*

Early intervention action guidelines and tools integrating the principles in these two Conventions are available (e.g., Brown & Guralnick, 2012; Lumpkin, 2015) but still not widely implemented. Even a powerful declaration on the rights of infants (World Association for Infant Mental Health, 2016) has yet to include the CRPD as a guiding or underpinning resource. Advocates for inclusion and the rights of infants and toddlers with disabilities encounter a range of challenges including shifting definitions of disabilities and gaps in identification and counts. More and more countries are adopting strategic action plans for early childhood development and early childhood intervention, but implementation of such plans often requires unprecedented levels of cross-sectoral collaboration and expensive transformations of workforce, training, and service-delivery systems. The tragic injustice and vulnerability of these young children is especially evident in current efforts to return children institutionalized in “orphanages” or residential facilities away from their families. As the world now grapples with global migration and refugee crises, again, children with disabilities get disproportionate neglect and insufficient protection.

## An Evolving Definition of Disability

The shift away from a traditional biomedical model of disability—in which a child’s impairment, defect, or deficit was primary—toward a more accurate, enlightened, and actionable definition of disability guides current efforts to harness the power of early childhood development: “Persons with





The preferred and evolving definition of disability as a social and environmental process abandons the simplistic notion of disability as a mental or physical impairment in a child.

disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UN, 2009, p. 4). This preferred and evolving definition of disability as a social and environmental process abandons the simplistic notion of disability as a mental or physical impairment in a child. It recognizes that social and environmental obstacles and barriers, including attitudes of others, discrimination, or stigma, create and constitute limitations and compromises in the child’s pursuit of his developmental potential and human rights (Inclusive Early Childhood Services System, 2015; Wertlieb & Krishnamurthy, 2015). As policies and programs embrace multidimensional frameworks for describing children’s behavior and development as conveyed in the *International Classification of Functioning* (WHO, 2016) and *DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (ZERO TO THREE, 2016), more infants and toddlers with disabilities will be supported in their families’, providers’, and communities’ efforts to help them achieve their full potentials (Miller & Rosenbaum, 2016).

## Assessing Quality Inclusion

Among the tools available to facilitate needs assessments and program development in IECD is the Early Childhood Quality Inclusion Profile (ECQUIP; Levy, Messner, & Wertlieb, 2014; Wertlieb, 2017) depicted in Figure 1. It draws from various efforts to identify and measure (a) elements of good practice and effective ingredients in diverse education and intervention settings and (b) policies fostering the optimal development of infants and young children. The extent to which such programs

or policies are sensitive and responsive to diversity in abilities, styles, and culture typically emerges as a key factor in quality. Differentiation and individualization that respects and leverages distinctive capacities, preferences, and neurodiversity will enhance program impact. ECQUIP asks stakeholders to assess a current policy, program, or practice and envision positive changes along 12 key dimensions listed in Figure 1. A guiding assumption of the ECQUIP process holds that to be a high-quality service or program for infants and young children, inclusion must be a priority.

While many of the dimensions of ECQUIP will be familiar to readers, the notion of “triple-twin-tracking” conveyed in item 4 may be less so. A brief elaboration here will also allow suggestions for advancing IECD in the context of several global early childhood development agendas.

## A “Twin-Track” Approach

The twin-track approach recognizes that progress in securing the rights of people with disabilities requires simultaneous, concerted, and sustained action in two domains—one domain is disability-specific and focused; the second is universal and responsive in inclusive ways (CBM, 2012; Department for International Development, 2015; Lumpkin, 2015). For instance, consider the case of a model Early Head Start program; its policies and practices will reflect sophisticated and enlightened understandings of the needs and capacities of all young children meshed seamlessly and intentionally with accommodations and responsiveness to the capacities and needs of any family member (child or adult) with a disability. The twin-track approach is often summarized as “mainstreaming disability,” that is, ensuring that the particulars of disability matters get considered in the larger or more universal arenas of policy or practice. Thus, if a country is transforming its health care system, the twin-track approach would focus attention on ensuring that the transformed system meets the needs of both people with disabilities and those without. If a community determines that a parent support and education initiative would enrich its schools, then a twin-tracking approach would aim to shape the curriculum to foster learning by all parents, those whose child has a disability or might be at risk for disability, as well as parents whose child does not have a disability.

## The Meanings of Mainstreaming

A potential for misunderstanding emerges from the particular meaning of mainstreaming familiar to those operating in the “child development” space rather than the “international development” space. Social and educational policy and practice in the 20th century focused on overcoming the segregation and exclusion of children with disabilities by bringing them out of institutions and separate special schools and into community and neighborhood schools, “mainstream” settings, learning alongside “normal” or “able-bodied” peers. These less restrictive environments were cultivated as a way of promoting the rights of all children to free and appropriate public education in the US as well as many other countries. By the end of the 20th century, the limitations and problems of mainstreaming

## Figure 1. **Early Childhood Quality Inclusion Profile (ECQUIP)**

In a participatory, iterative process, assess and document your program(s) or policies with quantitative and qualitative data. Capture a snap-shot of the current situation. Envision a set of goals and objectives that would describe the program or policy to which you aspire in 2 years, and in 5 years.

	Evidence & Actions		
	Now	2 Years	5 Years
1. Reflects a developmental systems framework?			
2. Employs a human rights-based approach?			
3. Coordinates and integrates across sectors and levels?			
4. Triple-twin-tracks? a. Mainstreaming disability : Inclusion and special care b. Child- and Family-centered as well as Community-centered c. Young child birth to 3 years old, 3–8 years old, as well as child and youth (birth to 25 years old)			
5. Enables, supports, and empowers caregivers and parents?			
6. Prevents institutionalization?			
7. Increases local capacity for training and support of diverse interdisciplinary providers?			
8. Culturally responsive?			
9. Employs Universal Designs for Learning?			
10. Evidence-based and evidence informed?			
11. Strong evaluation system with continuous improvement links to the program or policy as well as dissemination to the field?			
12. Ethical analysis?			
13. Other?			

Adapted from © 2012 D. Wertlieb PECDDR Rev 2017

became apparent, and the emphasis shifted to true integration and inclusion frameworks. The narrow focus on the weaknesses or deficits of individual children with disabilities broadened with sophistication about the importance of inclusive education where quality enhanced outcomes for all learners. The contemporary evolving social definition of disability offered previously (see p. 23–24) guided and was guided by integrated and inclusive approaches, moving beyond the initial “mainstreaming” objectives. Too often, what passed for “mainstreaming” was simply dumping of children with disabilities into a segregated “special” classroom in the basement of the school, or placing a child in a “regular” classroom without providing the child, teacher, or other students with the tools, skills, and understanding that would foster individual and group

learning. Thus, caution and thoughtfulness must be exercised in optimizing application of the twin-track approach as “mainstreaming” (EASPD, 2012).

In any event, a twin-track approach to optimizing the impacts of early childhood development policies, programs, and practices is well-warranted. Recent and future progress requires this simultaneous consideration of disability-specific initiatives (e.g., how will communities support the well-being of infants being born with Congenital Zika Virus Syndrome), alongside disability-inclusive or universal initiatives (how will communities capitalize upon scientific evidence of the link between infant and toddler well-being and adult health and prosperity later in life). And each of these “tracks” or initiatives has merit on its

own; progress on either can and should enhance the other with a twin-track approach.

## The “Triple-Twin-Track” Framework

Turning to the Sustainable Development Goal 4 target that all children gain access to quality early childhood development and care, that no one be left behind, and that all children attain their developmental potential, success depends upon a twin-track approach. Turning to a human rights orientation, successful integration and implementation of the Convention on the Rights of the Child and CRPD depends upon a twin-track approach. This joint focus on universal and disability-specific progress can be deemed Twin-Track I in the “triple-twin-tracking” framework (see Figure 2).

Two other dimensions amenable to twin-tracking characterize the emergent frame of early childhood development as IECD captured in ECQUIP. This IECD dimension relies upon a second twin-track to harmonize policies and practices that vary in degree or type of child-centeredness or family/community-centeredness, as well as a third twin-track that

recognizes the special and distinctive knowledge bases about infants, toddlers, and young children as both part of and apart from the broader knowledge base about children and youth. Some examples of these two additional twin-tracks allows for commitment to a triple-twin-track approach as an enriched framework.

### Twin-Track II

Twin-track II reflects decades of research and experience documenting the value and necessity of a child-centered approach harmonized or balanced with an ecologically informed consideration of family and community contexts and determinants. A focus on the individual needs, rights, strengths, or weaknesses of a child is essential to fulfillment of her developmental potential, health, and well-being; family and community factors interact and influence the individual child’s status and trajectory thus must be addressed in policies, programs, and practices fostering early childhood development. Good programs might be child-centered or family-focused. Great programs are child-centered, family-focused, and community-based in an integrated and inclusive fashion. The

*Figure 2. High-Quality Inclusive Early Childhood Development Programs and Policies Are Triple-Twin-Track*



history of early childhood education and intervention, especially in its Head Start prototype and international replications, is replete with evidence of the need for abandoning simplistic child-centered vs family-centered framings and adopting twin tracking that integrates both child-centeredness and family-centeredness in community contexts (e.g., Lightfoot-Rueda & Peach, 2015). The value—even necessity—of such interaction has been documented in both disability-specific initiatives as well as disability-inclusive or universal initiatives, underlining the interdependence between Twin-Track I and Twin-Track II.

### Twin-Track III

Twin-Track III reflects both scientific advances and field experience as it embraces the elaborating knowledge of child development and its applications, with a highlighting of specific knowledge and experience particular to infants, toddlers, and preschool children—the focus of ECD and IECD (Moore et al., 2017). Nineteenth and 20th century policies enhanced the well-being of children and youth in recognizing that they were not simply “small adults,” and that their rights and needs could and should be addressed in developmentally appropriate ways. More recently, the deepening and specialized understandings of distinctive needs and rights of infants and young children guide innovations in policy, programs, and practices. Initiatives such as the First 1,000 Days or ZERO TO THREE bolster the more broadly focused initiatives from, for example, Council for Exceptional Children or Association for Childhood Education International so that the full range of children’s rights and needs can be addressed (see box Learn More).

An IECD Twin-Track III approach integrates the specialized and general knowledge and action. Advocates for child health and development work alongside each other in alignments generated by multiple agendas for human rights and sustainable development, rather than in isolated silos where progress for infants and toddlers seems nongermane to progress for school-age children. Twin-Track III challenges both the competition and isolation too often experienced by champions for the well-being of young children and champions for older children and youth. Twin-Track II requires focus on family and community as part of focus on a child. And Twin-Track I keeps sensitivity and accountability to all—those with disabilities and those without. IECD demands this triple-twin-tracking as a framework for assessing and enhancing the quality of policies, programs, and practices.

### Ways Forward

Agendas and recommendations for improving societies’ efforts to address the rights and needs of young children with disabilities come from diverse disciplines and agencies (Caceres, Tanner, & Williams, 2016; Collins et al., 2017; Darmstadt et al., 2016; Proulx & Lye, 2016). These initiatives could be sharpened or enhanced with a well-articulated IECD framework and triple-twin-track approach. For instance, as the World Bank’s Independent Evaluation Group (Caceres et al., 2016) synthesizes and disseminates its three principles for



Photo: Olesia Bilkei/shutterstock

By the end of the 20th century, the limitations and problems of mainstreaming became apparent, and the emphasis shifted to true integration and inclusion frameworks.

.....

policymakers committed to maximizing child development—support the early development of children from birth, support parents through existing services, and make resources available to meet needs of the most vulnerable—each of the triple-twin-tracks impacts implications and applications. Disability and inclusion matters amplify the complexity and eventual efficacy of the principles.

A commitment to equity requires consideration of IECD and triple-twin-tracking, as illustrated by recent analyses and case studies documenting promising practices. Shared concerns of “children living in poverty, children living in remote rural communities and urban slums, children from minority families, children left behind by migrant parents, refugee children and those living through emergencies and conflicts, and children with disabilities” (Proulx & Lye, 2016, p. 12) must be addressed in order to achieve the Sustainable Development Goals and “leave no one behind.” Such lists of vulnerable or disadvantaged groups are essential to conveying the scope of inclusion. Children with disabilities are increasingly included on the lists, but still too often in a sort of “last, but not least” gesture. Initiatives such as the Mother and Child Manifesto (CEPPS, 2017a) can be commended for their recent explicit inclusion of children with disabilities in their advocacy for prenatal, perinatal, and infant care and support. They call for “a multi-sector approach to the provision of parenting support services and early childhood care for all mothers and their families—recognizing local and country-specific issues in relation to United Nations Sustainable Development Goals targets and the United Nations Convention on the Rights of the Child” (CEPPS, 2017b). Triple-twin-tracking and further integration of CRPD principles will enhance the power of the manifesto for all children, not just those with disabilities.

A landmark mapping of research and policy gaps in services for children with developmental delays and disabilities articulates four related goals: (a) identification of children with disabilities



and their needs, (b) increased access to evidence-based services, (c) training and support for caregivers, and (d) policy and program improvement (Collins et al., 2017). Implicit in their agenda are the interrelated building blocks of the triple-twin-track approach—Twin-Track I harmonizing the well-being of all children with the well-being of those with disabilities, Twin-Track II integrating child-centered, family-focused, and community-based interventions, as well as the developmental sensitivity and coordination of Twin-Track III. Their recommendations for connecting the dots between the Convention on the Rights of the Child (UNICEF UK, 1989) and CRPD and with the Sustainable Development Goal's advance an inclusive early childhood development agenda optimally guided by a triple-twin-track approach.

The comprehensive “call to action” issued by the International Conference on Birth Defects and Disabilities in the Developing World (Darmstadt et al., 2016) targeted four interdependent goals—reducing risks, improving care, improving data quality, and empowering the public and civil society. Cross-sectoral targets across multiple domains of services, training, research, and policy reflect multiple elements of triple-twin-tracking.

## Learn More

Association for Childhood Education International  
[www.acei.org](http://www.acei.org)

Resources to Support Inclusive Practices for Children With Diverse Abilities  
 C. Catlett (2017)  
<http://fpg.unc.edu/presentations/successful-inclusion>

The Worldwide Burden of Infant Mental and Emotional Disorder: Report of the Task Force of the World Association for Infant Mental Health  
 K. Lyons-Ruth, J. T. Manly, K. Von Klitzing, T. Tamminen, R. Emde, H. Fitzgerald...H. Watanabe (2017)  
*Infant Mental Health Journal*, 38(6). p. 695–705

1,000 Days  
<https://thousanddays.org>

Early Childhood Development and Children With Disabilities  
 P. Lynch (2016)  
[www.heart-resources.org/wp-content/uploads/2016/07/Paul-Lynch-reading-pack-1.pdf?x30250](http://www.heart-resources.org/wp-content/uploads/2016/07/Paul-Lynch-reading-pack-1.pdf?x30250)

Council for Exceptional Children  
<https://www.cec.sped.org>

Nurturing Care Framework  
[www.who.int/maternal\\_child\\_adolescent/child/nurturing-care-framework/en](http://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en)

Early Childhood Development Task Force (ECDtf) of the Global Partnership on Children With Disabilities  
<http://ecdtf.org>

ZERO TO THREE  
<https://www.zerotothree.org/advocate>

Again, enabling a commitment to “leaving no one behind” requires wide and deep attention to the needs and rights of all children, including young children with disabilities, their families, caregivers, and communities.

As articulated in the several articles of this journal, numerous scientific and policy advances hold great promise for enhancing the well-being of infants and toddlers around the globe. The extent to which these initiatives aspire toward IECD and the inclusion of young children with disabilities and their families might well determine capacity for meeting global goals for sustainability and prosperity. Nurturing care, nutrition, and home visiting initiatives must strive for inclusion of infants and toddlers with disabilities (Richter, this issue, p. 10; Sullivan, Sakayan, & Cernak, this issue, p. 31; Walker, Chang, Smith, Baker-Henningham, and the Reach Up Team, this issue, p. 37) as well as engagement of fathers in all families (Barker, Levto, & Heilman, this issue, p. 44). Advancing IECD by documenting the economic case and significant returns on investment need elaboration with explicit focus on both the challenges and benefits associated with holistic and inclusive interventions (Lopez Boo, Cubides Mateus, Sorio, Garibotto, & Berón, this issue, p. 51). Processes such as ECQUIP, triple-twin-tracking, or connecting the dots between the Convention on the Rights of the Child and CRPD can enhance progress toward these shared goals.

## Acknowledgments

This article was partially supported by a grant from the Open Society Foundations. All views presented are those of the author and not necessarily those of the Foundations.

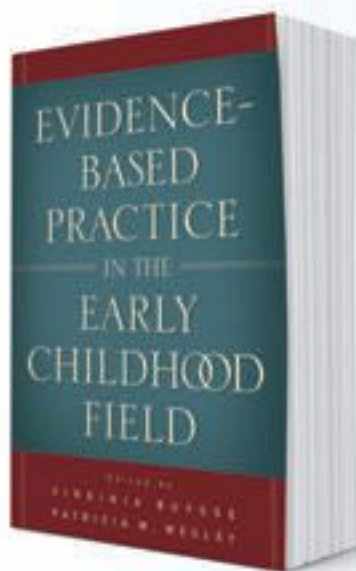
**Donald Wertlieb, PhD**, professor emeritus and former chairman of the Eliot-Pearson Department of Child Development at Tufts University, is an applied developmental scientist specializing in clinical-developmental and pediatric psychology. His research interests are understanding the complex processes by which children and families cope with adversity (e.g., marital disruption, chronic illness, disability) and applying these understandings to program development in community settings. As president of the Partnership for Early Childhood Development & Disability Rights and coordinator of the Early Childhood Development Task Force for the Global Partnership on Children With Disabilities, he collaborates with diverse partners in action research and participatory evaluation of early childhood development and intervention initiatives across the globe. As a member of the National Academy of Medicine Forum on Promoting Children's Cognitive, Affective, and Behavioral Health and a planner for the National Summits on Child Mental Health, he fostered collaboration between developmental scientists and communication scientists to improve the quality and impact of research on services, policies, and programs for young children, their families, and communities. Wertlieb served as president of the Society of Pediatric Psychology as well as the interdisciplinary American Orthopsychiatric Association, now reorganized as the Global Alliance for Mental Health & Social Justice.



## References

- Barker, G., Levto, R., & Heilman, B. (2018). Changing the global mindset on fathers: Lessons from the MenCare Campaign. *ZERO TO THREE Journal*, 38(4), 44–50.
- Bassett, L., & Nieto, A. (2017). *The Early Childhood Development Action Network: A global network to strengthen support for young children*. Retrieved from <https://bernardvanleer.org/ecm-article/early-childhood-development-action-network-global-network-strengthen-support-young-children>
- Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., ...Grantham-McGregor, S., for the Lancet Early Childhood Development Series Steering Committee. (2016). *Early childhood development coming of age: Science through the life course*. Retrieved from [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31389-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31389-7/fulltext)
- Britto, P. R. (2017). Early moments matter for every child. Retrieved from [https://www.unicef.org/media/files/UNICEF\\_Early\\_Moments\\_Matter\\_for\\_Every\\_Child\\_report.pdf](https://www.unicef.org/media/files/UNICEF_Early_Moments_Matter_for_Every_Child_report.pdf)
- Brown, S., & Guralnick, M. (2012). International human rights to early intervention for infants and young children with disabilities: Tools for global advocacy. *Infants & Young Children*, 25, 270–285.
- Caceres, S., Tanner, J., & Williams, S. (2016). Maximizing child development: Three principles for policy-makers. *Journal of Human Development and Capabilities*, 17(4), 583–589. DOI: 10.1080/19452829.2016.1243521
- Campbell F. A., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, 343(6178), 1478–85. DOI: 10.1126/1248429.
- CBM. (2012). *Inclusion made easy: A quick program guide to disability in development*. Retrieved from [www.cbm.org/Inclusion-Made-Easy-329091.php](http://www.cbm.org/Inclusion-Made-Easy-329091.php)
- CEPPS. (2017a). *The mother and child manifesto*. Retrieved from <https://ceppprinciples.org/the-cepps-manifesto>
- CEPPS. (2017b). *Principle 3*. Retrieved from <https://ceppprinciples.org/principle-3>
- Collins, P. Y., Pringle, B., Alexander, C., Darmstad, G. L., Heymann, J., Huebner, G., ...Zindell, M. (2017). *Global services and support for children with developmental delays and disabilities: Bridging research and policy gaps*. PLoSMed14(9):e1002393. Retrieved from <https://doi.org/10.1371/journal.pmed.1002393>
- Darmstadt, G. L., Howson, C. P., Walraven, G., Armstrong, R. W., Blencowe, H. K., Christianson, A. L., ...Walani, S. R. (2016) Prevention of congenital disorders and care of affected children: A consensus statement. *JAMA Pediatrics*, 170(8), 790–793.
- Department for International Development. (2015). *Disability framework—One year on: Leaving no one behind*. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/554802/DFID-Disability-Framework-2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554802/DFID-Disability-Framework-2015.pdf)
- Division for Early Childhood/National Association for the Education of Young Children. (2009). *Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Retrieved from [https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/DEC\\_NAEYC\\_EC\\_updatedKS.pdf](https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/DEC_NAEYC_EC_updatedKS.pdf)
- Donoghue, E. A. (2017). Quality early education and child care from birth to kindergarten. *Pediatrics*, 140(2). Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/140/2/e20171488.full.pdf>
- EASPD. (2014). Correct understanding of mainstreaming disability. Retrieved from [www.easpd.eu/en/content/correct-understanding-mainstreaming-disability](http://www.easpd.eu/en/content/correct-understanding-mainstreaming-disability)
- Heckman, J. J. (2007). The economics, technology, and neuroscience of human capability formation. *Proceedings of the National Academy of Sciences*, 104(33), 13250–13255.
- Huebner, G., Boothby, N., Aber, J. L., Darmstadt, G. L., Diaz, A., Masten, A. S., ... Zeanah, C. H. (2016). *Beyond survival: The case for investing in young children globally*. Discussion Paper, National Academy of Medicine. Retrieved from <https://nam.edu/wp-content/uploads/2016/09/Beyond-Survival-The-Case-for-Investing-in-Young-Children-Globally.pdf>
- Inclusive Early Childhood Services System. (2015). *The right to inclusive education begins in early childhood*. Policy Brief No. 2. Retrieved from [http://inclusiveearlychildhood.ca/files/2015/03/IECSS\\_policy-brief-2\\_ENG\\_MAR\\_19-KU.pdf](http://inclusiveearlychildhood.ca/files/2015/03/IECSS_policy-brief-2_ENG_MAR_19-KU.pdf)
- Institute of Medicine. (2014). *The cost of inaction for young children globally: Workshop summary*. Washington, DC: The National Academies Press.
- Levy, M., Messner, L., & Wertlieb, D. (2014) *Including orphans and young children with disabilities in early childhood development programs*. Arlington, VA: USAID AIDS Support and Technical Assistance Resources (AIDSTAR-One).
- Lightfoot-Rueda, T., & Peach, R. (Eds). (2015). *Global perspectives on human capital in early childhood education: Reconceptualizing theory, policy, and practice*. New York, NY: Springer.
- Lopez Boo, F., Cubides Mateus, M., Sorio, R., Garibotto, G., & Berón, C. (2018). Developing a system of protection for young children in Uruguay: Understanding the link between the home environment and child development. *ZERO TO THREE Journal*, 38(4), 51–54.
- Lumpkin, G. (2015). *Inclusive early childhood development & disability: Program guidance notes*. Panama City, Panama: UNICEF.
- Miller, A. R., & Rosenbaum, P. L. (2016). Perspectives on “disease” and “disability” in child health: The case of childhood neurodisability. *Frontiers in Public Health*, 26(4). Retrieved from <https://www.frontiersin.org/articles/10.3389/fpubh.2016.00226/full>
- Moore, T. G., Arefadib, N., Deery, A., Keyes, M. & West, S. (2017). *The first thousand days: An evidence paper*. Retrieved from <https://aifs.gov.au/cfca/2017/09/27/report-first-thousand-days-evidence-paper>
- New York Academy of Sciences. (2016). *Global Compact for Early Childhood Development*. Retrieved from <https://www.nyas.org/history-highlights/contents/events/global-compact-for-early-childhood-development-first-meeting-of-early-adopter-cities>
- Proulx, K., & Lye, S. (2016). Equity in early childhood development: A global perspective. In the Consultative Group on Early Childhood Care and Development, *Global report on equity & early childhood* (pp. 12–29). Leiden, Netherlands: International Step-by-Step Association. .
- Richter, L. M. (2018). Supporting parents to provide nurturing care for young children: The fundamental ingredients for a better world. *ZERO TO THREE Journal*, 38(4), 10–15.
- Scherzer, A. L., Chhagan, M., Kauchali, S., & Susser, E. (2012). Global perspective on early diagnosis and intervention for children with developmental delays and disabilities. *Developmental Medicine & Child Neurology*. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1469-8749.2012.04348.x/full>
- Sullivan, L. M., Sakayan, M., & Cernak, K. (2018). 1,000 Days: Mobilizing investments for healthier, more prosperous futures. *ZERO TO THREE Journal*, 38(4), 31–36.
- UNICEF. (2013). *Using the human rights framework to promote the rights of children with disabilities: Discussion Paper—An analysis of the synergies between CRC, CRPD and CEDAW*. Retrieved from [https://www.unicef.org/disabilities/files/Synergies\\_paper\\_V6\\_Web\\_REVISIED\(2\).pdf](https://www.unicef.org/disabilities/files/Synergies_paper_V6_Web_REVISIED(2).pdf)

- UNICEF UK. (1989). *United Nations Convention on the Rights of the Child*. Retrieved from [https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC\\_united\\_nations\\_convention\\_on\\_the\\_rights\\_of\\_the\\_child.pdf?\\_ga=2.228556957.1060233983.1509118512-1333227863.1509118512](https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?_ga=2.228556957.1060233983.1509118512-1333227863.1509118512)
- United Nations. (2009). *Convention on the Rights of Persons with Disabilities (CRPD)*. Retrieved from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- United Nations. (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*. Retrieved from <https://sustainabledevelopment.un.org/post2015/transformingourworld/publication>
- United Nations Committee on the Rights of Persons with Disabilities. (2016). *General comment No. 4 (2016), Article 24: Right to inclusive education*. Retrieved from [www.refworld.org/topic,50ffbce51b1,50ffbce51c9,57c977e34,0,,,html](http://www.refworld.org/topic,50ffbce51b1,50ffbce51c9,57c977e34,0,,,html)
- Walker, S. P., Chang, S. M., Smith, J. A., Baker-Henningham, H., & the Reach Up Team. (2018). The Reach Up early childhood parenting program: Origins, content, and implementation. *ZERO TO THREE Journal*, 38(4), 37–43.
- Wertlieb, D. (2017, October 4). *A competent early childhood system means an inclusive system: The Early Childhood Quality Inclusion Profile (ECQUIP) tool for aligned action*. Presentation at ISSA Annual Conference, Ghent, Belgium. Retrieved from [https://www.dropbox.com/sh/akvh2en5at2qdy2/AADK7lJrO7MdThT8XUIU-A2ga?dl=0&preview=A+competent+early+childhood+system+means+an+inclusive+system\\_ECQUIP\\_STRAND+3.pdf](https://www.dropbox.com/sh/akvh2en5at2qdy2/AADK7lJrO7MdThT8XUIU-A2ga?dl=0&preview=A+competent+early+childhood+system+means+an+inclusive+system_ECQUIP_STRAND+3.pdf)
- Wertlieb, D., & Krishnamurthy, V. (2015). *Special children, special rights: Addressing young children with disabilities via inclusive early childhood development*. Retrieved from Early Childhood Matters, <http://earlychildhoodmagazine.org/special-needs-special-rights-addressing-young-children-with-%C2%ADdisabilities-via-inclusive-early-childhood-development>
- Woodhead, M. (2016) *Early childhood development in the Sustainable Development Goals: Young Lives Policy Brief #28*. Retrieved from [https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PB28\\_Early%20Childhood%20Development%20in%20the%20SDGs.pdf](https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PB28_Early%20Childhood%20Development%20in%20the%20SDGs.pdf)
- World Association for Infant Mental Health. (2016). *WAIMH position paper on the rights of infants*. Retrieved from [www.waimh.org/files/Perspectives%20in%20IMH/2016\\_1-2/PositionPaperRightsInfants\\_%20May\\_13\\_2016\\_1-2\\_Perspectives\\_IMH\\_corr.pdf](http://www.waimh.org/files/Perspectives%20in%20IMH/2016_1-2/PositionPaperRightsInfants_%20May_13_2016_1-2_Perspectives_IMH_corr.pdf)
- World Health Organization. (2016). *International classification of functioning*. Retrieved from [www.who.int/classifications/icf/en](http://www.who.int/classifications/icf/en)
- ZERO TO THREE. (2016). *DC:0–5™: Diagnostic classification of mental health and developmental disorders of infancy and early childhood (DC:0–5)*. Washington, DC: Author.



## Evidence-Based Practice in the Early Childhood Field

Edited by Virginia Buysse and Patricia W. Wesley

Evidence-based practice is a common requirement for obtaining funding, and it can be a key element in providing high-quality services to young children and families.

But do you *really* know what evidence-based practice is?

Evidence-based practice can transform the way knowledge is generated, disseminated, and used. And it can be a bridge between the worlds of research and practice—if you know how to define it, understand it, and use it.

This best-selling resource is perfect for professionals working in

- Early education
- Special education
- Early intervention
- Child care
- Mental health
- Social work
- Pediatric care

Need a resource? Find it in the ZERO TO THREE  
Bookstore: [www.zerotothree.org/bookstore](http://www.zerotothree.org/bookstore)



**ZERO TO THREE**

# 1,000 Days

## Mobilizing Investments for Healthier, More Prosperous Futures

Lucy Martinez Sullivan  
Mannik Sakayan  
Kimberly Cernak  
1,000 Days  
Washington, DC

### Abstract

Good nutrition during the 1,000-day window between pregnancy and 2 years old can give children the opportunity to reach their full potential. Conversely, malnutrition early in life can cause irreversible damage to a child's brain development and physical growth, leading to a lifetime of poor health and lost potential. Each year, malnutrition costs the global economy hundreds of billions of dollars in lost productivity and health care costs. Despite a strong evidence base, global nutrition has been historically undervalued by donors and governments, leaving a significant funding gap and an inability to deliver the high-impact interventions researchers know work. 1,000 Days, an independent nonprofit organization, works around the globe to advocate for increased investment in those proven interventions that can save and improve lives.

In 2010, the United States and Irish governments issued the *1,000 Days Call to Action* (Clinton, 2010) to bring greater attention to what Bill Gates has called “the greatest missed opportunity in global health”: investments in maternal and child malnutrition. What followed was the formation of a global partnership bringing together governments, the private sector, and civil society organizations to promote targeted action and investment to improve nutrition during the critical 1,000-day window between a woman's pregnancy and her child's second birthday. By shining a light on what *The Lancet* (2008) medical journal had affirmed just 2 years prior—the role of early nutrition on children's cognitive and physical development—the *1,000 Days Call to Action* ushered in a new narrative on malnutrition from one that had focused on the visible signs of hunger and images of famine-stricken children to one that exposed the invisible devastation to a child's potential just below the surface. Born from the call to action, and as an independent nonprofit today, 1,000 Days advocates that all children, no matter where they are born, deserve a fair start to life—and we know that begins with good nutrition (see box *Nutrition: Fueling Minds, Bodies, and Economies*).

### Nutrition: Fueling Minds, Bodies, and Economies

Key facts about nutrition:

- Each year, malnutrition costs the global economy hundreds of billions of dollars in lost productivity and health care costs. Annual gross domestic product (GDP) losses attributable to malnutrition average 12% in Africa and Asia, eclipsing the GDP losses experienced after the 2008 global financial crisis (International Food Policy Research Institute, 2016).
- Although the problem of malnutrition is significant, proven solutions exist. In fact, nutrition has been ranked as one of the most cost-effective investments in international development and can set the foundation to end extreme poverty and promote economic growth (Horton & Steckel, 2011).
- Well-nourished children earn higher wages as adults, breaking the cycle of poverty and helping to build resilient national economies (Hoddinott, Alderman, Behrman, Haddad, & Horton, 2013).
- With the right level of commitment and investment, millions of lives could be saved and improved around the world. (Shekar et al., 2016).

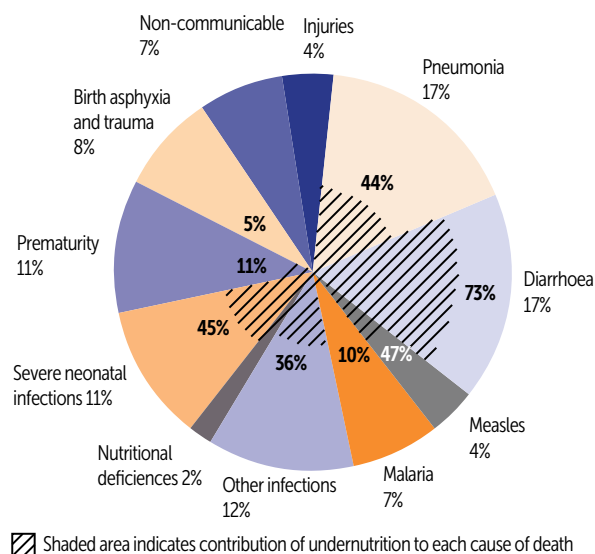
A growing body of scientific and economic evidence has emerged over the past decade about the importance of nutrition for the health of mothers and children. *The Lancet* medical journal (2008, 2013) calculated the short- and long-term consequences of maternal and child undernutrition and laid out a framework of key nutrition actions during the 1,000-day window between pregnancy and a child's second birthday that should be taken to allow a child to survive and thrive.

Indeed, this evidence base has underscored that nutrition during pregnancy and in the first years of a child's life provides the essential building blocks for brain development. During the 1,000-day window, the brain grows more quickly than at any other time in a person's life—and this growth is fueled by good nutrition. Moreover, a person's lifelong health, including a strong immune system and their predisposition to obesity and certain chronic diseases, is shaped by how well a child is nourished during that 1,000-day period. Good nutrition can give children the opportunity to reach their full potential. Conversely, malnutrition early in life can cause irreversible damage to a child's brain development and physical growth, leading to poorer performance in school, greater susceptibility to infection and disease, and a lifetime of lost earning potential (Black et al., 2013). These are impacts that can transcend generations: malnourished women give birth to malnourished daughters who grow up to become malnourished mothers themselves.

Unfortunately, the world is facing a massive malnutrition crisis. As the United Nations Food and Agriculture Organization recently reported, for the first time in decades global hunger is on the rise, with an estimated 815 million people now suffering from chronic undernourishment (FAO, IFAD, UNICEF, WFP, & WHO, 2017). In fact, malnutrition directly affects 1 in 3 people globally, and almost every challenge in global health and development is made worse by malnutrition. Twenty percent of maternal mortality is attributed to malnutrition (Bhutta et al., 2013). In children under 5 years old (approximately 155 million worldwide), malnutrition is the underlying cause of 45% of deaths (nearly 3 million each year; Black et al., 2013), representing more child deaths than from malaria, HIV/AIDS, and tuberculosis combined (see Figure 1). One in 4 children under 5 years old also suffers from stunting, a low height for their age (Development Initiatives, 2017) which causes lifelong consequences for the individual and society. This pervasive issue slows economic growth and perpetuates a cycle of poverty through loss of productivity with poor physical status, loss of cognitive function, decreased schooling, and increase in health care costs over time. Fifty-two million children suffer from wasting or rapid loss of bodyweight due to acute malnutrition. Severely wasted children are on average 11 times more likely to die than their healthy counterparts (WHO/UNICEF/WFP, 2014).

Good nutrition in the early years of a child's life is critical, but maternal nutrition is also key to breaking intergenerational cycles of poor health and poverty and ensuring women are able to fully participate in all aspects of their lives and livelihoods. Babies born to malnourished mothers are often underweight and malnourished themselves. Experts estimate that 20% of the stunting seen in children began in utero

**Figure 1. Major Causes of Death in Children <5 Years With Disease Specific Contributions of Undernutrition**



Source: World Health Organization. Global health risks: Mortality and burden of disease attributable to selected major risks (WHO, 2009). Retrieved from <https://www.usaid.gov/what-we-do/global-health/nutrition/role-nutrition-ending-preventable-child-maternal-deaths>

(Prendergast & Humphrey, 2014). A full 20% of maternal deaths are attributed to iron-deficiency anemia (WHO, 2018), a major drain to human productivity that undercuts other investments in health, education, and economic opportunities for women and girls.

Although the problem is large and almost universal, with the right mobilization of resources, there are proven, cost-effective interventions that could be deployed at scale today to save and improve millions of lives around the world. For example, according to the 2016 *Lancet* breastfeeding series, 820,000 child deaths—approximately 15% of total under-5 child deaths annually—could be prevented each year with improved breastfeeding. In 2016, the World Bank estimated that spending just an additional \$10 per child per year between 2016–2025 on interventions such as exclusive breastfeeding and micronutrient supplementation would save the lives of at least 3.7 million children (Shekar et al., 2016).

In addition to having enormous potential to save and improve lives, these proven interventions also deliver some of the best economic benefits in global health and development. For example, every \$1 invested in breastfeeding provides up to \$35 in returns (Global Breastfeeding Collective, 2017). Economists estimated that stunting alone can decrease a country's GDP by as much as 12% (Horton & Steckel, 2011). Investing in proven interventions for nutrition can save lives and save economies. Some examples of the interventions for urgent scale-up include: vitamin A supplementation for children, promotion of good infant and young child nutrition and hygiene practices, antenatal micronutrient supplementation, intermittent preventive treatment of malaria for pregnant women, iron folic



acid supplements for adolescent girls, staple food fortification, pro-breastfeeding social policies, national breastfeeding promotion campaigns, and treatment of severe acute malnutrition. Scaling up these priority interventions would accelerate progress toward the global goals.

For example, in Ghana, less than 40% of children are exclusively breastfed at 4–5 months old. In northern Ghana, where 1 in 3 children under 5 years old are stunted, USAID is working to improve infant and young child feeding, particularly breastfeeding practices.

Kusumi Gipi, a new mother from northern Ghana, overcame initial difficulties in breastfeeding her son, who is now a healthy, thriving 2-year-old. With the help of USAID-trained community health workers, she learned that the problem was not an insufficient supply of breastmilk, but knowledge on appropriate breastfeeding practices. She also received information on maternal nutrition.

As a result of USAID's efforts in Ghana, more than 1,570 health workers have received training on healthy breastfeeding practices. In addition, 610 Mother-to-Mother Support Groups have been formed, giving mothers and caregivers a forum to share experiences and learn more about proper nutrition practices (USAID, 2017).

Despite the strong evidence base and significant return on investment, governments have historically undervalued nutrition. Less than 1% of official development assistance is spent on the nutrition-specific programs<sup>1</sup> that deliver high-impact, life-saving results. This underinvestment costs lives, especially those of women and children.

With the launch of the 1,000 Days partnership, and its subsequent maturation to an independent nonprofit organization, we have been working alongside partners to shift the funding paradigm so malnutrition—the underlying cause of 45% of all child deaths worldwide—receives more than just 1% of international assistance. Progress has been made. In the United States, 1,000 Days' calls for increased investments to improve maternal and child nutrition have resulted in an increase from \$55 million in fiscal year 2009 to \$125 million in fiscal year 2018, despite a period of significant fiscal constraints in the United States and around the world. Also, the ranks of bipartisan congressional champions for nutrition have grown. Their support of critical global nutrition programs has been moving in the right direction to ensure greater progress in the fight against malnutrition. But in the words of Bill and Melinda Gates, we are "impatient optimists" and there needs to be a more rapid increase in resources to stem the devastating consequences of undernutrition.

## Global Nutrition Targets

In 2016, the World Bank, Results for Development Institute, and 1,000 Days, with support from the Bill and Melinda Gates Foundation and the Children's Investment Fund Foundation,



Photo courtesy of Save the Children

Nutrition during pregnancy and in the first years of a child's life provides essential building blocks for brain development.

released an investment framework (Shekar et al., 2016) to reach the global nutrition targets (see box, The World Health Assembly Global Nutrition Targets 2025) adopted 4 years earlier by the 194 member states of the World Health Assembly, the decision-making body of the World Health Organization (WHO).

The analysis found that the current level of global funding for nutrition is vastly insufficient to accelerate progress toward meeting the four nutrition targets around stunting, anemia in women, exclusive breastfeeding, and wasting. Two of the global nutrition targets—those for low birthweight and child overweight—were not included in the analysis because of insufficient data on prevalence (low birthweight) and a lack of consensus on effective interventions to reach the target (childhood overweight).

## Global Nutrition Targets

- Stunting: 40% reduction in the number of children under 5 years old who are stunted
- Anemia: 50% reduction of anemia in women of reproductive age
- Low birth weight: 30% reduction in low birth weight
- Childhood overweight: No increase in childhood overweight
- Breastfeeding: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
- Wasting: Reduce and maintain childhood wasting to less than 5%

Source: [www.who.int/nutrition/global-target-2025/en](http://www.who.int/nutrition/global-target-2025/en)

<sup>1</sup> Nutrition-specific interventions or programs address the immediate determinants of fetal and child nutrition and development.



Maternal nutrition is also key to breaking intergenerational cycles of poor health and poverty and ensuring women are able to fully participate in all aspects of their lives and livelihoods.

As noted, the U.S. government and its global partners invest less than 1% of Official Development Assistance in nutrition. Only \$3.9 billion is spent annually by all countries and donors on the high-impact nutrition programs that are proven to save lives. The study found that over the next 10 years, an additional \$70 billion in nutrition-specific financing is needed. This translates to \$10.9 billion each year from donors, high-burden countries, and households themselves. Such an investment would yield tremendous returns: 3.7 million child lives saved, at least 65 million fewer stunted children, 265 million fewer women suffering from anemia, 105 million more children exclusively breastfed, and 91 million children treated for severe wasting as compared to 2015.

Although this level of investment may seem ambitious, it is not unprecedented. And donors and national governments can immediately begin to invest in a subset of high-impact solutions. This priority set of interventions would require only \$2.2 billion a year above what is currently spent and is estimated to save 2.2 million lives and empower 50 million more children to grow to their full physical and cognitive potential in 2025. The majority of this annual investment would come from developing country governments and donors, \$1.4 billion and \$650 million, respectively.

With efforts on the ground worldwide and here in the United States, with bipartisan Congressional support and a large charitable response, the number of deaths of children under 5 years old has been cut in half globally. The number of people suffering from chronic hunger or living in extreme poverty has

also been on the decline. The U.S. President's Emergency Plan for AIDS Relief (2016) has delivered life-saving antiretroviral treatment to nearly 11.5 million people. And, since 2003, the McGovern-Dole school feeding program (McGovern-Dole International Food for Education and Child Nutrition Program, 2016) has reached more than 40 million infants, children, and pregnant and nursing women.

Now, global momentum has begun to address the devastating effects of malnutrition as an international partnership. In 2013, more than 90 stakeholders, including the U.S. and 23 other governments, signed the Global Nutrition for Growth Compact (Nutrition for Growth, 2016), committing \$4.15 billion until 2020 for high-impact, high-return nutrition programs that have the power to change lives and the future. At the summit, then-USAID Administrator Rajiv Shah specifically pledged United States' commitment to reduce the number of stunted children by roughly 2 million, reflecting a 20% reduction over 5 years in Feed the Future (n.d.) focus regions (see box Nutrition for Growth Commitment). In the fall of 2017, the current USAID Administrator, Mark Green, announced the initiative's next phase and its latest achievements (Feed the Future, 2017), which included a 26% drop in the number of stunted children. This amounts to roughly 1.8 million children who are "living free from the devastating effects of stunting." In addition, more than 3.7 million people have been trained in child health and nutrition.

In 2016, Congress institutionalized global agriculture and food security—with a strong emphasis on maternal and child nutrition—as key pillars of U.S. foreign assistance by passing the Global Food Security Act (P.L. 114-195). Congress recognized that "hunger and malnutrition rob people of health and productive lives and stunt the mental and physical development of future generations" (p. 1). In doing so, Congress not only reaffirmed America's bipartisan legacy of compassion, but committed to being a force for good. Congress has also helped push for improved efficiencies in nutrition programming, including the development of the USAID Multisectoral Nutrition Strategy, which seeks to integrate resources across sectors, and the U.S. government Global Nutrition Coordination Plan, which takes a whole of government approach to accelerate progress against malnutrition. These results are very

## 2013 Nutrition for Growth Commitment

At the 2013 Nutrition for Growth Summit, the United States committed to the following global results:

- Ensure that at least 500 million pregnant women and children under 2 years old are reached with effective nutrition interventions.
- Reduce the number of children under 5 who are stunted by at least 20 million.
- Save the lives of at least 1.7 million children under 5 by preventing stunting, increasing breastfeeding, and increasing treatment of severe acute malnutrition.

encouraging and should be the foundation on which further cross-sectoral investment by the United States government and other donors can stand in order to meet their global goals around nutrition and development. Enhanced bilateral nutrition efforts from the United States government have the potential to leverage investments from other donors and to encourage domestic resource mobilization in countries most affected by malnutrition.

Multilateral institutions, such as the World Bank and the African Development Bank, are important partners in this endeavor. World Bank President Jim Yong Kim and the African Development Bank President and 2017 World Food Prize Laureate Dr. Akinwumi Adesina have both called for investments in “gray matter” infrastructure—the neuronal connections in the brains of children needed for optimal cognitive growth and learning—now in order to develop the capacity needed to drive future economic growth. Dr. Adesina has begun to mobilize national and regional leadership through the African Leaders for Nutrition initiative in support of nutrition investments to build Africa’s “gray matter” infrastructure. His message that “stunted children today leads to stunted economies tomorrow” (Adesina, 2017) is a clear articulation of this shared vision.

In addition to leadership in multilateral organizations, stakeholders in high burden countries are also mobilized for action. Launched in 2010, the Scaling Up Nutrition (SUN) movement is now comprised of 60 countries and three Indian states, leading a global movement to end malnutrition in all its forms by 2030. Led by governments and supported by organizations and individuals, collective action from all stakeholders helps to ensure a greater prioritization for nutrition. It is a truly country-driven movement, and its vibrant partnerships include the more than 2,100 organizations that comprise the SUN Civil Society Network, which are integral to advocacy, awareness raising, and building political will for nutrition. They sit at the center of SUN efforts, with access to decision makers, media, and other constituencies, and they work alongside advocates in donor countries to increase investments in global nutrition. The efforts of these alliances tackle many components of the fight against malnutrition. For example, in Zambia, the SUN Civil Society alliance worked to increase public awareness of nutrition through media, including television, print media, and social media. In Kenya, the civil society advocates focused efforts on ensuring their Ministry of Health included a strong nutrition component in the national health policy. Through this movement, there has been great progress in budget tracking, improving nutrition policies, calling for an increase of investments to nutrition, and overall building political will at country-level.

As we look back since the launch of the 1,000 Days partnership, we can say with pride that 1,000 Days has brought important attention to the issue of malnutrition and has amplified the call for increased investment. Once a hidden hunger largely unnoticed, malnutrition is now better understood as a constraint to human and economic growth. Much of the focus for so long had been on visible signs of hunger, with images of



Photo: © UNICEF/Dean

Investing in proven interventions for nutrition can save lives and save economies.

famine-stricken children driving policymakers to act. By shining a light on the role of early nutrition on a child’s cognitive and physical development, *The Lancet* series (2008, 2013), and 1,000 Days’ subsequent advocacy efforts have helped to change the narrative on nutrition, especially its potential for impact. In the years ahead, 1,000 Days will continue to work with our partners to ensure that funding for global nutrition is consistent with the breadth of the problem and the potential for impact.

**Lucy Martinez Sullivan, MBA**, helped found 1,000 Days and serves as its executive director. At 1,000 Days, Lucy is proud to lead a team of fierce advocates who work tirelessly on behalf of women and children in the U.S. and throughout the world. Prior to 1,000 Days, Lucy worked as executive director at CCS, a management consulting firm that provides counsel to non-profit institutions on issues of strategy and philanthropy. Lucy holds a masters of business administration from the Wharton School of Business at the University of Pennsylvania and graduated cum laude from the University of Florida with a bachelor of arts in political science.

**Mannik Sakayan** is director of advocacy and outreach at 1,000 Days. She has extensive experience working on both foreign and domestic policy issues on and off Capitol Hill. Prior to joining 1,000 Days, Mannik served as deputy director of government relations at Bread for the World, where she led advocacy to end global and domestic hunger and poverty.

## Learn More

[www.thousanddays.org](http://www.thousanddays.org)

[www.nutritionforgrowth.org](http://www.nutritionforgrowth.org)

[www.scalingupnutrition.org](http://www.scalingupnutrition.org)



She has worked within a broad range of coalitions to build congressional support for U.S. investments in cost-effective and life-saving global food security and nutrition programs, aid effectiveness, and trade and economic growth policies. Earlier in her career, Mannik served as a senior policy aide to U.S. Representative Adam Schiff.

**Kimberly Cernak** is the senior director for global policy and advocacy at 1,000 Days and brings a decade of experience

in global health and international development policy and advocacy to the position. Previously, Kim served as the deputy director of Friends of the Global Fight. Prior to this role, Kim spent 6 years at USAID and the Department of State, most recently serving as deputy director of USAID's Policy Office. In addition, Kim served as the development advisor to the Special Representative for Burma at the Department of State and special assistant to deputy secretary of state Jacob J. Lew. She is a fellow of the Truman National Security Project.

## References

- Adesina, A. (2017). *Better-fed Africa will be more prosperous—African Development Bank's Adesina*. Retrieved from <http://allafrica.com/stories/201711071072.html>
- Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffrey, M. F., Walker, N., Horton, S.,...the Maternal and Child Nutrition Study Group. (2013). Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost? *The Lancet*, 382(9890), 452–477.
- Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., Ezzati, M.,...the Maternal and Child Nutrition Study Group. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, 382(9890), 427–451.
- Clinton, H. R. (2010). 1,000 Days: Change a life, change the future. Retrieved from <https://2009-2017.state.gov/secretary/20092013clinton/rm/2010/09/147512.htm>
- Development Initiatives. (2017). *Global nutrition report 2017: Nourishing the SDGs*. Bristol, UK: Development Initiatives. Retrieved from [https://www.globalnutritionreport.org/files/2017/11/Report\\_2017.pdf](https://www.globalnutritionreport.org/files/2017/11/Report_2017.pdf)
- FAO, IFAD, UNICEF, WFP, & WHO. (2017). *The state of food security and nutrition in the world. Building resilience for peace and food security*. Rome, Italy: FAO. Retrieved from [www.fao.org/3/a-i7695e.pdf](http://www.fao.org/3/a-i7695e.pdf)
- Feed the Future. (n.d.). *Approach*. Retrieved from <https://feedthefuture.gov/approach/Inclusive--Agriculture--Sector--Growth>
- Feed the Future. (2017). *Feed the Future snapshot: Progress through 2017*. Available online at <https://feedthefuture.gov/sites/default/files/resource/files/2017%20Feed%20the%20Future%20Progress%20Snapshot.pdf>
- Global Breastfeeding Collective. (2017). *Nurturing the health and wealth of nations: The investment case for breastfeeding*. Retrieved from [https://thousanddays.org/wp-content/uploads/Global-Breastfeeding-Collective\\_Case-For-Investment.pdf](https://thousanddays.org/wp-content/uploads/Global-Breastfeeding-Collective_Case-For-Investment.pdf)
- Hoddinott, J., Alderman, H., Behrman, J. R., Haddad, L., & Horton, S. (2013). *The economic rationale for investing in stunting reduction*. GCC Working Paper Series. Retrieved from [http://repository.upenn.edu/gcc\\_economic\\_returns/8](http://repository.upenn.edu/gcc_economic_returns/8)
- Horton, S., & R. Steckel. (2011). *Malnutrition: Global economic losses attributable to malnutrition 1900-2000 and projections to 2050*. Assessment Paper, Copenhagen Consensus on Human Challenges. Copenhagen, Denmark: Copenhagen Consensus Centre.
- International Food Policy Research Institute. (2016). *Global nutrition report 2016: From promise to impact: Ending malnutrition by 2030*. Washington, DC: Author.
- McGovern-Dole International Food for Education and Child Nutrition Program. (2016). *The global effort to reduce child hunger and increase school attendance: Report to the United States Congress, fiscal years 2012–2014*. Retrieved from [https://www.fas.usda.gov/sites/default/files/2016-07/8169534\\_mcgovern-dole\\_report\\_-\\_june\\_2016.pdf](https://www.fas.usda.gov/sites/default/files/2016-07/8169534_mcgovern-dole_report_-_june_2016.pdf)
- Nutrition for Growth. (2016). *Nutrition for Growth presents a great opportunity for stakeholders to come together to invest in solutions to fight malnutrition*. Retrieved from <https://nutritionforgrowth.org/nutrition-growth>
- Prendergast, A. J., & Humphrey, J. H. (2014). The stunting syndrome in developing countries. *Paediatrics and International Child Health*, 34(4), 250–265. <http://doi.org/10.1179/2046905514Y.0000000158>.
- Shekar, M., Kakietek, J., D'Alimonte, M., Sullivan, L., Walters, D., Rogers, H., ... Hecht, R. (2016). *Investing in nutrition: The foundation for development. An investment framework to reach the global nutrition targets*. Retrieved from <https://thousanddays.org/resource/investing-in-nutrition>
- The Lancet. (2008). *Maternal and child undernutrition* (series). Retrieved from [www.thelancet.com/series/maternal-and-child-undernutrition](http://www.thelancet.com/series/maternal-and-child-undernutrition)
- The Lancet. (2013). *Maternal and child nutrition* (series). Retrieved from [www.thelancet.com/series/maternal-and-child-nutrition](http://www.thelancet.com/series/maternal-and-child-nutrition)
- The Lancet. (2016). *Breastfeeding* (series). Retrieved from [www.thelancet.com/series/breastfeeding](http://www.thelancet.com/series/breastfeeding)
- The U. S. President's Emergency Plan for AIDS Relief. (2016). *PEPFAR latest global results*. Retrieved from <https://www.pepfar.gov/documents/organization/264882.pdf>
- USAID. (2017). *Breastfeeding in Ghana*. Retrieved from <https://www.usaid.gov/actingonthecall/stories/ghana-mc>
- WHO. (2018). *Micronutrient deficiencies: Iron deficiency anemia*. Retrieved from [www.who.int/nutrition/topics/ida/en](http://www.who.int/nutrition/topics/ida/en)
- WHO/UNICEF/WFP. (2014). *Global nutrition targets 2025: Wasting policy brief*. Retrieved from [www.thousanddays.org/wp-content/uploads/Wasting-Policy-Brief.pdf](http://www.thousanddays.org/wp-content/uploads/Wasting-Policy-Brief.pdf)



# The Reach Up Early Childhood Parenting Program

## Origins, Content, and Implementation

Susan P. Walker

Susan M. Chang

Joanne A. Smith

Caribbean Institute for Health Research at The University of the West Indies

Helen Baker-Henningham

Caribbean Institute for Health Research at The University of the West Indies  
Bangor University, UK

and the Reach Up Team

### Abstract

Nurturing care in early childhood requires responsive interactions and opportunities to learn; however, there are few large-scale programs in low- and middle-income countries that support parents' ability to provide responsive care and activities that help children learn. The Reach Up training program was developed to increase capacity of implementing agencies to deliver effective parenting programs for children up to 3 years old. The program provides a comprehensive training package for trainers, supervisors, and home visitors. Based on the Jamaica Home Visit intervention, which has substantial impact evidence, Reach Up has been used in several countries where it has provided evidence of its feasibility and lessons that can guide future implementation.

Many children in low- and middle-income countries face biological and psychosocial risks that can prevent them from achieving their potential. Recent estimates suggest that 249 million children under 5 years old encounter significant challenges that affect their development (Black et al., 2017). The concept of "nurturing care" was introduced in the recent *Lancet* series on child development (see Richter, this issue, p. 10) as a comprehensive definition of the aspects of care young children need to support their development. Nurturing care includes adequate nutrition, access to health care, protection from violence, responsive interactions, and opportunities to learn (Black et al.). For children from birth to 3 years old, the family is the main provider of care; however, many families living in poverty and difficult circumstances may not have the resources and skills needed. Families need support from their communities and from government policies and programs that can strengthen their ability to provide nurturing care. Health and nutrition services

(see Sullivan, Sakayan, & Cernak, this issue, p. 31) and policies to provide social safety nets to reduce poverty are increasing.

There are, however, fewer programs implemented at large scale that build parents' ability to promote their children's development through interactive responsive care and activities that help children explore and learn. We (the authors and the rest of the Reach Up team) developed the Reach Up Early Childhood Parenting Program and accompanying training package to provide an effective, adaptable program, feasible to implement in low-resource settings. Our aim is to facilitate building the capacity needed to implement these programs more widely. In this article, we describe the origins and content of the program and discuss the process of adapting and implementing it, with lessons learned from implementation in several countries.

The Reach Up Early Childhood Parenting Program is based on the Jamaica Home Visit (JHV) intervention designed by Sally



Families need support from their communities and from government policies and programs that can strengthen their ability to provide nurturing care.

Grantham-McGregor. Substantial evidence shows the JHV's benefits to children's development and to parenting practices that promote development (Grantham-McGregor & Smith, 2016). The intervention has been successfully adapted and evaluated in Bangladesh and Colombia, with documented benefits to children's development (Attanasio et al., 2014; Hamadani, Huda, Khatun, & Grantham-McGregor, 2006; Nahar et al., 2012). It was adapted and implemented at large scale by the Peruvian government through its Cuna Más program (Rubio-Codina, Tomé, & Araujo, 2016). Evidence from three small cohorts in Jamaica has shown that benefits continue into later childhood, with one cohort providing evidence of wide-ranging gains in adulthood to education, mental health, and income, and in reductions in violent behavior (Grantham-McGregor, Powell, Walker, Chang, & Fletcher, 1994; Walker, Chang, Vera-Hernandez, & Grantham-McGregor, 2011; Walker, Chang, Younger, & Grantham-McGregor, 2010).

The intervention is guided by core principles (see box Core Principles of the Jamaica Home Visit/Reach Up Early Childhood Parenting Program) and was developed so that it could be delivered by paraprofessionals with a minimum of completed primary education. The visits begin with some time catching up with how the family has been and how the mother and child have progressed with the activities from the previous visit. The home visitor then engages the mother and child in a play session. The visitor introduces new activities through an interactive approach: observing what the child does, demonstrating and describing the activity to mother and child, helping the child with the activity, encouraging mother and child to practice, giving positive feedback, and celebrating success. The visit ends with a review of activities to continue during the week and encouragement to continue the activities and to try to include them in daily routines.

Home visitors model desired actions and demonstrate activities to encourage mothers to respond to their children's vocalizations and actions. They demonstrate ways the mother can talk

about and show her child objects and activities in their environment, and how to introduce new activities and concepts. Visitors promote giving praise, celebrating the child's achievements and efforts, and showing love throughout the visit.

The JHV uses a structured curriculum with activities arranged in order of difficulty. Many activities build on earlier ones, and children usually move on to new sets of activities each week (Grantham-McGregor & Smith, 2016). An activity that is difficult for a child can be broken down in steps. Activities and play materials were specifically designed for the intervention and include blocks, dolls, sets of puzzles, sorting and matching activities, and books. Toys were designed with locally available and affordable materials in mind, such as cardboard and plastic bottles. Simple picture books and pictures are used to support language development activities.

Many of the activities for children under 2 years old support the development of abilities described by Uzgiris & Hunt (1978), including object permanence, causation, imitation of gestures and vocalization, and exploration of objects. Activities for older children were informed by Francis Palmer's (1971) concept curriculum and were designed to facilitate teaching concepts such as size, quantity, color, shape, position, and classification. Additional activities were included to facilitate the development of problem solving, attention and persistence, language, and general knowledge.

Development of the Reach Up program was supported by Grand Challenges Canada. Prior to this, the JHV had been adapted and used in Bangladesh, Colombia, and Peru. There was increasing international desire to scale up programs to reach the many families in need; however, policymakers and program implementers needed guidance on how to deliver effective parenting programs. We recognized the need for a more comprehensive training package that would make it easier to train trainers and for these trainers to be able to train home visitors. The goal was to increase the capacity of implementing agencies, including nongovernmental organizations and governments, to deliver programs that enhance nurturing care for children under 3.

### Core Principles of the JHV/Reach Up Early Childhood Parenting Program

- Works through parents by building a positive relationship to support them in strengthening skills to promote child development.
- Aims to build the mother's skills, self-esteem, and enjoyment in helping her child play and learn.
- Trains home visitors to listen to the mother, seek her opinions, and ask about activities she already does with her child, and to acknowledge these and give encouragement and praise.
- Uses a structured curriculum of developmentally appropriate activities.
- Uses an interactive approach of demonstration and modeling and practice of activities to build skills.
- Emphasizes praise for parent and child.

## The Reach Up Program

The JHV training materials included the curriculum and an instruction manual that explained how to make the toys. The curriculum was designed for use by community workers with primary education, and it describes the activities and goals for each visit. The manual was updated using simple language and pictures, with plans for each visit organized by Materials Needed, Objectives of the Visit, and Things to Do (see Figure 1 for a sample page from the Reach Up curriculum). To support the home visitor, the curriculum includes brief reminders of the steps for introducing an activity and some suggested dialogue. We produced a curriculum for weekly visits, as in the original JHV, and a fortnightly curriculum (biweekly visits), which may be more feasible to implement in larger scale programs.

### Manuals

The original toy manual was revised and extended, and templates were produced or revised for other play materials including books, pictures, puzzles, and classification games. We developed three additional manuals to facilitate training and implementation: (a) an adaptation and planning guide; (b) a training manual with accompanying training films; and (c) a manual on supervision to be used to train supervisors and for supervisors to refer to for guidance. These are designed for

use by persons who will adapt the program and prepare for its implementation, and for those who will conduct training of visitors and supervisors.

### Training Content

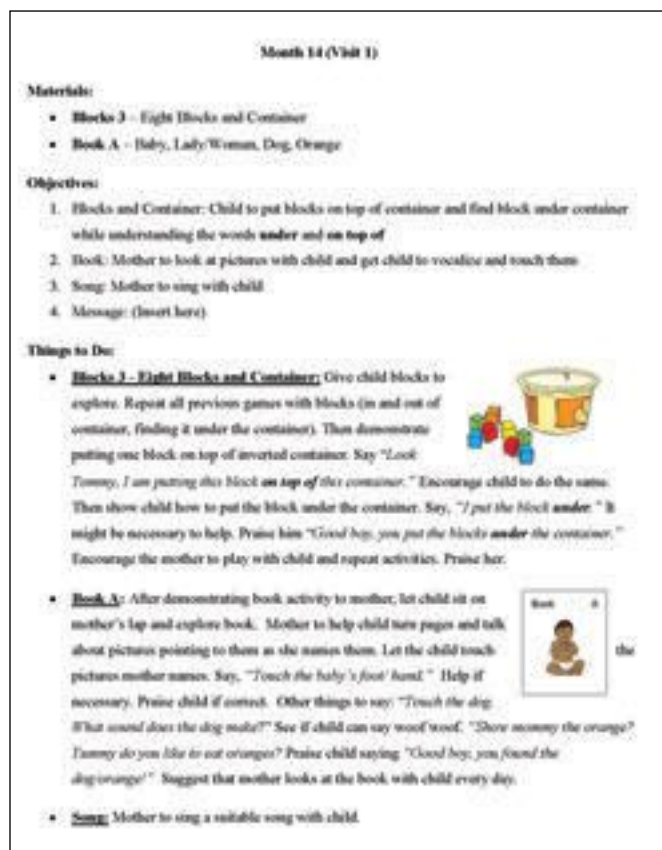
The training manual includes a suggested training schedule, aims and activities for each training session, and guides for using various aids, such as flip charts and films, in the training sessions. The content includes topics such as how children develop and the importance of parents, how to conduct a successful home visit, how to use the curriculum, how to demonstrate specific activities, and how to make toys.

Training is interactive and includes group brainstorming and trainer demonstrations of successful interactions in person and in films, role plays, and small-group activities. Toward the end of the training, trainees practice putting together the methods and activities learned into a complete visit. Following the workshop training, visitors are accompanied on practice home visits.

### Training Films

Scripts for the training films were developed by the Reach Up team in collaboration with Development Media International, who produced the films. Filming was done in Bangladesh, Jamaica, and Peru, with a Reach Up team member on site for all films to ensure they were consistent with the program's approach and methods. The films show home visitors interacting with a parent and child. Three 15-minute films (one for each country) demonstrate key steps in a home visit: the initial interaction and discussion of the past week, a play and language activity, and the ending with a song and review of new activities and encouragement. Twenty-eight short films of approximately 2–3 minutes each show methods used (e.g., building a positive relationship with the parent, praise, enjoying the visit and having fun) and demonstrate specific activities (e.g., blocks, puzzles). The films are available in Bengali, English, French, and Spanish. Additional translations (e.g., Mandarin and Portuguese) have been completed by other countries implementing the program.

**Figure 1. Sample page extracted from the Reach Up curriculum**



## Successful Adaptation and Implementation

Successful implementation of the program in a new context requires review of the curriculum and materials and adaptation where needed. Adapting the program begins with understanding the context in which the program will be implemented—including culture, resources, and infrastructure for delivery, and particularly assessing the availability of individuals who can be trained as visitors and as trainers who will use the package to train those who will deliver the program. Adapters must decide whether the program will be linked to an existing service, and whether other priority issues should be addressed in the home visits. Successful implementation also requires the development of a sustainable plan to maintain intervention quality through supportive supervision.

## Curriculum

The curriculum is usually adapted to include local songs and games. Other adaptations have responded to national preferences, such as delaying introduction of crayon and paper activities in Bolivia. These activities are typically introduced after age 12 months, with children exploring crayons and making a mark on paper and progressing to having fun scribbling at 18 months. The Bolivian team felt that children needed to build gross motor and other fine motor skills before introducing crayons, so the curriculum was changed to introduce these activities later, at 23 months. The program is designed to offer the flexibility to include appropriate new activities and modify existing ones. However, the basic principles of the intervention and concepts covered in the curriculum must be retained, and visitors must use an interactive and supportive approach.

Other national priorities for children, such as nutrition and health messages, can be included in visits. For example, the Cuna Más program in Peru prioritizes hygiene, particularly hand washing, and hand washing instruction and practice is part of the visits. The home visit film produced in Peru demonstrates the washing of hands and delivers other messages at the start of the film.

## Materials

Illustrations in books, pictures, and sorting and matching games should be reviewed and modified as needed. It is not necessary to redraw everything, for example, objects such as balls or cups. On the other hand, pictures should reflect the children's family and community environment and be adapted so that representations of people and their clothing and activities such as cooking, eating, and sleeping are appropriate for the local context. Adaptations can also be made to support national priorities. In India, the implementing organization made the main character in most of the books a girl, to reinforce efforts to promote gender equity. Some examples of adapted pictures are shown in Figure 2.

The toys in the manual made from recyclable materials may need to be modified depending on the types of materials available (see Figures 3 and 4). Pilot work to find out families' opinions about the toys can be helpful; for example, in Brazil the toys were given more decoration to make them more attractive and acceptable to parents (A. Brentani, personal communication, 2015).

**Figure 2. Adaptation of pictures from book – “My Day”**



**Figure 3. Adaptation of “dolls”**



**Figure 4. Adaptation of “shakers”**



## Training

The suggested training schedule for the Reach Up program is 10 days, with content as described above. A trainer who is experienced in the program should conduct the initial training of lead trainers for the program. Although training is planned as 2 consecutive weeks, it has also been conducted over a series of shorter intervals such as weekends, to accommodate trainees' other activities and commitments. Reducing the total number of training days is not encouraged, however. The interactive approach to the training is also important, with an emphasis on recognizing and valuing the contribution of those being trained. The training seeks to incorporate their ideas and address their concerns. For example, the implementing organization in Zimbabwe raised the concern that adults were not accustomed to praising children. Because giving praise is integral to the program, the training was adapted to include additional practice of the use of praise in more group activities, so that home visitors and supervisors could understand its importance and could model it for parents, helping them to see its benefits.

## Supervision

Supportive supervision for home visitors is critical to maintaining intervention quality. The relationships that supervisors have with home visitors models the relationship visitors will have with parents. Identifying persons who can provide supervision is an essential part of planning for a program. In locations where Reach Up is integrated with an existing service, supervision may have to be provided by an existing category of staff.



Supervisors need to participate in the full training for the program. In the first implementation of the Reach Up package in Brazil, we discussed supervisors' roles and responsibilities and trained them to use the monitoring checklist for observations of home visits. We then developed a manual to address the qualities needed in a supervisor and supervisor responsibilities. The manual also included a table of common challenges encountered and sample solutions. We used this manual in the training of supervisors in Zimbabwe and realized it needed to provide more interactive learning. Thus, the manual was revised to include more brainstorming, discussions, and group activities, and an expanded section on mentoring through supportive feedback and building positive relationships with home visitors. The content is supported with short scenarios depicting challenges that supervisors and visitors may encounter, used in group activities to identify challenges and practice solutions. The revised manual has been used for supervisor training in other countries including Bolivia, Guatemala, and Turkey.

We recommend that a supervisor accompany each visitor on home visits once per month. Supervisors use the monitoring checklist to assist them in looking out for the essential steps and approach to the visit. Individual supervision may be supplemented by group sessions to share experiences and come up with strategies to address any problems. Group sessions are particularly important where individual observations may be less frequent.

## Delivery

The program was originally developed with weekly 1-hour visits. To increase feasibility in many settings, delivery has been reduced to fortnightly and shorter visit duration.

The persons who will conduct the visits will vary and will depend on the location and types of services already available. In Jamaica, visits have been made by community health workers directly employed by a project and by those employed by primary care services (Grantham-McGregor, Powell, Walker, & Himes, 1991; Powell, Baker-Henningham, Walker, Gernay, & Grantham-McGregor, 2004). Recent work in Brazil compared these approaches by training both new community agents employed to conduct the visits and community health workers employed by the health service. Implementation was much more successful with the community agents than with health workers. Health workers indicated that the additional time to conduct the visits along with their usual work schedule was a challenge (A. Brentani, personal communication, 2017). Each community health worker was asked to deliver the intervention fortnightly to 20 families, which may not have been feasible given their existing responsibilities. This example reinforces the need to consider current workloads when planning delivery through existing services.

In other settings, community women have been trained (Attanasio et al., 2014; Hamadani et al., 2006), which is the approach now being implemented by Child Fund in Guatemala. In Zimbabwe, we are collaborating with the JF Kapnek Trust



Photo: Reach Up: An Early Childhood Parenting Programme

The Reach Up Early Childhood Parenting Program works through parents by building a positive relationship to support them in strengthening skills to promote child development.

and linking for the first time with the education sector. Teaching assistants, linked to preschools that the Trust supports, conduct the visits.

Important characteristics of the home visitor include the ability to build relationships with families, along with the motivation as well as sufficient organizational skills to prepare for and conduct the visits. In most situations, although the program implementers will identify an appropriate category of person to conduct home visits, it will not be possible to select the particular individuals who will be trained. It is therefore very important to provide the visitors with adequate training and supportive supervision to build and support the development of the necessary skills. In locations where some selection has been possible, it has generally focused only on visitors' levels of literacy (Attanasio et al., 2014).

Modifications to the program to increase feasibility, such as reduction in contacts with families (reduced frequency and duration of visits) and reductions in training and supervision, may impact maintaining the effectiveness of the program. Changes should be considered carefully, with attention to

## Learn More

Early Childhood Workforce Initiative Webinars  
[earlychildhoodworkforce.org](http://earlychildhoodworkforce.org)

Supporting the Early Childhood Workforce at Scale: The Cuna Más Home Visiting Program in Peru  
 K. Josephson, G. Guerrero, & C. Coddington (2017)  
 Washington, DC: Results for Development  
[www.resultsfordevelopment.org](http://www.resultsfordevelopment.org)

Handbook of Early Childhood Intervention  
 J. P. Shonkoff, & S. J. Meisels (2000)  
 Cambridge, UK: Cambridge University Press

strategies to maintain quality and provide sufficient interaction with families. In a recent implementation in Jamaica with fortnightly 30-minute visits and reduced time for training of visitors (3 days instead of 10), benefits to children's cognitive ability were smaller than in prior evaluations, and there were no benefits to language or to fine-motor skills (Walker et al., 2015).

Information on the acceptability and feasibility of the Reach Up program was obtained through qualitative interviews with mothers, home visitors, and supervisors in Brazil and Zimbabwe. Mothers perceived benefits for their children's development and readiness for school. They also said that the program developed their confidence as teachers of their children and that it was possible to include the activities in their daily routine. Home visitors felt the training prepared them to successfully conduct the home visits and that the curriculum and toy manuals provided clear guidance for implementing the program. The training also helped them to build good relationships with mothers. Home visitors also valued their supervision and felt that they had someone to help them address challenges. The supervisors reported that they felt prepared for observing and guiding the home visits, but needed more training on handling issues they encountered in the field. Additional information from the interviews is available (Smith, Baker-Henningham, Brentani, Mugweni, & Walker, 2018).

In an effort to support continued implementation quality, the Reach Up package is made available to those organizations that agree to have someone experienced in the program provide feedback on adaptation and conduct the training of trainers. The program has been implemented in 11 countries across Asia, Africa, and Latin America, and we are now collaborating with the International Rescue Committee on the expansion of early childhood services for Syrian refugees. Collaborations are also planned to reach disadvantaged families in the United States and United Kingdom. We are continuing to develop a network of lead trainers needed for the expansion of the program. As the program is implemented in new countries, we aim to build training capacity in the implementing team. Our goal is to have lead trainers available in different regions to support adaptation and training in additional countries.

**Susan P. Walker, PhD**, is a professor and director of the Caribbean Institute for Health Research at The University of the West Indies (UWI), Jamaica. Her work with the Child Development Research Group at UWI involves rigorous evaluations of interventions to promote children's development in low-resource settings, and has been critical in driving global attention to the importance of stimulation for children under 3 years old. She is an internationally recognized expert in global child development and was lead author of articles in *The Lancet* series on child development (2007, 2011).

**Susan M. Chang, PhD**, is a senior lecturer at the Caribbean Institute for Health Research at the University of the West Indies, Jamaica. She has extensive experience in developmental assessments and in the adaptation of psychometric instruments in Jamaica and other developing countries. Her research activities are focused on the impact of low-cost psychosocial interventions on the cognitive, academic, and behavioral development of vulnerable children.

**Joanne A. Smith, PhD**, is a lecturer at the Caribbean Institute for Health Research at the University of the West Indies, Jamaica. She graduated with a doctorate in nutrition in 2014 from the University of the West Indies. She is a project coordinator for the Reach Up program, where she assists in the training and implementation of the program in the various user countries.

**Helen Baker-Henningham, PhD**, is a reader in the School of Psychology at Bangor University and has a visiting appointment at the Caribbean Institute for Health Research at the University of the West Indies. Her research involves designing, implementing, and evaluating early childhood interventions to promote child development, behavior, and mental health and to prevent violence against children in low- and middle-income countries.

**Reach Up Team:** The Reach Up program was developed by Sally Grantham-McGregor, Susan Chang-Lopez, Christine Powell, Susan Walker, Helen Baker-Henningham, Jena Hamadani, Marta Rubio-Codina, Joanne Smith, Amika Wright, and Kristy Fernandez.

## References

- Attanasio, O. P., Fernandez, C., Fitzsimons, E. O., Grantham-McGregor, S. M., Meghir, C., & Rubio-Codina, M. (2014). Using the infrastructure of a conditional cash transfer program to deliver a scalable integrated early child development program in Colombia: Cluster randomized controlled trial. *BMJ*, *349*, g5785.
- Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., . . . Grantham-McGregor, S. (2017). Early childhood development coming of age: Science through the life course. *The Lancet*, *389*, 77–90.
- Grantham-McGregor, S., Powell, C., Walker, S., Chang, S., & Fletcher, P. (1994). The long-term follow-up of severely malnourished children who participated in an intervention program. *Child Development*, *65*, 428–439.
- Grantham-McGregor, S. M., Powell, C. A., Walker, S. P., & Himes, J. H. (1991). Nutritional supplementation, psychosocial stimulation, and mental development of stunted children: The Jamaican study. *The Lancet*, *338*, 1–5.
- Grantham-McGregor, S., & Smith, J. A. (2016). Extending the Jamaican Early Childhood Development Intervention. *Journal of Applied Research on Children: Informing Policy for Children at Risk*, *7*, Article 4. Available at <http://digitalcommons.library.tmc.edu/childrenatrisk/vol7/iss2/4>
- Hamadani, J. D., Huda, S. N., Khatun, F., & Grantham-McGregor, S. M. (2006). Psychosocial stimulation improves the development of undernourished children in rural Bangladesh. *Journal of Nutrition*, *136*, 2645–2652.

- Nahar, B., Hossain, M. I., Hamadani, J. D., Ahmed, T., Huda, S. N., Grantham-McGregor, S. M., & Persson, L. A. (2012). Effects of a community-based approach of food and psychosocial stimulation on growth and development of severely malnourished children in Bangladesh: A randomised trial. *European Journal of Clinical Nutrition*, 66, 701–709.
- Palmer, F. (1971). *Concept training curriculum for children ages two to five* (Vols. I–V). Stony Brook, NY: State University of New York.
- Powell, C., Baker-Henningham, H., Walker, S., Gernay, J., & Grantham-McGregor, S. (2004). Feasibility of integrating early stimulation into primary care for undernourished Jamaican children: Cluster randomised controlled trial. *BMJ*, 329, 89–91.
- Richter, L. M. (2018). Supporting parents to provide nurturing care for young children: The fundamental ingredients for a better world. *ZERO TO THREE Journal*, 38(4), 10–15.
- Rubio-Codina, M., Tomé, R., & Araujo, M. C. (2016). *Los primeros años de vida de los niños peruanos: Una fotografía sobre el bienestar y el desarrollo de los niños del Programa Nacional Cuna Más/The first years in the life of Peruvian children: A snapshot of child development and welfare levels of beneficiaries of Cuna Más National Program*. Inter-American Development Bank Technical Note IDB-TN-1093.
- Smith, J. A., Baker-Henningham, H., Brentani, A., Mugweni, R., & Walker, S. P. (2018). Implementation of Reach Up early childhood parenting program: Appropriateness, acceptability, feasibility in Brazil and Zimbabwe. *Annals of the New York Academy of Sciences*.
- Sullivan, L. M., Sakayan, M., & Cernak, K. (2018). 1,000 Days: Mobilizing investments for a healthier, more prosperous future. *ZERO TO THREE Journal*, 38(4), 31–36.
- Uzgiris, I. C., & Hunt, J. M. (1978). *Assessment in infancy: Ordinal scales of psychological development*. Chicago, IL: University of Illinois Press.
- Walker, S. P., Chang, S. M., Vera-Hernandez, M., & Grantham-McGregor, S. (2011). Early childhood stimulation benefits adult competence and reduces violent behavior. *Pediatrics*, 127, 849–857.
- Walker, S. P., Chang, S. M., Younger, N., & Grantham-McGregor, S. M. (2010). The effect of psychosocial stimulation on cognition and behaviour at 6 years in a cohort of term, low-birthweight Jamaican children. *Developmental Medicine and Child Neurology*, 52, e148–e154.
- Walker, S. P., Powell, C., Chang, S. M., Baker-Henningham, H., Grantham-McGregor, S., Vera-Hernandez, M., & Lopez-Boo, F. (2015). *Delivering parenting interventions through health services in the Caribbean: Impact, acceptability and costs* (IDB Working Paper Series, IDB-WP-642). Washington, DC: Inter-American Development Bank.

## NEW! In the ZERO TO THREE Bookstore



### Infant-Toddler Developmental Assessment Kit (IDA-2)—Second Edition

IDA-2 is a comprehensive, multidisciplinary, family-centered process designed to identify children birth to 3 years old who are developmentally at risk. Its team-based approach helps determine the need for monitoring, consultation, intervention, or other services for the child and family. The assessment process includes the Provence Birth-to-Three Developmental Profile, and takes into account the complex factors that influence a child's development.

Find out more at [www.zerotothree.org/IDA2](http://www.zerotothree.org/IDA2)

Need a resource? Find it in the ZERO TO THREE Bookstore: [www.zerotothree.org/bookstore](http://www.zerotothree.org/bookstore)



# Changing the Global Mindset on Fathers

## Lessons From the MenCare Campaign

Gary Barker  
Ruti Levtov  
Brian Heilman  
Promundo-US  
Washington, DC

### Abstract

Fathers matter enormously for children and for early childhood development. Yet women around the world still do 3 times as much child care and unpaid domestic work as men do. Research, programs, and advocacy undertaken by Promundo and the MenCare Campaign, including the *State of the World's Fathers* reports, have demonstrated the promise and effectiveness of well-designed policies, laws, trainings, and other approaches to achieve true equality in care work around the world, and in so doing to help all children and societies achieve their fullest potential. This article presents an overview of this evidence, including recommendations for achieving the goal of equality in care work.

Fathers matter enormously for children and for early childhood development, as do men in multiple other caregiving roles. And yet the global statistics speak loudly on who mostly cares for children in their first years of life. Even with all the advances toward equality for women in the past 20 years, women around the world still spend, on average, 3 times as much time caring for children (and caring for their homes) as men and fathers do (Heilman, Levtov, van der Gaag, Hassink, & Barker, 2017). Of course, many individual men and fathers are—or strive to be—equal caregivers in their homes. And globally, some men and fathers are doing more of the hands-on care of young children. But we have a long way to go before we achieve true equality of unpaid care work between men and women.

### Why Fathers and Why MenCare?

The historical legacy of who predominately cares for young children (mothers and other women) means that fathers, and men in other caregiving roles, are still seen as the secondary caregiver, the “helper,” if they are seen at all in their caregiving roles. At the same time, a growing, global body of research confirms that when men are involved in the lives of children in nurturing ways, there are multiple benefits for children, for women, for men themselves, and for societies as a whole.

It is from this premise that Promundo, an international nongovernmental organization (NGO) working toward gender equality and the promotion of healthy masculinities, co-founded the MenCare global fatherhood campaign in 2011. The MenCare campaign has the objective of creating a global platform of research exchange, evidence-based program development, and policy-focused advocacy to promote men’s involvement as equitable, nonviolent, supportive caregivers.

Promundo staff knew from the start that the topic of promoting father involvement was fraught with tensions. In some countries and settings, too many discussions about “where are the fathers” were being driven by fathers’ rights groups, sometimes led by men holding anti-feminist stances, often motivated by contentious custody issues. For some organizations working in children’s rights and child development, men have been seen as either absent or as bringers of harm, and given the high prevalence of men’s use of violence against women and children, this perspective should be taken seriously. Other colleagues have worried that fathers would become the “flavor of the month”, and that mothers—who have been doing the lion’s share of the care work and yet still lack the services and policies they need—would become the “taken for granted” parent or made invisible by turning attention to fathers. Thus,



from the start, Promundo, and the partner organizations who created MenCare and continue to lead it, affirmed core principles rooted in women's rights, children's rights, violence prevention, and the early childhood development field. The campaign emphasizes the diversity of women's and men's caregiving, and also recognizes the important contributions of caregivers of all gender identities and sexual orientations. There are now NGO partners from more than 40 countries participating in the campaign, all motivated by a belief that fathers' increased involvement in care work can and should be promoted in a framework of gender equality, children's rights, with full acknowledgement of and support for the diversity of families, caregivers, and children.

## Why Fathers Matter for Child Development

One of the biggest challenges to achieving full equality in the care of young children—at home or in child care settings—is the widespread belief that women are more “natural” caregivers, at least in part because women give birth to and breastfeed babies. But new research is demonstrating that men are biologically wired to care for infants as well; fathers who are physically close to their babies and who are actively and directly involved in caring for them (even if they are not biological fathers) change biologically in ways that are nearly identical to mothers. One study found that levels of “nurturing hormones” are similar in men and women exposed to “infant stimuli” before their babies are born (e.g., watching a video of a baby, listening to an audiotape of babies’ cries, holding a doll wrapped in a blanket recently worn by a newborn) and when interacting with their children afterward (Storey, Walsh, Quinton, & Wynne-Edwards, 2000). Within 15 minutes of holding a baby, according to this study, men experience increases in the hormones that facilitate responsiveness to infants (vasopressin), closeness and care (prolactin), and affection and social bonds (oxytocin).

In short, men's bodies react to close connection with children in many similar ways to women's bodies. Both men's and women's biochemistry changes to facilitate their bonding with young children. These physiological changes are likely part of our evolutionary legacy, according to scholarship; hominid children with more—and more attuned—caregivers were more likely to survive and thrive than those with fewer (Hrdy, 2011). Human evolutionary history suggests, according to many authors, that all humans, regardless of sex or gender, survive and thrive if they are loved and cared for. As a corollary, then, humans' very evolutionary history suggests that all humans, regardless of sex and gender, are born to love and to care. In evolutionary terms, all evidence shows that men and women alike possess the epigenetic traits (referring to those biological traits that are activated by a person's environment) that foster an innate human capacity to be connected, nurturing caregivers.

It is now widely accepted that fathers matter for children in terms of developmental outcomes. There is ample evidence that fathers' increased engagement in caregiving activities



Photo: Beto Pêgo for Instituto Promundo

A growing, global body of research confirms that when men are involved in the lives of children in nurturing ways, there are multiple benefits for children, for women, for men themselves, and for societies as a whole.

boosts a variety of social, emotional, cognitive, and behavioral outcomes for children. For example, multiple studies have reported that fathers' taking 40% or more of the caregiving responsibility in the family is associated with positive outcomes in children's test scores and cognitive achievement (Halle, 2002; Jones & Mosher, 2013). A review of 18 research studies on father involvement and child outcomes found that in 17 of those studies, fathers' greater involvement was associated with positive social, behavioral, psychological, and cognitive outcomes for children. Specifically, father involvement is associated with decreased behavioral problems in boys and decreased psychological problems in girls (Sarkadi, Kristiansson, Oberklais, & Bremberg, 2008).

Furthermore, evidence shows that when men are engaged from the start of children's lives—whether by participating in prenatal care and education, being present during childbirth, or taking leave from work when a child is born—they establish a pattern of greater lifelong participation. In essence, they flex their nascent caregiving abilities and learn to use them. Fathers' ongoing positive involvement in the lives of their sons and daughters—listening to them and involving them in decision-making—enhances children's physical, cognitive, emotional, and social development and can contribute to their emotional well-being and happiness (Burgess, 2006; Cabrera, Shannon, & Tamis-LeMonda, 2007; Davis, Luchters, & Holmes, 2012; Panter-Brick et al., 2014).

Father involvement matters for creating cycles of gender equality as well. When fathers engage in housework and child care and spend time with their sons and daughters, these contribute to boys' acceptance of gender equality and to girls' sense of autonomy (DeGeer, Carolo, & Minerson, 2014). Engaged fatherhood can also help protect children from violence, abuse, exploitation, and neglect, and it can help ensure their access to health and education. When daughters and sons see their fathers in respectful, nonviolent, equitable



Evidence shows that when men are engaged from the start of children's lives, they establish a pattern of greater lifelong participation.

relationships with their mothers and other women, and/or in the context of equitable gay or queer relationships, they internalize the idea that men and women are equal and that intimate partners treat each other with respect and care. These children often grow up to pass these notions of respect and equality on to their own children (Barker, Contreras, Heilman, Singh, & Nascimento, 2011; Burgess, 2006; DeGeer et al., 2014).

The overwhelming conclusion is that fathers matter for children, and they matter for helping to raise sons and daughters who are more likely to become involved, equitable, attuned caregivers themselves. In addition to the traditional child development outcomes measured, equitable involvement by men as caregivers *pays forward*. It contributes to the next generation of women and men who are more likely to interact in relationships based on equality and mutual support.

## Moving Beyond the Question of Fathers' Unique Contributions to Child Development

Much of the discussion about the role of fathers in child development has focused on the question: What are fathers' unique contributions to child development? This question has sought to affirm that fathers matter not only as co-parents in the context of heterosexual families but that fathers contribute something inherently different than mothers do. Most of the time this "different" or unique contribution focuses on helping children to acquire some trait that is considered traditionally male, such as being athletic or "tough," or merely on playing or other more recreational aspects of parenting.

To be sure, some studies find that fathers—at least in North America and northern Europe, where most of the research has been carried out—contribute to children's development in ways that are different than mothers. But even if these differences

are real, it is important to affirm that they are not biologically or genetically driven. They are a result of socially constructed, gendered patterns by which women do a greater share of the hands-on caregiving and men do more of the breadwinning and activities outside the home. These discrepancies also result from each generation copying the gendered patterns of care they saw and learned from their own parents. If one's own mother was more likely to soothe and nurture, and one's own father was more likely to focus on play, and if all social messages reinforced the assertion that this was the "normal" or "best" way of dividing parenting roles, then it's not surprising for one's own caregiving to follow a similar pattern. But it is crucial to recognize that these patterns are not driven by biology; instead, they come from social norms and stereotypes which shape the world in inequitable ways.

All of these functions—soothing, nurturing, playing, disciplining, and many more—are necessary components of caring for children, to be sure. The issue is that they too often follow and reinforce inequitable patterns that reduce women and girls to only or mostly being caregivers, while men and boys are encouraged to see caregiving as secondary activities. In sum, then, the notion that fathers contribute in unique ways to child development, or that mothers do, reinforces the very system of inequality that keeps men from doing an equitable share of the daily care of children. All caregivers can and should be encouraged to participate in *all* care work, and recognized for their effort and contributions when they do so.

It is increasingly common for the literature on fathers' contributions to child development to affirm that fathers and other male caregivers matter for child development in the sense that more nurturing caregivers are better than one in terms of a child's development. The body of child development literature attests to the need for one caregiver (or more than one) who is centrally devoted to the child, in the sense that they put the child's needs above their own and are consistent, attentive caregivers, regardless of their sex. Seeking to affirm or identify a unique role for fathers or men—a role different from that of mothers and other caregivers—may at a practical level help professionals to engage some fathers by making fathers feel special. Certainly all fathers (or mothers, or any caregivers) want to feel their contribution to their child is unique, and it is. But the reality is that fathers matter to children the same way that mothers and other caregivers do—meaning they matter to the extent that they nurture, support, connect, and provide consistent and developmentally appropriate care.

## The Barriers to Men Doing More Caregiving

If men and fathers can care for young children as well as women and mothers can, and if fathers are as biologically wired for care, and if their care matters for children as much as mothers and other female caregivers' does, then what is keeping fathers from doing an equitable share?

This question is at the heart of the MenCare campaign's goals and activities. One central action of the MenCare campaign globally has been the production of the first-ever global report

on fatherhood, *State of the World's Fathers*, first launched in 2015 (Levtov, van der Gaag, Greene, Kaufman, & Barker, 2015), with a follow-up report in 2017, *State of the World's Fathers: Time for Action* (Heilman et al., 2017). In those reports (and in more than 10 country reports that drew from the global reports), Promundo and co-authors synthesized global research on father involvement in order to draw conclusions and recommendations for ongoing advocacy. To date, these recommendations have been shared with national governments around the world, at the United Nations, and with international organizations working in children's rights, child development, and women's rights. All of these efforts share the goals of identifying and overcoming barriers to achieving equality of care work.

For the foundational *State of the World's Fathers* report in 2015 (Levtov et al.), the authors reviewed the global evidence, working from existing data (and from data from the Promundo-led International Men and Gender Equality Survey, see Barker et al., 2011). The report confirmed that men's equitable caregiving matters for child development, for better maternal and child health outcomes, for women's empowerment, for men's health and well-being, and for societies. The authors also observed that data on fatherhood and fathers' involvement in care work are rare, even as the U.N. and other international bodies have generated new, global, comparative datasets on women, women's health, women's time use, and children's well-being. What we don't count doesn't count. If national governments and the U.N. do not measure and assess men's participation in the care of children (which, admittedly, is not a straightforward or easy task), then not only does this show that societies don't value this participation, but it also makes it impossible to understand how far off the goal of equal care work remains.

The authors of the second *State of the World's Fathers* report in 2017 (Heilman et al.) called the report "Time for Action" to emphasize the importance and urgency of action to achieve equal care work. In this report, the authors presented analyses of existing time-use studies (including more than 100 country-level datasets), showing that, on average, women spend 3 times as much daily time on caring for the home and caring for children as men do. This difference ranges regionally from about 2.7 times in East Asia and the Pacific to 4.5 times in the Middle East and North Africa, and 6.5 times in South Asia; to an average of about 2 times for the wealthier countries of North American and Europe (among available country datasets). The authors also confirmed that women consistently do more daily hours of work than men do, when their unpaid work and paid work is combined. That is, even when taking into account men's greater average number of hours working outside the home than women's, women still carry out more hours of total work every day, on average, than men. The report also emphasizes the need to build on the gender equality and children's rights elements of the Sustainable Development Goals, which mention the need to achieve equality for women in terms of unpaid care but do not explicitly call for men and boys to do half of that unpaid care work.

At the same time, the 2017 report (Heilman et al.) affirmed that many men do want to be more involved in the lives of their children, and indeed that many men are more involved than men from prior generations. Even in countries where men's involvement in care work is limited, such as those in the Middle East and North Africa, half or more of men surveyed said that they spent too little time with their children because of their job. In the United States, 46% of fathers said they were not spending enough time with their children, compared with 23% of mothers (Heilman et al., 2017).

The report also identified three important barriers to men's fuller involvement as caregivers: social norms, economic and workplace realities, and laws and policies. Across 59 countries, 45% of men and 35% of women, on average, agreed with the statement, "When jobs are scarce, men should have more rights to a job than women," demonstrating persistently inequitable social norms around gender and work. Among other workplace realities, the gender wage gap and norms that discriminate against flexibility or taking leave further drive an inequitable division of labor at home and at work. And laws and policies around parental leave, equal pay, public provision of child care, and social protection often reinforce the unequal distribution of care as well.

## The Policies and Programs Needed to Achieve Full Father Involvement

In this current setting of inequitable caregiving, what is needed? In the broadest sense, of course, the poorest families around the world need access to income support—including poverty alleviation and affordable, high-quality child care. These kinds of supports are still uneven around the world.

More precisely, one of the most important policy recommendations is the need for paid parental leave (ideally enshrined in national legislation), equally shared between mothers and fathers (or between other co-caregiver arrangements). As of 2016, paternity leave—usually a short leave period specifically allocated for fathers after the birth of a child—is still offered in only about half of the countries of the world (86 countries), while parental leave—leave that is typically longer and can be taken by either parent—is offered in even fewer (53 countries). This lack of leave availability continues despite evidence that effective leave policies can help to transform gender relations at work and at home, as well as support women's economic participation.

Accordingly, MenCare partner NGOs have been advocating and lobbying for equal paid leave for fathers and mothers in diverse settings, and at least with some success. For example, in Brazil, in part because of MenCare advocacy efforts, national legislation increased paid leave for fathers from 5 days to 20 days fully paid (by comparison, mothers in Brazil receive 4 months paid leave). In other countries and at the U.N., MenCare partners have promoted equitable paid, parental leave.

In addition, evidence is also increasingly showing that well-designed parent training and parent support programs that

make specific efforts to recruit fathers, and also support mothers, need to be scaled up or made more universally available. As such, MenCare partners have worked to build the evidence base around father-inclusive, or father-focused, parent training in global South settings. A rich evidence base from the global North has affirmed that well-designed programs with mothers and fathers, particularly those that focus on parental cooperation in child care (regardless of whether parents are married, unmarried, or separated), can achieve multiple positive outcomes for children (Cowan, Cowan, Kline Pruett, Pruett, & Wong, 2009). Following such approaches, MenCare partners in Bolivia, Brazil, Chile, Indonesia, Lebanon, Nicaragua, Rwanda, South Africa, and the U.S. and elsewhere have developed, adapted, or implemented a father training module called Program P (P for the word for father in many languages, *padre*, *pai*, *pere*; Promundo, CulturaSalud, & REDMAS, 2013).

The module includes activities for expectant fathers and their partners (some activities carried out only with fathers, others with the couple together) focusing on couple communication and joint decision-making, men's support and participation during pregnancy and early childhood, gender equality, and nonviolent relationships with partners and children. In participatory, consciousness-raising activities, trained facilitators

(young fathers from the same communities) guide parents through the activities over a 3–4-month process, in partnership with health services and other social services. A recent randomized control trial of the process in Rwanda (in partnership with the Rwandan Ministry of Health) with nearly 2,400 women and men found that:

- (a) women in the intervention group reported higher support from male partners during their pregnancy and went to more prenatal visits compared to the control group,
- (b) women in the intervention group reported much lower rates of violence from male partners in the previous 12 months compared to the control group, and
- (c) both men and women in the intervention group reported lower rates of violence against their children.

All of these changes were sustained at statistically significant levels 16 months after the intervention ended (Doyle et al., in press). On the basis of these positive results, the evaluation will be replicated in Bolivia, and efforts are already underway to make the Program P training module a part of the maternal and child care system in Rwanda and elsewhere. (See box, "Lessons Learned and Future Directions of MenCare").

## Lessons Learned and Future Directions of MenCare

The breadth of MenCare activities has included (a) policy advocacy; (b) creative use of media and awareness-raising events to change ideas about fatherhood; (c) training and outreach to diverse social service, health, and education sectors; and (d) scaling up of evidence-based father training. Some highlights of these activities include:

- In **Brazil**, the **Netherlands**, and **South Africa**, MenCare partners used results from the *State of the World's Fathers* reports (Heilman et al., 2017; Levitov et al., 2015) to advocate for increased paid leave for fathers, going from 5 days to 20 in the case of Brazil, and up to 5 weeks nontransferable leave for fathers paid at 70% of salary in the Netherlands. In South Africa, the new law promoted by MenCare partners provides for 10 days paid leave for fathers. The MenCare parental leave platform has been widely disseminated at various high-level United Nations meetings and at discussions of parental leave at the European Union.
- In **Georgia**, MenCare partners organized a "football/soccer" cup for fathers and children, while in **Mexico** MenCare partners organized a "hands-on fathers' day" to promote father involvement among staff at one of the country's largest universities. MenCare partners have also produced children's books to promote gender equality and hands-on involvement by fathers, organized photo exhibitions of involved fatherhood, and developed cartoon videos. In **Bulgaria**, MenCare awareness-raising has targeted kindergartens and social work professionals to identify ways to engage fathers.
- MenCare partners in Bolivia, Brazil, Chile, Indonesia, Nicaragua, Russia, Rwanda, South Africa, the U.S. and elsewhere have offered evidence-based father and co-parent training building on a common curriculum, Program P, which has been subject to a randomized control trial in Rwanda and rigorous evaluation in Central America and Bolivia. MenCare

partners have used diverse strategies for recruitment. **Brazil**, **Rwanda**, and other country partners have found that prenatal visits offer one of the most promising places to recruit fathers. In **Brazil** and **Chile**, the ministries of health sponsored online training courses for health professionals in ways to recruit fathers, father training strategies, and ways to use the health sector to engage fathers as co-parents and allies in maternal and child health.

Now with more than 45 countries participating, MenCare plans for the future include:

1. deepening country-level advocacy to push for equitable parental leave and to include fathers in national advocacy around ending corporate punishment;
2. identifying ways to build evidence-based parent training (building on Program P) into the public health sector and early child development sectors;
3. partnering with key women's rights partners to continue working to achieve a global goal of men carrying out half of the daily care work, and partnering with key research partners to gather international time-use data to assess progress; and
4. partnering with large media outlets and private sector partners to change the presentations of fathers in the media, emphasizing men's caregiving.

The MenCare partners will continue producing new *State of the World's Fathers* reports every 2 years as a key advocacy strategy, with launch and outreach events at United Nations and international gatherings as well as at the country level.



## It Takes a Village to Support Caregivers to Raise a Child

Clearly, paid parental leave and evidence-based parent training are not sufficient to provide the support necessary for all caregivers, particularly the lowest income ones, to do all they can for their young children. Paid child care, income support, abolishment of physical punishment, preventing and responding to men's violence against women, access to high-quality primary health care, and much more, are necessary for achieving the support that mothers and fathers need to care for their children. Advocates also need to promote gender equality in the caregiving professions. While efforts have expanded to promote girls' and women's participation in the science, technology, engineering, and mathematics (STEM) professions, much more needs to be done to promote men's involvement in caring professions, including as early child care workers, primary school teachers, and other caring professions such as nurses. Achieving gender equality in caregiving—meaning men and women sharing, on aggregate, the daily care of young children—will not by itself achieve the positive outcomes and full nurturing that young children need. But without the full and equitable involvement of men and fathers in the daily care of their youngest children, it will not be possible to achieve the promise that all children deserve.

**Authors' Note:** Much of the data and conclusions presented here were previously published as part of *State of America's Fathers* (Heilman et al., 2016), *State of the World's Fathers: A MenCare Advocacy Publication* (Levtov et al., 2015), ) and *State of the World's Fathers 2017: Time for Action* (Heilman et al., 2017). The authors thank the various contributors and co-authors of those reports.

**Gary Barker, PhD**, is president and CEO of Promundo. He has conducted extensive global research and program development around engaging men and boys in gender equality and violence prevention, and he is a leading voice for the worldwide effort to establish positive, healthy dynamics between men and women. Gary is the co-founder of MenCare, a global campaign to promote men's involvement as equitable, nonviolent caregivers, and co-founder of MenEngage, a global alliance of more than 600 nongovernmental organizations and United Nations agencies working toward gender equality. He coordinates IMAGES (the International Men and Gender Equality Survey), a pioneering multicountry survey of men's attitudes and behaviors related to violence, fatherhood, and gender equality, among other themes. He is a member of the United Nations Secretary General's Men's Leaders Network and has been honored with an Ashoka Fellowship, a fellowship from the Open Society Institute, and the Vital Voices Solidarity Award. Gary earned a doctorate in child and adolescent development from Loyola University in Chicago and a master's degree in public policy from Duke University.



Photo: Beto Pêgo for Instituto Promundo

Even in countries where men's involvement in care work is limited, half or more of men surveyed said that they spent too little time with their children because of their job.

**Ruti Levtov, PhD**, is the director of research, evaluation, and learning at Promundo. She plays a key role in Promundo's research initiatives, including the International Men and Gender Equality Survey (IMAGES), and she co-coordinated the MenCare Global Fatherhood Campaign from 2013 to 2017. Ruti previously worked with the Johns Hopkins Bloomberg School of Public Health, and the Maternal and Child Health Policy Research Center, and was a research fellow at the Tata Institute for Social Sciences in Mumbai. She received her master's degree in international comparative education from Stanford University and her doctorate in public health from the University of Michigan, where her research focused primarily on gender, violence, and schooling.

**Brian Heilman, MA**, is a senior research officer at Promundo, where his work focuses on eliminating harmful masculine norms, preventing all forms of gender-based violence, and achieving broader gender equality and social justice in the United States and around the world. Brian is a co-author of the 2017 *State of the World's Fathers* and 2016 *State of America's Fathers* reports, the lead author of *The Man Box* study on harmful effects of rigid masculine norms in the U.S., U.K., and Mexico, and a co-author of multiple reports using International Men and Gender Equality Survey (IMAGES) data. Brian has extensive program and research experience in South Asia, Sub-Saharan Africa, and the Middle East, and is deeply engaged as a sexual violence prevention educator in Minnesota. He holds a bachelor's degree in English from Saint John's University and a master's degree in law and diplomacy from the Fletcher School at Tufts University.

## References

- Barker, G., Contreras, J. M., Heilman, B., Singh, A., & Nascimento, M. (2011). *Evolving men: Initial results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC: International Center for Research on Women & Promundo.
- Burgess, A. (2006). *The costs and benefits of active fatherhood: Evidence and insights to inform the development of policy and practice*. London, UK: Father's Direct.
- Cabrera, N. J., Shannon, J. D., & Tamis-LeMonda, C. (2007). Fathers' influence on their children's cognitive and emotional development: From toddlers to pre-K. *Applied Developmental Science, 11*(4), 208–213.
- Cowan, P. A., Cowan, C. P., Kline Pruett, M., Pruett, K., & Wong, J. J. (2009). Promoting fathers' engagement with children: Preventive interventions for low-income families. *Journal of Marriage and Family, 71*(3), 663–679.
- Davis, J., Luchters, S., & Holmes, W. (2012). *Men and maternal and newborn health: Benefits, harms, challenges and potential strategies for engaging men*. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub.
- DeGeer, I., Carolo, H., & Minerson, T. (2014). *Give love, get love: The involved fatherhood and gender equality project*. Toronto, ON, Canada: White Ribbon Campaign.
- Doyle, K., Levto, R., Barker, G., Bastian, G., Bingenheimer, J.B., Kazimbaya, S., ... Shattuck, D. (in press) *Gender-transformative Bandedereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomised controlled trial*.
- Halle, T. (2002). *Charting parenthood: A statistical portrait of fathers and mothers in America*. Bethesda, MD: Child Trends.
- Heilman, B., Cole, G., Matos, K., Hassink, A., Mincy, R., & Barker, G. (2016). *State of America's fathers: A MenCare advocacy publication*. Washington, DC: Promundo. Retrieved from <http://men-care.org/wp-content/uploads/sites/3/2016/06/State-of-Americas-Fathers-report-June-12-2016.pdf>
- Heilman, B., Levto, R., van der Gaag, N., Hassink, A., & Barker, G. (2017). *State of the world's fathers: Time for action*. Washington, DC: Promundo, Sonke Gender Justice, Save the Children, & MenEngage Alliance. Retrieved from [https://sowf.men-care.org/wp-content/uploads/sites/4/2017/06/PRO17004\\_REPORT-Post-print-June9-WEB-2.pdf](https://sowf.men-care.org/wp-content/uploads/sites/4/2017/06/PRO17004_REPORT-Post-print-June9-WEB-2.pdf)
- Hrdy, S. B. (2011). *Mothers and others: The evolutionary origins of mutual understanding*. Cambridge, MA: Belknap Press.
- Jones, J., & Mosher, W. D. (2013). Fathers' involvement with their children: United States, 2006–2010. *National Health Statistics Reports, 71*, 1–22.
- Levto, R., van der Gaag, N., Greene, M., Kaufman, M., & Barker, G. (2015). *State of the world's fathers: A MenCare advocacy publication*. Washington, DC: Promundo, Rutgers, Save the Children, Sonke Gender Justice, & the MenEngage Alliance. Retrieved from [www.men-care.org/sowf](http://www.men-care.org/sowf)
- Panther-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner review: Engaging fathers—Recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, 55*(11), 1187–1212.
- Promundo, CulturaSalud, & REDMAS. (2013). *Program P—A manual for engaging men in fatherhood, caregiving, maternal and child health*. Rio de Janeiro, Brazil, and Washington, DC: ProMundo.
- Sarkadi, A., Kristiansson, R., Oberklais, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: A systematic review of longitudinal studies. *Acta Paediatrica 97*(2), 153–158.
- Storey, A. E., Walsh, C. J., Quinton, R. L., & Wynne-Edwards, K.E. (2000). Hormonal correlates of paternal responsiveness in new and expectant fathers. *Evolution and Human Behavior, 21*(2), 79–95.

# Developing a System of Protection for Young Children in Uruguay

## Understanding the Link Between the Home Environment and Child Development

**Florencia Lopez Boo**  
**Mayaris Cubides Mateus**  
Inter-American Development Bank  
Washington, DC

**Rita Sorio**  
Inter-American Development Bank  
Montevideo, Uruguay

**Giorgina Garibotto**  
**Christian Berón**  
Ministry of Social Development  
Montevideo, Uruguay

### Abstract

Uruguay is making great progress in improving the lives of its youngest children. A national longitudinal early childhood-focused household survey has been, and will continue to be, an important tool for identifying concerns and targeting interventions. In a study of the home environment, the authors found that children from lower income households are exposed to worse home environments—that is, less responsive and more punitive. These results point to the need for further interventions aimed at improving the home environment of vulnerable families.

The ideal environment and stimulation for healthy child development depends not only on the physical and human resources that facilitate responsive interactions between caregivers and children, but also on dynamic processes such as the frequency and intensity with which these interactions occur—variables that are much more difficult to measure and regulate.

Through a comprehensive system of support, Uruguay has made progress in improving the living conditions of children. Children are less likely to die in their first years of life, enjoy better health and nutrition, and go to school from an earlier age as compared to just a few years ago. The proportion of people below the poverty line has declined continuously in the last 10 years (34% in 2006 to 9% in 2016 overall and from 53% to 21% in children under 4 years old in the same

period), but childhood poverty is still double the overall proportion of poverty. Moreover, while among older adults the reduction in poverty was 86%, it was only 60% among children under 4 (MIDES-Uruguay Crece Contigo, 2015). (See Table 1 for a summary of the main indicators of early childhood development in 2014.)

To address these issues, a series of public policies have been implemented, including the Equity Plan in 2008, which built, among other things, an index to measure poverty multidimensionally. Moreover, through an Integrated National Health System, benefits and health coverage have been extended for pregnant women and children under 4 years old (Solari Morales, Cerruti, & Garibotto, 2016). Based on the integrated approach of the Equity Plan, the President of



Through a comprehensive system of support, Uruguay has made progress in improving the living conditions of children.

**Table 1. Selection of Indicators of Early Child Welfare in Uruguay**

Indicators	Results in 2014
Children under 4 years old who attend a child care center [The reasons for not attending are concentrated in two categories: the child's early age and family members already taking care of child.]	32%
Families that send children to centers because it's good for the child	59%
Families that send children to centers because the mother works	27%
Poor children attending an initial education center	21%
Non-poor children attending an initial education center	79%
Children who present some type of alteration in their psychomotor development (ASQ screening)	18%
Households with children under 4 years old in which someone smokes	18%
Poor households with children under 4 years old in which someone smokes	33%
Women who smoked at some stage of pregnancy	29%
Low birth weight children	7.60%
Premature births	8.90%
Children who were ever breastfed	97%
Newborns who leave the maternity without exclusive breastfeeding	12%

Source: Cabella et al., 2015

the Republic approved the 2012 launch of Uruguay Crece Contigo (UCC; "Uruguay Grows With You", a national system of comprehensive protection for early childhood).

## A Protection System for Early Childhood

The goal of the UCC, as a national directorate of the Ministry of Social Development, is to build a comprehensive protection system for early childhood. The UCC works to guarantee the comprehensive development of children and their families—beginning with the protection of pregnant women—from a perspective that recognizes individual rights, gender equality, social justice, and comprehensive human development. To meet the needs of children with disabilities, the National Disability Program (MIDES, n.d.) and the Social Security Bank (Banco de Prevision Social) provide specific services ranging from disability pensions to easing access to rehabilitation centers. Since 2016, the Uruguayan Institute for Children and Adolescents (Instituto del Niño y el Adolescente de Uruguay) has provided a unique program for children with disabilities to receive free services from a personal assistant in day care centers and at school.

To achieve its goals, the UCC develops universal, targeted actions to guarantee the adequate care and protection of pregnant women and the comprehensive development of children under 4 years old. The UCC is organized into three components:

### Component 1: Comprehensive Protection for Early Childhood

Component 1 aims to promote the necessary conditions for all children to exercise their right to a good start in life, contributing to the creation of a system of protection for early childhood.

### Component 2: Territories to Grow

Component 2 aims to reduce the social and health inequities in families with pregnant women and children under 4 years old through the implementation of Early Childhood Development Programs, which emphasize family support, community work, and working across sectors to respond to family's needs.

UCC deploys a series of targeted interventions aimed at families with children and pregnant women in a situation of vulnerability. The common core of these is working with families in their homes.

### Component 3: Knowledge Management and Innovation for Early Childhood

Component 3, among its objectives, proposes, "Promoting the social management of knowledge for the early childhood development and the generation of innovative responses". One of its central axes is to "provide timely and adequate information to guide the design of early childhood policies" which is, in part, accomplished by a national household survey.



## The Nutrition, Child Development, and Health Survey (ENDIS)

In this context, the UCC and its partners developed the first Uruguayan Nutrition, Child Development, and Health Survey (ENDIS, for its acronym in Spanish). Uruguay's ENDIS is a longitudinal survey that arose from a need to generate information at the national level to allow for a more in-depth study of the current state of early childhood from different aspects, including socioeconomic conditions, child development (both physical and cognitive), and parenting practices, thereby generating inputs to inform the design and implementation of public policies aimed at young children. The ENDIS also constitutes the country's first effort toward a longitudinal demographic and health survey, which was previously nonexistent.

As part of the ENDIS survey, additional instruments were administered that allowed for a comprehensive understanding of the conditions and environment in which Uruguayan children were growing. The first wave of the survey was conducted from October 2013 to February 2014 and included 3,077 children from birth to 3 years and 11 months old from 2,665 urban households<sup>1</sup> (localities with more than 5,000 inhabitants), which were also interviewed as part of the National Statistic's Institute (INE's) Continuous Household Survey (Cabella et al., 2015). The second wave was carried out between December 2015 and May 2016, during which information was obtained on 2,611 children from 2,310 households. Of those children, 2,383 had participated in the first wave while 228 were visited for the first time.

The second wave of the ENDIS included a more objective observational measure of the quality of the stimulation offered to children in the home to allow for cross-country comparisons. For this reason, with IDB support, interviewers administered a short version of the Home Observation for Measurement of the Environment (HOME; Caldwell & Bradley, 2003), an instrument that combines observations with information reported by the parents and that focuses on the child as a receiver of objects, events, and interactions that occur with their closest family members. The HOME is designed to measure the quality of the family environment in the home from both a quantitative and qualitative perspective.

The HOME assessed the home environment and parenting practices. The Big Five Inventory (John, Naumann, & Soto, 2008) examined personality traits (in this case, of the mothers or primary caregivers); and the Ages & Stages Questionnaires, Third Edition (ASQ-3; Squires & Bricker, 2009) provided an indicator of the development of the children in the sample.

### Summary of Findings

The initial findings on the relationship between the HOME and the socioeconomic variables that characterize the homes of those children who participated in the ENDIS survey serves as a starting point for understanding the current state of early childhood in Uruguay.



Photo: DFCL Prints/shutterstock

The UCC program develops universal, targeted actions to guarantee the adequate care and protection of pregnant women and the comprehensive development of children under 4 years old.

When analyzing the results on the HOME, we found that the most socioeconomically vulnerable children are exposed to environments that do not favor their development; that is, these are less receptive, more punitive environments. The difference in scores between the poorest and the wealthiest, as well as between the children of less and more educated mothers, suggested that there are significant disparities within Uruguay. An average of two negative practices were observed in the poorest households, while roughly half that number of unhealthy practices were observed in the wealthiest households.

When comparing these results with those obtained in other countries in the region, Uruguayan children are exposed to better environments over the entire distribution (Berlinski & Schady, 2015). However, Uruguayan parents or caregivers have more negative practices than their Chilean counterparts. Additional analysis implied that Uruguayan parents or caregivers offer an emotionally colder but less punitive environment as compared to Chilean parents and caregivers (Lopez Boo & Cubides Mateus, 2017).

### Conclusion and Recommendations

The ideal environment and stimulation for proper child development depend on multiple factors. The frequency and intensity of interactions between caregivers and children has been proven to be one of the most important. Using the HOME as a measure of the quality of the stimulation offered to children in the home, we discovered that the most socioeconomically vulnerable children (low income households with less educated mothers) are exposed to unfavorable environments—that is, less responsive and more punitive. These results demonstrate the need for interventions aimed at improving the home environment of the most vulnerable families to ensure equity not only in the present, but also in years to come, given the solid correlations between the HOME and future outcomes (Berlinski & Schady, 2015).

<sup>1</sup> Uruguay is a 95% urban country.

Finally, it is important to note that a single measurement is inadequate in terms of fully assessing the current state of early childhood; repeated measurements over time would offer an overview of how Uruguayan parenting practices are evolving and would reveal changes following participation in certain programs (e.g., UCC). The organizational and logistical challenges inherent to the monitoring of this variable and the training of the personnel in charge of administration and observations should be taken into account when planning future budgetary and personnel needs. Nevertheless, in spite of these challenges—and recognizing that programs aimed at increasing family income do not suffice when it comes to the timely improvement of children's outcomes—programs that seek to strengthen the child-rearing skills of the most vulnerable parents are the best bet to improve children's developmental trajectories, which are key to the progress of any society, and to break the intergenerational transmission of poverty.

## Acknowledgments

We would like to thank Pablo Mazzini, Florencia Cerruti, and all the Uruguay Crece Contigo (UCC) team for the comments they made at the working meeting in Montevideo on March 17, 2017, as well as the feedback they provided throughout 2016 and 2017. We are also grateful to Sara Schodt for training Instituto de Estadísticas (INE) interviewers on the HOME tool; Peter Fitermann and Christian Berón for supervising the administration of the HOME in the field and providing feedback on this document; and the entire team at the UCC, INE, and Oficina de Planeamiento y Presupuesto for granting us the opportunity to test this new observational tool for assessing parenting practices in Uruguay. We would also like to thank Andrea Vigorito for her involvement in the first phase of HOME data collection and her comments on this document.

---

**Florencia Lopez Boo, PhD**, holds a doctorate in economics from the University of Oxford. She is a senior social protection

economist with the Social Protection and Health Division of the Inter-American Development Bank. Her work focuses on early childhood development and evaluation of the impact of social protection programs. Most of her current work includes projects and evaluations to inform scalable approaches to parenting interventions

**Mayaris Cubides Mateus, MA**, holds master's degree in economics. She has been research fellow at the Inter-American Development Bank's Division of Social Protection and Health for 1½ years. After her graduation, she has supported the design and development of impacts evaluations of public policies for early childhood in several Latin American and Caribbean countries. In addition, she worked as a consultant at the Ministry of Employment in Colombia to conduct a skills training program for young victims of conflict.

**Rita Sorio, MA**, is a nurse and has a master's degree in public health. She is a lead specialist at the Division of Social Protection and Health of the Inter-American Development Bank. She has extensive experience designing and implementing public policies for children and young people. For the last 3 years, she has supported the development of public projects whose main objective is to improve the quality of services and centers for early children in Uruguay.

**Giorgina Garibotto, MA**, has a bachelor's degree in sociology and holds a master's degree in human development. Since 2005, she has worked at the Ministry of Social Development in Uruguay. Specifically, she works at the department of the early childhood program Uruguay Crece Contigo (Uruguay Grows With You). She has extensive experience designing and implementing public policies for early childhood, late childhood, and adolescence.

**Christian Berón** has a bachelor's degree in nutrition. He has been working at the Ministry of Social Development since 2013. His research has focused on public policies for childhood. He was the fieldwork coordinator of the second wave of Survey of Nutrition, Child Development and Health (ENDIS, Spanish acronym), and currently he is working on the follow up of this cohort study.

---

## References

- Berlinski, S., & Schady, N. (2015). *Los primeros años: el bienestar infantil y el papel de las políticas públicas*. Washington, DC: IDB
- Cabella, W., De Rosa, M., Failache, E., Fitermann, P., Katzkowicz, N., Mila, J., ... Vigorito, A. (2015). *Salud, nutrición y desarrollo en la primera infancia en Uruguay, Primeros resultados de la ENDIS*. Montevideo, Uruguay, OPP.
- Caldwell, B. M., & Bradley, R. H. (2003). *Home Observation for Measurement of the Environment: Administration manual*. Tempe, AZ: Family & Human Dynamics Research Institute, Arizona State University.
- John, O. P., Naumann, L. P., & Soto, C. J. (2008). Paradigm shift to the integrative big five trait taxonomy. In O. P. John, R. W. Robins, & L. A. Pervin (Eds.), *Handbook of personality: Theory and research* (pp. 114–158). New York, NY: Guilford Press.
- Lopez Boo, F., & Cubides Mateus, M. (2017). *Measuring the home environment for young children in Uruguay: Socioeconomic gradients of the HOME inventory*. Washington, DC: IDB.
- MIDES. (n.d.). *Centro Nacional de Ayudas Técnicas y Tecnológicas*, Retrieved from Programa Nacional de Discapacidad. Retrieved from <http://pronadis.mides.gub.uy>
- MIDES-Uruguay Crece Contigo. (2015). *Desarrollo infantil temprano*. En reporte Uruguay 2014 (pp. 195–213). Montevideo, Uruguay: MIDES, OPP, AGEV.
- Solari Morales, M., Cerruti, F., & Garibotto, G. (2016). Uruguay's programa de acompañamiento familiar. In *Early Childhood Matters*. The Hague, Netherlands: Bernard Van Leer Foundation.
- Squires, J., & Bricker, D. (2009). *Ages & Stages Questionnaires (ASQ-3): A parent-completed child-monitoring system*. Baltimore, MD: Brookes.

# Around the World With ZERO TO THREE

## A Sample of Global Engagement by Members of the Board, Academy Fellows, and Staff

*Editor's Note:* Below are brief descriptions of some of the ways that the Members of the Board of Directors, Academy Fellows, and staff at ZERO TO THREE are focusing on the healthy development of infants, toddlers, and their families around the globe.

### A Secret to Bringing Early Childhood Programs to Scale: Supporting Voices in the Field

Jane West

Lunch time on October 5th, 2016, I sat at my computer in Colorado gobbling up a sumptuous and historic sight: on one event stage, the leaders of The World Bank, The World Health Organization, and the United Nations Children's Fund stood alongside catalysts from academia and declared their growing financial and institutional dedication to placing early childhood development policy and programs at the heart of their strategies. Pegged that day to the critical publication of the latest *Lancet* series on early childhood development (The Lancet, 2016), this show of support signaled to me that a global movement was indeed taking shape before my eyes...and my ears! Here's one webinar snippet that has stuck with me: "Our failure to make the right investments in early childhood development is condemning millions of children to lives of exclusion," said Jim Yong Kim, the World Bank Group president. "From breastfeeding and micronutrient supplements to stimulation by caregivers, early reading, and getting kids out of toxic environments," he continued, "we're able to achieve substantial improvements in short periods of time with major returns on the investment." I was over the moon, to speak with a very large frame. My professional home, ZERO TO THREE, had led the national movement to value the needs of infants and toddlers for many decades, and now the heads of three giant global institutions were echoing the famed ZERO TO THREE mantra that "Babies Can't Wait."

I could not wait either, to be honest. Increasingly, I had been noting that the leadership at ZERO TO THREE—staff, board members, and Fellows—was on the move all over the world: giving trainings on psychotherapy models or new intervention strategies or consulting to external governments and agencies about expansions in early learning and home visitation systems. I myself was crossing borders often as I had started a small international early childhood mental health donor-advised



Photo courtesy of Jane West

*The Baby Mat:* while sitting on a comfortable cloth on the ground of the public health clinics, pairs of psychologists and home visitors invite over families, who are waiting many hours for their immunization appointments, so that caregivers might share their stories and concerns about their newborns.



fund a few years earlier and I was eager to exchange ideas and lessons learned with colleagues from all parts of the early childhood field. This interest in deepening global connections was one reason that this issue of the *ZERO TO THREE Journal* and, especially, this expanded section on the global reach and reflections of leaders at ZERO TO THREE, came to be. There is so much to be gained from knowing about and from being a part of what is unfolding overseas: from the questions that are being asked, to the ways that vital developmental science is being made culturally relevant to all kinds of populations, to the thrilling programmatic innovations underway that have not yet reached our shores.

I have certainly learned this firsthand. Throughout the last 4 years, the grantees of The Two Lilies Fund (which is in honor of my two grandmothers, both named Lillian) have illuminated the way forward with groundbreaking ideas about how to reach out to potential clients and how to embed reflection and care into all parts of an organization. Take the example of the Ububele Educational and Psychotherapy Trust which has pioneered an outreach strategy to new moms called the Baby Mat. While sitting on a comfortable cloth on the ground of the public health clinics in their township in Johannesburg, South Africa, pairs of psychologists and home visitors invite over families, who are waiting many hours for their immunization appointments. In a non-threatening way, the professionals make themselves available so that caregivers might wander over and share their stories and concerns about their newborns. In return, the families receive an empathetic and skilled ear and a referral to the home visitation or outpatient psychotherapy services Ububele provides, if that's what is needed.

This group also stands out for its comprehensive approach to reflective practice. Throughout the week, a variety of supports are in place, from the inclusive staff meetings (everyone from the cook to the executive director are present) to daily homemade lunches to home visitation group supervision and Baby Mat reflective time. All of these moments, and many more informal ones, work together to envelop the frontline staff—so challenged by the conditions in the community—in a culture of care. When I was launching an early childhood mental health consultation program in the mountains of Colorado at the start of this century—before there were many resources and guidelines—our team could have greatly benefitted from the buffering practices established by Ububele that, to my eye, seem to keep secondary trauma at bay as much as is possible.

Another grantee that has awed me with its layered culture of care is the first residential master's program in child development focused on students from developing countries, based at the University of Haifa in Israel. When the program directors were first setting up this year-long course 4 years ago, they anticipated that parts of the curriculum—such as the readings about insecure attachment and early trauma—might trigger feelings of loss and grief in their students who were so far from their support systems back home. They created



Children's art courtesy of The Ububele Educational & Psychotherapy Trust, Johannesburg, South Africa

#### "Flowers"

a true innovation, a now-weekly course solely devoted to processing what the students were experiencing in response to their coursework (and distance from home), and they also provided students with emotionally available tutors, mentors, program assistants, and faculty. I had the opportunity to interview in depth the first graduates of this program for a short film called *Pioneer Class*,<sup>1</sup> and they shared that this unusual group supervision (an experience unlike any they had ever had in their lives) had allowed them to make it through the year in one piece and in some cases had even helped heal them from trauma they had endured earlier in their lives. Now, as emerging early childhood leaders, they felt ready once home to take on the unknown but expected challenges of championing a field that itself is just stepping onto the global stage.

Deeply listening to these grantees, voices from various professions and parts of the world, has deeply moved me and enriched me as an early childhood champion. Most notably, it has helped me to understand just what it may take to fulfill the promise of that October day when global agencies committed to bringing critical early childhood programs to scale around the world. The success of this much-needed scale up may very much depend, in the end, on the quality and sensitivity of the training and supervision on offer to the new leaders who will be advocating and adapting and inventing systems of care and on offer to the community workers who will be on the frontlines, delivering the programs and the promise of a strong start to the world's youngest members and their families.

**Jane West, LPC, ECSE**, is a mental health professional and educator specializing globally in early childhood issues. She runs

1 See the movie at [thetwoliliesfund.org](http://thetwoliliesfund.org)



Heart of the West Counseling, LLC, a company that provides therapeutic services to families and consulting services to early childhood programs and foundations. Both a Harris Fellow in Child Development and Infant Mental Health at the University of Colorado's Child Psychiatry Department and a Fellow of the Leaders of the 21st Century program at ZERO TO THREE, West was responsible for shaping the early years of Early Childhood Partners' coaching and consultation programs in the mountains of Colorado and is an active consultant and speaker on such topics of early childhood toxic stress and resilience. She is also an internationally accomplished journalist and an Emmy-award winning producer of documentaries for PBS and the BBC. In 2013, West launched an international donor-advised fund to support the development of early childhood mental health

systems and workforce capacity in under-resourced areas of the world. The Two Lilies Fund shines a spotlight through its program development and public awareness campaigns (using film and podcasting) on model projects that are designed to strengthen the social and emotional development of young children and their caregivers. West is also an active member of Elevate Children, a global collaborative funders group.

## Reference

The Lancet. (2016). *Series advancing early childhood development: From science to scale*. Retrieved from [www.thelancet.com/series/ECD2016](http://www.thelancet.com/series/ECD2016)

## International Perspectives on Young Children and Disasters

Joy D. Osofsky and Howard J. Osofsky

With the incidence of disasters increasing, many children and their families are impacted by natural and technological disasters. Save the Children (2015) estimated that up to 175 million children will be affected by weather-related disasters over the course of the decade, with an upsurge related to climate change (McDiarmid, 2008). Although there is recognition that children and families have important needs, studies on response and recovery mainly emphasize rebuilding of structures and infrastructure such as homes, schools, and businesses. Despite the numbers of children affected, they often do not receive the attention they need (Masten & Osofsky, 2010; Osofsky, Osofsky, Hansel, & Speier, in press).

Addressing the needs of young children is especially important in addition to the direct effects of the disaster, because children are particularly vulnerable and dependent on the well-being of and support from their caregivers. The emotional distress of babies and young children is less obvious because, while they absorb everything around them, they cannot yet verbalize their distress and fears. It is important to address the stress experienced by parents and caregivers related to displacement, damage to homes and schools, economic losses, and unavailability of services. Seemingly simple adjustments in response following disasters can make a significant difference for younger children, for example, finding ways to re-establish some type of routines, providing opportunities to play, and taking steps to minimize and protect children from stressful and challenging living situations. It is important to recognize common symptoms of exposure to trauma such as behavioral and emotional dysregulation including aggression, withdrawal, and regressive behaviors such as problems with toileting, sleeping, and clinging to parents or caregivers, especially at times of stress.



Photo: arindambanerjee/shutterstock

Although there is recognition that children and families have important needs, studies on response and recovery mainly emphasize rebuilding of structures and infrastructure such as homes, schools, and businesses.

Disasters across the globe include natural disasters such as hurricanes, earthquakes, tornadoes, wild fires, tsunamis, and flooding, and technological disasters including oil spills, toxic exposure, failure of safety mechanisms, and nuclear accidents. The developmental implications for young children are important to consider. In our data following Hurricane Katrina, parents of young children (from birth to 7 years old) reported behavioral health symptoms that met the cut-off for further evaluation in 30% of their children (Kronenberg et al., 2010; Osofsky, Kronenberg, Bocknek, & Hansel, 2015). Thirty-three percent of parents of these children requested services. Because there can also be a mix of effects from natural and



The emotional distress of babies and young children is less obvious because, while they absorb everything around them, they cannot yet verbalize their distress and fears.

technological disasters, it is important to understand both risk factors that may contribute to increases in behavioral health symptoms, including posttraumatic stress disorder, and ways to provide support and services to young children and their parents during the initial response and longer-term recovery.

## Global Applications

It is important to consider lessons learned to help inform responses to disasters in different locations around the world. From a multicultural perspective, there may be diversity in experiences and responses to disasters. Overall comparisons across cultures suggest that symptoms may share universal similarities with unique variance for specific symptoms often linked with posttraumatic stress (Kalayjian, Kanazi, Aberson, & Feygin, 2002; Masten, 2014; Norris, Perilla, & Murphy, 2001; Osofsky et al., in press). It is clear that improved understanding of how culture may influence traumatic responses is important.

Two examples related to collaborative, international applications of therapeutic interventions following disasters will be described. The first was a collaborative effort to provide support and behavioral health information to colleagues reaching out to young children and their families in Chile following the 2010

earthquake and tsunami. We provided support to the local team in building a post-disaster program gaining understanding of the needs and providing culturally based mental health understanding and supportive mental health responses and services. Navarro and colleagues (2016) carried out an exploratory study to compare the disaster experiences and psychological symptoms of children 8–17 years old following the 2010 Chilean earthquake and tsunami with those of similar age children following 2005 Hurricane Katrina. The measure used was a modified version of the National Child Traumatic Stress Network Disaster and Referral Interview (2005) that our team adapted following Hurricane Katrina. Both the Chilean and Louisiana children and adolescents reported multiple symptoms of post-traumatic stress and depression with more than one third of the students in both locations meeting the criteria for further evaluation. The similar responses related to mental health symptoms in two different parts of the world underline the importance of including mental and behavioral health supports for children following major disasters.

The second example relates to the 2011 earthquake, tsunami, and Fukushima Nuclear Disaster in Japan. We were invited to provide support related to response and recovery by our colleague Dr. Hisako Watanabe in Japan with hopes of being able to build on lessons learned following Hurricane Katrina. We recognized that respecting cultural differences would be very important. When visiting Koriyama, 40 kilometers from Fukushima where the nuclear plant was located, the pediatric community organized a meeting of medical professionals in the hospital auditorium. Parents and child care providers were invited and described their experiences including not allowing their children to go outside and having to make them wear long sleeves even in the heat of the summer. One mother described with tears in her eyes how her 5-year-old daughter picked up a flower outside and brought it into the house. The mother had to take the flower from her child and throw it away and had to wash the child's hands and all of her clothing. Many mothers stated feeling very sad living this way.

## Conclusion: Lessons Learned

Nearly all children, even very young children, experience some period of distress following disasters. The majority of children demonstrate psychosocial resilience over time, especially with a supportive family, preschools, child care centers, schools, and community services. There is abundant evidence (Greeson et al., 2011; Masten, Narayan, Silverman, & Osofsky, 2015; Osofsky et al., 2015; Osofsky & Osofsky, 2013; Weems et al., 2016) that increased vulnerability in children following disasters relates to economic problems, disparities in care, exposure to multiple traumas, and pre-existing behavioral health problems. Lessons learned from studying the results of natural, technological, and complex disasters with multiple components can be generalized across disasters and countries.

While hope for rapid recovery is always present, in fact, the impact over time depends upon the extent of the devastation, slowness of recovery, and concerns about safety. For children, those who experience more traumas are at increased risk to develop symptoms of posttraumatic stress and depression. In all communities where the Louisiana State University Health Sciences Center team has worked, whether in the US or other countries, we have learned that some behavioral and emotional reactions to trauma may be “normal” and may come to represent a “new normal.” It is important that the behavioral health needs of younger children and families are a part of disaster response and recovery in order to build resilience following a major disaster. For prevention and intervention, it is important to provide assessments, interventions, and supportive services with stakeholder participation in settings accessible to children and families including child care and Head Start Centers, schools, community centers, and community-based clinics. The development and availability of these types of supports will further aid the growth of resilience.

## Acknowledgments

Funded by Substance Abuse Mental Health Services Administration Grant No. 1U79SM080006-01 for Terrorism and Disaster Coalition for Child and Family Resilience, Category II Site, National Child Traumatic Stress Network.

**Joy D. Osofsky, PhD**, is a clinical and developmental psychologist, Paul J. Ramsay Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center in New Orleans. She has published more than 130 articles and authored or edited: *Treating Infants and Young Children Impacted by Trauma: Interventions That Promote Healthy Development* (American Psychological Association, 2017), *Clinical Work With Traumatized Young Children* (Guilford, 2011), *Young Children and Trauma: Intervention and Treatment* (Guilford, 2004), and *Children in a Violent Society* (Guilford, 1997). In 2017, she co-authored *Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System* (National Council of Juvenile and Family Court Judges). Dr. Osofsky is past president of ZERO TO THREE and the World Association for Infant Mental Health. She is clinical consultant to ZERO TO THREE for the Safe Babies Court Team Programs and on the Leadership Team for the Quality Improvement Center for Research Based Infant-Toddler Court Teams. She has played a leadership role in the Gulf Region following Hurricane Katrina and the Deepwater Horizon Oil Spill and was clinical director for Child and Adolescent Initiatives for Louisiana Spirit following Hurricane Katrina. She serves as co-director of the Mental and Behavioral Health Capacity Project, part of the Gulf Region Health Outreach Program following the Gulf Oil Spill, and co-principal investigator for the NCTSN Category II Terrorism and Disaster Coalition for Child and Family Resilience. In 2007, Dr. Osofsky received the Sarah Haley Award for Clinical

Excellence for trauma work from the International Society for Traumatic Stress Studies, and in 2014 she was recognized with the Reginald Lourie Award for leadership in infant mental health and outstanding contributions to the health and welfare of children and families.

**Howard J. Osofsky, MD, PhD**, is the Kathleen and John Bricker Chair and professor of psychiatry, Louisiana State University (LSU). Dr. Osofsky is a fellow of the American Psychiatric Association, a diplomat of the American Board of Psychiatry and Neurology, and is also certified by the American Psychoanalytic Association. He has published more than 100 articles, and under his leadership, LSU Health New Orleans' Department of Psychiatry has expanded services for the underserved in New Orleans and across the state. He has played an important role in developing community psychosocial preparedness programs for first responders and mental health professionals to improve responses following disasters and terrorism. He served as co-director of LSU Health New Orleans' Louisiana Rural Trauma Services Center and currently is co-director of the Terrorism and Disaster Coalition for Child and Family Resilience which is part of the National Traumatic Child Stress Network. In the aftermath of Hurricane Katrina, Dr. Osofsky was asked to be clinical director for Louisiana Spirit, the Department of Health and Hospital's Crisis Counseling Program under the Stafford Disaster Act. He consulted and provided training in New York following 9/11, in Japan and Taiwan following earthquakes and typhoons, and in Chile following the earthquake and tsunami. In November 2015, given his expertise in disaster mental health, was asked to co-chair the National Center for Terrorism and Disaster Committee of the National Center for Child Network. He is nationally and internationally recognized as a leader for his efforts to help children and families exposed to violence, disasters, terrorism, and warfare. In 2007, Dr. Osofsky received the Sarah Haley Award for Clinical Excellence for trauma work from the International Society for Traumatic Stress Studies.

## References

- Greeson, J. K., Briggs, E. C., Kiesel, C. L., Layne, C. M., Ake III, G. S., Ko, S. J., ... Fairbank, J. A. (2011). Complex trauma and mental health in children and adolescents placed in foster care: Findings from the National Child Traumatic Stress Network. *Child Welfare*, 90(6), 91–108.
- Kalayjian, A. K., Kanazi, R. L., Aberson, C. L., & Feygin, L. (2002). A cross-cultural study of the psychological and spiritual impact of natural disaster. *International Journal of Group Tensions*, 31(2), 175–186.
- Kronenberg, M. E., Hansel, T. C., Brennan, A. M., Osofsky, H. J., Osofsky, J. D., & Lawrason, B. (2010). Children of Katrina: Lessons learned about postdisaster symptoms and recovery patterns. *Child Development*, 81(4), 1241–1259.
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6–20.
- Masten, A. S., & Osofsky, J. (2010). Disasters and their impact on child development: Introduction to the special section. *Child Development*, 81(4), 1029–1039. doi:10.1111/j.14-67-8624.2010.01452



- Masten, A. S., Narayan, A. J., Silverman, W. K., & Osofsky, J. D. (2015, updated 2017). Children in war and disaster. In R. M. Lerner (Ed.), M. H. Bornstein and T. Leventhal (vol. Eds.), *Handbook of child psychology and developmental science* (Vol. 4) Ecological settings and processes in developmental systems (7th ed., 704–745). New York, NY: Wiley.
- McDiarmid, P. (Ed.). (2008). *In the face of disaster: Children and climate change*. Retrieved from International Save the Children Alliance [http://cvoed.imss.gob.mx/COED/home/normativos/DPM/archivos/HDRM/health\\_topics/child\\_health/child\\_health\\_children\\_and\\_climate\\_change.pdf](http://cvoed.imss.gob.mx/COED/home/normativos/DPM/archivos/HDRM/health_topics/child_health/child_health_children_and_climate_change.pdf)
- National Child Traumatic Stress Network. (2005). *Hurricane Assessment and Referral Tool for Children and Adolescents* [electronic version]. Retrieved from [www.nctsn.org/nctsn\\_assets/pdfs/intervention\\_manuals/referraltool.pdf](http://www.nctsn.org/nctsn_assets/pdfs/intervention_manuals/referraltool.pdf)
- Navarro, J., Pulido, R., Berger, C., Arteaga, M., Osofsky, H. J., Martinez, M., Osofsky, J. D., & Hansel, T. C. (2016). Children's disaster experiences and psychological symptoms: An international comparison between the Chilean earthquake and tsunami and Hurricane Katrina. *International Social Work*, 59(4), 545–558.
- Norris, F. H., Perilla, J. L., & Murphy, A. D. (2001). Post disaster stress in the United States and Mexico: A cross-cultural test of the multicriterion conceptual model of posttraumatic stress disorder. *Journal of Abnormal Psychology*, 110(4), 553–563. doi: 10.1037/0021-843X.110.4.553
- Osofsky, J. D., Kronenberg, M., Bocknek, E., & Hansel, T. C. (2015). Longitudinal impact of attachment-related risk and exposure to trauma among young children after Hurricane Katrina. *Child & Youth Care Forum*, 44(4), 493–510. DOI: 10.1007/s10566-015-9300-7
- Osofsky, H. J., & Osofsky, J. D. (2013). Hurricane Katrina and the Gulf oil spill: Lessons learned. *Psychiatric Clinics of North America*, 36, 371–383.
- Osofsky, H. J., Osofsky, J. D., Hansel, T. C., & Speier, T. (in press). Exposure to terrorism and disasters. In J. D. Osofsky & B. McAlister Groves (Eds.), *Violence and trauma in the lives of Children*. New York, NY: Praeger Publications.
- Osofsky, J. D., Osofsky, H. J., Weems, C. F., King, L. S., & Hansel, T. C. (2015). Trajectories of post-traumatic stress disorder symptoms among youth exposed to both natural and technological disasters. *Journal of Child Psychology and Psychiatry*, 56(12), 1347–1355. doi:10.1111/jcpp.12420
- Save the Children. (2015). *National disaster report card on protecting children in disasters*. Retrieved from [www.savethechildren.org/site/c.8rKLIXMGlp4E/b.8777053/k.F31D/Get\\_Ready\\_Get\\_Safe\\_Disaster\\_Report\\_Card.htm](http://www.savethechildren.org/site/c.8rKLIXMGlp4E/b.8777053/k.F31D/Get_Ready_Get_Safe_Disaster_Report_Card.htm)
- Weems, C. F., Osofsky, J. D., Osofsky, H. J., King, L.S., Hansel, T.C., & Russell, J. D. (2016). A three-year longitudinal study of perceptions of competence and well-being among youth exposed to disasters. *Applied Developmental Science*, 22, 9–42. doi:10.1080/10888691.2016.1219229

## Recovery From Severe Deprivation: The Bucharest Early Intervention Project

Charles H. Zeanah, Nathan A. Fox, and Charles A. Nelson

In the late 1990s, the three of us were members of the MacArthur Foundation Research Network on “Early Experience and Brain Development” (chaired by Charles Nelson). One of the signature projects of the Network was the Bucharest Early Intervention Project (BEIP). This was the first ever randomized controlled trial of foster care as an alternative to institutional care. Here, we describe how the project was launched, briefly summarize major findings, and consider implications.

### Background

Through serendipity, a colleague invited one of us to be part of a medical mission trip to Romania to evaluate children living in the network of institutions that were promoted under former President Ceausescu. The first visit occurred when Romania was less than a decade removed from his overthrow, and the government was attempting to address an unprecedented child protection problem—170,000 children living in appalling conditions in institutions. This medical group spent a week evaluating children in many types of institutions and then met with the minister of Child Protection to review their findings. What emerged from this meeting was the idea of conducting an intervention study to assess foster care as an alternative to institutional care. Although the minister for child protection was



Photo courtesy of Save the Children

Long-term positive outcomes are enhanced when children remain in loving homes.

a reformer interested in alternatives, he indicated that there was substantial resistance to de-institutionalization in Romania, and he thought that carefully conducted research could provide data relevant to their policy debate.



## Rationale and Study Design

When we made our first trip, only nine studies had been published comparing children in foster care to children in institutions. All found children in foster care were developing more favorably. On the other hand, it was plausible that children with more severe disabilities were sent to institutions rather than to families. Therefore, we decided to conduct a randomized clinical trial to evaluate the efficacy of foster care as an alternative to institutional care. We recruited 136 young children—6 to 31 months old—who had been abandoned at birth and placed in institutions in Bucharest. We had a group of 72 children recruited from community pediatric clinics who had never been institutionalized to serve as a typically developing Romanian reference group. Following comprehensive baseline assessments, the young children were randomly assigned either to be removed from institutions and placed into foster care or to remain in the usual care in institutions. The study was designed to examine the effects of institutionalization on the brain and behavioral development of young children and to determine whether these effects can be remediated through intervention, in this case foster care.

At the time this study began, foster care was limited in Romania, but we were able to recruit and train 56 foster parents to care for 68 children. During the initial phase of this study, BEIP foster parents were paid a salary (as per new legislation) and provided a monthly stipend (to help with expenses related to caring for their foster child(ren)). Three BEIP social workers maintained close contact with foster parents and provided them with support and guidance throughout the trial. These social workers consulted weekly with experienced clinicians at Tulane University.

The clinical trial continued until the children were 54 months old, and throughout that time we ran the foster care program. At the conclusion of the trial, we turned the foster care network over to the local governmental authorities in Bucharest who then assumed financial and administrative management of it.

In addition to the comprehensive baseline assessments prior to randomization, we conducted reassessments at 30, 42, and 54 months during the trial. We also have conducted follow-up assessments of the children at 8, 12, and 16 years old.

## Summary of Key Findings

Results from the BEIP has demonstrated convincingly that children institutionalized since birth are at risk for developing impairments and delays in a number of domains (Zeanah, Humphreys, Fox, & Nelson, 2017). Children with histories of institutional rearing have serious psychiatric problems and cognitive impairments, including those involved in exercising judgment and planning, controlling impulses, and retaining memories. Findings also demonstrate that early intervention in the form of high-quality foster care can remediate some but not all of these delays and deficits. For example, children placed in



Children's art courtesy of The Ububele Educational & Psychotherapy Trust, Johannesburg, South Africa

### "My home and Mom"

The sooner young children are placed into adequate caregiving environments, the more likely they are to recover and the more recovery they are likely to achieve.

BEIP foster care exhibited fewer emotional or anxiety disorders than children randomized to remain in institutional care. One additional finding from BEIP deserves mention: the timing of the intervention matters a great deal. Thus, children removed from institutions and placed in foster care before 24 months old demonstrate better outcomes—particularly in the domains of cognition, language, brain activity, and social skills—than children placed after 24 months. For instance, children placed in the foster care group before 24 months old exhibit higher levels of brain activity and demonstrate higher IQs than children placed in foster care after 24 months.

In addition, IQ and psychiatric outcomes indicate that long-term positive outcomes are enhanced when children remain in loving homes. Those children who were originally placed in carefully monitored and supported BEIP foster care and who stayed in those homes through 12 years old demonstrated significantly higher cognitive scores and fewer psychiatric diagnoses than children who were originally placed in BEIP foster care and then moved to other arrangements (e.g., being adopted, being reunited with their biological families, or being moved to government foster care that became available after the study began). This result is notable because at 54 months old, those who would remain in stable placements through 12 years and those who would experience a placement disruption, were not different in IQ or prevalence of psychiatric disorders, suggesting that the disruption led to poorer outcomes rather than that troubled children cause disruptions.

## Implications

On the basis of BEIP findings to date, and other studies of children who experienced varying amounts of institutional

rearing, we conclude with several points that we believe have policy implications:

- Family care is preferable to institutional care for young children—not because it is inevitably better (although it usually is) but because it provides the kind of commitment and quality caregiving from responsible adults that is more likely to provide young children with what they need, including warmth, sensitivity, and responsiveness to distress.
- The quality of care matters a great deal. Although family care generally is better than group care, there is great variability in foster family care and commitment.
- Even for children who begin life in conditions of deprivation, substantial recovery is possible for at least some children.
- The sooner young children are placed into adequate caregiving environments, the more likely they are to recover and the more recovery they are likely to achieve.
- The stability of placements also matters greatly. The more disruptions young children experience, the more likely they are to be harmed.

## Impact

Now only about 20,000 children are in institutions in Romania, but they are mostly severely disabled, and now many are housed in small group home-like settings rather than the large, deprived institutions of 30 years ago. BEIP is certainly one of many factors that contributed to the massive de-institutionalization that has occurred in Romania in the past 20 years.

Beyond Romania, BEIP stands as the strongest evidence that large impersonal institutional care is especially toxic for young children's development. For this reason, BEIP has been prominently featured in policy initiatives such as the 2011

Evidence Summit on "Protecting Children Outside of Family Care" in the United States (Boothby et al., 2012) and the 2012 European Union Parliament "Exhibition and Roundtable on Children in Institutions." We hope to have opportunities both to continue to follow the children of BEIP as they transition to adulthood and also to explore caregiving alternatives for children living in institutions in other settings.

---

**Nathan A. Fox, PhD**, is Distinguished University Professor at the University of Maryland. Dr. Fox studies the effects of early experience on brain and behavioral development. His focus has been on social and emotional development and how individual differences in temperament and experience interact.

**Charles A. Nelson, PhD**, is professor of pediatrics and neuroscience at Harvard Medical School and holds the Richard David Scott Chair in Pediatric Developmental Medicine Research at Boston Children's Hospital. His primary research interests concerns the effects of early experience on brain and behavioral development.

**Charles H. Zeanah, MD**, is the Mary Peters Sellars-Polchow Chair in Psychiatry and vice chair for child and adolescent psychiatry at the Tulane University School of Medicine. He studies the effects of adverse experiences on infant mental health.

---

## References

- Boothby, N., Balster, R. L., Goldman, P., Wessells, M. G., Zeanah, C. H., Huebner, G., & Garbarino, J. (2012). Coordinated and evidence-based policy and practice for protecting children outside of family care. *Child Abuse & Neglect*, 36, 743–751.
- Zeanah, C. H., Humphreys, K. L., Fox, N. A., & Nelson, C. A. (2017). Alternatives for abandoned children: Lessons from the Bucharest *Early Intervention Project*. *Current Opinion in Psychology*, 15, 182–188.

## Understanding Parent–Child Interaction Globally: A Model Using the PICCOLO Assessment Tool

Mark S. Innocenti and Lori A. Roggman

A special issue of *The Lancet* (2016) was focused on global needs to advance early childhood development. Infant mental health was identified as a globally needed growth area, with an increasing need for practical measures of key infant mental health constructs, such as the quality of caregiver–infant interaction for assessing a family system's strengths, needs, and progress (Britto et al., 2017). Sometimes, these measurement needs are met by sharing measures across countries. The advantage of adapting an established measure is that it is

quicker, cheaper, and easier than developing a new measure, and once available, it facilitates international studies and comparisons across languages and cultures. Tools developed in one place, however, often need adaptations to be used effectively in a new place where the culture, language, and social systems are different from the context in which a measure was developed (Sabanathan, Wills, & Gladstone, 2015). The procedures used for translating and adapting measures to new cultures are rarely reported in any detail beyond a statement that items were

translated by experts, perhaps because there is little consensus in the field regarding recommended cross-cultural adaptation methods (Epstein, Osborne, Elsworth, Beaton, & Guillemin, 2015). Nevertheless, a thoughtful process of adaptation considers issues related not only to language translation, but also to cultural adaptation and cross-cultural validation (Beaton, Bombardier, Guillemin, & Ferraz, 2000).

Cross-cultural adaptations of measures may be especially important for measures that examine constructs such as parenting, in which culture plays a role in the expression of behaviors (Keller et al., 2004). Although certain competences are present in all parents, they may manifest differently in different cultures, and possibly influence children's outcomes in different ways (Farkas, Vallo-ton, Strasser, Santelices, & Himmel, 2017). In this brief, we present information on the international translation and adaptation process of one parent-child interaction measure. We present information on the measure, the translation process, and work done on cultural adaptation and cross-cultural comparison as an example of a process that can be used by others adapting measures across languages, cultures, and countries.

The Parenting Interactions With Children: Checklist of Observation Linked to Outcomes (PICCOLO; Roggman, Cook, Innocenti, Jump Norman, & Christiansen, 2013a) is an observational measure of parent-child interaction. The PICCOLO was developed with infant mental health practitioners as intended users, with the aim to develop a tool that would be easy to use and would provide the practitioner with immediate information about parenting strengths to guide intervention. PICCOLO was developed for children from 10 to 47 months old. When observing with PICCOLO, parents are asked to play with their child for 10 minutes. The practitioner observes the play and then scores 29 items in the domains of affection, responsiveness, encouragement, and teaching. Feedback focuses on parent strengths, with the goal of building on those strengths.

The PICCOLO not only met our usefulness criteria (cf., Morris et al., 2017; Wheeler et al., 2013), the measure also demonstrated strong reliability and validity for mothers and fathers with children in poverty and for mothers of children with disabilities (Anderson, Roggman, Innocenti, & Cook, 2013; Innocenti, Roggman, & Cook, 2013; Roggman, Cook, Innocenti, Jump Norman, & Christiansen, 2013b). Early PICCOLO scores predict academic outcomes 10 years later (Innocenti et al., 2013).

Interest in PICCOLO among international practitioners and researchers began pre-publication and has been growing (Bayoglu, Unal, Elibol, Karabulut, & Innocenti, 2013). The need for a linguistic translation process became clear. On the basis of recommended procedures for language adaptations (Beaton et al., 2000), we developed a process in which international researchers/practitioners would translate the PICCOLO into their language, and PICCOLO would then be translated back to English by a skilled translator. The authors (primarily Roggman and Innocenti) would review the back-translation and identify



Photo: Saurav02/shutterstock

Although certain competences are present in all parents, they may manifest differently in different cultures, and possibly influence children's outcomes in different ways.

areas of concern. Conversations between the translators and authors would resolve issues identified in this process. This process has worked well.

PICCOLO translations exist for Brazilian Portuguese, Dutch, German, Italian, Spanish (Chile and Spain), and Turkish. The measure has also been used in China, Finland, and Moldova by bilingual observers and in other English-speaking countries such as Canada and Australia. Translation issues have been identified. For example, in German there was no direct translation for "parenting." When translated to German, the word *parenting*, as used in PICCOLO, had a strong teaching connotation and somewhat emotionally harsh implication. Our German-speaking colleagues had to combine two other words to express the English meaning of parenting. In Italian, affection translated as *affetto*, which has a different cultural connotation. Our Italian colleagues identified two words in Italian that conveyed meaning similar to our definition of affection. These types of small but meaningful changes were needed for most translations.

Efforts are ongoing for cultural adaptations, examining reliability and validity with translated versions within specific cultures and countries, and for cross-cultural validations, comparing findings across countries. To facilitate this work, we have established an international group of researchers that meets regularly. This group includes those working on translations as well as those using translated measures in new research. Some are using their translated versions in intervention practice (Germany, Italy) and building evidence through that process. For other researchers, cultural adaptation and cross-cultural validation has been occurring together using the United States data as a comparison. Studies in Turkey (Bayoglu et al., 2013), Brazil, and China





Children's art courtesy of The Ububele Educational & Psychotherapy Trust, Johannesburg, South Africa

Tools developed in one place often need adaptations to be used effectively in a new place where the culture, language, and social systems are different from the context in which a measure was developed.

have taken this route; while other researchers in Brazil are using the PICCOLO Portuguese translation in a larger intervention study. Chile and Spain have each done their own translations, made and examined cultural adaptations, and are now looking at cross-cultural comparisons that also include U.S. data (Farkas, Innocenti, et al., 2017). PICCOLO cultural adaptation research has validated the use of the PICCOLO in other countries, with cross-cultural comparisons showing only minor differences between countries, mostly at the item level. For those providing infant mental health interventions in different countries, this adaptation process allows a better understanding of specific parenting items within the domains so that interventions can be provided in the appropriate cultural context. Translations that attend to cultural meaning provide language to describe parenting behaviors that will be understood by parents in the cultural context. Being able to observe and identify parenting behaviors that are positive, responsive, and supportive helps practitioners guide families to use these strengths to support children's early development and well-being

As developers of the PICCOLO, we have been able to work internationally with many excellent researchers to better understand parent-child interaction. We have developed a process for translating PICCOLO and established an international working group using a common outcome measure that grows our knowledge of developmentally supportive parent-child interactions across the globe. This process allows interventionists in different countries to be confident in the use of the measure and supports researchers using the tool in evaluation and in developmental research. Our approach could facilitate the process for sharing other measures across the infant mental health field.

**Mark S. Innocenti, PhD**, is director of the Research, Evaluation & Training Division at the Center for Persons With Disabilities,

a University Center for Excellence in Developmental Disabilities, and an associate research professor in psychology at Utah State University. Mark has 40 years of experience working with infants and young children at-risk and with disabilities and their families through multiple research and model demonstration projects. He has examined areas such as social interaction, child transition, naturalistic intervention, parent-child interaction, and service system effectiveness. More recently, he has focused on various aspects of home visiting and preschool intervention services. Mark is an author of *Developmental Parenting: A Guide for Early Childhood Practitioners*, the PICCOLO (Parenting Interactions With Children: Checklist of Observations Linked to Outcomes) parent-child interaction observation measure, and the HOVRS (Home Visit Rating Scales) an observational measure of home visiting practices. Mark is a member of the ZERO TO THREE Academy and was a ZERO TO THREE Fellow in 1999–2001.

**Lori Roggman, PhD**, is a professor of human development at Utah State University, in the Department of Human Development and Family Studies. Lori began her career as a home visitor, focused on promoting parent-child interactions that support children's early development. After completing a doctorate in developmental psychology at the University of Texas, she launched a research career studying parenting support of their children's early development and effective practices to promote parenting in home visiting programs. She is the lead author of *Developmental Parenting: A Guide for Early Childhood Practitioners* and the lead developer of the *Parenting Interactions With Children Checklist of Observations Linked to Outcomes (PICCOLO)*, and the *Home Visit Rating Scales (HOVRS)*. She provides consulting and training to improve home visiting quality in the US and internationally.

## References

- Anderson, S., Roggman, L. A., Innocenti, M. S., & Cook, G. A. (2013). Dads' parenting interactions with children: Checklist of observations linked to outcomes (PICCOLO-D). *Infant Mental Health Journal*, 34, 339–351.
- Bayoglu, B., Unal, O., Elibol, F., Karabulut, E., & Innocenti, M. S. (2013). Turkish validation of PICCOLO (Parenting Interaction With Children: Checklist of Observations Linked to Outcomes). *Infant Mental Health Journal*, 34, 330–338.
- Beaton, D. E., Bombardier, C., Guillemin, F., & Ferraz, M. B. (2000). Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine*, 25, 3186–3191.
- Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., ... Bhutta, Z. A. (2017). Nurturing care: Promoting early childhood development. *The Lancet*, 389, 91–102.
- Epstein, J., Osborne, R. H., Elsworth, G. R., Beaton, D. E., & Guillemin, F. (2015). Cross-cultural adaptation of the Health Education Impact Questionnaire: Experimental study showed expert committee, not back translation. *Journal of Clinical Epidemiology*, 68, 360–369.



- Farkas, C., Valloton, C., Strasser, K., Santelices, M. P., & Himmel, E. (2017). Socioemotional skills between 12 and 30 months of age on Chilean children: When do the competences of adults matter? *Infant Behavior & Development*. doi:10.1016/j.infbeh.2017.09.010.
- Farkas, C., Innocenti, M. S., Roggman, L., Rivero, M., Villaseca, R. M., Strasser, K., & Santelices, M. (2017, August). *Mothers' parenting interactions with infants: Cultural variation in three countries*. Poster presented at the European Conference on Developmental Psychology, Utrecht, Netherlands.
- Innocenti, M. S., Roggman, L. A., & Cook, G. A. (2013). Observing parenting interactions with children with a disability. *Infant Mental Health Journal*, 34, 307–318.
- Keller, H., Lohaus, A., Kuensemueller, P., Abels, M., Yovsi, R., Voelker, S., ... & Mohite, P. (2004). The bio-culture of parenting: Evidence from five cultural communities. *Parenting: Science and Practice*, 4(1), 25–50.
- Morris, A. S., Robinson, L. R., Hays-Grudo, J., Claussen, A. H., Hartwig, S. A., & Treat, A. E. (2017). Targeting parenting in early childhood: A public health approach to improve outcomes for children living in poverty. *Child Development*, 88, 388–397.
- Roggman, L. A., Cook, G., Innocenti, M. S., Jump Norman, V. K., & Christiansen, K. (2013a). *PICCOLO: Parenting interactions with children: Checklist of observations linked to outcomes*. Baltimore, MD: Brookes.
- Roggman, L. A., Cook, G. A., Innocenti, M. S., Jump Norman, V. K., Christiansen, K. (2013b). Parenting interactions with children: Checklist of observations linked to outcomes (PICCOLO) in diverse ethnic groups. *Infant Mental Health Journal*, 34, 290–306.
- Sabanathan, S., Wills, B., & Gladstone, M. (2015). Child development assessment tools in low-income and middle-income countries: How can we use them more appropriately? *Archives of Disease in Childhood*, 100, 482–488.
- The Lancet. (2016). *Series advancing early childhood development: From science to scale*. Retrieved from [www.thelancet.com/series/ECD2016](http://www.thelancet.com/series/ECD2016)
- Wheeler, R., Ludtke, M., Helmer, J., Barna, N., Wilson, K., & Oleksiak, C. (2013). Implementation of the PICCOLO in infant mental health practice: A case study. *Infant Mental Health Journal*, 34, 352–358.

## High-Impact Learning in Infant Mental Health Through Global Engagement

Jennifer Willford, Robert Gallen, and Maria Crist

In May 2016, 26 students participated in an upper level psychology course collaboratively taught by faculty at Slippery Rock University and Chatham University in Pennsylvania. Taught as a hybrid course, time was divided between online learning and field visits in Pittsburgh, PA. Online modules were designed to increase knowledge in (a) understanding the global refugee crisis and international policy—especially with regard to their impact on very young children; (b) foundations of infant mental health (IMH); (c) brain development; (d) stress, resilience, and coping in the young child; and (e) trauma assessment and treatment. Students also completed training in Psychological First Aid through the National Childhood Traumatic Stress Network (n.d.).

Additional learning activities were developed to provide students with foundational knowledge and observational experiences needed to benefit from the academic and cultural activities that were planned for them while studying in Pittsburgh and abroad. For example, students observed supervised parenting and play visits between noncustodial parents and their children to observe parent–child interactions under stressful circumstances. Students learned about Child Parent Psychotherapy (Lieberman, Ghosh Ippen, & Van Horn, 2015) and role played Parent–Child Interaction Therapy (McNeil & Hembree-Kigin, 2010) at an intensive therapeutic support center for young children with or at risk for psychiatric disorders or other developmental problems. Finally, students received cultural diversity training and met with refugees who had



Photo: Jazmany/shutterstock

Students reported that they were most affected by what they learned about the impact of ongoing war and conflict on child development as explained by scientists, practitioners, and young adults who described their experience living through war.

resettled in Pittsburgh through a local refugee resettlement program. During these meetings, students learned about the refugees' childhood experiences.

Following training in the U.S., students traveled to Prague, Czech Republic, and then to London, United Kingdom, where they engaged in both academic and cultural experiences. In Prague, students attended the World Association for Infant

Mental Health (WAIMH) Congress. Each student was required to meet and have a conversation with someone from another country each day. Group reflective meetings occurred before leaving the conference each day. The class also visited the concentration camp in Terezin, Czech Republic, where they learned of the atrocities that occurred there, as well as how children used painting, music, and poetry to cope under great duress. In London, visits to the Foundling Museum and the Freud Museum each provided students with historical contexts in which to understand the ongoing and pervasive impact of world conflict on young children and families, and the emergence of interventions to help. At the Bowlby Centre, students engaged in lectures by local therapists who described their use of modern IMH interventions in their work with refugee and traumatized children. Students were able to reflect on similarities and differences between approaches at home and overseas.

The impact of the course and study abroad experience on students' ability to function effectively in situations characterized by cultural diversity was assessed using the Cultural Intelligence Scale (Cultural Intelligence Center, 2015). The scale consists of 20 questions that assess function in four domains: *strategy* assesses how a person makes sense of their intercultural experiences; *knowledge* assesses a person's understanding of how cultures are similar and different; *motivation* assesses a person's interest in and intrinsic value people place on culturally diverse interactions, and *behavior* assesses a person's capability to adapt their verbal and nonverbal behavior for different cultures. The assessment data showed a significant increase in both the strategy and motivation domains from pre- to post-trip. The study abroad experience had a positive impact on cultural knowledge and sensitivity and on cross-cultural skills.

The development of global and cultural competence depends on participant access to a systematic process of reflective challenge and support (Vande Berg, Paige, & Lou, 2012). The Experiential Learning Theory model (Kolb, 1984) was implemented to enhance student learning experiences and outcomes. In Experiential Learning Theory, learning depends on the educator and learners' shared ability to reflect on the meaning-making process that occurs through direct experience. Learning and personal growth is considered to be a function of concrete experience, reflection, abstract conceptualization, and active experimentation. Through writing and group discussion, students reflected on their experiences by answering the following questions: (1) What did I learn? (2) How, specifically, did I learn it? (3) Why does this learning matter, or why is it significant? and (4) In what ways will I use this learning? The following quotations present student's reflections on their experiences.

*I attended several presentations with different topics from researchers all over the world. One of my favorite presentations was Suzi Tortora's presentation on lullabies. All cultures have lullabies that they use to soothe children, and a lot of them are similar; they have similar tempos, keys, and even*



Photo: Kailyn Soros

Visits to the Foundling Museum and the Freud Museum each provided students with historical contexts in which to understand the ongoing and pervasive impact of world conflict on young children and families, and the emergence of interventions to help

themes. These lullabies are important in helping the child to soothe and also to form close, positive attachment relationships with caregivers. (Student reflection on WAIMH)

*I learned that children are capable of processing mature events around them through a linguistic and artistic outlet. One of the boys assimilates his future to a "little garden" because he knows that he only has a short time left on this earth. Children, such as this boy, are sponges. I was previously aware of adolescents and adults communicating through other mediums; however, this primary experience confirmed children's abilities to consciously or unconsciously share their traumatic experiences. I came to this conclusion based on the visual and the multitude of expressions in the museum, such as literature and artwork. Organic items exposing insight into minds of children helps grasp the childhood mind and experiences of trauma.* (Student reflection on Terezin Concentration Camp)

*I think this information would be useful in my future in art therapy because it's one of the most extreme cases of hatred in history, and the survivors managed to create art out of such a dark time. It's almost the same in all situations, art can bring us back up when we are feeling down because creating beautiful things can give us the hope we need to survive.* (Student reflection on Terezin Concentration Camp)

Student reflections demonstrated the high impact of a study abroad experience with content and experiences specific to IMH. In reflection of their experience at the WAIMH Congress, students reported that they were most affected by what they learned about the impact of ongoing war and conflict on child development as explained by scientists, practitioners, and young adults who described their experience living through war. Students were engaged in experiential and reflective

learning activities to deepen their understanding and ability to apply learning. Furthermore, the coursework and academic experiences provided students who would normally not learn about IMH to consider the importance of the field. A number of students indicated that their career choices had been influenced as a result of participating in the course. And one student, Maria Crist (2017), a dual major in psychology and dance, choreographed her final dance project as a representation of the traumatic experience of grief and loss a child experiences during times of war. She completed a senior research project focused on how dance and movement can impact posttraumatic growth in children who are surrounded by war. She referenced the workshops from the WAIMH Congress in Prague and focused on what she learned about the importance of child attachment to caregivers as the determinant for posttraumatic growth. She also highlighted how differing countries use the practice of dance and movement within their cultures. Next year, Crist plans to continue her education by pursuing a social work graduate program that integrates trauma-informed and human-rights perspectives in the hopes that she may be a voice for children who do not have a voice of their own.

**Robert T. Gallen, PhD**, is a licensed clinical psychologist and professor of practice at the University of Pittsburgh where he coordinates the master of science in applied developmental psychology program. He was founding president of the Pennsylvania Association for Infant Mental Health and is a fellow in the ZERO TO THREE Academy. He teaches courses in infant mental health and evidence-based practices.

**Jennifer Willford, PhD**, is an associate professor of psychology at Slippery Rock University. She is the program director for neuroscience and pre-professional studies in the department, as well as core faculty for the honors developmental psychology program. Her research, for the past 20 years, has focused on the impact of prenatal drug exposure on the development

of the brain and cognitive behavior. She teaches courses in research methodology, clinical neuroscience, developmental neuroscience, and drugs and behavior.

**Maria Crist** currently works with children and young adults who have autism spectrum disorder and other intellectual disabilities at The Summit Center in Buffalo, New York. As a behavioral support technician, she collects data on challenging behaviors and trains staff on individual behavior intervention plans. Graduating from Slippery Rock University in 2017 with a bachelor's degree in psychology and dance, she was awarded Most Outstanding Research for her senior synthesis which focused on dance and movement therapy as a means of posttraumatic growth for children of war. She hopes to further her education in social work and dance/movement therapy.

## References

- Crist, M. (2017). *Insecurely fastened*. Retrieved from <https://www.youtube.com/watch?v=NzpEnEQSjHw&feature=youtu.be>
- Cultural Intelligence Center. (2005). *Cultural Intelligence Scale*. Retrieved from <https://culturalq.com>
- Kolb, D. (1984). *Experiential learning as the science of learning and development*. Englewood Cliffs, NJ: Prentice Hall.
- Lieberman, A. F., Ghosh Ippen, C., & Van Horn, P. (2015). *Don't hit my mommy! A manual for Child Parent Psychotherapy with young children exposed to violence and other trauma* (2nd ed.). Washington, DC: ZERO TO THREE.
- McNeil, C. B., & Hembree-Kigin, T. L. (2010). *Parent-Child Interaction Therapy (Issues in clinical child psychology)*. New York, NY: Springer Science & Business Media.
- National Childhood Traumatic Stress Network. (n.d.). *Psychological first aid online*. Retrieved from <https://learn.nctsn.org/course/index.php?categoryid=11>
- Vande Berg, M., Paige, R. M., & Lou, K. H. (2012). *Student learning abroad: What our students are learning, what they're not, and what we can do about it*. Sterling, VA: Stylus Publishing, LLC.

## Knitting an International Network in the Infancy and Early Childhood Field: International Perspectives of the ZERO TO THREE Fellowship 2016–2018

Rochelle Matacz and Yiğit Aksakoğlu

The ZERO TO THREE Fellowship Program seeks to nurture and support diverse professionals from multiple disciplines and sectors to be “change agents” to transform and advance programs, systems, and policies that impact the lives of infants, toddlers, and their families. The fellowship has cultivated a learning opportunity in which professionals in the infant–early childhood field come together to share their visions, current work in the field, and professional and personal experiences.

Most important, the process over the last 18 months provided a dedicated space, repeated over time, to reflect on how all these aspects intersect within ourselves and with each other. It created a unique group experience in which there was a meeting of diverse minds and subsequent growth in unanticipated ways.

Coming from Turkey and Western Australia, in contrast to the majority of participants who come from the United States, the





More opportunities for international collaborations will increase the potential for meaningful, lasting solutions benefiting the youngest and most vulnerable children across the globe.

fellowship experience was distinctive in that we reflected on our own countries' systems whilst learning about American practices. This international perspective placed us in a position to inquire, compare, and contrast throughout this journey about the differences and similarities that exist between the Turkish, Australian, and American systems of care for infants, young children, and their families.

One of the striking differences is the different health care systems. In contrast to the United States, where health care is largely obtained and paid for through the private sector, Australia and Turkey have a universal health care system that guarantees all citizens (and some overseas visitors) access to a wide range of health services at little to no cost.

As a developed country, Australia has a health care model that is considered one of the most efficient in the world and delivers above average health outcomes when compared internationally. However, Medicare (Australia's universal health care scheme) continues to fail the Australian indigenous people who have significantly lower life expectancy rates when compared to other Australians.

As a middle-income, developing country Turkey has been able to make some progress especially in pregnancy-, infancy-, and child-related indicators. However, there is still an important need to improve access to mental and preventive health services to all members of a family. In contrast to the USA, Turkey has a very centralized system of service provision which may not respond easily to the developing needs and problems of its growing population.

The fellowship experience also highlighted for us not just the differences among our countries but also the presence of universal struggles such as the desire for a more integrated, cohesive health care system for infants, young children, and

their families. In Western Australia, this goal is being addressed through an applied research project that is underpinned by a collective impact and network approach. The Edith Cowan University Better Together: Perinatal and Infant Mental Health (PIMH) Services project is focused on improving the perinatal and infant early childhood system of care in the cities of Wanneroo and Joondalup. It aims to do this through weaving social ties, creating our understanding of the system through incorporating new and diverse perspectives, building infrastructure through extensive engagement, and involving families and their perspectives from the outset. The overall long-term aim is to bring about a systemic, enduring change that overcomes fragmentation in the system and mobilizes action. To date some of the key focus areas include:

1. **Shifting the definition of infant–early childhood well-being to include conception and pregnancy.** This change begins to bridge the gap between perinatal and infant–early childhood mental health services, which in Western Australia function separately: the identified client is either the mother or infant/child, and the developing relationship is not formally included.
2. **Developing an Advisory Group which comprises key stakeholders across the continuum of care and community members. The purpose of this group is to guide and help with all stages of the project from developing aspects of the research design through to disseminating the findings.** This group has grown over time and includes representatives from economics, education, health, mental health, disability, and primary health care as well as a broader membership that encompasses groups such as pharmacists, real-estate developers, and representatives from local parliament.
3. **Developing a more comprehensive way of understanding the PIMH system through using a social network analysis (SNA).** The project uses the PARTNER Tool (Center on Network Science, 2017) to assess the levels of collaboration, trust, and engagement with those agencies identified in the PIMH system of care. The SNA will provide a measure of how clear members feel about their roles in the PIMH network (the diverse range of agencies in the PIMH system). This is a crucial first step as the SNA will facilitate a broad and deep understanding of how the current system functions.

As for Turkey, although education, health, and welfare services are provided by the central government, local governments and municipalities are also increasingly providing social services reaching many beneficiaries. Bernard van Leer Foundation's new strategy is based on urban settings where more and more children are born and raised. Urban95, as the new strategy called, is asking decision makers at the city level, urban planners, and others to look at urban settings from 95 cm (3 feet)—the average height of a 3 year-old. Urban95 is rooted in the belief that when urban neighborhoods work well



for pregnant women, babies, toddlers, and young children, they also tend to nurture strong communities and economic development. With 10 pioneering cities around the world, Urban95 is piloting and scaling up cost-effective innovations in areas such as green public spaces, mobility for families, data-driven decision making, and parent coaching. Based on Urban95, the new strategy of the Foundation in Turkey is focused on strengthening the capacities of local authorities in three different components:

1. **Providing tools for data-driven decision making:** On the basis of the analysis of neighborhood-level existing data, maps of districts and Istanbul could be developed to identify where the most disadvantaged children are.<sup>1</sup>
2. **Parent support:** Providing home visitation services for the most disadvantaged families within four districts of Istanbul as a pilot before scaling up. Home visits will be provided every 2 weeks for 36 months and will cover topics such as care, nutrition, coping with stress, and child and brain development.<sup>2</sup>
3. **Developing capacities of municipalities to provide green public spaces:** This component mainly covers transforming existing physical spaces into places for young children to play and explore nature, and for their caregivers to meet and rest.<sup>3</sup>

Istanbul95, as the program is called in Turkey, has 15 partners, which includes Bogazici and Kadir Has Universities; Beyoglu, Maltepe, Sariyer, and Sultanbeyli district municipalities; Turkish Economic and Social Studies Foundation; Studio X of Columbia University; and companies to provide technical support.

We are witnessing a revolution in relation to changes in our understanding of how our brains are developing. There is also an increased interest from the international organizations, as well as governments to provide solutions, policies, and programs that reflect the changing needs of families, infants and young children. It is an opportune time to push for more investment and changes from our societies, governments, private sector, universities, and others.

The fellowship amplified this view and gave a feeling of solidarity beyond borders to go further and faster in the field of infant and early childhood. In moving our visions forward, we are now more intentional about the need to continue collaborating and learning from each other. Broadening our network and contrasting experiences across the globe will only make us better equipped in responding to the challenges that infants, young children, and their families face.

To solve the complex challenges in a rapidly changing field there are no quick fixes. Rather, those leading need to hold diverse perspectives, develop creative solutions, and expand

the collective outlook, drawing on global as well as national perspectives. In turn such perspectives need to be adapted to meet the settings of local communities. The fellowship experience created a fundamental shift in how we think and act together as a collective. More opportunities for international collaborations will increase the potential for meaningful, lasting solutions benefiting the youngest and most vulnerable children across the globe.

**Rochelle Matacz, MCP**, is a ZERO TO THREE Fellow. She is currently manager and clinical supervisor of the Edith Cowan University Pregnancy to Parenthood Clinic and manager of the university's Better Together project. Ms. Matacz was president of the Australian Association for Infant Mental Health Incorporated, West Australian Branch (AAIMHI WA) from 2014 to 2017, in which she has had a leading role in the implementation of the AAIMHI WA Competency Guidelines and Endorsement for Culturally-Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®. AAIMHI WA is leading the way internationally as the first Affiliate of the World Association for Infant Mental Health (WAIMH) outside the USA to have a licensing agreement to use the Michigan Association for Infant Mental Health (MI-AIMH) Competency Guidelines and Endorsement system®. Ms. Matacz provides reflective supervision and IMH training to a range of agencies working with infants, young children, and their families. Her clinical work in perinatal and infant mental health has focused on developing and implementing community and hospital-based services with vulnerable families. She lived and worked in Ireland from 2003–2013, where she received the WAIMH Award in 2012 in recognition of her significant contributions in establishing and promoting IMH in Ireland. Ms. Matacz co-founded the Irish Association for Infant Mental Health (IAIMH) in 2009. She was also responsible for developing IMH community-based therapeutic services and co-created Ireland's first interdisciplinary training model (IMH Network Group) for building workforce capacity in IMH. She holds a masters of clinical psychology and was endorsed as an IMH Specialist (IMH-E®) in 2006.

**Yiğit Aksakoğlu, MS**, is a ZERO TO THREE Fellow. He is the country representative for Turkey with the Bernard van Leer Foundation. Mr. Aksakoğlu is committed to bringing early childhood to national attention in Turkey—with a focus on analyzing data, measuring the effectiveness of interventions, and championing the needs of young children. His current work with the Bernard van Leer Foundation involves supporting municipalities in Istanbul to provide services for children from birth to 3 years old and creating awareness of the importance of early childhood among different stakeholders. In the past, he has worked with think-tanks and universities. Mr. Aksakoğlu

1 <http://belediye.istanbul95.org>

2 <https://istanbul95.org/ebeveynler-plus>

3 <https://istanbul95.org/yesil-alanlar-parklar>

has developed and implemented training programs and provided support to additional organizations as a consultant. He completed his undergraduate degree at Yildiz Technical University's Civil Engineering Faculty. He received his master's of science degree in nongovernmental organization management from the London School of Economics with the Chevening Scholarship. He completed the postgraduate degree on international cooperation and development at the Barcelona University. Mr. Aksakoğlu's mission is to transform systems,

programs, and policies that impact the lives of infants, toddlers, and their families. He is the father of two young girls.

## Reference

Center on Network Science. (2017). *PARTNER Tool*. Retrieved from [www.partnertool.net](http://www.partnertool.net)

## Supporting Caregivers: Improving Orphanage Caregiving Environments Through Relationship-Focused Care

Vonda Jump Norman

Optimal development of infants occurs in the context of consistent and warm responsiveness from primary caregivers who are attuned to their needs. In orphanage environments, however, there are often multiple caregivers who are responsible for a number of infants, with few resources, and often fewer opportunities for training in how to promote the development of infants and young children. In these environments, children's physical needs are met at some level, although not on the infant's timeline, as there are many mouths to feed and diapers to change. Noncontingent responsiveness is the status quo in many (although not all) of these institutional settings, brought about not only by the physical demands of caregiving, but also by the emotional toll that the stress of the environment causes.

Research (see Zeanah, Fox, & Nelson, this issue, p. 60) has clearly demonstrated the deleterious effects of institutionalization and that children do best when cared for in family homes. However, because of the challenges in finding appropriate homes for all the children in need, efforts to support the staff members who work in orphanages can help increase the level of nurturing care. I have conducted training and intervention with staff and volunteers in orphanages located in Ecuador, Haiti, India, and Russia. I have seen the power of collaboration with orphanage staff, who often have high dedication to the infants in their care but little education, support, and training in best practices to promote optimal development and are working in high-stress environments with few resources. Simple interventions with caregivers can positively impact the ongoing practices in orphanages, as caregivers are committed to the infants in their care and strive to provide the best care possible.

When I went to India to train caregivers in responsive caregiving based on infants' physical, cognitive, social, and language needs, I saw many typical behaviors that I've seen in orphanages in other countries. Caregivers cared for children following the adults' schedule, not the babies'. The babies



Photo: Sjaan/Shutterstock

In orphanage environments, there are often multiple caregivers who are responsible for a number of infants, with few resources, and often fewer opportunities for training in how to promote the development of infants and young children.

were fed at specific times, not according to when they were hungry. They were picked up to have their "nappies" changed, not when they cried in distress; infants often did not know why they were being picked up. Babies' emotional needs were not recognized at all. Babies were occasionally talked to and picked up for short bouts of playing, but there was no recognition that babies' emotional needs are primary and that if they are not cared for, the babies' emotional health could be at risk in



Research has clearly demonstrated the deleterious effects of institutionalization and that children do best when cared for in family homes.

the future. In fact, when asked whether babies feel emotions, the caregivers unanimously said “no.” The science of early development was slow to arrive and was not informing the policies and practices of the institution.

Through experiential exercises, the caregivers learned to understand that babies not only have emotions, but that part of the caregiver’s job is to respond to those emotions. When they watched a 2-week-old baby respond to a caregiver’s voice, they understood further. When they told me that babies don’t like to be sung to and then saw two 14-month-old babies stop what they were doing and watch me the entire time I sang “I had a little turtle,” they understood a little more. When they watched how babies would stop crying and respond to social interaction when they were picked up, they understood even more.

But they did a lot more than understand—they began to change their interactions and respond in new ways. I watched a woman who had a baby in her lap stick out her tongue as we were learning about babies’ imitation abilities—and the baby stuck out her tongue in return! One woman was carrying a 2-month-old high-need baby whom the staff had entirely avoided before—and he was content as could be as he observed her face and interacted with her. Another woman was practicing walking with a 16½ month-old baby who had never been encouraged to walk and so didn’t. Another woman had a small baby in her lap while she rocked another baby in a pumpkin seat and played with another baby with a toy. Yes, indeed, these women took the little bit of knowledge that we

had constructed together—by observing, listening, sharing our experiences—and they expanded it, refined it, and put it into practice as if they’d been doing it their entire lives.

I had more full participation, honest searching, and spirited debate in my time with the caregivers in India than I have had in any other learning situation in my life. What I learned is that when we share a little of our knowledge as we observe infants and begin to develop new knowledge with others, the outcome can be very powerful. I watched the orphanage go from a mechanical, schedule-oriented facility to one that focused on babies’ physical and emotional needs and cues. The caregivers started talking and giving consistent signals to babies to help develop predictability about what was about to happen. The outcome was that the babies were much happier, more interactive, and showed a lot less crying. On the day I left India, I snuck into our training room early in the morning, and I heard the babies start to wake in the next room. I then got to witness one of the most beautiful sounds I have ever heard. As the babies began to wake up and cry, a caregiver began to sing and hum a beautiful hymn to calm them. The babies stopped crying so they too could hear the beauty and calm in her voice. I felt such peace and love, and so much power from the meeting of our minds and concern for the babies. I knew the babies were in good hands.

**Vonda Jump Norman, PhD**, is an assistant professor in social work at the Brigham City Campus of Utah State University and project director for the Trauma Resiliency Project at The Family Place in Logan, Utah. She is interested in promoting the optimal mental health of parents and young children, and she promotes preventive interventions whenever possible. She is interested in systems of care affecting infants in orphanages, parent–child relationships during the first several years of a child’s life, and the intersection of physical and mental health, especially for vulnerable families. She has developed and implemented successful interventions and a new curriculum with severely neglected children in orphanages in Ecuador, Haiti, and India; developed and implemented trainings with programs working with vulnerable at-risk families; and was a consultant and trainer for ZERO TO THREE’s Duty to Care training for military families experiencing grief, trauma, and loss. She is a member of the ZERO TO THREE Academy and was a Fellow in 2003–2005. She is past president for the Utah Association for Infant Mental Health.

## Reference

Zeanah, C. H., Fox, N. A., & Nelson, C. A. (2018). Recovery from severe deprivation: The Bucharest Early Intervention Project. *ZERO TO THREE Journal*, 38(4), 60–62.



# Perinatal Mental Health Screening and Consultation Model for Refugee Women and Their Infants

Saskia von Overbeck Ottino, Christina Moses Passini, and Daniel S. Schechter

According to the statistics of the United Nations High Commissioner for Refugees (2016), 65.6 million people have been forcibly displaced worldwide, including 22.5 million refugees, 10 million stateless individuals, and 189,300 refugees who have been officially resettled. In 2015, most (i.e., 8 million people) came from two war-torn countries: Syria (5.5 million) and Afghanistan (2.5 million). European Union countries plus Norway and Switzerland received a record 1.3 million refugees in 2015, accounting for about 1 in 10 of the region's asylum applications since 1985. About half of refugees in 2015 trace their origins to just three countries: Syria (378,000), Afghanistan (193,000) and Iraq (127,000; Pew Research Center, 2016).

In Switzerland, where we work, there was a peak increase of asylum flows in 2015, with 39,523 (65% increase) applications. Applicants were mainly from Eritrea (9,966), Afghanistan (7,831), and Syria (4,745). A large proportion of the asylum seekers were women (one third) and minors (one third; Federal Department of Justice and Police, 2017). In 2016, a downturn was observed with 27,207 asylum applications. They were still mainly from Eritrea (5178), Afghanistan (3,229), and Syria (2,144), with a strong increase of the number of women and minors. Indeed, in Switzerland there were about 3,153 births by asylum seekers in 2016.

For women seeking asylum from countries in turmoil or ravaged by war like Afghanistan, Eritrea, and Syria, the peripartum period is one of significant risk for them and their infants. Moreover, 42% of these women experience maternal depression, and their children experience elevated rates of attachment disorders and developmental disturbances (Collins, Zimmerman, & Howard, 2011; Kirmayer et al., 2011; Stewart, Gagnon, Soucier, Wahoush, & Dougherty, 2008).

Prior adverse events such as traumatic migration, family separations, the loss of cultural and linguistic frames of reference, and the physical and psychological challenges related to seeking asylum are all risk factors that negatively impact refugee mental health. As many as 60% of individuals (a conservative estimate) in this population report significant trauma and suffer from related psychopathology even before becoming pregnant: posttraumatic stress disorder, anxiety, and depressive disorders (Abbott 2016; Bhugra et al., 2011; Robjant, Hassan, & Katona, 2009). The duration of the "asylum procedure" (i.e., the administrative process of obtaining refugee status in the host country) also correlates with a deterioration of mental health (Kalverboer, Zijlstra, & Knorth, 2009).

Violence experienced before, during, and after migration can imperil the parental couple's and family's functioning, thus weakening the baby-to-be's needed extra- and intrapsychic



Photo: Giannis Papanikos/shutterstock

For women seeking asylum from countries in turmoil or ravaged by war like Eritrea, Afghanistan, and Syria, the peripartum period is one of significant risk for them and their infants.

protective shield (Schechter et al., 2017). The refugee can thus experience excessive stress as reflected in dysregulation of her and her baby's stress physiology such as has been observed among domestic-violence exposed women, before and after she gives birth (Cordero et al., 2017). She can feel isolated and confused by the pressure and desire to assimilate with fear of losing her ethnic identity and of betraying a given moral code (von Overbeck Ottino, 2011). Even worse, language barriers and lack of familiarity with the health care system can hinder parents from seeking help as can other factors such as culture-bound fears and the power of stigma (Premand et al., in press).

With these factors in mind, we turn to our clinical population in Geneva, Switzerland. While precise statistics are thus far lacking in Geneva-city, we know in Switzerland there were 15,759 women who applied for asylum in 2016, of whom 50% were of child-bearing age. Among the asylum seekers were 3,484 (9.4%) children under 4 years old (Federal Department of Justice and Police, 2017). What we do know about the refugee population in Geneva is that 230 babies were born to refugee-status mothers in 2017 at the Maternity Hospital of the Geneva University Hospitals. These mothers come from diverse countries including Afghanistan, Eritrea, Iraq, Nigeria, and Syria among others. In these very complex situations, presenting psychiatric symptoms often affect not just the mother but also other members of the family (i.e., her partner, her children, etc.).

To address the needs of this vulnerable population, the Geneva University Hospitals offer a systematic screening and consultation model for behavioral and emotional difficulties. During routine pregnancy follow-up, obstetric providers identify



expecting refugee mothers (i.e., via their visa/insurance status) and refer them to us as part of their interdisciplinary obstetrics team, the latter practice overcoming many intrinsic barriers to help-seeking among these vulnerable families. Already marginalized, refugees who come from the Middle East, North Africa, and Sub-Saharan Africa are often unfamiliar with Switzerland languages (French, German, and Italian) and culture, lack knowledge of the health care and mental health services, and are illiterates or poorly educated. Some young refugee mothers enter as unaccompanied minors, often without proper identification and documentation. They and others have fears of being identified as unsuited to remain in the host country or of having their baby removed by child protective services. Using trained community interpreters, we evaluate these women and their partners during the 1st or 2nd trimester and orient them, when indicated, to further mental health services.

In addition to a routine psychological evaluation of the mother and her immediate family members' mental health, we examine (a) the mother's life in her country of origin, including her traumatic life-events and their consequences; (b) the quality of existing relationships with extended family; (c) transcultural representations of the family constellation, pregnancy, newborn care (e.g., mothering practices, protection rituals); and (d) the potential impact of cultural differences between the mother and health professionals.

There are three possible outcomes of our evaluation: (1) No indication for referral, (2) re-evaluation within several weeks, or (3) immediate referral to adult psychiatry and/or to child and adolescent psychiatry. Cases involving significant risk to self, or to others, or both are reviewed regularly by a high-risk prenatal multidisciplinary work-group (consisting of obstetricians, midwives, social workers, neonatologists, and adult and child psychiatrists/psychologists) in order to establish a coordinated treatment plan. This preventive intervention by evaluation program—having been established by the Geneva University Hospitals with support from the Cantonal Department of Health in Geneva in 2015, has assessed nearly 300 families to date. We know that a number of the refugee families with mental health needs during the peripartum period would not have been assessed or had access to mental health treatment by a mental health professional without this program—let alone a mental health professional with specific training in transcultural and trauma-related issues who arranges visits assisted by a trained community translator. The families that have been seen by us are the lucky ones. There are many more across Europe and other continents who face similar challenges yet to be seen, heard, and helped.

**Saskia von Overbeck Ottino, MD**, is a child and adolescent psychiatrist and psychoanalyst (IPA) at the Geneva University Hospitals, Switzerland. She heads the Migrant Mental Health Network. She serves on the review board of the journal *l'Autre*:



Photo: Giannis Papanikos/shutterstock

Violence experienced before, during, and after migration can imperil the parental couple's and family's functioning.

*cliniques, cultures et sociétés* (The Other: Clinical work, cultures and societies) and is chair of the forum *Psychoanalysis and Muslim Backgrounds* of the European Federation of Psychoanalysis. She has worked for 30 years with migrant families, particularly on conscious and unconscious reactions of professionals to working with these families.

**Christina Moses Passini, PhD**, is a psychologist and a family therapist at the Geneva University Hospitals, Switzerland. She is a member of the Migrant Mental Health Network which evaluates, coordinates, and provides mental health support services for refugee children and their families in Geneva.

**Daniel S. Schechter, MD**, is a child and adolescent psychiatrist, developmental neuroscience researcher, and psychoanalyst (IPA). Dr. Schechter is a member of the ZERO TO THREE Academy of Fellows. As Barakett Associate Professor of Child & Adolescent Psychiatry, he currently directs the Stress, Trauma and Resilience Research Program and Perinatal and Early Childhood Mental Health Services at New York University School of Medicine and NYU Langone Health, and also directs the Geneva Early Childhood Stress Project at the Geneva University Faculty of Medicine, Switzerland.

## References

- Abbott, A. (2016). The troubled minds of migrants. *Nature*, 538(7624), 158–160.
- Bhugra, D., Gupta, S., Bhui, K., Craig, T., Dogra, N., Ingleby, D., ...Tribe R. (2011). WPA guidance on mental health and mental health care in migrants. *World Psychiatry*, 10(2), 2–10.
- Collins, C., Zimmerman, C., & Howard, L. (2011). Refugee, asylum seeker, immigrant women and postnatal depression: Rates and risk factors. *Archives of Womens' Mental Health*, 14(1), 3–11.

- Cordero, M. I., Moser, D. A., Suardi, F., Sancho Rossignol, A., Manini, A., ... Schechter, D. S. (2017). Effects of interpersonal violence-related post-traumatic stress disorder (PTSD) on mother and child diurnal cortisol rhythm and cortisol reactivity to a laboratory stressor involving separation. *Hormones and Behavior*, 90, 15–24.
- Federal Department of Justice and Police. (2017). *Asylbereich* (Asylum). Bern, Switzerland. Retrieved from <https://www.bfs.admin.ch/bfs/de/home/statistiken/soziale-sicherheit/sozialhilfe/empfaenger-innen-sozialhilfe-weiterer-sinn/asylbereich.html>
- Kalverboer, M. E., Zijlstra, A. E., & Knorth, E. J. (2009). The developmental consequences for asylum-seeking children living with the prospect for five years or more of enforced return to their home country. *European Journal of Migration and Law*, 11, 41–67.
- Kirmayer, L., Narasiah, L., Munoz, M., Rashid, M., Ryder, A., Guzder, J., ...Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *CMAJ*, 183(12), E959–E967.
- Pew Research Center. (2016). *Key facts about the world's refugees*. Retrieved from [www.pewresearch.org/fact-tank/2016/10/05/key-facts-about-the-worlds-refugees](http://www.pewresearch.org/fact-tank/2016/10/05/key-facts-about-the-worlds-refugees)
- Premand, N., Baeriswyl-Cottin, R., Gex-Fabry, M., Hiller, N., Framorando, D., Eytan, A., Giannakopoulos, P., & Bartolomei, J. (in press). Determinants of suicidality and of treatment modalities in a community psychiatry sample of asylum seekers. *Journal of Nervous and Mental Disease*.
- Robjant, K., Hassan, R., & Katona, C. (2009). Mental health implications of detaining asylum seekers: Systematic review. *British Journal of Psychiatry*, 194(4) 306–312.
- Schechter, D. S., Moser, D. A., Aue, T., Gex-Fabry, M., Pointet, V., Suardi, F., ... Rusconi Serpa, S. (2017). Maternal PTSD and corresponding neural activity mediate effects of child exposure to violence on child PTSD symptoms. *PLoS One*, 12(8), e0181066.
- Stewart, D., Gagnon, A., Soucier, J-F., Wahoush, O., & Dougherty, G. (2008). Postpartum depression symptoms in newcomers. *Canadian Journal of Psychiatry*, 53(2), 121–124.
- Treviso, P. (2017). How pregnant asylum seekers navigate birth and bureaucracy in Germany. *Coda Story* (online journal) : Immigration Crisis. Retrieved from <https://codastory.com/migration-crisis/integration-issues/babies-without-a-country>
- United Nations High Commissioner for Refugees. (2016). *Figures at a glance*. Retrieved from [www.unhcr.org/en-us/figures-at-a-glance.html](http://www.unhcr.org/en-us/figures-at-a-glance.html)
- van Ee, E., Kleber, R., & Mooren, T. (2012). War trauma lingers on: Associations between maternal posttraumatic stress disorder, parent-child interaction, and child development. *Infant Mental Health Journal*, 33(5), 459–468.
- von Overbeck Ottino, S. (2011). *Tous parents, tous différents: Parentalités dans un monde en mouvement. L'Autre: cliniques, cultures et sociétés*. (All parents, all different: parenting in a world in flux. *The other: Clinics, cultures, and societies*), 12(2), 303–314.

## UNICEF Home Visiting Resource Modules: A New Resource for Everybody

Jon Korfmacher

Globally, a focus on the importance of early childhood has taken on increased policy relevance. The first “1,000 days” are now viewed as a key determinant of a child’s physical, social, intellectual, and emotional health and well-being. How communities support their youngest citizens through integrated services has widespread implications for how different nations can sustain themselves in the future.

The *Right of Every Young Child to Comprehensive Development and Wellbeing* initiative was launched by the UNICEF Regional Office for Europe and Central Asia (ECA) in 2012 to address inequities in the health, development, care, and protection of young children in the region, which encompasses 21 countries, most created from the break-up of the Soviet Union and the former Republic of Yugoslavia. One approach with great potential in the region is home visiting. Universal home visiting services to families of newborns and young children is provided in most countries in the region by a community nurse or health worker. Overall, however, the quality of home visiting is reported to be low and too narrowly focused on medical and basic health conditions. There is an identified need for *enhanced* home visiting services, with a more holistic view of child health and well-being and incorporation of elements of family support, child development guidance, and positive parenting practices. Providers are lacking knowledge, skills, and



Photo: © UNICEF/LeMoyné

There is an identified need for enhanced home visiting services, with a more holistic view of child health and well-being and incorporation of elements of family support, child development guidance, and positive parenting practices.

tools for the early identification of risks and needs, including children with developmental difficulties and children maltreated or exposed to violence, and to assist families to secure early intervention and other needed social services.



The first “1,000 days” are now viewed as a key determinant of a child’s physical, social, intellectual, and emotional health and well-being.

How to best support the home visitors to transform their practice? The UNICEF ECA Regional Office has supported multiple efforts by countries to engage in health home visiting reforms during this period at the policy and practice levels. Perhaps the most promising element of support are the Resource Modules for Home Visitors: Supporting Families for Nurturing Care. UNICEF, in partnership with the International Step by Step Association (ISSA), developed these modules to enhance the role of home visiting personnel by addressing topics not routinely covered in pre-service or in-service nursing and medical education in the region. An initial group of international consultants and expert trainers, led by Bettina Schwethelm (UNICEF), and Zorica Trikić (ISSA) developed the preliminary set of 15 modules and revised them over multiple regional meetings, often in conjunction with home visitors and other service professionals. The Resource Modules have been used in training of master trainers who have taken the modules back to their countries to create cadres of national trainers and disseminate the information to home visitors and other service providers within their country.

Now freely available on the Internet,<sup>1</sup> the Resource Modules are open to anybody who wants to use and adapt them. They are developed with a strengths-based, family-centered orientation to practice, using evidence-informed approaches, providing both knowledge and skill development in important areas relevant to home visiting. Table 1 lists the modules available.

The Resource Modules have been used to prepare more than 40 trainers in 15 countries across the region and have been translated into seven languages: Albanian, Georgian, Kazakh, Russian, Serbo-Croatian-Bosnian, Turkmen, and Uzbek. The trainers represent a variety of disciplines, from nurse home visitors to psychologists, physicians, social workers, and higher education faculty.

**Table 1. Resource Modules**

<b>Module 1:</b> Early Childhood Years—A Time of Endless Opportunities
<b>Module 2:</b> The New Role of the Home Visitor
<b>Module 3:</b> Infant and Young Child Health and Nutrition
<b>Module 4:</b> Falling in Love—Promoting Parent–Child Attachment
<b>Module 5:</b> Engaging Fathers
<b>Module 6:</b> The Art of Parenting: Love, Talk, Play, Read
<b>Module 7:</b> Parental Wellbeing
<b>Module 8:</b> Common Parenting Concerns
<b>Module 9:</b> Home Environment and Safety
<b>Module 10:</b> Caring and Empowering—Enhancing Communication Skills
<b>Module 11:</b> Working Against Stigma and Discrimination—Promoting Equity, Inclusion, and Respect for Diversity
<b>Module 12:</b> Children Who Develop Differently
<b>Module 13:</b> Developmental Monitoring and Screening
<b>Module 14:</b> Keeping Young Children Safe From Violence, Abuse and Neglect
<b>Module 15:</b> Working With Other Services
<b>Module 16:</b> Responsive Feeding
<b>Module 17:</b> Supervision
<b>Module 18:</b> Gender Socialization and Gender Dynamics in Families

What makes the Resource Modules innovative?

1. UNICEF has deliberately made them available as a living and evolving document. They are open to be translated and adapted to the local context of the country, with encouragement for master trainers to select the modules most relevant to their needs and to create country examples and short demonstrative videos in the national language(s).
2. They are flexible, with the ability to be incorporated into higher education requirements, or to be used as in-service training for home visitors as part of their professional development.
3. They appeal to many types of professionals in the early childhood field. Although originally developed for home visitors, trainings have been opened to other service providers, with participant surveys suggesting that doing so has fueled efforts at collaboration. Most countries intend to use the modules beyond training for home visitors, extending outreach to physicians, social workers, educators, and other community health workers.
4. The modules and the training approach has been focused specifically on adult learning principles designed to increase adherence to the content and structure of the modules. For example, the use of second person (“you”) personalizes the content. Reflective questions,

<sup>1</sup> [https://www.issa.nl/modules\\_home\\_visitors](https://www.issa.nl/modules_home_visitors)



thought exercises, active learning exercise, and short quizzes are embedded throughout each module to help reinforce the learning. All of this was designed to create a “parallel process” so that training reflects the way that home visitors are to be with families, reinforcing the strength-based, family-centered orientation of the content.

Feedback from the trainings has been extremely positive, with many participants reporting that the training acts as a transformative experience for them. Many noted the value in collaboration that came from the training focus, as noted by these quotes from training participants:

*Work in international teams have shown that only if we work together can achieve our mutual goals.*

*It was the perfect cocktail of knowledge, skills, collaboration, and fun.*

*I would recommend the training to all professionals who work with children.*

Still to be examined is how the Resource Modules are actually being implemented at a country level over time and how their use is influencing home visitor practice. UNICEF Country Office surveys suggest that the modules are being rolled out into country health systems, but with wide variation in use. In addition, there is a need to ensure that the trainings at the local level are happening at high quality and in fidelity to the process.

Overall, the use of the modules is still an emerging strategy. Home visiting workforce development still has a considerable distance to travel in this region. The modules are a promising mechanism to promote a more skilled workforce, but by themselves they cannot address structural and systemic challenges that continue to be seen in the region, such as low pay, the lack of viable professional accreditation systems, a reduced workforce, and over-burdened staff. Many of these struggles, however, are common in other areas of the world. It is through global sharing of successes and challenges that we can move the field forward.

**Jon Korfmacher, PhD**, is an associate professor at Erikson Institute in Chicago and a graduate Fellow of ZERO TO THREE. His work focuses on studying the implementation and delivery of home visiting and other early childhood services, with an emphasis on workforce development and training. He is a member of the management team for the Home Visiting Applied Research Collaborative (HARC; see [hvresearch.org](http://hvresearch.org)) and a member of the Europe and Central Asia (ECA) Home Visiting Technical Advisory Group. Thanks to Deepa Grover (UNICEF ECA Regional Office), Bettina Schwethelm (UNICEF Consultant), and Zorica Trikić (ISSA) for sharing the work of the Resource Module development.

## Preparing Practitioners to Support Young Children With Special Needs in Global Early Childhood Rehabilitation Contexts

Mansha Mirza and Mary A. Khetani

Global demographic trends and international conventions provide an important opportunity for rehabilitation interventions to promote young children’s full participation in their homes and communities and to provide opportunities for inclusion and early childhood development (Britto et al., 2017). In this commentary, we describe our efforts and lessons learned when preparing an occupational therapy workforce that is equipped to advance the role of rehabilitation in a global early childhood context.

The global under-5 mortality rate has declined by 53% in the last 25 years (You et al., 2015). This dramatic decline is largely attributed to worldwide public health campaigns targeting health and nutrition of women, infants, and children (Scherzer, Chhagan, Kauchali, & Susser, 2012). Declining mortality rates among infants and young children are accompanied by growing rates of developmental delays and disabilities among survivors, especially in low- and middle-income countries (Scherzer et al., 2012). This demographic trend has prompted calls to integrate early childhood development programs with

existing maternal–child health and nutrition platforms (Sharma et al., 2017). A diverse workforce of rehabilitation professionals is critical for early identification of children with developmental disabilities, for supporting skill development, and for promoting their full inclusion in society.

Rehabilitation professionals use international conventions and frameworks to guide their work. According to the United Nations Convention on the Rights of the Child (1989), all children should have equal opportunity for full enjoyment of all human rights and fundamental freedoms, regardless of differences in ages, backgrounds, or abilities. This international mandate is reinforced by international frameworks and models that guide clinical practice. The World Health Organization (WHO) developed the International Classification on Functioning, Disability and Health (WHO, 2007) to provide common language for rehabilitation professionals working to address personal and environmental barriers to children’s participation in important life situations (e.g., meal time,





Declining mortality rates among infants and young children are accompanied by growing rates of developmental delays and disabilities among survivors.

interactive play). The WHO has also partnered with the United Nations International Children's Emergency Fund (UNICEF) to introduce community-based rehabilitation as a model of service provision primarily in low- and middle-income countries to promote equal opportunity for the full participation of young children with disabilities (WHO, International Labor Organization, United Nations Educational, Scientific and Cultural Organization, & International Disability and Development Consortium, 2010).

In the pre-service phase of training, US-based rehabilitation professionals need relevant knowledge of and exposure to global early childhood contexts. We have found that requisite knowledge is best acquired through a combination of comprehensive courses that cover foundational topics in global health and focused workshops that cover contextual knowledge related to particular settings of interest.

To meet this need, our entry-level occupational therapy program offers an innovative elective course for developing entry-level competencies that are essential for serving in global early childhood contexts. To date, 25 students have enrolled from various disciplines including occupational therapy, disability studies, kinesiology, and public health. This innovative course, developed by Dr. Mirza and now in its fourth year, helps students to achieve five core competencies:

1. knowledge of international conventions and frameworks that endorse the rights of all children to appropriate health care, including rehabilitation services, as well as ethical issues in global health, especially when universal human rights concepts are challenged by local cultural practices (WHO, 2015);
2. understanding of the global health system and organizations that shape global health priorities and interventions (e.g., Integrated Management of Childhood Illness

program that includes training resources for health workers to monitor and promote early child development; UNICEF, 2015);

3. awareness of scholarly and programmatic advancements in the field of early childhood development. For example, *The Lancet* early childhood development series (2016) that includes updated evidence related to multisectoral interventions for young children and their families and features global and country-level investments in this area (WHO, 2017);
4. awareness of cross-cultural child development beliefs and practices that might shape rehabilitation assessment and intervention, including family norms, values, and beliefs related to disability, culturally relevant developmental milestones, use of indigenous treatments, and prior experiences with rehabilitation professionals (Chippis, Simpson, & Brysiewicz, 2008);
5. ability to adapt interventions to local cultural contexts and health care infrastructure, which may include easy access to specialized treatments or adaptive equipment (Scherzer et al., 2012).

Students appreciate and value the course, as illustrated by the following comments:

*This course broadens students' perspectives on health and disability by placing these concepts in a global context and grounding them in the lived experiences of people around the world. I gained not only knowledge but also compassion and understanding.* (occupational therapy student, Class of 2016)

*In [the course] we had the opportunity to delve into the complexities of health and wellness on a global scale in a meaningful way. Through carefully selected readings, class discussions and researched debates, guest speakers and well-informed lectures, we gained a better understanding of the impact, both positive and negative, of humanitarian aid in communities around the world, and of the expertise of local groups in finding solutions to a variety of complex health issues.* (occupational therapy student, Class of 2017)

*This course helped me to understand how other countries are utilizing their resources, even if it's limited, to help promote independent living for children with disabilities. Countries from the Global South have a lot more freedom to be creative with low-cost materials when making adaptive equipment and USA practitioners can learn from these countries on ways to improve rehabilitation in their own country. Conversely, practitioners from Global North countries can also help to develop sustainable programs in Global South countries. They have to research diligently about the culture and find a way to connect local programs to a foreign program so that eventually the local programs can take over.* (occupational therapy student, Class of 2017)

The didactic learning experiences described previously should be supplemented with experiential learning activities, whether they be through research immersions or service learning opportunities in one or more of the many diverse, underserved communities within the United States or internationally. One research immersion opportunity we offer students is through the Children's Participation in Environment Research Lab in our department at the University of Illinois at Chicago. Qualified and committed entry-level occupational therapy students in our program can engage in the cultural adaptation of assessments to support family-engaged practice in global early childhood rehabilitation contexts. In our lab, we are engaged in several international research projects that deploy a new patient-reported outcome we developed for use by caregivers to assess their young children's current participation in activities and their priorities for change. Several students have pursued research projects to examine what we learn from using this assessment tool, including disparities in young children's participation in specific settings, such as an early childhood educational context (Benjamin, Lucas-Graham, Little, Davies, & Khetani, 2015). Other students have engaged caregivers to understand the cultural equivalence of the assessment content so that the tool can be adapted for use in different cultural contexts, either domestically (e.g., Hispanic families of young children with developmental disabilities and delays; Arestad, MacPhee, Lim, & Khetani, 2017) or internationally (e.g., Swedish families of young children with developmental disabilities and delays; Astrom, Khetani, & Axelsson, 2017).

Through our respective efforts to date, we have gained appreciation for the level of commitment required to effectively grow rehabilitation workforce capacity specific to global early childhood practice. We have learned that there is a need for identifying qualified and interested students early and matching them with globally engaged and globally informed faculty mentors. Connections and partnerships with community and academic collaborators can further enhance immersion opportunities in local and global settings. Together, these efforts can help foster an occupational therapy workforce prepared to serve in global early childhood contexts.

## Acknowledgments

We thank Andrea Gurga for assistance in preparing this article.

**Mansha Mirza, PhD**, is assistant professor of occupational therapy. Dr. Mirza's scholarly interests address health and social service disparities among low-income, underserved communities, with a special focus on immigrant and refugee newcomers. She is currently working on research projects that seek to enhance health care services for these communities using interventions such as community capacity building, information and community technology applications, trained language

interpreters, and paraprofessionals. Dr. Mirza is also the lead instructor of Research Methods in Occupational Therapy, a required course in the master's program. Dr. Mirza's scholarship builds on her long-term and ongoing collaborations with community organizations in the Chicago area, such as the Illinois Coalition of Immigrant and Refugee Rights and Asian Human Services. Dr. Mirza is also serves on the Illinois Refugee Health Task Force, which is a coalition of refugee resettlement agencies, health centers, and other community-based agencies in Chicago.

**Mary A. Khetani, ScD, OTR/L**, is a pediatric occupational therapist and conducts childhood disability research. Dr. Khetani joined the University of Illinois at Chicago Department of Occupational Therapy in September 2015. She holds an affiliate research appointment at the CanChild Centre for Childhood Disability Research in Canada. Dr. Khetani directs the Children's Participation in Environment Research Lab ([www.cperl.ahslabs.uic.edu](http://www.cperl.ahslabs.uic.edu)). Dr. Khetani and the Lab's research team contribute to interdisciplinary and multisite translational research that is relevant to advancing family-centered and occupation-focused pediatric (re)habilitation. Dr. Khetani was a member of the ZERO TO THREE Fellows class of 2007–2009.

## References

- Arestad, K. E., MacPhee, D., Lim, C. Y., & Khetani, M. A. (2017). Cultural adaptation of a pediatric functional assessment for rehabilitation outcomes research. *BMC Health Services Research*, 17(658), 1–13. doi: 10.1186/s12913-017-2592-6
- Astrom, F., Khetani, M. A., & Axelsson, A. K. (2017). Young Children's Participation and Environment Measure (YC-PEM): Swedish cultural adaptation. *Physical and Occupational Therapy in Pediatrics*, 3, 1–14. doi: 10.1080/01942638.2017.1318430
- Benjamin, T., Lucas-Graham, R., Little, L., Davies, P., & Khetani, M. A. (2015). Participation in early childhood educational environments for young children with and without developmental disabilities and delays: A mixed-methods study. *Physical and Occupational Therapy in Pediatrics*, 37(1), 87–107. PMID: 26930134. PMCID: PMC5209297
- Britto, P., Lye, S., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., ... Early Childhood Development Interventions Review Group, for the Lancet Early Childhood Development Series Steering Committee. (2017). Nurturing care: Science and effective interventions to promote early childhood development. *Lancet*, 389, 91–102. doi:10.1016/S0140-6736(16)31390-3
- Chippis, J. A., Simpson, B., & Brysiewicz, P. (2008). The effectiveness of cultural-competence training for health professionals in community-based rehabilitation: A systematic review of literature. *Worldviews on Evidence-Based Nursing*, 5(2), 85–94. doi: 10.1111/j.1741-6787.2008.00117.x
- Scherzer, A. L., Chhagan, M., Kauchali, S., & Susser, E. (2012). Global perspective on early diagnosis and intervention for children with developmental delays and disabilities. *Developmental Medicine and Child Neurology*, 54(12), 10.1111/j.1469-8749.2012.04348.x. <http://doi.org/10.1111/j.1469-8749.2012.04348.x>

- Sharma, R., Gaffey, M. F., Alderman, H., Bassani, D. G., Bogard, K., Darmstadt, G. L., ... Bhutta, Z. A. (2017). Prioritizing research for integrated implementation of early childhood development and maternal, newborn, child and adolescent health and nutrition platforms. *Journal of Global Health*, 7(1), 011002. <http://doi.org/10.7189/jogh.07.011002>
- The United Nations. (1989). Convention on the Rights of the Child. *Treaty Series*, 1577, 3.
- United Nations International Children's Emergency Fund. (November, 2015). *Care for child development package*. Retrieved September 25, 2017 from [https://www.unicef.org/earlychildhood/index\\_68195.html](https://www.unicef.org/earlychildhood/index_68195.html)
- World Health Organization. (2007). *International Classification of functioning, disability and health: Version for children and youth*. Geneva, Switzerland: Author.
- World Health Organization. (2015). *Global health ethics: Key issues. Global network of WHO collaborating centres for bioethics*. Geneva, Switzerland: Author.
- World Health Organization. (2017). *Advancing early childhood development: From science to scale—Launch in countries of the Lancet Series*. Retrieved from [www.who.int/maternal\\_child\\_adolescent/news\\_events/news/launch-lancet-eed-series/en](http://www.who.int/maternal_child_adolescent/news_events/news/launch-lancet-eed-series/en)
- World Health Organization, International Labor Organization, United Nations Educational, Scientific and Cultural Organization, & International Disability and Development Consortium. (2010). *Community-based rehabilitation: CBR guidelines*. Geneva, Switzerland. Retrieved from [www.who.int/disabilities/cbr/guidelines/en](http://www.who.int/disabilities/cbr/guidelines/en)
- You, D., Hug, L., Ejdemo, S., Idele, P., Hogan, D., Mathews, C., ... Alkema, L. (2015). Global, regional, and national levels and trends in under-5 mortality between 1990 and 2015, with scenario-based projections to 2030: A systematic analysis by the UN Inter-agency group for Child Mortality estimation. *Lancet*, 386(10010), 2275–2286. doi: S01406736:00120–8.

## The Uthando Project: Dolls for the Children of KwaZulu-Natal

Julie Stone

*"Many of Africa's children fail to thrive, not because there is not enough food, but because they are too depressed to eat."* (Richter, 2004)

My first visit to South Africa was inspired by professor Linda Richter's presentation of her work in Africa at the 2004 World Association for Infant Mental Health Congress in Melbourne. Africa opened up new ways of seeing and understanding the world for me. All my experience as child, arts graduate, teacher, medical student, trainee psychiatrist, consultant, Churchill Fellow, and ZERO TO THREE Fellow had been within the privilege of the "developed" world where salaries are high and human and material resources plentiful.

Hlabisa Hospital in Kwa-Zulu Natal (KZN) presented a very different picture. I went there to visit Tamsen Rochat, later a Fellow at ZERO TO THREE, and now, like her mentor Linda Richter before her, a professor at the Human Sciences Research Centre in Durban. In 2004, Tamsen was a new graduate and the first psychologist ever to work at Hlabisa. She rolled up her sleeves and worked creatively and hard.

The bare furnishings, the small number of staff, the large number of ill patients, shocked me. I understood for the first time what "under-resourced" really means. Tamsen showed me the crisis center that she and a Zulu nursing colleague had set up to assess the emotionally hurt and distressed children who were referred. I picked up the white cloth doll from among a small collection of toys Tamsen had scraped together. Tamsen said it broke her heart because almost all the children wanted to take the doll home. None of them had ever had a doll of their own.

Life is difficult for many South African families. KZN province is one of South Africa's poorest. One in three children has one,



Photo courtesy of Julie Stone

Since 2004 thousands of creative, generous, and industrious people, from 4 to 94 years old, living all over the world, have accepted the invitation to make a doll to make a difference to the life of a child living in KZN.

or both, parents die before they are 5 years old. These children are not abandoned—they are likely to live with grandparents, siblings, or extended family—but in an environment of unemployment, poverty, and a very high burden of illness from HIV, AIDS, and tuberculosis, everyone is stretched beyond their limit. Children without parents face increased risk of neglect, abuse, and compromised development.

Despite the lingering inequality, and the burden of grief and loss, KZN's Zulu people retain a proud cultural heritage and strong traditions. Attending to the needs of children is part of that tradition. In the midst of widespread anxiety about day-to-day survival and the future, however, it can be difficult to remember a child's need for play. Some caregivers—as is true all over the



world—do not know that play is important. Others do not know how to play because in their young lives no one was available to play with them.

## An International Partnership

With the blessing of Tamsen and her colleagues, I returned to Australia resolved to ask friends and relatives to make some dolls for Tamsen's young patients at Hlabisa. Thus, the Uthando Project was born. Uthando (pronounced "u-tan-do") means "love" in the isiZulu language of the Zulu people in the province of KZN.

Since 2004, thousands of creative, generous, and industrious people, from 4 to 94 years old, living all over the world, have accepted the invitation to make a doll to make a difference to the life of a child living in KZN. More than 30,000 hand-sewn dolls have travelled from the charity's Perth base to Durban for distribution in KZN. Other doll makers send their creations directly. Making a doll is a simple idea that taps into and expands the playful and creative potential within all people. It also opens a space where they can reflect on and think about young children and their emotional needs.

As the project has grown, Uthando has developed robust working partnerships with a number of South African organizations working with and for communities, families, and children. Groups of Australian women have paid their own way to travel to KZN to work with the local women to make dolls. The groups share stories of their lives and, in the time-honoured tradition of women sewing together, friendships flourish.

Uthando works most closely with the organization now called *dlalanathi*. (*Dlalanathi* is an isiZulu word meaning "play with us.") *Dlalanathi*'s mission is to bring hope and healing to children, their caregivers, families, and other caring community members. They introduce the notion of play for communication to communities, working in partnerships to strengthen adult–child relationships, so that safe spaces and positive care are provided. *Dlalanathi* use the Uthando dolls to enrich their work in many ways.

The results are profound: grandparents speak of their new ability to communicate with the children in their care. Child care workers and teachers report transformation in the behavior and attitude of children and youth, and adults come together to learn how they can be better parents.

People who have never played, or had forgotten how, find new energy and possibilities within themselves. Adults remark that not only their children benefit, but they do too. One grandmother, caring for six of her grandchildren, said she was coping better. She reported she looked forward to their return home from school so they could have fun together.

*Dlalanathi* and Uthando's work honors ZERO TO THREE's commitment to helping others to develop ways of working with and for children that facilitate play and strengthen relationships. The work also shines with the belief that everyone



*Dlalanathi* and Uthando's work honours ZERO TO THREE's commitment to helping others to develop ways of working with and for children that facilitate play and strengthen relationships.

with compassion has something of value to offer. Everyone can develop a capacity for play and can be assisted to bring listening, reflection, and play into the everyday care of children.

**Julie Stone, FRAZNCP**, was a member of the 2003 class of ZERO TO THREE Fellows. She is an infant, child, and family psychiatrist and the founder and former chair of the Uthando Project Inc., Australia. She lives in Melbourne, Australia. As clinical teacher and supervisor working within the Australian public mental health service, in both urban and rural settings, the main focus in Julie's work has been to encourage and facilitate her younger colleagues' professional competence and confidence to build, and advocate for, the healthy social and emotional development of babies and toddlers in their work with families and communities. Julie has been an active member of Australia's Association for Infant Mental Health and of the World Association for Infant Mental Health, and her work has been enriched by the support of other Fellows and colleagues at ZERO TO THREE.

For more information:

[www.uthandoproject.org](http://www.uthandoproject.org)

[www.dlalanathi.org.za](http://www.dlalanathi.org.za)

**The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review (World Health Organization)**

<http://apps.who.int/iris/bitstream/10665/42878/1/924159134X.pdf>

## Reference

Richter, L. (2004, January). *The impact of the HIV/AIDS epidemic in South Africa: The provision of psychosocial support to infants and young children*. Presented at 2004 World Association for Infant Mental Health Congress, Melbourne, Australia.



## Professional Development Support Around the World: *The DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5)*

Kathleen Mulrooney

The DC:0–5™: *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0–5) is a groundbreaking approach to understanding and diagnosing mental health disorders in infants and young children, birth through 5 years old, providing a developmental, relational, and contextual approach to diagnosis through a multi-axial classification system. ZERO TO THREE is the originator of the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*, having published three versions (DC:0–3, DC:0–3R, and the current DC:0–5); and is the official provider of the official DC:0–5™ Training for clinicians and advanced practitioners. Our intensive DC:0–5 Training for clinicians is copyrighted, and has been standardized nationally and world-wide to provide training fidelity. Since its release in December 2016, DC:0–5 has had tremendous impact nationally and internationally. More than 7,500 copies of the DC:0–5 manual have been sold worldwide. Currently at least 7 translations are currently being considered including French, German, Hungarian, Italian, Japanese, Korean, and Swedish.

ZERO TO THREE established a roster of DC:0–5 Expert Faculty from around the world including Guy Couturier (Netherlands), Catarina Furmark (Sweden), Miri Keren (Israel), Fiona Schulte (South Africa), and Australia (Nick Kowalenko and Lynn Priddis). Our training efforts have provided the official DC:0–5 Training to nine different countries so far: Australia, Belgium, Canada, China, Estonia, Finland, Israel, Netherlands, and South Africa. In many of the countries, we made efforts to provide translation through our expert faculty, local translators, or translation equipment, or through licensing translations of the training handout material in order to present the material in a truly meaningful way.

At the ZERO TO THREE Annual Conference 2017 in San Diego, California, a 2-day preconference DC:0–5 training for clinicians drew participants from Africa, Asia, Europe, and South America. The day before the start of the 2018 World Association of Infant Mental Health Congress in Rome, ZERO TO THREE will host an extended day training on May 25 (8:30 am–4:00 pm followed by 5:00–7:00 pm). (Registration information available at [https://my.zerotothree.org/nc\\_\\_\\_Event?id=a0l1a000007er8iAAA](https://my.zerotothree.org/nc___Event?id=a0l1a000007er8iAAA)). ZERO TO THREE will also provide an invited symposium during the WAIMH Congress and will present a panel presentation by Miri Keren (Israel), Nick Kowlanko (Australia), Kathleen Mulrooney (US), and Piret Visnapuu-Bernadt (Estonia) titled “DC:0–5 Training and Professional Development Support



Around the World: Lessons Learned From Developers, Trainers, and Audiences.”

Learn more about the DC:0–5 and training opportunities at [www.zerotothree.org/dc0-5](http://www.zerotothree.org/dc0-5)

Kathy Mulrooney, MA, IMH-E®, serves as content director—infant and early childhood mental health for the Professional Development and Workforce Innovations department at ZERO TO THREE. In this role, she is responsible for curriculum development and delivery of training focused on infant and early childhood mental health. At ZERO TO THREE, Kathy provided consultation after Hurricanes Katrina and Rita, served as a trainer and supervisor with Military Family Projects, worked with state systems through Project LAUNCH efforts, and served on the Diagnostic Classification Revision Task Force that produced the new diagnostic classification system, DC:0–5™: *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*. Kathy is leading efforts to design and implement DC:0–5 curricula throughout the U.S. and internationally.

# Reflective Supervision Builds Effective Practice

*Save on Reflective Supervision Resources from ZERO TO THREE*

Professionals in leadership and administrative roles will benefit from resources focused on program leadership, reflective supervision, and best practice contributing to professional resilience, quality programs, and improved outcomes.

## Reflective Supervision Essentials Bundle

This must-read resource series serves as a basis for training strong and effective supervisors for infant-family programs.

**This special bundle of three bestselling resources includes:**

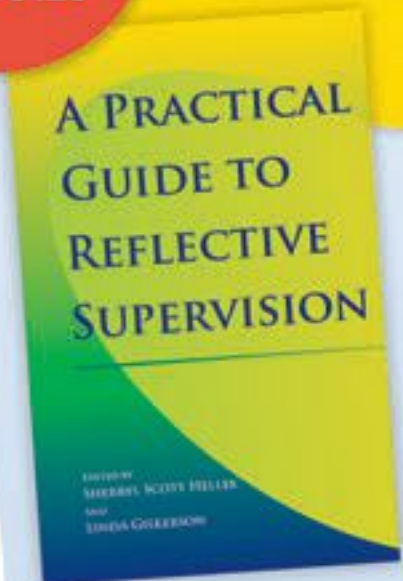
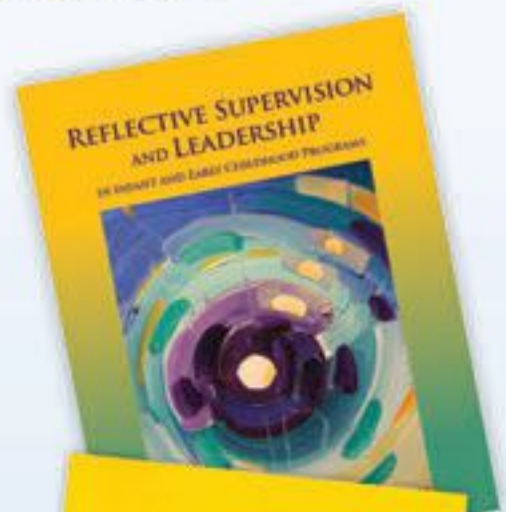
- A Practical Guide to Reflective Supervision*
- Reflective Supervision and Leadership in Infant and Early Childhood Programs*
- Learning Through Supervision and Mentorship*

Save an additional 15% with promo code **Reflect15**



**Another Great Resource for Your Library!**

*Reflective Supervision in Practice*



ZERO TO THREE is your one-stop shop for reflective supervision tools and training. Find out more at [www.zerotothree.org/reflectivesupervision](http://www.zerotothree.org/reflectivesupervision)

1885-01-02



**ZERO to THREE**  
Early connections last a lifetime

## Jargon Buster

Given the multidisciplinary nature of our work with infants, toddlers, and families, we often come across words or acronyms that are new or unfamiliar to us. To enhance your reading experience of this issue of *ZERO TO THREE*, we offer a glossary of selected technical words or terms used by the contributing authors in this issue. Please note that these definitions specifically address how these terms are used by the authors in their articles and are not intended to be formal or authoritative definitions.

<b>Birth Cohort Studies<sup>1</sup></b>	Studies that begin at the birth of their subjects, or before, and continue to assess the same individuals at later ages, on more than one occasion. [Find it in Richter, page 10]
<b>Child-Directed Speech<sup>2</sup></b>	Speech adjustments made by adults when interacting with children, characterized by higher pitch, more repetition, simplified vocabulary, and exaggerated intonation patterns. [Find it in Richter, page 10]
<b>Epigenetic Traits</b>	Biological traits that are activated by the environment. [Find it in Barker, Levkov, & Heilman, page 44]
<b>Kangaroo Care</b>	The practice of skin-to-skin contact between infants and their adult caregivers. [Find it in Silver & West, page 17]
<b>Nurturing Care</b>	Care that encompasses all elements critical to the integrity of young children's development. [Find it in Richter, page 10]
<b>Stunting<sup>3</sup> and Wasting<sup>4</sup></b>	<i>Stunting</i> refers to a height that is more than two standard deviations below the population norm for an individual's age. <i>Wasting</i> refers to a loss of body weight in relation to height due to acute malnutrition. [Find it in Sullivan, Sakayan, & Cernak, page 31]
<b>Sustainable Development Goals</b>	17 social and economic goals for global prosperity, set and defined by the United Nations. [Find it in Richter, page 10]
<b>Twin-Track Approach</b>	Ensuring that a transformed system serves, in an integrated way, the needs of a specific target population and the larger population of which they are a part. The Triple-twin-track approach addresses three twin-tracks: children with disabilities/typically developing children; children/families and communities; and infants-toddlers/children-youth. [Find it in Wertlieb, page 22]

<sup>1</sup> Wadsworth, M. E. J. 2005. Birth cohort studies. In P. Armitage & T. Colton (Eds.), *Encyclopedia of biostatistics* (2nd ed.). Hoboken, NJ: Wiley.

<sup>2</sup> Gupta Gordon, R., & Watson, L. R. (2015). Child-directed speech: Influence on language development. In J. D. Wright (Ed.), *International encyclopedia of the social and behavioral sciences*, Vol. 3 (2nd ed.), (pp. 399–404). Oxford, UK: Elsevier.

<sup>3</sup> Prendergast, A. J., & Humphrey, J. H. (2014). The stunting syndrome in developing countries. *Paediatrics and International Child Health*, 34(4), 250–265.

<sup>4</sup> WHO/UNICEF/WFP. (2014). *Global nutrition targets 2025: Wasting policy brief* (WHO/NMH/NHD/14.8). Geneva, Switzerland: World Health Organization. Retrieved [www.thousanddays.org/wp-content/uploads/Wasting-Policy-Brief.pdf](http://www.thousanddays.org/wp-content/uploads/Wasting-Policy-Brief.pdf)



## Upcoming Issues

May — **The Impact of the Opioid Crisis on Infants and Toddlers**

July — **Stories From the Field**

September — **Culture, Language, and Identity**

### The Editorial Mission of the *ZERO TO THREE Journal*

To provide a forum for thoughtful discussion of important research, practice, professional development, and policy issues in the multidisciplinary infant, toddler, and family field.

ZERO TO THREE works to ensure all babies and toddlers benefit from the family and community connections critical to their well-being and development. Since 1977, the organization has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools and responsive policies for millions of parents, professionals and policymakers.

### How to Subscribe

- Call (800) 899-4301 between 9am–5pm, Eastern time
- Visit [www.zerotothree.org/journal](http://www.zerotothree.org/journal) to place your order online day or night
- Email customer service staff at [bookstore@zerotothree.org](mailto:bookstore@zerotothree.org)

## ZERO TO THREE

1255 23rd Street, NW, Suite 350  
Washington, DC 20037

Address service requested

Non Profit Org.  
US Postage

**PAID**

Permit No. 425  
Southern, MD



## Explore ZERO TO THREE's Career Center to see what's in store for you next.

The fruits of your labor are many and everlasting in the lives of infants and toddlers. In our effort to support you as you help infants and toddlers reach their full potential, we've tailored our Career Center to address the needs of both job seekers and job posters, professionals in equally important roles.

*Take advantage of the following features and more:*

### Job Seekers

Career coaching  
Resume editing  
Reference checking

### Job Posters

Branding solutions  
Bulkposting  
Social recruiting

ZERO TO THREE's Career Center reaches more than **55,000 professionals** in the early childhood field and currently boasts **more than 400 job postings** across the nation.

ZERO TO THREE Career Center  
[www.zerotothree.org/careers](http://www.zerotothree.org/careers)



**ZERO TO THREE**