Contributions of Early Childhood Development Programming to Sustainable Peace and Development

The ECPC background paper presents the evidence and theoretical models drawn upon to prepare the ECPC brief published in May 2017 (available at: https://ecdpeace.org/ecpc-brief-english).

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Foreword

from Dr. Rima Salah, Chair of the Early Childhood Peace Consortium (ECPC)

More children than ever before, at least 357 million children globally, are now living in areas affected by high intensity conflict. An estimated 50 million children have been forcibly displaced and 250 million children under five years of age in low- and middle-income countries may not reach their full development potential. In 2015 alone, 16 million babies were born into conflict. Meanwhile, the number of intrastate conflicts continues to increase, making it one of the most severe obstacles preventing the world community from achieving the 2030 Sustainable Development Goals (SDGs).

What is even more alarming is the lasting negative impact of deprivation and violence (including "structural" and systemic violence) on young children, and how these detrimental effects will eventually affect our communities and societies. Exposure to toxic stress and adversities at an early age is related to a broad range of negative outcomes across the life span, including major emotional and behavioral problems, which sadly, can become self-perpetuating cycles that continue for generations. In the absence of protective systems, it is usually the family – and mothers in particular – that emerge to build a protective environment for their children. But the exposure of parents to instability and stress challenges their ability to provide their children with the protection and nurturing care that they need. Consider Syrian mothers who have been forced to flee their country due to the conflict. They are alarmed about how their children's lives have changed and the emotional distress they have suffered. They've found their children are growing up too fast – they've seen so much, and taken too much on their shoulders. The mothers feel helpless, but also determined to exert all efforts to protect their children.

Although the international community recognizes that social services can contribute to restoring peace and stability, there is currently limited understanding of how ECD services can support the prevention of violence and the promotion of peace. Developmental neuroscience is causing a revolutionary shift in the way we assess the interplay of both positive and negative early experiences and genetic alterations in the developing brain. New evidence is now emerging on how the prospect of ECD services can also prompt members of antagonized groups to rebuild trust and re-connect. I've heard many heartwarming, beautiful stories from parents whose lives (and their children's lives) are changed from ECD programmes in their communities. For instance, in a UNICEF-supported ECD community center in Cote d'Ivoire where there is a long history of inter-ethnic conflict, one mother explained how participating in the ECD programme's "women's groups" helped her feel safe and more cohesive with her community: *"The group helped me forget the war... We are not the same people we were before, since we're mixed, we're all together, we won't fight... Now my kids are in safety... I can work in the field and we can be at peace."* These stories show the power of bringing people together around the common goal of child wellbeing.

Recognizing the lack of acknowledgement of the roles of families and young children in contemporary peacebuilding discourse became the key motivator for the formation of *The Early Childhood Peace Consortium* (ECPC) in September 2013. The ECPC was launched at UNICEF with the specific purpose to raise the voices of families and caregivers as agents for peace.

ECPC brings together partners from multiple sectors including government officials, UN agencies, the social and mass media, as well as academia and practitioners. The vision of the ECPC is to create an inclusive movement for peace, social justice, and prevention of violence through using early childhood development strategies that enable the world community to advance peace, security and sustainable development.

In order to advance the notion that young children and their families have a role to play in conflict prevention and peacebuilding, I am pleased to introduce the first publication of the ECPC, *Contributions of Early Childhood Development Programming to Peace and Sustainable Development*. This background paper summarizes and combines evidence from developmental psychology, health and nutrition, with lessons learned from the peacebuilding and social services administration sectors. The paper will help practitioners appreciate how ECD services can prevent and mitigate conflict between individuals and among groups.

The paper thereby follows in the footsteps of the 2030 Agenda for Sustainable Development which acknowledges that "there can be no sustainable development without peace, and no peace without sustainable development." It exemplifies the role of ECD in supporting the achievement of the SDGs, and in particular Goal 16. The concepts described in the paper align with recent directions in peacebuilding that aim to operationalize socio-economic development interventions so that they simultaneously transform relationships and build social support networks capable of mitigating violent conflict risks.

Children do not develop in silos. They are very much influenced by their environment, which includes their family unit, community, as well as governing institutions that must ensure structural violence is minimized for all people – including the youngest ones. We have the science, the knowledge, the technology, and the experience to build a world of peace. What we need is an unfailing vision, an unwavering commitment to change the tide of violence, and to create a 'culture of peace' at all levels of human society, starting with our children.

Dr. Rima Salah
Chair of the Early Childhood Peace Consortium (ECPC)

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Glossary

EARLY CHILDHOOD
The timespan from prenatal to age of school entry, which is usually at 6-8 years of age (UNICEF, 2017, p. 13).

EARLY CHILDHOOD DEVELOPMENT (ECD)
The continuous development of skills across the domains of cognition, language, motor, social and emotional development throughout several periods of life from prenatal to age of school entry. ECD is "considered the foundation of health, learning, productivity, well-being and the building blocks for future human capital." Development during this age involves the interaction between the child and the environment, of which the most important aspect is providing *nurturing care* (UNICEF, 2017).

- **NURTURING CARE**
  A framework to ensure the optimal environment for a young child's development through five interrelated components: nutrition, health, security and safety, early learning and responsive caregiving. To achieve and sustain a nurturing environment, the five components must interact in mutually supportive ways to effectively and equitably improve ECD (Britto et al., 2017).

- **EARLY CHILDHOOD ADVERSITIES**
  Extreme difficulties or misfortunes in early childhood that can cause cascading negative effects on human development well into adulthood (Shonkoff et al., 2012). This term encompasses what is commonly referred to as 'adverse childhood experiences' (ACEs), which include emotional, physical or sexual abuse; witnessing domestic violence or substance abuse; mental illness in the household; parental separation or divorce; and incarcerated household members (Dube et al., 2001). In addition to ACEs, the definition of early childhood adversities in this paper also encompasses the adversities a child experiences when he/she is affected by poverty, malnutrition, violent conflict, displacement (see definition below), long-term occupancy in an orphanage, disabilities without proper care or any other experience that causes extreme hardship and toxic stress (see definition below).

- **MULTI-LEVEL ECD SERVICES**
  A new term introduced in this paper that refers to ECD social services that benefit the child, caregiver and community, as well as build institutional capacities for good governance:
  - **Child-level:** Ensuring that children receive nurturing care in order to improve their cognitive, social, emotional and physical development.
  - **Caregiver-level:** Providing support for self-care, building personal competencies and promoting respect for differences in caregivers.
  - **Community-level:** Designing ECD programmes to also address conflict drivers, stressors and community development needs; build relationships; and provide a safe space for dialogue among community members.
  - **Institution-level:** Building institutional capacities for reducing structural violence and implementing good governance of the design and delivery of social services—such as ECD services—by ensuring equitable distribution, inclusion of all identity groups, recognition of all cultural voices and identities and reconciliation of past injustices (see 4Rs framework below).

CONFLICT-SENSITIVE PROGRAMMING
The development and implementation of programmes that seek to understand the conflict context and consider the interactions among interventions in order to avoid exacerbating existing conflict and violence factors (that is, "Do No Harm") (UNICEF, 2016a, p. 4).

CULTURE OF PEACE
"Values, attitudes and behaviors that reflect and inspire social interaction and sharing based on the principles of freedom, justice and democracy, all human rights, tolerance and solidarity, that reject violence and endeavor to prevent conflicts by tackling their root causes to solve problems through dialogue and negotiation and that guarantee the full exercise of all rights and the means to participate fully in the development process of their society" (United Nations General Assembly, 1998).

DISPLACEMENT
Forced movement of populations from their environment and occupational activities, which can be caused by armed conflict, natural disasters, famine, or other harmful societal changes (United Nations Educational, Scientific, and Cultural Organization, 2018).

EPIGENETIC MODIFICATIONS
Mechanisms that occur when an individual's environment or circumstances change the microstructure of certain genes, which leads to the gene becoming silenced ('turned off') or active ('turned on') (Bagot and Meaney, 2010). These epigenetic mechanisms can include modifications to the DNA methylation or chromatin proteins. Although epigenetic modifications are not genetic mutations and they do not change the DNA sequence or coding, in some circumstances – depending on the degree and predictability of environmental variation and other factors – these modifications can be inherited from previous generations, which can be evolutionarily adaptive. For example, evidence suggests that experiencing prolonged stress hormones in utero or in early childhood may trigger epigenetic modifications to increase survival in harsh, stressful environments by affecting brain development and causing the individual to become more alert, defensive, anxious, distrusting and aggressive, which is more adaptive in dangerous, resource-scare environments (Morgan et al., 2014; Kundakovic and Champagne, 2015).

GOOD GOVERNANCE
Governance that is participatory, consensus oriented, accountable, transparent, responsive to the present

and future needs of society, effective and efficient, equitable and inclusive, and follows the rule of law. Good governance is characterized by low corruption and strong protection of human rights, and assures that voices of the most vulnerable people are heard in decision-making (United Nations Economic and Social Commission for Asia and the Pacific, 2009).

ECOLOGY OF HUMAN DEVELOPMENT
A theory originally put forth by Bronfenbrenner (1979) describing the ecological system of influences at all layers of society that can affect human development and growth. In this paper, the 'human ecology network' refers to factors at the macro-level, which includes environmental influences, systemic and institutional influences, and community and cultural influences, as well as factors at the micro-level, which include family-level and individual-level influences.

HUMAN CAPITAL
The productive economic gains of people contained in labour, skills, and knowledge (United Nations, 1997). The definition of human capital used in this paper encompasses physical and mental health, educational attainment, employability and income – all of which contribute to the economic productivity of an individual.

INTERGROUP EQUALITY
Equality among socially or culturally constructed groups of people, including equality among groups' income, health status, employment status, education achievement, political representation, and access to resources and services. Intergroup equality is important for sustaining peace, given the well-supported hypothesis that political or economic inequalities among socio-culturally defined groups raises the risk of conflict (Stewart, 2010).

PEACEBUILDING
A process involving efforts aimed to reduce the risk of a lapse or relapse into conflict by strengthening national capacities at all levels to manage conflict and address both the causes and consequences of conflict (United Nations Peacebuilding Fund, 2018).

- **PREVENTATIVE STRATEGIES OF PEACEBUILDING**
  Proactive strategies implemented in pre-conflict settings that aim to strengthen protective factors and defend against the negative effects of future stress.

- **INTERVENTION/TREATMENT STRATEGIES OF PEACEBUILDING**
  Reactive strategies implemented in conflict and post-conflict settings that aim to reduce the negative effects of existing stress and trauma.

SOCIAL COHESION
Consists of several domains including trust; quality community engagement; strong social relations; dependable social support and solidarity; and a sense of identity, belonging, and inclusion (Pham and Vinck, 2017, pp. 17–20). The specific attributes comprising social cohesion can differ depending on varying sociocultural contexts and perspectives (Pham and Vinck, 2017). There are two dimensions of social cohesion:

- **HORIZONTAL SOCIAL COHESION**
  Social cohesion among individuals and diverse groups (i.e., groups that differ in terms of ethnic or sociocultural identities, religious or political beliefs, social or economic status, etc.).

- **VERTICAL SOCIAL COHESION**
  Trust and cooperation among governing institutions and their constituents (McCandless, 2012).

SOCIAL SERVICES
Efforts aimed to advance welfare or social well-being, usually provided by governments in the areas of education, health, water, sanitation and other services (McCandless, 2012).

SUSTAINABLE DEVELOPMENT
"Development that meets the needs of the present without compromising the ability of future generations to meet their own needs." Sustainable development is a key element of United Nations activities, and requires a balance among economic development, social development and environmental protection (United Nations General Assembly, 2010).

- **SUSTAINABLE DEVELOPMENT GOALS (SDGS)**
  A set of 17 Goals, adopted by the United Nations and world leaders in September 2015, as part of the 2030 Agenda for Sustainable Development (United Nations General Assembly, 2015).

SUSTAINING PEACE
"Preventing the outbreak, escalation, continuation and recurrence of conflict, addressing root causes, ending hostilities, ensuring national reconciliation, and moving towards recovery, reconstruction and development" (United Nations Security Council, 2016).

STRUCTURAL VIOLENCE
A term originally described by Galtung (1969) to refer to any restriction on human potential due to structures of power, which can involve unequal access to resources, education, health care, legal standing, or inequitable quality in these services. For example, "if people are starving when this is objectively avoidable, then violence is committed" (Galtung, 1969, p. 171).

TOXIC STRESS
Toxic stress in childhood refers to experiences of strong, frequent, or prolonged adversity in the absence of protective relationships, which can alter development of the brain and body and increase risks for disease and impairment well into adulthood (Center on the Developing Child, 2017).

RESILIENCE
The ability of individuals, communities, [states,] or systems to anticipate, prevent, withstand, and adapt to and recover from stresses and shocks (Pham and Vinck, 2017).

- **INTRAPSYCHIC (INDIVIDUAL) RESILIENCE**
  An individual's ability to respond to stress, self-regulate his/her emotions, and cope with change. Individual resilience can occur via neurobiological genetic predisposition, but can also be developed through a systemic approach that changes the context surrounding the individual, rather than changing the individual's abilities to cope (Panter-Brick and Leckman, 2013).

- **COMMUNITY RESILIENCE**
  A community's capability to respond to conflict and return to regular functioning after stress or shock (Van Metre and Calder, 2016, pp. 3-5).

- **STATE/NATIONAL RESILIENCE**
  A state's ability to maintain [the] "social contract and the ability to reconcile citizen and state expectations of that contract in the midst of sudden change or long-term stressors" (Van Metre and Calder, 2016, p. 18). Components of the social contract must be managed through political processes, and include: societal expectations of the state; ensuring basic provisions (security, services, etc.); and capacities of leaders to manage state resources in ways that match societal expectations (Van Metre and Calder, 2016).

RISK FACTORS
A complex set of contextual influences known to increase the likelihood of negative outcomes for an individual, family, community, or nation state. This paper focuses on the interrelated risk factors that increase the likelihood of violent conflict at all levels of the human ecology. This includes biological and contextual risk factors that can threaten a child's cognitive, social, emotional, or physical developmental trajectory (Ponguta et al., 2018b), which, if many individual children are affected, may increase social and economic risk factors that prelude violent conflict (Early Childhood Peace Consortium, 2017, p. 2).

4RS FRAMEWORK
A theoretical framework for designing and delivering social services through a social justice lens (Novelli, Lopes Cardozo and Smith, 2017, p. 15). Governments and agencies wishing to leverage social services for peacebuilding should deliver social services on the basis these four principles:

(1) **Redistribution:** equitable distribution of resources and opportunities
(2) **Representation:** inclusion of all groups
(3) **Recognition:** recognition of all cultural voices and identities
(4) **Reconciliation:** reconciliation of past injustices when necessary

VIOLENT CONFLICT
Violent conflict (fighting) between states or within a state (Bloomfield, Barnes and Huyse, 2003; United Nations and World Bank, 2017).

VULNERABLE PERSON
A person who is especially susceptible to the effects of environmental, economic, political, and social shocks and hazards. They may be marginalized by their society due to their ethnicity, race, culture, class, religion or other aspect of their identity.

- **VULNERABLE CHILDREN**
  "Children who are at risk for not reaching their developmental potential due to preventable environmental influences, including children affected by poverty, conflict, family violence or inequalities; migrants or refugees; orphans or foster children; and children with disabilities whose caregivers lack the resources to properly care for them" (Early Childhood Peace Consortium, 2017).

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Overview

In a time of recurring violent outbreaks and societal shocks (human-made and natural disasters), it is vital to invest in long-term solutions that will disrupt cycles of violence, build strong foundations for sustainable development and social cohesion and promote a 'culture of peace' that can prevent violent conflict. Among these vital solutions is the need for early childhood development (ECD) programming. Early childhood is the most formative period of human life, during which the environment strongly influences who the child will become in adulthood. Although the international community recognizes that quality administrative and social services can contribute to peacebuilding (McCandless, 2012, pp. 1-2) and that early childhood development (ECD) services should play an integral role in this process (e.g., Leckman, Panter-Brick and Salah, 2014; UNICEF, 2012c; United Nations Security Council, 2018), there is still limited practical understanding among practitioners and policymakers of how to design and implement ECD services in ways that promote sustainable peace and development.

The purpose of this background paper is to merge insights from both micro- and macro-level perspectives to demonstrate how ECD services can be leveraged to sustainable peace and development. While peacebuilding experts have traditionally focused on macro-level strategies such as government reform or economic rehabilitation interventions, ECD practitioners have focused primarily on micro-level interventions of individual children and families without much exploration of how ECD services can be leveraged to mitigate risks of conflict and transform relationships across communities and regions. In light of the United Nations Resolution 2427 recognizing that effects of conflict on children have "long-term consequences for durable peace, security, and development" (United Nations Security Council, 2018), there is clearly great opportunity and need to facilitate a fusion of the peacebuilding and ECD sectors.

As noted by World Bank Group President Jim Yong Kim, investing in ECD "is the best investment societies can make" (Kim, 2017, p. 15). A child's early environment shapes his or her development and can influence whether or not they become economically productive and prosocial adults (Heckman, 2006; Leckman, Panter-Brick and Salah, 2014; Steele et al., 2014). By intervening early and engaging with children's families, ECD services offer a unique opportunity to make a cost-effective and sustainable impact on interrupting cycles of poverty and violence. Nevertheless, in order for ECD services to contribute to peacebuilding efforts, they cannot operate in silos focused only on the needs of individual children and families. Given that efforts towards sustainable peace must encompass all sectors and address all societal levels[1] (United Nations and World Bank, 2017), there is a crucial need for implementing *multi-level ECD services* that center on the whole child and engage his or her surrounding ecological context. **The purpose behind these comprehensive ECD services is to not only improve child development outcomes, but also to strengthen competencies in caregivers, address stressors and conflict drivers in the community and build institutional capacities to reduce structural violence.** Without an integrated approach centering around children, evidence suggests that cycles of violence, poverty and adversity may continue for generations (e.g., see Bird, 2007;

1 *All sectors* includes governmental and private sectors as well as civil society actors. *Societal levels* includes all social ecological levels: individual level, family level, community level, national level, institution level, etc.

Early Childhood Peace Consortium, 2017; Fehringer and Hindin, 2009; Leckman, Panter-Brick and Salah, 2014; Martorell and Zongrone, 2012; Pears and Capaldi, 2001; Stith et al., 2000; Wright and Fagan, 2013). In recent support of this, the United Nations recognized that ECD "contributes to the development of more peaceful societies through advancing equality, tolerance, human development and promoting human rights" (United Nations General Assembly, 2017), and protecting children from violence should be an important aspect of any comprehensive strategy to resolve conflict and sustain peace (United Nations Security Council, 2018).

In order to demonstrate how multi-level ECD services have the potential to contribute to reducing risks of violent conflict and supporting the achievement of the 2030 United Nations Sustainable Development Goals (SDGs), this background paper is organized into the following chapters:

- **Chapter 1** introduces the concepts of peacebuilding and ECD and demonstrates the need for good governance practices that can leverage social services to contribute to mitigating direct and structural violence. Also included in this section is an introduction to the interrelated ecological influences that affect individuals, families, communities and societies.

- **Chapter 2** discusses the large-scale social and economic risks that may result from lack of ECD services by first describing the various risk factors that can cause early childhood adversities, and then illustrating how such adversities affect the developing brain and body and how these negative influences can lead to social and economic risks that increase the likelihood of violent conflict.

- **Chapter 3** proposes a hypothesized 'Peacebuilding through ECD' theory of change that demonstrates how interventions targeted at children, caregivers, communities and institutions can produce beneficial outcomes that are relevant for contributing to the SDGs and reducing risks of violent conflict.

- **Chapter 4** presents illustrative evidence that supports the theory of change by providing details of different types of ECD programmes across varying contexts and ecological levels.

- **Chapter 5** concludes by discussing recommendations on how to create policies that will enable ECD services to contribute to peacebuilding.

CHAPTER 1.

Sustainable Peace and Early Childhood Development (ECD)

Introduction

The United Nations 2030 Agenda for Sustainable Development has unquestionably recognized that "there can be no sustainable development without peace, and no peace without sustainable development" (United Nations General Assembly, 2015, p. 2). Given this interdependent relationship between development and peace, agencies are challenged to determine how to design social services and programmes to be relevant to the peacebuilding agenda (McCandless, 2012). The main objective of this paper is to illustrate how ECD social services can be leveraged to contribute to peacebuilding.

Chapter 1 provides the reader with introductions to concepts related to peacebuilding, conflict-sensitive programming, good governance, social services, and ECD. Chapter 1 furthermore illustrates the cyclical nature of interrelated ecological influences that can bring harm or prosperity to children, families, communities and societies.

1.1. The need for an integrated approach to peacebuilding

Peace has been defined as the harmonious intrapsychic, interpersonal and intergroup cooperation among entities involved (Gomes de Matos, 2006). Peace is a multicomponent concept that can be an *outcome* (e.g., absence of violence), a *process* (e.g., efforts toward peace), a human *disposition* or mindset, and a *culture* (e.g., peaceful norms and customs) (Leckman, Panter-Brick and Salah, 2014, p. 6). *Peaceful individuals* are committed to harmony, social justice and dignity, and have the potential to promote peace across generations (Leckman, Panter-Brick and Salan, 2014, p. 7). *Peacemaking* refers to a process of reducing direct violence (i.e., physical violence), whereas *peacebuilding* is commonly understood as the process of reducing *structural violence* (Morgan et. al., 2014, p. 96), which involves an unequal distribution of resources, power, services or rights (Dawes and van der Merwe 2014, p. 234). The United Nations Peacebuilding Fund has described *peacebuilding* as a multidimensional process that focuses on preventing the lapse or relapse into conflict and strengthens national capacities at all levels to lay foundations for sustainable peace and development (United Nations Peacebuilding Fund, 2018). Similar to the concept of peacebuilding, *sustaining peace* involves building capacities across all societal levels to address the root causes of violence and prevent, manage or recover from an outbreak, escalation, continuation or recurrence of conflict (United Nations Security Council, 2016).

Various international agencies, including the United Nations, World Bank and several research and policy organizations, have put forth an integrated approach toward peace that calls for all institutions and sectors to work together towards preventing violent conflict (Pathfinders for Peaceful, Just, and Inclusive Societies, 2017; United Nations and World Bank, 2017; United Nations General Assembly, 2015; United Nations Security Council, 2018). This call to action emphasizes that peacebuilding efforts must encompass the policy, national, regional and local levels to reach all stakeholders and engage systems at multiple levels in order to contribute to sustainable development and peace (UNICEF, 2012a, p. 3; World Bank, 2011, p. 2). Of particular importance in this agenda is the crucial need for *good governance*, which refers to government effectiveness, low corruption and strong protection of human rights, all of which correlate with a lower risk of conflict (Fearon, 2010; World Bank, 2011). Efforts towards sustaining peace must also include *conflict-sensitive programmes* that understand the conflict context and consider the interactions among interventions in order to avoid exacerbating existing conflict and violence factors (that is, 'Do No Harm') (UNICEF, 2016a, p. 4). *Peacebuilding programmes* should address the root causes of conflict in order to reduce the risk of a lapse or relapse into conflict (that is, 'Do More Good') (UNICEF, 2016a, p. 4; UNICEF, 2012a, p. 5). Given the inextricable links among social and economic development, human rights and peace, the SDGs can only

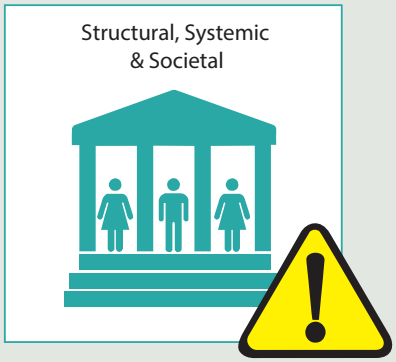
be achieved by recognizing this multi-level approach toward sustaining peace that includes good governance, conflict-sensitive programming and peacebuilding programming (United Nations and World Bank, 2017; Pathfinders for Peaceful, Just, and Inclusive Societies, 2017).

To prevent violent conflict, peacebuilding strategies must address early risk factors and focus on root causes of conflict. Violent events are only the visible symptoms of long-standing root problems that precede physical violence and enable continual relapse of conflict (see Figure 1.1). Analyses have shown that 90 percent of conflicts since 2001 have been in countries that had already experienced civil war in the last 30 years (World Bank, 2011, pp. 2-3). Other reports have found that nearly half of countries relapse back into conflict within a decade (Collier and Hoeffler, 2004). Thus, *reactive strategies* that aim to reduce existing violence are not sufficient to halt cycles of violence in the long term. Peacebuilding efforts must also include *proactive strategies* that address early risk factors before violence becomes visible (see the risk factors in Figure 1.1). Just as it is more effective and cost-efficient to prevent certain diseases than it is to cure them, proactive strategies will be more sustainable and cost-effective than reactive strategies in the long term. For instance, a recent analysis found that targeting certain high-risk countries before conflict begins could prevent an estimated US$34 billion in losses (United Nations and World Bank, 2017, pp. 2-5). Compare this to peacekeeping and humanitarian operations (i.e., reactive strategies aiming to reduce harmful effects of existing conflict), which cost US$8.2 billion and US$22.1 billion respectively in 2016 alone (United Nations and World Bank, 2017, p. 2). Given the vast range and complexity of the underlying causes of conflict, peacebuilding strategies must be context-specific, 'fit-for-purpose', and risk-informed in order to address the multiple interrelated risk factors that can increase the likelihood of violent conflict (OECD, 2015; United Nations and World Bank, 2017, pp. 16-18). The United Nations SDGs provide a blueprint for understanding and addressing such risk factors among different contexts (United Nations and World Bank, 2017, p. 2).

FIGURE 1.1.
Structural, cultural and family risk factors that can precede direct violence

Structural & Systemic Risk Factors ("structural violence")

- Patterns of exclusion and inequity
- Unemployment/lack of livelihoods
- Disrupted space for political dialogue
- Corruption and impunity
- Hunger and malnutrition
- Marginalization of youth
- Gender inequality
- Cyclical nature of violence



Cultural Risk Factors

- Normalization of violence
- Cultural norms (e.g., child-rearing practices)
- Discrimination embedded in educational, religious, cultural texts and practices
- Collective memory (e.g., biased historical narratives)
- Denial of mother tongue language

Family Risk Factors

- Disrupted parent-child relationship
- Substance abuse of caregiver(s)
- Poverty
- Family history of domestic violence
- Childhood trauma of caregiver(s)
- Mental illness in caregiver(s)
- Low self-esteem of caregiver(s)
- High stress levels in caregiver(s)
- Anger/hyper-reactivity in caregiver(s)
- Lack of family cohesion

Direct Violence
(event)

- Armed conflict
- Political violence
- Sexual violence
- Violence in the home
- Violence in schools
- Criminality

Source: Theoretical concepts adopted from Galtung, 1969.

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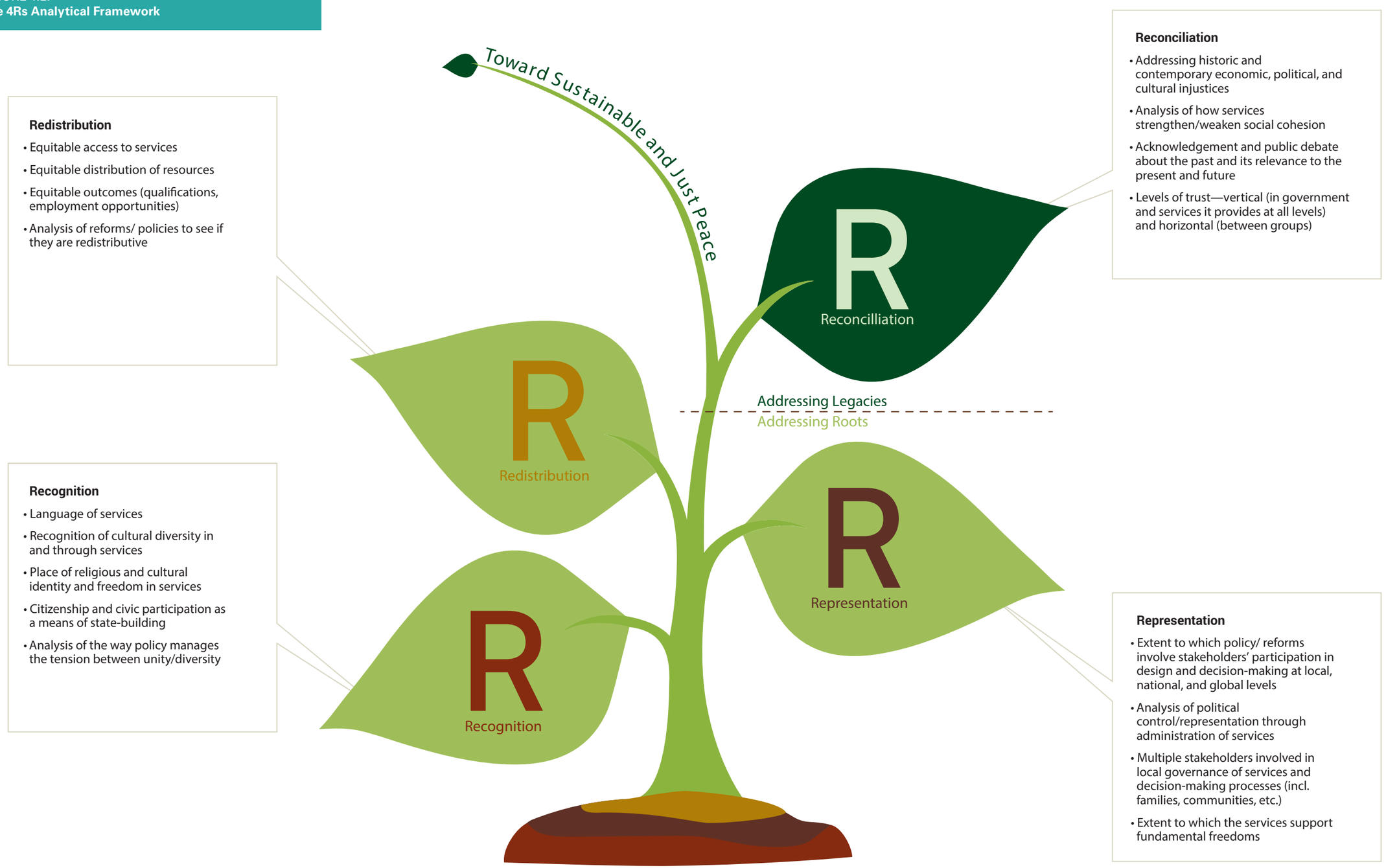
1.2. Social services and peacebuilding

Social services can be instrumental in reducing structural and cultural risk factors that can increase the likelihood of violent conflict (McCandless, 2012; United Nations General Assembly and Security Council, 2016; United Nations Women's Organization, 2015). Although social services alone are certainly not sufficient to prevent all violent conflict, they are an integral component for building sustainable peace. Recent studies have found that societies that have more social cohesion, higher national income, more inclusiveness, positive intergroup relations and reduced inequalities, among other factors, experience less violence (United Nations and World Bank, 2017, p. 14; Institute for Economics and Peace [IEP], 2015, pp. 89–91; FHI 360 Education Policy and Data Center, 2016). Social services can contribute to building many of these protective factors, especially when community members are actively involved in the implementation of such services and are given the opportunity to improve intergroup relations and strengthen trust in institutions. In turn, creating networks of trusting, open and equitable relationships can decrease risks of communal conflict and increase the likelihood the community will recover after environmental or man-made shocks, which can play an instrumental role in preventing future conflict (Van Metre and Calder, 2016). In fact, building resilience to shocks is considered the best approach to preventing societies from lapsing into crisis (United Nations and World Bank, 2017, p. 3).

The design and delivery of social services must be comprehensive and align with risk-informed collaborative approaches to create programmes that are equitable, inclusive, culturally sensitive and respectful of differences, and that reconcile past injustices. Given that inequity, exclusion and damaged trust are among the major risk factors for violent conflict, social services that do not incorporate these principles in every step of implementation may actually do more harm than good (e.g., see Brixi, Lust and Woolcock, 2015). It has been suggested that all social services should contribute to what Novelli, Lopes Cardozo, and Smith (2017) refer to as the *4Rs: Redistribution* (equitable distribution of resources and opportunities); *Representation* (inclusion of all stakeholder groups); *Recognition* (recognizing cultural voices and identities); and *Reconciliation* (reconciling conflict and past injustices when necessary) (see Figure 1.2). Although the 4Rs were originally constructed for education programming, they are relevant for all social services. Social justice frameworks such as the 4Rs are crucial for social service programming considering that competition over power and opportunities, as well as strong identification with certain groups at the cost of others, can trigger violent conflict (Staub, 2011).

Social service design and delivery must consider the many interrelated factors within the community, including cultural norms and other circumstances specific to the context. If these factors are not taken into account, there may be unintended consequences. For instance, social services that aim to reduce gender inequality by building competencies in women may actually increase community unrest if they do not consider and address existing cultural norms that adhere to traditional gender roles (Boudet et al., 2012). The comprehensive approach of social service programming must also include perspectives from all sectors, such as the consideration of any health, socioeconomic or educational inequalities, regardless of the type of social service implemented. Without doing so, well-intentioned programmes may exacerbate existing issues and contribute to increasing risks of violent conflict.

FIGURE 1.2.
The 4Rs Analytical Framework



Source: The 4Rs framework is from Novelli, Lopes Cardozo, and Smith, 2017.

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1.3. ECD services and peacebuilding

Early Childhood Development (ECD) social services that are peacebuilding-relevant and involve the entire family unit have the potential to send ripples of change throughout the community and transform a 'culture of war' into a 'culture of peace' (Chowdhury, 2014 pp. xix-xx; Early Childhood Peace Consortium, 2017). Given the malleability of early childhood development, studies suggest that investing in ECD is "the best investment societies can make" (Kim, 2017, p. 15). For children to reach their developmental potential and become productive and prosocial[2] members of their community, ECD services must ensure that children receive *nurturing care*, which encompasses health, nutrition, responsive caregiving, security and safety, and early learning (see Figure 1.3). In addition to helping young children develop into productive and prosocial adults, ECD services can also be leveraged to build competencies in the caregivers and address stressors and conflict drivers in the community. There is evidence to suggest that *multi-level ECD services* (services benefiting the child, caregiver, community and institution levels) have the potential to contribute to peacebuilding in both the short and long term (UNICEF, 2014; Connolly et al., 2006; Connolly, 2009; Connolly, Hayden and Levin, 2007; Leckman, Panter-Brick and Salah, 2014; UNICEF, 2012c). These ECD services can include both *preventative strategies* implemented in pre-conflict settings which aim to strengthen protective factors and defend against the negative effects of future stress, as well as *intervention/treatment strategies* (i.e., *reactive strategies*) in conflict and post-conflict settings that aim to reduce the negative effects of existing stress and trauma (Ponguta et al., 2018b).

There is evidence to suggest that *multi-level ECD services* (services benefiting the child, caregiver, community and institution levels) have the potential to contribute to peacebuilding in both the short and long term

2 Prosocial can be defined as behaviour that is positive, helpful, and promotes social good.

FIGURE 1.3.
Domains of the Nurturing Care Framework

Receiving adequate nutrients and consistent health enables proper growth of the brain and body.

Health: Immunization, disease treatment and prevention, safe water, improved sanitation and good hygiene.

Experiencing an early learning environment that supports holistic development and respect for differences improves school performance and future employment opportunities.

Early Learning: Access to quality preschool and other early learning opportunities with nurturing and interactive engagement with adults and peers.

Nutrition: Diet meets needs for optimal growth and development, exclusive breast feeding for at least six months, and a minimum acceptable diet.

Responsive Caregiving: Sensitive engagement such as responsive feeding, serve and return, positive attachment playing, singing and/or talking.

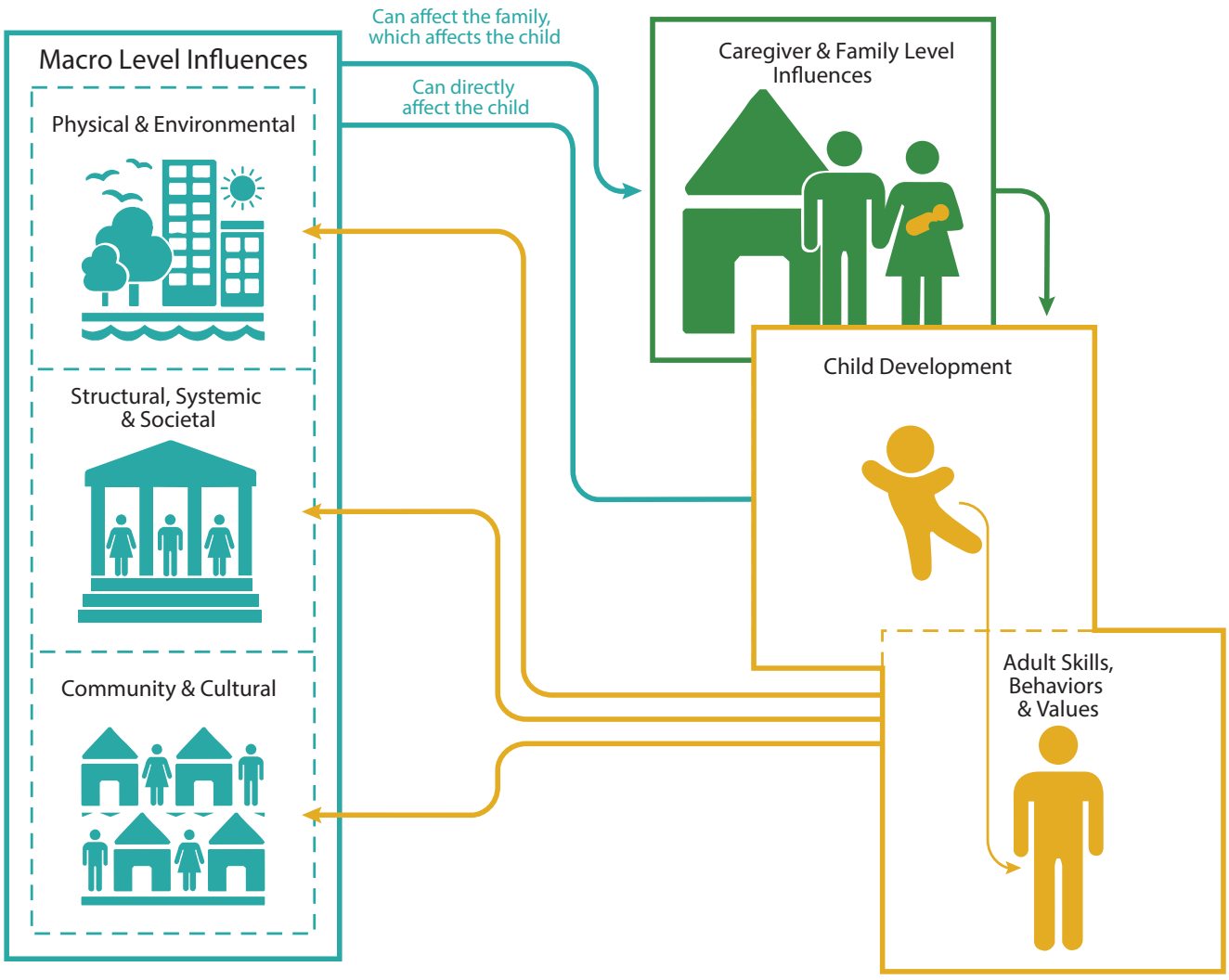
Experiencing nurturing care by a trusted caregiver, safety from mental or physical trauma, and developingin a cohesive and empowered community enables peaceful development of socioemotional and stress-response systems.

Security and Safety: Safety from violence, abuse, neglect, environmental hazards including air pollution, and prolonged exposure to extreme and prolonged adversities (toxic stress).

Source: Concepts from Britto et al., 2017.

All levels of the human ecology must be considered when designing and implementing ECD services. A child's development is intricately intertwined within an ecological network of interdependent influences, including caregiver and family influences; physical and environmental influences; structural and systematic influences; and community and cultural influences (see Figure 1.4). All such influences contribute to shaping the way a child will perceive and respond to the world in adulthood (Leckman, Panter-Brick and Salah, 2014). As demonstrated in Figure 1.4, the effects of these influences in adulthood can result in a cyclical process affecting future generations. An individual is more likely to treat his or her future family and children in ways similar to the ways that they were treated (e.g., Bailey et al., 2009; Belsky, Conger and Capaldi, 2009; Conger et al., 2003; Dahlberg and Potter, 2001; Pears and Capaldi, 2001); more likely to adopt community or cultural norms and practices they grew up with (e.g., Bar-Tal and Teichman, 2005; Connolly, Kelly and Smith, 2009; Wright and Fagan, 2013); and more susceptible to macro-level systemic patterns they were subject to as a child, such as poverty and inequality (e.g., Bird, 2007; Engle et al., 2011; Heckman, 2011; Walker et al., 2011b).

FIGURE 1.4.
Cyclical nature of ecological influences on child development and adult outcomes



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At each level of the human ecology, there exists both *protective influences* that can contribute to healthy childhood development as well as *risk factors* that can hinder development. The context, timing, dosage, and balance of these risk and protective factors have powerful implications for future generations (Walker et al., 2011b) and whether or not the net effect of such factors will ultimately contribute to or mitigate violent conflict and other societal challenges.

These policies and services must be created through a social justice lens, such as the 4Rs framework, that focuses on identifying and addressing the macro-level social and economic precursors at the systemic and community levels that can increase risks of violent conflict.

Chapter 2 outlines the social and economic risks that may occur if vulnerable children are subject to various ecological *risk factors* and do not receive quality ECD services that promote protective factors. Chapter 3 then presents a theory of change model showing how multi-level ECD services can produce *protective factors* at the child, caregiver, community and institution levels that can contribute not only to individual developmental success, but also to group-level benefits that can reduce risks of violent conflict and promote sustainable peace.

CHAPTER 2.

Social and economic risks that may result from lack of ECD services

Introduction

Young children need to be protected from experiencing toxic stress and adversity in order to reduce the variety of biological and contextual risk factors that can hinder childhood development (Ponguta et al., 2018b). Section 2.1 begins by providing a general overview of the types of contextual risk factors that can cause early childhood adversities, which builds on the same ecological framework outlined in Figure 1.4 . Section 2.2 then dives deeper into findings from neuroscience, epigenetics and developmental biology research to demonstrate how early childhood adversities influence mental and physical development, and how these effects can lead to grave social and economic risks, including continuing cycles of violence and adversities and hindering the achievement of sustainable peace and development.

2.1. Overview of ecological risk factors that can cause early childhood adversities

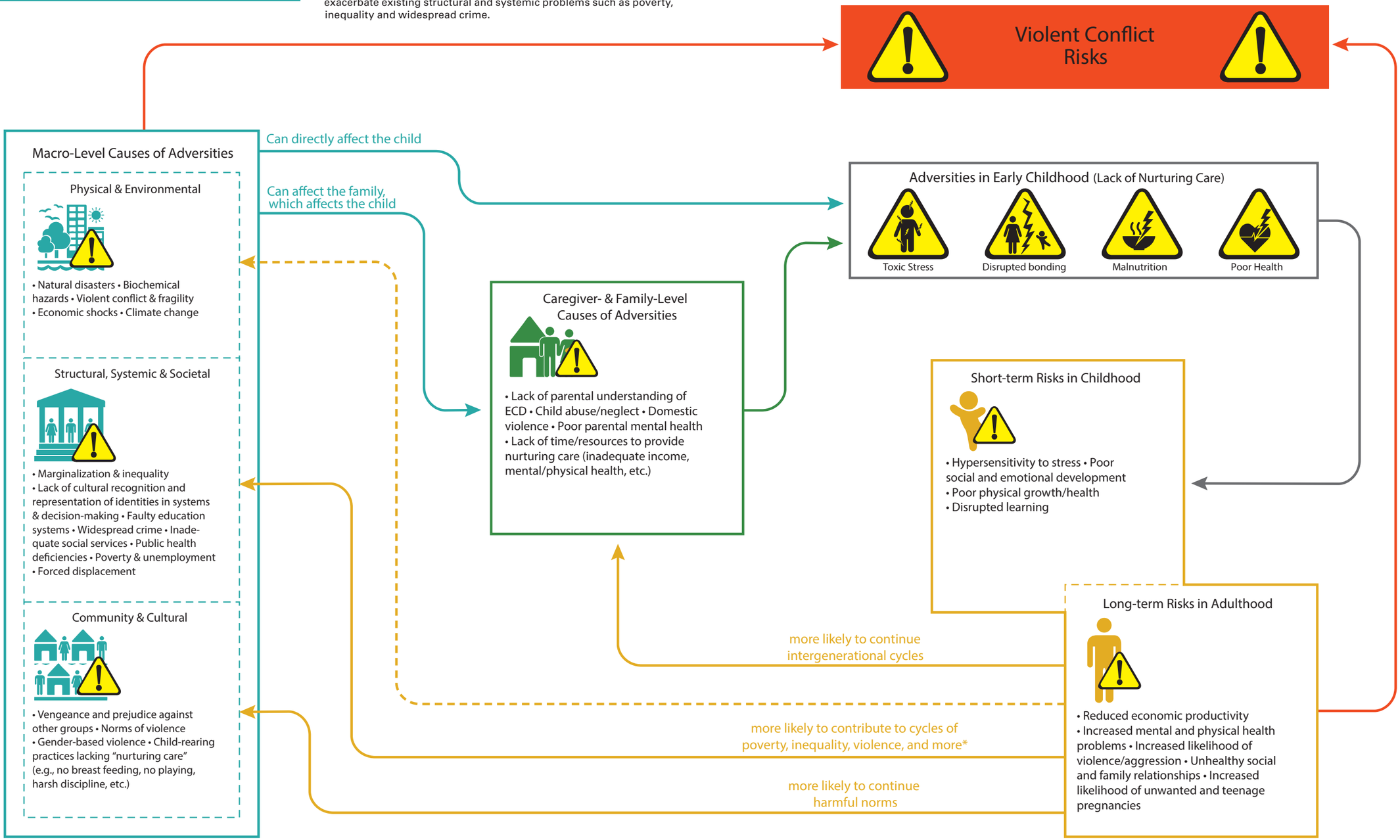
Numerous risk factors throughout all ecological levels can cause adversities in early childhood, which in turn, can hinder the individual's economic, social and health outcomes in adulthood (Walker et al., 2011b). Figure 2.1 lists a range of such risk factors. Macro-level causes of early adversities include: hazards, shocks and stressors in the child's environment such as natural disasters or violent conflict; structural, systemic and political causes, such as systemic inequality and poverty; and community and cultural causes, such as norms of violence or harmful child-rearing practices (UNICEF, 2017). These macro-level risks can directly cause childhood adversities, such as when armed conflict or natural disasters *directly* cause toxic stress in children. Macro-level risk factors can also *indirectly* affect children via negative influences on the family, such as when systemic marginalization and poverty cause caregivers to lose their jobs or remain unemployed, which puts stress on the family and may result in increased instances of domestic violence, poor parental mental health or lack of resources for the child.

The effects of early childhood adversities can lead to long-term negative consequences in adulthood that may then contribute to future risk factors at the macro and micro levels, thus continuing cycles of violence and adversities for generations (note the yellow arrows in Figure 2.1). For example, children who are maltreated are more likely to maltreat their future family when they are older (Child Welfare Information Gateway, 2013; Pears and Capaldi, 2001); children who internalize norms of violence and prejudice are more likely to continue these beliefs into adulthood (Bar-Tal and Teichman, 2005; Wright and Fagan, 2013); and children from marginalized groups who do not receive proper nutrition or sufficient early stimulation may earn up to 46 per cent less income in adulthood, thus strengthening systemic inequities (Hoddinott et al., 2008; Schweinhart et al., 2005; Gertler et al., 2014). Although this last example demonstrates that the consequences of childhood adversities can indeed contribute to continuing inequalities, it is important to recognize that the main contributor to structural and systemic causes of childhood adversities lies in the hands of governments and institutions, *not* in the hands of individual actors. This is why systemic efforts to reduce macro-level risk factors, especially structural violence, may have a far greater impact on reducing childhood adversities compared to interventions at the family level alone (Morgan et al., 2014, p. 125).

This is why systemic efforts to reduce macro-level risk factors, especially structural violence, may have a far greater impact on reducing childhood adversities compared to interventions at the family level alone (Morgan et al., 2014, p. 125).

FIGURE 2.1.
Macro- and micro-level causes and consequences of early childhood adversities

*Note: The main contributor to structural and systemic risk factors lies in the hands of the government and institutions, not in the hands of individuals, as portrayed in this visual. However, if many individuals experience early adversities in childhood, this can significantly exacerbate existing structural and systemic problems such as poverty, inequality and widespread crime.



Source: Concepts adapted from UNICEF, 2017, p. 9.

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2.2. Risks that may result from lack of ECD services

It is estimated that 250 million children under age five in low- and middle-income countries are at risk of not reaching their developmental potential (Black et al., 2017, p. 77), 357 million children are living in conflict zones (Save the Children, 2018), and 50 million have migrated across borders or have been forcibly displaced due to conflict (UNICEF, 2016d). The number of youth living in the world's poorest and most fragile countries is expected to vastly increase in the coming years (OECD, 2015). The detrimental effects of suboptimal development in millions of at-risk children and youth may exacerbate social and economic risks for communities and nations, especially considering that youth are the caregivers of the future.

In order to understand why nurturing care in early childhood is crucial for sustaining peace, it is necessary to first take a closer look at what happens to the developing brain and body when children experience early adversities (see Figure 2.2). Evidence suggests that experiencing toxic stress, disrupted parent-child bonding (or child neglect), or malnutrition early in childhood can critically impair a child's developmental trajectory. This can put them at risk of developing a host of negative behaviours and outcomes in adulthood that can lead to reduced economic productivity, harmful relationships, poor health and increased violence and crime, as suggested by various longitudinal randomized controlled studies in low-income settings across Guatemala, Jamaica, the United States, and other contexts (e.g., Heckman, 2006; Hoddinott et al., 2008; Schweinhart et al., 2005; Walker et al., 2011a). If these negative consequences in adulthood are replicated on a large scale across communities and nations, this may increase social and economic risks known to destabilize systems and contribute to violent conflict. The following subsections explain each part of Figure 2.2, along with the supporting literature.

If these negative consequences in adulthood are replicated on a large scale across communities and nations, this may increase social and economic risks known to destabilize systems and contribute to violent conflict.

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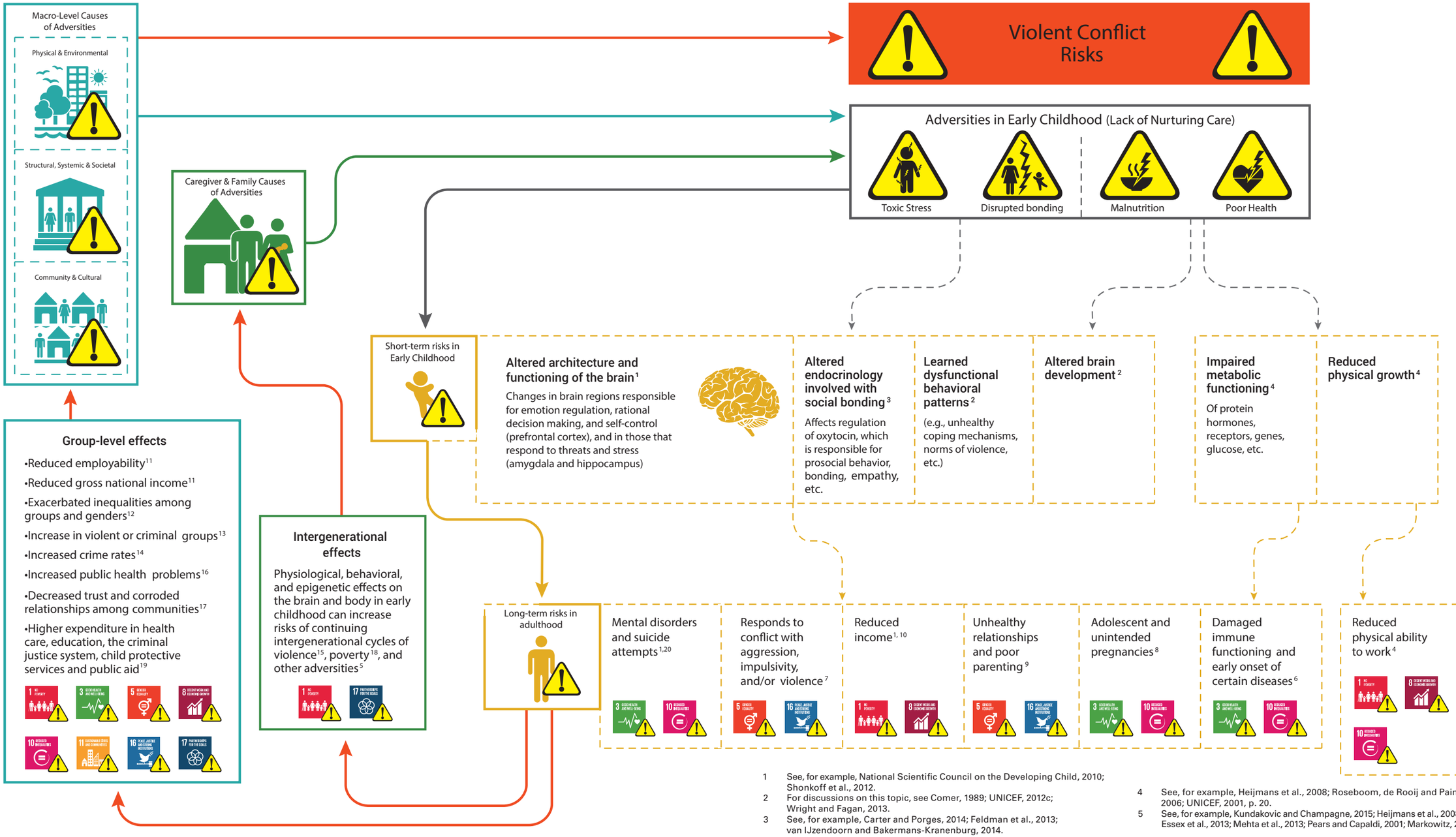
FIGURE 2.2.
Individual and societal risks that may result from early childhood adversities and lack of ECD services

*Note: The social and economic group-level effects presented here are hypothesized links that are highly dependent on the context. Given that it is difficult to conduct large-scale, controlled studies that investigate societal effects of the lack of ECD services, the authors drew from a wide range of empirical studies and models to build on the assumption that if millions of individuals are affected in the same ways that these small-scale controlled studies and evidence-based models have found, then large-scale societal risks may result. For example, the outcome of 'increased crime rates' was derived from a few landmark longitudinal studies finding that children from low-income, disadvantaged families in the United States and Jamaica who did not participate in quality ECD programmes were significantly more likely to engage in crime or violence in adulthood compared to disadvantaged children who did participate in such programmes (e.g., Schweinhart et al., 2005; Walker et al., 2011a).



1 See, for example, National Scientific Council on the Developing Child, 2010; Shonkoff et al., 2012.
2 For discussions on this topic, see Comer, 1989; UNICEF, 2012c; Wright and Fagan, 2013.
3 See, for example, Carter and Porges, 2014; Feldman et al., 2013; van IJzendoorn and Bakermans-Kranenburg, 2014.
4 See, for example, Heijmans et al., 2008; Roseboom, de Rooij and Painter, 2006; UNICEF, 2001, p. 20.
5 See, for example, Kundakovic and Champagne, 2015; Heijmans et al., 2008; Essex et al., 2013; Mehta et al., 2013; Pears and Capaldi, 2001; Markowitz, 2001;

Augustyn, Ward, and Krohn, 2017.

6 See, for example, Shonkoff, Boyce and McEwen, 2009.

7 See, for example, Fang et al., 2015; Fry and Blight, 2016; National Scientific Council on the Developing Child, 2010; Schweinhart et al., 2005; Walker et al., 2011a.

8 For example, experiencing abuse as a child can increase a girl's risk of future adolescent pregnancy by 31 per cent to 48 per cent (Pallitto and Murillo, 2008). In addition, longitudinal studies in the United States found that vulnerable children who did not participate in quality ECD programmes had increased rates of teen pregnancy compared to children who did participate (Campbell et al., 2002).

9 The early experience of safety and trust with the child's caregiver sets the foundation for future relationships in life, thus emphasizing the detrimental consequences that may occur if the parent-child bond is deficient (Morgan et al., 2014). The early parent-child relationship can also affect the child's future parenting practices. Evidence has been found for intergenerational transmission of parental monitoring, harsh discipline, angry and aggressive behaviour, and more (Bailey et al., 2009; Belsky et al., 2009; Conger et al., 2003).

10 See, for example, Gertler et al., 2014; Hoddinott et al., 2008; Schweinhart et al., 2005

11 See, for example, Fry and Blight, 2016; Gertler et al., 2014; Heckman, 2011; Hoddinott et al., 2008; Schweinhart et al., 2005.

12 For discussions on how ECD investments can reduce inequalities, see Campbell et al., 2014; Heckman, 2011; Nores and Barnett, 2010; Irwin, Siddiqi and Hertzman, 2007.

13 Children who experience early toxic stress and neglect may develop a sense of hopelessness about their future and a heightened need for belonging, which, when combined with a subsequent lack of livelihood opportunities later on, could make them fertile for persuasion to join violent or criminal groups (Connolly and Healy, 2004a; Connolly, Hayden and Levin, 2007, p. 97; Staub, 2011, pp. 208–238).

14 See, for example, Reynolds et al. 2007; Schweinhart et al., 2005; Walker et al., 2011a.

15 For example, children who experienced maltreatment or witnessed domestic violence are more likely to engage in delinquent behaviour in adolescence, commit violent crimes in adulthood, and/or abuse their future family, compared to children who did not experience early family violence (Fehringer and Hindin, 2009; Maxfield and Widom, 1996; Osofsky, 1999; Pears and Capaldi, 2001; Stith et al., 2000; Widom, 1989).

16 See, for example, Campbell et al., 2014; Nores and Barnett, 2010,

17 Early toxic stress that disrupts parent-child bonding may impair the development of trust. There is evidence that unhealthy parent-child bonding may alter the child's oxytocin and vasopressin neuropeptide system, which is responsible for interpersonal behaviours such as trust, cooperation, and empathy (Britto et al., 2014; Morgan et al., 2014). In addition, if children experience structural violence, civil unrest, and are socialized among a culture of violence and hostility, they may develop a pessimistic perception of life and an untrusting view of society, which can dismantle cohesion among communities (Comer 1989; Staub 2003; Wilkinson, 1996).

18 For a discussion on the many risk factors that can contribute to the intergenerational transmission of poverty, see Bird, 2007.

19 See, for example, Fang et al., 2012. For a discussion on how ECD investments can reduce such expenditures, see Reynolds et al., 2011.

20 For information on suicide rates, see Dube et al., 2001.

2.2.1.

Individual risks that may result from early childhood adversities (evidence supporting Figure 2.2)

Toxic stress in utero or in early childhood refers to a situation in which a child is not protected from harm or does not receive adequate care from the caregiver, and thus experiences harsh and prolonged stress (see the first type of adversity listed in Figure 2.2). This stress can occur at the macro level, referring to stressors in the child's environment (e.g., violent conflict); systematic and structural stressors (e.g., marginalization, poverty); or community and cultural stressors (e.g., norms of violence) (UNICEF, 2017). Toxic stress can also affect children at the family level, for example, through domestic violence or child maltreatment (for a review on the causes of early adversities at various ecological levels, see Figure 2.1). The causes of toxic stress vary given that the context is different for each child. For example, some children may have adequate external settings, but experience abuse at home, while others may have loving parents, but are subject to societal marginalization or are forced to flee their homeland. In all cases, the child experiences toxic stress that can severely affect his or her mental and physical development. Given that family violence may increase when external stressors increase (reviewed in Punamäki, 2014), many children around the world are at risk of experiencing toxic stress both within and outside the home.

Toxic stress increases stress hormones early in life, which can physiologically alter the neuronal structure and functioning of the developing brain, notably in brain regions responsible for responding to threats and stress (amygdala and hippocampus) and in regions responsible for emotion regulation, rational decision making, and self-control (prefrontal cortex) (National Scientific Council on the Developing Child, 2010; Shonkoff et al., 2012). This altered brain development can lead to weaker *top-down control* over the stress-response system (i.e., less control over one's own emotions, reactions, and impulses), which can result in increased anxiety, fear, hostility, aggression, and impulsiveness, and decreased social empathy and trust throughout the lifespan (reviewed in Morgan et al., 2014). This can make the individual more likely to respond to stress with impulsivity and aggression, potentially affecting how he/she interacts and builds relationships with others in adulthood.

Toxic stress that affects the parent-child bond has additional consequences for long-term social development, as this early bond sets the child's foundation for experiences of trust (see the second type of adversity listed in Figure 2.2). Disrupted parent-child bonding (lack of responsive caregiving) can have severe consequences not only for how the child responds to stress, but also for his or her capacity for developing healthy relationships in adulthood. An infant's bond with his or her caregiver sets the foundation for all future relationships, as the quality of the early parent-child bond affects the regulation of certain neuropeptides (oxytocin and vasopressin) that are thought to be responsible for prosocial behaviour, empathy and social bonding in later years

(Carter and Porges, 2014; Feldman et al., 2013; van IJzendoorn and Bakermans-Kranenburg, 2014). Evidence from animal studies suggests that early psychosocial stress may be associated with epigenetic modifications influencing gene expression of the oxytocin system, which can affect caregiving of future offspring and social bonding (Kundakovic and Champagne, 2015).

Early adversity and disrupted parent-child bonding may produce epigenetic alterations in the child's genetic coding that can carry through to future generations (Essex et al., 2013; Mehta et al., 2013; O'Donnell et al., 2018). It is hypothesized that the presence of prolonged stress hormones may signal a high-risk, stressful environment, which in turn may trigger the epigenetic alterations necessary to increase survival in such harsh environments (see Morgan et al., 2014). Certain biological processes, such as hypersensitivity to stress and heightened immune response, can be evolutionarily adaptive for high-risk environments because they can better prepare the body and mind for future struggles that likely occur in resource-scarce or violent contexts (Morgan et al., 2014, p. 108). However, the presence of these stress-induced adaptations in millions of traumatized individuals across the world may result in cycles of violence and adversity for generations, unless children are protected from toxic stress early on (for details on the epigenetic effects of toxic stress in childhood, see Keverne, 2014, and Morgan et al., 2014).

where children often recreate the violence and fighting they see around them (e.g., South African children were observed playing 'police raid games' and children in Northern Ireland were observed talking about bombs and showing preference for particular paramilitary groups [Connolly, Hayden, and Levin, 2007, p. 16; Connolly and Healy, 2004a; Connolly, Kelly and Smith, 2009]). Moreover, there is clear evidence that children as young as three years old are internalizing the negative attitudes and prejudices of their own sociocultural groups (Bar-Tal and Teichman, 2005; Connolly, Kelly and Smith, 2009). In addition to internalizing norms of violence and prejudice, if children grow up in a community or family that experiences constant hardships and stress, they may also develop low self-worth, a pessimistic perception on life and an untrusting view of a society (Connolly and Healy, 2004b; Wilkinson, 1996). These learned attitudes may further hinder their motivation to become productive law-abiding members of their community, increasing the likelihood that they will engage in risky behaviours such as committing crimes or joining radicalized groups (Comer, 1989).

The presence of these stress-induced adaptations in millions of traumatized individuals across the world may result in cycles of violence and adversity for generations, unless children are protected from toxic stress early on.

In addition to the physiological and epigenetic effects caused by toxic stress, children who experience early adversity are also more likely to develop dysfunctional behavioural patterns that further contribute to cycles of toxic stress and violence. For example, children may adopt unhealthy coping mechanisms from their parents, peers or community members, or they may internalize the cultural norm that it is acceptable to respond to conflict with violence (UNICEF, 2012c, p. 10; Wright and Fagan, 2013). The negative effects of witnessing daily violence are illustrated by observing the play habits of children living in conflict or post-conflict contexts,

The physiological and behavioural effects of early toxic stress compromise the developmental trajectory of children, which can result in long-term detrimental outcomes in adulthood (see the "Long-term risks in adulthood" listed in Figure 2.2). If a child experiences toxic stress early on, they may be more likely to: develop depression, anxiety, post-traumatic stress disorder (PTSD) or externalizing behaviours; rely on external methods for coping with stress such as substance abuse or domestic violence; respond to conflict with impulsivity, aggression or violence; develop unhealthy or harmful social relationships; and achieve lower levels of education and employment due to reduced ability to learn (reviewed in Dawes and van der Merwe, 2014; Masten, 2014; UNICEF, 2012c). Children who experience early toxic stress are also more likely to develop metabolic symptoms and diseases in adulthood (UNICEF, 2001, p. 20), given that increased stress weakens the immune system (Shonkoff, Boyce, and

McEwen, 2009). In addition, experiencing toxic stress such as child maltreatment may increase the likelihood of future adolescent pregnancy (Pallitto and Murillo, 2008), which can cause a cascade of additional negative consequences for mother and child (WHO, 2016).

Malnutrition in utero or early childhood can hinder mental and physical development by affecting body composition, growth, metabolic programming of cells and neuronal growth and functioning in the brain (Roseboom, de Rooij and Painter, 2006; UNICEF, 2001) (see the third and fourth adversities listed in Figure 2.2). These early developmental effects can lead to impaired cognitive functioning, damaged immunity, poor work capacity and increased risk for a range of diseases, which in turn can influence the individual's educational achievement and capacity for employment in adulthood (UNICEF, 2001). Malnutrition may also have negative effects on mental health, as one study found that exposure to prenatal famine was associated with neurodevelopmental schizophrenia and related personality disorders (Hoek et. al., 1998). Early malnutrition and poor health at birth can also have negative intergenerational effects on growth, metabolism and development for the next generation (Martorell and Zongrone, 2012), including epigenetic alterations (Heijmans et al., 2008). Malnourished children are also more likely to simultaneously experience a range of other adversities causing further toxic stress, which can lead to additional developmental effects that could have significant consequences throughout the lifespan.

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Due to the physiological, behavioural and intergenerational epigenetic effects of early adversities in childhood, cycles of adversities may continue for generations to come. As discussed, there is evidence to suggest that toxic stress, disrupted parent-child bonding, malnutrition or poor health early in childhood may produce epigenetic alterations in development that can be passed on to the individual's offspring when they have children of their own (e.g., Essex et al., 2013; Heijmans et al., 2008; Mehta et al., 2013). The second generation is then at high risk of experiencing similar adversities as their parents, which may continue the cycle yet again. This is why intervening early in life is crucial to halt these negative patterns. Given that early experiences shape how young children perceive the world, children who learn dysfunctional behaviours and attitudes early on are more likely to recreate this toxic environment when raising their own children in the future. This has been demonstrated with cycles of domestic violence (Bartlett et al., 2017; Fehringer and Hindin, 2009; Pears and Capaldi, 2001; Markowitz, 2001) and gang membership in the U.S. (Augustyn, Ward, and Krohn, 2017), as well as when young children adopt early prejudicial attitudes of other groups (Connolly, 2003; Connolly and Healy, 2004a).

Another factor contributing to continuing cycles of adversities that is often overlooked is the role of adolescent and unintended pregnancies. Not only do adolescent and unintended pregnancies increase risks of maternal and child mortality and health issues (Ganchimeg et al., 2014; WHO, 2016), such pregnancies can also have various social and economic consequences for the mother and child due their association with a host of other risk factors (United Nations Educational, Scientific, and Cultural Organization, 2017). For example, studies in the United States and Brazil have found that unintended pregnancies are more likely to occur among young, low-income, minority race/ethnicity, unmarried and low educated women (Guttmacher Institute, 2012; Theme-Filha et al., 2016). Unintended pregnancies have also been associated with harmful substance consumption and poor nutrition during pregnancy; delayed prenatal care; lower rates or shorter durations of breastfeeding; premature birth; low

birth weight; and infant abuse (Chinebuah and Pérez-Escamilla, 2001; Dye et al., 1997; Gipson et al., 2008, pp. 30-34). Studies have found that women with unintended pregnancies were more likely to experience depression and other mental health issues, unstable family relationships, physical and emotional abuse, and suicide (Yazdkhast et al., 2015), all of which increase risk factors that can impair their child's development. Supporting this evidence, studies in Australia and the United States have shown that unwanted children were more likely to experience mental and physical health issues, higher dropout rates in school, and more delinquent behaviour in early adolescence (Hayatbakhsh et al., 2011; Logan et al., 2007).

Every year, an estimated 39.6 million women in low- and middle-income countries give birth from unintended pregnancies (Bearak et al., 2018). In addition, 7.3 million adolescent girls in these regions give birth each year (United Nations Population Fund, 2017). There is also evidence of intergenerational transmission of adolescent pregnancies, as studies have shown that children of adolescent parents were more likely to become adolescent parents themselves later in life (Meade, Kershaw and Ickovics, 2008; Sipsma et al., 2010). With this many women and youth at risk, it is important for vulnerable youth to develop the skills and competencies necessary to properly care for their future children.[3]

2.2.2. Social and economic risks that may result from lack of ECD services (evidence supporting Figure 2.2)

Given the detrimental effects of early adversities and living among norms of violence, the lack of quality ECD services for millions of at-risk children today may exacerbate social and economic risks for society and hinder efforts for sustainable peace and development (see "Group level effects" and "Intergenerational effects" in Figure 2.2). As numerous longitudinal studies have shown over the years, early childhood adversities can lead to a cascade of negative outcomes, including hindering educational and employment achievement (see Section 4.1.2. for literature details). These effects may result in **reduced employability and reduced household income** in adulthood[4]. Randomised control studies in the United States, Guatemala, and Jamaica have found that vulnerable children who did not participate in ECD programmes earned significantly lower wages (as much as 46 per cent less) than children who did participate in such programmes (Hoddinott et al., 2008; Schweinhart et al., 2005; Gertler et al., 2014). Based on these empirical studies, the reasoning follows that if millions of vulnerable children are not provided with quality ECD services (therefore increasing their likelihood of unstable employment and reduced income in adulthood), these negative effects may have the potential to **reduce the gross national income** (for a report estimating the billions of dollars that could be added to the gross domestic product if Australia invested in quality ECD programmes, see PwC, 2014). In addition to reducing individual salaries, lack of ECD services for vulnerable children could also result in **higher government expenditure** in programmes that attempt to course-correct for early adversity effects later in the life span, including increased spending in health care, education, public aid, child protective services and the criminal justice system (for a discussion on how ECD investments can reduce such expenditures, see Reynolds et al., 2011). The costs of harmful effects on young children can be surprisingly substantial. For instance, a recent analysis found that the cumulative negative effects of violence on children within the Asia and Pacific region alone results in annual loss of hundreds of billions of dollars, which is about 2 per cent of the gross domestic product in this region (Fry and Blight, 2016).

If children from systematically disadvantaged groups are disproportionally affected by early adversities, this could further **increase inequality** gaps among groups, as vulnerable children are left behind and develop on a negative trajectory further away from their counterparts (for discussions on how ECD investments can reduce inequalities across low-, middle-, and high-income countries, see Campbell et al., 2014; Heckman, 2011; Nores and Barnett, 2010; Irwin, Siddiqi and Herzman, 2007; Walker et al., 2011b). Reduced education and employment opportunities for

3 Involving or employing youth in ECD services may be one pathway towards achieving these goals, as exposing youth to child development processes, positive interactions with children, and opportunities to enhance youth's executive functioning and social and emotional skills may positively affect their prospective parenting practices (Ponguta et al., 2018a).

4 Note that there have not been any longitudinal studies (to the authors' knowledge) that explore these outcomes in conflict-affected or fragile contexts, likely due to the difficult nature of conducting such studies among these contexts.

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vulnerable children may also contribute to continuing **intergenerational cycles of poverty and adversities**, considering the many risk factors that contribute to the intergenerational transmission of poverty (Bird, 2007). In line with this, education (e.g., Huang, 2013) and income levels of parents have been shown to predict those of their children (e.g., Australia: Hérault and Kalb, 2016; Ethiopia: Haile, 2016; Spain: Cervini-Plá, 2015; South Korea: Nam, 2018), although there are cross-country variations depending on the family's income level and social bracket (Bratsberg et al., 2007).

Experiencing early childhood adversities has also been associated with increased crime and intergenerational cycles of violence. For example, studies in the United States and Jamaica have found that low-income, disadvantaged children who did not participate in quality ECD programmes were significantly more likely to be arrested, convicted of **violent crimes**, or commit violent acts in late adolescence and adulthood compared to children who did participate (Reynolds et al., 2007; Schweinhart et al., 2005; Walker et al., 2011a). As discussed earlier, witnessing daily violence can influence children to adopt these norms and recreate the violence and fighting they see around them (e.g., Connolly, Hayden, and Levin, 2007, p. 16). Considering the evidence showing that individuals who are affected by violence in childhood have an increased risk for committing criminal or violent acts in adolescence and adulthood (e.g., Widom, 1989; Osofsky, 1999), lack of ECD services may contribute to continuing **intergenerational cycles of violence**. Supporting this notion, it was found that children who experienced maltreatment or witnessed domestic violence in childhood were more likely to engage in delinquent behaviour, commit violent crimes, or abuse their future family in adulthood, when compared to children who did not experience early family violence (Fehringer and Hindin, 2009; Maxfield and Widom, 1996; Stith et al., 2000; Pears and Capaldi, 2001).

Children and families who experience marginalization, inequalities or social exclusion may develop a sense of devaluation and pessimistic outlook that can lead to low expectations about one's future, negative attitudes about self and others, and even antisocial or self-destructive behaviour. Without hope in one's future or trust in society, individuals may engage in high-risk behaviours such as crime, family deprivation or marginalization, gang membership or welfare dependency, all of which jeopardize an individual's capacity to be a productive member of society and provide his or her children with an optimal family environment (Comer 1989, p. 121; Wilkinson, 1996, p. 225). Increased hostility and **disintegration of trust** between individuals and groups can further **corrode social relationships** (e.g., Staub, 2011, pp. 208-221). In addition to these factors, children who experience early toxic stress and neglect may also become unstable with a heightened need for belonging, which, when combined with a subsequent lack of livelihood opportunities later on, could make them fertile for persuasion to join **violent or criminal groups** (Connolly and Healy, 2004a; Connolly, Hayden and Levin, 2007, p. 97; Staub, 2011, pp. 208–238). Combined with systematic risk factors such as inequality and reduced opportunities for early learning and later employment, youth marginalization and persuasion into violent or criminal groups can become a risk factor for violent conflict (O'Neil and van Broekhoven, 2018; United Nations and World Bank, 2017, p. 17).[5]

5 It is important to acknowledge the limitations of applying the hypothesized group-level effects listed in Section 2.2.2. to all contexts. To the authors' knowledge, there have not been any longitudinal ECD studies in conflict-affected or fragile regions that have investigated the effects of quality ECD programmes on adulthood outcomes, likely due to the difficulties of conducting these studies in such contexts. Most high-quality experimental studies occur in more stabilized, non-conflict regions, usually among low-income, marginalized participants. This poses a difficult comparison when attempting to apply these findings to other contexts. Nevertheless, the combination of strong longitudinal studies from low-income, marginalized participants in stabilized countries, plus the quality short-term studies conducted in conflict-affected or fragile regions, allows us to develop well-educated hypotheses predicting what is likely to happen if millions of young vulnerable children across the world (regardless of context) do not receive the nurturing care they deserve.

Social and economic risks caused by large-scale impacts of early childhood adversities would present a threat to sustaining peace (Early Childhood Peace Consortium, 2017). Not only can these effects destabilize national and local systems and contribute to violent conflict risks, but they can also become causes of childhood adversities for future generations.

studies on the intergenerational transmission of poor health and malnutrition, see Heijmans et al., 2008; Martorell and Zongrone, 2012; Ramakrishnan et al., 1999; for studies on the intergenerational transmission of poverty, see Bird, 2007). As illustrated in Figure 2.2, lack of quality ECD services for vulnerable children could hinder achievement of the SDGs for 2030

As illustrated in Figure 2.2, lack of quality ECD services for vulnerable children could hinder achievement of the SDGs for 2030 and beyond.

Without quality ECD services to protect children against these harmful experiences and norms, cycles of violence and adversities may continue to exert a toxic influence on future generations (for studies on the intergenerational transmission of violence and harmful behaviours, see Fehringer and Hindin, 2009; Maxfield and Widom, 1996; Stith et al., 2000; Pears and Capaldi, 2001; Wright and Fagan, 2013; for

and beyond. Governments of fragile, conflict-affected, and low and middle-income countries who lack the institutional leadership to reduce structural violence and provide conflict-sensitive ECD social services miss out on vital opportunities to leverage ECD interventions for contributing to the mitigation of conflict risk factors and to the promotion of sustainable peace and development (Ang and Oliver, 2016).

CHAPTER 3.

The ‘Peacebuilding through ECD’ theory of change

Introduction

Just as there are macro- and micro-level risk factors, there are also multiple levels through which ECD services can promote protective factors that can contribute to sustainable development and peace. In addition to the *long-term* benefits of investing in young children, multi-level ECD services can also contribute to reducing risks of violent conflict in the *short term*, considering that these comprehensive social services can reach multiple ecological levels to build peace-relevant competencies in caregivers, communities and institutions. Figure 3.1 seeks to explain this with the hypothesized 'Peacebuilding through ECD' theory of change, which shows how multi-level ECD services can be leveraged to contribute to reducing risks of violent conflict and contributing to the SDGs by improving social and economic outcomes in communities and nations. Note that the conceptual model in Figure 3.1 includes similar components as the theory of change recently put forth by Ponguta et al. (2018b), which outlines the overarching inputs, activities, outputs and outcomes involved in creating ECD programmes that are relevant to the peacebuilding agenda.

For the sake of simplicity, Chapter 3 provides a conceptual explanation of the hypothesized links in the theory of change in Figure 3.1, while Chapter 4 presents the supporting evidence in detail.

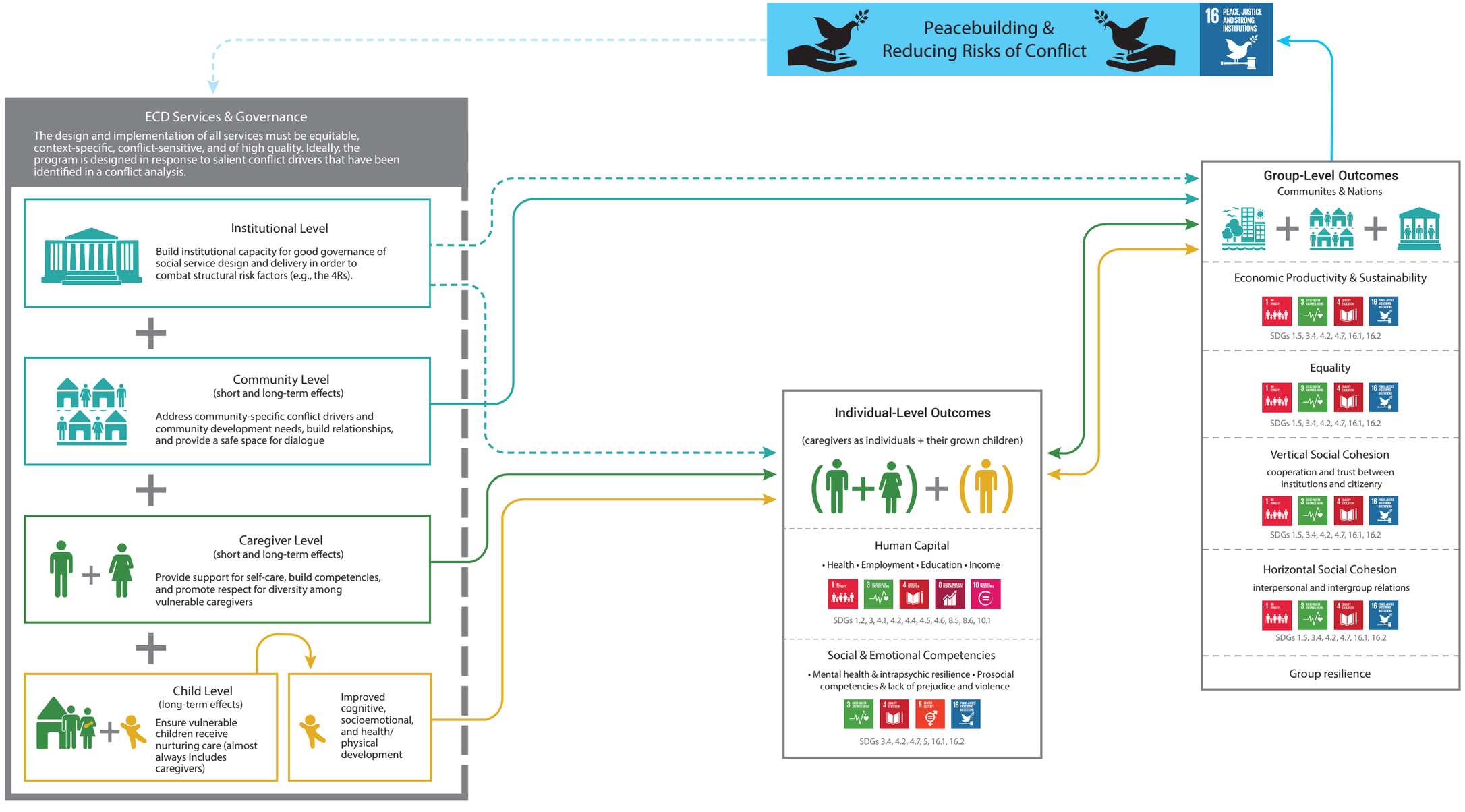
3.1. Targets of ECD services

All types of ECD services center around providing nurturing care for vulnerable young children. In addition, ECD services can also be strategically designed to build competencies in the caregivers and address conflict drivers in the community (see Figure 3.1). Targeting multiple ecological levels can further support child development as well as contribute to reducing risks of conflict in the short and long term, as long as good governance is developed at the community, regional and national governance levels with the purpose of reducing structural violence. In the theory of change in Figure 3.1, targets of ECD services at the *child level* refer to the parts of the programme that primarily aim to provide nurturing care for vulnerable children, which may or may not involve the caregiver. Given the importance of caregivers in providing nurturing care, however, caregivers often play a supportive role in ECD services targeted at the child level (for example, programmes that increase breastfeeding rates involve the caregiver, but ultimately aim to benefit the child's life course rather than the caregiver's). This differs slightly from targets of ECD services at the *caregiver level*, which are components that address the caregivers' specific needs or benefits their personal development. The caregiver-level component of the programme may not even involve the child (for example, services that build income-generating skills in caregivers aim to increase economic productivity of the caregiver and do not involve the child). Nevertheless, these ECD services still greatly benefit the child, given the strong influence of caregivers' mental and physical health, resources and competencies on the development of their children (e.g., Bird, 2007; Wachs, Black and Engle, 2009). Targets of ECD services at the *community level* benefit the community (in addition to benefitting the children and caregivers) with the aim of mitigating conflict drivers or addressing community stressors and development needs (for example, improving intergroup relations by bringing together diverse families, or building a community programme for economic growth). Depending on the context, multi-level ECD services can be implemented before conflict, during conflict, or in post-conflict settings, as preventative or treatment programmes (for a review of these terms, see the glossary or Chapter 1).

In addition to targeting the child, family and community levels, efforts must also be focused at the institution level, which includes administrative guidance for conflict-sensitive governance and administration of social services, with the long-term goal of reducing structural violence (see Figure 3.1). Without fair administration of social services, ECD services may be disseminated inequitably or in ways that are insensitive to conflict. Low-quality services may actually do more harm than good – for example, by exacerbating inequalities or other community conflict drivers. This underscores the importance of good governance of social service design and delivery (United Nations and World Bank, 2017, p. 22). Institutional frameworks such as the 4Rs framework offer opportunities for mitigating structural violence, while simultaneously allowing for the development of capacities at all levels to increase human capital and foster non-violent relationships among individuals and groups. Without fostering conflict-sensitive policies and governance capacities at the institution level, the effectiveness of multi-level ECD services will be hampered as a result of continued structural violence and conflict risk factors (Ang and Oliver, 2016).

FIGURE 3.1.
Theoretical framework for building institutional capacities to design and implement quality multi-level ECD services that can contribute to sustainable peace and development

Note: For details on the literature supporting this framework, see Chapter 4 of this paper. There are three hypothesized interrelated pathways through which multi-level ECD services can contribute to group-level outcomes that are relevant to reducing risks of violent conflict. Pathway (a) improves individual competencies of children and caregivers, which may lead to group-level changes if many individuals are affected. Pathway (b) addresses community conflict drivers and stressors, which can directly contribute to group-level outcomes. Pathway (c) involves governmental policies and institutional leadership that can contribute to reducing macro-level structural violence such as marginalization, poverty and intergroup inequalities, which in turn can reduce stressors and provide equitable opportunities for social and economic development among vulnerable children, families, communities and nations.



3.2. Individual-level outcomes of ECD services

Investing in early childhood is a cost-effective strategy for increasing human capital and social and emotional competencies for vulnerable populations (Heckman, 2006, 2011). For example, children who participated in quality ECD programmes in the United States were found to have improved health, higher levels of education and employment, higher income, reduced anxiety and depression symptoms, improved family relations, and reduced antisocial and violent behaviours in adulthood, compared to their counterparts who did not participate (Reynolds et al., 2007; Schweinhart et al., 2005). It has been suggested that intervening early in childhood has the potential to disrupt cycles of adversity and violence, as early experiences can alter the neuronal architecture of gene expression involved with reacting to stress and forming relationships in adulthood (Keverne, 2014; Shonkoff et al., 2012), as well as increase intrapsychic resilience and hope in vulnerable children in low- and middle-income countries (Bhana and Bachoo, 2011; Masten, 2014; Tol, Song and Jordans, 2013, p. 457). Early experiences also influence how individuals will raise their own children in the future, thus demonstrating the power of ECD services for creating sustainable cycles of peace (reviewed in Leckman, Panter-Brick and Salah, 2014).

In addition to these long-term social and economic investment returns at the child level, ECD services aiming to build competencies in vulnerable caregivers can contribute to increasing human capital in the short term, as well. Although more research is needed on ECD services that specifically address caregivers' needs, several studies have found that participation in ECD services that also included caregiver-focused components was associated with improved mental health, family relationships, education, and employment, and reduced violent behaviours among vulnerable caregivers who participated (e.g., Benasich, Brooks-Gunn and Clewell, 1992; Kagitcibasi, Sunar and Berkman, 2001, p. 352; Shonkoff, 2012). Developing individual competencies in caregivers will not only help improve their child's developmental trajectory, but can also help increase human and social capital among caregivers. Given that poverty, inequalities, low education attainment, and poor economic and employment opportunities all contribute to risks of conflict and violence (e.g., Stewart, 2002), ECD services that immediately address these risk factors for caregivers may have the potential to contribute to sustainable development and peace in both the short and long term.

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3.3. Group-level outcomes of ECD services that can contribute to sustainable peace and development

With strategic implementation, multi-level ECD services have the potential to contribute to group-level outcomes that can reduce risks of violent conflict and promote sustainable peace and development. As demonstrated in Figure 3.1, the three pathways by which ECD services can contribute to macro-level outcomes relevant to peacebuilding and the SDGs are:

- **Pathway (a):** Increasing human capital and social and emotional competencies of vulnerable children and caregivers may lead to group-level changes if many individuals are affected. This pathway relies on the model of behaviour change in which massive numbers at the individual level may produce large-scale impacts at the societal level. Therefore, group-level effects can only occur if multi-level ECD services are implemented by institutions on a large scale. (For example, if 100,000 individuals increase their income by 5 per cent as a result of multi-level ECD services, this could equate to a large increase in economic productivity at the group-level.)
- **Pathway (b):** Multi-level ECD services that also address community stressors and conflict drivers can contribute to reducing risks of violent conflict within the community or region.
- **Pathway (c):** Good governance and institutional leadership can contribute to reducing structural violence such as marginalization, poverty and intergroup inequalities, which in turn, can reduce stressors and provide equitable opportunities for social and economic development among vulnerable children, families, communities and nations.

The subsections that follow describe how multi-level ECD services can contribute to economic productivity and sustainability, equality, vertical and horizontal social cohesion, and resilience, and also explains how each of these group-level outcomes can reduce risks of violent conflict (see "Group-Level Outcomes" in Figure 3.1).

3.3.1. Economic productivity and sustainability

Multi-level ECD services can help elevate economic productivity and sustainability in communities by increasing human capital of children and caregivers, providing economic opportunities among communities, and establishing good governance practices and leadership that aim to reduce structural violence and provide economic opportunities for constituents. Economic productivity at the individual and national levels, although insufficient on its own, is crucial for the prevention of violence (United Nations and World Bank, 2017, p. 3; Stewart, 2002; 2011). Societies with higher income and higher income equality are significantly less likely to experience violent conflict (IEP, 2015). ECD services can be leveraged to support economic productivity by enabling numerous individuals (children, who are future workers, and their caregivers) to increase their household wages and also by reducing societal costs such as health care and public aid, especially among vulnerable populations (see Chapter 4 for supporting literature). ECD services can also contribute to *economic sustainability* (defined here as intergenerational cycles of financial stability) by helping break cycles of poverty among families. Strategic investments to increase human capital in children and caregivers have the potential to contribute to intergenerational social mobility, competitiveness and sustainable economic productivity, as prosperity is carried over from generation to generation. In addition, strategically designed ECD services can provide economic opportunities among communities even beyond the participating families – for example, by staffing the ECD centers and programmes with local community members from vulnerable populations who may not have many economic opportunities otherwise. It is crucial to note that efforts towards increasing economic productivity and sustainability among communities and nations cannot materialize unless governing institutions establish policies and services through a social justice lens and provide accessible economic opportunities and programmes for constituents on a large scale.

3.3.2. Equality

Equitable and inclusive ECD services can increase human capital in vulnerable children and caregivers who are left behind, thus helping narrow inequality gaps in health, education and income among groups (Engle et al., 2011; Irwin, Siddiqi and Hertzman, 2007; Heckman, 2011). Intergroup equalities are integral to reducing risks of violent conflict (Stewart, 2002; 2011). For example, recent analyses found that after controlling for a variety of other risk factors, the risk of violent conflict doubles in regions with high levels of education inequality among groups, and the likelihood of conflict is reduced by 37 per cent in regions with higher educational equality among genders (FHI 360 Policy and Data Center, 2015). As discussed, it is vital that governments deliver social services throughout the lifespan that are aligned with a social justice framework (such as the 4Rs) in order to stop discrimination and marginalization that can prevent individuals from securing a safe livelihood, adequate health care, quality education or a well-paying job.

3.3.3. Vertical social cohesion

Administering valuable social services can contribute to vertical social cohesion through building a sense of trust and cooperation among governing institutions and their constituents (United Nations and World Bank, 2017; McCandless, 2012). Without this trust, disasters and adversity can worsen.[6] Given that many societies experiencing crises live among fragile government systems who lack the commitment or ability to disseminate quality social services in an effective, equitable and transparent manner (McCandless, 2012), it will take time to rebuild trust with constituents. Administering ECD social services through a social justice lens, and involving community members in the design and delivery of such services, can show constituents that governing institutions care for their well-being. This cooperation process can contribute to rebuilding the much-needed trust and relationships among institutions and constituents (United Nations and World Bank, 2017). Empowering community members and local committees with the capacities to create local change can not only help strengthen vertical social cohesion, but it may actually be a more sustainable approach to addressing and alleviating community conflict drivers (United Nations and World Bank, 2017, p. 26) because community members can ensure the services are relevant, culturally appropriate and sustainable (Connolly, Hayden and Levin, 2007, p. 49). Although several international institutions have discussed how social services in general can contribute to building communal trust in institutions (e.g., McCandless, 2012), more research is needed to fully understand how ECD services in particular can contribute to enhancing vertical social cohesion.

3.3.4. Horizontal social cohesion

As a unifying concept, horizontal social cohesion consists of several domains including trust, community engagement, strong social relations, support, and inclusion between individuals and among differing groups (Pham and Vinck, 2017). Analyses have shown that societies with higher levels of social cohesion are less likely to experience violence (United Nations and World Bank, 2017, p. 14). Multi-level ECD services can help build competencies required for social cohesion at all levels of the human ecology, including intrapsychic well-being and individual social and emotional competencies; healthy interpersonal relationships; intergroup cohesion; and institutional competencies for minimizing structural violence (demonstrated in Figure 3.2). Institutional competencies are critical for reducing risks of violent conflict because even if social cohesion is high, interpersonal and intergroup trust can quickly deteriorate if structural violence such as inequality, exclusion, or marginalization is experienced.

Figure 3.2 expands on the social cohesion section of the theory of change from Figure 3.1, as it demonstrates how multi-level ECD services can contribute to each component of social cohesion across all layers of society. The four subsections that follow describe the mechanisms behind the contribution of ECD services to strengthening social cohesion.

6 For example, during the 2014 Ebola crisis, many local community members did not trust the authorities, which reduced the effectiveness of the emergency plan and resulted in increased Ebola outbreaks (Santos and Novelli, 2016; Kalra et al., 2014). Compare this to the situations in places like Sierra Leone, where the responsibility for Ebola eradication was given to locally trusted institutions and resulted in significantly less social resistance and saved lives (Wilkinson and Fairhead, 2017).

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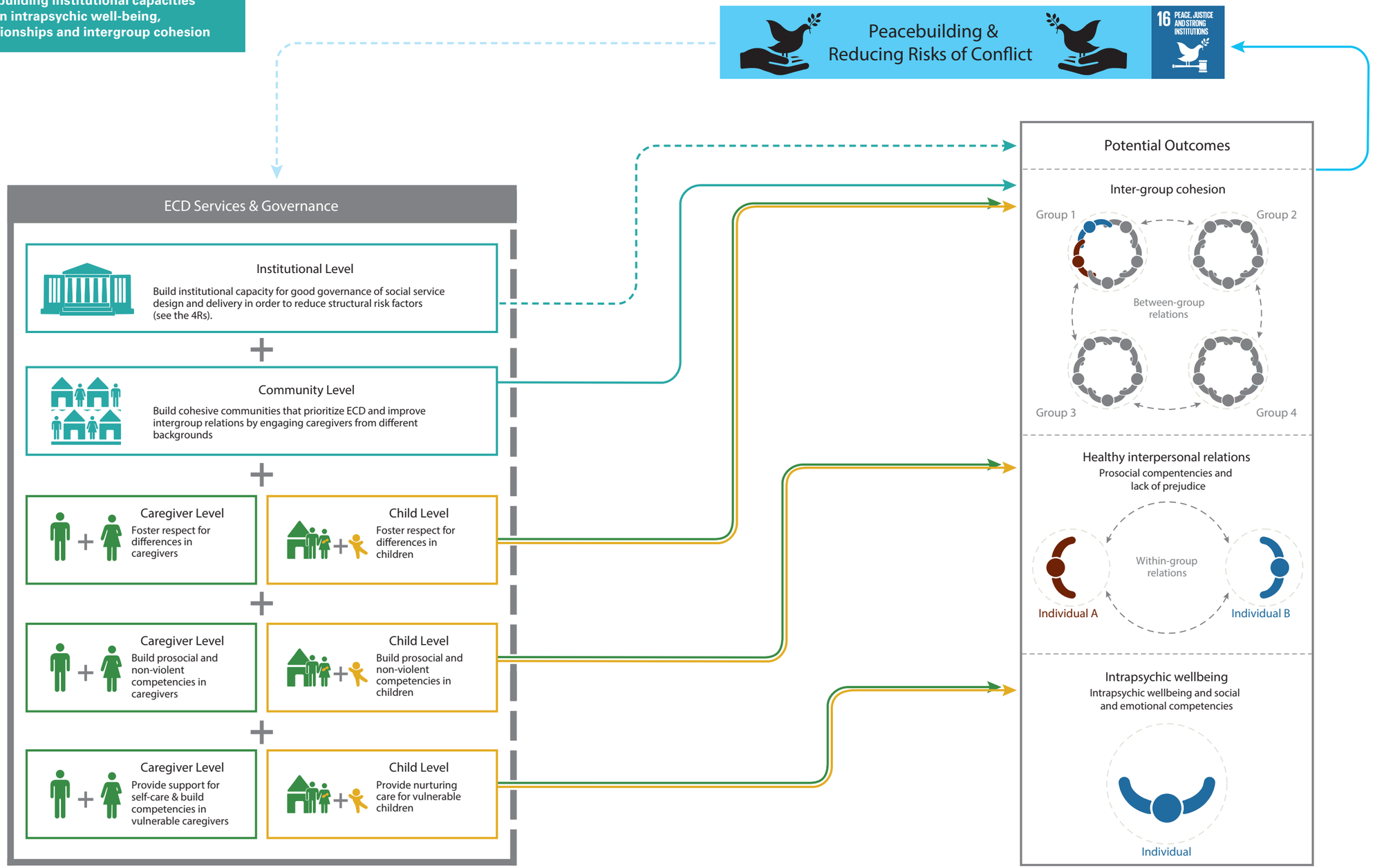
FIGURE 3.2.
Multi-level ECD services can contribute to social cohesion through building institutional capacities that can strengthen intrapsychic well-being, interpersonal relationships and intergroup cohesion

Note: This Figure expands on the social cohesion section of the theory of change from Figure 3.1.



Intrapsychic well-being and social and emotional competencies in children and caregivers (see Figure 3.2)

The ability to respond to stress constructively, self-regulate one's own emotional responses and co-regulate appropriate behaviour during social interactions are important competencies for interpersonal relations (Shanker, 2010) that have been associated with higher quality relationships in adults (e.g., Lopes, Salovey and Straus, 2003; Schutte et al., 2001). In addition, studies have found an inverse relation between mental disorders and measures of social cohesion, suggesting that improving individuals' mental health and well-being may contribute to increasing social cohesion (De Silva et al., 2005). By helping foster intrapsychic well-being and social and emotional competencies in children and caregivers, ECD services have the potential to contribute to the development of harmonious, non-violent relationships and intergroup cohesion (see the conceptual model in Figure 3.2).

Evidence from neuroscience and epigenetics research suggests that children who are protected from toxic stress and who have a strong early bond with their caregiver may be more likely to have improved social functioning, self-regulation and resilience to stress later in life (Morgan et al., 2014). ECD services that also focus on building competencies in vulnerable caregivers can help improve the caregiver's mental health and well-being. Having a mentally healthy, resilient caregiver can further support the child's development of intrapsychic well-being, resilience and social and emotional competencies (e.g., Rahman, et al., 2013), as the child receives nurturing care and has a positive role model for building healthy relationships in the future (Shonkoff, 2012; UNICEF, 2012c) (for supporting literature showing how ECD programmes can improve mental health and social and emotional outcomes in children and caregivers, see Sections 4.1 and 4.2).

Healthy interpersonal relations and lack of violence (see Figure 3.2)

ECD services can contribute to improving interpersonal relations by building prosocial competencies (empathy, trust, respect and compassion) and reducing the likelihood of violence among vulnerable children and caregivers. The early parent-child bond sets the foundation for all future relationships, given that the quality of this bond affects the regulation of certain neuropeptides (oxytocin and vasopressin) that are thought to be responsible for prosocial behaviour, empathy and bonding in later years (e.g., van IJzendoorn and Bakermans-Kranenburg, 2014). In addition, a child's first experiences of relationships (both participating in and observing family relationships) sets the behavioural precedent for social norms later in life. For example, if a child consistently experiences domestic violence between his or her parents, the child may internalize the norm that social conflict should be met with anger and violence. This is supported by studies showing that children who experienced or witnessed violence at home were more likely to become aggressive and violent in later years (e.g., Dahlberg and Potter, 2001; Pears and Capaldi, 2001). Fortunately, quality ECD services can significantly influence whether or not children become violent in adulthood. For example, the landmark High/Scope Perry Preschool study in the United States found that vulnerable children who participated in a quality ECD programme were significantly less likely to commit violent crimes and were significantly more likely to "get along very well" with their families at age 40 (Schweinhart et al., 2005). Other longitudinal studies found similar results with respect to reduced violent or antisocial behaviours in adulthood (Reynolds et al., 2007; Gertler et al., 2014; Raine et al., 2003; for details, see Section 4.1.2. and Table 4.1). In addition to reducing negative behaviours, ECD programmes can also promote positive behaviours such as empathy and respect – for example, as in the Roots of Empathy programme where young children learn about empathy in a practical setting by observing babies and their caregivers (Roots of Empathy, 2016; for more studies, see Section 4.1.1.).

Given that ECD services have the unique opportunity to engage closely with caregivers, such services can also help improve interpersonal relations in the short term by targeting caregivers to reduce interpersonal violence, improve family relations, reduce child maltreatment or foster conflict-resolution skills in caregivers. For example, ECD programmes in Albania that focused on training caregivers in nonviolent conflict-resolution helped prevent future blood feuds (revenge murders) in the community (Connolly, Hayden and Levin, 2007, p. 29). In addition, ECD services that promote positive parenting practices have been shown to reduce incidences of

child maltreatment and violence against children (Geeraert et al., 2004; Eckenrode et al., 2000). Considering that domestic violence and child maltreatment may increase during high-stress situations such as violent conflict or famine (reviewed in Punamäki, 2014), targeting caregivers is especially relevant in such contexts.

Intergroup cohesion (see Figure 3.2)

ECD services can contribute to *intergroup cohesion* (harmony among people from different groups) by intentionally instilling norms of respect for differences and intergroup cooperation skills in children and caregivers at the individual level, as well as creating community ECD programmes that bring together families from different backgrounds. The *Intergroup Contact Theory* explains that intergroup relations will improve if group members work cooperatively towards a common goal, have perceived equal status and are supported by institutions and authorities (Pettigrew and Tropp, 2000). Therefore, ECD services that bring together families from different groups to work equally and cooperatively toward the common goal of caring for their children present an opportunity to improve intergroup cohesion both in the short and long term (see Table 4.2 for successful case studies of intergroup ECD services). Intergroup ECD services can foster norms of respecting differences among caregivers, which can affect the way their children perceive and interact with others in the future, given that young children are strongly influenced by the intergroup attitudes of others around them, especially those of their families (Connolly, Kelly and Smith, 2009). In order for respect for differences and pluralistic acceptance to begin at an early age, it is important for children to observe their caregivers forming positive relationships with different identity groups early on. In addition to experiencing these positive social norms among caregivers, it is also possible to create ECD programmes that intentionally encourage respect for differences among children, which can result in improved perceptions of other groups (e.g., see Connolly et al., 2006).

Institutional capacities for strengthening social cohesion by mitigating structural violence and intergroup hostility (see Figure 3.2)

Developing competencies in children and families alone is not sufficient to build social cohesion that can prevent violent conflict, as norms of pluralistic acceptance may be reversed if stressful events cause individuals to feel injustice, exclusion or revenge toward other groups. Therefore, to make a lasting impact on intergroup cohesion, institutions and leaders must support this process (Lederach, 1997; Staub, 2011). This can be achieved through governance policies and institutional leadership that aim to reduce structural violence (especially marginalization, discrimination and inequality) and recognize potential risks of intergroup conflict – in addition to appreciating the importance of ECD. It is also vital that institutions cooperate with community members from all backgrounds and enable them to play an active role in the development of the programmes that will affect them, as this ensures the programmes are relevant and empowers the community to be in control of their future (Connolly, Hayden and Levin, 2007, p. 49).

To ensure that community leadership is conflict-sensitive, individuals and institutions must learn how to mitigate conflict risks in ways that go beyond administering social services. This includes understanding the drivers of conflict and potential triggers of conflict in their specific context, as well as understanding how a leader's positive actions can mitigate risks of violent conflict. Leaders must be aware of how they, the population group they represent, and other groups that are in conflict with their own have been affected by past victimization, violence and trauma, and how to heal from it. They must understand how to use their leverage within their communities to address the hostility and anger within their own population group, and take visible action to 'humanize' other groups in front of their constituents (Staub, 2011, p. 327). To avoid exacerbation of intergroup conflict, it is also important for leaders to model and encourage members of their own group to practice *active bystandership (or positive bystandership)*, meaning they take action when they witness hostile acts or intentions of hostile acts (Staub, 2003b, pp. 291; 2003c, pp. 335). For example, in Côte d'Ivoire, where there is a history of intergroup violence, community leaders welcomed UNICEF's inclusive ECD services (allowing children from all ethnicities to join), thereby resisting community

norms of ethnic prejudice. This ultimately led to strengthening intergroup relationships among caregivers from conflicting ethnic groups (see Case Study 3.1; UNICEF, 2014, p. 7).

Governments and institutions that administer multi-level ECD services need to recognize the benefits of conflict-sensitive community leadership, and how this can be fused with the delivery of ECD services. Working to reduce structural violence and intergroup conflict at the community and national levels by enacting services and policies that are equitable, inclusive, and culturally sensitive, and that reconcile past conflicts and injustices (the 4Rs) will help strengthen vertical and horizontal social cohesion in communities and beyond.

3.3.5. Group resilience

Social cohesion is often considered a key component of community resilience, as the cohesion of a community can provide the means to manage conflict and mitigate stress (UNICEF, 2011). In support of this, a recent study in Haiti found a significant correlation between a community's measures of social cohesion and measures of resilience (Patel and Gleason, 2018). Building community resilience is crucial for effective disaster management and reducing risks of conflict, given that manmade shocks and natural disasters can exacerbate existing societal problems (such as poverty and crime) and increase risks of lapsing or relapsing into conflict (IEP, 2013, p. 13). If multi-level ECD services can be designed to help build risk-preparedness and social cohesion through intergroup social networks, this can help strengthen a community's ability to recover more readily from emergencies as they arise. Although a few case studies have shown promise in this area, more research in needed to understand precisely how ECD services can contribute to group resilience.

3.4. Case studies demonstrating the components of the theory of change

To help demonstrate how multi-level ECD services can contribute to reducing risks of violent conflict, this section presents two case studies, one taking place in Côte d'Ivoire (Case Study 3.1) and the other in Northern Ireland (Case Study 3.2). Both case studies visually depict the same components that are presented in the 'Peacebuilding through ECD' theory of change in Figure 3.1.

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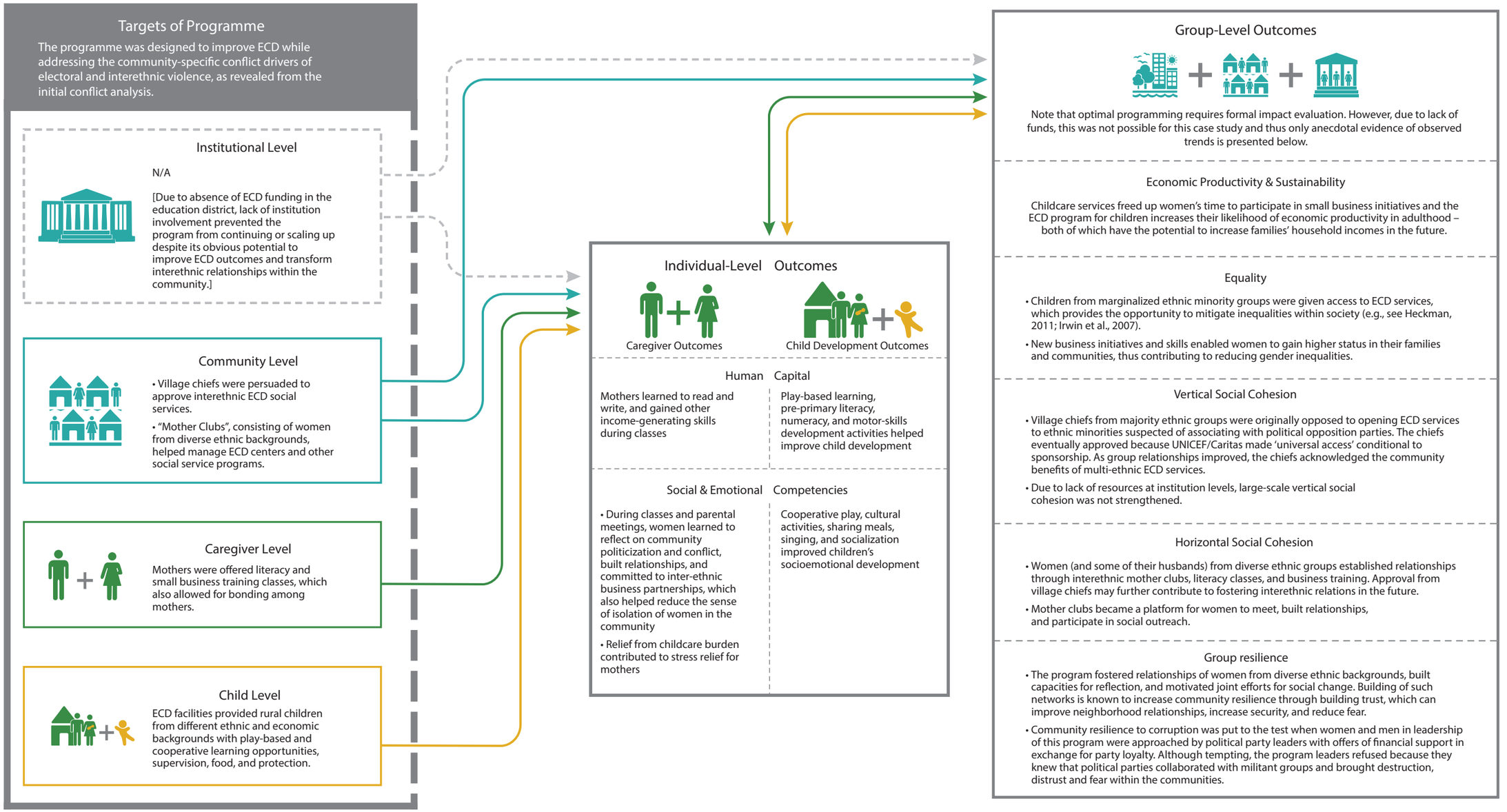
CASE STUDY 3.1.

Côte d'Ivoire: Combining ECD, adult literacy and support to small businesses in rural multi-ethnic communities affected by post-election violence and inter-ethnic conflict

In Côte d'Ivoire, the UNICEF Peacebuilding Education and Advocacy (PBEA) programme created multi-ethnic ECD centers in rural communities affected by post-election violence and interethnic conflict. The programme was designed to improve ECD, promote literacy and income-generating skills among mothers, and address the community conflict drivers of interethnic violence and prejudice. This figure illustrates the targets and outcomes of the programme, and aligns them with the theory of change components in Figure 3.1.



Source: UNICEF, 2014.

CASE STUDY 3.2.
Northern Ireland: The Media Initiative for Children (MIFC)

Early Years – The Organization for Young Children sponsored a large-scale media programme in Northern Ireland that was focused on reducing prejudice and teaching respect for intergroup differences among young children and community members in the period after ethno-nationalist conflict ended. This figure illustrates the targets and outcomes of the initiative, and aligns them with the theory of change components in Figure 3.1.

Targets of Programme

This programme was designed to reduce prejudicial attitudes in young children and community members in the period after the Northern Ireland ethno-nationalist conflict ended.

Institutional Level

A successful randomised controlled trial influenced the educational systems in Northern Ireland and Ireland to realize the importance of including diversity and respect for differences themes in preschool and early primary years curriculum. This capacity building at the institutional level resulted in national scaling up of the preschool and early primary school services across both countries.

Community Level

- Management committees included parents and community members from conflicting identity groups. They were given training and support on how to develop inclusion and "respecting difference" policies.
- "Cross-community" and "cross-border" school partnerships were established, in which parents and staff from conflicting identity groups came together for community events focused on their children.

Caregiver Level

- Parent workshops and home play activities and provided training and resources showing parents how to continue supporting their children in inclusion and diversity issues.
- Parents were also provided opportunities to explore their own experience of conflict and division through workshops, events, and committees.

Child Level

- Nationally broadcasted cartoon programmes aimed to help children develop positive attitudes toward others who are different.
- Preschool teachers were trained and provided resources and activities that prompted children to discuss their feelings about the issues in the cartoons.

Individual-Level Outcomes

Caregiver Outcomes	Child Development Outcomes
Human Capital	
N/A	The social and emotional competencies acquired in this program are important for school readiness and academic achievement
Social & Emotional Competencies	
Parents were more confident and equipped to deal with diversity issues with their children as well as prejudice within their communities. They also became more involved in delivering services for their children.	The programme achieved positive effects regarding attitudes and awareness in relation to children's socio-emotional development, their cultural awareness and inclusive behavior

Group-Level Outcomes

Equality

Children, parents, and community members from both religious/cultural groups were given access to the trainings and resources.

Vertical Social Cohesion

As a result of the positive random controlled trial studies and strengthened relationships with government authorities, the educational system in Northern Ireland and Ireland nationally scaled up the preschool and early primary years program.

Horizontal Social Cohesion

Improved attitudes about other religious groups and strengthening of cross-border relationships among children, parents, practitioners, and community members:

- Management committees supported the implementation of inclusive ECD services.
- ECD practitioners from different religious/cultural groups established strong relationships and developed skills and confidence to contribute to sustainable peace in their community.
- The use of media created widespread awareness and support for the program across the wider community, particularly among young people.
- Children who developed inclusive attitudes and respect for difference early on are less likely to develop prejudice in their later years.

Group resilience

Building intergroup relationships like this can increase community resilience through building trust, which can improve increase security and reduce fear among the community. Such networks can help communities react to and recover from future shocks more efficiently.

Sources: Connolly et al., 2006; Connolly, Miller and Eakin 2010; Collins, 2015.

CHAPTER 4.

Presentation of literature: ECD programme outcomes that support the theory of change

Introduction

This chapter presents the quantitative and qualitative evidence that supports the 'Peacebuilding through ECD' theory of change model in Figure 3.1. This is not an exhaustive review of literature, but instead a presentation of studies that support earlier claims (for systematic literature reviews of ECD programmes, see, for example, Anderson et al., 2003; Britto et al., 2017; Efevbera et al., 2018). The process for collecting this evidence included a general literature search by the authors via databases, globally recognized agency publications, and expert consultations (see experts listed in the Acknowledgements section). Although empirical evidence was prioritized in this review, it is important to note there are not many quality, experimental studies that have evaluated the impact of ECD interventions on reducing conflict factors. Therefore, other types of research needed to be considered. When empirical studies were not available, case studies implemented by globally recognized agencies are cited.

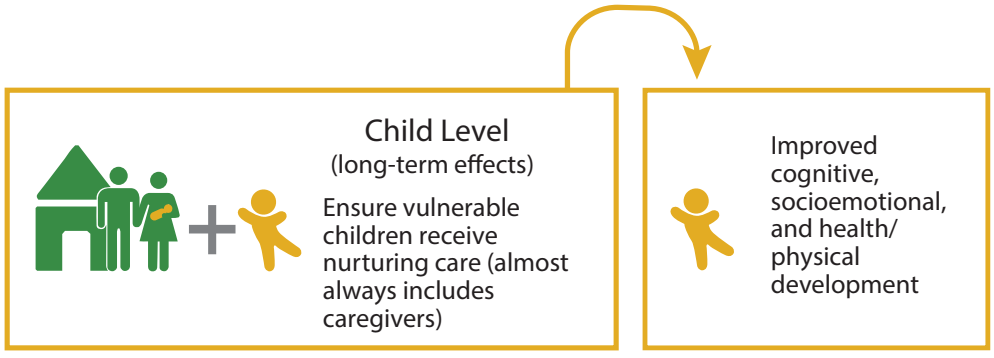
Chapter 4 begins by presenting literature on ECD programmes that have benefited child participants by improving child development outcomes in the short term (Section 4.1.1). It then reviews longitudinal studies showing improved outcomes in adulthood (Section 4.1.2). Section 4.2 focuses on ECD programmes that have addressed the caregiver's needs as well as the child's, and Section 4.3 describes ECD programmes that have benefited communities. Section 4.4 concludes with a general summary of recommendations for designing and implementing multi-level ECD services.

4.1. Child-level outcomes of ECD programmes

Nurturing care ECD services can protect vulnerable children against the detrimental effects of early adversity, which can improve health, education, employment, income, mental health, resilience to stress and prosocial competencies in later childhood and adulthood (e.g., Engle et al., 2011; Schweinhart et al., 2005; Reynolds et al., 2007; Walker et al., 2011a). While the central purpose of all ECD services should be to ensure that infants and young children develop in a nurturing environment, the specific type of ECD service required will depend on the age and contextual needs of the child and the family. These factors must be identified in a context-analysis before the service is implemented, which should guide the design of the programme (UNICEF 2012a, 2016a).

4.1.1. Short-term studies: ECD programmes associated with improved child development outcomes

The studies outlined in Section 4.1.1 demonstrate a few examples of ECD programmes targeting various age ranges and contexts that can improve the health and developmental outcomes of vulnerable young children. Note that although each of these programmes can (and should) be delivered in combination with caregiver- or community-level services, the review below focuses on highlighting the developmental results only at the child level.



This section describes ECD programmes associated with improved short-term outcomes in childhood (image selection from the Theory of Change in Figure 3.1)

Programmes that reduce maternal stress during the early years

Programmes that promote maternal mental health during pregnancy and the early years of the child's life hold promise for mitigating the impact of prenatal and postnatal stress on the developing child. Prolonged stress hormones during pregnancy (including depression and anxiety symptoms) may impair social and cognitive development of the unborn child (Wachs, Black and Engle, 2009). These impediments may carry over to future generations due to epigenetic alterations in the stress-response system (Yehuda and Bierer, 2009). The presence of maternal depression symptoms after the child is born is also negatively associated with child development outcomes, which has been shown across a number of cultures and socioeconomic levels (Wachs, Black and Engle, 2009). These effects on child development highlight the importance of interventions that reduce maternal stress, anxiety and depression during pregnancy and beyond. Various psychosocial interventions have been successful in reducing maternal depression across a number of studies in low- and middle-income countries, which were associated with improved cognitive development in children (Rahman, et al., 2013). Given the high amount of stress associated with poverty, conditional cash transfers can also reduce stressors and improve outcomes of mothers and children (Britto et al., 2017).

Programmes that improve health and nutrition in utero and in early childhood

Lack of proper nutrition and health during prenatal development and early childhood can significantly hinder physical and mental development (UNICEF, 2001), and may even produce epigenetic effects on the metabolic system that can carry through to future generations (Heijmans et al., 2008). Maternal nutrition interventions during pregnancy (such as food supplements and micronutrients including fatty acids, iron and folic acid) have shown promise for improving child outcomes (Walker et al., 2011b). As for postnatal health and nutrition interventions, a few examples that have improved developmental outcomes in children (especially cognitive development) include: breastfeeding promotion and education; deworming; nutrition supplements and micronutrients; specialized treatment for specific infant disorders/diseases; elimination of environmental toxins; vaccines and other infectious disease prevention; early detection and treatment of childhood illnesses; and complementary health checkups (for a review of interventions, see Britto et al., 2017; Carroll et al., 2017; Richter et al., 2017; Walker et al., 2011b).

Programmes that improve the early parent-child bond

Strengthening the early parent-child bond is crucial for children to develop the physiological systems that enable healthy social bonding in adulthood (see evidence reviewed in Leckman, Panter-Brick and Salah, 2014). Experiencing continuous feelings of safety, closeness and trust with a caregiver early in life is thought to foster healthy social development, emotion regulation and resilience in children (Morgan et al., 2014, p. 118). Promoting behaviours such as kangaroo mother care (carrying the infant with skin-to-skin contact) and breastfeeding can improve the infant-mother bond (Britto et al., 2017). In addition, programmes aiming to increase caregiver responsiveness can result in positive developmental outcomes for the child. For example, the Attachment and Biobehavioral Catch-up (ABC) programme aimed to increase caregivers' sensitivity to infant behaviour, and found that infants who participated were more likely to have secure attachment (Bernard et al., 2012); more typical cortisol (stress hormone) regulation after three months and three years after the intervention (Bernard, Hostinar and Dozier, 2015); and lower levels of negative affect, which has been associated with better self-regulation and social competence in later years (Lind et al., 2014).

Programmes that provide parenting support or improve parenting practices

Parenting support interventions are designed to strengthen the parent-child bond, improve parenting knowledge and behaviours, and provide early stimulation opportunities for children, which are all vital for optimal childhood development (see evidence reviewed in Leckman, Panter-Brick and Salah, 2014; Britto et al., 2017). Parenting programmes across a range of countries and contexts have been associated with improved social, emotional, cognitive, language and motor development in children,

especially when combined with nutrition and health programmes or with interventions targeting caregivers' mental health when necessary (Baker-Henningham, 2014; Britto et al., 2017). For an extensive review of ECD parenting programmes in low- and middle-income countries, see Britto et al., 2015.

Other parenting support programmes include those aiming to reduce harsh parenting practices or child maltreatment. Child maltreatment is linked with altered brain development and increased externalizing behaviours[7] in children (Twardosz and Lutzker, 2010), which underscores the importance of reducing such incidences. ECD interventions that promote positive parenting practices in at-risk families can help reduce and even prevent incidences of child maltreatment (Geeraert et al., 2004; Eckenrode et al., 2000). In addition to improving parenting skills and parenting knowledge to target harmful parenting practices, notably successful ECD interventions have also focused on improving the child's developmental outcomes, increasing parental social support, increasing education of the parent, improving the economic situation of the family, reducing subsequent pregnancies, and improving psycho-social functioning of the parent, all of which can reduce the risk factors associated with child maltreatment (Geeraert et al., 2004). Numerous studies have shown that children who were maltreated or who witness violence at home are more likely to become aggressive in late childhood, engage in delinquent behaviour in adolescence, and commit violent crimes in adulthood (e.g., Dahlberg and Potter, 2001; Fehringer and Hindin, 2009; Pears and Capaldi, 2001). Thus, ECD programmes that reduce child maltreatment may also contribute to reducing interpersonal violence in future generations.

In high-risk settings, such as in war zones or when fleeing one's homeland, families become increasingly stressed and are more likely to be irritable, aggressive, self-destructive or numb to experiencing positive emotions (Morgan et al., 2014, p. 117). This can lead to harsher parenting, higher incidence of child maltreatment, family violence or psychological disorders of parents (Boxer et al., 2013; Panter-Brick et al., 2011; Quinlan, 2007), all of which can severely damage the parent-child bond and the development of the child's stress-response and social and emotional systems. Thus, it is crucial that ECD services are implemented in emergency contexts. Improving family relations will not only improve the parent-child bond but can also create a positive environment and instill collective hope that can help protect the child against the detrimental consequences of extreme trauma (Flores, Cicchietti and Rogosch, 2005; Masten and Marayan, 2012; Tol et al., 2013; Panter-Brick et al., 2014; Punamäki et al., 2011). For example, an intervention in Liberia that taught parents about the effects of violence and the importance of empathy for children had a range of cascading positive effects for families (Giusto et al., 2017). Qualitative findings in this study suggested that the programme strengthened caregivers' sense of identity as protectors and role models, which reduced harsh discipline and in turn resulted in their children experiencing less fear and more positive interactions and enjoyment. Caregivers also reported reduced conflict among spouses and more peaceful home environments. Other examples of successful programmes have included: providing nutritional supplements and psychosocial support for mothers in war-torn Bosnia and Herzegovina (Dybdahl, 2001); group-based psychosocial interventions and emergency feeding programmes for mothers in Uganda (Morris et al., 2012); and the 'Parents Make the Difference' parent training intervention in post-conflict Liberia (Puffer et al., 2015).

Programmes that encourage involvement of fathers

When children develop healthy relationships with their fathers, they are more likely to have improved school performance, less antisocial behaviour and healthier relationships with peers (for extensive reviews on the role of father involvement in child development outcomes, see Lamb, 2004; Sarkadi et al., 2008). Studies in the United States and New Zealand found that a father's absence may increase his daughter's risk of early sexual activity and teenage pregnancy (Ellis et al., 2003). This may potentially continue cycles of adversity, given that adolescent pregnancy is associated with a host of risks that can negatively influence child development and outcomes in adulthood (Hoffman and Maynard, 2008; Jaffee et al., 2001). An example of a successful father engagement programme is the Father Support Program run by the Mother Child Education Foundation (Anne Çocuk Egitim Vakfi [AÇEV]) in Turkey, in which fathers from different

7 Externalizing behaviours include aggression, disobeying, cheating, stealing and destruction.

backgrounds who participated in the programme became more sensitive to their child's needs and developed more positive parenting behaviours, disciplining practices and childrearing attitudes, while also sharing their positive experiences with others in the community (Kocak, 2004). It is important to engage both caregivers if possible, as programmes in the United States among low-income minority groups have found that fatherhood programmes that engaged both the mother and father resulted in more consistent, longer-term positive effects than programmes that engaged the fathers only (Cowan et al., 2009). For recommendations on designing and implementing programme and policies related to increasing father engagement, see Panter-Brick et al., 2014, and Pruett et al., 2017.

Programmes that provide low-cost quality early childhood care and education

Quality early learning programmes such as early childcare and preschool programmes have resulted in significantly improved cognitive and social and emotional development in vulnerable children across many contexts, as they give children a head start towards success in primary school (Anderson et al., 2003; Britto et al., 2017; Burger, 2010; Schweinhart et al., 2005). It is important to note that the quality of the programme is significantly associated with its effectiveness in improving developmental outcomes (Engle et al., 2007). Thus, early care and education programmes must provide a safe and nurturing environment for children. This includes facilitating positive teacher-child interactions, positive emotion climate and individualized attention (Britto et al., 2017). For children living in conflict or post-conflict settings, there is also a need for not only quality education but also sensitivity to trauma, in which teachers should be trained to respond to the children's psychosocial needs. An example of this type of programme is the International Rescue Committee's Healing Classrooms Initiative, which has been implemented in Afghanistan, Ethiopia, Guinea, Lebanon, Niger, and Nigeria with success (3EA, 2018a, 2018b; International Rescue Committee, 2006).

Programmes that alleviate stress and provide healing interventions to reduce the effects of trauma

In conflict-affected or post-conflict settings, it is beneficial for children to have *child-friendly spaces*: a safe space to play and create trusting relationships with adults. Places such as the 'Butterfly Garden' in Sri Lanka (Miller and Affolter, 2002, pp. 39–52) or the 'Schools as Zones of Peace' in Nepal (Kagawa and Selby, 2014, p. 22) can help alleviate stress for children living in conflict-affected areas and reduce the negative effects of toxic stress on their development. Many children living in conflict or post-conflict settings also require specialized programmes that include a component of psychosocial healing, which may reduce the likelihood of developing PTSD, anxiety, externalizing behaviours and violence, or other mental instabilities (e.g., Jordans et al., 2009; Peltonen and Punamäki, 2010; Tyrer and Fazel, 2014). Lloyd and Penn (2010) have suggested that general psychosocial interventions and normalization routines might be more effective than therapeutic interventions focused specifically on reducing PTSD, as the latter may impose cultural norms from the global North, although more evidence is needed to understand the impact of such interventions on child development. For a review on psychosocial interventions in refugee and asylum-seeking contexts, see Tyrer and Fazel, 2014. For a review of interventions in war-affected contexts, see Kalksma-Van Lith, 2007; Lloyd and Penn, 2010; Jordans et al., 2009; Peltonen and Punamäki, 2010; and Newnham et al., 2015.

Programmes that encourage prosocial skills, character development, empathy and morality

In addition to ensuring healthy social and emotional development, ECD programmes can also intentionally teach children key prosocial skills such as empathy, compassion and respect for differences (Connolly et al., 2006; Connolly, Miller and Eakin, 2010; Leckman and Britto, 2018). Parental modeling and encouragement of empathy in children can facilitate the early development of prosocial behaviour (Farrant et al., 2012). Given the foundational influence of group norms on moral development and behaviour in children, it is important for ECD programmes (both parent-focused and center-focused programmes) to demonstrate norms of fairness, cooperation, empathy and respect for intergroup differences so that children

internalize them early on (Killen and Smetana, 2015; Rutland and Killen, 2015).

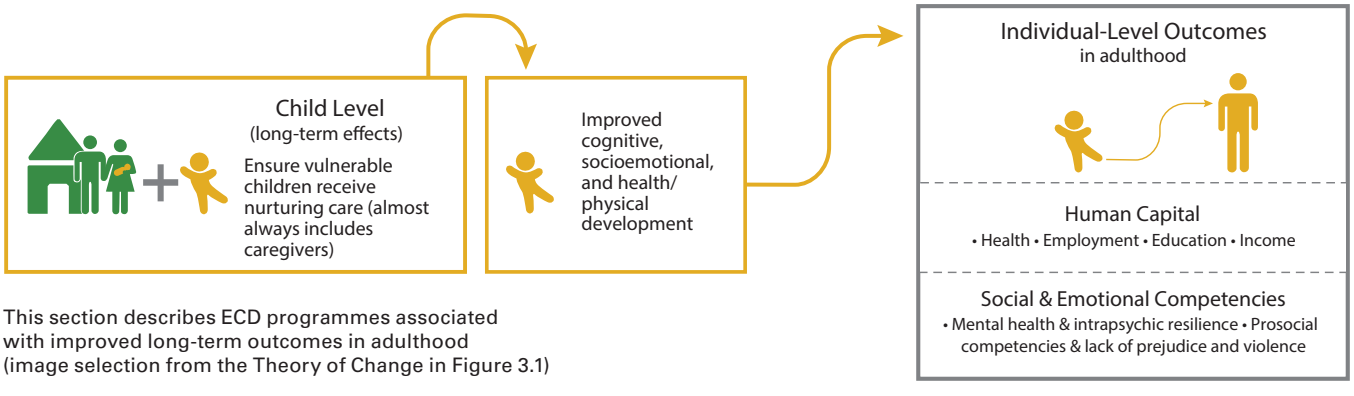
Teacher training in early childcare/education settings and involvement with media campaigns both present ideal opportunities for fostering prosocial competencies in the preschool years. For example, a Sesame Street television series that was broadcast for young children during intense conflict between Israelis and Palestinians was linked with increased use of prosocial inclinations for conflict resolution as well as positive perceptions of members of the other group in child participants who had watched the show (Cole et al., 2018). A prosocial television series has also benefited children in the Northern Ireland (see Case Study 3.2), as shown by two cluster randomised trials and a longitudinal study demonstrating positive effects on social and emotional learning and improved attitudes towards cultural differences (Connolly et al., 2008; Connelly, Miller and Eakin 2010; Larkin et al., 2009a; Larkin et al., 2009b).

Another successful model utilized by the non-profit organization, Roots of Empathy, teaches young children about emotion regulation, child development and empathy in a practical setting by exposing them to an infant and parent pair several times per year to observe the infant's development and emotional reactions as well as experience positive parent-child bonding and interactions. Benefits from the Roots of Empathy programme include increased prosocial behaviour and empathy, decreased aggression, increased social and emotional understanding, and increased knowledge of positive parenting practices (Roots of Empathy, 2016; Santos et al., 2011). Some of these positive results have also been demonstrated in post-conflict regions such as in Northern Ireland (Connolly et al., 2018). Although longitudinal studies are needed to understand the long-term effects of these interventions, early results show great promise for helping instill prosocial competencies in young children.

Teacher training in early childcare/education settings and involvement with media campaigns both present ideal opportunities for fostering prosocial competencies in the preschool years.

4.1.2. Longitudinal studies: ECD programmes associated with positive outcomes in adulthood

Developmental improvements in vulnerable children can set them on a positive developmental trajectory leading to beneficial outcomes in adulthood. In turn, by improving human and social capital of vulnerable children, quality ECD programmes have the potential to contribute to reducing risks of violent conflict and promoting sustainable development and peace. Numerous longitudinal studies have shown that participation in quality ECD programmes is associated with improved health, well-being, education, employment and income, and reduced violence and criminal behaviours in adulthood. Many of these studies are outlined in Table 4.1.



This section describes ECD programmes associated with improved long-term outcomes in adulthood (image selection from the Theory of Change in Figure 3.1)

TABLE 4.1.
Longitudinal studies of ECD programmes showing improved outcomes in adolescence/adulthood

Study	Country	Participant characteristics	ECD programme		Assessment in adolescence/adulthood		
			Age at intervention	Programme characteristics	Age at assessment	Outcomes	
High/Scope Perry Preschool (Schweinhart et al., 2005) Randomised controlled trial	United States	Low-income African-American children at high risk of school failure (N = 123)	3–4 yrs. old to 5–6 yrs. old (two-year programme)	• High-quality preschool • Weekly home visits by teachers to help implement the preschool curriculum at home and involve the mother in her child's education	40 yrs. old	• Higher rates of employment • Higher income • Higher educational attainment • Higher performance on intellectual, language, school achievement and literacy tests throughout the lifespan • Fewer arrests, incarcerations and felonies, including fewer months in prison • Fewer arrests for violent crimes • Increased likelihood of males raising their own children • Improved family relations in adulthood • Reduced drug abuse in males	
Nurse Home Visitation Program (Olds et al.,1998) Randomised controlled trial	United States	Low-income, unmarried, and/or teenage first-time mothers (N = 400)	Prenatal to 2 yrs. old	• Home visits by nurses • Sensory and developmental screening for the child • Transportation to/from checkups	15 yrs. old	• Fewer arrests and convictions • Fewer lifetime sexual partners • Reduced smoking and drinking	
Abecedarian Project (Campbell et al., 2002) Randomised controlled trial	United States	Low-income, multi-risk families (N = 101)	Birth to 3rd grade	• Birth–preschool age: · Full-day child care with systematic curriculum to develop infant/child's skills and language · Supportive social services for families as needed (for control group as well) • School age: · Families were assigned a home-school resources teacher (HST) who served as liaison between home and school · Individualized curriculum packets based on child's needs sent to family	21 yrs. old	• Higher scores on intellectual and academic measures • More years of total education completed • More likely to attend a four-year college • Reduction in teen pregnancy • Reduced drug use	
Chicago Child-Parent Center (Reynolds et al., 2007) Non-randomised alternative-intervention matched-group at age 24	United States	Low-income families (N = 1539)	Preschool to 3rd grade	• Quality preschool and educational enrichment • Comprehensive family services, including parenting support, home visitation, and health and nutrition services	24 yrs. old	• Higher rates of full-time employment • Higher educational attainment • Fewer felony arrests, convictions and incarcerations • Fewer violent crime arrests • Fewer depressive symptoms • Lower rates of disability	
The Jamaica Study (Gertler et al., 2013; Walker et al., 2006; Walker et al., 2011a) Randomised controlled trial	Jamaica	Stunted children (N = 105)	1–2 yrs. old to 3–4 yrs. old (two-year programme)	• Nutrition supplements • Psychosocial stimulation: weekly play sessions to improve mother-child interaction	17 yrs. old --------- 22 yrs. old	• Reduced anxiety and depression (self-reported) • Higher self-esteem (self-reported) -------- • 42 per cent higher earnings • Fewer violent behaviours • Higher IQ • Higher educational attainment • Fewer mental health symptoms (depression and social inhibition)	
Atole nutrition intervention (Hoddinott et al., 2008; Maluccio et al., 2009) Randomised community-level intervention	Guatemala	Low-resource communities (N = 1424)	Birth–2 yrs. old	• Protein-rich enhanced nutrition supplements ('atole')	25–42 yrs. old	• 46 per cent higher earnings (for males) • Higher grade attainment (1.2 grades for females) • Improved scores on reading comprehension and nonverbal cognitive tests	
Mauritius Child Health Project (Raine et al., 2003) Randomised controlled trial	Mauritius	Ethnically representative towns of Mauritius (N = 438)	3 to 5 yrs. old	• Preschool education • Nutrition education and nutritious meals • Physical exercise • Health screening and referral • Parental involvement and home visitations • Mediation of behavioural and learning problems	17 yrs. old ---------- 23–26 yrs. old	• Reduced schizotypal personality behaviour • Reduced antisocial behaviour -------- • Reduced criminal behaviour	
The Brookline Early Education Project (BEEP) (Palfrey et al., 2005) Quasi-experimental causal-comparative design	United States	Suburban and urban families in the Boston area (N = 120)	Birth to kindergarten	• Parental education programme and home visits (including health and development monitoring of child), parent groups, parent-teacher conferences and center visits • Child early education programme (included playgroups and child care in early years from 0–3 yrs. old and preschool from 4–5 yrs. old)	25 yrs. old	• Fewer reported having low income (<$US20,000) • BEEP participants from urban communities completed >1 additional year of school • BEEP participants from urban communities had higher levels of health efficacy, more positive health behaviours, and fewer reports of depression	

KEY

= Improved employment

= Higher education attainment

= Improved mental health and well-being

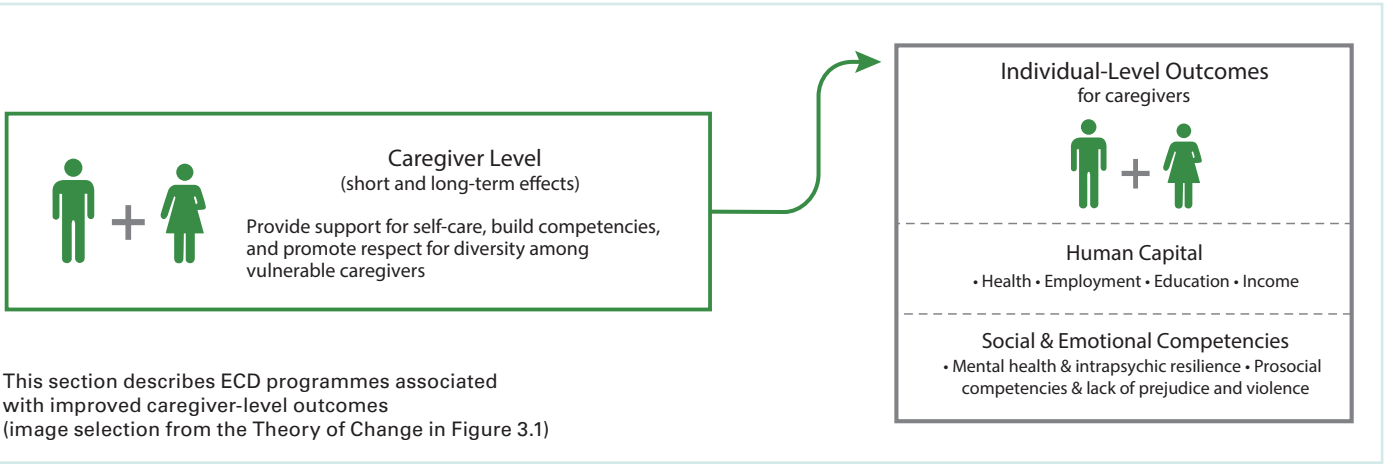
= Higher income

= Improved physical health

= Improved social competencies (or reduced violence/crime)

4.2. Caregiver-level outcomes of ECD programmes

By directly involving families, ECD programmes offer a unique and cost-effective opportunity to increase human and social capital in vulnerable caregivers in addition to their children. These ECD programmes can improve outcomes of the caregiver in the short term, which in turn further supports optimal development of their child in the long term. Such programmes commonly target vulnerable caregivers who are at risk for experiencing severe hardships, such as those affected by inequality, poverty, violent conflict or domestic violence. ECD programmes can improve caregiver outcomes through direct engagement (e.g., offering mental health counseling or job training for the caregiver), while others can aid caregivers indirectly (e.g., providing free quality preschool, which allows them to return to work and increase their household income).



This section describes ECD programmes associated with improved caregiver-level outcomes (image selection from the Theory of Change in Figure 3.1)

Depending on the circumstances, there are various ways in which ECD programming can improve caregivers' health, education, employment, income, mental health or social and emotional competencies. Home-visitation programmes involving low-income mothers have been linked to several maternal benefits, including higher maternal education and employment rates, reduced incidences of child maltreatment, fewer arrests and fewer pregnancies in rapid succession (thus allowing mothers to return to work earlier and increase their household income) (Benasich, Brooks-Gunn and Clewell, 1992; Olds et al., 1988). Coordinated parent discussion groups have shown great promise for honing in on caregivers' mental health and social and emotional competencies, for example by helping improve self-confidence, coping skills, interpersonal communication and family relations (e.g., Kagitcibasi, Sunar and Berkman, 2001; Slaughter et al., 1983). Parent-focused workshops and discussion groups are a great investment for improving social and emotional competencies in the caregivers as well as their children. For instance, in the Media Initiative for Children programme in Northern Ireland, parents who attended ECD workshops developed practical skills and confidence in addressing diversity issues with their children (Connolly, Miller and Eakin, 2010). Given that children can adopt prejudicial attitudes at a very young age (Connolly and Healy, 2004a), developing respect for differences in caregivers is crucial for halting intergenerational cycles of biases and thus contributing to intergroup cohesion. Strategies to combine workforce development services and ECD services have also received increasing attention, as they can improve caregivers' education and employment outcomes (for a U.S. policymaking guide of this strategy, see King et al., 2016). In addition to strategies that directly target personal and professional development, ECD services can also indirectly increase workforce participation or education attainment in caregivers by providing free early childcare or preschool which allows parents to return to work or school[8]. This has been suggested across a number of studies around the world (e.g., Barros et al., 2011; Ramey et al., 2000; PwC, 2014).

Given that most youth will become future caregivers, youth development programmes can and should be leveraged to facilitate the development of life skills,

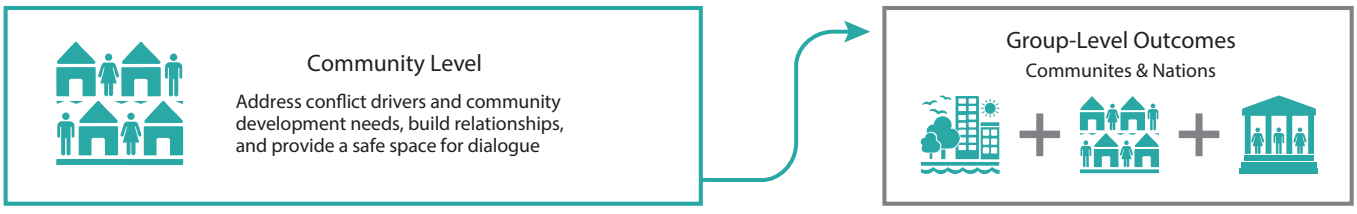
8 It is important to note that early care and education programmes must be of high quality to produce enduring positive influences on the child's development (Engle et al., 2007).

prosocial experiences and ECD knowledge in adolescents, while also helping to improve child development outcomes through adolescent participation in the delivery of ECD services. Youth development programmes can help adolescents discover their ability and relevance to positively influence the lives of others (Staub, 2003a). Although evidence remains sparse, a few studies have suggested that youth-led ECD programmes can positively influence both the child participants and the adolescent facilitators, including enhancing competence, self-efficacy and prosocial norms in adolescence (Ponguta et al., 2018a, p. 83). For example, a Child-to-Child School Readiness Programme (CtCSRP) in Ethiopia found that child participants had significantly improved social skills and higher scores on all early numeracy and literacy tasks compared to children in the control group, and youth facilitators had improved school performance, enhanced leadership skills and increased sense of community belonging (Mundy et. al., 2014, pp. 6–7). Similar results were found in UNICEF's 'Getting Ready for School: A Child-to-Child Approach' programme evaluation in Bangladesh, the Democratic Republic of Congo, Yemen, and Tajikistan, which found positive results among three of the four countries, showing that the involvement of young facilitators improved children's on-time enrolment, academic progress and adjustment to the classroom, as well as caregivers' engagement with the school (UNICEF, 2012b). In addition, principals and community leaders observed an increase in enthusiasm for school and self-confidence among youth facilitators (UNICEF, 2012b, p. vii). However, due to the absence of longitudinal data on cohorts of intervention and control children, findings of both studies must be considered cautiously.

Although the few ECD programmes listed above have shown strong benefits for caregivers, they are not yet ubiquitous throughout ECD programming. More programmes and research studies are needed to better understand how to design and implement such services to benefit caregivers across various contexts, especially in conflict-affected and low- and middle-income settings.

4.3. Community-level outcomes of ECD programmes

In addition to improving individual outcomes of children and caregivers, strategically positioned ECD programmes can be leveraged to address conflict drivers and reduce community stressors, which have the potential to contribute to social cohesion, equality, resilience and economic productivity. Centering peacebuilding strategies around children is an optimal way to bring the community together around common goals, create a safe space for dialogue, and provide opportunities for building inclusive social networks (e.g., UNICEF, 2015). Given the diverse range of conflict drivers and community needs around the world, all ECD programmes aiming to benefit the community first require context- and conflict-analyses that can identify the specific risk factors and guide the design and implementation of the programme. Section 4.3.1. discusses a few case studies of community ECD programmes that aimed to address intergroup conflict by bringing together families from different identity groups, while also ensuring young children in the community received nurturing care. Section 4.3.2. then describes community ECD programmes that aimed to address community stressors and risk factors as well as build supportive social networks.



This section describes ECD programmes associated with improved community-level outcomes (image selection from the Theory of Change in Figure 3.1)

Across any community ECD programme, the addition of positive media campaigns can provide a great opportunity for reaching wide and diverse audiences as well as working to build bridges among groups and transform harmful norms, such as norms of violence or intergroup hostility (Nusseibeh, 2014). Media can communicate education and protection content in ways that meet the needs of caregivers and families of diverse backgrounds, and can include messages that model prosocial behaviour and help break stereotypes. These positive media messages can help counter divisive media content that conflict parties sponsor in order to sow tension and polarize societies (Nusseibeh, 2014). A great example of positive media campaigns is the Media Initiative for Children in Northern Ireland (see Case Study 3.2), where children from Catholic and Protestant backgrounds (conflicting groups) were regularly exposed to one-minute cartoons that positively depicted cultural, social and ethnic differences of children as well as positive symbols of the two communities (Connolly, Miller and Eakin, 2010). A cluster randomised trial found that children had developed improved awareness of, respect for, and positive attitudes towards cultural differences. The programme also benefited practitioners and parents, despite the conflict narratives both communities had cultivated over the decades (Connolly et al., 2010). Positive media programmes like this can be dispersed throughout communities to reach wide audiences and begin to transform collective perceptions, shift social norms, and help build a culture of peace.

4.3.1. Community ECD programmes focused on improving intergroup relations

In communities marked by inter-group tension, ECD programmes can bring together families from different backgrounds around the common goal of child well-being (see Table 4.2). More than 40 years of research has shown that intergroup relations can improve when members from opposing groups work co-operatively towards a common goal, have perceived equal status and are supported by institutions and authorities (Pettigrew and Tropp, 2000). Therefore, ECD services that bring together families from different groups to work equally and cooperatively towards a common goal can contribute to improving intergroup relations and community cohesion. For example, as shown in Case Study 3.1, UNICEF Côte d'Ivoire identified 'inter-ethnic distrust' and 'a history of intergroup violence' as imminent conflict risks, and 'inequitable access to social services' as a structural violence factor (UNICEF, 2014). In response, the UNICEF PBEA Programme designed community ECD centers that benefitted families from diverse ethnic backgrounds and provided female caregivers access to literacy, numeracy and other income-generating skills, which in turn enabled them to bond, as well as jointly manage and support the ECD centers. As a result, the ECD center improved intergroup relations among women from different backgrounds and improved women's positions within their household and community, while the ECD programme itself served to improve developmental outcomes among children attending the center.

TABLE 4.2.
Case studies of community ECD programmes aiming to improve intergroup relations

Case study	Country	Context	Components and preliminary results of community ECD programmes[9]
UNICEF Peace-building Education and Advocacy (PBEA) Programme in Côte d'Ivoire (UNICEF, 2014)	Côte d'Ivoire	• Conflicting ethnic groups • Inequitable access to social services for women and children • Gender inequality	• Sustainable community ECD centers were managed by multi-ethnic women's groups whose members were taught literacy, numeracy and other income-generating skills · Brought together families from conflicting identity groups to improve intergroup relations · Building skills and self-sufficiency in women improved their position in their household and community • Children developed literacy, numeracy and motor development skills through play-based learning
UNICEF PBEA Programmes in northern, eastern and western Uganda (UNICEF, 2015; UNICEF, 2016c)	Uganda	• Conflicting ethnic groups • Lack of safe space for dialogue • Varying forms of violence, including violence against children and sexual/gender-based violence in homes and schools	• Quality, safe ECD centers to improve social and emotional and cognitive development in young children · Children were taught academic skills, social skills (cooperation, sharing, teamwork, respect, etc.) and life skills (hygiene, safety, nutrition, etc.), which were spread throughout the small community via children sharing with their families as well as community bystanders observing the lessons · Included breakfast for children · Implemented washing systems for hygiene · Safe ECD centers freed up caregivers to return to their income-generating activities · Helped children recover from stress or trauma through play • Community meetings united families from different identity groups to discuss community issues, ECD centers, and their children, and provide a safe space for dialogue and building intergroup trust • Caregiver training on childhood development, instilling peacebuilding skills and self-confidence in children, and non-violent parenting practices • Training to increase awareness of violence (family violence, sexual/gender-based violence, female genital mutilation) and instill community norms of non-violence
The Center for Educational Initiatives Step by Step (Connolly, Hayden and Levin, 2007, pp. 33–40)	Bosnia and Herzegovina	• Conflicting identity groups • Widespread trauma/fear • Lack of trust between children and adults • Destroyed schools	• Quality education for young children • ECD teacher-training programme, which brought together educators from conflicting identity groups to build relationships and social networks • *Parenting with Confidence* programme: Parenting support via peer support groups and workshops covering topics such as parent-child interactions, social and emotional and cognitive child development (including early learning), creating a relaxed and safe home environment, etc. • *Education for Social Justice* programme: Brought together community members to examine and improve attitudes toward diversity
The Media Initiative for Children by Early Years – The Organization for Young Children (Connolly et al., 2007, pp. 73–82; Connolly, Miller and Eakin, 2010)	Northern Ireland	• Conflicting ethno-religious groups, including intergroup segregation, prejudice and conflict/crime between Catholics and Protestants	• Safe spaces for children that brought together families from conflicting identity groups to build intergroup relationships • *The Media Initiative for Children*: A comprehensive programme based on cartoons that promote respect for differences and awareness of exclusion, which was supported by a full curriculum, classroom resources, training and ongoing support for teachers and parental and community activities[10]

9 Note that it is vital to first conduct a context-/conflict-analysis and adapt the programme to local needs, norms and capacities to ensure that the programme is risk-informed, conflict-sensitive, and culturally sensitive.

10 This programme was evaluated using an experimental design and found the following outcomes in children: improved ability to recognize exclusion, improved ability to understand how exclusion feels, and more willingness to play with others who are different from themselves (Connelly et al., 2010).

4.3.2. Community ECD programmes focused on reducing community stressors and risk factors and building supportive social networks

In addition to improving intergroup relations, community ECD programmes can be designed to address other community stressors and risk factors and build supportive networks (see Table 4.3). Combining nurturing care ECD programmes with additional social services that address community stressors and risk factors can be a cost-effective approach to contributing to sustainable peace and development both in the short- and long-term. Community stressors and risk factors may include norms of violence, malnutrition, poor health, gender inequity, displacement among community members, or other risks (see Table 4.3 for details). All community ECD programmes must address risk factors at multiple ecological levels, including the child level (e.g., "child-friendly spaces"), caregiver/family level (e.g., income-generating projects for caregivers), and community level (e.g., creating community social networks), which are identified in a preliminary context analysis and become the foundation of the programme design. For example, UNICEF Chad identified several risk factors in refugee camps and surrounding communities, including trauma from armed conflict and displacement, chronic malnutrition, gender inequities and lack of child protection services (Connolly, Hayden and Levin, 2007, pp. 41–50). In response, UNICEF Chad initiated gender desegregated feeding centers and child-friendly safe spaces that provided therapeutic feeding, psychosocial support and training classes for children and caregivers. To further address gender inequities and the need for programme sustainability, child centers were staffed by female and male volunteers from the refugee community (previously, gender segregation at work had been the norm). Child Protection Committees (CPCs) were also established to monitor and ensure children's rights within refugee camps. The feeding centers, child-friendly spaces, volunteer training programme, and Child Protection Committees were designed and implemented by the target population, which not only ensured that the programmes were relevant and sustainable, but also became a powerful healing process for them by promoting a sense of control over their own environment (Connolly, Hayden and Levin, 2007, p. 49).

Opportunities for future research

It is important to note that although community ECD programmes show great promise for improving social cohesion and resilience among communities (Connolly, Hayden and Levin, 2007), few studies have empirically tested this hypothesis, partly due to the inherent difficulties of formally measuring such factors. Fortunately, this important research gap is being addressed with the emergence of new frameworks and initiatives such as the Harvard Humanitarian Initiative's Assessment Framework for measuring education, social cohesion, and peacebuilding indicators (Pham and Vinck, 2017) and the work of Links – The UK National Institute for Health Research (NIHR) Global Health Research Group on Early Childhood Development and Peacebuilding at Queen's University Belfast, a group affiliated with the Early Childhood Peace Consortium.

TABLE 4.3.
Case studies of community ECD programmes aiming to address community stressors and risk factors and build supportive social networks

Case study	Country	Context	Components and preliminary results of community ECD programmes[11]
The Garden of Mothers and Children Centers (Connolly, Hayden and Levin, 2007, pp. 19–31)	Albania	• Blood feuds (revenge killings between families) and norms of violence • Lack of ECD knowledge • Lack of ECD services	• Mother training and support to increase self-efficacy in child nutrition/health, non-violent parenting practices, and helping create a positive environment that stimulates child development and growth • Safe spaces for children to play and develop skills through center-based activities • Health services for families • *Father's Boards*: ECD education for fathers on child development and the role of the father · Also included training for conflict mediation to resolve blood feuds non-violently (so far, 43 mediations have prevented violence) • Developed institutional trust within the community, as the development of ECD centers remained sensitive and adjusted to patriarchal cultural norms • Built community capacities to make the ECD centers sustainable (training on funding, budgeting, project management, etc.)
UNCIEF Chad (Connolly, Hayden and Levin, 2007, pp. 41–50)	Chad	• Post-conflict trauma and fear • Displacement of families living in refugee camps • Malnutrition • Lack of child safety • Gender inequity/segregation	• Child-friendly safe spaces in refugee camps and surrounding communities · Peaceful atmosphere and support for children and caregivers to discuss their issues · Trained the community members to become staff (fostered sense of control of one's own environment) · Gender desegregation among staff and children to improve gender equality norms · Caregiver training/classes: Literacy, ECD education and income-generating strategies • Feeding centers for malnourished families • Child protection initiatives leading to birth registration, mine-risk education in schools, outlawing worst forms of child labour, and more
Family and Community Centers of the 'Colombianos Apoyando Colombianos, (CaC) programme (Connolly, Hayden and Levin, 2007, pp. 51–60)	Colombia	• Conflict, violence and kidnapping • Displacement of families (aggressive takeover of property, forcing residents to flee)	• Programs were developed and delivered by community members themselves (fostered sense of control and ownership) Programs involved: · Capacity development in families and communities · Income-generating projects for caregivers · Psychosocial support for children and families • Created social networks among centers and within the community • Developed leaders in the ECD field to influence regional and national policies
Building 'safe zones' for children in Palestine (Connolly, Hayden and Levin, 2007, pp. 83–92)	Palestine	• Armed conflict • Health problems due to lack of access to health services	• *Safe zones* for children, including opportunities for safe play, coping, and stress-reducing activities • Facilitated safe community activities such as games, festivals, and sports, as community relief from stress and trauma • Built capacities in caregivers to promote health and well-being of their children

11 Note that it is vital to first conduct a context/conflict-analysis and adapt the programme to local needs, norms and capacities to ensure that the programme is risk-informed, conflict-sensitive, and culturally sensitive.

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4.4. Summary of Literature: Recommendations for designing and implementing multi-level ECD programmes

- **Provide opportunities for caregivers to learn about nurturing care for ECD** and to practice responsive caregiving, early stimulation for their children and other parenting skills through trainings, home-visit programmes or other opportunities
  - **Develop trainings for adolescent caregivers** that simultaneously address adolescent developmental needs, which can be achieved by combining ECD caregiving content with content suitable for adolescent development support (psycho-education[12], skills, and citizenship)
  - **Create programmes for fathers and other family members** to become knowledgeable about ECD and become active in the child's life and development
- **Provide universal, quality early child care and education centers** that stimulate young children's minds as well as teach norms of fairness, cooperation, empathy and respect for intergroup differences so that young children internalize these values early on
- **Create programmes that simultaneously build competencies in caregivers** to improve their economic productivity and social and emotional well-being, for example, by fostering income-generating skills or improving parental mental health
- **Provide caregivers with additional social services that address their immediate needs**, such as providing access to maternal health and nutrition programmes, cash transfer or in-kind supply programmes, and social support networks
- **Provide evidence-based psychosocial interventions** that reduce the impact of trauma on children and families
- **Develop ECD youth development services** that bring together youth from diverse groups and aim to reduce underage/child marriage, early and unintended pregnancies, and gender-based violence; improve understanding of parenting skills and ECD; and contribute to youth leadership and development
- **Provide families access to and participation in community risk-prevention programmes**
- **Create inclusive ECD services that address community stressors and risk factors** and bring together families from different identity groups around the common goal of child well-being
- **Aim to reduce norms of violence** among children, families, and communities across all ECD programmes
- **Collaborate with local media and art/theater groups to communicate the importance of ECD**, non-violent norms, and community solidarity in support of children's well-being

12 'Psycho-education' is the education of a person with a psychiatric disorder (and/or his or her family) about topics that can aid treatment and rehabilitation of the person.

CHAPTER 5.

Recommendations for creating policies that enable ECD services to contribute to peacebuilding

Introduction

In order to develop policies and systems that contribute to reducing violent conflict and sustaining peace, governments and institutions must develop a systemic approach to developing and delivering multi-level ECD services that are at the very least conflict-sensitive (that is, 'Do No Harm') – meaning they do not inadvertently exacerbate existing conflict drivers. It is also in the best interest of governing institutions to additionally strengthen opportunities for sustainable peace and development (that is, 'Do More Good') by building competencies and transforming relationships at the individual, interpersonal and intergroup levels.

This final section of the paper provides recommendations for how governments can create policies and social service sector plans in which multi-level ECD services are leveraged to transform relationships and contribute to sustainable peace and development. The policy recommendations that follow were derived from Ang and Oliver, 2016; Britto et al., 2017; Connolly et al. 2006; Connolly, Hayden and Levin 2007; Connolly, Miller and Eakin, 2010; Collins, 2015; Early Childhood Peace Consortium, 2017; Engle et al., 2017; Leckman, Panter-Brick and Salah, 2014; Novelli et al., 2017; Staub 2003b, 2003c; UNICEF 2012a, 2016a, 2017.

5.1. Policy Recommendations

1. **Conduct context-analyses** that identify the root causes and drivers of conflict within a region.
   - Also assess the feasibility and extent to which multi-level ECD social services can mitigate these drivers of conflict.

2. **Build partnerships among governmental agencies, non-governmental organizations (NGOs) and civil society** in which civil actors (community members, civil/communal institutions, etc.) contribute to the design, operationalization and implementation of the social service programming that will affect their community, thereby strengthening vertical social cohesion.

3. **Develop conflict-prevention frameworks for ECD social services that aim to reduce structural violence** and mitigate systemic toxic stress through the 4Rs:
   - **Redistribution** (equitable distribution) of resources
   - **Recognition** of all voices, needs and identities in the provision of services
   - **Representation** of all identity groups within systems and decision making
   - **Reconciliation** of past injustices among conflicting groups and strengthening of social cohesion through the use of social services

4. **Build institutional and governmental capacities to create and operationalize ECD policies that contribute to peacebuilding:**
   - Allocate funds within ECD budgets dedicated to building social cohesion (for example, if aiming to create new social services in a given community, plan to build an intergroup ECD center with the goal of not only nurturing young children but also strengthening social cohesion among families from different groups)
   - Secure long-term sustainable funding for psychosocial programming for children affected by violence[13]
   - Develop evidence-based action plans informed by science for multi-level ECD services (see Chapter 4 for details on evidence-based ECD programmes)
   - Facilitate multi-sectoral ECD packages (health, nutrition, WASH [water, sanitation, hygiene], education, protection) rooted in nurturing care that can be delivered through pre-existing sectoral programmes and networks
   - Provide universal access to multi-sectoral quality ECD services that reach the most vulnerable and excluded children and their caregivers (especially adolescent caregivers)

13 Advised in Resolution S/RES/2427 (United Nations Security Council, 2018)

- Create accountability systems that track financial investments in ECD services
- Build planning, monitoring, and evaluation frameworks from the start that aim to understand how ECD services are mitigating conflict drivers, contributing to social cohesion and promoting sustainable peace and development
- Develop national, implementable frameworks that guide scaling up of programmes
- Sponsor advocacy and media campaigns around ECD and community development

5. **Develop peacebuilding capacities and ECD knowledge in community leaders and institutions:**
   - Demonstrate to community leaders and institutions how multi-level ECD services can transform intergroup relationships and contribute to conflict-prevention by creating services that intentionally aim to facilitate understanding and respect for differences among children and families from differing groups
   - Build community awareness of the importance of ECD through local media campaigns, community education programming, and participatory theater exercises[14]
   - Help community leaders understand:
     - What factors drive conflict
     - How their own group/ community contributes to conflict
     - How they can leverage their leadership and social influence to mitigate conflict by calming the anger and hostility in their community, modeling positive behaviour toward other groups and publicly condemning norms of violence
     - How their words and actions and their community's education, media, intergroup ECD services and school curricula are major tools for 'humanizing the other' in the eyes of the populations they lead
   - Develop capacities of community institutions (e.g., intergroup ECD centers) to learn how to:
     - Develop inclusive community-based holistic ECD, youth and family services
     - Plan, monitor and evaluate the effectiveness of ECD services for peacebuilding efforts
     - Encourage community members and leaders to support inclusive, equitable ECD services that include all groups

6. **Ensure that ECD-sensitive programming is considered in all emergency contingency plans** that aim to prevent or mitigate hazards and shocks resulting from natural disasters, violent conflict, climate change, biochemical disasters or economic downfalls. These plans must consider how such shocks and toxic stress affect children (see Chapter 2 for details), thereby shaping risk-informed programmes that can buffer the effects of shocks on communities, families, and young children.

7. **Develop nation-wide media guidance to promote ECD efforts and reduce conflict risks:**
   - Emphasize the importance of early childhood and how 'early moments matter'
   - Promote respect for differences (physical, social, cultural and ethnic differences) among children, families and practitioners (see, for example, Case Study 3.2 on the Media Initiative for Children programme in Northern Ireland)
   - Condemn media that exacerbates intergroup hostility or that discriminates against individuals and groups

14 Participatory theater is an entertainment-education communication dissemination technique in which audiences and actors enter a dialogue of information exchange around a certain topic such as health promotion or human rights. It can be a powerful method for addressing underlying causes of tension in conflict-affected settings, reducing trauma in emergency situations, and tackling harmful norms and practices such as female genital mutilation or child marriage (e.g., McGillion and McKinnon, 2014).

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