Meeting Report

ECD+ Workshop
preceding the WHO’s
6th Milestones in the Global Campaign for
Violence Prevention Meeting

Mexico City, Mexico  |  12 November 2013
Introduction

On 12 November 2013, the World Health Organization (WHO) and UBS Optimus Foundation brought together nearly 40 experts on Early Childhood Development (ECD) and Violence Prevention (VP) to explore knowledge gaps and implementation priorities at the intersection of these two fields. The “ECD+ Workshop” took place just prior to the WHO’s 6th Milestones in a Global Campaign for Violence Prevention meeting in Mexico City, Mexico.

Throughout the workshop, a prevailing theme was the potential for achieving broader and deeper impacts by building greater synergy across the fields of ECD and VP. Experts identified significant overlaps between the two fields, but noted the lack of communication and sharing of results, as well as a lack of integrated approaches (ECD+) across these two fields.

Considerable effort has been made within the fields of ECD and VP in High-Income Countries (HICs), but examples from Low- and Middle-Income Countries (LMICs) remain scant. A systematic literature review found that 90% of published prevention studies in these fields had been conducted in the United States or Canada. Initial findings, however, indicate that there is potential for carefully transmitting lessons learned and intervention strategies from HICs in conjunction with rigorous monitoring and evaluation methods.

A substantial outcome of the workshop was the identification of key challenges facing the emerging field of ECD+ as well as opportunities that can be seized upon to advance efforts in this area. To facilitate effective discussion, participants split into four targeted groups focusing on the issues of parenting, delivery channels, evidence-building, and systems and contexts.

Some of the identified challenges revolved around the wide gulf between HICs and LMICs in regards to human and institutional capacity, in particular the relative weakness of health and education systems in LMICs. Both fields are extremely fragmented and have a weak evidence-based and there is a lack of a universally-recognized definition of “positive parenthood”.

Noting a gathering momentum within the fields of ECD and VP, participants also highlighted a number of opportunities closely aligned with the identified challenges. Existing case studies and new research can help to generate a stronger evidence-base and identify the most effective components of interventions. Likewise, a range of pathways exist for strengthening capacity for ECD+ including, for instance, through support and training of paraprofessionals. Existing and underutilized delivery channels were also seen as an opportunity for engagement, and a number of practical steps can be taken to address the funding gap, for example, through assessing the current funding landscape and promoting coordination among funding bodies.

These discussions led workshop participants to develop a Roadmap for Action, which will be used to build momentum and assess progress moving forwards. Priority actions include to:

1) Establish a conceptual framework for consolidating the ECD+ field and publish it in a leading journal;
2) Raise awareness of the importance of ECD+ with an editorial in a leading journal;
3) Bring together and mobilize experts by establishing technical working groups to (a) map systems, contexts and networks, (b) define priorities for evidence building, (c) build a matrix to identify effective program components, (d) map available open source assessment tools and intervention models without copyright to identify gaps and (e) draft guidelines for practitioners to implement effective ECD+ programs.
4) Develop an online portal for sharing resources and strengthening the network;
5) Build a consortium of funders;
6) Plan the next meeting to continue building momentum and assess progress on the roadmap.
What do we know about ECD?

Julie Meeks of the Caribbean Child Development Centre, University of the West Indies, Mona, in Jamaica presented an “Overview of Early Childhood Development.” She defined child development as “the continuous and sequential biological and psychological changes that occur in human beings between birth and the end of adolescence, as the individual progresses from dependency to increasing autonomy.”

Meeks referred to the 2007 Lancet series on child development, which identified risk factors for poor child development, and described available evidence on effective interventions. An oft-quoted statistic from that series is that more than 200 million children under the age of five in low and middle income countries (LMICs) are not reaching their developmental potential. The 2011 Lancet series reviews more recent evidence on the causes of inequality, provides evidence relevant to the setting of priorities and designing of effective programs, and estimates the global cost of not investing in early childhood programs (USD 566 billion per year).

ECD focuses on the developing brain, an organ that governs future socialization, school achievement and life success. A child’s brain develops through a dynamic process involving genetic, biological and psychosocial influences. A substantial body of evidence has demonstrated that early exposure to ECD risks – including undernutrition, chronic illness, and a lack of stimulating activities and quality interactions with caregivers – may lead to deficits in brain structure and function. Violence against children is an important and highly prevalent risk factor. The earlier the exposure, the longer that exposure lasts, and the more risk factors involved, the worse the damage.

Meeks reported on new evidence that is helping to identify protective influences including breast feeding, micronutrient and food supplementation, prevention of malaria and HIV, responsive caregiver-child interactions, opportunities to play and learn, and maternal education. Reducing children’s exposure to stressful experiences – including exposure to violence – is essential for early childhood development. The most effective ECD programs reach children early, address multiple risk factors, and are integrated across multiple disciplines.

What do we know about violence prevention?

Harriet MacMillan, of the Offord Centre for Child Studies at McMaster University, Canada, presented an “Overview of Violence Prevention.” She focused on the problem of child maltreatment which she defined as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

A public health approach to addressing these problems includes surveillance, identification of risk factors, evaluation of interventions, and implementation. That is: define the problem, understand the causes, learn what works, and do something about it.

Defining the problem in LMICs is difficult. Most data on child maltreatment comes from programs in high-income countries. A systematic review-of-reviews found that almost 90% of all published prevention studies have been conducted in the United States or Canada (82.9% in the USA). This is in contrast to the ECD field, where a relatively stronger evidence base exists on the problem and effective interventions in LMICs, though it is still limited.
Understanding of the risk factors of child maltreatment in high-income countries is fairly robust. Evidence from existing studies demonstrates that risk factors include:

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<th>Individual</th>
<th>Relationships</th>
<th>Community</th>
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<td>Parent maltreated as child</td>
<td>Poor parent-child attachment</td>
<td>Tolerance of violence</td>
<td>Lack of effective legislation</td>
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<td>Parent substance addiction</td>
<td>Family breakdown</td>
<td>Gender &amp; social inequity</td>
<td>Social/economic/health policies associated with poor living standards/inequity</td>
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<td>Parent social isolation</td>
<td>Intimate partner abuse</td>
<td>No family support services</td>
<td>Cultural norms re. violence</td>
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<td>Child unwanted as baby</td>
<td>Social isolation</td>
<td>High unemployment</td>
<td>Low status of children in society</td>
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<td>Child mental ill-health</td>
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Learning what works is more difficult. Evidence from intervention studies is limited. Two specific home-visiting programs (the Nurse Family Partnership (best evidence) and Early Start (promising) have been shown to prevent child maltreatment and associated outcomes such as injuries. One parenting program (Triple P) has shown benefits, but requires further evaluation and replication. Head trauma education, and enhanced pediatric care seem promising. It remains unknown whether school-based educational programs reduce child sexual abuse. There is some evidence that such programs increase children’s protective behaviors, but a few studies have shown adverse effects in a minority of children. Emotional abuse is usually addressed with therapeutic counseling, but there is no direct evidence that this works.

What to do? A major question for anyone working to prevent child maltreatment in LMICs is whether to (a) adapt evidence-based programs from high-income countries, or (b) develop new programs from scratch. The weight of opinion falls on “use and adapt.” Building on peer-reviewed research in high-income countries could help avoid the costs of developing programs from scratch in LMICs. However, it is critical to rigorously evaluate any programs from HIC when adapted and implemented in LMICs.

Overall, the evidence based for child maltreatment is increasing, but many gaps remain. There is a need for further clinical and population-based studies to determine the effectiveness of existing prevention programs, and to develop and test new approaches. We cannot assume that reducing risk factors will necessarily reduce child maltreatment. Only a few randomized control trials have been conducted in LMICs. In the absence of an evidence base there, we need to adapt proven interventions from high-income countries and ensure their effectiveness is rigorously evaluated, so as not to re-invent the wheel.

David Finkelhor, Director of the Center for Crimes Against Children at the University of New Hampshire, presented his notion of developmental victimology, outlining the broad range of victimizations that children suffer from and how victimization changes across the developmental span of childhood. Finkelhor outlined many characteristics that make children more vulnerable to violence:

- Children are relatively smaller, more inexperienced and more dependent;
- Children have fewer conflict resolution strategies;
- Societies and governments have weak norms, sanctions and protection mechanisms for children;
- Children are more prone to risky activities and have less self-control;
- Children lack the capacity to choose their associates, including family members, neighbors, school officials and community members.

Finkelhor also described the perils of a very fragmented field, which could lead to underestimating the true scope of victimization, unnecessary competition for scarce resources, failure to identify most victimized children and a reduction in policy influence. He concluded by saying that being exposed to violence is more toxic for children than poverty.
How do these two fields overlap?

A succinct way of contrasting these field is to define ECD as a process that unfolds over several years during an early stage of life, and violence as a class of behaviors (usually embedded within a relationship) characterized by use of force or power and intentionality, resulting in harm. Chris Mikton provided an overview of the links between and overlaps of the two fields in terms of the approaches adopted by each field, risk factors, programs, and capacity or readiness to implement programs on a large scale.

In public health, the approaches adopted to address these two fields are identical. This approach is characterized by an emphasis on primary prevention; focus on whole populations rather than individuals; recognition of the need for interdisciplinarity and multi-sectorial action; insistence on the importance of an evidence-based scientific approach; use of multi-level ecological models to understand risk factors and organize prevention programs; and the adoption of a life-course perspective.

At the level of risk factors, three types of links can be identified between ECD and VP: (1) violence as a risk factor for developmental difficulties; (2) developmental difficulties as a risk factor for violence; and (3) shared risk factors for both violence and developmental difficulties.

At the level of prevention programs, there is considerable overlap between ECD and VP, particularly child maltreatment prevention. The majority of child maltreatment programs – particularly those with evidence of effectiveness, such as home visiting programs or parenting programs – target outcomes that are traditionally viewed as ECD. At the same time many programs within the field of ECD are identical with child maltreatment programs – parenting programs and other programs to prevent child abuse and neglect most prominent among them. The full extent of the overlap between programs in ECD and VP requires that, when comparing programs, clear distinctions be drawn between the stated aims of program, the program theory/risk factors targeted, the programs as actually implemented, outcomes routinely measured in monitoring and evaluation, outcomes measure in evaluations, and the actual impact of programs.

Another potentially important area of overlap is the background conditions that have to be met for successful large-scale program implementation. These include, for instance, the legislative and policy environments, the political will to address the problem, the human and institutional capacity, and financial and infrastructural resources. Various methods, typically based on multi-dimensional models, for assessing countries’ readiness or capacity to implement VP and ECD programs on a large scale have been developed. While it is very likely that there is overlap in the dimensions of readiness for both VP and ECD, it is not known whether exactly the same dimensions apply; how countries, states, and municipalities compare on these dimensions in relation to ECD and CM; and whether and how these dimension can be strengthened for ECD and VP simultaneously.

Mikton concluded that while there are significant links and overlap between fields – in the area of risk factors, approaches used, programs, and readiness and capacity – further work in required to carefully analyze them. It is also important, he noted, to guard against reaching the conclusion that the two fields are more separate than they are in reality. To this end it is important to make explicit ECD

“Small deviations from an optimal developmental course in early childhood can lead to large negative consequences later on in many domains, especially health (increasing risk for non-communicable disease), and socio-occupational functioning.”

Dr. Chris Mikton
Technical Officer, Prevention of Violence
World Health Organization
Diverse but overlapping definitions

Chris Mikton, of the WHO, began by reviewing definitions of ECD and VP. He pointed out that while there was little consensus on the definitions of ECD, there were nonetheless some broad areas of agreement. These include that ECD takes place during a period of child’s life (0-8?) that it unfolds and has outcomes in different domains (motor skills, language, cognition, social-emotional functioning, others?); that the ultimate aim of the field is to promote the development of children’s full potential; that it is a critically important period and that non-optimal early child development can have far-reaching consequences; and that it is should adopt a life-course approach which focuses on how earlier underlying biological, behavioural, and psychosocial processes and experiences influence later outcomes over the life-course and across generations.

There is greater consensus on definitions of violence and child maltreatment.

Violence against children refers to “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" against human being under 18 years of age,” where “violence” means “intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.” (World Report on Violence against Children, 2006).

Child maltreatment is defined as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or powerbeing aged less than 18.” (World Report on Violence and Health, 2002). Child maltreatment is not only of concern because of its immediate serious consequences – such as death and injury – but also because of its serious, life-long consequences for physical and mental health, and socio-occupational functioning. In addition exposure to violence is a major risk factor for later involvement in other forms of violence.

ECD+ Landscape Analysis

To provide a background for discussion during the workshop, the Optimus Foundation commissioned Theresa S. Betancourt, Dana Charles McCoy and Yvette Efeybera of Harvard University, and Alice Wuerml of the University of California, Davis, to conduct a Landscape Analysis of “Integrating early childhood development and violence prevention in low and middle income countries.”
Theresa Betancourt presented the team’s findings during the workshop. Their analysis was based on a systematic review of the literature, key informant interviews and a supplemental review of grey and published reports. From abstracts of over 4,000 research papers, the team found only five studies targeting both ECD and VP endpoints in LMICs: (1) a stimulation and nutrition program in Jamaica, (2) “Helping Challenging Children” in Lebanon, (3) a home visit program for teen mothers in Chile, (4) the Turkish Early Enrichment Program, and (5) a mother-child education program in Turkey.

Through feedback from key informant interviews and analysis of the five studies, the team identified five critical themes for an integrated ECD+VP approach:

1. **improve parenting and parent-child relationships** focusing on both parental well-being and positive parenting behaviors;
2. **strengthen family systems** in a broad context of dynamic definitions of “family”;
3. **implement interventions along an “ecological” spectrum** including children’s resilience and coping skills, improving parenting practices, improving care providers’ knowledge and awareness outside the home (e.g., teachers, para-professionals), and influencing community social norms toward child maltreatment and child development;
4. **integrate ECD+ into health and child protection systems**, developing common assessment tools to avoid duplication, and building local and global awareness; and
5. **build an ECD+ evidence base** with common logic models that are sensitive to diverse cultures, with robust burden data linked to efforts to inform policy and practice.

“Parents are not just vessels for stimulation delivery. **The well-being of parents also matters.** They are sometimes coping with depression, conflict, substance abuse and past traumatic exposure. They need help modulating under stress, with impulse control, and anger management. They need more options and strategies to parent. Most of them want to be positive parents."

Theresa Betancourt
Associate Professor, Director of Research Program on Children and Global Adversity, Harvard School of Public Health

Based on the Harvard-UC Davis analysis, Theresa urged participants to focus their discussion on parenting programs; delivery channels (e.g., home visits, parenting education, and center-based approaches); systems, contexts and advocacy for integrating ECD with VP efforts; and building and disseminating evidence of what works.

**ECD+ programs examples and lessons learned**

Achieving the greatest synergies from integration will require a better understanding of the few ECD+ interventions that have been implemented so far. What can be learned from them? A range of models and lessons learned are available from HICs, but the question remains: can a program that is effective in Michigan be adapted to Malawi? ECD programs in LMICs are generally small, involving a limited number of children, and rarely integrate VP. How can these programs be expanded and scaled up to reach more children?

These are some of the questions that were explored through group discussion during the workshop. This discussion of past experience was based on a few specific examples from high income and low income settings:

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1 although Chile was upgraded to a high income country by the World Bank in 2013, at the time of this research Chile was classified as middle-income
Examples from the United States – lessons for replication:
Steve Barnett, Director of Research for the National Institute for Early Education Research at Rutgers University, outlined several ECD+ programs in the United States, including the Perry Preschool, Chicago Child Parent Centers, Head Start and the Early Head Start programs, along with a brief review of nurse home visitation programs.

Randomized trials with long-term follow-up have found that Perry preschoolers had fewer discipline problems, fewer arrests, and lower involvement in violent and drug-related crime. The Perry Preschool curriculum encouraged child-initiated activities, with staff support. Long-term benefits included higher levels of social responsibility and self-efficacy (compared to direct instruction), and higher educational attainment (assessed at age 27). Assessment of Chicago Child Parent Centers also found lower levels of child maltreatment and criminal activity compared to controls.

Results from the Head Start and Early Head Start programs have been less consistent and less promising. Head Start has not led to consistent improvements in children’s behavior, and only a few studies have found improved parenting practices. Evaluations of Early Head Start have found small reductions in spanking, family conflict and stress, but no significant long-term improvements overall (though the home visiting part of the program may have produced a small benefit).

Given the evidence available, Barnett believes that these interventions – overall – have reduced violence and encouraged optimal child development. Unfortunately, the evaluations have not been robust. Further, it is important to consider not only the kind but the quality of intervention. Head Start staff are not well paid, and home visits in the Early Head Start program are not high quality. In contrast, Chicago Child Parent Centers benefit from well-educated teachers and a strong emphasis on parent involvement.

An example from Liberia – challenges and opportunities
Laura Boone, Senior Technical Advisor for Child Protection at the International Rescue Committee (IRC), presented findings from an ECD+ intervention in one LIC. Parenting interventions in HICs have a well-established evidence base. However, very few parenting interventions have been implemented in LMICs, much less in post-conflict settings, yet in these contexts parents often face increased stressors affecting their ability to care for and support their children. To address this gap, the IRC launched “Parents Make the Difference” in Liberia.

The centerpiece of the IRC intervention is a parenting skills training program delivered by paraprofessionals. The training sessions are focused on the pillars of VP, ECD and malaria prevention, with research questions regarding the feasibility of such a program in a low-resource setting, the effectiveness of such a program in achieving multiple outcomes for caregivers and children, and the cost-effectiveness of such a program.

In collaboration with Duke University, the randomized controlled trial of Parents Make the Difference included quantitative, qualitative and observational outcome measures. The research found that the parenting intervention was feasible and acceptable. In terms of parental level outcomes, the research found a significant impact on reducing the use of violent discipline, and a promising impact on positive parenting practices. No significant impact was found on children’s cognitive, emotional or behavioral outcomes, which may be due to the fact that these effects take longer to emerge, and neither was there a significant effect on malaria prevention, which may be due to high baseline levels of bednet ownership and use.

In conclusion, the Liberia program showed that parenting interventions can be implemented with fidelity by paraprofessionals in low-resource settings, and that they can be effective at changing caregiver behavior regarding the use of violent discipline and positive parenting. There is, however, a need for longer-term follow-up to assess the maintenance of effects and improvements in child outcomes, and to make further refinements to the intervention and research.
Growing momentum for ECD+

As part of a panel discussion to gather different perspectives on ECD+, international organizations gave an overview of current efforts, as summarized below.

Global Alliance for Children (GAC): This new public-private partnership was launched in August 2013, and seeks to mobilize public and private knowledge, commitment and resources at the global and country levels. The GAC will support country-driven strategies with concrete targets in three core areas to reduce the number of children who are: not meeting key developmental milestones; living outside of family care; and experiencing violence, exploitation, or abuse.

Thomas Lent, Executive Director of the GAC, described the Alliance as a platform to bring together funders and implementers, including ECD champions, child health and CM prevention experts. A key driver for the GAC is the need to improve policies and practices, taking a systems approach, focusing on the whole child.

Lent also described the Action Plan on Children in Adversity, the first US government action plan to holistically pursue international investments in children, integrating ECD and VP, while also promoting healthy families and family cohesion.

UNICEF: Theresa Kilbane, Senior Advisor for Child Protection at UNICEF described several Initiatives related to ECD+:

- The Global Learning Initiative is a multidisciplinary global network dedicated to stopping violence against children. It is comprised of experts on public health, economics, child protection, gender-based violence, education, ECD, justice, urban planning and neuroscience. The network’s members will examine research findings from around the world, and identify and promote the most effective policies and approaches to end violence and promote children’s optimal development;
- UNICEF has developed an Early Childhood Development Kit to strengthen interventions for young children caught in conflict and emergencies;
- In September 2013, UNICEF launched the Childhood Peace Consortium to integrate ECD into peace building initiatives.

Additional initiatives: Participants highlighted various initiatives relevant to the growing ECD+ movement.

- Save the Children’s Regional Advisor on Child Protection, Monica Darer, mentioned the Global Initiative to End All Corporal Punishment of Children, which is working to speed up the end of corporal punishment of children;
- Save the Children’s positive parenting methodology helps parents build empathy and understanding of children’s perspectives;
- The Consultative Group on Early Childhood Care and Development (ECCD) is working to influence the post-2015 MDG agenda with an ECD goal that ensures children receive the best start in life to develop to their potential through comprehensive policies and programs;
- Plan International is integrating its ECD and VP programs in Colombia, Bolivia and Nicaragua.

“There are critically important moments in the period of early childhood where child protection strategies may be effective. This is particularly true when considering the protection of children from violence, abuse, exploitation and neglect, given that in early childhood children are primarily in families and households. Better policy and program integration will capitalize on the strengths of both fields.”

Susan Bissell, Chief of Child Protection, UNICEF
Challenges and opportunities

Based on key themes that emerged from the landscape analysis, experts were divided into four groups focusing on parenting, delivery channels, evidence-building, and systems and contexts. They were asked to identify key challenges and opportunities for the emerging field.

Challenges

**Weak health, education, and social protection systems in LMICs:** Traditional entry points such as health clinics or schools are often limited in LMICs because health and education systems are weak and fragmented, and there are often too few trained social workers available. Traditional entry points also frequently fail to reach men and fathers, who may have different support systems.

**No universally-recognized definition of “positive parenthood”:** Parenting practices are often highly culturally specific and considered private. This can often prevent parents from acknowledging the need for, or accepting, help. High levels of poverty and a lack of gender equality create enormous pressures and constraints on families that parenting programs may be unable to address. Machismo and a view of violence as normative are widespread in certain cultures. Gender power relationships, acceptance of partner violence and child discipline norms all vary considerably across different cultures. Thus, cultural adaptation is essential – especially for the introduction of interventions derived from HICs.

> “There are the fundamental issues about power and misuse of power. We must support households and communities to re-appraise what it means to be a good parent and partner.”

Charlotte Watts
Professor, Social and Mathematical Epidemiology, London School of Hygiene and Tropical Medicine

**Lack of capacity in LMICs:** This may make the introduction of interventions derived from HICs – which often depend on these capacities – unfeasible. Getting access to families in the most remote areas, who are sometimes the most in need, is also a challenge. High levels of poverty may create pressures that parenting programs cannot address.

**Weak evidence base:** Data collection, theory testing, program and impact evaluations, and cost-benefit analyses are lacking, and there is not nearly enough funding to pursue such critical research. Participants expressed particular concern over the limited interest in ECD, and even less interest in VP, among donors and local governments.

**Fragmented fields:** Despite the overarching goals of improving children’s lives, the fields of ECD and VP often do not communicate and are generally not pursuing an integrated approach. Additionally, VP actors themselves are divided into silos focusing on violence against children, or against women, with different groups working on almost every type of violence. Within the ECD community, a fault line runs between health and education groups. Such fragmentation is reflected in all communications and advocacy efforts, leaving the fields without a unified set of messages and “asks” that are grounded in evidence.

**Comprehensiveness vs. effectiveness and feasibility:** Complexity itself is a challenge. How much can we load into a single program; what outcomes should be measured; and what is our theory of change or logic model? A major dilemma is that, on the one hand, there is evidence that the more different outcomes programs try to target, the less effective they become, while, on the other hand, it is not realistic to expect LMICs to implement many different programs, each addressing different outcomes, in parallel.
Opportunities

Despite all these significant challenges, participants agreed that momentum is building in both the ECD and VP fields. The time seems right to integrate these two closely related fields, and participants focused much of their constructive energies on identifying opportunities to continue this momentum.

Generate evidence: Participants agreed that more research is needed to clarify what works and for whom, under what conditions and at what cost. Research findings need to be used to scale up programs. It is important to use the evidence that does exist to build momentum (e.g., Violence against Children surveys), and to build case study experience that is relevant for LMICs. A better understanding should be developed of existing gaps in the evidence base. For example, Finkelhor suggested a “matrix approach” to address ECD+ complexities. In multi-component programs, this approach would link diverse components to related outcomes and criteria for success. This should allow researchers to analyze and identify the most effective components. Mikton pointed out that a matrix approach might help tease out which parts of parenting programs are most effective.

Strengthen capacity for ECD+: LMICs often have limited capacity to develop and deliver ECD+ interventions, and to carry out evaluations. Capacity for implementation research, and the translation of research evidence into policy and practice, is essential.

Meeting participants agreed that building durable capacity is essential, and can be pursued in a number of ways, including:

- strengthening support and training of paraprofessionals;
- developing and sharing open source assessment tools and intervention packages;
- creating a career pathway for future professionals in-country;
- developing a unified communication strategy that conveys the promise of ECD+;
- reinforcing a strong advocacy movement in order to raise awareness amongst government decision-makers and bodies, such as finance ministers, parliaments, municipalities and other cohorts, as well as community leaders, including religious leaders.

Integrate into existing delivery channels: Existing and underutilized channels should be used, such as post-partum home visiting initiatives, economic empowerment programs, and channels that may attract men and fathers, such as agricultural programs. However, the effectiveness of programs using these delivery channels will have to carefully evaluated, as little is currently known about their effectiveness to prevent CM and promote optimal ECD. Furthermore, delivery systems should attempt to engage all possible caregivers, including grandparents and siblings. Finally, the mental health field was identified as a potential ally or a source of lessons learned.

Address the funding gap: Several participants emphasized that the current lack of funding must be addressed. Some suggested that a landscape analysis of funding opportunities for ECD+, and qualitative research on funders’ priorities, would help. Others proposed to convene and align funders in order to coordinate and mobilize resources. The new GAC is one initial effort by funders to do that. Other consortiums of funders should also be explored.
Roadmap for action

Participants identified priority actions to begin integrating the ECD and violence and maltreatment prevention fields. The following priorities emerged as first steps toward development of a roadmap to move the ECD+ field forward.

1. **Establish a conceptual framework:** Draft a paper that articulates the rationale for integration, a common conceptual framework, and a shared theory of change to consolidate the ECD+ field and publish this in a leading journal.

2. **Raise awareness about importance of ECD+:** Place an editorial in a leading journal to influence key decision makers and mobilize more advocates.

3. **Convene and mobilize experts:** Establish technical working groups (TWGs) to:
   (a) Map systems, contexts and networks, including existing initiatives, meetings and frameworks;
   (b) Define priorities for evidence building to improve data gathered from theory testing, program evaluations, impact evaluations or cost-benefit analyses;
   (c) Build a matrix to identify effective program components, related outcomes and criteria for success;
   (d) Map available open source assessment tools and intervention models to identify gaps;
   (e) Draft guidelines for practitioners to implement effective ECD+ programs.

4. **Gather and equip stakeholders:** Develop an online portal to share resources and new information, to strengthen the ECD+ network, and to build on the work of the TWGs. This portal could provide key messages for funders and governments, as well as advocacy and assessment tools, data and program models.

5. **Build consortium of funders:**
   (a) Targeted call for research proposals, for example by incorporating ECD impact evaluations into the Children and Violence Evaluation Challenge Fund (which is supported by the Optimus, Bernard van Leer and Oak foundations). Optimus will suggest this to be included at the next board meeting;
   (b) Build new consortium of funders to pool additional funds around ECD+;
   (c) Funders could help by requiring that any new ECD+ tools be open source, as a condition of funding.

6. **Next meeting:** The next event should be planned to take advantage of a major global event such as the Global Conference for Violence Reduction in mid-September 2014 hosted by Cambridge University, which brings relevant experts together at little additional cost. The purpose will be to encourage and assess progress on points 1-5, and continue building momentum.

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Appendix A

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## Agenda

**Topic** | **Time** | **Moderator**
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Welcome and objectives of the day | 9:00 – 9:10 | Cathy Ward (Chair), University of Capetown
Overview of Early Childhood Development | 9:10 – 9:30 | Julie Meeks, Caribbean Child Development Centre
Overview of Violence Prevention | 9:30 – 9:50 | Harriet MacMillan, McMaster University
Developmental Victimology | 9:50 – 10:05 | David Finkelhor, Crimes against Children Research Center, University of New Hampshire
ECD+ effort: background and working definition | 10:05 – 10:20 | Chris Mikton, WHO HQ
Examples and lessons learnt from ECD+ programs: 1) HIC example – features of a successful program 2) LMIC pioneer – opportunities and challenges | 10:20 – 10:40 | Steve Barnett, NIEER, Rutgers University
 | 10:40 – 11:00 | Laura Boone, IRC
Coffee break | 11:00 – 11:15 | All
Round table discussion ECD+: perspective and viewpoint of international organizations | 11:15 - 11:45 | UNICEF, Global Alliance for Children, Save the children, Plan international, ECD CG
Landscape analysis | 11:45 – 12:10 | Theresa Betancourt, Harvard University
Summary and General Discussion | 12:10 – 13:00 | Cathy Ward, University of Capetown
Lunch | 13:00 – 14:00 | All
Thematic groups: 1) Parenting programs 2) Delivery channels 3) Systems, contexts and advocacy 4) Evidence building | 14:00 – 15:00 | 4 groups:
 | 1) Jon Korfmacher, Erickson Institute 2) Nathalia Mesa, aieoTU 3) Alessandra Guedes, PAHO 4) Lorraine Radford, University of Central Lancashire
Coffee break | 15:00 – 15:15 | All
Summary of thematic groups | 15:15 – 16:15 | 1 speaker/group
Discussion and next steps | 16:15 – 17:00 | Cathy Ward, University of Capetown