Supporting the Youngest Refugees and Their Families

Early Childhood Issue Brief

December 2019*

Early life experiences shape the architecture of the brain and lay the foundation for later development. The very youngest refugees† face compounding risks that threaten their long-term development and well-being. Still, the multi-dimensional needs of displaced infants, toddlers and those who care for them remain overlooked and underfunded.

† This brief was developed with input from the Early Childhood Development Task Team convened by UNHCR under the Education Theme for the 2019 Global Refugee Forum. See a full list of co-sponsoring organizations here.
The Moving Minds Alliance is a funders collaborative and network convened to scale up coverage, quality and financing of support for young children and families affected by crisis and displacement. Drawing from on-the-ground experience and shared learning, Moving Minds seeks to catalyze a new way of responding to crises to address the inter-sectoral needs of the youngest refugees and their families. Learn more: movingmindsalliance.org

The Moving Minds Alliance uses the term “refugee” broadly to encompass persons in refugee-like situations, regardless of their legal status. The population of concern includes young children and families who are forced to flee their homes and communities due to armed conflict, generalized violence, natural disaster or environmental degradation, and who seek safety and protection either within their own countries or across international borders. Moving Minds also seeks to support young children in communities affected by displacement, such as host populations. (Adapted from definitions in UNHCR Global Trends 2017.)

The Moving Minds Alliance is a restricted fund under the auspices of Prism the Gift Fund, Registered Charity No. 1099682.
Why does early childhood matter?

In the first few years of life, the human brain undergoes the most active period of growth and learning, forming more than 1 million new neural connections every second. The interplay between a child’s genes and experiences shape the architecture of the developing brain. Nurturing, stable relationships with caregivers and other adults are an essential ingredient in this process, supporting development of critical social, emotional, and cognitive skills (Harvard Center on the Developing Child 2015). Conversely, the absence of consistent, responsive relationships and stimulation during the early years can pose a serious threat to a child’s development and well-being.

Substantial evidence from neuroscience to economics shows that experiences with severe, prolonged adversity early in life can alter brain development, negatively impacting health, learning, and behaviour across the lifespan. For very young children born into conflict or protracted displacement, the long-term impact can be devastating.

“The absence of consistent, responsive relationships and stimulation during the early years can pose a serious threat to a child’s development and well-being”

What is early childhood development (ECD)?

Early childhood encompasses several distinct developmental phases, with emphasis on the first 1,000 days (from conception to 24 months):

- conception to birth
- birth to 3 years
- preschool and pre-primary years (3 years to 5 or 6 years, or the age of school entry)

ECD refers to a continuous process through which a young child acquires skills and abilities and develops their optimal physical health, mental alertness, emotional confidence, social competence, and capacity to learn. The goal is that all young children, including the most marginalised and those in humanitarian settings, achieve their developmental potential (UNICEF 2017).

ECD programmes are multi-sectoral in nature, requiring coordination across the essential domains of child development – stimulation, education, health, nutrition, and protection – as well as supports for parents and caregivers to provide nurturing care. They include specific actions to uphold the rights of the child to survival, development, non-discrimination, protection, and participation.
Why is ECD important for refugee families with young children?

While all children in resource-poor settings can face immense obstacles to achieving their development potential, young children in crisis contexts are especially vulnerable to physical, developmental, mental, and emotional threats. Children exposed to prolonged adversity, chronic neglect, caregiver mental illness, conflict and violence, and the accumulated burdens of poverty may develop ‘toxic stress’ responses that impact brain development and can have lifelong negative health implications. The good news is that research shows these threats can be mitigated by access to nurturing care.

In the context of crisis or forced displacement, quality ECD integrates essential interventions into health, nutrition, early learning and education, child protection, HIV/AIDS, and WASH, as well as social policies and services that support children’s development and uphold their rights. “The impact of emergencies on any one domain of ECD can result in negative consequences to other areas of development as well” (UNICEF 2014, p. 6).

For the youngest children, the caregiver relationship is a critical source of resilience. But refugee families and caregivers face tremendous obstacles to providing positive parenting and responsive care. Coping with loss, insecurity, depression, and trauma can hinder caregivers’ capacity to positively engage with their children. For this reason, quality ECD services in crisis settings cannot focus solely on interventions for young children, but must also integrate preventative care, mental health and psychosocial support for caregivers, as well as parental coaching, to rebuild caregivers’ capacity to provide nurturing care to their young children and rebuild family life.

What is the current status of ECD in humanitarian response?

Humanitarian and refugee response plans should from the outset build a response that includes targeted, comprehensive aspects of nurturing care for young children. However, a 2018 analysis of 26 active refugee and humanitarian response plans revealed significant gaps. Only half of the plans mentioned any learning or education for children under 5, and even fewer mentioned interventions to support responsive caregiving. The graphic on the right shows what percentage of early years interventions were included in the response plans reviewed, on average by sector. (See Bouchane et al. 2018 for the full analysis.)

ECD in Humanitarian and Refugee Response Plans (April 2018)

- 58% of nutrition interventions
- 24% of safety and security interventions
- 22% of health interventions
- 10% of responsive caregiving interventions
- 9% of early learning interventions

On average, only a percentage of the response plans reviewed included the ECD interventions recommended in the Nurturing Care Framework.
How can ECD programs be integrated into existing services?

Quality ECD services focus on the five components set out in the Nurturing Care Framework for Early Childhood Development: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning.‡

While no single sector can effectively respond to the comprehensive needs of young children, full-scale integration may not always be feasible. Building on existing sector-specific services and delivery platforms that already reach young children, caregivers, and families can be a pragmatic and cost-effective way forward. See examples below, organized by sector.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **HEALTH**           | • integrating early stimulation, child development, and parenting information into existing prenatal, preventative, and early health programs  
                       | • advocating for health worker outreach to families of newborns          
                       | • counselling mothers and fathers on the importance of breastfeeding and kangaroo care for small babies  
                       | • ensuring health services are available in spaces frequented by mothers and young children  
                       | • providing mental health and psychosocial support to parents/caregivers |
| **NUTRITION**        | • supporting maternal nutrition and providing simple health messages to mothers  
                       | • promoting breastfeeding, appropriate feeding practices for children older than 6 months, and responsive feeding  
                       | • integrating key facts and simple, pictoral messages on ECD in nutrition materials  
                       | • creating a space for caregiver-child play and interaction at distribution sites  
                       | • serving midday meals and nutritious snacks at pre-schools and childcare centres |
| **CHILD PROTECTION** | • establishing support groups for pregnant women and mothers with newborns  
                       | • providing information on birth registration and social services available  
                       | • providing intersectoral services in safe spaces, such as early learning through play, recreation activities, health and safety, life skills, and psychosocial support  
                       | • supporting caregivers to identify symptoms of stress in their children, build coping capacities, and provide responsive caregiving |
| **EDUCATION**        | • providing access to safe early learning spaces and age-appropriate, locally available play and learning materials  
                       | • training teachers and volunteers to provide psychosocial support for children and caregivers  
                       | • promoting positive social interaction, play-based learning, movement, and mindfulness in structured learning spaces, in the home, and in the broader community  
                       | • encouraging parent/caregiver participation through media, home visits, etc. |

‡ Note: While the UN’s Nurturing Care Framework concentrates “on what nurturing care looks like at the beginning – from pregnancy to age 3 – recognizing that this is a period of rapid development and when the foundation for later health and wellbeing is laid” – the concept of nurturing care applies to the entire life course, including young children up to 8 years old.
Why invest in ECD?

A growing body of economic evidence demonstrates that investment by governments in effective ECD services can yield some of the greatest public policy returns on investment — particularly for poor, marginalized or conflict-affected communities — for example, by contributing to school readiness and retention, acquisition of qualifications, healthier lifestyles, active citizenship, and social cohesion. However, government investment still tends to prioritise later periods of human development.

From a cost-benefit perspective, there is now a broad consensus that benefits derived from ECD investments far outweigh the costs. The estimated rate of return for investments in quality ECD for disadvantaged children is 13 percent per year (Garcia et al. 2017). ECD programmes are affordable: on average they cost an additional $0.50 per capita per year (Richter et al. 2016). The returns are actualised in reduced poverty and income gaps, improved outcomes in education and health, reduction in crime, as well as increased prosperity and competitiveness of economies. Quality, integrated ECD programmes have the potential to boost individual adult earning by almost 25 percent (Gertler et al. 2014).

Investing in ECD also contributes to multiple Sustainable Development Goals (SDGs) (see below).

How Early Childhood Development Contributes to the SDGs

1. **No Poverty**

   ECD has been documented as one of the most cost-effective strategies for poverty alleviation and reducing income gaps.

2. **Zero Hunger**

   Early stimulation amplifies the impact of nutritional interventions. ECD services buffer the negative effect of stress, thereby improving absorption of nutritional intake.

3. **Good Health and Well-being**

   ECD interventions decrease the risk of adult health problems, such as diabetes, hypertension, stroke, obesity, some forms of cancer, cardiovascular disease.

4. **Quality Education**

   Early learning opportunities are proven to be the foundation for later learning, academic success and productivity. Investing in quality childcare and pre-primary education reduces dropout/repetition and improves learning outcomes.

5. **Gender Equality**

   High-quality, affordable childcare contributes to women’s economic advancement and empowerment. ECD reduces violence against women and girls, as well as child marriage.

6. **Clean Water and Sanitation**

   ECD interventions provide access to clean water and sanitation services, and promote good hygiene habits that last a lifetime.

7. **Decent Work and Economic Growth**

   Adequate childcare is a critical element of the decent work agenda. Investments in professionalization of the early childhood workforce contribute to full and productive employment, especially for women.

8. **Sustainable Cities and Communities**

   The well-being of young children and caregivers is an indication of a vibrant, prosperous city. Decisions that work for the youngest residents tend to have a wider positive impact for urban populations (e.g. green spaces, safe transportation). (BvLF 2019)

9. **Reduced Inequalities**

   Inequalities emerge – and are best prevented – early in life (Woodhead 2016). Interventions delivered in the first few years of life can close the inequality gap between children born into disadvantage and their non-disadvantaged peers.

10. **Peace, Justice and Strong Institutions**

    Early childhood interventions can instill values and behaviours that reduce violence and promote peace. ECD has been shown to contribute to lower rates of violence in the home and increased social cohesion in communities. (Early Childhood Peace Consortium 2018)

Supporting the Youngest Refugees and Their Families
Priority Actions

1. Prioritize establishing family-centered early childhood programs for all young children and families affected by crisis and displacement.

2. Increase funding for, and explicit and targeted inclusion of, inter-sectoral early childhood programs and services in humanitarian, fragile, and conflict settings, as well as in host communities, resettlement, and return.

3. Establish or strengthen inter-sectoral, inter-agency ECD coordination mechanisms in crisis response.

4. Integrate early childhood interventions into existing services and delivery platforms that reach infants, toddlers, caregivers, and pregnant women.

5. Provide ongoing mental health and psychosocial support as well as parenting support to displaced caregivers raising young children.

6. Engage refugee families and children as active partners in program design and delivery, from identifying needs, to implementing, monitoring, and evaluating impact.

7. Promote ongoing research to better inform early childhood practices affecting children and families affected by displacement, and normalize the collection of age-disaggregated data on both child development and the quality of implemented ECD services.
References and Further Reading


“Early Childhood Development and Early Learning for Children in Crisis and Conflict,” Kolleen Bouchane, Hirokazu Yoshikawa, Katie Maeve Murphy, and Joan Lombardi. Background paper to the 2019 Global Education Monitoring Report, UNESCO.


“Responding to the ECEC Needs of Children of Refugees and Asylum Seekers in Europe and North America,” Migration Policy Insitute, 2018. See also the animated video by Bernard van Leer Foundation (BvLF), 2019.

