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**Master's degree in
Human Rights and Multi-level Governance**



THE TRANSFORMATIVE POTENTIAL OF
EARLY CHILDHOOD DEVELOPMENT (ECD)

A PROPOSAL FOR PREVENTING THE LONG-
TERM DAMAGES OF CHILD POVERTY

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A Destiny, respinta a Bardonecchia e morta sognando la Francia, mentre dava alla luce il piccolo Israel;
a Senada e Imed e ai loro figli, minacciati e aggrediti dall'odio nel loro appartamento di Casal Bruciato,
a Elnora, che è diventata mamma in una cascina, nel bosco della droga di Rogoredo.

A Benedetta e Luca, che sono diventati genitori di Matilde mentre scrivevo questa tesi,
a tutti gli esseri umani che si affacciano alla vita e a tutte le mamme che li sostengono, anche alla mia.

If we change the beginning of the story, we change the whole story.

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List of Acronyms

CBOs: Community-Based Organizations

CCIs: Comprehensive Community Initiatives

CRC: UN Convention on the Rights of the Child (1989)

CSOs: Civil-Society Organizations

ECD: Early Childhood Development

GC7: General Comment no. 7 by UN CRC Committee (2005)

LCCs: Local Caring Communities

MC: Mothers Centre Program

MDGs: Millennium Development Goals

NC: Nurturing Care

NCF: Nurturing Care Framework

NGOs: Non-Governmental Organizations

NR: Newborn Ribbons Program

OP: Optional Protocols (referred to CRC)

SDGs: Sustainable Development Goals

StC: Save the Children Italia

UN: United Nations

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organization

Introduction

The present work examines the significative and transformative potential of Early Childhood Development (ECD), generally defined as the period between prenatal development to 8 years of age, but here understood as a crucial six-years period¹, which needs to be better supported together by territorial services, civil society organizations, governments and international institutions through proper actions of advocacy and adequate targeted investments, from which every young child, his/her family and the whole society – economy too – can benefit. In other words, ECD is here considered as a global political priority which urges to be treated comprehensively as such by the entire International Community and, consequently by every national, regional and local interested level.

The recent studies in neuroscience, pediatrics and economics scientifically prove that early skills breed later skills and that, if not prematurely addressed, early disadvantages and gaps persist, making a later remediation a very costly and difficult – sometimes suicidal – mission, which risks to perpetuate the existing inequalities². Starting from these assumptions, the following analysis is placed within the ongoing struggle against child poverty that still kills and hinders too many and too young children in the world. Above all, the proposal and the findings emerging from the present research can be considered a weapon to combat educational poverty, which is conceived as the impossibility for children to learn, experiment, and freely foster their capacities and talents³.

In other words, according to this positioning and to the scientific findings just introduced, these pages looks at ECD as an effective escape-route from educational poverty or, even better, as a real possibility to totally preventing it, by intervening before the latter can affect the child's life. Indeed, living in poverty has a serious impact on children's lives, negatively affecting their educational attainment, health, and happiness

¹ The period of early childhood is generally defined as the period between prenatal development to 8 y of age, but this research considers only the preschool phase, reducing the latter to 6 y of age, a period better suitable for the Italian ECD context deeply analyzed in the third part of the present work.

² Heckman James J. and Masterov Dimitriy V., 2007, *The productivity argument for investing in young children*, Review of agricultural economics, vol. 29, no.3, pp. 446-493.

³ The definition of educational poverty coined and elaborated by Save the Children was inspired by the UN Convention on the Rights of the Child (UNCRC) and by the capability theory of A.Sen and M.Nussbaum.

as well as having long-term adverse consequences into adulthood⁴. Even a few years of poverty can have negative implications for a child's development and this is very harmful in the preschool phase, especially from the ages of birth to three, where brain plasticity occurs at a higher rate than at any other time in life⁵. Researches indicate that being poor at both nine months and three years is associated with increased likelihood of poor behavioral, learning and health outcomes at age five⁶.

Only in Italy there are over a million minors living in absolute poverty, the majority living in regions within the South; while more than one minor out of five lives in a state of relative poverty. Due to the economic crisis, many families are experiencing rapid process of descent into impoverishment and, at the same time, the welfare system, given the insufficient investment in children's needs, is not able to combat poverty and lessen inequalities⁷. This condition of deprivation often influences the entire lives of children since their early years, sometimes irreversibly, blocking their cognitive and non-cognitive skills development, meaningfully damaging their resilience and, consequently, their whole future⁸. So, what is one of the best ways a country can promote inclusive economic growth, expand equitable opportunity, and end child poverty, guaranteeing every child the best possible start to which he is entitled? As confirmed by the scientific findings that only recently have been universally recognized in the public debate, the answer is simple: invest in Early Childhood Development (ECD)⁹, raising the latter from its neglected position towards a more visible one, that it urgently requires and deserves.

Driven by all these inputs, this thesis tries to respond to the question of how to increase the youngest children's cognitive and non-cognitive skills – especially those of the most deprived ones – which are proven to be determinant for their growth and future. In order to fulfil this final aim, it stresses the key-roles of environmental variables such as parents, families, local communities and civil-society organizations (CSOs). In fact, if responsive, stimulating and emotionally-supportive, parents' interactions with the youngest children – as well as the opportunities created by local-community actors –

⁴ Children Commissioner, May 2018, *Estimating the number of vulnerable babies*, Alma Economics.

⁵ Pisani L., Karnati R., Poehlman S., 2017, *Building brains. Early stimulation for children from birth to three*, – Save the Children Report.

⁶ Office of the Children's Commissioner for England (OCC), July 2015, *Changing the odds in early years. A discussion paper on tackling poverty in the early years*, full report.

⁷ Save the Children Italia, 2018, *Atlante dell'infanzia a rischio 2018. Le periferie dei bambini*.

⁸ Save the Children Italia, November 2016, *Freeing children from educational poverty. What have we achieved? A regional analysis*.

⁹ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*.

can really contribute to improve the preschool period by giving children the possibility to reinforce and acquire their early skills. As just said, the latter are crucial because they shape children's brain development and, in this way, their entire life course, compensating – where necessary – the disadvantages of early deprivation before they can trigger irreversible damages. In substance, pursuing the scope of increasing the youngest and most deprived children's early skills to reduce and end child poverty – or, better, to prevent it – this thesis argues that *if we change the beginning of the story, we change the whole story*¹⁰. This means empowering the local level – which is composed by different types of territorial services, CSOs, communities and families – by considering the latter as an enabling environment that can really make a difference in child's early years. Moreover, changing and improving every fragile beginning means also concretely enforcing the global standards – on which the international institutions have agreed upon – that affect all the other interrelated and affected sub-levels of actions (country, regional, local).

So conceived, this study is based on the analysis of the current global trends regarding children in the preschool years issued and monitored by the main international institutions committed in early infancy, who have elaborated indicators and collected data about ECD across different countries (UNICEF¹¹; WHO¹²; SDGs platform¹³; CRC monitoring and implementation bodies¹⁴). Starting from their reports, documents and scientific findings, as well as on important secondary sources and academic papers, the present work tries to match the emerged inputs and the ECD-focused priorities in a unique and complete guide that links the universal ECD principles with the particular contexts in which they have to be enforced, by providing governments and policy-makers some key-directions towards which to look for programming effective ECD actions at a country level. Then, such a proposed framework, constructed by putting together theoretical and practical guidelines and by unifying all the existing ECD inputs towards a holistic and concrete set of common goals, is further specified by the work of some professionals from the scientific world, whose studies and researches have contributed in the last years to make ECD a real global priority (J.J. Heckman, L.M.

¹⁰ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*.

¹¹ United Nations Children's Emergency Fund (UNICEF) official page: <https://www.unicef.org/>

¹² World Health Organization (WHO) official page: <https://www.who.int/>

¹³ Sustainable Development Goals (SDGs) official platform: <https://sustainabledevelopment.un.org/?menu=1300>

¹⁴ With regard to the Italian situation, look at the CRC Group: <http://gruppocrc.net/>

Richter, J.P. Shonkoff, G. Tamburlini, and others). Finally, the last part is based on some data emerging by the monitoring phase and impact assessment of two ECD-centered national programs activated in Italy by Save the Children Italia, as well as on field-work, direct participation and active personal involvement developed during my 4-month internship in Rome.

More specifically, the following discourse is conducted through a civil-society lens, which takes into account the multilevel perspective of the ECD system, with all the overlapping contacts, conflicts, and synergies among different levels of action, that its multidisciplinary nature entails.

In order to better understand this complex and polycentric scenario, these pages introduce the main ECD international standards, which are to be internalized as reference-guidelines and which need to be effectively implemented in national, regional and local realities through integrated efforts and multiple levels of action, based on a vertical and horizontal collaboration.

Then, the focus is moved from the global level towards a more particular one, through the analysis of a significative case-study represented by the programs *Newborn Ribbons* (NR)¹⁵ and *Mothers Centre* (MC)¹⁶ activated in Italy by Save the Children Italia¹⁷ and directly observed during my university-internship. The discussion concerning this selected case claims that, if considered together and in synergies with the local implementing partners and the existing territorial services in a holistic, integrated, child-friendly and community-based view, those programs can be the first seed of a *Local Caring Community* (LCC)¹⁸. This concept will be clearer declined at the end of this thesis as an innovative and potential escape-route from educational child poverty towards which to look, in order to guarantee every newborn child an enriching and stimulating environment that allow him to reach his full human potential.

In particular, the present work is divided in three main chapters, that are built around three different thematic areas – just briefly anticipated – all interrelated by the multisectoral nature and the polycentric responsibilities that characterize ECD. Starting from the very beginning, the first Chapter is focused on the key-role of heterogeneous civil-society actors in promoting, intervening and investing in ECD, considered within

¹⁵ More information available at: <https://www.savethechildren.it/cosa-facciamo/progetti/fiocchi-ospedale>

¹⁶ More information available at: <https://www.savethechildren.it/cosa-facciamo/progetti/spazio-mamme>

¹⁷ Official website: <https://www.savethechildren.it/>

¹⁸ Save the Children Italia Report, May 2018, *Costruire una comunità di cura. Schede di lavoro* - full text available at: <https://s3.savethechildren.it/public/files/uploads/pubblicazioni/costruire-una-comunita-di-cura.pdf>

the global threatening challenge of child poverty and all its connected forms of early deprivations, that need to be effectively addressed in the child's first years of life with specifically child-focus and community-centered interventions, and government investments. Then, after having raised awareness about the relevance of adopting a preventative approach to guarantee every child the best possible start to which they are entitled, the second Chapter proceeds deepening the main international norms, decisions, initiatives and priorities that are to assume as the compass points for programming every ECD action, which must be followed and enforced both globally and locally, bridging the universality of children's human rights with every particular context of implementation, to which they concretely belong. In short, those international guidelines have to be considered as the pillar-principles that steer every type of ECD intervention, also the most locally-based and apparently insignificant ones. Finally, the third Chapter, the last one, better explains what has just been said, by analyzing an Italian case-study represented by the action of Save the Children Italia's programs Newborn Ribbons (NR) and Mothers Centre (MC), which can be useful to understand the distinctive features of the suggested Local Caring Community (LCC). In this regard, it is important to underline that this proposal is not something completely new, rather LCCs can be considered a strategic plan of action perfectly in compliance with the achievement of the Sustainable Development Goals (SDGs)¹⁹, the standards and the duties imposed by the Convention on the Rights of the Child (CRC)²⁰ and the innovative Nurturing Care Framework provided by the World Health Organization (WHO)²¹, that, taken together, are the compass which directs all the decisions undertaken by policy-makers concerning ECD. In other words, by retracing the origins, the current developments and the impacts of the two already-mentioned programs, the last part of this thesis argues that the latter are essential to better define and concretely apply the theoretical concept of LCC, which has been coined exactly from the intersections, strengths, weaknesses of NR and MC considered as a whole – which have also been the inspiration source of this entire work.

¹⁹<https://sustainabledevelopment.un.org/?menu=1300> ; <http://globalstrategy.everywomaneverychild.org/>

²⁰ Full text available at <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

²¹ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*.

CHAPTER 1

The role of civil-society actors in Early Childhood Development (ECD): challenges, opportunities and new perspectives

Introduction

Even if it has seriously become a central issue in the public debate only in recent years, Early Childhood Development (ECD) represents a six-years crucial phase for children to reach their full human potential, due to the incredibly high and transformative brain plasticity that occurs in this life period. Starting from this scientifically proven assumption, this Chapter wants to raise awareness about the relevance of intervening and investing in children's early years, focusing on the role of local communities, nongovernmental organizations (NGOs) and other type of non-state actors, who, besides parents and family environments, can really make a difference in child's growth and wellbeing – especially in the most deprived and marginalized contexts – by promoting a culture of responsibility that guarantees every child the best possible start, to which they are entitled. This ambitious challenge requires to adopt a comprehensive and holistic lens to better face the global and multidimensional issue of child poverty - which nowadays remains an international priority, because of the still too many and too young children in the world who suffer from it - by integrating child survival strategies' with child development ones; and, on the other hand, it entails to build a multi-level and multiagency collaboration that allows to overcome the difficulties in delineating ECD actors' roles and responsibilities connected to ECD intersectoral and multidisciplinary nature.

In particular, these pages analyze the broad issue of ECD from a civil-society perspective, considering the roles and the potentials of ECD community-based actors as important agents of change placed in a complex and multi-level architecture, typical of ECD and of social welfare in general. Through this community-centered analysis constructed in the framework provided by the *investing-in-children policy paradigm*²², the Chapter seeks to underline the need to consider ECD as a political priority and the urgency of investing in ECD interventions, which can bring important results in terms

²²Jenson J., spring 2004, *Changing the paradigm: family responsibility or investing in children* – Canadian Journal of Sociology, vol.29, no.2, pp.169-192.

of young children's cognitive and non-cognitive skills and, most of all, in terms of social capital, productivity, and countries' economic growth.

So conceived, the discourse is structured around three fundamental focal points. First of all, it stresses the global challenge of child poverty in the early years, interpreted as a call for promoting ECD interventions, through the integration of child development with the just well-known approach of child survival, and through the urge to give an active support to parents and families, who play a key-role in children's first six years of life. Secondly, it moves from the home environment to the conception of ECD as a public good, namely as something that goes beyond parents' and family's responsibility, involving many different types of actors, ranging from the neighborhoods and the local level – passing through the proposal of the *Comprehensive Community Initiatives* (CCIs) studied by Berlin, Brooks-Gunn and Aber²³ – until the main global forums, like the Economic and Social Council of the United Nations (UN ECOSOC). These extremes, together with the infinite and sometimes overlapping state and non-state actors who are located in the middle of this multi-level system, if willing to a real downwards and sideways, constructive collaboration, have the power to trigger a social and cultural change, which may benefit young children in their early development phase, but also their families and the entire community. Finally, the rates of individual and social returns of the ECD investments are deeply argued and demonstrated by J.J.Heckman's study²⁴, which constitutes a useful instrument to prove the validity of ECD also in economic terms.

1.1 Child poverty: a call for promoting ECD interventions

Poverty in the world affects children, above all. In almost every country—developed and developing ones – children are more likely to be living in poverty than adults, and everywhere their particular life stage makes them more vulnerable to its devastating effects²⁵. Even in the world's richest countries, still too many children lack

²³Berlin L.J., Brooks-Gunn J., Aber J.L., 2001, *Promoting Early Childhood Development through Comprehensive Community Initiatives*, – Children's services: social policy, research and practice, vol.4, no. 1, pp.1-24.

²⁴Heckman James J. and Masterov Dimitriy V., 2007, *The productivity argument for investing in young children*, Review of agricultural economics, vol. 29, no.3, pp. 446-493.

²⁵End Child Poverty Global Coalition and UNICEF, March 2017, *A world free from child poverty. A guide to the tasks to achieve the vision*, New York, p.1.

the minimum material standards they need, and the economic crisis of 2008 has further exacerbated this condition of deprivation by increasing deep social inequalities. Therefore, when we talk about child poverty, we are talking about a global issue that, as such, needs to be addressed comprehensively by the whole international community, acting in synergy with national, regional and local levels.

In particular, child poverty involves mainly the youngest, namely those between zero and six years (preschool age) threatening significantly, and most of the time irreversibly, their long-term mental health, cognitive development, educational achievement, emotional well-being and social adjustment. In this regard, the estimates of 2010 tell us that 43% of children under the age of five in low and middle-income countries are exposed to the risk of poor development²⁶, that is the risk of not fulfilling their full human potential in cognitive development, due to their early deprivation. This estimate, affecting almost 250 million children, is extremely and worryingly high and it is referred for two thirds to children in Sub-Saharan Africa²⁷. In this respect, the figure below clearly synthesizes what we are stating, comparing the available findings of the last estimates of 2004 and those more recent of 2010, showing the reached progresses, and raising awareness of what is still to do.

²⁶Lu C., Black M.M., Richter L.M., December 2016, *Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional and country level.*, – The Lancet, vol. 4: e916-22.

²⁷The Lancet, vol.389, January 2017, *Early Childhood Development: the foundation of sustainable development*, p.9.

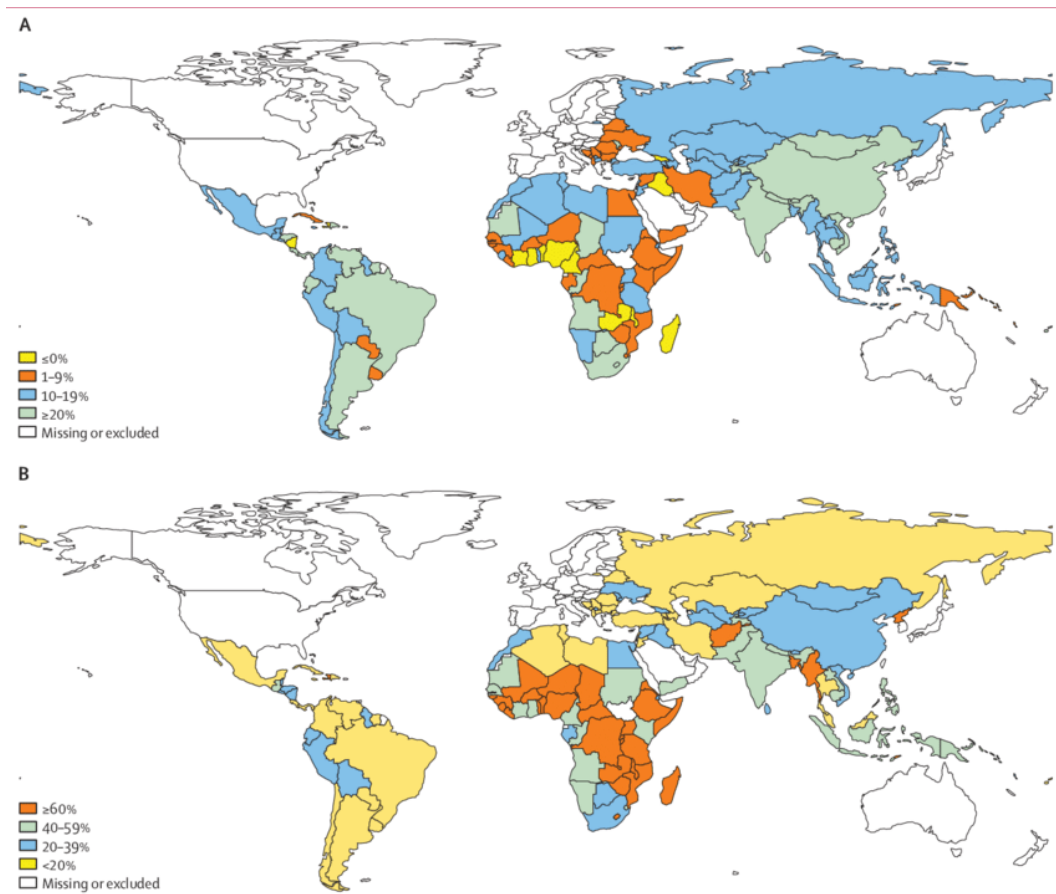


Figure 1: Country-level percentage of children younger than 5 years at risk of poor development in 141 countries.

(A) Reduction between 2004 and 2010

(B) Prevalence in 2010

Source: Lu C., Black M.M., Richter L.M., December 2016, *Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional and country level*, The Lancet, vol. 4: e921.

As we will see soon, this condition results in lower educational attainment, adult earnings, and chronic disease, endangering the welfare of individuals and societies. It should be emphasized that even a few years of poverty can have negative consequences for a child's development²⁸, especially in the preschool years and, even more, within the period from conception to age three. Indeed, that period is the most critical phase of brain development, during which children are most sensitive to environmental stimuli and outcomes. As the scientific evidence underlines, in these early years brain plasticity occurs at a higher rate than at any other time in life. So, the interaction of genes and experiences in those years literally shapes the circuitry of the developing brain²⁹. For this reason, since with each year passing, the brain's capacity for changes decrees, we

²⁸ Office of the Children's Commissioner for England (OCC), July 2015, *Changing the odds in early years. A discussion paper on tackling poverty in the early years*, full report.

²⁹Shonkoff P., Richter L., Van der Gaag J., Bhutta Z.A., February 2012, *An integrated scientific framework for child survival and early childhood development*. – Pediatrics, vol. 129, no.2, e463.

must take full advantage of this plasticity during the first three years³⁰, allowing every newborn child, including those most deprived, to reach their full human potential through guaranteeing them the best possible start: this is the today's challenge.

These considerations lead us to understand child poverty as a multidimensional challenge, which encompasses both monetary poverty and a range of further harmful deprivations³¹, among which nutrition, health, water, education, protection and a serious lack of cognitive and non-cognitive stimulation, that seriously affect children from their first days of life, undermining their development and triggering a vicious intergenerational cycle. Between the latter, a specific attention must be paid to the notion of “education poverty”³², since material poverty of parents often translates into the deprivation of education possibilities for their sons. In particular, educational poverty is defined as “*the impossibility for children and teenagers to learn, experiment, develop and freely foster their capacities, talents and aspirations*”³³. This concept refers to the development of cognitive capacities, such as language, literacy and numeracy, which are fundamental necessities to grow and live in our society, but also of non-cognitive ones such as the emotional ability, self-esteem, capacity to assert objectives, desires and dreams; both emerging in the early years from the relationship, the interactions and the reactions to stimuli happening in home and out-of-home environments, mostly through playing together. In fact, play is the main component of early childhood stimulation, given that children learn through play. More specifically, through smiling, cooing, singing, making eye contact, exploring new sound and words, play provides an opportunity for infants and caregivers to engage in early stimulation, which is necessary to build children's resilience, intended as their capacity to cope with stress and loss³⁴. Having said that, child educational poverty is particularly insidious because, when it affects children in their first 1000 days (the most vulnerable period of their existence), it negatively impacts their learning ability to understand, to be, to live

³⁰ Pisani L., Karnati R., Poehlman S., 2017, *Building brains. Early stimulation for children from birth to three*, – Save the Children Report, p.3.

³¹ End Child Poverty Global Coalition, October 2015, *Towards the end of child poverty. A joint statement by partners united in the fight against child poverty*.

³² the definition of educational poverty coined and elaborated by Save the Children, was inspired by the UN Convention on the rights of the child (CRC) and by the capability theory of A.Sen and M.Nussbaum.

³³ The definition of educational poverty coined and elaborated by Save the Children was inspired by the UN Convention on the Rights of the Child (UNCRC) and by the capability theory of A.Sen and M.Nussbaum.

³⁴ Pisani L., Karnati R., Poehlman S., 2017, *Building brains. Early stimulation for children from birth to three* – Save the Children Report, p.25.

together and to live an independent and active life³⁵, through restraining their talents, blocking their skills development, and significantly damaging their resilience and, consequently, their whole future. According to this concept, nowadays early childhood initiatives aimed at giving disadvantaged children opportunities to get out of educational poverty, by offering them an atmosphere that promotes curiosity, motivation and self-regulation, are emerging at many different levels. Among these, it is important to mention the current move towards integrated services which blurs traditional distinctions between child protection, healthcare and social services, providing comprehensive interventions based on a holistic taking-over of the most fragile situations. In this perspective, surely the home-visit services play a crucial role for child's wellbeing, educating the parents about it. Then, the increasing awareness of the relevance and of the transformative potential of the daycare, which was underestimated in many countries before this moment, is something to which attention must be paid, since services for children under 3 have often been seen as an adjunct to labor market policies, with infants and toddlers assigned to services with weak developmental agendas³⁶. In fact, the daycare constitutes a unique opportunity to strengthen child's cognitive and non-cognitive skills, mostly for those who, because of poverty or other type of deprivation and disadvantage, are not stimulated in their family context. For this reason, it is important to broaden the access to this kind of services, guaranteeing every young child a real escape route from the educational poverty and reinforcing the fact that learning does not wait until children reach the classroom, but education begins at birth³⁷. As we will deepen soon, this new trend based on the recent scientific knowledge on ECD is strictly linked to the growing support for the view that early childhood education and care should be seen as a public good, which has received a strong impetus from the research of education economists³⁸.

The urgency of effectively promoting and investing in ECD is also connected to the great improvements in child survival reached in the last decades, thanks to systematic global efforts to achieve the Millennium Development Goals (MDGs) and, more recently, the Sustainable Development Goals (SDGs). In fact, as the data show us, from the 1990s progress has been made in reducing the number of children exposed to

³⁵ Save the Children Italia, November 2016, *Freeing children from educational poverty. What have we achieved? A regional analysis.*, p.5.

³⁶ OECD Report, 2006, *Starting strong II: early childhood education and care.*

³⁷ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human development*, p.38.

³⁸ *Ibidem.*

stunting or poverty, which has fallen by more than a third, even if this is still not enough. In fact, considering the available data of 2014, there are about 159 million stunted children in the world and by 2030 they will still be too many³⁹. In other words, until today the major global interventions to end child poverty have been focused mainly on child survival, through actions designed to fight against stunting and undernutrition and aimed exclusively at reducing the infant mortality rate. Considering the new scientific researches and the recent but very solid knowledge emerging in the last decades, if we want to fight effectively against child poverty, we have to go beyond this one-way approach. This means overcoming the isolated object of child survival, taking also efficient measures to address young children at risk of poor development, integrating child development as another fundamental and strongly interconnected object to end child poverty, which must be equally and properly treated in an effective and holistic view. In short, once we have guaranteed children's survival, we also have to guarantee them the means to reach their full human potential, through the construction of an enriching and stimulating environment around them, composed by multiple services and different stakeholders that actively accompanies children and their parents during their growth. Using the Dr. Shokoff's and Dr Richter's words, we have to start mobilizing science to both increase child survival and promote ECD because *“the time has come to match continuing progress in the global reduction of child mortality with greater investment in the universal promotion of early childhood development, particularly in the poorest nations”*⁴⁰.

Furthermore, a crucial variable that directly influences the child development in the preschool age is given by the role of parents, families and caregivers who are the cornerstone of child's wellbeing. The recent knowledge in early human development proves that epigenetic, physiological and psychological adaptations to the environment occur from the conception and affect development throughout the life course: this calls for an approach targeting children and caregivers together, with effective interventions during sensitive times across the life course, especially in the prekindergarten years⁴¹, namely those in which a child's developing brains is most receptive to the stimuli that mother and father offer him/her. Indeed, since infants and young children depend on

³⁹ Save the Children UK, 2016, *Unequal portion. Ending malnutrition for every last child*.

⁴⁰ Shonkoff J.P., Richter L., Van der Gaag J., Bhutta Z.A., February 2012, *An integrated scientific framework for child survival and early childhood development*, – Pediatrics, vol. 129, no.2, e468.

⁴¹ The Lancet, January 2017, *Early childhood development: the foundation of sustainable development*, vol.389, p.9.

their caregivers for all their basic needs, reaching, supporting and empowering parents is the gateway to support children in their early development phase⁴². In this sense, an active parental involvement is important to effective service delivery to families and children in need⁴³ because promoting a responsive parenting means promoting indirectly early childhood care and development. In this regard, since the 1980s and mostly the 1990s, states have introduced in their welfare systems various forms of public policies, programs and material support to sustain families with children in the preschool age, especially the most deprived ones. Among these, the unemployment insurance, the maternity and parental leaves and other measures for balancing work and family life gives us an idea of the kind of supports that states provide for new parents. In fact, as parents are better able to support their families and to integrate work and parenting responsibilities, children should reap both direct and indirect benefits, including a safer and cognitively stimulating home and decreased parental stress⁴⁴. But what we have witnessed in the last years, is that this parents-oriented approach, that sociologists call *family-responsibility policy paradigm* and which is mainly characterized by income transfers and benefit responding to the needs of adults in the context of their relationship to labor force, is shifting towards a new one, focused principally on children's needs and interest, and called *investing-in-children policy paradigm*⁴⁵.

This important cultural shift has been significantly steered by the current directions undertaken by academics, experts but also civil-society actors who are actively committed to promote the newly proven scientific knowledge about ECD, among which, for instance, the recent positions assumed by the World Health Organizations (WHO) and the UN International Children's Emergency Fund (UNICEF) in the achievement of 2030 Sustainable Development Goals Agenda, with the adoption of the *Nurturing Care for Early Childhood Development* document (2018), deepened in the next Chapter⁴⁶. Finally, the new mentioned paradigm is relevant because it represents a revolutionary

⁴²Pisani L., Karnati R., Poehlman S., 2017, *Building brains. Early stimulation for children from birth to three* – Save the Children Report, p.6.

⁴³ Daka-Mulwanda V., Thornburg K.R., Filbert L., Klein T., April 1995, *Collaboration of services for children and families: a synthesis of recent research and recommendations.*, Family Relations, vol.44, no.2, p. 222.

⁴⁴ Berlin L.J., Brooks-Gunn J., Aber J.L., 2001, *Promoting Early Childhood Development through Comprehensive Community Initiatives*, – Children's services: social policy, research and practice, vol.4, no. 1, p.13.

⁴⁵Jenson J., spring 2004, *Changing the paradigm: family responsibility or investing in children*, Canadian Journal of Sociology, vol.29, no.2, pp.173-180.

⁴⁶ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.*

vision that sees the responsibility for children’s well-being, as a shared one, in which parents are not left alone in their child’s early development phase because the whole community, by assuming greater responsibility for parenting and for early childhood education and care, shares this crucial task and the benefits derived from it with them.

1.2 ECD as a collective responsibility: governance and community-based approaches

As just introduced, early childhood education, care and development is something crucial in children’s healthy and safe growth, especially in the most fragile situations, where intervening at the very beginning can really make a difference in child’s life. This innovative way of thinking that recognizes the effectiveness of preventative intervention rather than later remediation, can well be summarized by saying that *if we change the beginning of the story, we change the whole story*⁴⁷. But, which type of people, institutions or entities are involved in this “we”? An immediate answer, guided in part by what has just been said, could be that mothers, parents and families are first and foremost the main catalysts for this change, followed by pediatricians, teachers, social workers and other more or less specialized caregivers interdependently closed to the child’s wellbeing. Then, looking beyond the nuclear family dimension, which covers networks of friends and relations with various private and public services (provided by schools, hospitals, municipalities and so on), the “we” of the slogan includes in a broader sense state’s duties and accountability towards its citizens and, more abstractly, global commitments.

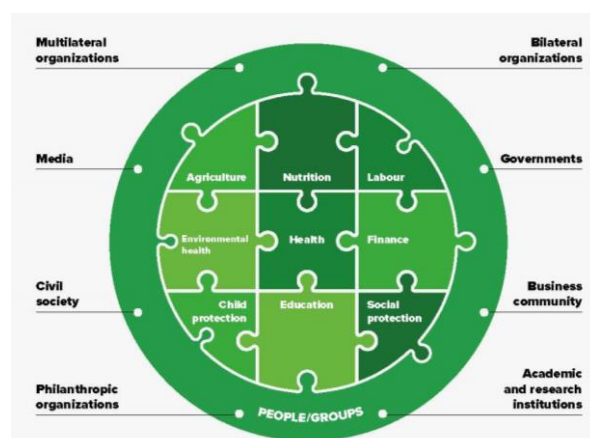


Figure 2: Every sector and stakeholder involved in ECD

Source: WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.36.

⁴⁷ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*.

This complex landscape, which appears as an entangled and multi-level architecture, is continuously encompassed by the role of local and transnational civil-society's actors who everyday advocate for children's rights and fight against child poverty in several different ways. In such a confused, motley and mixed panorama, we find many different types of actors that actively contribute to child's development forging links across services, professionals and families, and building bridges between local, regional, national and even international levels.

That's because social welfare itself needs to be understood from a multilevel perspective, where decisions made at the international and at the highest levels affect neighborhoods, families and individuals, among which children in the preschool age. In other words, young children's opportunities and ECD actors' roles and room for manoeuvre are dispersed across multiple, and very often overlapping, centers of authority, which spread the decision-making process away from the central state, creating a sort of fluid and uncertain "polycentricity" that requires strong efforts of coordination and collaboration between all the different levels and sectors involved⁴⁸, better elaborated at the end of this paragraph relating to ECD governance. For this reason, in this patchwork of polycentric authorities, the voices of professionals from various agencies, policy and funding sources, as well as parents and youth from the targeted population, are all equally crucial to a real social change⁴⁹, which may benefit young children in their early years. After all, due to the more and more globalized societies in which we live and the transnational challenges associated to them, we can no longer rely on one level of action or the other operating in isolation, but we have to reason on a multi-level ground, reflecting on how better to ensure effective synergies between international and local civil society, social movements, communities and many other non-state actors⁵⁰, who work for children's early development, connecting the universality of children's human rights with every particular context of implementation, to which they concretely belong.

⁴⁸Daka-Mulwanda V., Thornburg K.R., Filbert L., Klein T., April 1995, *Collaboration of services for children and families: a synthesis of recent research and recommendations.*, Family Relations, vol.44, no.2, p.238.

⁴⁹ *Ibidem*, p. 221.

⁵⁰ Alston P., September 2017, *The populist challenge to human rights*, Journal of human rights practice, p.8.

First of all, the wider concept of “civil society”, or rather of “global civil society” – better in compliance with the globalized reality of today and with the intrinsic interdependence among different actors that it implies – and that immediately interconnected of “nongovernmental organizations (NGOs)” are something fuzzy and still debated, on which there are no common definitions, nor universally-accepted normative contents. In particular, this normative vacuum fuels the confusion around the two mentioned concepts, which is just profoundly rooted in the wrong and diffused overlapping between civil-society groups and NGOs. In fact, contrary to what is generally thought, it is a mistake to equate civil society with NGOs, because they are only a subset of the broader notion of “global civil society”⁵¹, where the latter is conceived as *the spheres of ideas, values, institutions, organizations, networks, and individuals located between the family, the state, and the market and operating beyond the confines of national societies, politics and economies*⁵². Therefore, according to this vision, under the umbrella concept of global civil society are generally placed all the organizations and associations that exist outside of the state and the market, including NGOs but not only, and that have the power to discipline the state, ensure that citizens’ interests are taken seriously and foster greater civic and political participation⁵³. So, here we get to the point of our discussion: in order to change every child’s fragile departure, we have to start from the empowerment of territorial organizations, services and actors that together form local communities, in which each of us has a role implying certain behaviors, opinions, rights and duties, and link them to more comprehensive frameworks provided by the bigger international community through a continuous process of exchange, power-sharing, subsidiarity and constructive dialogue, triggered firstly by local civil society’s actors and carried out in a multi-level perspective. This entails acting, negotiating and communicating in a *glocal* space or, according to Castells’ view, in a *space of flows*⁵⁴: an open space conducive to pluralism and variety of both actors and institutions, where the private could be accommodated with the public and then with the political, and where there are many venues which could facilitate

⁵¹ Kaldor M., 2003, *Civil society and accountability*, Journal of Human Development, vol. 4, no.1, p.6.

⁵² Anheier H., Glausius M., Kaldor M., 2001, *Global Civil Society Yearbook*, p.21.

⁵³ Carothers T., winter 1999-2000, *Think again: Civil society*, Foreign Policy, pp.19-21.

⁵⁴ Taylor P.J., December 2004, *The new geography of Global Civil Society: NGOs in the World City Network*, Globalization, vol.1, no. 2, p. 267.

dialogue, cooperation and integration⁵⁵, starting from the emancipatory potential of each building block composing the patchwork of the global civil society.

Nongovernmental organizations (NGOs), as just anticipated, are considered a fundamental piece of this puzzle: they are the heart of civil society⁵⁶, which is formed by many other heterogeneous non-state actors such as students and cultural groups but also social, national or religious movements. Moreover, they are considered a key component of the broader concept of global civil society defined above, which contributes to its dynamism and to its intersection with other areas of actions. Indeed, NGOs shape the policy by exerting pressure on governments and by furnishing technical expertise to policy makers⁵⁷. In such a way, they create the means to trigger a political, cultural and social change, which starts from the bottom up and which may rock the consciences about a specific issue, having some countenance also at a global level, like at the United Nations (UN). In fact, the last decades have witnessed a significative rise in number of international nongovernmental organizations (INGOs) that has been spurred by increased scope for NGOs involvement, participation, and networking in, and through, the UN, which resulted in the growing formation of coalitions and networks to push nation-state to implement progressive reform⁵⁸. In this respect, a significative link between national or local NGOs and global forums is represented by art.71 of UN Charter⁵⁹, according to which NGOs could have suitable arrangements for consultation at the Economic and Social Council (ECOSOC). The latter allows NGOs to attend UN conferences, designate UN representatives to all UN missions in the world, and circulate statements at ECOSOC and other UN meetings. In short, this consultative relationship is an occasion not to be missed, because it functions as a bridge between local, national and international spheres, since it rings diverse voices and perspectives into a global and accredited space of dialogue and negotiations (UN ECOSOC), in which NGOs can play a vital role in grounding discussions in the everyday realities of people around the world, and in widely communicating conclusions and decisions⁶⁰.

⁵⁵ A. Papisca January 2011, *Relevance of human rights in the glocal space of politics: how to enlarge democratic practice beyond state boundaries and build up a peaceful world order – The local relevance of human rights*, De Feyter K., Parmentier S., Timmerman Ch., Ulrich G., Cambridge University Press, p.105.

⁵⁶ Carothers T., winter 1999-2000, *Think again: Civil society* – Foreign Policy, p.19.

⁵⁷ *Ibidem*, p.20.

⁵⁸ Taylor R., *Interpreting Global Civil Society*, December 2002, International Journal of Voluntary and Nonprofit Organizations, vol.13, no.4, p.340.

⁵⁹ Full text available at: <http://www.un.org/en/sections/un-charter/un-charter-full-text/>

⁶⁰ UN ECOSOC: <https://www.un.org/ecosoc/en/contribute-to-global-fora>

In this sense, NGOs in consultative status committed for child's wellbeing and for ending child poverty may represent a real opportunity for a change in favor of the most deprived children between 0 and 6 years and their parents, through raising awareness on these issues in such a powerful and universally recognized arena. Taking a step backwards, it's important to say that, as just introduced before for the concept of civil society, even for the concept of "NGO" there is no generally accepted definition, because this term carries different connotations in different circumstances. But some distinctive features of these entities can be identified. Firstly, an NGO must be independent from the direct control of any government. Then, it will not be constituted as a political party; it will be non-profit-making and it will obviously be non-violent⁶¹. Last, NGOs committed in the struggle against poverty (in this case child poverty) generally are in charge to face delivery of new or improved services to sections of communities which are in need; but also efforts to catalyze social, economic and political change processes at the level of group or individual actions; and the attempt to create synergies among different agencies and initiatives through the building of partnerships⁶².

However, the ambiguity concerning the word "NGO" remains, since as an inflated expression of the political, economic and social order emerged in the globalization era where everything is more and more interdependent, various terms were popularized to refer to local NGOs. Among these, grass-roots organizations and *community-based organizations* (CBOs) mainly cover organizations that only operate at the local level or include local branches of national organizations. More generally, this term refers to public or private nonprofit organization that are representative of a community or of a significant segment of it and that work to meet community needs, like those of the youngest children of a neighborhood. On the other hand, the broader term *civil society organizations* (CSOs), which is often improperly used, has connotations of any level within a single country: for this reason, in the last case, it has become quite common to refer to global civil society⁶³, as intended above.

Beyond these technicalities, what is relevant is that CSOs, mostly in the form of CBOs, have the power to politically maneuver more government contracts in their

⁶¹ Willets P., 2002, *What is a Non-Governmental Organization?* – UNESCO Encyclopaedia of Life Support Systems, Section 1, article 1.44.3.7.

⁶² Lewis D., 2001, *The management of Non-Governmental Development Organizations*, Taylor&Francis Group, London, p. 3.

⁶³ Willets P., 2002, *What is a Non-Governmental Organization?* – UNESCO Encyclopaedia of Life Support Systems, Section 1, article 1.44.3.7.

direction, increasing the availability of services they can provide in their neighborhoods and local communities through a more adequate allocation of the existing resources, thereby potentially improving the outcomes for residents in those areas, including young children and their parents⁶⁴. Indeed, assuming that politics may also be seen more broadly as the process by which any set of people reaches a collective decision, attempts by an NGO to mobilize individuals towards a determined social change are all forms of political action. In this sense, CBOs are certainly key players in an expanding arena of public social provision, within the current political climate where more and more the wellbeing of poorest children depends on state-and local-level decisions about how to allocate public services contracts, which greatly impact the street-level availability of key supportive services like housing and childcare⁶⁵.

This is particularly feasible for countries with a strong decentralized system, structured in many different regions, like Italy. Indeed, devolution of powers and responsibilities may widen differences of access and quality between regions: this risks being a serious disadvantage when it regards healthcare. For this reason, in these cases, it is important to ensure that ECD services are part of a well-conceptualized national policy, with, on the one hand, devolved powers to local authorities and, on the other, a national approach to goal setting, legislation and regulation, financing, staffing criteria and program standards⁶⁶.

But, before deepening further the role, the criticalities and the potential of CBOs, it is necessary to better understand what we mean for community, which are its members, its characteristics and its tasks. According to Fox's view, generally speaking, the community is about a group of citizens who, through their ongoing interactions, form relationships based on trust, mutuality and reciprocity⁶⁷. In particular, the latter is given from the fact that disadvantaged people benefit from the organizational infrastructure that this type of organizations can provide, while CBOs, at the same time, may not survive without the support and the participation of local citizens⁶⁸. Nowadays, these interactions have advanced increasingly structured and powerful networks of people, challenging the traditional societal order and, mostly, bridging the growing sense of

⁶⁴ Marwell N.P., 2004, *Privatizing the Welfare State: Nonprofit Community-Based Organizations as Political Actors*, American Sociological Review, vol.69, pp.272-273.

⁶⁵Marwell N.P., 2004, *Privatizing the Welfare State: Nonprofit Community-Based Organizations as Political Actors*, American Sociological Review, vol.69, p.286.

⁶⁶ OECD, 2006, *Starting strong II: early childhood education and care*.

⁶⁷ Fox, 1974.

⁶⁸Walker E.T., McCarthy J.D., *Legitimacy, strategy and resources in the survival of community-based organizations*, Social Problems, 2010, vol. 57, Issue 3, p.316.

disconnection between citizens and governments. In fact, this new way of organizing society-state relations represents an important shift from a reliance on the traditional integration mechanisms of the hierarchy and market⁶⁹, because it assumes that the single individuals are agents of change. This revolutionary starting point is fundamental to understand the added value of working together in a community built on a strongly reciprocal trust and devoted to a common mission, such as the healthy and safe development of young children between 0 and 6 years. In this case, communities should provide alternative learning systems and programs for disadvantaged children in the preschool age, offering them and their parents life-long learning opportunities and support groups. Contrary, if absent or not-adequately recognized and supported, especially in low-income areas, ECD community-based organizations are likely to leave in their wake a vacuum of primary services, and a significantly more limited supply of opportunities for civic engagement and political representation⁷⁰. Then, community involvement in the preschool is important not only for providing expended services and referrals where necessary, but also as a space for partnership and for the participation of parents⁷¹.

In this respect, the proposal brought forward by Berlin, Brooks-Gunn and Aber⁷² can serve as a significative benchmark, from which we can proceed to really internalize the main features and potentials of a local ECD community. In fact, the latter starts from considering ECD as a six-years period of both great vulnerability and great opportunity, characterized by rapid and dramatic physical and mental developments that in turn provide springboards for future functioning. This point of departure is based on the scientifically proven assumption, already deepened, that early environments are crucial for later development. Then, this last sentence guides us to the key-message of their proposal, according to which children's communities, especially those emerged in neighborhoods seriously affected by poverty, have significative and positive effect on child development⁷³. In particular, they talk about *comprehensive community initiatives* (CCIs) to promote early childhood development, namely neighborhood-based programs

⁶⁹Brown K.A. and Keast R.L. (Queensland University of Technology), 2003, *Citizen-government engagement: community connection through networked arrangements*, p.3.

⁷⁰ Walker E.T., McCarthy J.D., *Legitimacy, strategy and resources in the survival of community-based organizations*, Social Problems, 2010, vol. 57, Issue 3, p.316.

⁷¹ OECD, 2006, *Starting strong II: early childhood education and care*.

⁷² Berlin L.J., Brooks-Gunn J., Aber J.L., 2001, *Promoting Early Childhood Development through Comprehensive Community Initiatives*, – Children's services: social policy, research and practice, vol.4, no. 1, pp.1-24.

⁷³ *Ibidem*

designed to better the lives of low-income children and families by improving the physical, economic and social conditions of their neighborhoods⁷⁴, through child-development and family-support services. The *Community Building in Partnership, Inc.* (CBP)⁷⁵, presented by Brown and Richman is a good example of a CCI with an added child focus. Established in 1990, it is a collaboration between the residents of the Sandtown-Winchester neighborhood of Baltimore, the Baltimore city government, and the Enterprise Foundation. According to its child-focused mission, which foresees that *every child in Baltimore should have access to the same opportunities that children in more stable Baltimore have*, CBP administers eight major programs, two of which explicitly concern early development: the Home Instruction for Preschool Youngsters program (HIPPY), a national home visiting program centered on parent-child activities to develop preschoolers' school readiness; and the Healthy Start, aimed to provide home-based parenting education to families with infants that do not already qualify for Healthy Start services. Both of these programs, included in the CBP, seek firstly to achieve change for the youngest and most deprived children and, secondly, for individuals, families, neighborhood and its larger systems by means of reform, service integration economy, and infrastructure building. This is exactly what Berlin, Brooks-Gunn and Aber propose in more theoretical terms. In fact, their CCIs represent a viable and innovative proposal because, starting from the recent scientific evidence on ECD and the proven benefits of early intervention programs on parenting, child-parent relationships, child socio-emotional development and parents' empowerment, they stress the role of the community, underlining that the latter can affect meaningfully children's growth and wellbeing, both directly and indirectly. First of all, this is proved by the fact that there are clear associations between neighborhood poverty and young children's wellbeing, with some evidence that the quality of the home environment mediates them. Indeed, we have to raise awareness that this type of early childhood intervention programs targets community-level factors, such as neighborhood income or safety, and is aimed at enhancing families' relationships with their communities, and families' participation in community-level processes. In other words, CCIs are interventions focused on neighborhoods and communities, two different concepts that sometimes overlap. In fact, the first one is intended as a geographically defined portion

⁷⁴Berlin L.J., Brooks-Gunn J., Aber J.L., 2001, *Promoting Early Childhood Development through Comprehensive Community Initiatives*, – Children's services: social policy, research and practice, vol.4, no. 1, pp.1-24.

⁷⁵ *Ibidem*, pp.15-16.

of a larger municipality, while the second refers to individuals and organizations in the neighborhood linked through networks of affective and instrumental connections. So, this is exactly what characterizes a community in the strict sense and, particularly, a local community that promotes ECD, like the one proposed by Berlin, Brooks-Gunn and Aber. As the name suggests, Comprehensive Community Initiatives, which start from the assumptions briefly described above, firmly follow their aims by operating according to the pillar-principles of comprehensiveness and community building. For *comprehensiveness* is meant that CCIs encompass multiple goals and intervention strategies, such as economic development or physical revitalization (e.g., improving housing). Rather, *community building* refers to strengthening the capacity of individuals and of neighborhood organizations to cultivate and maintain positive changes⁷⁶. This last principle is the core of the revolutionary conception of individuals as agents of change illustrated at the beginning of our discourse, and it is strictly associated with a culture of responsibility that this type of communities actively promotes, and which implies a real participation of all members, through the creation of opportunities for residents to have a significant voice in neighborhood affairs and governance. In this regard, it is important to point out that communities like those proposed are part of a good governance because, due to their provided services and their neighborhood-based origins, they address certain problems that cannot be handled either by individuals alone or by markets and governments⁷⁷, most of all in those areas poorly interconnected by the public transportation and seriously affected by a real lack of public services. For some persons, these community-based initiatives may serve as their primary link to society, since that social-service-providing agencies that typically count many poor among their clientele represent the only link for them⁷⁸. This is relevant because effective framing and governance require that those most affected by the issues have primary voice in how any initiative is designed and unfolds, like in the afore-mentioned circumstances⁷⁹, creating a governance *beyond* the state, in its inclusive sense.

⁷⁶ Berlin L.J., Brooks-Gunn J., Aber J.L., 2001, *Promoting Early Childhood Development through Comprehensive Community Initiatives*, – Children’s services: social policy, research and practice, vol.4, no. 1, p.10.

⁷⁷ Bowles S., Gintis H., November 2001, *Social capital and community governance*, University of Massachusetts and Santa Fe Institute, p.4.

⁷⁸ LeRoux K., January 2007, *Nonprofits as civic intermediaries. The role of community-based organizations in promoting political participation.*, – Urban Affairs Review, vol.42, no.3, p.414.

⁷⁹ Ribhi Shawar Y., Shiffman J., January 2017, *Generation of global priority for early childhood development: the challenges of framing and governance* – the Lancet, vol.389, p.123.

However, more generally, ECD intersectoral nature makes its governance a real challenge, whose weaknesses clearly emerge from the national-level fragmentation among ECD actors. Indeed, the multitude of actors involved in ECD policy development and implementation sometimes affords to delineate the responsibilities for advancing ECD across government institutions in a confused manner, which leads to duplication and inefficiencies⁸⁰. Furthermore, since ECD governance is a multi-level governance, as just shown at the beginning of our discourse, decision-making competences concerning the child's wellbeing are shared by different type of actors at different levels, sometimes with loss of control for national governments, and the traditional separation of domestic and international spheres is bypassed⁸¹. In fact, the concept of multi-level governance, which applies also and mostly to ECD world, entails overlapping competences among multiple levels of governments and the interaction of all the different actors involved in this skein across every level and dimension. This implies moving beyond state-centric perspective, to view the domain of global civil society around ECD as a complex and highly dynamic multiorganizational field⁸², which links a range of local and global interlocutors around a common mission.

After having touched upon some aspects and criticalities of the ECD multi-level world, it is important to underline that the innovative bottom-up proposal of CCIs and the broader ECD governance per se require a strong collaboration between all the actors involved in the concerned community. In 1989, Gray defined collaboration as a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible⁸³. In this sense, the entire ECD community, understood as all those who advocate for early childhood education, care and development at any existing level (ranging from parents and CCIs to the UN bodies), should adopt this long-term type of integration arrangement both vertically (multi-level efforts), shifting the authority downwards through subnational empowerment; and horizontally (multi-agency efforts), shifting the responsibility sideways through public-private partnerships. Indeed, vertical linkages should be developed to encourage interagency connections, intergovernmental

⁸⁰ Ribhi Shawar Y., Shiffman J., January 2017, *Generation of global priority for early childhood development: the challenges of framing and governance* – the Lancet, vol.389, p.121.

⁸¹ Aalberts T.A., 2004, *The future of sovereignty in Multilevel Governance Europe. A constructivist reading*, JCMS vol.42, no.1, p.28.

⁸² Taylor R., December 2002, *Interpreting Global Civil Society*– International Journal of Voluntary and Nonprofit Organizations, vol.13, no.4, p.344.

⁸³ Brown K.A. and Keast R.L. (Queensland University of Technology), 2003, *Citizen-government engagement: community connection through networked arrangements*, p.8.

relationships and public-private partnerships, as well as community-based and integrated services for children and their families⁸⁴. Nowadays, collaboration is essential to push for the construction of a real multidisciplinary and holistic child-centered paradigm, which includes coordinated services across different sectors through unifying policies. This means that health professionals, psychologists, educators, government officials, social workers, parents, students, business persons, community and religious leaders have to work together to build a comprehensive child-friendly environment, in which every young child in need and his/her parents can be reached and supported during his/her growth. In other words, the delivery of early childhood development services cannot be fragmented across different sectors, but should be provided as integrated, multisectoral evidence-based interventions, stressing the importance of the health sectors with other ones such as education and social protection and bringing together multi-stakeholder partners through an innovative combination of financing and accountability mechanisms⁸⁵. According to this vision, CCIs themselves have been thought to work at the level of service integration and to promote coordination and collaboration among service providers, avoiding service duplication and helping to create seamless, integrated opportunities for children with multiple service needs⁸⁶.

In short, to make ECD interventions successful, smart and sustainable, they need to be implemented as multi-sectoral intervention packages, built on existing delivery platforms and anchored in nurturing care, where “nurturing care” refers to *a stable environment that is sensitive to children’s health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating*⁸⁷, as synthesized by the figure below.

⁸⁴ Daka-Mulwanda V., Thornburg K.R., Filbert L., Klein T., April 1995, *Collaboration of services for children and families: a synthesis of recent research and recommendations.*, Family Relations, vol.44, no.2, p. 220.

⁸⁵ The Lancet, January 2017, *Good early development. The right of every child*, vol.389, p.14

⁸⁶ Berlin L.J., Brooks-Gunn J., Aber J.L., 2001, *Promoting Early Childhood Development through Comprehensive Community Initiatives*, – Children’s services: social policy, research and practice, vol.4, no. 1, p.14.

⁸⁷ The Lancet Series, Advancing Early Childhood Development: from Science to Scale 2, January 2017, *Nurturing care: promoting early childhood development*, vol. 389, p.91.



Figure 3: the 5 components of Nurturing Care

Source: WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human development*, p.12.

To conclude, the available resources intended for children and their families need to be governed by more coordinated policy making, involving each person who can play a role in child's wellbeing, starting from the local community level. The increasing evidence of today suggests that a movement toward collaboration and integration is the key to a more effective and sensible system of services for young children and their parents⁸⁸ and that targeting comprehensively child, family and community development, through a responsibility-sharing process, yields greater results than targeting one of these domains in isolation⁸⁹. Therefore, if each of us is willing to open his mind to the culture of responsibility becoming an agent of change in his own community, and if we as members of heterogeneous local communities are willing to become accountable for every young child's early development, it will be really possible to improve every child's fragile departure, effectively contributing *to change his/her whole story*. For this reason, today it is important to press the governments to focus more on community-centered approaches to reach young children between 0 and 6 years, facilitating and providing for the appropriate selection of linkage mechanisms and governance arrangements⁹⁰. This is because it is a collective responsibility of governments, families, communities and all development health partners to guarantee that every individual starting life in every corner of the world is given the family care, education, health services and nutrition to which every child is entitled⁹¹.

⁸⁸Daka-Mulwanda V., Thornburg K.R., Filbert L., Klein T., April 1995, *Collaboration of services for children and families: a synthesis of recent research and recommendations.*, Family Relations, vol.44, no.2, p. 222.

⁸⁹ Berlin L.J., Brooks-Gunn J., Aber J.L., 2001, *Promoting Early Childhood Development through Comprehensive Community Initiatives*, – Children's services: social policy, research and practice, vol.4, no. 1, p.19.

⁹⁰ Brown K.A. and Keast R.L. (Queensland University of Technology), 2003, *Citizen-government engagement: community connection through networked arrangements*, p.12.

⁹¹ The Lancet Series, *Advancing Early Childhood Development: from Science to Scale 2*, January 2017, *A good start in life will ensure a sustainable future for all*, vol. 389, p.8.

1.3 Investing in ECD building a social capital: rates of return and cost of inaction

As has just been said, civil society organizations committed on early childhood development, mostly community-based ones, have at the same time the role of *bonding capital* by developing strong ties of trust and cooperation among neighborhood residents, and that of *bridging capital*, by creating working relationships to those in the private and public sectors who have resources, power and influence⁹². In both cases, we are referring to social capital, conceived in terms of interactions and relationships among people. In this sense, the same individuals will exhibit different levels and types of social capital depending on the social interaction in which they are engaged within their own local communities⁹³. In this regard, after having reason on the concept of ECD community, it would be useful to introduce the broader notion of human capital, which is the main focus of this paragraph and which is strictly correlated with the labor market and with another important notion, that of productivity. Indeed, human capital is understood as any stock of knowledge or characteristics the worker has (either innate or acquired) that contributes to her productivity. The latter is the result of economic, social, and cultural interactions that are shaped in the context of society, firm and individual, like other human sciences topics⁹⁴. Traditional human capital theory employs a life cycle model that links investment in human capacity, such as education, to increased productivity in the labor market, which, in turn, leads to higher wages and aggregate economic growth⁹⁵. Early childhood education, care and development fits neatly into this reflection. Indeed, it is considered by many economists an incredibly fruitful investment, since competences achieved at one stage (preschool age) increase the productivity of human capital investment at a later stage (adolescence and adulthood).

Among the economists who strongly support ECD as a good and necessary investment, a significative contribution is represented by the productivity argument sustained by Heckman. Indeed, together with Cunha, he scientifically tested and showed that early

⁹² Gittel R. and Vidal A., 1998, *Community organizing: building social capital as a development strategy*, Sage, Thousand Oaks, CA.

⁹³ Bowles S. and Gintis H. – University of Massachusetts and Santa Fe Institute, November 2001, *Social capital and community governance*, p.3.

⁹⁴ Chehrazai Madreseh, S., Karimi Alavijeh, N., & Jalaei, S. A., 2018, *The Impact of Government Economic Policies on Labour Productivity in Selected Countries of ECD*, International Journal of Management, Accounting and Economics, 5(10), p.824.

⁹⁵ Shonkoff J.P., Richter L., Van der Gaag J., Bhutta Z.A., February 2012, *An integrated scientific framework for child survival and early childhood development.*, – Pediatrics, vol. 129, no.2, e462.

investments improve the return on later investments, given that early skills breed later skills and early learning begets later learning. Then, he argued that the self-productivity of early investment warrants more investment in the youngest (preschool age) ⁹⁶, especially in those who live in some forms of poverty or, better, of disadvantage arose from a lack of parenting practices and of cognitive and non-cognitive stimulation. In fact, early interventions that partially compensate to adverse environments in the first six years of life can reverse some of the harm of disadvantage and have a high economic return, benefiting not only the children themselves, but also communities, society and economy at large⁹⁷. Just think that it is calculated that for every \$1 spent on ECD interventions, the return on investment can be as high as \$13 ⁹⁸. Building on these conceptual assumptions, also economics, besides advances in neuroscience and developmental psychology, is shedding new light on the underlying causal mechanisms that link early life experiences to adult human capital, thereby presenting an extraordinary opportunity to reframe policy discourse also in these economic terms⁹⁹. The figure below, extrapolated from Heckman's studies related on young American children, clearly confirms this vision, stressing the rates of return that investing in ECD could bring to our countries.

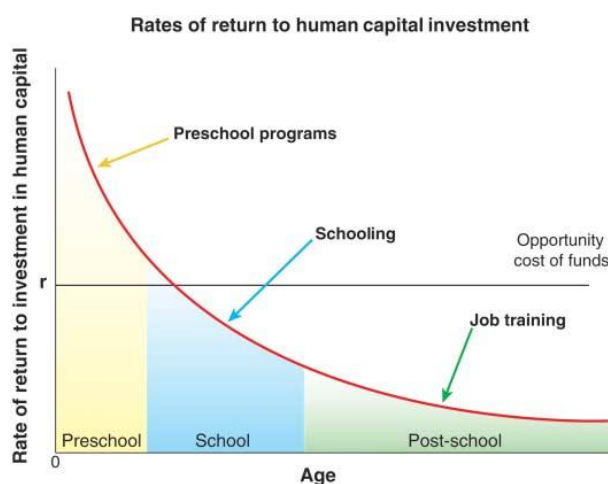


Figure 4: Rates of return of human capital investment in disadvantaged children.¹⁰⁰
Source: Heckman J.J., June 2006, *Skill formation and the economics of investing in disadvantaged children*, Science, vol.312, pp.1900-1902.

⁹⁶ Heckman James J. and Masterov Dimitriy V., 2007, *The productivity argument for investing in young children*, Review of agricultural economics, vol. 29, no.3, p. 476.

⁹⁷ *Ibidem*, p. 446.

⁹⁸ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.1.

⁹⁹ Shonkoff J.P., Richter L., Van der Gaag J., Bhutta Z.A., February 2012, *An integrated scientific framework for child survival and early childhood development*, – Pediatrics, vol. 129, no.2, e462.

¹⁰⁰ The figure shows the rates of return to human capital investment in disadvantaged children. The declining figure plots the payout per year per dollar invested in human capital programs at different stages

As we can deduct from the above figure, investing in ECD programs is much more productive and cost-effective than investing in education or remediation programs at later ages. In particular, this applies especially to those most-deprived children in the preschool age: investing in them and in specific programs addressed to them produces enormous benefits, from which the whole society can gain, since it reduces the inequality associated with the accident of birth and at the same time raises the productivity of society at large. In more detail, these social returns mainly consist in the increase of the young children's non-cognitive skills, like motivation and self-control, which, even if still underestimated by the current policy discussion, are fundamental to shape their future interests, opinions, behaviors and attitude towards the society and the labor market, in which they will open out into, once in their adulthood. Being involved in ECD programs through taking part into early learning activities, also contributes to increase young children's cognitive skills. In fact, it is proved that treated children perform better at school, achieving higher test scores and that their time in special education and grade repetition is reduced, while their probability to reach the high school graduation and college attendance increased¹⁰¹. This means that inherited disadvantaged condition and education poverty can be broken¹⁰².

Then, it is relevant also because an increasing educational attainment, obtained thanks to early intervention programs targeted towards disadvantaged children and families, contributes also in preventing teenage births and, mostly, in reducing participation in crime. In this respect, Lochner and Moretti calculated the social savings from crime reduction associated with completing secondary education in the US, showing that investing in ECD interventions, and in education in general, brings a social return also in terms of safety and national security. In fact, they demonstrated that the social benefits derived from investing in children education since their first 1000 days include also smaller quality-of-life reductions stemming from crime, and important reductions in costs of incarceration¹⁰³. Because of all these important findings, advocates for children

of the life cycle for the marginal participant at current levels of spending. The opportunity cost of funds (r) is the payout per year if the dollar is invested in financial assets (e.g., passbook savings) instead. An optimal investment program from the point of view of economic efficiency equates returns across all stages of the life cycle to the opportunity cost. The figure shows that, at current levels of funding, we overinvest in most schooling and post-schooling programs and underinvest in preschool programs for disadvantaged persons.

¹⁰¹ Heckman James J. and Masterov Dimitriy V., 2007, *The productivity argument for investing in young children*, Review of agricultural economics, vol. 29, no.3, p. 480.

¹⁰² Save the Children Italia Report, September 2015, *Enlighten the future 2030. Goals to free children from education poverty*. p. 16-17.

¹⁰³ *Ibidem*, p. 458-459.

have long been moved to use the language of investment, linking the wellbeing of all with the wellbeing of children, and making it a crucial priority for every country's national policies¹⁰⁴.

What misses to be issued is the cost of inaction, namely the cost of deciding to not capitalize the transformative potential of brain plasticity that occurs in the early years and to deny young children in need early learning opportunities, to which they are entitled. Let's agree on one crucial thing: the reluctance and the consequently failure to address conditions that limit the life prospects of young children seriously undermine the social and economic development sought by all nations¹⁰⁵. In fact, if children are unable to fulfil their social and developmental potential, this not only harms their future, but also the societies in which they live¹⁰⁶, through fueling child poverty with all its devastating effects, among which lower skills and productivity, lower levels of health, educational achievement and social cohesion, and unemployment. An estimate of the economic cost of child poverty in the US finds that the lost productivity and extra health and crime costs stemming from it add up to roughly 500 billion US dollar a year, or 3.8% of GDP¹⁰⁷. Or again, because of a poor start, affected individuals are estimated to suffer a loss of about a quarter of average adult income per year, while countries may forfeit up to twice their current GDP expenditures on health and education¹⁰⁸. Therefore, to continue paying the toll of child poverty, by disregarding the evidence and turning a blind eye on the urgency of investing in early childhood education, care and development is proven to be unsustainable. For this reason, we can no longer ignore the fact that building a strong foundation for healthy and safe development during the early years of life is an important prerequisite for lifelong wellbeing, successful communities, economic productivity and harmonious civil societies¹⁰⁹. Furthermore, we have to invest in ECD now, because the innovative aspect of early intervention, that consists of reaching and supporting the young children since the very beginning of their lives, allow

¹⁰⁴ Jenson J., spring 2004, *Changing the paradigm: family responsibility or investing in children*, Canadian Journal of Sociology, vol.29, no.2, p.185.

¹⁰⁵ Shonkoff J.P., Richter L., Van der Gaag J., Bhutta Z.A., February 2012, *An integrated scientific framework for child survival and early childhood development.*, – Pediatrics, vol. 129, no.2, e461.

¹⁰⁶ the Lancet Series, *Advancing Early Childhood Development: from Science to Scale* 2, January 2017, *A good start in life will ensure a sustainable future for all*, vol. 389, p.8.

¹⁰⁷ End Child Poverty Global Coalition and UNICEF, New York, March 2017, *A world free from child poverty. A guide to the tasks to achieve the vision*, p.27.

¹⁰⁸ the Lancet Series, 2016, *Advancing Early Childhood Development: from Science to Scale*, an executive summary, p.2.

¹⁰⁹ Shonkoff J.P., Richter L., Van der Gaag J., Bhutta Z.A., February 2012, *An integrated scientific framework for child survival and early childhood development.*, – Pediatrics, vol. 129, no.2, e461.

us to save money for later-remediation actions, which are proven to be costlier and far less effective, as illustrated in the Heckman's graph. In fact, government job training and later general education programs are second chance efforts to remedy deficits caused by early childhood and schooling neglect which, most of the time, fail to lift participants out of poverty because they cannot remedy the skill gap accumulated over a lifetime of neglect¹¹⁰. So, every country must start investing in preventative actions to reach every young child, rather than in repairing-oriented ones. Indeed, early intervention can really remediate (partially or entirely) the gaps in child ability caused by different forms of deprivation, while later interventions most of the time cannot do it because if not prematurely addressed, early disadvantages and gaps persist, making a later remediation a very costly and difficult, sometimes suicidal, mission. In this sense, investing in a good start helps children develop capacities to cope successfully and contributes to the socio-economic development of the society in which they live¹¹¹.

All these recommendations need to be followed because despite the described progress in scientific research and the increasing mobilized CSOs devoted to ECD promotion, ECD nowadays remains a neglected issue, particularly in resource-poor countries. During the next eleven years, world leaders have a unique opportunity to construct a strong political will to invest in the early years for long-term individual and societal gains and the achievement of the Sustainable Development Goals (SDGs)¹¹². Therefore, the time has come to prioritize investments in early childhood period. In fact, as further demonstrated by Heckman, a promising future characterized by a shared prosperity, an inclusive economic growth and by the end of child poverty, belongs to those nations that invest wisely in their youngest citizens.

Conclusions

Starting from the big challenge of child poverty, passing thorough the great opportunity of seeing ECD as a public good which needs to be preserved with a collective responsibility and concluding by proposing a new perspective of investment based on

¹¹⁰ Heckman James J. and Masterov Dimitriy V., 2007, *The productivity argument for investing in young children*, Review of agricultural economics, vol. 29, no.3, p. 475.

¹¹¹ Shonkoff J.P., Richter L., Van der Gaag J., Bhutta Z.A., February 2012, *An integrated scientific framework for child survival and early childhood development.*, – Pediatrics, vol. 129, no.2, e461.

¹¹² The Lancet Series, 2016, *Advancing Early Childhood Development: from Science to Scale*, an executive summary, p.7.

economically proven findings, the three focal points here analyzed are aimed to stress the civil-society perspective of this thesis, demonstrating that CSOs, NGOs and, mostly, CBOs can positively affect young children's wellbeing, creating opportunities of alternative early learning, engaging parents in support groups and parenting activities, as well as the whole neighborhood, and guiding them in the access to basic services. Considering local communities as a determinant environmental factor for children's healthy and safe growth, this Chapter seeks to direct the reader to the fact that if simple citizens, individuals, mothers and parents or, more collectively, groups of families, neighborhoods, heterogeneous local communities, NGOs, CBOs or other type of civil-society actors, are willing to share responsibility and to collaborate for the improvement of the youngest children's early years of life, guaranteeing them the best possible start, in that case they can really contribute to effectively change those children's whole life, by offering them a real escape route from child poverty, mostly education poverty. Indeed, the recently emerged scientific researches in pediatrics, sociology, neuroscience and economics confirm this, by underlining that it is up to global, national and local leaders to maximize the unicity of the preschool years, through raising awareness on its incredibly high potentials and impacts, allocating adequate resources and properly-trained operators in child-focused, community-centered programs which involve also parents and families, as well as on the relevance of the daycare, and triggering a cultural change towards the movement of investments and resource-allocation process from education repairing-oriented interventions to preventative ones, as suggested by Heckman's study¹¹³.

Starting from these findings and these proposed directions, the next Chapter resumes the ECD multi-level governance, partially just illustrated here, and tries to better understand which is the international reference-framework, in which the ECD discussion is taking place, by giving a comprehensive overview of the most significant global treaties, goals, priorities, decisions and initiatives about children in the early years that interest governments, institutions and social-welfare system and that affects, both directly or indirectly, young children themselves. In fact, taking into account the main international references regarding ECD is the point of departure to better comprehend how to apply them to every particular national and local context, reasoning on the possible ways to achieve global goals and to enforce global standards at our closest

¹¹³ Heckman James J. and Masterov Dimitriy V., 2007, *The productivity argument for investing in young children*, Review of agricultural economics, vol. 29, no.3, p.446-493.

level. In other words, the next pages move the focus on the top of the ECD multi-level system briefly introduced in the second paragraph, which functions as a benchmark to all the other levels of action. Finally, they stress the relevance of assuming international references as guiding-principles, since they clarify what is meant by “*nurturing care*”¹¹⁴, deepening all its composing elements and highlighting its multidisciplinary nature that, as already described, makes necessary a strong coordination and collaboration, both vertical and horizontal, between all the different actors involved.

¹¹⁴ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human development*.

CHAPTER 2

The global framework of Early Childhood Development (ECD): a focus on the main international guidelines, norms and standards affecting children in their early years

Introduction

In line with what has been previously discussed, this Chapter fits into the ECD multi-level governance scheme, more specifically, into the top of that complex architecture, by focusing on the current global actions and trends affecting children in their preschool years.

In particular, the following discourse is developed around three broad and separated but – as it will emerge – profoundly interrelated international tools represented by the Sustainable Development Goals (SDGs); the Convention on the Rights of the Child (CRC); and the Nurturing Care Framework (NCF) elaborated by the WHO. As explained, the first mentioned paradigm – SDGs – functions as a structured set of global goals, targets and indicators, aimed to reach the 2030 Agenda, in which are included many (if not all) child-related issues, that can be important points of departure to prioritize ECD actions in every country, community and family. However, this ambitious project can be really understood only by retracing its roots and origins, through the previous Millennium Development Goals (MDGs) paradigm and the historical intersections between development practitioners and human rights community. Then, the second paragraph analyses the CRC as a well-established and solid legal ground to effectively achieve 2030 child-related goals. As will be argued, the latter underlines the ECD space within this legally-binding and almost universally-accepted treaty, emphasizing how CRC articles match with SDGs aims, and reducing the bigger view on a particular case of CRC norms' implementation in a State Party – Italy –, concerning selected ECD thematic areas. Finally, the last part of this Chapter describes a very recent innovative tool – the NCF – which has to be kept as a roadmap for action in realizing effective ECD interventions at a country level. Fully in compliance with the CRC norms and perfectly fit within the achievement of the 2030 agenda, this new document faces the ECD challenges with a unique holistic approach that, together with its multi-stakeholder lens, contribute to create its real added value.

Understood through a multi-level perspective, which has filtered out the whole previous Chapter, the global framework of ECD is strongly encompassed by the political consensus, willingness and commitments which are at the basis of the three proposed international agreements. For this reason, it is relevant dwelling on their origins, structures and contents. In short, by presenting these three international frameworks, this Chapter wants to raise awareness about the universal guiding-principles that coordinate the current global trends about ECD and that direct investments, policy-makers decisions and, consequently, societies, ECD services and the all beneficiaries, among which the youngest and most deprived children themselves.

2.1 The Sustainable Development Goals (SDGs) as a key-tool to prioritize ECD actions and fulfill the youngest's human potential

2.1.1 Retracing the SDGs origins through the main historical steps that have opened the way to the current 2030 Agenda

Together with the Millennium Development Goals (MDGs), the Sustainable Development Goals (SDGs) are something just mentioned in the previous Chapter, that now will be explained more deeply through a proper historical and comprehensive overview, which would help the reader to understand the main focal points interesting the ECD sector – that remains the North of our compass.

First of all, it's important to underline that the relationship between development and human rights – which is at the basis of the current 2030 SDGs Agenda – is not an old, solid and well-established one. The two concepts are not born from a common cultural heritage, rather they are the product of different social, economic and political paradigms that only in the last decades have found some constructive intersections, upon which the International Community has built innovative agreements. In particular, these two historically separated fields have come to interact with each other when human rights activists began to address poverty as a human rights challenge, and development practitioners began to adopt human rights principles in their work¹¹⁵. In other words, this contact point took place when people started to consider development not only as a synonym of economic growth, but as something more complex that went beyond money

¹¹⁵ Fukuda-Parr S., 2013, *Human rights and politics in development*., Human rights: politics and practice, 2nd ed., Oxford University Press 2013, Goodhart Michael (Ed.), p. 171-172.

and the mere monetary gain. Development started being perceived as something connected with the people-benefits derived from allocated budget and a fair distribution of the available resources or, more simply, with the broader notion of human wellbeing¹¹⁶. In this regard, a real turning-point is represented by the 1990s when, after the end of the Cold War, the famous economist A. Sen advocated for a development, whose ultimate end was to improve the human wellbeing by expanding human capabilities. His idea was then taken up by the UN Development Program (UNDP)¹¹⁷, which, in the 90s, promoted development as a process that creates an enabling environment of opportunities for people and that expands the capabilities that people have to lead lives in that they value. Therefore, the first roots of the above-mentioned SDGs are to be found in this crucial interaction between two different communities who, at the beginning, used to move on two parallel rails and whose commitment for a human-rights based approach to development resulted, in 2000, in the adoption of the Millennium Declaration (MD)¹¹⁸. The latter has to be considered as a very important achievement for the entire International Community and for its following undertaken steps, since it encompassed a broad and strong global consensus around some relevant social priorities, relatively new until that moment: poverty, hunger, disease, unmet schooling, gender inequality, and environmental degradation. In that Declaration born after many years of dialogue between governments – to which many civil society groups are actively contributed – 200 States of the world recognized that they had a collective responsibility to uphold the principles of human dignity, equality and equity at the global level and that, as leaders, they had *“a duty to all the world’s people, especially the most vulnerable and, in particular, the children of the world, to whom the future belongs”* (MD, UN General Assembly, September 2000). Then, soon after, the MD was reconfigured into a more coherent set of 8 goals, 18 associated targets and 48 progress indicators, based on an unprecedented high level of policy commitment and better known as the Millennium Development Goals (MDGs), illustrated below.

¹¹⁶ Fukuda-Parr S., 2013, *Human rights and politics in development.*, Human rights: politics and practice, 2nd ed., Oxford University Press 2013, Goodhart Michael (Ed.), p.171.

¹¹⁷ UN Development Programme (UNDP) official page: <https://www.undp.org/>

¹¹⁸ *Millennium Declaration*, adopted in 2000 by UNGA resolution 55/2. Full text available at: <https://www.un.org/millennium/declaration/ares552e.htm>



Figure 5: the Millennium Development Goals (MDGs)

Source: <https://www.un.org/millenniumgoals/mdgmomentum.shtml>. The 8 global goals derive from the Millennium Declaration adopted by UNGA res.55/2 on 8th September 2000.

For fifteen years, from 2000 to 2015, MDGs really helped to promote global awareness, political accountability, improved metrics, social feedback and public pressures on poverty issues, putting the human wellbeing as the central dimension of development¹¹⁹. For this reason and for their significative outcomes, the MDGs can be recognized as a global success. In fact, during that 15-year period, substantial gains were made across a number of goals, and children and youth benefited as a result. For instance, the number of people living in extreme poverty declined by half; the number of children attending primary school increased from 60% to 80%; rates of HIV/AIDS, malaria, and tuberculosis incidence were greatly reduced, and the number of malnourished people and under-5 mortality both decreased by half¹²⁰. However, despite the evidence, MDGs have been the subject of severe criticisms, mostly from the human-rights community, which is why in 2007 they have been also comprehensively reviewed by the Office of the High Commissioner for Human Rights (OHCHR). Among the main contradictions with human rights and their operational failures, clearly emerged the fact that MDGs were perceived as overly technocratic, leading to top-down planning and implementation and promoting a donor-led agenda, which was inconsistent with their promised participatory approach¹²¹. Furthermore, other critical points were that those important rights such as reproductive health were initially left out; then, all the goals did not give adequate priority to the most deprived; the global partnership and governance architecture was weak, without any quantitative targets for institutional reform; and, finally, MDGs did not properly take into account the fact that each country has its

¹¹⁹ Sachs J.D., June 2012, *From Millennium Development Goals to Sustainable Development Goals*, the Lancet, vol.379, p. 2206.

¹²⁰ Raikes A., Yoshikawa H., Rebello Britto P., Iruka I., 2017, *Children, Youth and Developmental Science in the 2015-2030 Global Sustainable Development Goals*, Social Policy Report, vol.30, no.3, p.4.

¹²¹ Fukuda-Parr S., 2013, *Human rights and politics in development.*, – *Human rights: politics and practice*, 2nd ed., Oxford University Press 2013, Goodhart Michael (Ed.), p.183.

specific and locally-tailored set of challenges and obstacles¹²². Basically, rich countries dominated the goals formulation and used it to hold poor countries to account for development failures. In fact, MDGs were targets mainly for poor countries, to which rich ones were to add their solidarity and assistance through finances and technology¹²³. All the listed weaknesses are to add to the absence of an effective enforcement mechanism, which was partially justified by the fact that MDGs were only a set of moral and practical commitments and not a legally-binding treaty¹²⁴. Considered together, these shortcomings underlined that MDGs could help to build a framework of accountability for a human-rights based approach to development but, conceived in those terms, they were not sufficient: more indicators, especially indicators revealing inequalities, would be required.

That's also why, fueling the new and solid public awareness, and the powerful universal consensus created around development, and – mostly – trying to learn the lessons from the criticalities and the mistakes of the MDGs-system, in June 2012 at the Rio+20 Summit, world leaders started to move towards a new global challenge: that of Sustainable Development. The latter characterizes the post-2015 era or, better, the future of MDGs, starting from what they reached, and working on what was (and is) still to do. In particular, the notion of sustainable development embraces the so-called triple bottom line approach to human wellbeing, namely a combination of economic development, environmental sustainability and social inclusion¹²⁵, which needs to be integrated with five different forms of development, respectively relating to people, planet, prosperity, peace and partnership. This strong and manifested willingness born in Rio de Janeiro was rapidly confirmed some years later with the creation of an updated global frameworks of goals: the Sustainable Development Goals (SDGs). Unlike previous agendas, the new SDGs are universal and apply to all countries; their breadth of content is far wider, and they have explicit mechanisms in place for benchmarking progress to show gains¹²⁶. In this sense, after the unprecedented, experimental and foundational commitment showed with the MDGs adoption, a more solid ground around the need of

¹²² Fukuda-Parr S., 2013, *Human rights and politics in development.*, – *Human rights: politics and practice*, 2nd ed., Oxford University Press 2013, Goodhart Michael (Ed.), p.183.

¹²³ Sachs J.D., June 2012, *From Millennium Development Goals to Sustainable Development Goals*, the Lancet, vol.379, p.2208.

¹²⁴ *Ibidem*, p. 2210.

¹²⁵ Sachs J.D., June 2012, *From Millennium Development Goals to Sustainable Development Goals*, the Lancet, vol.379, p. 2208.

¹²⁶ Raikes A., Yoshikawa H., Rebello Britto P., Iruka I., 2017, *Children, Youth and Developmental Science in the 2015-2030 Global Sustainable Development Goals*, Social Policy Report, vol.30, no.3, p.4.

a sustainable development was constructed. In particular, the latter was triggered mainly by the urgency arisen from the yearly climatic and geological changes which are still affecting our planet: because of the central and threatening role of human activity in fundamental earth dynamics, in September 2015 UN member states completed the process activated four years before by adopting 17 new global objectives illustrated below – the SDGs – to be reached within 2030, together with 169 targets and 232 indicators, which would help to realize, measure and monitor their effective achievement.



Figure 6: the Sustainable Development Goals (SDGs)

Source: SDGs official platform: <https://sustainabledevelopment.un.org/?menu=1300>

Compared with the previous MDGs, the 17 SDGs listed above are conceived as placed and structured in a more complex system of shared responsibility, which stresses an essential condition, before disregarded: good governance at all levels, from local to global, and in the private sector as well as government. In this way, the SDGs present a malleable and responsive approach to monitoring the realization of the 2030 Agenda, which allows for considerable creativity and innovation, especially at the national and regional levels. In fact, all UN members endorsed these goals, but plans to address them are at the discretion of each national government, promoting a certain flexibility which takes into account every country's context and specificity. Therefore, this framework calls for a strong culture of accountability, particularly at the country level, building on existing national and local mechanisms and process, with broad, multi-stakeholder participation¹²⁷. This is exactly the aim of the last goal, SDG17, which talks about the importance of promoting new ways of dialogue, cooperation and collaboration among different type of actors, in order to build stronger partnerships for making this ambitious project a reality.

¹²⁷ Raikes A., Yoshikawa H., Rebello Britto P., Iruka I., 2017, *Children, Youth and Developmental Science in the 2015-2030 Global Sustainable Development Goals*, Social Policy Report, vol.30, no.3, p.5.

2.1.2 Analyzing the SDGs from an ECD perspective

After this brief historical and contextual introduction, we can now enter in the core of our interest, Early Childhood Development (ECD), by adopting a child-focused lens in the analysis of the SDGs-paradigm above summarized, and in some of its specific goals, which have been designed and agreed to concretely improve the youngest children's early years of life and, consequently, their growth, adulthood and the whole future. In fact, as a result of the recent neurodevelopmental science findings – which have been influential in shaping the new global goals in relation to ECD – the SDGs offer a more holistic vision of child and youth development¹²⁸ that, differently from the previous agendas, looks at the child and at all his multidisciplinary and interdependent needs, since its birth. In particular, the recent SDGs framework signals that ECD will be a priority focus for the twenty-first century, making an explicit mention to it in Target 4.2, related to SDG4 (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), which states that by 2030 countries should “*ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education*”¹²⁹. This is undoubtedly the most direct reference to ECD in the entire global strategy of SDGs achievement, but also one of the most ambiguous in terms of indicators and measurements. In fact, the indicator 4.2.1 which refers to the *proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial wellbeing* presents several challenges. For instance, it is not clear what “developmentally on track” means in various contexts, and more critically, how best to align measures of children's development with local priorities for it, while simultaneously collecting reliable data across countries. This difficulty is connected to the fact that only recently the importance of early skills – mostly socio-emotional ones – has been increasingly recognized universally, but with few measures workable for global use. In fact, especially concerning children from birth to age 3, several measures are under development, but they are not yet available on a global scale¹³⁰. More generally, an improvement of measures for global prevalence of children at risk of poor development is necessary to

¹²⁸ Raikes A., Yoshikawa H., Rebello Britto P., Iruka I., 2017, *Children, Youth and Developmental Science in the 2015-2030 Global Sustainable Development Goals*, Social Policy Report, vol.30, no.3, p.5.

¹²⁹ Young Lives, January 2016, *Early Childhood Development in the SDGs*, p.1.

¹³⁰ Raikes A., Yoshikawa H., Rebello Britto P., Iruka I., 2017, *Children, Youth and Developmental Science in the 2015-2030 Global Sustainable Development Goals*, Social Policy Report, vol.30, no.3, p.8-12.

accurately assess challenges, effectiveness of interventions, gauge progress, and plan future investment¹³¹. For this reason, it is urgent to define global standards for measuring child development, since if we want to change the situation of children, we have firstly to count them and tracking their growth¹³². Then, target 4.2 puts a strong emphasis on the quality of pre-primary education, stressing the relevance of “developmentally appropriate”, well-planned and well-resourced ECD programs, which can stimulate the child’s early learning skills, recognizing the interdependencies between nutrition, health, care and education from the first 1000 days onwards, and supporting children’s key-relationships, especially with their mothers and family, since they are the foundation for human wellbeing¹³³ and, more generally, for a sustainable development, from which each of us and the society at large can benefit. In this regard, as demonstrated in the previous Chapter, in the pre-school years learning assessment is profoundly intertwined with the immediate context and daily routines within which such learning occurs, not only within formal spaces of organized learning, but in community and home. So, in the first years of life cultural values and environmental factors shape the timing and manifestation of developmental milestones¹³⁴. But, actually, there is a long way to go before SDG Target 4.2 can be achieved for every child, since in pre-primary education early inequalities are actually being amplified because of inequitable access, which still remains a significative, maybe the biggest, obstacle for the most vulnerable young children – those living in poverty, in remote rural areas, and children with disabilities¹³⁵. To all of them, not enough is being done to maximize the potential of this sensitive period of childhood¹³⁶. To sum up, despite some just-mentioned difficulties, SDG4 goes beyond MDG2 (achieve universal primary education) and aims to make sure that all children not only complete pre-primary, primary and secondary education, but also achieve adequate learning outcomes¹³⁷. Furthermore, by including and stressing the relevance of a good pre-primary education, SDG4 moves the ECD

¹³¹ Lu C., Black M.M., Richter L.M., December 2016, *Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional, and country level* – the Lancet, vol.4, e916.

¹³² UNICEF, March 2018, *Progress for every child in the SDG era*, p.99.

¹³³ Young Lives, January 2016, *Early Childhood Development in the SDGs*, p.1.

¹³⁴ Raikes A., Yoshikawa H., Rebello Britto P., Iruka I., 2017, *Children, Youth and Developmental Science in the 2015-2030 Global Sustainable Development Goals*, Social Policy Report, vol.30, no.3, p.12.

¹³⁵ Young Lives, January 2016, *Early Childhood Development in the SDGs*, p.4.

¹³⁶ Biersteker L., 2012, *Early Childhood Development services: increasing access to benefit the most vulnerable children*, South African Child Gauge 2012, p.52.

¹³⁷ UNICEF, March 2018, *Progress for every child in the SDGs era*, p.53.

from its old neglected and disregarded position towards a new one: that of a global priority which, together with all the other education levels, is the key to allow many other SDGs to be achieved.

In this respect, when people are able to get quality pre-primary education, since the very beginning of their life, they can break from the intergenerational cycle of poverty. As just said, this is proven by the new evidence from neuroscience, which has revealed the impact of early deprivations on the growing and changing structure and function of the brain, demonstrating how toxic stress from early childhood adversity can increase the chance of stress-related chronic disease and furtherly widen health disparities¹³⁸. Therefore, the link between ECD and SDG4 and, one step after, between ECD and other interrelated SDGs, like SDG1 (ending poverty) is really visible and easy to capture, because human development is not a sectoral process, but a dynamic and integrated one, which requires specific intersectoral interventions that go beyond education taken in isolation, involving health, nutrition and protection. Indeed, the Goals 1, 2, 3 and 10, aimed respectively to ending poverty, ending hunger, ensuring health lives and reducing inequalities, can only be delivered through improvements to ECD¹³⁹.

According to this comprehensive vision that sees sustainable development as a transversal and intersectoral process, the SDG3 (good health and wellbeing) assumes a crucial role in an ECD perspective, since health is the basis of the youngest children's human development and, as such, it represents one of the fundamental issues interesting and directly affecting newborns and their mothers. In this regard, it is important to underline that while SDG3 is the main SDG with an explicit focus on health, at least 10 other goals are also concerned with health issues: in total, more than 50 SDG indicators have been agreed upon internationally to measure health outcomes, proximal determinant of health or health-service provision¹⁴⁰. According to the World Health Organization (WHO) analysis, these health-related indicators may be grouped into the following seven thematic areas, that taken together are the first guarantee for the child's best start: reproductive, maternal newborn and child health; infectious diseases; noncommunicable disease (NCDs) and mental health; injuries and violence; universal health coverage (UHC) and health systems; environmental risk; health risks and disease outbreaks. In particular, the United Nations International Children's Emergency Fund

¹³⁸ SDG4 (quality education): <https://sustainabledevelopment.un.org/sdg4>

¹³⁹ Young Lives, January 2016, *Early Childhood Development in the SDGs*, p.2.

¹⁴⁰ WHO 2018, *World Health Statistics 2018. Monitoring health for the SDGs.*, p. 4.

(UNICEF) indicates that access to high-impact health and nutrition interventions has improved rapidly among poor groups in recent years, leading to substantial improvements in equity. So, an intensified focus on equity-enhancing policies and investments can help countries achieve the newborn and child mortality target (SDG 3.2), contributing to reduce meaningfully child poverty¹⁴¹. Moreover, outside the SDGs framework of reference, further efforts and strategic plans of action have been designed for a real achievement of SDG3. In fact, in September 2010 UN Secretary-General Ban Ki Moon launched the Global Strategy for Women's and Children's Health (2010-2015)¹⁴², later updated in the current Global Strategy for women's, children's and adolescents' health (2016-2030), within the global movement *Every woman, every child*¹⁴³, which mobilizes and intensifies international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women, children and adolescents around the world and, by doing this, directly impacting the achievement of the 2030 global agenda. As stated in his introduction, the former UN Secretary-General firmly believed that by implementing this Global Strategy, “*we can deliver a historical transformation that will improve the lives of generations to come [...] and that together we can end the preventable deaths of women, children and adolescents everywhere, creating a world in which, for the first time in history, all can thrive and reach their full potential*”¹⁴⁴. Indeed, the vision of this specific framework – that works in parallel with the SDGs-forum towards the same common objectives – concerning health issues, is that of a world in which, by 2030, every woman, child and adolescent in every setting realizes their rights to physical and mental health and wellbeing, has social and economic opportunities, and is able to participate fully in shaping sustainable and prosperous societies¹⁴⁵. Therefore, it's immediate to deduct that SDG3 with all its targets and indicators is strongly linked to other SDGs, among which SDG2 (zero hunger) and SDG10 (reduced inequalities) and, particularly, with ECD, defined in the Global Strategy for women's, children's and adolescent's health as a key-objective towards which invest through integrated

¹⁴¹ UNICEF, July 2017, *Narrowing the gaps. The power of investing in the poorest children*. p. ii.

¹⁴² Full text available at:

http://everywomaneverychild.org/images/EWEC_Progress_Report_FINAL_3.pdf

¹⁴³ More information available at the official website: <http://www.everywomaneverychild.org/>

¹⁴⁴ Every woman, every child 2015, SDGs, *The Global Strategy for women's, children's and adolescents' health (2016-2030)*, p.4.

¹⁴⁵ *Ibidem*, p.36.

programs that combine efforts across sectors and by a range of partners¹⁴⁶. In fact, when children are healthy, they are better able to learn in school and can earn more as adults: investing in health and survival of the most deprived children would be more cost-effective, even though the costs of reaching them are higher, since, as demonstrated at the end of the first Chapter, the additional costs would be outweighed by greater results¹⁴⁷.

To conclude, the size and scope of SDGs is both inspiring and daunting, since it is estimated that it will cost 3 trillion dollars to reach them (New York Times 2015)¹⁴⁸. Considered together, SDGs are an ambitious and necessary challenge for the youngest children, the society at large and the whole planet, that UN member states have been and are willing to face, committing themselves to reach all the goals by 2030. Then, the evident interdependency existing between the 17 listed goals is the same interdependency that occurs between civil, political, economic, social and cultural human rights; as well as among the child needs and determinants of his growth and wellbeing; but also between the numerous facets of human development, which stretch on many different fields apparently separated and actually profoundly interrelated due to their multi-disciplinary intersections. This complex and dynamic fluidity can be understood only by adopting a holistic and comprehensive approach towards human development and wellbeing since its origins, starting from the very beginning of the child's life and considering the latter in his entirety, with all his interrelated and indivisible needs and rights. Finally, as we can deduct from the comparison briefly proposed above, the SDGs are more ambitious than the MDGs – setting a goal of ending all preventable child deaths in the next eleven years. This universal goal demands new and urgent action in reaching the still-unreached children: a challenge that claims for additional investments, attention and public interest in respect of the poorest and the youngest, towards whom we cannot afford to pay the cost of inaction¹⁴⁹.

¹⁴⁶ Every woman, every child 2015, SDGs, *The Global Strategy for women's, children's and adolescents' health (2016-2030)*, p.59.

¹⁴⁷ UNICEF, July 2017, *Narrowing the gaps. The power of investing in the poorest children*, p. ii.

¹⁴⁸ Raikes A., Yoshikawa H., Rebello Britto P., Iruka I., 2017, *Children, Youth and Developmental Science in the 2015-2030 Global Sustainable Development Goals*, Social Policy Report, vol.30, no.3, p.4.

¹⁴⁹ UNICEF, July 2017, *Narrowing the gaps. The power of investing in the poorest children*, p. 3.

2.2 The Convention on the Rights of the Child (CRC): a solid and comprehensive legal ground for supporting the child rights since early childhood, towards an effective achievement of child-related SDGs

2.2.1 A macroscopic view on the CRC: origins, distinctive features, weaknesses and added value

As already seen, arguments for Early Childhood Development as a human capital development and cost-saving measure are a compelling motivation for public investment, but there is also a strong child rights argument for improving access to good ECD programs, clearly expressed by the UN Convention on the Rights of the Child (CRC)¹⁵⁰.

Before entering in the details, it could be appropriate to summarize some of the main distinctive features, strengths and weaknesses of the CRC, both in terms of structure and content. Adopted in November 1989, entered in force in September 1990 and today ratified by 196 countries around the world, CRC is the most widely agreed upon international human rights treaty in the world and can thus provide a legal guarantee to respect, protect, and fulfil the civil and political as well as economic, social, and cultural rights of every child, since their early childhood. The Convention provides legal and ethical grounds on which to argue for changes to policy in favor of children's rights, going well beyond any previous international documents and reflecting a global consensus on the status of children, shifting from the cultural vision of the past, which saw children as a property of their parents, to a new one, which presupposes that children are human beings today and, as such, they are entitled to the same degree of respect as adult human beings¹⁵¹. In other words, CRC is based on the recognition that children are human beings with the same rights as adults, rather than human becomings who require socialization before being regarded as full subjects of rights. This is the main turning point of this precious document, conceived as a benchmark for all the subsequent developments concerning children's human rights. In fact, the children-rights perspective adopted by this Convention breaks through the web of paternalist, protectionist constructions that emphasize children as powerless dependents, separated-

¹⁵⁰ UN Convention on the Rights of the Child (CRC) adopted and opened for signature, ratification and accession by UNGA res. 44/25 of 20th November 1989 and in force since 2nd September 1990. Full text available at: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

¹⁵¹ Boshier, 2007, *The implementation Handbook for the Convention on the Rights of the Child* – UNICEF.

off from participation in shaping their own destiny¹⁵². For this reason, this perspective constitutes an innovative and revolutionary feature of this Convention that, drawn up after ten years of negotiations, sees the child as a rights-holder, and the adult as a duty bearer in the exercise of his rights. This fundamental aspect can be effectively resumed by the figure below, which illustrates the many different circles of influences concerning the children's human rights – some of which just met in the previous Chapter – encompassed by the child as a rights-holder and all properly treated within the holistic CRC framework. Because of its multilevel aspect and its consequent collective responsibilities, which generally shape the governance of child-related issues, this Convention has proven to be a crucial tool to achieve positive changes in the ECD services¹⁵³.



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Figure 7: the circles of influences existing around children's rights since their early childhood
Source: *Child rights programming: a handbook for Save the Children alliance members*, p.36.

Besides its comprehensive set of 54 global provisions and standards promoting and protecting the rights of every child – that States Parties have the legal duty to implement and enforce in their own national context – CRC is furtherly equipped by three Optional Protocols (OP), regarding respectively the sale of children, child prostitution and child pornography (in force since January 2002)¹⁵⁵, the involvement of children in armed conflict (in force since February 2002)¹⁵⁶, and a communications

¹⁵² Woodhead, 1997.

¹⁵³ Smith A.B., September 2007, *Children's rights and early childhood education. Links to theory and advocacy.*, Australian Journal of Early Childhood, vol. 32, no.3, p.7.

¹⁵⁴ The primary duty bearer under any human rights treaty is the State. However, it is not the only one: parents, and carers, civil society, the judiciary, the media, UN agencies, local and international NGOs and others all have duties to promote and protect the rights of the child.

¹⁵⁵ Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, adopted by UNGA res. 54/263 of 25th May 2000 and entered into force on 18th January 2002. Full text available at: <https://www.ohchr.org/en/professionalinterest/pages/opscrc.aspx>

¹⁵⁶ Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, adopted by UNGA res. 54/263 of 25th May 2000 and entered into force on 12nd February 2002. Full text available at: <https://www.ohchr.org/en/professionalinterest/pages/opaccrc.aspx>

procedure (in force since April 2014)¹⁵⁷. As occurs in many other human rights treaties, these Optional Protocols are important additional parts of CRC, aimed to further address something in the original treaty or something the original treaty doesn't mention, such as an issue that didn't exist when it was first adopted. Therefore, they are separated legal instruments, which must be ratified independently of the CRC. It follows that the ratification of each OP is not an automatic process: a State who decides to ratify the CRC isn't required to ratify also its three Optional Protocols. For this reason, it is not a surprise if, contrary to the solid global consensus around the treaty of reference (CRC), the three Optional Protocols don't have the same strong and almost universal support: despite the first two are largely accepted, the third one – the most recent – regards the children's access to justice and it is currently ratified only by 44 out of 196 CRC States parties¹⁵⁸. So, although its revolutionary perspective and comprehensiveness, the CRC presents also some weaknesses: the scarce States-parties commitment emerged by the very few ratifications on its third OP is one of this, but it is not the only one. In this regard, it is important to introduce the other side of the coin and open the thorny reality of the reservations. In fact, even if the International Community has strongly manifested an unprecedented universal willingness towards children as rights holders through the CRC adoption, this impressive support is regrettably mitigated by the reservations that States have entered. In fact, a large number of States Parties have ratified the Convention with reservations, namely clauses that exclude or modify the application of one or more CRC provisions. This is a problem because when we are dealing with the CRC – and with human-rights treaties in general – a reservation is something that potentially undermines the distinctive nature of such a treaty, by limiting the scope of the concerned agreement and, consequently, the “beneficiaries” of that treaty, who are the individuals themselves and not the States that conclude them¹⁵⁹. Most of all, in the case of the CRC, those directly affecting by these limitations are the children. In particular, the reservations that States parties have entered to the CRC regard mainly those provisions relating to children's civil and political rights: the so-called “participation rights”. A possible explanation for this apparently-hidden opposition could be that the idea of

¹⁵⁷ Optional Protocol to the Convention on the Rights of the Child on a communications procedure, adopted by UNGA res. 66/138 of 19th December 2011 and entered into force on 14th April 2014. Full text available at: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/OPICCRC.aspx>

¹⁵⁸ See the map about countries that have currently ratified the CRC Optional Protocol on a communication procedure: https://www.ohchr.org/Documents/HRBodies/CRC/OHCHR_Map_CRC-OP-IC.pdf

¹⁵⁹ Leblanc L.J., 1996, *Reservations to the Convention on the rights of the child: a macroscopic view of state practice*, the International Journal of Children's Rights, vol. 4, pp.357-381.

children having rights tends to be interpreted as being permissive and giving them too much power and control, while at the same time taking power and control away from parents¹⁶⁰.

Furthermore, talking about resistances in the CRC system, the United States undoubtedly still represents an insurmountable stumbling block for this treaty, since they are the only State in the world that has not yet ratified the Convention. In this regard, it is important to remind that the formal procedures for ratification or accession vary according to the national legislative requirements of a State. In general, prior to ratification or accession, a country normally reviews the treaty to determine whether national laws are consistent with its provisions and to consider the most appropriate means of promoting compliance with the treaty. In the specific case of US, they have only signed the CRC, but without any intention or political willingness advanced towards its ratification. Why this? The US played a pivotal role in the drafting of the CRC between 1979 and 1989, when the treaty was adopted by the UN General Assembly¹⁶¹. However, the current political climate is dooming ratification and a good deal of this opposition is based on anti-United Nations views, which, unfortunately, some significant portion of the US electorate share¹⁶². So, CRC, with all its fundamental articles and provisions, remains only a political commitment for them, without entailing any concrete efforts to adopt measures or specific policies aimed to really enforce it. Then, in this way, individuals cannot invoke such provisions and principles in front of the national and international competent authorities.

Having said that, it could be useful to briefly have a look on the CRC monitoring system, in order to understand better the CRC structure and its connected bodies' functions. Indeed, the CRC implementation and enforcement are constantly monitored by a specific and structured body: the Committee on the Rights of the Child¹⁶³ composed by 18 independent experts, which forms the universal safeguarding system of such a Convention. As foreseen under articles 44 and 45, the Convention establishes this specific monitoring body overseeing a system of regular state reporting and guidance in the form of General Comments on the implementation of the CRC as authoritative

¹⁶⁰ Smith A.B., September 2007, *Children's rights and early childhood education. Links to theory and advocacy.*, Australian Journal of Early Childhood, vol. 32, no.3, p.1.

¹⁶¹ Davidson H., 2014, *Does the UN Convention on the rights of the child make a difference?* – Michigan State International Law Review, vol. 22.2, pp. 497 – 528.

¹⁶² *Ibidem*, pp. 500-502.

¹⁶³ More information available at the UN CRC Committee official page:
<https://www.ohchr.org/en/hrbodies/crc/pages/crcindex.aspx>

interpretations of the provisions in that Convention¹⁶⁴. This mechanism of periodic review of States' and shadow reports (those coming mainly from NGOs)¹⁶⁵ aims to make every State Party really accountable to their assumed commitment towards children. More specifically, NGOs played an important role in this phase since governments are urged to involve all sectors of society in the preparation of their reports. Actually, a few governments consult NGOs extensively in the reporting process and incorporate their contributions into reports to the Committee, but individual NGOs or coalitions can and do prepare alternative reports for the Committee's consideration¹⁶⁶.

2.2.2 Examining the ECD space inside the CRC framework: a focus on some important articles which function as a good ECD legal basis, matched with the SDGs paradigm

After having presented a general overview about this document, the present section investigates the ECD space inside this human-rights treaty, stressing the potential of the CRC as a useful, just existing and well-known forum to ensure the rights of the children since their first days of life. Indeed, as outlined in such a Convention, young children have a right to develop their full potential by growing up in a healthy, safe and stimulating environment. So, according to this vision, investment in ECD is neither a luxury nor a privilege, rather it is a key responsibility of every government¹⁶⁷ who have ratified the abovementioned agreement, with a view towards the achievement of the 2030 Agenda, briefly described in the previous paragraph.

In particular, the CRC does not explicitly mention ECD, however it stresses indirectly the relevance of the early years, mostly of early childhood education. In this respect, the Preamble talks about the prime importance of the family and family support, and the special safeguards and care needed by children, especially the youngest and the most vulnerable ones. In fact, as just repeated, young children, due to their special needs for their survival and development, require extra attention to their early environments.

¹⁶⁴ Vaghri Z., Arkadas A., Kruse S. and Hertzman C., May 2011, *CRC General Comment 7 Indicators Framework: a tool for monitoring the implementation of Child Rights in Early Childhood*, – Journal of Human Rights, 10 (2), p.179.

¹⁶⁵ UN human rights treaties require periodic reports on steps States Parties have taken to implement the provisions of the relevant treaty. For more information see Chapter 7 (*Compliance and monitoring mechanisms*) of *Advanced introduction to International Human Rights Law*, D.H.Shelton, Edward Elgar Publishing Limited, 2014, p.220-237.

¹⁶⁶ Implementing and monitoring the Convention on the Rights of the Child: <https://www.unicef.org/child-rights-convention/implementing-monitoring>

¹⁶⁷ Biersteker L., 2012, *Early Childhood Development services: increasing access to benefit the most vulnerable children*, South African Child Gauge 2012, p.53.

Therefore, even if rights exist independently of environments, the fulfilment of the youngest's children rights cannot be separated from the nature of the environments in which they grow up, live and learn¹⁶⁸. More specifically, art. 29 of the CRC¹⁶⁹ says that education of the child should be directed to the development of the child's personality, talents, mental and physical abilities to their fullest potential. So, in order to adequately fulfil this article, children are to reach the highest possible standards of educational achievement, experiencing a rich environment in their infancy and early childhood¹⁷⁰. This entails be cared for by properly-informed and aware parents through stimulating moments of dialogue and play, be developmentally on track by health and social services and having access to quality pre-primary education programs.

Actually, plenty of other articles can be easily connected with or read in an ECD perspective, going beyond the isolated education field, involving and linking many different sectors. For instance, art. 18 establishes that States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child and so that the best interest of the child will be their basic concern¹⁷¹.

¹⁶⁸ Vaghri Z., Arkadas A., Kruse S. and Hertzman C., May 2001, *CRC General Comment 7 Indicators Framework: a tool for monitoring the implementation of Child Rights in Early Childhood*, – Journal of Human Rights, 10 (2), p.179.

¹⁶⁹ Art. 29 CRC: 1. States Parties agree that the education of the child shall be directed to: (a) The development of the child's personality, talents and mental and physical abilities to their fullest potential; (b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations; (c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own; (d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin; (e) The development of respect for the natural environment. 2. No part of the present article or article 28 shall be construed so as to interfere with the liberty of individuals and bodies to establish and direct educational institutions, subject always to the observance of the principle set forth in paragraph 1 of the present article and to the requirements that the education given in such institutions shall conform to such minimum standards as may be laid down by the State.

¹⁷⁰ Smith A.B., September 2007, *Children's rights and early childhood education. Links to theory and advocacy*, Australian Journal of Early Childhood, vol. 32, no.3, p.3.

¹⁷¹ Art.18 CRC: 1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern. 2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children. 3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

Or, again, art. 24 is focused on the right to health¹⁷², which has to be guaranteed to every child since his or her birth and to his or her mother during pregnancy, providing for the child's enjoyment of the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health, and ensuring that States Parties shall strive to guarantee that no child is deprived of his or her right of access to such health care services.

There are also other Convention articles that, in the form of participation rights, involve the ECD period, like articles 12 and 13, which respectively states that the views of the children should be taken into account in decisions affecting them (according to age and maturity), and that children have the right to express their views and to be given information. According to Anne B. Smith (Children's Issues Centre, University of Otago), these articles accept that children are full human beings with rights and dignity, since their birth¹⁷³. Moreover, early opportunities for democratic participation nourish a sense of collective ownership and responsibility as well as skills to solve problems in collaborative ways. Perhaps most importantly, in this way children develop a belief in themselves as actors who have the power to impact the adverse conditions that shape their lives¹⁷⁴, with an eye for the most fragile beginnings, which risk to be blocked and damaged by early deprivations.

Another relevant CRC aspect, which is common to ECD, is its comprehensiveness – partially just touched upon by referring to the diverse typologies of rights that it includes – which is the real added value of this treaty. Indeed, the latter

¹⁷² Art. 24 CRC: 1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. 2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (a) To diminish infant and child mortality; (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution; (d) To ensure appropriate pre-natal and post-natal health care for mothers; (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; (f) To develop preventive health care, guidance for parents and family planning education and services. 3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children. 4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

¹⁷³ Vaghri Z., Arkadas A., Kruse S. and Hertzman C., May 2011, *CRC General Comment 7 Indicators Framework: a tool for monitoring the implementation of Child Rights in Early Childhood*, – Journal of Human Rights, 10 (2), p.179.

¹⁷⁴ Rizzini & Thaplyal, 2005.

perfectly corresponds to the comprehensiveness of the newborns' rights and needs and to that of the SDGs-paradigm seen before, which in a wider sense is inherent in the human nature itself, and consequently in human development and wellbeing. Just now it has been said that, even if there is no explicit mention to ECD in the CRC, nevertheless, the Preamble and some other abovementioned articles are good points from which to start to talk about the youngest's children rights. In fact, as deepened in the next paragraph, ECD involves many different but interrelated sectors, ranging from education, health, family to law and social protection. That's also why the holistic nature of the CRC fits neatly with that of the SDGs, actively contributing to their achievement and supporting all the efforts addressed towards it.

In this regard, it is important to underline how CRC articles and SDGs are reciprocally interrelated and move towards common objectives, as ending child poverty. In fact, as demonstrated in the first Chapter, ECD aims at reducing poverty, particularly child educational one, intervening at the very beginning of child life by compensating early adversities and deprivations – or, even better, preventing them – with properly child-focused and community-based ECD programs and services, that can stimulate early skills, both learning and socio-emotional ones. Having said this, the figure below gives us an idea of the complex and reciprocal interaction that occurs between these two frameworks, which have many things in common, since they are both oriented towards the same scopes and based on solid grounds, sometimes partially overlapping. So, this figure is really effective because, entering in the details, it shows the intersections between SDG1 (end poverty in all its form everywhere) – which is also one of the final aims of ECD actions – and its related targets and indicators, with all the CRC articles that can be useful in the achievement of this global goal (totally, more than ten).

Goal 1. End poverty in all its forms everywhere	
Preamble	...recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world <ul style="list-style-type: none"> ... the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person and have determined to promote social progress and better standards of life in larger freedom ... in all countries in the world, there are children living in exceptionally difficult conditions and that such children need special consideration
Article 2	[Non-discrimination]
Article 6.2	States Parties shall ensure to the maximum extent possible the survival and development of the child
Article 27	the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development
1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day	
Preamble	...recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world <ul style="list-style-type: none"> ... the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person and have determined to promote social progress and better standards of life in larger freedom ... in all countries in the world, there are children living in exceptionally difficult conditions and that such children need special consideration
Article 2	[Non-discrimination]
Article 6.2	States Parties shall ensure to the maximum extent possible the survival and development of the child
Article 27	the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development
1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	
Preamble	...recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world <ul style="list-style-type: none"> ... the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person and have determined to promote social progress and better standards of life in larger freedom ... in all countries in the world, there are children living in exceptionally difficult conditions and that such children need special consideration
Article 1	For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.
Article 2	[Non-discrimination]
Article 6.2	States Parties shall ensure to the maximum extent possible the survival and development of the child
Article 27	the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development
1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	
Article 4	With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources
Article 26	the right to benefit from social security, including social insurance...
1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	
Article 19.2	[violence] ...establishment of social programmes to provide necessary support for the child and for those who have the care of the child...
Article 20	[child deprived of family environment] shall be entitled to special protection and assistance provided by the State / States Parties shall [...] ensure alternative care
Article 22.1	[child refugee / seeking refugee status] shall [...] receive appropriate protection and humanitarian assistance
Article 23.2	[children with disabilities] special care and [...]
23.3	assistance / effective access to education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities
Article 24	the right of the child to the enjoyment of the highest attainable standard of health / [...] States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services
Article 28	the right of the child to education
1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	
Article 29.1 (a)	[education of the child shall be directed to] The development of the child's personality, talents and mental and physical abilities to their fullest potential
(e)	[education of the child shall be directed to] The development of respect for the natural environment
1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions	
Preamble	Recognizing the importance of international co-operation for improving the living conditions of children in every country, in particular in the developing countries
Article 4	[implementation] within the framework of international co-operation

1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions	
Preamble	... recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world <ul style="list-style-type: none"> ... the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person and have determined to promote social progress and better standards of life in larger freedom ... in all countries in the world, there are children living in exceptionally difficult conditions and that such children need special consideration
Article 2	[Non-discrimination]
Article 6.2	States Parties shall ensure to the maximum extent possible the survival and development of the child
Article 27	the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development

Figure 8: the match between SDG1 (ending poverty) and CRC-articles

Source: UNICEF interactive document, *Mapping the Global Goals for Sustainable Development and the Convention on the Rights of the Child*. –part A. Full text available at: https://www.unicef.org/agenda2030/files/SDG-CRC_mapping_FINAL.pdf

This specific and structured link between CRC-articles and SDG1 can be done also for all the other SDGs, matching every single global goal with its associated CRC-articles or vice-versa, starting from a CRC-article and finding all its interrelated SDGs, associating them on thematic areas. As can be seen from the above figure, this matching process results in a very organized scheme of constructive intersections, which are a fertile ground for reinforcing and programming ECD policies towards both a real enforcement of CRC provisions in every State Party and an effective achievement of 2030 global agenda.

Nevertheless, as partially introduced in relation to SDGs, also with regard to CRC outcomes the lack of universally defined standards and measurements makes difficult to have reliable data across countries about the state of the arts of children rights in early childhood, since many countries were not reporting consistently about children in their early years. As stated in the UNDP Human Development Report of 2000, indicators are powerful tools in the struggle for human rights, since they make possible for people to identify important actors and hold them accountable for their actions. In fact, among their many crucial functions, indicators can be particularly useful for making better policies addressing children in their early years, and exposing issues that had been neglected or silenced, exactly like in the case of ECD. As just said, the CRC does not explicitly talk about ECD, but it allows the latter to find its legal and policy roots in such a solid and comprehensive framework. How? Giving experts the tools and the information to create new and efficient global indicators regarding this crucial period of child's life, and allowing the academic world and the entire International Community to collect reliable data across different countries. Indeed, in order to monitoring progress in the realization of children's rights in early childhood, a state needs a tool to measure this variable dimension.

Responding to this necessity, the UNCRC Committee in its General Comment 7 (GC7)¹⁷⁵ of 2005 suggested that indicators and benchmarks should be used by States parties to monitor the realization of child rights in their early years of life. In other words, given that every child has a right to a safe and nurturing childhood in which she or he can develop and grow to their full potential—free from violence, neglect and exploitation – and to good health, to learn and to play; the CRC, specifically through General Comment No. 7, wanted to enshrine these rights¹⁷⁶. However, GC7 had a very limited practical value because of a lack of corresponding operationalized framework of indicators and, as a result, it has remained underutilized¹⁷⁷. For this reason, in 2006 a group of researchers, several officials from the WHO and UNICEF, as well as child rights advocates from many NGOs approached the UNCRC stating that GC7, despite being a comprehensive document prepared with insights and good intentions, remains only theoretical, and proposing to develop a simple set of practical indicators, in order to enhance its utility¹⁷⁸. As a result, after a year of deliberation, the Early Childhood Rights Indicators Groups (GC7 Indicators Group)¹⁷⁹ was formed and sought to address the issues by creating a monitoring tool comprised of sets of indicators that State Parties could use to assess the rights environment and the implementation of rights in early childhood in their countries as part of their reporting obligation to the Committee. Basically, as explained in the details by Ziba Vaghri et al., the objective in developing this framework was to adopt a structured and consistent approach for translating CRC standards into ECD indicators that are contextually relevant and useful at a country level¹⁸⁰. In particular, such a framework includes 15 indicators sets that are based on existing UNICEF and health indicators but also new configurations of administrative data, together arranged within a hybrid model that combines elements from the structure

¹⁷⁵ General Comment no.7 about *Implementing child rights in Early Childhood*, adopted by UNCRC Committee during its 4th Session in Geneva, 12-30 September 2005. Full text available at: <https://www.refworld.org/docid/460bc5a62.html>

¹⁷⁶ HELP (Human Early Learning Partnership), Research Brief 2012, *Early Childhood Rights. Guide for Monitoring the Convention on the Rights of the Child*, p. 4.

¹⁷⁷ Vaghri Z., Arkadas A., Kruse S. and Hertzman C., May 2011, *CRC General Comment 7 Indicators Framework: a tool for monitoring the implementation of Child Rights in Early Childhood*, – Journal of Human Rights, 10 (2), p.180.

¹⁷⁸ *Ibidem*, p.181.

¹⁷⁹ HELP (Human Early Learning Partnership), Research Brief 2012, *Early Childhood Rights. Guide for Monitoring the Convention on the Rights of the Child*.

Full text available at:

http://earlylearning.ubc.ca/media/documents/international_research_brief_14nov2012.pdf

¹⁸⁰ Vaghri Z., Arkadas A., Kruse S. and Hertzman C., May 2011, *CRC General Comment 7 Indicators Framework: a tool for monitoring the implementation of Child Rights in Early Childhood*, – Journal of Human Rights, 10 (2), pp. 178-188.

of the CRC reporting guidelines, the format of UNICEF's Multiple Information Cluster Surveys, and the structure of the WHO's Right to Health framework¹⁸¹.

2.2.3 The implementation of CRC-norms concerning ECD in the States-parties: the Italian situation

Once having described a little bit the innovative perspective, the criticalities, the structure and the monitoring body of the CRC through an ECD lens, linking the latter to the current global goals foreseen within the SDGs framework, we can move from the general to the particular, entering in some aspects of CRC implementation, which interests ECD: family environment, healthcare and education. In particular, the focus is now moved on Italy, which is a State Party of the CRC and also the country where the case-study proposed in the next Chapter takes place.

Taking a look on the Italian situation, the CRC Group¹⁸² – a network composed of 96 NGOs dealing with the promotion and protection of children's rights in Italy, coordinated by Save the Children Italia – in its third supplementary report of 2018¹⁸³ has given Italian government some useful recommendations and directions to undertake, in order to fully comply with CRC standards concerning ECD and effectively enforce them in all the local and regional contexts. For instance, due to the enormous regional differences existing in Italy regarding both the access and the quality of health care services, the CRC Group has recommended that the Government carry out a national census of the various Family Centres and services for family offered by Regions, creating a databank of these resources and opportunities; and that it implement actions to strengthen and improve the Family Advice Bureaus (*consultori familiari*), ensuring there is sufficient staff to provide suitable levels of services, in order to guarantee parenting support and support during family crisis situations¹⁸⁴. Then, the CRC Groups has signaled that, with regard to postnatal care, while the "Essential Levels of Services"

¹⁸¹ Vaghri Z., Arkadas A., Kruse S. and Hertzman C., May 2011, *CRC General Comment 7 Indicators Framework: a tool for monitoring the implementation of Child Rights in Early Childhood*, – Journal of Human Rights, 10 (2), pp.181-182.

¹⁸² Gruppo CRC – more information available at: <http://gruppocrc.net/>

¹⁸³ CRC Group, February 2018, *3rd Supplementary Report on the implementation of the Convention on the Rights of the Child in Italy*.

Full text available at: http://gruppocrc.net/wp-content/uploads/2017/12/rapporto_crc_3_inglese-1.pdf.

¹⁸⁴ CRC Group, February 2018, *3rd Supplementary Report on the implementation of the Convention on the Rights of the Child in Italy*, p.23.

(LEA)¹⁸⁵ identify the home visiting carried out by trained carers as an important factor of protection – especially for fragile and vulnerable families – local health authorities have invested very little in these community health workers¹⁸⁶, who can really make a difference in situations of early deprivation. Furthermore, CRC Group underlines that family pediatricians are the main point of reference, above all for the youngest and the newborns, together with health care districts and family centres: they are all present in Italy, but the way in which the services are run varies greatly from one part of the country to another. Moreover, hospital admissions of foreign children with undocumented parents have higher average weight than those of both Italian children and foreign children who are regularly resident. Considered within the need of healthcare for pregnant women and newborns, this highlights the urgency to identify a Family Pediatrician (*Pediatra di Famiglia* – PdF) also for children of the first mentioned group¹⁸⁷. As it is now known, early childhood education and care (ECEC) is strongly linked to healthcare issues and, for this reason, it is mentioned inside this ECD overview of the CRC Group 3rd Supplementary Report. Indeed, the latter raises awareness about the fact that the EU target of 33% of under 3-years-olds participating in early childhood education¹⁸⁸ is only approached in Central and Northern Italy (27-28%), with Southern Italy a long way off (10.1%). In this context, legislative decree 65/2017¹⁸⁹ could be a good turning point, but its impact needs to be accurately monitored. In fact, the latter is aimed at providing similar standards throughout the country, upgrading the entire ECEC system by requiring university qualifications and continuing professional education for all educators and teachers, the creation of local pedagogical coordination structures and the drafting of pedagogical guidelines for the entire system. So, the CRC Group recommends that Italian Regions adapt their regulations by establishing similar, structural, organizational and qualitative standards for education and care services for

¹⁸⁵ More information available at the Italian Ministry of Health official website: <http://www.salute.gov.it/portale/lea/dettaglioContenutiLea.jsp?lingua=italiano&id=1300&area=Lea&menu=leaEssn>

¹⁸⁶ CRC Group, February 2018, *3rd Supplementary Report on the implementation of the Convention on the Rights of the Child in Italy*, p.28.

¹⁸⁷ *Ibidem*, p.35.

¹⁸⁸ the so-called ‘Barcelona targets’, agreed by EU leaders in 2002, say that childcare should be provided for 90% of children between three years old and the mandatory school age, and for 33% of children under three. Full text of EC Report about the Barcelona Objectives available at: https://ec.europa.eu/info/sites/info/files/bcn_objectives-report2018_web_en.pdf. See also EC Press Release (June 2013) which resumes the main points and needs of these objectives: http://europa.eu/rapid/press-release_IP-13-495_en.htm.

¹⁸⁹ Legislative Decree 65/2017.

Full text available at: <https://www.gazzettaufficiale.it/eli/id/2017/05/16/17G00073/sg>

children under 3 and promote local pedagogical coordination structures¹⁹⁰. Finally, in Italy lacks a culture on and of play, in addition to which there is a lack of sufficient public funding for projects developed by third-sector organizations that base their activities on the promotion and practice of baby. The CRC Group therefore recommends that the Government disseminate and start monitoring opportunities for play, which is a crucial early-years issue¹⁹¹.

Concluding this brief, general but full-of-inputs reflection about the role, the potential and the difficulties characterizing the CRC system, clearly emerges how the latter is a really comprehensive and enriching point of reference from which to start to design every ECD initiative and program, above all the most locally-based ones. As demonstrated, if considered together with the current trend of the SDGs paradigm, CRC can be an effective tool to reach the 2030 Agenda and to trigger a positive change in favor of the youngest and, especially, the most deprived children under 6 years of age, providing a solid and universally accepted legal ground, to draw from the right ECD directions.

2.3 The Nurturing Care Framework (NCF): an innovative roadmap for action to help States realizing effective ECD interventions, through practical ECD policy-directions aimed to achieve 2030 Agenda and to fully comply with CRC norms

In the following paragraph are retraced the main relevant points, from an ECD perspective, of a very recent international document produced last year (2018) by the World Health Organization (WHO)¹⁹², in collaboration with the United Nations Children's Emergency Fund (UNICEF) and the World Bank Group (WBG). As the title suggests, we are dealing with the Nurturing Care Framework (NCF) or, better, with the *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*¹⁹³, which is a practical

¹⁹⁰ CRC Group, February 2018, *3rd Supplementary Report on the implementation of the Convention on the Rights of the Child in Italy*, p.36.

¹⁹¹ CRC Group, February 2018, *3rd Supplementary Report on the implementation of the Convention on the Rights of the Child in Italy*, pp.40-41.

¹⁹² World Health Organization (WHO) official website: <https://www.who.int/>

¹⁹³ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*.

Full text available at: <https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>

roadmap for action, based on the state-of-the-art evidence about ECD and focused on how the latter can be improved by targeted policies and concrete interventions.

2.3.1 “Nurturing Care”: what does it mean and which type of actors involve?

First of all, it could be useful to define what is generally meant with the term “nurturing care”. This expression has just been introduced in the first Chapter and it refers to conditions created by public policies, programs and services, which enable communities and caregivers to ensure children’s good health and nutrition, and protect them from threats¹⁹⁴. Nurturing care also means giving young children opportunities for reinforce and increase their early skills, both cognitive and non-cognitive ones, through interactions that are responsive and emotionally supportive. More specifically, it involves five main thematic areas concerning ECD (see fig. 3, Ch.1): good health, which refers to both parents and child wellbeing; adequate nutrition; responsive caregiving, namely building a stimulating socio-emotional environment for the child; security and safety; and opportunities for early learning, since education begins much longer than primary school –all affecting the child’s life since his or her birth.

Then, as an overarching concept, nurturing care is supported by a large array of social contexts, varying from home to parental work, child care, schooling, the wider community, and policy influences. The single most powerful context for NC is the immediate home and care settings of young children often provided by mothers and family members¹⁹⁵, who really shape the child’s wellbeing and his/her socio-emotional early skills since the first days of life. Just think that mothers are also the first child’s healthcare providers through breastfeeding, which is proven to be a crucial moment mostly in humanitarian settings, where access to clean water, adequate sanitation and basic services is often limited. In fact, the breastmilk consumed by newborns during the first few days is extremely rich in nutrients and antibodies and acts as a child’s first “vaccine”. But, putting newborns to the breast necessitates skin-to-skin contact: this closeness between mother and baby provides both short- and long-term benefits, since it helps regulate newborns’ body temperature and allows their bodies to be populated with beneficial bacteria from their mother’s skin, which provide protection from

More information available at: <http://nurturing-care.org/>

¹⁹⁴ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.*, p.2.

¹⁹⁵ The Lancet Series, January 2017, *Advancing Early Childhood Development: from Science to Scale 2*, vol.389, p.91.

infectious diseases and help build babies' immune systems¹⁹⁶. According to this broad and intersectoral definition of nurturing care, which underlines some of the main and partially-just-seen crucial aspects of the ECD sector, the NCF here proposed builds on the foundation of universal health coverage (UHC) – already mentioned in the analysis of SDG3– with primary care at its core, as essential for all sustainable growth and development. In particular, it articulates the important role that all sectors, including the health one, must play to support the healthy development of all children in order to reap maximum benefit from pre-school and formal education. Conceived in this way, this vision is perfectly in compliance with the SDGs-paradigm previously described, as the below-figure synthetizes, by putting the nurturing care with all its five just-listed components at the centre of the Global Strategy and the SDGs.



Figure 9: the Nurturing Care at the centre of the Global Strategy and the SDGs

Source: WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.24.

In fact, working together to realize the vision of the 2030 Agenda and leave no one behind entails a duty to act urgently through investing in ECD programs and services in every country, every community and every family. Therefore, with the adoption of the NCF, the WHO, in partnership with many other NGOs and UN agencies, commit themselves to be part of the movement to create an inclusive and sustainable world, starting with investment in the earliest years – to realize the right of each and every child to survive and thrive, to build a more sustainable future for all¹⁹⁷. In this sense, it is no accident that this important document, which provides a further, more complete guide for implementing necessary and effective ECD programs at a national level, has been elaborated only recently. Due to the increasingly structured global efforts to achieve the

¹⁹⁶ UNICEF, July 2017, *Capture the moment. Early initiation of breastfeeding: the best start for every newborn*, p. 8-9.

¹⁹⁷ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, Foreword.

2030 goals and the specific updated Global Strategy for women's, children's and adolescents' health, never before has the opportunity for energizing investment in ECD been as good as it is now. For this reason, global institutions – including UNICEF, the World Bank Group and the WHO – have prioritized ECD in their programs of work. In fact, today is more urgent than ever that all the international actors involved in one of the many ECD thematic areas work in a unified way towards common goals, and this Framework (NCF) will help to guide the actions they must take, to achieve significant results¹⁹⁸.

2.3.2 The NCF holistic approach: the benefits in the life course, the inclusive guiding-principles and the intermediate goals

As already introduced in the previous Chapter, ECD is a holistic discipline. Indeed, engaging multiple sectors in integrated services can lead to improved child development outcomes, more children and families receiving services, and better use of financial human resources¹⁹⁹. This holistic approach is the same pursued also by the NCF and, more relevant, it constitutes the real added value of this entire plan of action, since its big picture is globally recognized as its ace in the hole. In fact, its broad vision allows States and national policies to reach and change the lives of the most deprived children in the preschool years, going beyond a sectorial analysis that takes every ECD area in isolation, rather considering all the NC components as profoundly interrelated and part of the child's development entirety. In other words, as it is now known, in order to develop their full potential, children need good nutrition, good health, a healthy living environment, supportive parenting, cognitive stimulation and, if necessary, access to health care, social services and social assistance. It follows that factors such as malnutrition, poor health, home environments lacking in stimulation and encouragement for learning, and harsh discipline have a negative impact on children's development²⁰⁰. Furthermore, it must be considered that these and other threats to ECD tend to cluster together, often in conjunction with lack of services and social exclusion. So, being exposed to one risk usually means being exposed to many. This adversity and lack of support can undermine families' capacity to provide nurturing care for their young

¹⁹⁸ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.4.

¹⁹⁹ Pisani L., Karnati R., Poehlman S., 2017, *Building brains. Early stimulation for children from birth to three*, Save the Children Report, p.5.

²⁰⁰ Biersteker L., 2012, *Early Childhood Development services: increasing access to benefit the most vulnerable children*, South African Child Gauge 2012, p.53.

children. For this reason, protecting and supporting families and caregivers – and promoting nurturing care among them – depends on the resilience of communities and systems. And that resilience is the result of coordinated action among many stakeholders – across sectors and across levels of government, both national and local²⁰¹, as widely discussed in the previous Chapter. In particular, the benefits of such interventions are numerous and affects all the life course, triggering a positive cycle of interrelated social and health improvements affecting the child in his or her growth and adulthood. As clearly illustrated by the figure below, acting at the very beginning of child’s life can really make the difference, impacting positively an individual’s life course until his old age and proving that *if we change the beginning of the story, we change the whole story*: this is the aim that the NCF, through its guidelines, wants to reach.

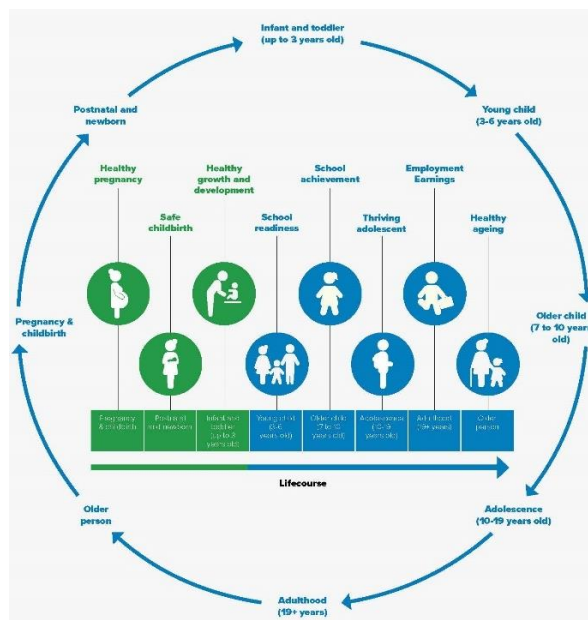


Figure 10: the benefits of Nurturing Care through the life course

Source: WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.8.

As anticipated, it is important to underline that in order to trigger the lifelong cycle of benefits provided by the nurturing care, the environmental factors are key-determinants. In fact, they contribute in shaping the brain development of children in their early moments, directly affecting their early skills, mostly those non-cognitive ones. In particular, for children to develop in the way that’s best for their whole lives, caregivers need to have time and resources for providing nurturing care. In this way, nurturing care is not only important for promoting young children’s development, but also for

²⁰¹ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.9.

protecting them from the worst effects of adversity by lowering their stress levels and encouraging emotional and cognitive coping mechanisms²⁰².

This is facilitated by enabling environments of policies, services, community and family. For this reason and according to the widely previously-discussed ECD governance architecture, with all its polycentric authorities, NCF assumes as a guiding-principle the constructive interaction among all the different levels of ECD actions. The latter is efficiently captured by the following table, which shows the services and interventions that address the five components of nurturing care, with a selection of global goals, along with laws and policies, illustrating how these different factors interact to build enabling environments for the child's brain development in the early years.



Figure 11: the enabling environments for Nurturing Care

Source: WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p. 17.

As can be deduced, there are four key-levels of actions that, together with their numerous sub-levels, have the power to act for a change in favor of the youngest and most deprived children. In fact, if they act in collaboration towards the same scope through integrated interventions, these concentric circles, which involve many different types of actors, have all they need to trigger a real change in the society, becoming important enabling environments for nurturing care. In particular, the four rings located around the NC components, are active parts of this framework, and can furtherly and effectively be specified with another table that deepen the complexity of each sub-level, here proposed:

²⁰² WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.12.

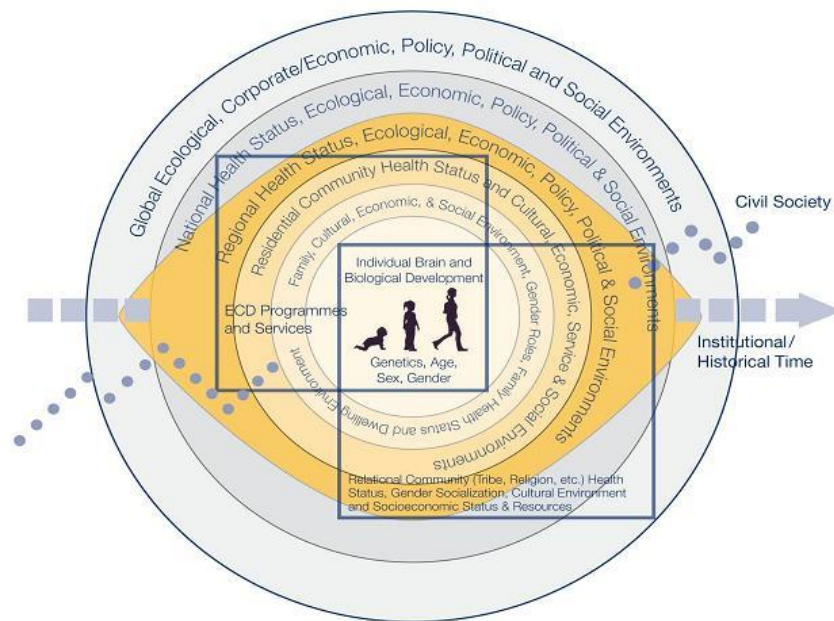


Figure 12: the WHO Total Environment Assessment Model for ECD (TEAM-ECD)
Source: HELP, Research Brief 2012, *Early Childhood Rights Indicators. A Guide for Monitoring the Convention on the Rights of the Child*, p.4.

The above sphere emphasizes the position of the young children's brain development within all the environmental factors, which contribute to shape their early skills and growth, among which family and community, whose transformative potential role has been wider discussed in the previous Chapter. As can be noted, the civil society transversally crosses every cycle of actions and the whole process: this is the reason why, by implementing local community-based and child-focused ECD programs, CSOs can really be agents of change in the improvement of the youngest and most deprived children's lives. Finally, the identified intersection can immediately explain the comprehensiveness of the NCF as well as that of this powerful and, at the same time, vulnerable life stage.

Then, the main features of the NCF briefly described until now follow some innovative pillar-guidelines, resumed below, that are to be considered for having a fully complete idea of the entire paradigm.

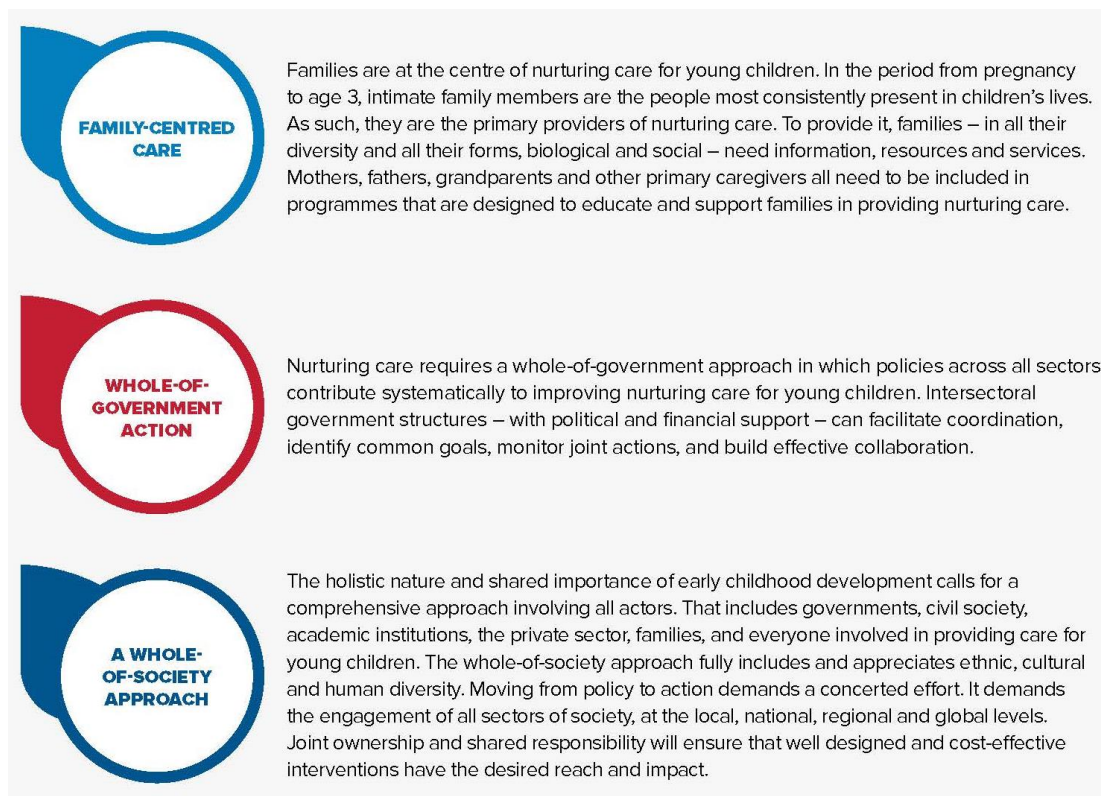


Figure 13: the NCF guiding-principles

Source: WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.26.

Starting from the three guiding-principles described above, which are the distinctive features of the proposed holistic NCF and also the main focal points of ECD that this thesis wants to stress and deepen, it follows that *“the civil society will advocate for increased attention to nurturing care, and more investment in it; strengthen communities’ ability to support nurturing care; increase families’ and local stakeholders’ knowledge of young children’s rights; and track progress, and hold itself – and other stakeholders – to account for commitments”*²⁰³. While, at the same time, governments and policy-makers *“will commit to a vision of equity and human development, with young children and their families at its centre; support nurturing care by coordinating policies, budgets, operational plans, workforce development, training packages, tools and activities across a range of sectors; make resources available – human, technical and financial – to strengthen policies, information and services at national, subnational and local levels; and work towards a whole-of-government and a whole-of-society approach to support nurturing care”*²⁰⁴.

²⁰³ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.43.

²⁰⁴ *Ibidem*.

Matching all the levels of actions that this framework unifies results in an important and concrete plan of intermediate goals, both national and international ones, that require a strong commitment by all the diverse actors involved. In fact, NCF invites governments and ECD actors in general, to commit themselves in the achievement of these milestones in the next four years (by 2023):

NATIONAL MILESTONES	GLOBAL MILESTONES
 <p>All countries have developed a national coordination mechanism and a plan to address nurturing care in a holistic way.</p>	<p>Global stakeholders have established functional mechanisms for multi-sectoral coordination and harmonized action in support of nurturing care.</p>
 <p>All countries are addressing nurturing care in national communication strategies and through community structures and local leaders.</p>	<p>Global stakeholders have launched a global advocacy campaign for nurturing care and promote effective approaches for engaging communities and giving them agency.</p>
 <p>All countries are strengthening their workforce's capacity to support responsive caregiving and early learning – among all families and children, including those with additional needs.</p>	<p>Global stakeholders have developed and updated guidelines, service packages and implementation guidance for nurturing care, and promote their use</p>
 <p>All countries are collecting data about the quality and coverage of interventions for all five components of nurturing care.</p>	<p>Harmonized global indicators and measurement framework for nurturing care are available and used to assess implementation and impact.</p>
 <p>All countries are investing in local research to strengthen implementation of nurturing-care interventions.</p>	<p>Global stakeholders have identified research priorities for nurturing care and invest in studies to address them.</p>

Figure 14: the NCF national and international intermediate goals to be reached by 2023

Source: WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, p.42.

In the light of what has been discussed and explained in the previous paragraphs, the above table is something that sounds familiar. Indeed, these intermediate national and international specific goals are a further useful instrument, which is added to the SDGs targets and indicators, the Global Strategy for women's, children and adolescents' health, and to the CRC provisions. In particular, returning to the Italian situation –briefly described before, as a practical example interesting the CRC implementation in its States Parties concerning ECD – these intermediate goals of national and higher scope are added to the CRC Group recommendations above synthesized, providing together with the latter a really complete and functional plan of action that can guide effective ECD interventions.

In other words, the NCF can give a real contribution in the achievement of 2030 ECD-related global goals and in the enforcement of CRC ECD-related articles. Indeed, this innovative holistic framework explains the nurturing care benefits on the entire life

course and its enabling environments, by identifying inclusive guiding-principles which are at the basis of the ECD governance architecture, and useful intermediate goals to be reached within 2023. In this way, this well-structured roadmap for action can be considered as a set of practical guidelines to follow at a country and local level, which needs to be integrated to the more theoretical means provided by the CRC legal ground – seen before – and to the targets and indicators of the SDGs framework, whose ECD-related issues, like the current trend of children at risk of poor development, still lack effective measures available on a global scale– as underlined in the first part. In short, while the SDGs and the CRC can serve as the global compass-points from which to start orienting every type of ECD intervention, the NCF is a more practical roadmap for action that allow policy-makers, CSOs and all the stakeholders involved in nurturing care to concretely realize step by step effective ECD programs aimed to fulfill the youngest children’s human potential. To sum up, with the NCF the missing link among the global and the local ECD-levels has been found, studied and well-argued. Now, it’s up to each interested actor to use it and to integrate the latter with the just-existing tools.

Conclusions

After having stressed the main ECD focal points of the three different but intrinsically compatible international documents briefly described above – SDGs, CRC, NCF –, this Chapter proposes to put them together, matching their common final and intermediate goals in order to unify all the useful theoretical and practical guidelines in a complete roadmap for programming and implementing effective ECD initiatives based on nurturing care. Starting from the first paragraph, through retracing the SDGs origins and current development, then intersecting this ambitious challenge with the well-structured legal ground provided by the CRC in the second one, and finally with the innovative inputs proposed by the NCF, these pages give the reader the means to carry out effective ECD actions at a country and local level, bridging the global with the local towards the same direction: guaranteeing every child the best possible start to which he or she is entitled.

This complex discourse, which involves many diverse inputs to be deepened and then adapted within each single specific context of implementation, prepares the reader to the next Chapter. Indeed, the latter will be focused on two particular ECD programs activated in Italy – whose ECD panorama has been partially anticipated in the last part

of the second paragraph regarding the CRC Group recommendations – by Save the Children Italia: *Newborn Ribbons* (NR) and *Mother Centre* (MC). In particular, considering this Italian case-study, the next pages want to demonstrate how the international guidelines summarized in this Chapter really guide and, legally bind (in the CRC case) the national and local ECD actions, by presenting some relevant outcomes and milestones – as well as resistances and criticalities –that can be reached and assumed as a point of reference for further initiatives aimed at reinforcing and increasing the youngest and most deprived children’s early skills and, mostly, by proposing a new child-focused, community-based system known as “Local Caring Community” (LCC).

CHAPTER 3

The action of Save the Children Italia towards the establishment of Local Caring Communities (LCCs): the lessons from *Newborn Ribbons* and *Mothers Centre*

Introduction

After having introduced the ECD system of governance and highlighted the relevance of the role of each different stakeholder who compose it – from the community-based NGOs until the main international institutions –, this Chapter enters in the core of the proposal for preventing the long-term damages of child poverty by presenting a specific case-study.

In substance, as anticipated at the end of the second Chapter, these pages illustrate a concrete and successful ECD intervention, which could inspire other similar actions addressed to the youngest and most deprived children and their parents. In particular, the case-study here proposed is focused on two locally-tailored, parents-and-child-focused programs, initiated in Italy by Save the Children Italia in 2012 – *Newborn Ribbons* (NR)– and in 2014 – *Mothers Centre* (MC). As will be explained and argued, those programs are conceived in a systematic view, represented by the concept – and the following practice – of a Local Caring Community (LCC): a term which has been coined from the intersections, dialogue and developments of *Newborn Ribbons* and *Mothers Centre*, considered as a whole.

In this sense, the first part synthetically analyzes the current Italian trend concerning the ECD context, assuming the SDGs framework and the CRC-Group last Report²⁰⁵ as useful points of reference to underline its main distinctive features and weaknesses. Indeed, by providing a set of significative indicators and data, the first section wants to give the reader the means to conduct a comprehensive reflection about the macroscopic needs and criticalities from which the Italian system suffers most, in order to better understand the action of Save the Children Italia as a response to such urgencies. Successively, it retraces the origins, the aims, the provided activities, the current developments and the perspectives of the two already mentioned Save the Children programs activated in Italy for the preschool age, stressing respectively the potential and the impact of NR and MC. Finally, the Chapter summarizes all these inputs, by directing

²⁰⁵ Gruppo CRC, December 2018, *I diritti dell'infanzia e dell'adolescenza in Italia. I dati regione per regione*. Full text available at: <http://gruppocrc.net/wp-content/uploads/2019/03/rapporto-CRC-2018.pdf>.

them towards the horizon of a Local Caring Community (LCC): a concept which is here specifically defined and clarified in order to be identifiable, replicable— where it could be possible and useful – and, therefore, sustainable.

3.1 Growing up in Italy: an analysis of needs and a call to Save the Children action

3.1.1 The position of Italy within the ECD-related SDGs: the current trends and risk factors

As widely treated in the previous Chapter, ECD is an important issue at the basis of the current 2030 Agenda and of all the CRC-provisions, since all children have the right to grow up in an environment in which they are enabled to reach their full potential²⁰⁶. Indeed, promoting ECD is one of the most effective strategies to realize children's rights, to reduce the socio-economic gaps between population groups and to advance equity and inclusion for children and for society at large²⁰⁷. Starting from these just well-founded assumptions and the Italian situation concerning the implementation of CRC ECD-related norms – briefly presented in the previous Chapter (2.2.3)– it is important to introduce a general and comprehensive overview about the Italian trend concerning the SDGs framework, highlighting particularly the ECD-focused objectives and issues, already introduced in the previous pages.

According to this aim, the work of *Alleanza Italiana per lo Sviluppo Sostenibile* (ASviS)²⁰⁸ can guide the reader in the analysis of the current Italian trend towards the achievement of 2030 Goals. In this regard, last year – in 2018 – ASviS has presented the first Italian report about the SDGs²⁰⁹, in which are included new useful composite indicators that allow to measure more effectively the current national trends and results. In particular, as emerged in that report, Italy is not doing enough. In fact, the indicators elaborated by ASviS confirm the country's unsustainable condition from economic, social, environmental and institutional points of view. More specifically, between 2010

²⁰⁶ Art. 6.2 CRC: "States Parties shall ensure to the maximum extent possible the survival and development of the child". Full text available at:

<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

²⁰⁷ United Nations International Children's Emergency Fund (UNICEF) and International Step by Step Association (ISSA), 2016, *The early childhood years. A time of endless opportunities.*, Module 1, p. 4.

²⁰⁸ More information about ASviS are available at: <http://asvis.it/>

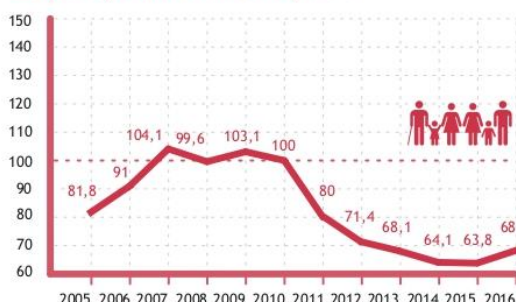
²⁰⁹ ASviS Report 2018, *Italy and the Sustainable Development Goals*. Full text available at:

file:///C:/Users/perit/Downloads/ASviS_REPORT_2018_ENG_web.pdf

and 2016 Italy showed signs of improvement in eight areas: food and sustainable agriculture, health, education, gender equality, innovation, sustainable patterns of production and consumption, combating climate change, and international cooperation. In five other areas, however, the situation has significantly worsened: poverty, economic and employment conditions, inequalities, urban conditions, and the terrestrial ecosystem. For the remaining four Goals (clean water and sanitation, the energy system, the condition of the sea, and the quality of governance, peace, justice and strong institutions), the situation appears to be relatively unchanged²¹⁰. In substance, even where significant progress has been achieved, Italy is still very far from reaching the Goals and in some cases the observed trends go in the wrong direction. The figures below efficiently illustrate and synthesize the Italian trend for four selected ECD-related SDGs – SDG1, 3, 4, 10 –, briefly described at a global level in the previous Chapter.

GOAL 1

End poverty in all its forms everywhere



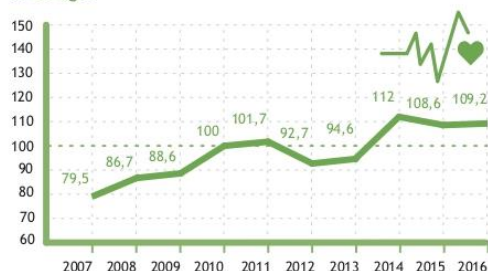
GOAL 10

Reduce inequality within and among countries



GOAL 3

Ensure healthy lives and promote wellbeing for all at all ages



GOAL 4

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

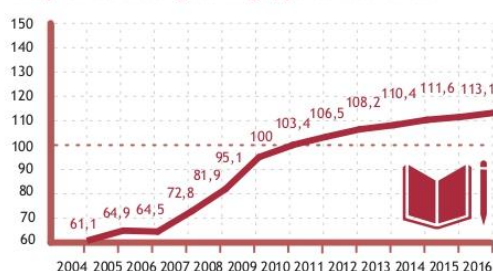


Figure 15: Summary indicators concerning the Italian trend towards the achievement of SDG1,3,4,10. Source: ASviS Report 2018, *Italy and Sustainable Development Goals*, pp. 38-40.

Considering the summary indicators for Italy above reported, it is relevant to stress some insights and deductions, which can function as useful points of departure from which to

²¹⁰ ASviS Report 2018, *Italy and the Sustainable Development Goals*, p. 37.

start to orient policy-directions and guide the decision-making process regarding ECD in Italy.

In particular, the Italian situation concerning SDG1 (end poverty in all its forms everywhere) needs a serious reflection, due to its dangerous and alarming trend. Indeed, ISTAT's SDG Report for 2018²¹¹ shows that in Italy the population at risk of poverty and social exclusion amounts to 30%, a percentage that is up on the previous year and reveals how far we are from achieving the target set by Europe 2020. In 2017, 1.778 million households (6.9%) were in absolute poverty, amounting to a total of 5.58 million people (8.4% of the entire population), the highest level since 2005. Furthermore, 20.6% of the population is in income poverty (up from 19.9% in 2015) and 12.1% is experiencing severe material deprivation. Among these, young families are the most penalized (with an incidence of 9.6%) and the condition of minors is the cause for greatest concern: 12.1% of minors are in absolute poverty, for a total of 1.208 million children. Going into details, almost half (46.9%) of those at risk of poverty or social exclusion are in southern Italy, where the highest rate of people in absolute poverty (10.3% of households and 11.4% of individuals) has been recorded²¹². From these numbers emerges a serious lack of a systematic plan, which can bring together and coordinate different welfare policies - not only those linked to income support and active social inclusion - for combating a multidimensional phenomenon that regards various aspects: income, access to credit and economic resources (Target 1.4), adequate basic social protection services (Target 1.3), combating early school leaving and the housing crisis²¹³. More specifically, this shortcoming significantly weights in on new parents, families and, consequently, on children in their early years, jeopardizing their growth, wellbeing and their entire future. Moreover, the child poverty rate is explained and – unfortunately– reinforced by the composition of Italian social expenditure, illustrated below in comparison with other important EU countries.

²¹¹ ISTAT 2018, *Rapporto SDGs 2018. Informazioni statistiche per l'agenda 2030 in Italia. Prime analisi*. Full text available at: <https://www.istat.it/it/files/2018/07/SDGs.pdf>

²¹² ASviS Report 2018, *Italy and the Sustainable Development Goals*, p. 41.

²¹³ *Ibidem*, p.43.

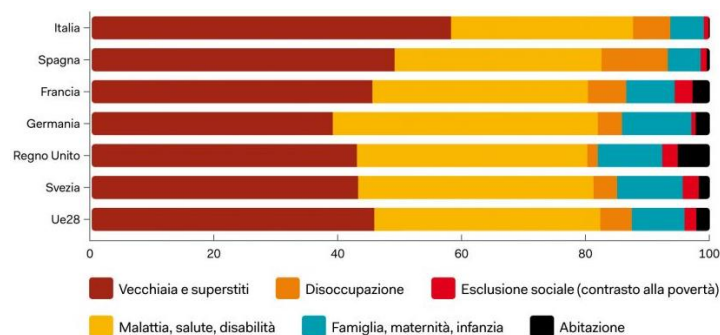


Figure 16: Composition of Italian welfare spending divided by functions

Source: Save the Children Italia, 2018, *Atlante dell'infanzia a rischio. Le periferie dei bambini.*, p.41.

As clearly emerged from the above figure, in Italy there is not any sort of structural and well-defined investment in childhood, especially in the youngest and most deprived children. In fact, as can be seen, the expenditures destined to family, maternity and infancy (in light blue) and those addressed to social exclusion and to tackling poverty (in red) – which are essential to create the preconditions of a nurturing care approach to child's early years of life – represent only a minimal and insignificant part of the available resources, which are rather allocated for elderly persons (in brown). Actually, this is not a surprise if we consider the current demographic trend, according to which the Italian population is composed by a strong majority of adults and elders. Nevertheless, it implies some dramatic consequences that, if not counterbalanced by innovative, preventive and well-founded practices now, risk to damage irreversibly the new generations and, by extension, the whole society. Indeed, this missing investment fuels the perpetuation of existing inequalities and deprivation, contributing to reinforce the fact that children who start behind, stay behind. This is further proven by the Italian current trend regarding SDG10 (reduce inequality within and among countries), which confirms that in the face of such a large increase in inequalities – considerably raised after the economic crisis of 2008 – there is still no convergence of policies aimed at reducing them. For this reason, in addition to the urgent need to extend and strengthen specific income support measures to eradicate absolute poverty, some steps should be taken. Among these, a tax system based on a more progressive approach and greater fairness; measures to reduce income disparities within the same workplace; protection of the universal and public nature of welfare systems and measures aimed at eradicating the most unacceptable situations of privilege²¹⁴.

²¹⁴ ASviS Report 2018, *Italy and the Sustainable Development Goals*, p. 53.

With regard to SDG3 (ensure healthy lives and promote wellbeing for all at all ages) and SDG4 (ensure inclusive and equitable quality education and promote lifelong opportunities for all), things are not worsening if we look the above figure, but – as just stated at the beginning –if read through an ECD perspective, the ongoing trends are not oriented in the right direction. Starting from the SDG3, we know that in the preschool years, the health sector has a unique responsibility, because it has the greatest reach to children and their families during critical time periods that affect child development. In fact, the first window of opportunity is during pregnancy, birth, and in early childhood within the first 1000 days, when essential interventions for health, nutrition, and psychosocial development have a great impact²¹⁵. Education – SDG4 – has the same responsibility, even if it often needs to dialogue with other type of professionals and intermediate sectors before reaching and interact with the youngest children. However, as deeply discussed in the previous chapter, ECD goes beyond these sectorial separations and consider social, healthcare and educational services as a unique powerful nurturing environment or, better, as the key *to change the whole story*. According to this vision – which is exactly the same vision proposed by the NCF²¹⁶ – also with regard to SDG3 and SDG4, Italy is not doing enough. As denounced by G. Tamburlini in 2014, in spite of some excellent local experiences, Italy as a whole is lagging behind most other European countries with respect to ECD investments²¹⁷ and, particularly, in terms of social, educational and healthcare services to the newborns who live in situations of early deprivation and their families. Also because of important reductions in the welfare funds during the post-economic crisis, the access to quality daycare and parents-support programs have been seriously compromised, at the expense of the most deprived families. So, trying to respond to this hostile context, ECD programs aimed to improve the social and economic environments in which children are born, grow up, live and learn are perfectly in compliance with the achievement of 2030 Agenda and, particularly to SDG1, 10, 3 and 4, since they may be instrumental in

²¹⁵ Annals of the New York Academy of Sciences, 2014, *Investing in early childhood development: an imperative for sustainable development*, vol.1308.

²¹⁶ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*.

²¹⁷ Tamburlini G., 2014, *Interventi precoci per lo sviluppo del bambino: rationale, evidenze, buone pratiche*., Medico e Bambino, vol.4, pp.7-8.

achieving reductions in health and developmental inequalities which span the entire life course²¹⁸.

More concretely, these trends are translated in Italy in a set of relevant problems and disparities in terms of bureaucracy and accessibility to ECD services. Indeed, the paths that children and families have to face when there are worries or clear signs of alarm concerning development are confusing and complex, often frustrating, because they are too slow, complicated and not sufficiently resolute: these criticalities represent one of the most serious weaknesses of the current organization of child-care services in Italy²¹⁹. In other words, this means that the access to medical specialists is difficult due to a general and structural lack of these services, entailing long waiting lists. Furthermore, the widespread wait-and-see attitude of the pediatricians, who generally tend to undervalue some important aspects (such as language delays) and the alerts from the educators and social workers, that often are proven to be improper – even if essential to intercept a problem before it occurs – many times lead to a cycle of inefficiencies, that significantly weights on the shoulders of the most deprived families and children²²⁰. Moreover, with regard to quality pre-primary education, the just-mentioned legislative decree no.65/2017²²¹ concerning the integrated system of education from birth turned the gaze towards the structural policy of reform of childcare services in Italy, with the aim of reaching 33% coverage of the population under three years at national level – as foreseen by the Barcelona targets²²².

However, although the direction indicated by the decree was positive, the implementation of the reform has missed the chance to immediately promote the realization of the educational services for children between 0 and 3 years, failing in transforming a service of individual demand into a universal one, partially because of the few allocated resources²²³. These underlined criticalities are encompassed by the absence of a transversal culture of holistic and multidisciplinary taking-over of the most fragile situations: contrary to what suggested by the NCF, ECD in Italy is still strongly

²¹⁸ Pillas D., Marmot M., Naicker K., Goldblatt P., Morrison J. and Pikhart H., November 2014, *Social inequalities in early childhood health and development: a European-wide systematic review.*, Pediatric Research, vol.76, no.5, p.418.

²¹⁹ G. Tamburlini, 2016, *Sviluppo precoce del bambino e pediatria di sviluppo. Cosa sa e cosa dovrebbe sapere il pediatra.*, Medico e Bambino, no.6, p.366.

²²⁰ *Ibidem*, p.366.

²²¹ Legislative Decree 65/2017. Full text available at:

<https://www.gazzettaufficiale.it/eli/id/2017/05/16/17G00073/sg>

²²² Full text of EC Report about the Barcelona Objectives available at:

https://ec.europa.eu/info/sites/info/files/bcn_objectives-report2018_web_en.pdf.

²²³ Save the Children Italia report, May 2019, *Le equilibriste. La maternità in Italia.*, p.19.

referred to separated actors considered in isolation and resulting in a lack of continuity, congruence and convergence between different services and, in this way, in a general counter-productive fragmentation. In this sense, horizontal and vertical collaboration between all the different types of stakeholders involved in the child's wellbeing – which together compose the circles of influences around the child, previously seen – still lack in Italy, especially in the most deprived areas. This is relevant because very often this missed-link is the primary cause of disorientation, confusion, worries and frustration among the new parents.

To this complex and fragmentated scenario is added another crucial reality, represented by maternity policies and parenting-support measures. In this regard, the role of public childcare is particularly important in Italy, also because it has been proved that it positively impacts the labor market participation of mothers: namely in areas with higher childcare availability, the probability of female employment is higher²²⁴. In other words, the availability of child care services significantly affects women's choices for non-market time versus time spent in paid work. It follows that in Italy the decisions to work and have a child are positively influenced by the available supply of public child care services²²⁵, which sometimes is really poor or insufficient. Before entering in the details, it is important to remind that, as already argued and then further elaborated, mothers are the first healthcare providers for their babies. So, their role is essential in children's ECD and for this reason, when they are in situations of clinical, economic or social disadvantages they need to be properly supported both in their homes and communities, and oriented towards quality ad hoc services. Nonetheless, today Italy suffers from a systemic deficiency concerning structural policies for parenting, which is furtherly exacerbated by a reparative action that from year to year sees the approval of measures specifically aimed at stimulating the birth rate. But the latter do not meet the need to protect parents' rights in the workplace and their guarantee of a worthy balance between private and working life. In particular, some national measures have been undertaken by the present and the former government, but they all have a limited impact since they are conceived only as an answer to emergency and individual needs, and not as comprehensive, structural and systematic interventions. In this sense, measures like

²²⁴ Brilli Y., Del Boca D., Pronzato C.D., 2014, *Does child care availability play a role in maternal employment and children development? Evidence from Italy.*, Review of Economics of the Household, p.4.

²²⁵ Del Boca D., February 2002, *The effect of child care and part-time opportunities on participation and fertility decisions in Italy*, IZA Discussion Papers, no.427.

“bonus bebè”²²⁶ (newborn’s benefit), “mamme domani” (tomorrow’s mothers)²²⁷ and the “bonus asili nido” (daycare benefits)²²⁸ are not well-structured and systematic forms of support, but only one-off options, which risk perpetuating the existing early gaps, rather than compensating them²²⁹. Therefore, the Italian ECD background is intrinsically linked to women’s role and conditions, that nowadays, as demonstrated by the below figure, together with the already proposed ECD-related SDGs, still encounter several obstacles in our country.

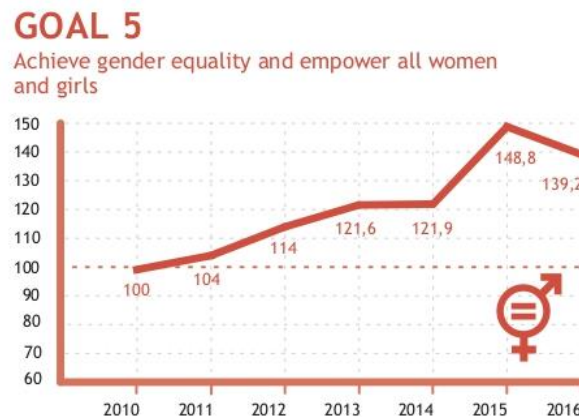


Figure 17: Summary indicator concerning the Italian trend towards the achievement of SDG5.
Source: ASviS Report 2018, *Italy and Sustainable Development Goals*, p. 38.

As can be seen, the ongoing trend shows that in Italy a real gender equality is still far to reach. According to the Global Gender Gap Report presented in 2018 by the World Economic Forum²³⁰, Italy is at the 70th place out of 149 considered countries, compared to its 41st one of 2015. This serious deterioration undermines women’s resilience and wellbeing and, consequently, that of their babies, starting from the very beginning of a child life. Indeed, the Italian system does not provide any effective measures addressed to a shared parental responsibility towards children, since childcare and domestic works are still covered mostly by mothers alone, with significant disparities between women

²²⁶ “Bonus bebè” is a payment of 1000 € allocated by the Italian government for every child born to or adopted by an Italian family and it is valid only for the child’s first year of life. More information available at:

<https://www.inps.it/search122/ricercaTema.aspx?sTrova=bonus%20beb%C3%A8&sCategoria=&sDate>

²²⁷ “Mamme domani” is a one-off incentive of 800 €, which is given at birth, regardless of income and nationality. More information available at:

<https://www.inps.it/nuovoportaleinps/default.aspx?itemdir=50895>

²²⁸ “Bonus asili nido” is a measure which provides for the payment of 1500 € per year for 3 years to subsidize attendance at the daycare (public and private), without income limits. More information available at: <https://www.inps.it/nuovoportaleinps/default.aspx?itemdir=51105>

²²⁹ Save the Children Italia report, May 2019, *Le equilibriste. La maternità in Italia.*, pp.16-17.

²³⁰ World Economic Forum, 2018, *The Global Gender Gap Report 2018*, pp.11-28. Full text available at: http://www3.weforum.org/docs/WEF_GGGR_2018.pdf

and men. In this regard, it is necessary to prioritize a reform concerning the paternity leave, because we are too far from the ten days foreseen by the EU directive²³¹, since the current Italian measures provide only five days of mandatory paternity leave and another optional one²³².

Moving from these disconcerting findings, it should be pointed out that the maternal stress caused by the difficulty to combine family and work life, besides other possible interrelated psycho-social status, such as maternal depression – which is common in the perinatal period – directly affect mother-child interactions and child attachment patterns, increasing the newborn exposition to a series of risk factors that, considered in aggregation, can really provoke irreversible damages, hindering the fulfillment of the child's human potential. Indeed, factors detrimental to the physical and mental health of the parents and their parenting role are potential risk factors for early childhood development, given that very often they continue during the prenatal and postnatal period²³³. In this sense, those children who are born in families with social, healthcare or economic disadvantages start a step back compared with the others, since they are more subjected to a set of risk factors that can be dangerous if cumulated. The latter are synthetically listed in the figure below:

Preconceptional	Prenatal/perinatal	Newborn	First years of life
Problems/ deficiencies in maternal health and nutrition Inadequate child spacing Unwanted pregnancy Parental consanguinity	Maternal mortality Perinatal asphyxia Low birth weight Prematurity Perinatal complications, infections Congenital chromosomal abnormalities	Inadequate caregiver–newborn relationship and interactions Neonatal infections, complications Developmental/sensory impairments	Lack of appropriate child care Child health problems/ chronic illness Inadequacies in nurturing and stimulating qualities of the environment Iron deficiency Iodine deficiency Malnutrition Micronutrient deficiencies
<p>Exposure to environmental toxins</p> <p>Problems in caregiver physical and mental health</p> <p>Deficiencies in the social and economic environment: nutrition, housing, environmental hygiene, living-wage jobs, gender equality, caregiver education, child care, preschool opportunities, schools, access to public and private goods and services, health care, exposure to violence/war.</p>			

Figure 18: Specific risks that can affect children up to 3 years of age

Source: WHO, 2012, *Developmental difficulties in early childhood. Prevention, early identification, assessment and intervention in low-and middle-income countries. A review*, p.21.

²³¹ the "Proposal for a directive of the European Parliament and of the Council on the balance between professional activity and family life for the genitaries and carers and repealing Council Directive 2010/18 / EU" was approved by the European Parliament in plenary on 04th April 2019 and now awaits the formal screening of the Council for final adoption. More information available at: <https://www.consilium.europa.eu/it/policies/work-life-balance/>

²³² Save the Children Italia report, May 2019, *Le equilibriste. La maternità in Italia*, p.17.

²³³ WHO, 2012, *Developmental difficulties in early childhood. Prevention, early identification, assessment and intervention in low-and middle-income countries. A review.*, p.21.

As already anticipated in the previous chapters, the achievement gaps arisen from early deprivation and early adverse circumstances of birth, if not adequately counterbalanced by effective ECD actions, tend to widen in subsequent years. For this reason, in order to effectively face all the ECD obstacles affecting the Italian system, it's crucial to reduce the risk factors on which the youngest children are exposed, by reinforcing some protective and preventive factors, through specific locally-tailored activities addressed to the youngest children and their parents, which can allow all children – included the most deprived ones – to reach their full human potential. This is, in short, the direction–efficiently summarized by the below graph – towards which Italian ECD policies and programs should look.

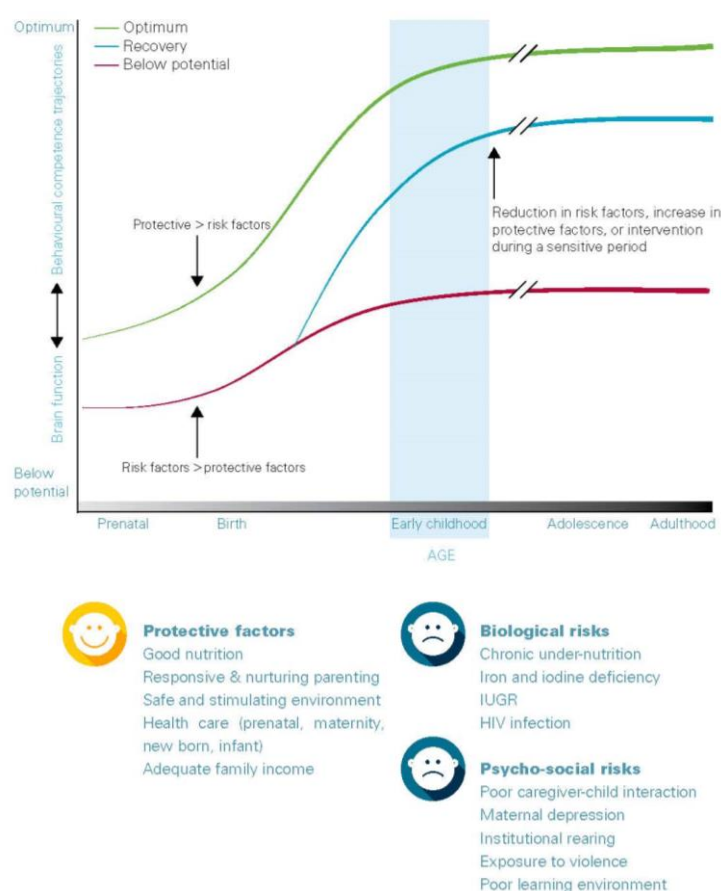


Figure 19: the effects of protective and risk factors on the fulfilment of human potential during early childhood.

Source: United Nations International Children's Emergency Fund (UNICEF) and International Step by Step Association (ISSA), 2016, *The early childhood years. A time of endless opportunities.*, Module 1, p. 20.

To sum up, the negative effects of the risk factors can be mitigated or reduced by supporting the family and strengthening protective factors. If necessary support is not provided, the child's development (the red line in the figure above) is compromised; but if adequate support is provided in the early years, the child's life long development track

can be moved from the red line to the blue one, thus approximating the levels of children who are developing well (green line)²³⁴.

3.1.2 Limits and weaknesses of Italian ECD system: regional and urban disparities

After having presented the Italian trends and current policies affecting children in their early years through a brief and macroscopic overview of the main ECD-related issues, it could be useful to enter more in the details, stressing one of the most problematic aspect which characterizes the Italian system: its internal differences and inequalities.

First of all, regional comparisons are particularly important in Italy, since there are significant geographical differences in early childhood services and opportunities, which largely reflect socioeconomic inequalities, but they are also present among regions with a similar socioeconomic profile, pointing to unevenness in the quality of social, educational and health services provided²³⁵. In this respect, the graph below is useful to have a first general impression concerning the different regional trends about child poverty rate in Italy:

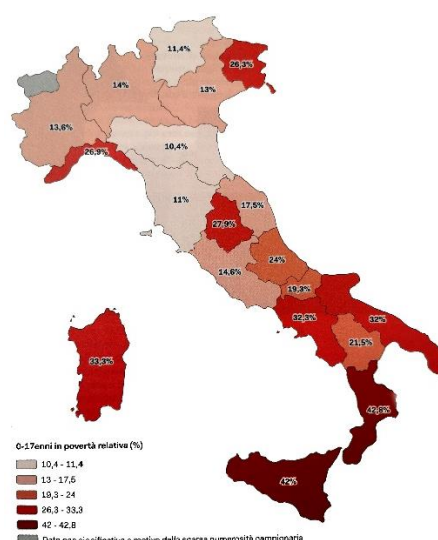


Figure 20: child relative-poverty rate in Italy by regions

Source: Save the Children Italia 2018, *Atlante dell'infanzia a rischio 2018. Le periferie dei bambini*, p.44.

As clearly emerged from the above numbers and colors, in Italy there are strong regional differences in terms of child poverty rate, from which the South suffers most: Calabria and Sicily register respectively 42,8% and 42%, ranking first in this alarming podium. More generally, today in Italy one minor out of five (21,5%) lives in relative poverty,

²³⁴ United Nations International Children's Emergency Fund (UNICEF) and International Step by Step Association (ISSA), 2016, *The early childhood years. A time of endless opportunities.*, Module 1, p. 20.

²³⁵ Tamburlini G., Ronfani L., Buzzetti R., 2001, *Development of a child health indicator system in Italy*, European Journal of Public Health, vol.11, no.1, p. 11.

namely in a family with household-expenditure levels significantly lower than the average of Italian families. But, more specifically, in regions such as Calabria and Sicily more than four children out of ten live in family conditions of relative poverty, while in Emilia-Romagna and in Tuscany only one minor out of ten experiences it.

This general national view introduces the reader in a complex scenario, which meaningfully weakens the youngest and most deprived children's first years of life. Indeed, regional differences and inequalities affect most of all the health sector, which is proven to be crucial during the *percorso nascita*²³⁶, conceived as the period between the awareness of the ongoing pregnancy and the first 1000 days of the child – namely the child's third year of life. In this regard, in Italy, health management and the planning process are decentralized, and health targets and indicators are defined at the level of the Azienda Sanitaria (local health authority) within a framework established by the regional health authorities²³⁷. This, consequently, entails important regional differences in terms of access to healthcare services and their efficiency, sometimes failing in reaching and supporting mothers and babies during their birth and development phase. However, regional disparities don't affect the health sector only, rather they expand upon educational opportunities and subsequent achievements, endangering comprehensively the entire nurturing care environment, which should be at the basis of every effective ECD action.

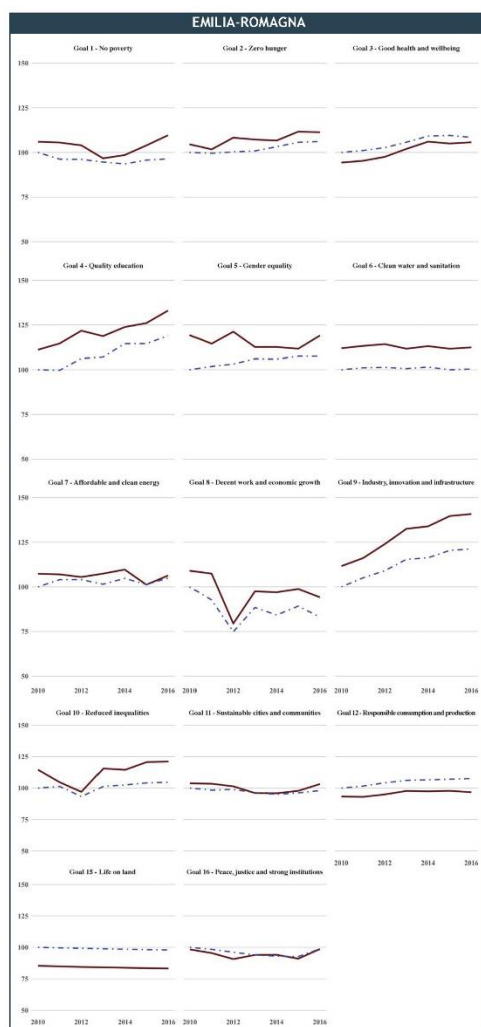
In order to better understand these words in more concrete terms, here below are reported two regional profiles that, putting together the current regional trends elaborated by ASviS in the achievement of SDGs and other selected indicators concerning ECD – which have been elaborated by the recent and detailed analysis of CRC-Group²³⁸ – in comparison with the Italian national trend, provide a more solid view of the Italian internal disparities. In other words, from the following tables and numbers, it can be deduced that in terms of ECD guarantees and opportunities, to be born in Emilia-Romagna is significantly different than to be born in Sicily, especially for those children who are born and live in a situation of early deprivation. This is a clear sign that in Italy inequalities begin at birth. In particular, by comparing the proposed profiles with the national trend – represented by the dashed line in the first part regarding the

²³⁶ Save the Children Italia report, February 2015, *Percorso nascita. Linee di indirizzo.*, p.6.

²³⁷ Tamburlini G., Ronfani L., Buzzetti R., 2001, *Development of a child health indicator system in Italy*, European Journal of Public Health, vol.11, no.1, p.11.

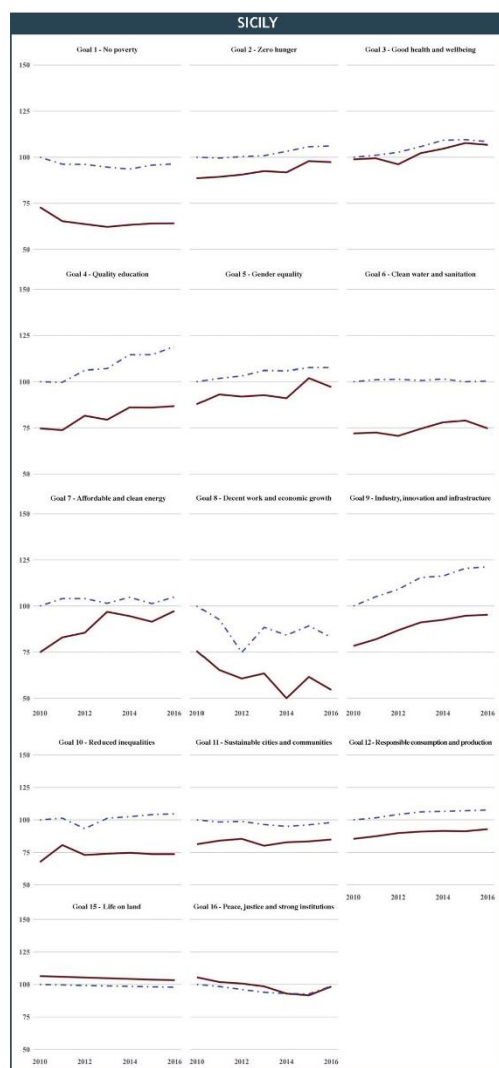
²³⁸ Gruppo CRC, December 2018, *I diritti dell'infanzia e dell'adolescenza in Italia. I dati regione per regione*. Full text available at: <http://grupprocrc.net/wp-content/uploads/2019/03/rapporto-CRC-2018.pdf>.

SDGs, and by the last percentage on the right in the next table – these data give us a more solid perception of the profoundly rooted disparities affecting the child's birth and development in Italy.



PERSONE DI MINORE ETÀ IN CONDIZIONE DI POVERTÀ			
	Emilia Romagna	Italia	Emilia Romagna vs Italia
Persone di minore età in povertà relativa, 2017	10,4	21,5	-11,1
Persone di minore età a rischio di povertà ed esclusione sociale, 2017	15,8	32,1	-16,3
SERVIZI EDUCATIVI PER L'INFANZIA			
	Emilia Romagna	Italia	% Emilia Romagna su totale nazionale
Bambini iscritti in nidi e micronidi, 2014	26.115	172.547	15,1
Bambini iscritti in sezioni primavera, 2014	1.356	8.615	15,7
Bambini iscritti ai servizi integrativi per la prima infanzia, 2014	2.152	16.166	13,3
La spesa complessiva per i servizi socio-educativi per la prima infanzia, 2014	232.878.646	1.482.390.619	15,7
Emilia Romagna vs Italia			
% di spesa pagata dagli utenti, 2014	23,7	20,3	3,4
Spesa media per utente, quota pagata dai comuni, 2014	5.995	5.988	-3
Spesa media per utente, quota pagata dagli utenti, 2014	1.867	1.525	342
% comuni coperti da servizi socio-educativi per la prima infanzia, 2014	85,0	55,7	29,3
Numero di posti nei servizi socio-educativi per la prima infanzia per 100 bambini di 0-2 anni, 2014	35,7	22,8	12,9
di cui a titolarità pubblica	26,1	11,6	14,5
di cui a titolarità privata	9,7	11,3	-1,6
Livello di competenza alfabetica degli studenti delle classi II della scuola secondaria di II grado, a.s. 2016/2017	202,7	200,0	2,7
Livello di competenza numerica degli studenti delle classi II della scuola secondaria di secondo grado, a.s. 2016/2017	207,7	200,0	7,7
PARTI E PUNTI NASCITA			
	Emilia Romagna	Italia	% Emilia Romagna su tot. nazionale
Numero di parti, 2015	35.228	478.165	7,4
Numero punti nascita, 2015	28	500	5,6
Emilia Romagna vs Italia			
% parti avvenuti in punti nascita pubblici*, 2015	99,6	89,1	10,5
% parti avvenuti in punti nascita accreditati*, 2015	0,1	10,6	-10,5
% parti avvenuti in punti nascita privati*, 2015	0,0	0,2	-0,2
% parti nascita con meno di 500 parti l'anno, 2015	25	25	0,0
% parti cesarei sul totale dei parti, 2015	26,5	34,2	-7,7
PEDIATRI			
	Emilia Romagna	Italia	% Emilia Romagna su tot. nazionale
Numero di pediatri, 2013	623	7.705	8,1
Emilia Romagna vs Italia			
Bambini residenti per medico pediatra, 2013	905	1.023	-11,8
COPERTURE VACCINALI			
	Emilia Romagna	Italia	Emilia Romagna vs Italia
Copertura Polio a 36 mesi, per 100 abitanti 2017, coorte di nascita 2014	95,40	95,05	0,4
Copertura Morbillo a 36 mesi, per 100 abitanti 2017, coorte di nascita 2014	91,92	92,38	-0,5
% vaccinate con ciclo completo HPV, solo femmine 2017, coorte di nascita 2001	76,88	70,56	6,3
ALLATTAMENTO			
	Emilia Romagna	Italia	Emilia Romagna vs Italia
Proporzione di donne che hanno allattato al seno, 2013	89,5	85,5	4,0
Numero medio mesi di allattamento al seno, 2013	8,4	8,3	0,1
Numero medio mesi di allattamento esclusivo al seno, 2013	4,1	4,1	0,0

Figure 21: Emilia-Romagna trend concerning the achievement of SDGs and some selected ECD key-sectors (minors who live in poverty; pre-primary education services; childbirth and birthing wards; pediatricians; vaccination coverage; breastfeeding).
Source: ASviS Report 2018, *Italy and Sustainable Development Goals*, pp. 82-83 and Gruppo CRC, December 2018, *I diritti dell'infanzia e dell'adolescenza in Italia. I dati regione per regione*, pp.38-45.



PERSONE DI MINORE ETÀ IN CONDIZIONE DI POVERTÀ	Sicilia	Italia	Sicilia vs Italia
Persone di minore età in povertà relativa, 2017	42,0	21,5	20,5
Persone di minore età a rischio di povertà ed esclusione sociale, 2017	56,8	32,1	24,7
SERVIZI EDUCATIVI PER L'INFANZIA	Sicilia	Italia	% Sicilia su totale nazionale
Bambini iscritti in nidi e micronidi, 2014	6.166	172.547	3,6
Bambini iscritti in sezioni primavera, 2014	118	8.615	1,4
Bambini iscritti ai servizi integrativi per la prima infanzia, 2014	40	16.166	0,2
La spesa complessiva per i servizi socio-educativi per la prima infanzia, 2014	58.252.278	1.482.390.619	3,9
Sicilia vs Italia			
% di spesa pagata dagli utenti, 2014	6,2	20,3	-14,1
Spesa media per utente, quota pagata dai comuni, 2014	8.640	5.988	2.652
Spesa media per utente, quota pagata dagli utenti, 2014	571	1.525	-954
% comuni coperti da servizi socio-educativi per la prima infanzia, 2014	36,9	55,7	-18,8
Numero di posti nei servizi socio-educativi per la prima infanzia per 100 bambini di 0-2 anni, 2014	9,9	22,8	-12,9
di cui a titolarità pubblica	6,0	11,6	-5,6
di cui a titolarità privata	3,9	11,3	-7,4
Livello di competenza alfabetica degli studenti delle classi II della scuola secondaria di II grado, a.s. 2016/2017	186,2	200,0	-13,8
Livello di competenza numerica degli studenti delle classi II della scuola secondaria di II grado, a.s. 2016/2017	178,8	200,0	-21,2
MORTALITÀ INFANTILE	Sicilia	Italia	Sicilia vs Italia
Tasso mortalità infantile, 2014	4,1	2,8	1,3
Tasso mortalità neonatale, 2014	2,9	2,0	0,9
PARTI E PUNTI NASCITA	Sicilia	Italia	% Sicilia su totale nazionale
Numero di parti, 2015	42.947	478.165	9,0
Numero punti nascita, 2015	56	500	11,2
Sicilia vs Italia			
% parti avvenuti in punti nascita pubblici*, 2015	85,8	89,1	-3,3
% parti avvenuti in punti nascita accreditati*, 2015	14,2	10,6	3,6
% parti avvenuti in punti nascita privati*, 2015	0,0	0,2	-0,2
% punti nascita con meno di 500 parti l'anno, 2015	32	25	7,0
% parti cesarei sul totale dei parti, 2015	42,8	34,2	8,6
PEDIATRI	Sicilia	Italia	% Sicilia su totale nazionale
Numero di pediatri, 2013	791	7.705	10,3
Sicilia vs Italia			
Bambini residenti per medico pediatra, 2013	873	1.023	-15,0
COPERTURE VACCINALI	Sicilia	Italia	Sicilia vs Italia
Copertura Polio a 36 mesi, per 100 abitanti 2017, coorte di nascita 2014	94,20	95,05	-0,8
Copertura Morbillo a 36 mesi, per 100 abitanti 2017, coorte di nascita 2014	90,15	92,38	-2,2
% vaccinate con ciclo completo HPV, solo femmine 2017, coorte di nascita 2001	56,47	70,56	-14,1
ALLATTAMENTO	Sicilia	Italia	Sicilia vs Italia
Proporzione di donne che hanno allattato al seno, 2013	71,1	85,5	-14,4
Numero medio mesi di allattamento al seno, 2013	7,1	8,3	-1,2
Numero medio mesi di allattamento esclusivo al seno, 2013	3,5	4,1	-0,6

Figure 22: Sicily trend concerning the achievement of SDGs and some selected ECD key-sectors (minors who live in poverty; pre-primary education services; childbirth and birthing wards; pediatricians; vaccination coverage; breastfeeding).

Source: ASviS Report 2018, *Italy and Sustainable Development Goals*, pp. 104-105 Gruppo CRC, December 2018, *I diritti dell'infanzia e dell'adolescenza in Italia. I dati regione per regione*, pp.118-125.

Once presented the complex regional scenario that composes the Italian national trend, it should be reminded that differences and inequalities are not only regional but, mostly, urban. This is relevant because the child and family environment, within which the newborns grow up and develop their human potential, is shaped also by the residential community²³⁹. In fact, the physical spaces accessible to children create both the opportunities and the constraints for play-based learning and exploration, which are critical for motor, socio-emotional, and cognitive development. Similarly, the availability of high-quality services, including institutions and facilities for learning and recreation, childcare, medical facilities, access to transportation, food markets and the

²³⁹ HELP Final report, June 2007, *Early Childhood Development: a powerful equalizer*, p.26.

opportunities of employment, vary according to the socioeconomic circumstances of communities. Basically, local access to these essential services for children should be used as a criterion for urban development, which is another environmental factor indirectly affecting ECD²⁴⁰. In this regard, in the biggest cities – as well as in remote rural areas – sometimes it could be difficult to accede to primary healthcare and educational services, most of all for those persons who live in a suburban neighborhood, poorly interconnected with the center. This discussion becomes crucial because, considering the demographic data, the majority of children and newborns in Italy lives in this type of areas, with all the limits that this entails.

In this sense, Rome can be considered as a significative example, similar to many other Italian metropolises such as Turin or Milan, since it extends over a complex and heterogeneous urban agglomeration, incorporating very different type of residents and residential community's services, some of which briefly introduced below.

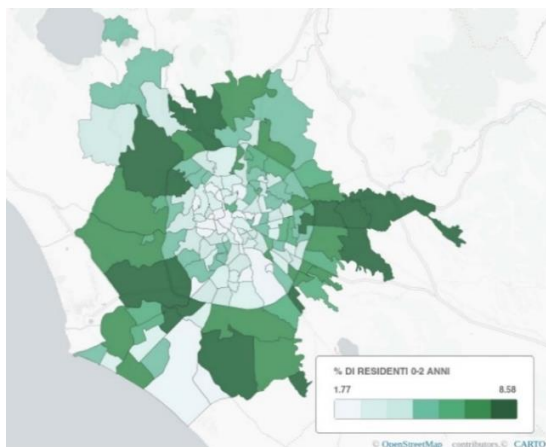


Figure 23: proportions of residents between 0 and 2 years in Rome, by urban zones and neighborhoods.

Source: Openpolis, Con i Bambini, 2018, *Asili nido a Roma. La distribuzione per zone urbanistiche della domanda e dell'offerta dei servizi per la prima infanzia nella Capitale*, p.13. More information available at: <https://www.openpolis.it/esercizi/dentro-roma-155->

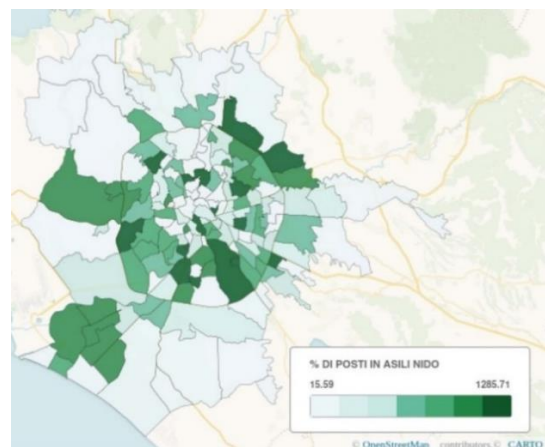


Figure 24: the availability of daycare services in Rome, by urban zones and neighborhoods.

Source: Openpolis, Con i Bambini, 2018, *Asili nido a Roma. La distribuzione per zone urbanistiche della domanda e dell'offerta dei servizi per la prima infanzia nella Capitale*, p.29. More information available at: <https://www.openpolis.it/esercizi/dentro-roma-155-citta-diverse-nellofferta-di-asili-nido/>

Observing the above map, it's evident that a strong majority of young children who live in Rome, lives in the most peripheral areas (those in dark green in the fig. 23), that are also the ones which extremely suffer from a lack of daycares and ECD services (fig.24). This gives an immediate perception of the disproportionate context of each Italian city's internal trend concerning the youngest and most deprived children. In particular, this is relevant because for those families who are experiencing some temporary adversities or

²⁴⁰ HELP Final report, June 2007, *Early Childhood Development: a powerful equalizer*, p.26.

forms of stress, living at the edge of the city means exacerbating those risk factors (briefly anticipated at the beginning) until, in the worst cases, cumulating them and seriously damaging the child's healthy and safe growth. To sum up, the metropolitan and urban degradation cannot be undervalued, rather, its related isolation and total lack of services are key-environmental factors that, together with the other risk factors already listed, undermine the child's healthy and safe growth and consequently his/her entire life-course. In other words, neighborhood deprivation, added to lower parental income, educational attainment, and occupational social class; parental unemployment; lack of housing tenure and a general household material deprivation strongly and negatively threaten the fulfillment of the young children's human potential²⁴¹. Therefore, it's urgent to adopt ECD national – and not only regional – systematic measures and policies, which can reach and protect all the newborns, especially those most deprived children who live in the most fragile regions and neighborhoods.

3.1.3 Save the Children Italia fights against child poverty since the early years through the establishment of Local Caring Communities (LCCs)

Founded exactly 100 years ago – on 19th May 1919 –, Save the Children is one of the main international organizations committed to children's rights and protection. Initially inspired by an idea and, then, a fight of Eglantyne Jebb²⁴² during the starvation provoked by the First World War, later consolidated with the establishment of the UN system in the post-WWII and with the adoption of the CRC in 1989, today Save the Children is committed to catalyze breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives, in order to build a world in which every child attains the right to survival, protection, development and participation²⁴³. Nowadays this organization is present in 125 countries around the world, with a network of 28 national NGOs – among which Save the Children Italia – and an international centralized structure. Furthermore, it has a “privileged” position since it has the consultative status at the UN ECOSOC, an opportunity whose derived-benefits have just been briefly described in the first Chapter (paragraph 1.2).

²⁴¹Pillas D., Marmot M., Naicker K., Goldblatt P., Morrison J. and Pikhart H., November 2014, *Social inequalities in early childhood health and development: a European-wide systematic review.*, Pediatric Research, vol.76, no.5, p.418.

²⁴² Eglantyne Jebb (1876-1928) was a British activist and the founder of Save the Children.

²⁴³ More information available at Save the Children International official page: <https://www.savethechildren.net/>

In particular, the focus here is posed on the action of Save the Children Italia²⁴⁴, born in Italy in 1998, located in Rome and currently active in different parts of the world with international projects, as well as in many Italian cities, through domestic programs aimed to combat child educational poverty. In other words, this NGO promotes and supports child-focused programs both externally (international programs and projects) and internally (domestic programs and projects), including also important actions addressed to the youngest and most deprived children in the preschool period – namely, our target of interest.

As will be furtherly deepen in the next section, all the interventions undertaken by Save the Children Italia (StC) occur in some specifically selected places, namely in the most deprived, isolated, degraded and multi-problematic areas, where children need particular forms of support or maybe just opportunities, due to a serious lack of services and a cumulation of multiple and interconnected risk factors, which significantly undermine the achievement of their full human potential. Furthermore, StC carries out national campaigns and raising-awareness events and initiatives to combat child poverty in Italy, by spreading information about children's living conditions, formulating proposed interventions and plying pressure on relevant institutions. Reducing or, better, zooming these general overarching goals, StC is committed to overcoming the inequalities which mark the conditions of early childhood in Italy, by improving the quality of life in the most difficult zones of the main Italian cities, tackling children's poverty through the creation of support networks for their families.

In particular, the following pages put the attention on the existing programs for children between 0 and 6 years of age that this NGO currently coordinates, develops and monitors in Italy, within the national ECD context already introduced. The latter comprehend four different programs and projects, all united towards a common final scope: giving children under 6 a head start by supporting expectant mothers, newborn babies and preschool aged children until they transition into primary school²⁴⁵. Those four mentioned actions are respectively: Newborn Ribbons (NR)²⁴⁶, Mothers Centre

²⁴⁴ More information available at the official Save the Children Italia website: <https://www.savethechildren.it/>

²⁴⁵ Save the Children, July 2016, *Early Childhood Care and Development (ECCD). Various Modalities of Delivering Early Cognitive Stimulation Programs for 0-6 year olds*.

Full text available at: <https://resourcecentre.savethechildren.net/library/early-childhood-care-and-development-eccd-various-modalities-delivering-early-cognitive>

²⁴⁶ More information available at: <https://www.savethechildren.it/cosa-facciamo/progetti/fiocchi-ospedale>

(MC)²⁴⁷, Newborn Ribbons Network²⁴⁸ and Nest²⁴⁹. Summarizing what will be later properly deepened, NR is a low-threshold service, activated in some Italian hospitals with the object of identifying the needs of the future mums and parents by intercepting the most serious risk factors before they could endanger irreversibly the newborn's life, and listening and orienting them towards the just-existing local ECD services, which are available in their next territory. Newborn Ribbons Network fits in this project-framework. In fact, the latter is a platform composed by different stakeholders and associations, who are interested in share and disseminate their knowledge, experiences, perspectives and best practices about ECD in general and, mostly, concerning the experiences of each NR presidium, within which many of the involved realities are also local implementing partners. By sharing information and practices, these actors try to promote a change in sensitivity and in operating models which gradually could echo at a national level²⁵⁰. MC is a locally-tailored program, located in those areas characterized by a profoundly-rooted social, economic and urban unrest or, more simply, by a high child-poverty rate. In those places, MCs provide activities addressed both to mothers and their young babies, through a holistic and integrated taking-over of the most fragile situations. Finally, the most recent ECD action supported by StC is Nest (*Nido, Educazione, Servizi, Territorio* – Daycare, Education, Services, Territory), matured from the two previously-experimented programs (NR and MC) and aimed to activate an effective and integrated protection-net around the most vulnerable families in four selected Italian cities: Milan, Rome, Naples and Bari.

All the listed programs will be better described in the next section, focusing on their impact, partnerships and the reached beneficiaries. Now, it is important to frame them within the same overarching concept and horizon: that of a Local Caring Community (LCC). In order to do this, it is relevant to explicit some shared and intersected aims and activities that those mentioned-programs provide to the public. In substance, Newborn Ribbons and Mothers Center, together with Newborn Ribbons Network and the very recent Nest – here considered only as a crucial support of the two mature and well-grounded NR and MC – want to reinforce the above-discussed “ECD protective factors” for combating effectively any forms of early deprivation. In particular, besides

²⁴⁷ More information available at: <https://www.savethechildren.it/cosa-facciamo/progetti/spazio-mamme>

²⁴⁸ More information available at: <https://retefiocchi.savethechildren.it/la-rete-fiocchi-in-ospedale/>

²⁴⁹ More information available at: <https://www.pianoterra.net/cause/nest/>. Note that the project-leader association for this project is the Italian association *Pianoterra Onlus*, while Save the Children is a partner.

²⁵⁰ Save the Children Italia, May 2018, *Costruire una comunità di cura. Schede di lavoro.*, p. 25.

providing free specific advices, they stress the quality and stability of a child's human relationships in the early years, which is proven to be the foundation for a wide range of later developmental outcomes²⁵¹. Indeed, such programs seek to create nurturing and stable relationships among the young child and the caring adults, since the “serve and return” interaction between parent and baby builds and strengthens the brain architecture in which the baby's experiences are affirmed and new abilities are nurtured. Moreover, according to the innovative and holistic NCF vision, reinforcing the protective environmental factor represented by sensitive and responsive parent-child relationships means also fueling stronger cognitive skills in young children and enhancing their social competences and work skills later in school, which illustrate the connection between socio-emotional development and intellectual growth²⁵² – that is one of the pillar-questions of this entire research. In fact, as already demonstrated, babies grow and learn best when responsive and caring parents and other caregivers give them affection, attention and stimulation. These help young children to develop a sense of trust and security that turns into confidence and, mostly, resilience as they grow up²⁵³. The latter refers to the capacity of a child to thrive, despite growing up facing adversity. In this regard, thanks to early acquired and consolidated social-interactive-relational skills, many families that face daily challenges because of their socioeconomic disadvantages are nevertheless able, through the support of the proposed StC programs, to create the essential nurturant environment for their children²⁵⁴.

In this sense, StC early interventions can alter the lifetime trajectories of children who are born poor or are deprived of the opportunities for growth and development on which they are entitled according to the CRC. This vision is the vision at the basis of what StC calls a “*Local Caring Community*” (LCC): a concept now tuning into an innovative practice, that can be defined according to some distinctive features and requirements, emerging from the last trends of NR and MC considered as a unique comprehensive and overarching action, and the current Italian ECD needs just briefly anticipated.

In substance, building a LCC means cultivating, sharing and promoting a practice of care relationships not only within the domestic walls, but also in the local residential communities, by activating specific social-support resources, in the full respect of the

²⁵¹ Center on the Developing Child at Harvard University, 2004, *Young Children Develop in an Environment of Relationships* – National Scientific Council on the Developing Child, pp. 2-4.

²⁵² *Ibidem*.

²⁵³ United Nations International Children's Emergency Fund (UNICEF) and International Step by Step Association (ISSA), 2016, *The early childhood years. A time of endless opportunities.*, Module 1, p. 9.

²⁵⁴ HELP Final report, June 2007, *Early Childhood Development: a powerful equalizer*, p.25.

independency and diversity of each family unit²⁵⁵. In other words, LCCs represent a “social device” which aims at taking care of children and families who live in poverty or in other distress conditions. Different local stakeholders could be part of these communities, both public and private services, charities, no-profit associations and networks, representatives of professional groups, local authorities in charge of housing, welfare, education and ECD policies, etc.

A LCC so-conceived entails, first of all, seeing the territoriality as an incentive to act. In other words, the catchment area of a LCC corresponds more or less to that of a Social Health District. In this sense, the territoriality allows to adopt an efficient “rescue and maintenance” approach of the available human resources (professional, financial and organizational) that are present on such a considered territory. Then, a LCC has a multipurpose and multidisciplinary function, since it puts together a plurality of competencies and roles, ranging from social, medical, educational to cultural, linguistic, protective and reception ones. Furthermore – as anticipated in presenting the StC domestic ECD programs – the proposed system guarantees a universal and public access. It is therefore a low-threshold service, which allows a real flexibility at an operational level and, above all, a strong empathy with all the welcomed beneficiaries. Another important goal of this community-system is the empowerment of parents, which constitutes the other binary of all the proposed activities and early interventions. In fact, in order to protect the youngest and most deprived children from the risk-factors around them, it is necessary to promote a responsive parenting, by reinforcing the parents’ ability to autonomously take care of their babies. Therefore, LCCs have also the objective to empower parents and families in order to strengthening their competences and skills in child care and upgrading their social and economic condition. Finally, other two important – maybe the most relevant – distinctive features of a LCC are its subsidiarity and sustainability. In short, a LCC plays a subsidiary action compared to the public guidance services. This means that it does not substitute for the just-existing offices or presidiums which are present in each specific territory, rather it facilitates the dialogue, collaboration and coordination among all of these just-present and locally-rooted services, in order to guarantee a real holistic and integrated taking over of the most fragile situations. Then, its sustainability is given by the accountability process of each implementing partner and community involved at a local level. As will be explained, StC strongly and actively supports the start-up phase of every single NR

²⁵⁵ Save the Children Italia, May 2018, *Costruire una comunità di cura. Schede di lavoro.*, p. 10.

and MC presidium, guaranteeing an accompanying sustainment which is aimed to develop strategies of autonomy and sustainability over time.

3.2 Getting into the details: *Newborn Ribbons* program (NR)

3.2.1 Origins, aims, beneficiaries, provided services and activities

The StC program Newborn Ribbons, NR (*Fiocchi in Ospedale*) started in 2012 as a low-threshold service within some Italian hospitals – firstly in Bari, Milan and Naples –to listen and accompany future and new parents, with the intention of reigniting some interrupted links between the fragmented ECD-services, and to facilitate a constructive dialogue and coordination between the latter, in order to effectively guarantee an integrated taking-over of the most critical situations. Born from an analysis of needs relating to the new identified forms of poverty and child early deprivation, the concerning project was carried out thanks to an extensive collaboration with health structures and local associations, which have significantly encouraged an early interception process of the most vulnerable newborns, combined with a good practice of listening, referral and bridge-building between people and community-services, triggered also by a shared responsibility of care towards the most complex cases.

So, the main specificity of NR is the place and the well-structured and defined reality within which it fits: the hospital, a crucial entry point to reach the newborns and their caregivers²⁵⁶. In fact, since the entire *percorso nascita* (pregnancy, childbirth, postnatal) is reported to and traced by the hospital, the latter represents an essential and privileged place of observation, from which it is possible to detect risk areas and factors and, in this way, preventing their worsening and deterioration on the most fragile family units. After the pilot projects activated in the before-mentioned Italian cities, Newborn Ribbons has grown considerably in the last years, reaching in 2018 overall 11 different Italian hospitals through different paths and commitments. The map below clearly underlines all the current and active Newborn Ribbons social-health presidiums, which are properly equipped and child-friendly meeting places addressed to mums and babies.

²⁵⁶ Pisani L., Karnati R., Poehlman S., 2017, *Building brains. Early stimulation for children from birth to three*, Save the Children, 2017, p.16.



Figure 25: Newborn Ribbons map by active presidium in Italian hospitals
 Source: Newborn Ribbons Project Fact Sheet, Save the Children Italia, 2018.

Aimed initially at identifying a set of comprehensive, effective and replicable attitudes, measures and public policies promoting the fulfillment of the youngest' human potential and the psycho-physical-social wellbeing of the newborns and of their parents²⁵⁷, NR seeks to build a bridge between the hospitals and the existing territorial services, putting at the center the mother-child dyad, with all its multidisciplinary needs and their yet-unknown – or simply temporarily-weakened by stress and adverse circumstances – skills and capacities.

In order to do this, NR is committed towards some key-directions, which respond to the needs of the uneven Italian ECD-panorama, and which are fully in compliance with the ECD global framework, already deepened in the last Chapter – above all with the NCF approach. For instance, NR plays a catalyst action in consolidating positive synergies between gynecology, midwifery and pediatrics wards, as well as in reinforcing collaboration between the psycho-social and maternal-infant units for a real integrated taking-over of the most difficult cases. The latter has to be conceived, where it is necessary, as an active and protective measure which goes beyond the hospital discharges and which should be extended also in home and community life, through home-visiting services and a continuous follow-up. This practice may be self-evident, but it is not always rooted. For this reason, NR is presented as a space of collaboration, within which sensitizing the hospital staff and building new and creative modalities of working together can be crucial to better reach the mothers-to-be and their unborn

²⁵⁷ Save the Children Italia report, February 2015, *Percorso nascita. Linee di indirizzo.*, p.3.

children²⁵⁸. This is, in short, what NR is committed to guarantee through a continuous interception and prevention work.

Before introducing and deepening the concrete activities provided by these places, it is important to underline that each different territory and health-system in which a NR presidium is established, has its own specificities, that significantly depend on numerous external variables, starting from the local context of implementation, the sensitivity of every sociomedical operator involved, until the type of synergies that StC is able to trigger among its local implementing partners (generally local selected ECD or maternity-focused NGOs) and the host health structures.

For this reason, starting by presenting some territorial differences and some common characteristics could be useful to have a general overview about NR in its entirety. In this regard, the final report of Fondazione E.Zancan Onlus²⁵⁹ – the entity entrusted by StC to provide some key-monitoring instruments concerning the national comprehensive trend of such a program – provides useful graphs and indicators to better understand what distinguishes each single NR and what, rather, they have in common. In particular, the abovementioned document considers all the integrated taking-over of NR, activated and documented by NR-sociomedical operators in one year, among August 2017 and August 2018: this selected time-period can give us a macroscopic idea of the general project-trend²⁶⁰. For instance, the beneficiaries of NR services and activities vary from territory to territory, both in terms of citizenship and nationality, but also in terms of support-nets around them and reasons or modalities of access. The figures below better synthetize what already stated, confirming the existence of territorial differences in every NR presidium.

²⁵⁸ Save the Children Italia, May 2018, *Costruire una comunità di cura. Schede di lavoro.*, p. 10.

²⁵⁹ Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiochi in Ospedale. Anno 2017-2018. Rapporto Finale*. More information about Fondazione E.Zancan Onlus available at the official website: <https://www.fondazionezancan.it/news/view/337>.

²⁶⁰ As can be noted, in the proposed analysis the NR presidium of Pescara (Abruzzo) is not present. This is given by the fact that the latter has been officially activated only since 31st October 2018, so it was not included in the Final Report of Fondazione E.Zancan Onlus, which considers only the activated and documented NR taking-over occurred between August 2017 and August 2018. Furthermore, also the NR presidiums of Policlinico Gemelli (Rome) and Cliniche S.Pietro (Sassari) are not considered. This is because they constitute a sort of compromise or, better, a “soft version” or an experimentation of the entire NR program, since they are open and active only in a reduced time and with less involved human resources.

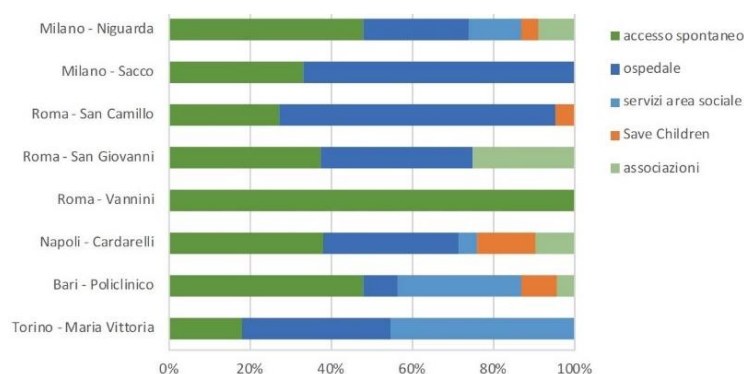


Figure 26: Modalities of access by Newborn Ribbons units (percentage value)

Source: Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiocchi in Ospedale. Anno 2017-2018. Rapporto Finale.*, p.55.

As can be noted, each NR unit is characterized by different modalities of access, which function differently in each distinct presidium, due to internal and external environmental variables. In many of the cities-realities in which are active other StC programs, the access to NR is guided by one of those other StC present services, as occur for Bari, Naples, S.Camillo Forlanini Hospital (Rome) and Niguarda Hospital (Milan) – in orange. But, as emerges, the main catalyst sources of access seem to be the hospital wards and professionals (with the exception of Bari and Vannini Hospital in Rome) – in dark blue – and the spontaneous will, curiosity or, mostly, the needs and urgencies of the beneficiaries themselves – in dark green.

Then, another difference is represented by the reasons why the beneficiaries face the NR presidiums, briefly summarized in the below figure:

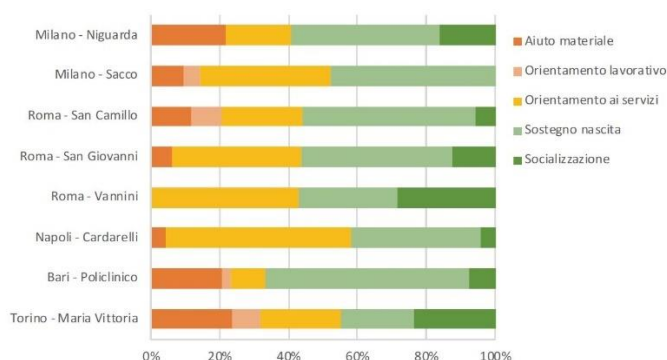


Figure 27: Reasons of access to each Newborn Ribbons unit (percentage value)

Source: Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiocchi in Ospedale. Anno 2017-2018. Rapporto Finale.*, p.55.

Even if at the basis can be perceived a common situation of stress and adverse circumstances, the main documented needs that lead people to ask for the NR provided services are a support during the *percorso nascita* (in light green) and a guidance to the existing territorial services (in yellow). This is significative because, as illustrated in the next pages, those requests are exactly the main needs to which the NR program

responds, and, mostly, they are also the confirmation of the persisting fragmented reality characterizing ECD in Italy.

After having showed some territorial differences, stressing the unicity and the specificities of each NR unit, it would be useful to go beyond these particular features and to illustrate some general data about the comprehensive program, in order to capture its potentials, criticalities and added values.

In this regard, in the Fondazione E.Zancan Final Report, clearly emerges a widespread beneficiaries' difficulty derived by linguistic and cultural obstacles in receiving information and assistance during the maternity phase. This is meaningfully demonstrated by the below graph, which shows that the majority of the mothers who walk through the NR doors are not Italian, but, rather, from other non-EU countries (mostly from Niger, Philippines, Egypt, Bangladesh and Romania)²⁶¹. This explains a first cultural shock, followed by – in many cases – a total isolation during this crucial phase, provoked by the linguistic barriers.

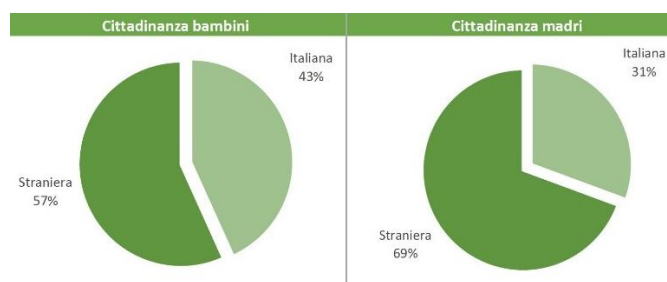


Figure 28: Citizenship of the children (on the left) and of the mothers (on the right) beneficiaries of NR program.

Source: Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiochi in Ospedale. Anno 2017-2018. Rapporto Finale.*, p.53.

This crucial aspect which belongs to the overall NR program requires a broad reflection, since it opens a set of numerous questions concerning the “multicultural motherhood”, intended as a current dimension which profoundly characterizes the new generations in Italy and therefore representing a relevant issue, which needs to be adequately faced by properly-trained and prepared sociomedical operators, as well as by the whole Italian health sector in general.

However, the insufficient knowledge of Italian language is at the third place considering the main documented and collected problems which affect the NR beneficiaries. Indeed,

²⁶¹ Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiochi in Ospedale. Anno 2017-2018. Rapporto Finale.*, p.50.

as can be noted below, it is preceded by mothers' work difficulties (53%) and by a general parental tiredness, consisting in maternal and parental stress (57%).

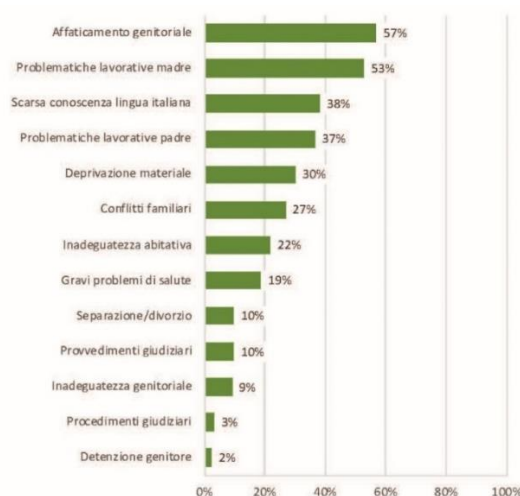


Figure 29: Family problems detected in the NR program by percentage values

Source: Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiocchi in Ospedale. Anno 2017-2018. Rapporto Finale.*, p.60.

After having quickly emphasized some of the main features regarding the beneficiaries of NR in general and of each NR unit in particular, we can now move on the provided services and activities that this program is committed to offer to mothers and their newborns. In fact, starting from the needs, the peculiarities and the detected difficulties – some of which just briefly synthetized – is crucial to better understand what NR concretely does, namely the choice of its operational plan.

In this respect, NR is based on a desk office or on a small equipped space to receive mums and other relevant family's actors, generally located in maternity department within the hospitals, which carries out different kind of services. Among these, first of all NR guarantees a listening up to families, trying to set up a profile of the main economic, social, psychological, family and emotional gaps which are source of stress and, consequently, dangerous risk factors for the child healthy and safe birth and growth. This first meeting with the prospective parents is essential because, by listening their needs and stories, the NR team decides how to articulate a specific and integrated intervention which could benefit the family unit's necessities and capacities²⁶², reducing the existing risk factors around them and reinforcing the protective ones, in order to guarantee their child the best possible start. Then, after having listened the beneficiaries' needs and stories and having built with them a personalized and targeted intervention, NR orients families to services, both those available in the hospital and in the

²⁶² Save the Children Italia, May 2018, *Costruire una comunità di cura. Schede di lavoro.*, p. 34.

surrounding territory, sometimes carrying on them, when the concerning beneficiaries show particular diffidence or fear of the official public service's opinion and judgement. In fact, the feeling of shame and the general stigmatization of those who are facing socio-economic disadvantages is something that significantly influences the fear and the diffidence of NR mothers, threatening to separate the latter from the existing services, rather than approaching and give them an opportunity for redeeming and improving their lives.

More specifically, the personalized and integrated path that NR operators – many times together with other social and health actors – elaborate and decide can consist in a material support, home visiting and other forms of rapid response, while official welfare services will define a “traditional” charging program.

In particular, with regard to the material support, it can be activated only in those cases in which occurs an undeferrable emergency. In fact, in those circumstances, it is impossible to face the urgent adversity with simple referral means or instructions, because the latter require a too-much-extended time, whose consequences would entail a significative danger for the health of the newborn or of the young child²⁶³. In this respect, in order to be delivered within 48 hours, a NR material support must be accompanied by an official certification which attests the existing vulnerability of the concerning family-unit – a document which can be provided by the Social Services or other local authorities such as schools, Asl (local health authorities) or, if the present family has never been intercepted by other territorial services, it can be provided through a special self-declaration by the StC local implementing partner present in the NR unit. To this is added the stipulation of a pact between the NR team and the beneficiary family-unit, who, receiving a material support, commits itself to proactively attend some of the activities organized by the NR presidium or by other signaled and suggested local realities. Finally, the activation of a material support implies also the opening of a qualitative ad hoc sheet related to the took-over newborn or unborn child, in which the NR operators report the personalized path with the relating means and objectives to reach – this is the monitoring-instrument elaborated by Fondazione E.Zancan Onlus, on which their analysis is based. The already-described material support is one of the key-tools that NR uses to open and keep track of a so-called integrated taking-over of the family-units in special weaknesses conditions, by setting up a multi-actor intervention

²⁶³ Save the Children Italia, May 2018, *Costruire una comunità di cura. Schede di lavoro.*, p.37.

which involves both health and social systems in a holistic, constructive and systematic view.

Then, returning to the provided services and activities, the NR program is a point of information not only about the local existing services and opportunities for mothers and babies, but also with regard to childbirth. In this respect, NR equips organize some “last-minute” childbirth-preparation courses, addressed to those new mothers who are totally disinformed and who have not taken part into the formal *Corsi di Accompagnamento alla Nascita* (CAN) – namely the childbirth-preparation course promoted by local health authorities (ASL) and family consultants (*consultori familiari*). Educating mothers towards the importance of eye and skin-to-skin contact in the child’s first moments of life, besides giving them other essential information regarding breastfeeding, nutrition and, more generally, healthy and stimulating behaviors to be practiced at home, is a key-step to build an early nurturing environment around the child, which can fuel the acquirement of early cognitive and non-cognitive (mostly socio-emotional) skills. In particular, the necessity of this specific service is furtherly confirmed by the feedback from NR teams. Indeed, by interviewing the NR operators, StC found that the typology of women who attend CAN courses generally is composed mainly by medium and high-income level women, contrary to the NR target, which – as illustrated before – is formed mostly by foreign women in socio-economic disadvantages, who would have evident difficulties in actively taking part in such a course²⁶⁴. Therefore, by offering these new mothers or mothers-to-be the opportunity to be adequately informed and prepared about the childbirth and the post-natal period, NR provides skilled operators and appropriate expertise who, sharing their professional knowledge with the beneficiaries, can reach them, making them aware and contributing in this way to counterbalance their children’s early deprivation and difficulties.

3.2.2 Partnerships, impact and new perspectives

In order to be able to guarantee this kind of quality and professional services in each NR Italian presidium, StC has to cooperate intensively and constructively with all the professionals in mother-child early wellbeing at all levels, such as social workers, nutritionists, psychologists, midwives, and – most of all – pediatricians, whose medical

²⁶⁴ Save the Children Italia report, May 2019, *Le equilibriste. La maternità in Italia.*, pp.27-28.

and social role constitutes a fundamental node in a connected network of ECD services aimed to reach all the young children, nobody excluded²⁶⁵.

In this regard, in the implementation of NR program, StC has maintained a privileged link – and continues maintaining and reinforcing it – with some specialized stakeholders at an institutional level, among which the Italian Society of Pediatricians (Società Italiana di Pediatria – SIP)²⁶⁶, the Cultural Association of Pediatricians (Associazione Culturale Pediatri -ACP)²⁶⁷, the National Ministry of Health and related research institutions, as well as local health authorities and schools.

Regarding, rather, the partnership network established around the NR program, StC collaborates with small local selected mothers-and-child associations²⁶⁸, which on the one hand give the project their own understanding of the problems and priority needs of the local context and, on the other, acquire Save the Children's methodologies, knowledge and vision. In particular, StC periodically organizes specific modules of training, updating, coordination and monitoring with all of them, in order to identify and define together strategies to face the main criticalities encountered on the field-work by the NR teams and operators and, more generally, to bridge the national and comprehensive level with the local, particular and operational one. Furthermore, project operators mobilize the local communities by giving visibility and information concerning the NR unit of reference. Then, they keep up constant relations with local social services to define integrated support plans for the mothers and their children, all within the logic of a welfare mix. In particular, these positive synergies are furtherly consolidated thanks to the Newborn Ribbons Network (*Rete Fiocchi*)²⁶⁹ – just briefly

²⁶⁵ Tamburlini G., 2016, *Sviluppo precoce del bambino e pediatria di sviluppo. Cosa sa e cosa dovrebbe sapere il pediatra.*, Medico e Bambino, no.6, p.372.

²⁶⁶ More information available at SIP official website: <https://www.sip.it/>

²⁶⁷ More information available at ACP official website: <https://www.acp.it/>

²⁶⁸ In particular, here below are listed all the Newborn Ribbons local implementing partners who, under the coordination of StC, concretely provides services in each different Italian cities, where the NR program is present: *APS Mitades* at Niguarda Hospital in Milan (<http://www.mitades.it/>); *Fondazione Archè Onlus* at L.Sacco Hospital in Milan and at San Camillo Hospital in Rome (<http://www.arche.it/it/index.html>); *Il Melograno* at Policlinico in Bari (<https://www.melograno.org/>); *Vides Main Onlus* at Maria Vittoria Hospital in Turin (<https://www.videsitalia.it/gruppi-vides/32-piemonte/268-vides-main.html>); *Associazione Pianoterra Onlus* at A.Cardarelli Hospital in Naples (<https://www.pianoterra.net/>); UISP in NR presidium of Sassari (<http://www.uisp.it/sassari/>); *Cooperativa Sociale Orizzonte* at Policlinico Santo Spirito in Pescara (<http://www.orizzontecoopsociale.it/>). At San Giovanni Hospital in Rome, the project is managed by a newly graduated obstetric scholar, in direct collaboration with the hospital's obstetric coordination and in agreement with the College of Midwives of Rome. More general information about the partnership network are available at: <https://www.savethechildren.it/cosa-facciamo/progetti/fiocchi-ospedale>.

²⁶⁹ More information available at the official page: <https://retefiocchi.savethechildren.it/la-rete-fiocchi-in-ospedale/>

described before – which has been activated in 2016 with the purpose of sharing the best practices among all the interested and involved ECD actors.

To sum up, NR project-framework calls for a strong culture of accountability, particularly at the community and local level, since each NR unit is built on just-existing territorial mechanisms, processes and realities, with broad, multi-stakeholder participation²⁷⁰, above all that of the beneficiaries themselves, who, once received a material support, are committed in a co-built, agreed and personalized path. Then, a shared responsibility is clearly defined between StC, the local implementing partner and the host health structure, also in terms of budget and sustainability over time. In this sense, the diversified presence of many different professions and backgrounds in the NR equips, as well as the single choice of each NR calendar and operational plan, represent an innovative way of dialogue, cooperation and collaboration among different type of actors, all committed towards the child development and wellbeing. This fluid, flexible, enriching horizontal-and-vertical collaboration is perfectly in compliance with the holistic and integrated approach promoted by the NCF and it fits also within the aim of the 2030-Agenda last goal, SDG17, which is focused on strengthening the means of implementation and revitalizing the global partnership for sustainable development.

Then, the services and activities provided by all the above-mentioned ECD actors and qualified operators produce some consequences, which are particularly relevant for combating effectively the long-term damages of child poverty. Indeed, it has been proved by the feedbacks from each NR territorial equips and, mostly, by the Fondazione E.Zancan Final Report, that (according to fig.19) investing in protective factors through considering the NR beneficiaries as active and powerful resources rather than passive needy, and giving them listening, information, referral and opportunities, contributes to meaningfully reduce the existing risk factors which threatens the child's start.

This means that NR program, conceived in a more systematic vision of a Local Caring Community (LCC), have the means, the resources and the potential to counterbalance early deprivation by reaching and facing early adversities before they could irreversibly damage the child life. In particular, the NR impact assessment provided by Fondazione E.Zancan underlines how the StC program positively influences the family-unit beneficiary's nets. In other words, by monitoring the situation of the previously-fixed NR documented taking-over related to the period August 2017-August 2018, emerges

²⁷⁰ Raikes A., Yoshikawa H., Rebello Britto P., Iruka I., 2017, *Children, Youth and Developmental Science in the 2015-2030 Global Sustainable Development Goals*, Social Policy Report, vol.30, no.3, p.5.

that after the first three month (T1) the NR interventions have triggered a significative enlargement of beneficiaries' support networks – among which the friends' net, the family's net, the access to healthcare services, as well as that to social and educational services and, mostly, the Third Sector net. The same is valid for the final phase (End), when the process of integrated taking-over and granted material support has been closed and the main adversities partially or completely solved. The figures below better synthetize what already stated:

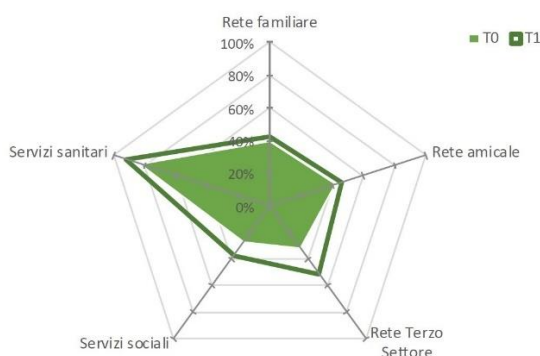


Figure 30: Enlargement of the beneficiaries' support nets triggered by the NR intervention (T0-T1: from the activation of the integrated taking-over of the subject until the first three months)
Source: Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiocchi in Ospedale. Anno 2017-2018. Rapporto Finale.*, p.67.

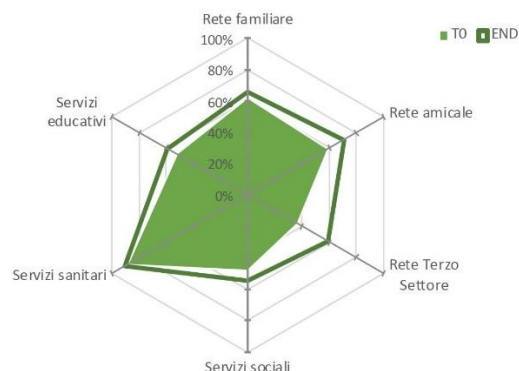


Figure 31: Enlargement of the beneficiaries' support nets triggered by the NR intervention (T0-End: from the activation of the integrated taking-over of the subject until its closure)
Source: Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiocchi in Ospedale. Anno 2017-2018. Rapporto Finale.*, p.71.

In particular, the data elaborated by Fondazione E.Zancan are useful to highlight that in those situations of early deprivation and strong vulnerabilities of the family-unit, a NR intervention can make the difference in the newborn's start and early environment. Even though still many steps and specific actions need to be taken and realized in order to respond more effectively to the mothers' necessities, which many times are strongly determined by relevant linguistic obstacles, a widespread social diffidence and stigmatization, cultural attitudes and a scarce traceability of the concerning family-unit (and, in those cases, a difficult if not impossible follow up), however the founded effects interesting the NR impact on the child are only positive, since the intervention activated by the NR presidiums has been revealed resolute – completely (as indicated for health and mental problems, in dark green) or in part (as indicated mostly for cognitive and relations ones, in light green).

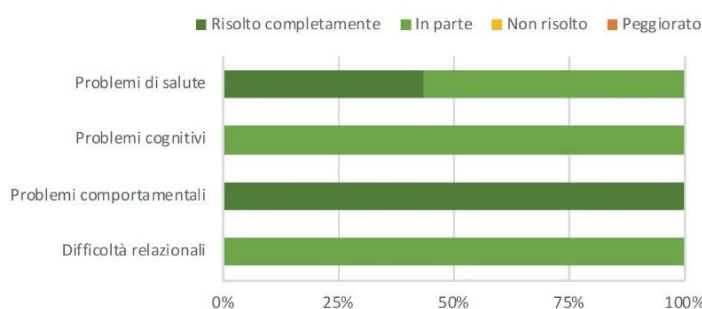


Figure 32: Final evaluation of the child solved problems

Source: Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiocchi in Ospedale. Anno 2017-2018. Rapporto Finale.*, p.70.

To conclude, there is still a lot that can be done with few necessary resources²⁷¹. Indeed, the NR program is a sustainable set of actions and interventions which aims to progressively making completely accountable and, therefore, autonomous the host health structures, the operating local partners involved and, consequently, the entire local communities and cities in which the NR presidiums are placed.

Nevertheless, there are some key-challenges that the program will have to face in the next years. In short, NR operators and coordinators are required to adopt new, flexible and creative means in order to adequately respond to an increasing plurality of cultural and linguistic necessities, caused by a strong majority of non-Italian mothers. In this multicultural context, the NR presidiums, as well as the hospitals in general, need a cultural mediator profile who can function as a zipper between different cultural paradigms²⁷². Furthermore, the current weakening of the pregnancy counsellors (*consultori familiari*), just anticipated in the second Chapter, makes StC action even more necessary and urgent thorough the NR units, since all the new mothers have to be properly informed about their pregnancy status, the prenatal and postnatal visits and, generally, about the existing opportunities to live this crucial moment the best they can, according to their needs and preferences.

²⁷¹ Tamburlini G., 2014, *Interventi precoci per lo sviluppo del bambino: razionale, evidenze, buone pratiche.*, Medico e Bambino, vol.4, p.8.

²⁷² Save the Children Italia report, February 2015, *Percorso nascita. Linee di indirizzo.*, p.10.

3.3 Getting into the details: *Mothers Centre* program (MC)

3.3.1 Origins, aims, beneficiaries, provided services and activities

The StC program Mothers Centre (*Spazio Mamme*) started in 2014 as a network of open centres for children who live in particularly vulnerable situations, due to poverty or other interconnected and multidimensional early deprivations. Each MC offers a concrete support to mothers and families, by providing free advices and activities, focused on enhancing mothers' and children's capabilities. Most of all, as occurs for NR, this StC program starts by considering vulnerable mothers the first agents of change who can improve their living conditions through a proper accompanying-process towards a real autonomy and resilience.

Despite it is active since 2014, however the MC origins have to be found in a previous StC national project, called "*La buona tavola*" ("the correct food"), which – in partnership with Fondazione Enel Cuore and three local mothers-and-child- focused associations (*Vides Main* in Turin; *Il Melograno* in Rome; *L'Orsa Maggiore* in Naples) – was specifically aimed to contrast child food poverty. Indeed, the current MC synergies and partnerships were born from the positive experiences reported by the three pilot-cases of the above-mentioned project, which have strongly consolidated and, mostly, expanded the initial general aims, interventions and provided activities.

In fact, from 2014 until today, MC – as NR program – has considerably grown, right up to 14 MC units, supported by 14 different local CSOs²⁷³ (local implementing partners) and located in 12 Italian cities, reaching comprehensively 18.403 adults and 15.387 minors²⁷⁴. In this regard, the map below clearly underlines all the current and active Mothers Centres (MC). The latter are mother-and-child friendly and equipped spaces addressed to preschool aged children and their mums, placed in the extreme suburbs of the main Italian cities, where a team of psychologists, pedagogues, social workers and professional consultants (such as lawyers and pediatricians) provide a free-of-charge services of different kind.

²⁷³ The StC territorial implementing partners involved in MC program are respectively: *Vides Main Onlus* in Turin; *Cooperativa L'Orsa Maggiore* (<http://lorsamaggiore.org/>) and *Associazione Pianoterra Onlus* in Naples; *Cooperativa E.V.A.* (<https://www.cooperativaeva.com/>) in Casal di Principe; *Associazione Antropos* and *Cooperativa SS.Pietro e Paolo* (<http://www.santipietroepaolo.it/index.php>) in Rome; *A.P.S. Mitades* in Milan; *A.P.S. Mama Happy* (<http://www.mamahappy.it/>) in Bari; *UISP* in Brindisi and Sassari; *Associazione Civitas Soli* (<http://www.civitassolis.org/>) in San Luca; *Associazione Laboratorio Zen Insieme* (<http://www.zeninsieme.it/>) in Palermo and *CSI* in Catania.

²⁷⁴ As reported in December 2018.



Figure 33: Mothers Centre map by active MC in Italian cities and neighborhoods²⁷⁵
Source: Mothers Centre Project Fact Sheet, Save the Children Italia, 2018.

Very briefly, all the selected neighborhoods in which MC is present are characterized by a high-density housing, a lack of gathering places, reduced connections with the center, environmental degradation, high poverty and unemployment rates, significative percentages of criminality (also juvenile delinquency) and of school drop-out. Considering these alarming scenarios, the main scope of MC program is contrasting and reducing all the risk-factors which fuel the broad, multidimensional and complex issue of child educational poverty. In order to fulfil this general aim, MC proposes, coordinates and monitors a set of targeted actions which entail an integrated taking-over of those children who live in serious and dangerous conditions of deprivation, and which trigger the activation of parents as key-resources for their children and, at the same time, for their own lives, through co-defined and personalized support paths. According to this general vision, MC is committed to promote and concretely support the ECD-phase of marginalized and deprived children by creating a stimulating nurturing environment around them and their mothers. In this way, the project seeks to intercept the most critical risk factors for the child's healthy and safe growth which require to be immediately solved or referred to identified specialists. Then, while reinforcing the youngest children early stimulation and skills, MC is also committed to reinforce mothers' skills, capabilities and resilience by empowering the latter through professionalizing activities and free-of-charge, ad hoc counselling and advices. Here

²⁷⁵ As can be noted, there are different types of Mothers Centres. Those indicated in yellow (Genoa, Sassari, Catania and Ponte di Nona in Rome) are a "soft version" of the proposed MC project. Indeed, they are opened only two mornings a week, within the spaces of another StC national program called "Spotlight", which is addressed to school-age children only (from 6+). More information about the Spotlight program, aimed to fight against child educational poverty, are available at: <https://www.savethechildren.it/cosa-facciamo/campagne/illuminiamo-il-futuro/punti-luce>.

too, the general and particular aims are defined according to the main necessities and urgencies emerged by a previously conducted analysis of needs. In fact, those activities briefly-mentioned above are a response to a set of family-problems founded by the monitoring of the comprehensive program trend.

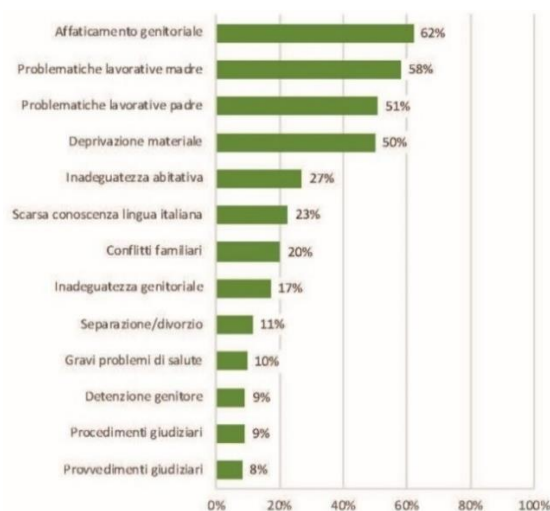


Figure 34: Main family-problems encountered in MC program by percentage values

Source: Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Focchi in Ospedale. Anno 2017-2018. Rapporto Finale*. p.30.

As illustrated, parental stress, unemployment and working conditions are placed among the first necessities which weaken mothers' and parents' resilience and, consequently, their children's healthy and safe growth. Finally, MC program encourages the construction of relationships among mothers, families and community-actors, in order to enlarge their relational nets and, mostly, to educate the local community towards the adoption of a culture of a shared-responsibility around the child's care and wellbeing, by engaging the latter with proper means, practices, inputs and information.

In particular, starting from the core-interest of the present work – ECD –, MC puts in place specific measures to effectively fight against child poverty through selected activities of prevention, aimed to reinforce those protective ECD factors – just previously cited (fig.19) – which allow to counterbalance and to compensate the early gaps and inequalities caused by socio-economic disadvantages. In this sense, the most deprived children reached and taken-over by every MC unit will be able to play in a child-friendly, properly-equipped space and to participate with their mothers or parents to some important– and, mostly, free-of-charge – laboratory-activities, designed to stimulate, discover and reinforce their early cognitive and non-cognitive skills. The latter can vary in terms of calendar, instruments, group-size and other secondary variables, since –as just noted with the NR analysis –each territory maintains its

specificities and its peculiar features shaped by the specific local context of implementation and by the necessities of those families who live there.

However, all the MC ECD-focused actions have some common objects and a general defined logical framework within which to be constructed and placed. For instance, it is proved that children think mathematically long before they start school by showing informal understanding of many numeracy concepts, which are evident in their capacity to compare, share, order, estimate and calculate different quantities²⁷⁶. For this reason, a specific laboratory concerning the numerical intelligence²⁷⁷ has been recently experimented within the MC of Brindisi and Torre Maura (Rome) thanks to qualified human resources who have contributed to activate this innovative intervention, with the aim of stimulating the early numeracy skills of the youngest children. This is relevant because it constitutes a really innovative proposal, perfectly in compliance with the NCF paradigm²⁷⁸ and also with Target 4.2 of 2030 Agenda (quality pre-primary education). Indeed, researches prove that children spontaneously and informally build these innate skills in their everyday interactions with carers and with other children and that, most of all, they can be encouraged to develop their understanding in play situations²⁷⁹. This is exactly what this StC program tries to do through the experimental activities already introduced. Indeed, by offering the youngest and most deprived children an opportunity to play, discover, stimulate and practice their early numeracy skills, these laboratories provide a solid foundation on which later school mathematics teaching can build²⁸⁰.

But this is only one of the many and different mother-and-child activities that the MC program proposes and organizes to and with its beneficiaries, who are the primary decision-making actors in the choice of the monthly-scheduled proposed activities. In fact, MCs– which are open and accessible from Monday to Friday, both in the morning and in the afternoon – everyday provide guided play and mother-child interaction-moments in order to educate mothers to a responsive parenting attitude towards their children and, contemporarily, to stimulate their babies' early socio-emotional skills. In

²⁷⁶ Australian Council for Educational Research (ACER), 2016, *Counting on it: Early numeracy development and the preschool child.*, Changing minds: discussions in neuroscience, psychology and education, p.1.

²⁷⁷ See also D.Lucangeli, P.Tressoldi (University of Padua), “*Lo sviluppo della conoscenza numerica: alle origini del capire i numeri*”.

²⁷⁸ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.*

²⁷⁹ Australian Council for Educational Research (ACER), 2016, *Counting on it: Early numeracy development and the preschool child.*, Changing minds: discussions in neuroscience, psychology and education, p.4.

²⁸⁰ *Ibidem*, pp.7-8.

this regard, parenting practices such as reading to children, talking with them, responsiveness, and warmth in interactions are all associated with better developmental outcomes²⁸¹. This is crucial because several studies indicate that lower school achievement among disadvantaged children is presaged by preschool cognitive differences. In fact, the relationship between socio and economic status (SES) and cognitive development is present from infancy on. So, an approach to ameliorating this early inequality is to consider the benefits for disadvantaged children of specifically targeted preschool opportunities of early stimulation, learning and interactions²⁸², as those provided by the StC MC program. Therefore, according to these findings, each MC unit provides well-defined mother-and-child activities which, even if different from territory to territory (some can be more focused on physical interactions, movements or dance; other on artistic laboratories such as book-sharing, painting together, telling a story or singing a song) go in the same direction: promoting a responsive parenting, educating the mothers to be their child's primary caregivers, in order to build a nurturing home and community environment which can stimulate and supports the child ECD-phase and, in this way, compensating the early gaps and deprivation of a fragile start. Furthermore, besides the strong ECD emphasis of MC, another just-anticipated key-action of this program consists in reach, support and empower the mothers to be agents of change in their homes, communities and societies. This action is crucial to reduce also early gender-based inequalities as well as the current gender gap affecting Italian labor and cultural system. For this reason, MC is fully aligned also with the object of SDG5, whose dangerous Italian trend has been previously illustrated. In this regard, this program daily provides mums some free-of-charge means to make them more aware of their situations and existing opportunities and, once informed and specifically oriented, more resilient.

Such instruments can be distinguished by individual and collective moments. Among the first ones, are included legal aid advices, which are essential mostly for those non-Italian mothers who encounter bureaucratic difficulties due to cultural and linguistic barriers, in acceding and finalizing legal procedures for residential permissions, international protection or other juridical status entailing specific rights or access to services. Then, there are three provided desks devoted respectively to social support,

²⁸¹ Melhuish E.C. and Phan M.B., Sylva K., Sammons P., Siraj-Blatchford I. and Taggart B., 2008, *Effects of the home learning environment and preeschool center experience upon Literacy and Numeracy Development in Early Primary School*, Journal of Social Issues, vol.64, no.1, p.97.

²⁸² *Ibidem*, p.96.

job search and house search. The first one consists in a moment of dialogue and listening up, where MC operators seek to understand the main problems or adversities that the mother is facing and, once the latter has been intercepted and better clarified, they refer the concerning mother to other territorial services or local actors who can help her in solving her problems. Sometimes, when it is necessary or particularly urgent, they propose the mother to activate an integrated taking-over of the concerning family-unit, by guaranteeing home assistance, transport to healthcare services or delivering a material support which – as occurs also for NR program – entails a real constructive commitment by her side, in terms of participations, attention and proactive attitude in some selected MC laboratories, as well as in other agreed territorial realities which can accompany her in the empowerment-process.

The job search meeting is, rather, a scheduled time in which MC operators are committed in guiding and orienting the mother who has asked for this kind of support, towards the main job platforms and available offers that, according to the mother's time, skills, previous experiences, interests or talents could be taken into account for her immediate future. This phase, however, presupposes a previous appointment or a first interview since, in order to effectively support the unemployed mothers, MC operators need to know some basic information about the concerning family-unit and also, if possible, their updated resume. This is not always possible, especially for those marginalized mothers who enter MC units for the first time, without any ideas of the provided-services, the existing ones and, most of all, of their labor possibilities. For this reason, before proceeding in a real participated job research, MC operators orient the mothers towards the just-existing territorial actors and services in charge of this, namely the nearest *Centri per l'Impiego* (Job Centre) or local employment agencies – that often actively collaborate with the MC equips.

Finally, the constant and increasing requests from those many families who have an ongoing eviction order have triggered the activation of another scheduled weekly meeting, focused on accompanying the concerning family-units towards institutional and autonomy processes aimed to find a safe and adequate accommodation²⁸³, when there are serious housing-problems.

With regard to the transformative opportunities of the second type that this program guarantees to mothers – the collective ones – many different options are currently active. Among these, Italian language courses are – in some places more than in others – a

²⁸³ Save the Children Italia, May 2018, *Costruire una comunità di cura. Schede di lavoro.*, p. 49.

particularly appreciated opportunity since many times, as occurs also for NR, the majority of mothers are non-Italian and don't speak Italian language, which is essential to communicate and to break the wall of social exclusion. In those cases, the possibility to take part into these free classes represent a can't-miss-chance also for their babies, who get used to the sounds of the words and, in this way, can be facilitated in the language-learning.

Furthermore, each MCs provides training and employment guidance through occupational laboratories of different type, such as cookery or sewing workshops. The latter are precious occasions to acquire practical skills, which could be reinvested in the labor-market, besides socialization moments that stimulate a climate of intercultural dialogue and solidarity between women as well as the spontaneous development of mutual-support forms.

Moreover, MCs periodically organize some thematic workshops or cycle of lessons with specialists, which are opened to all the centre's beneficiaries and aimed to inform and educate parents about a specific relevant topic, such as the family budget management. This is valid also for other types of special events or initiatives which can involve all the local community, as occurs for Carnival, Halloween and Christmas parties organized for children and their mums.

3.3.2 Partnerships, impact and new perspectives

In order to be able to guarantee this wide range of different advices, workshops, courses and play-moments in each MC unit, StC has been required to create, consolidate, fuel and maintain strong partnerships with skilled and well-rooted CSOs having deep knowledge of local needs and social environment, which is crucial for the implementation of activities. In this respect, building a large and strong network of local institutions, services and community-based NGOs that work together towards the same goal is essential to positively impact the children's wellbeing and that of their mothers. For this reason – as similarly occurs for NR – MC is set up in partnership with 14 small local associations, which offer the project their own understanding of the problems and priority needs of the local context, after having acquired StC methodologies and knowledge.

In particular, the solid roots and contacts of these just-known local implementing partners on MC neighborhoods and urban districts have allowed StC to organize quarterly territorial coordination-meetings among StC equip, MC operators and all the

realities involved in the integrated taking-overs activated from the MC unit of reference (such as social services, anti-violence centres, schools, ASL, Newborn Ribbons presidium, etc.). These coordination tables have triggered an innovative and powerful action of networking, which puts together, reinforces and disseminates commonly defined and shared best practices. The latter has meaningfully contributed to shape the preconditions for a nurturing-care community – namely, a (LCC) – whose benefits directly impact the child’s life and wellbeing.

Indeed, as demonstrated by the Final Report of Fondazione E.Zancan – which is the actor entrusted by StC to monitor also the documented integrated taking-overs of this program– once the MC team has activated an integrated taking-over of a particularly vulnerable child, after three months (T1), six months (T2) and until the end of this process (End) the family-unit’s support-nets result considerably enlarged, mostly in the intermediate phase. This is illustrated in a clearer way in the three figures below, which demonstrate the progressive evolution of the different supports-nets around the MC beneficiaries – among which, educational services, family and friends’ nets, Third Sector, social and healthcare services.

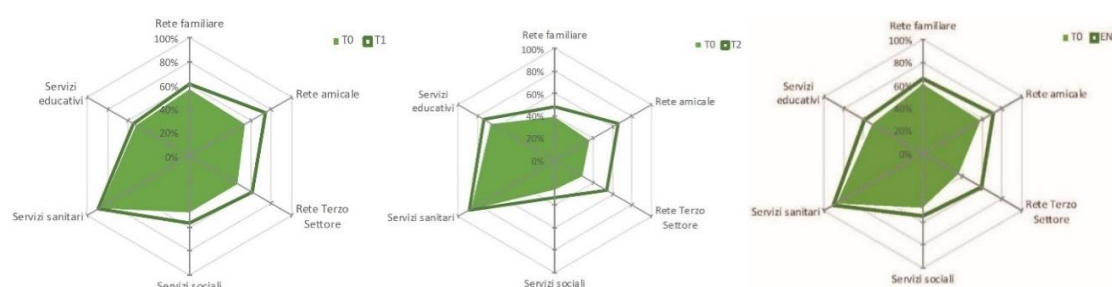


Figure 35: The evolution of the MC beneficiary family-units’ support-nets from T0 (when the MC operators open an integrated taking-over through a proper qualitative monitoring sheet), until T1 (after 3 months), T2 (after 6 months) and at its closure (End).

Source: Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Fiocchi in Ospedale. Anno 2017-2018. Rapporto Finale.*, pp. 42-46.

This means that, after the StC intervention, the concerning beneficiary family-unit is more aware of the near territorial services, bureaucratic procedures and existing opportunities, which can help them getting out of poverty or other forms of stress through specific path of social, psychologic and economic support. Furthermore, the consolidated relationships among peer-mothers, between MC operators and mothers and, especially the repeated and practiced responsive mothers-and-child interactions allow parents to reinforce their parenting competencies and, at the same time, stimulate the child in the acquisition of early cognitive and non-cognitive skills, which are proven

to be crucial to compensate early inequalities of birth and to fulfil his or her human potential, as foreseen by the CRC. In this sense, MC has to be considered fully in complementarity or, better, in continuity with the previously-described NR program. This explains why some local implementing partners are contemporarily engaged by StC in a NR presidium as well as in a MC unit of the same city, as occurs in Milan, Bari and Naples which – not randomly – are also three of the four selected cities in which has been activated the newer previously-mentioned project Nest.

From these considerations, it follows that the vision of a LCC becomes step by step more understandable, visible, recognizable and concrete. However, while the NR program is mainly oriented towards a preventive work of early interception around the childbirth moment and the entire *percorso nascita*, MC represents “the immediately next phase”, since it is conceived as a meeting place whose attendance is more extended overtime. Indeed, MC is committing in supporting the most deprived children’s preschool-period by engaging their mothers, and not only the childbirth or the first 1000 days. This is also the reason why it is easier to monitor the MC trends and the follow-up of its activated material supports and integrated taking-over. In fact, generally, MC beneficiaries are easier to trace since they attend the provided services and activities with a more constant participation within a more extended time – as demonstrated by the precedent graphs. In this respect, the place where the project is implemented could be a determinant factor: the most deprived and isolated family-units could have a feeling of fear or shame in reaching or turning to healthcare services, public offices and local institutions, mostly when they don’t speak the language. In those cases, in order to avoid feeling judged, they could prefer to enter a more informal structure such as the MC, which is an independent, universally accessible, clearly recognizable place, separated by other existing official and sometimes overly-bureaucratic offices.

With regard to the future challenges and perspectives of this comprehensive program, some current developments need to be signaled. Among this, a flagship is represented by the evolution that the empowerment-focused activities provided by the MC have rapidly reached in some territories. In other words, in some MCs the professionalizing workshops addressed to mothers have assumed a particular manifested interest and devotion, which are giving rise to still-informal forms of self-entrepreneurship. More specifically, this is happening in Bari, where the MC mothers are committing with a small cookery business, and in Ponte di Nona (Rome), where MC women are actively beginning a duffel bags production, initiated thanks to a sewing laboratory aimed to

mending and repairing old and broken clothes. These stories confirm once again the existing specificities and peculiarities of each MCs, besides outlining the common transformative potentials at the basis of such a program and, mostly, opening a reflection towards a new broad chapter, represented by the world of the self-entrepreneurship. Finally, two months ago, a new action focused specifically on intercepting, identifying and combating domestic violence has been introduced and activated within the MCs of Torre Maura (Rome) and Bari, after a targeted analysis of needs and resources. The latter fits in a more and more complete support that this program wants to guarantee to mother-child dyad and to the entire community at large. Indeed, domestic violence is another real component of the MC's scenarios briefly introduced at the beginning, which risks to seriously undermine the healthy and safe growth of the child, as well as that of their mothers. Therefore, supporting mothers during this complex phase and accompanying them and their children towards a process of awareness and a final agreed escape-route is another crucial activity currently provided by properly trained and qualified experts. So, in this start-up phase, it is crucial to consolidate and reinforce the dialogue and the collaboration with the territorial anti-violence centers and the halfway houses, by engaging them as important ECD actors.

To conclude, the MC program nowadays represents an important point of reference for the local residential communities in which it is placed, especially for preschool-aged children and their mothers – but also, increasingly, for fathers. By intervening early and locally, MC concretely implement and enforce some crucial international ECD standards described in the last chapter, positioning in fully compliance with the proposed SDGs, CRC and NCF frameworks. Moreover, its comprehensive action, free access and territorial network triggered and mobilized around the ECD are relevant added values which need to be deepened, continuously nurtured and furtherly reinforced towards new integrated and evolving modalities to support the most deprived family-units. In this regard, a more constant and structured practice of dialogue and collaboration requires to run at full capacity in each MC, mostly in those cities where are active more than one StC projects.

Conclusions

By retracing the current Italian ECD panorama through recent and updated data underlining the main regional and urban inequalities, this Chapter tries to provide the reader the means to better understand the proposed case-study, represented by the action

of Save the Children Italia on the preschool period. In this sense, the first part functions as a general analysis of needs which explains and justifies the work of NR and MC, considered as complementary components of a broader, unique and just well-rooted vision: that of a LCC. The latter is here clearly defined and described, putting the emphasis on some distinctive features that shape its establishment. Among these, a LCC design-process has to take into account: the territoriality conceived as an efficient catchment area, the subsidiarity and sustainability aspects, besides a multidisciplinary and integrated approach, a general flexibility and a low-threshold access.

In summary, after having presented the main findings emerged by those particular mother-and-child-focused and community-based interventions, some important milestones have been achieved, while relevant challenges require to be faced with new, innovative and creative approaches which can respond even more promptly and efficiently to mothers' and young children's necessities.

For instance, as just anticipated in the last section, a more structured and officially documented process of sharing information and perspectives needs to be triggered and constantly stimulated by StC both internally and externally. In other words, this means that all the actors involved at a city level in one or more StC ECD projects – hospitals, local implementing partners, different types of social operators and professionals, StC project coordinators – have to be oriented in strengthening networking and internal communication with a view towards a participated and inclusive governance of these interdependent and multilevel programs, as well as on an effective referral, integrated and complementary work around the most critical cases. This entails also a stronger collaboration and a continuity work with another StC domestic program, *Spotlight*²⁸⁴, which –as MC – is active in some of the most problematic Italian suburbs and aimed to fight against child educational poverty in the school-age, namely for children aged 6 years upwards. Then, at the same time, NR and MC teams have to reinforce the links with the next territory in which they are placed, through an uninterrupted external dialogue, referral and exchange-process among the social and healthcare services, daycares, anti-violence centres, charity associations, parishes and all those actors who can play a role in the child's ECD phase.

²⁸⁴ More information about the Spotlight program (*Punto Luce*) are available at: <https://www.savethechildren.it/cosa-facciamo/campagne/illuminiamo-il-futuro/punti-luce>.

To conclude, the Italian case-study proposed in these pages seek to illustrate a concrete, community-based and holistic model revealing some potential evidences in terms of changes and improvements in the beneficiary family-units' lives, upon which the Italian ECD system should look and invest. In fact, NR and MC, considered together from a LCC prospective, are proved to be transformative for the ECD phase. In this sense, the qualified and free-of-charge services and activities provided in each NR and MC units really contribute to reinforce, stimulate and increase the youngest and most deprived children's cognitive and non-cognitive early skills, as well as the responsive parenting capability and the resilience of their mothers and parents. This means that, by stressing the protective ECD factors, LCCs can reduce the existing ECD risk factors and, consequently, counterbalance and compensate the child's early adversities. For this reason, the two presented domestic StC programs (NR and MC), together with their suggested local community-systems (LCCs) can be considered a strategic plan of action to reach and concretely realize what foreseen by the innovative and holistic NCF approach and by other international guidelines, as the SDGs and the CRC frameworks, widely described in the second Chapter.

Conclusion

The present analysis on the transformative potential of ECD has arisen from a profound interest matured during my 4-months internship in Rome with Save the Children Italia, where I had the opportunity to live an enriching field-work experience through a direct participation in StC preschool domestic programs and an active personal involvement. These pages seek to deepen this initial and empirical interest with a wider and more solid academic background, which considers the current global trends regarding children in the preschool years issued and monitored by the main international institutions committed in early infancy, and the work of some professionals from the scientific community.

Starting from these methodological assumptions, this thesis tries to build a unique ECD transversal and comprehensive study, which puts together both theoretical and practical guidelines to effectively fight against child poverty. In other words, by presenting a structured and comprehensive proposal for preventing the long-term damages of child poverty, the analysis developed in these pages gives an answer to the question of how to increase the youngest and most deprived children's cognitive and non-cognitive skills, demonstrating that if we change the beginning of the story, we can really change the whole story²⁸⁵.

In particular, it does this by focusing firstly on the role of civil-society actors as essential environmental variables and key-agents of change significantly impacting this crucial six-years phase; secondly, on the main international guidelines, norms and standards affecting children in their early years; and, finally, on the action of Save the Children Italia towards the establishment of LCCs. Emphasizing these three conceptually-recognizable blocks, this work generally introduces the ECD as a public good and a collective responsibility, which involves many different stakeholders in a horizontal and vertical continuous collaboration. Then, starting from the current challenges and global trends, the present thesis builds a complete and practical roadmap for programming and implementing effective ECD actions at a country level, illustrated in these pages as a useful key-tool which needs to run at full capacity during the decision-making process concerning ECD issues and investments. Moreover, it describes a sustainable case-

²⁸⁵ WHO Report, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*.

study, which fits into the broader global ground already constructed and which can be assumed as a successful and replicable model.

Trying to respond to such a research question in more detailed terms, the first Chapter argues that CSOs, NGOs and, mostly, CBOs can positively affect young children's wellbeing, creating opportunities of alternative early learning, engaging parents in support groups and parenting activities, as well as the whole neighborhood, and guiding them in the access to basic services, especially in the most isolated and deprived areas. Successively, the second Chapter gives the reader the means to carry out effective ECD actions at a country and local level bridging the global with the local for guaranteeing every child a good start. More specifically, the latter are provided by matching the common scopes and directions of SDGs, CRC and NCF – whose respective frameworks and grounds of reference have been deeply described – in a unique plan of action aimed to implement effective ECD initiatives based on nurturing care. Furthermore, describing the qualified and free-of-charge services that each NR and MC unit provides to its beneficiaries, the last Chapter proposes a concrete case-study to reinforce, stimulate and increase the youngest and most deprived children's early skills – mostly the socio-emotional ones – as well as the responsive parenting capability and the resilience of their parents. This proposal functions as a zipper between the general civil-society-focused discourse of the first part and the global ECD framework of the second one, opening also a broad reflection about mothers' empowerment and women's rights, which needs to be further deepened and properly argued. In fact, the third Chapter presents a sustainable community-based system addressed to young children and their parents –LCC – that could inspire other similar effective ECD actions both in Italy and outside.

Even if structurally and thematically distinct, the three main chapters in which this study is divided are actually profoundly interconnected by a well-rooted interdependence, which comes from the ECD multidisciplinary nature and the welfare system's multi-sectoral action, but also from the indivisible children's rights and needs and, even before, from the complexity of human nature itself. Moreover, the common ground that unifies all the inputs collected in this research is given by the need of a cultural change, perceived as an urgent radical choice that policy-makers have to take now, with a view on the achievement of SDGs and a renewed commitment in the 30th anniversary of the CRC: that of investing in children since their early years, substituting a repairing-oriented approach, with an innovative preventative one, towards an *investing-in-*

*children policy paradigm*²⁸⁶. The latter will be able to really reach every woman and every child, making the difference since the very beginning of a child's life through an integrated and holistic taking-over of the most critical cases, and, in this way, guaranteeing every newborn the best possible start to which he or she is entitled.

This is essential because, as illustrated in the previous pages, inequalities begin at birth, especially in Italy. So, that is the crucial moment when each actor who can play a role in ECD has to intervene and, if necessary, act in synergy with other public services for counterbalancing and compensating early adversities and deprivation. With regard to the Italian ECD situation – significantly described through the ASviS²⁸⁷ and CRC Group²⁸⁸ reports' data –, this means reducing regional and urban disparities that irreversibly damage the child's life and triggering a change of course focused on a culture of a shared responsibility. The latter can only be done if ECD policy-and-decisions-makers start formulating systematic national measures – and not only isolated one-off options – aimed to ease the access to adequate healthcare support and information concerning the *percorso nascita* and, above all, to integrate the health sector with the social one in a real holistic vision. In particular, this process has to take into account a strategic plan to reach the 33% daycare-coverage established by the EU Barcelona targets, an objective which is still very far from being reached in the Southern regions and whose scope is perfectly in line with the ECD global framework represented especially by Target 4.2 of 2030 Agenda, that explicitly emphasizes the importance of a quality pre-primary education.

According to this perspective, this is exactly what NR and MC – conceived together as a unique LCC – try to do, in compliance also with what foreseen by the NCF guidelines and objectives and, before, by the CRC principles, both widely deepened through a matched analysis in the second Chapter. Starting from the broad ECD scenario and the main international ECD documents which the International Community has agreed upon and getting into the particular level through specifically selected case-studies, this analysis adopts a deductive approach. But also moving from a particular to a panoramic vision – the reversal –, NR and MC findings show us that we can no longer ignore the fact that building a strong foundation for healthy and safe growth during the early years

²⁸⁶ Jenson J., spring 2004, *Changing the paradigm: family responsibility or investing in children*, Canadian Journal of Sociology, vol.29, no.2, pp.169-192.

²⁸⁷ ASviS Report 2018, *Italy and Sustainable Development Goals*.

²⁸⁸ CRC Group, December 2018, *I diritti dell'infanzia e dell'adolescenza in Italia. I dati regione per regione*; CRC Group, February 2018, *3rd Supplementary Report on the implementation of the Convention on the Rights of the Child in Italy*.

of life is an important prerequisite for lifelong wellbeing, successful communities, economic productivity and harmonious civil societies²⁸⁹. In this sense, the data from those described programs have clearly demonstrated what just stated in general terms at the end of the first Chapter, namely that the time has come to prioritize investments in early childhood period. In fact, as proved by Heckman in the first part and later confirmed by the 2030 SDGs and NCF framework in the second one, a promising future characterized by a shared prosperity, an inclusive economic growth and by the end of child poverty, belongs to those nations that invest wisely in their youngest citizens. Finally, the common thread linking each chapter and section is represented by the holistic approach at the basis of each early-intervention activity, consisting in enabling heterogeneous ECD actors to reduce the ECD risk factors and to increase, rather, the protective ones through an integrated and subsidiary taking-over of the most complex cases, within the abovementioned view of a consolidate prevention approach – today totally missing or still at its very initial phase in Italy. Considering this need, the case-study given by LCCs can be assumed as a positive benchmark, due to its creative and innovative partnerships built on existing local realities, with a wider, multi-stakeholder participation. In this sense, LCCs represent a good example and, at the same time, an ambitious challenge in terms of new ways of dialogue, cooperation and collaboration among different type of actors, which require to be strengthened. In fact, despite its mentioned achievements, a more structured and officially documented process of sharing information and perspectives needs to be triggered and constantly stimulated by StC both internally, among its local implementing partners and project coordinators, and externally, among the LCC staff and the existing territorial and institutional actors, most of all due to the increasing plurality of cultural and linguistic necessities resulting from a majority of non-Italian mothers present in our country.

To conclude, there is still a lot that can be done for promoting and prioritize ECD with few necessary resources²⁹⁰, especially in the next eleven years, in which world leaders have a unique opportunity to construct a strong political will to invest in the early years for long-term individual and societal gains towards the achievement of the 2030 Agenda²⁹¹.

²⁸⁹ Shonkoff J.P., Richter L., Van der Gaag J., Bhutta Z.A., February 2012, *An integrated scientific framework for child survival and early childhood development.*, Pediatrics, vol. 129, no.2, e461.

²⁹⁰ Tamburlini G., 2014, *Interventi precoci per lo sviluppo del bambino: rationale, evidenze, buone pratiche.*, Medico e Bambino, vol.4.

²⁹¹ the Lancet Series, 2016, *Advancing early childhood development: from science to scale*, an executive summary.

Sources and Bibliography

Aalberts T.A. 2004, *The future of sovereignty in Multilevel Governance Europe. A constructivist reading*, JCMS, vol.42, no.1.

Annals of the New York Academy of Sciences, 2014, *Investing in early childhood development: an imperative for sustainable development*, v.1308.

ASviS Report, 2018, *Italy and the Sustainable Development Goals*. Full text available at: file:///C:/Users/perit/Downloads/ASviS_REPORT_2018_ENG_web.pdf

Australian Council for Educational Research (ACER), 2016, *Counting on it: Early numeracy development and the preschool child.*, Changing minds: discussions in neuroscience, psychology and education.

B.Zuckerman, M.Elansary, R.Needlman, March 2019, *Book sharing: in-home strategy to advance early child development globally.*, Pediatrics Perspectives, vol.143, no.3.

Berlin L.J., Brooks-Gunn J., Aber J.L., 2001, *Promoting Early Childhood Development through Comprehensive Community Initiatives*, Children's services: social policy, research and practice, 4(1).

Bernard van Leer Foundation, 2018, *Early Childhood Matters. Advances in early childhood development*.

Biersteker L., 2012, *Early Childhood Development services: increasing access to benefit the most vulnerable children*, South African Child Gauge.

Biroli P., Del Boca D., Heckman J.J., Heckman L.P., Koh Y.K., Kuperman S., Moktan S., Pronzato C.P., Ziff A., May 2017, *Evaluation of the Reggio Emilia Approach to Early Education*, Collegio Carlo Alberto.

Bowles S. and Gintis H., November 2001, *Social capital and community governance*, University of Massachusetts and Santa Fe Institute.

Brett R., 1995, *The role and limits of Human Rights NGOs at the United Nations*, Political Studies Association.

Brilli Y., Del Boca D., Pronzato C.D., 2014, *Does child care availability play a role in maternal employment and children development? Evidence from Italy.*, Review of Economics of the Household.

Brown K.A. and Keast R.L. (Queensland University of Technology), 2003, *Citizen-government engagement: community connection through networked arrangements*.

Carothers T., winter 1999-2000, *Think again: Civil society*, Foreign Policy.

Chaskin R.J., 1999, *Defining Community Capacity: A Framework and Implications from a Comprehensive Community Initiative.*, Chapin Hall Center for Children at the University of Chicago.

Children Commissioner, May 2018, *Estimating the number of vulnerable babies*, Alma Economics.

Chehrazi Madreseh S., Karimi Alavijeh N., Jalaei S. A., 2018, *The Impact of Government Economic Policies on Labour Productivity in Selected Countries of ECD*, International Journal of Management, Accounting and Economics, 5(10).

CRC Group, February 2018, *3rd Supplementary Report on the implementation of the Convention on the Rights of the Child in Italy*. Full text available at: http://gruppocrc.net/wp-content/uploads/2017/12/rapporto_crc_3_inglese-1.pdf.

Currie J., Spring 2001, *Early Childhood Education Programs*, Journal of Economic Perspectives, vol.12, no.2, pp. 213-238.

Daka-Mulwanda V., Thornburg K.R., Filbert L., Klein T., April 1995, *Collaboration of services for children and families: a synthesis of recent research and recommendations.*, Family Relations, vol.44, no.2.

Davidson H., 2014, *Does the UN Convention on the rights of the child make a difference?*, Michigan State International Law Review, vol. 22.2, pp. 497 – 528.

Del Boca D., February 2002, *The effect of child care and part-time opportunities on participation and fertility decisions in Italy*, IZA Discussion Papers, no.427.

Early Childhood Development Action Network (ECDAN) official page: <https://www.ecdan.org/>

Early Childhood Development Action Network (ECDAN), Buenos Aires, 2018, *Building human capital to break the cycle of poverty and inequality.*, G20 Initiative for Early Childhood Development.

End Child Poverty Global Coalition and UNICEF, New York, March 2017, *A world free from child poverty. A guide to the tasks to achieve the vision.*

Every woman, every child 2015, SDGs, *The Global Strategy for women's, children's and adolescents' health (2016-2030).*

Fondazione E.Zancan Onlus, 2018, *Documentare e valutare i percorsi di Spazio Mamme e Focchi in Ospedale. Anno 2017-2018. Rapporto Finale.*

Forum Nazionale del Terzo Settore, Dicembre 2017, *Il Terzo Settore e gli Obiettivi di Sviluppo Sostenibile. Rapporto 2017*.

Fukuda-Parr S., 2013, *Human rights and politics in development*., Human rights: politics and practice, 2nd ed., Oxford University Press 2013, Goodhart Michael (Ed.). Full text available at: https://www.unicef.org/agenda2030/files/SDG-CRC_mapping_FINAL.pdf

Gruppo CRC, December 2018, *I diritti dell'infanzia e dell'adolescenza in Italia. I dati regione per regione*.

Hannula M.M., Lepola J., Lehtinen E., 2010, *Spontaneous focusing on numerosity as a domain-specific predictor of arithmetical skills*, Journal of Experimental Child Psychology, vol.107, pp.394-406.

Heckman JJ. and Masterov D.V., 2006, *The productivity argument for investing in young children*., Review of agricultural economics, vol. 29, no.3, pp. 446-493.

HELP Final report, June 2007., *Early Childhood Development: a powerful equalizer*.

Hooghe L. and Marks G., May 2003, *Unraveling the Central State, but how? Types of Multi-level governance*, the American Political Science Review, vol.97, no.2.

ISTAT, 2018, *Rapporto SDGs 2018. Informazioni statistiche per l'Agenda 2030 in Italia*.

Jenson J., spring 2004, *Changing the paradigm: family responsibility or investing in children*, Canadian Journal of Sociology, vol.29, no.2, pp.169-192.

Kaldor M., 2003, *Civil society and accountability*, Journal of Human Development, vol. 4, no.1.

Kelly Y., Sacker A., Del Bono E., Francesconi M., Marmot M., June 2011, *What role for the home learning environment and parenting in reducing the socioeconomic gradient in child development? Findings from the Millennium Cohort Study*, Archives of Disease in Childhood.

Kirk S., 1999, *Caring for children with specialized health care needs in the community: the challenge for primary care*., Health and Social Care in the Community 7(5), pp.350-357.

Lavery J.V. and others, 2010, *Towards a framework for community engagement in global health research*, Trends in parasitology, vol.26, no.6.

Leblanc L.J., 1996, *Reservations to the Convention on the rights of the child: a macroscopic view of state practice*, the International Journal of Children's Rights, vol. 4.

LeRoux K., January 2007, *Nonprofits as civic intermediaries. The role of community-based organizations in promoting political participation*, Urban Affairs Review, vol.42, no.3.

Lewis D., 2001, *The management of Non-Governmental Development Organizations*, Taylor&Francis Group, London.

Lu C., Black M.M., Richter L., December 2016, *Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional and country level.*, The Lancet, vol. 4: e916-22.

Lucangeli D., Tressoldi P. (University of Padua), 2000, “*Lo sviluppo della conoscenza numerica: alle origini del capire i numeri*”.

Marwell N.P., 2004, *Privatizing the Welfare State: Nonprofit Community-Based Organizations as Political Actors*, American Sociological Review, vol.69.

McNeish D., August 2010, *Promoting participation for children and young people: some key questions for health and social welfare organizations*, Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community.

Melhuish C. and Phan M.B., Sylva K., Sammons P., Siraj-Blatchford I. and Taggart B., 2008, *Effects of the home learning environment and preeschool center experience upon Literacy and Numeracy Development in Early Primary School*, Journal of Social Issues, vol.64, no.1.

Mercilliot Hewett V., Winter 2001, *Examining the Reggio Emilia Approach to Early Childhood Education*, Early Childhood Journal, vol.29, no.2.

Millennium Declaration, adopted in 2000 by UNGA resolution 55/2. Full text available at: <https://www.un.org/millennium/declaration/ares552e.htm>

Minkler M., Glover Blackwell A., Thompson M., Tamir H., August 2003, *Community-Based Participatory Research: Implications for Public Health Funding.*, American Journal of Public Health, vol.93, no.8.

National Scientific Council on the Developing Child, 2004, *Young Children Develop in an Environment of Relationships* –Center on the Developing Child at Harvard University.

OECD Report, 2006, *Starting strong II: early childhood education and care*.

Openpolis, Con i Bambini, 2018, *Asili nido a Roma. La distribuzione per zone urbanistiche della domanda e dell'offerta dei servizi per la prima infanzia nella Capitale*. More information available at: <https://www.openpolis.it/esercizi/dentro-roma-155-citta-diverse-nellofferta-di-asili-nido/>

Papisca A., January 2011, *Relevance of human rights in the global space of politics: how to enlarge democratic practice beyond state boundaries and build up a peaceful world order*, The local relevance of human rights, De Feyter K., Parmentier S., Timmerman Ch., Ulrich G., Cambridge University Press.

Pillas D., Marmot M., Naicker K., Goldblatt P., Morrison J. and Pikhart H., November 2014, *Social inequalities in early childhood health and development: a European-wide systematic review*., Pediatric Research, vol.76, no.5.

Pisani L., Karnati R., Poehlman S., 2017, *Building brains. Early stimulation for children from birth to three*, Save the Children Report.

Raikes A., Yoshikawa H., Rebello Britto P., Iruka I., 2017. *Children, Youth and Developmental Science in the 2015-2030 Global Sustainable Development Goals*, Social Policy Report, vol.30, no.3.

Ribhi Shawar Y., Shiffman J., January 2017, *Generation of global priority for early childhood development: the challenges of framing and governance*, the Lancet, vol.389.

Sachs J.D., June 2012, *From Millennium Development Goals to Sustainable Development Goals*, The Lancet, vol.379.

Save the Children International, 2016, *Unequal portions. Ending malnutrition for every last child*.

Save the Children International, 2017, *Quality Preschool Package*.

Save the Children Italia, 2017, *Atlante dell'infanzia a rischio 2017. Lettera alla scuola*.

Save the Children Italia, 2018, *Atlante dell'infanzia a rischio 2018. Le periferie dei bambini*.

Save the Children Italia, February 2015, *Percorso nascita. Linee di indirizzo*.

Save the Children Italia, May 2019, *Le equilibriste. La maternità in Italia*.

Save the Children Italia, May 2018, *Nuotare conto corrente. Povertà educativa e resilienza in Italia*.

Save the Children Italia, May 2018, *Costruire una comunità di cura. Schede di lavoro*.

Save the Children Italia, November 2016, *Freeing children from educational poverty. What have we achieved? A regional analysis*.

Save the Children Italia, September 2015, *Enlighten the future 2030. Goals to free children from education poverty*.

Save the Children, July 2016, *Early Childhood Care and Development (ECCD). Various Modalities of Delivering Early Cognitive Stimulation Programs for 0-6 year olds.*

SDGs official platform: <https://sustainabledevelopment.un.org/?menu=1300>

Shonkoff J.P., Richter L., Van der Gaag J., Bhutta Z.A., February 2012, *An integrated scientific framework for child survival and early childhood development.*, Pediatrics, vol. 129, no.2.

Silver A., Spring 1999, *Play: a fundamental equalizer for ESL children.*, TESL Canada Journal, vol.16, no.2.

Smith A.B., September 2007, *Children's rights and early childhood education. Links to theory and advocacy.*, Australian Journal of Early Childhood, vol.32, no.3.

Tamburlini G., 2000, *Salute del bambino e tossicità ambientale*, Medico e Bambino vol.9.

Tamburlini G., 2014, *Interventi precoci per lo sviluppo del bambino: razionale, evidenze, buone pratiche.*, Medico e Bambino, vol.4.

Tamburlini G., Alushaj A., Flaugnacco E., Gerarduzzi T., 2016, *Sviluppo precoce del bambino e pediatria di sviluppo. Cosa sa e cosa dovrebbe sapere il pediatra.*, Medico e Bambino, no.6.

Tamburlini G., Ronfani L., Buzzetti R., 2001, *Development of a child health indicator system in Italy*, European Journal of Public Health, vol.11, no.1.

Taylor P.J., December 2004, *The new geography of Global Civil Society: NGOs in the World City Network*, Globalization, vol.1, no. 2.

Taylor R., December 2002, *Interpreting Global Civil Society*, International Journal of Voluntary and Nonprofit Organizations, vol.13, no.4.

The Lancet Series, Advancing Early Childhood Development: from Science to Scale 2., January 2017, *A good start in life will ensure a sustainable future for all*, vol. 389.

The Lancet Series, Advancing Early Childhood Development: from Science to Scale 2., January 2017, *Nurturing care: promoting early childhood development*, vol. 389.

UN Convention on the Rights of the Child (CRC) adopted and opened for signature, ratification and accession by UNGA res. 44/25 of 20th November 1989 and in force since 2nd September 1990. Full text available at: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

UNICEF interactive document, *Mapping the Global Goals for Sustainable Development and the Convention on the Rights of the Child*.

UNICEF, July 2017, *Capture the moment. Early initiation of breastfeeding: the best start for every newborn*.

UNICEF, July 2017, *Narrowing the gaps. The power of investing in the poorest children*.

UNICEF, 2007, *The implementation Handbook for the Convention on the Rights of the Child*.

United Nations International Children's Emergency Fund (UNICEF) and International Step by Step Association (ISSA), 2016, *The early childhood years. A time of endless opportunities*., Module 1.

Vaghri Z., Arkadas A., Kruse S. and Hertzman C., May 2011, *CRC General Comment 7 Indicators Framework: a tool for monitoring the implementation of Child Rights in Early Childhood*, Journal of Human Rights, 10 (2).

Walker E.T. and McCarthy J.D., 2010, *Legitimacy, strategy and resources in the survival of community-based organizations*, Social Problems, vol. 57, Issue 3.

Wallerstain N., Duran B., July 2006, *Using Community-based Participatory Research to Address Health Disparities*, Health Promotion Practice, vol.7, no.3.

WHO, 2018, *World Health Statistics 2018. Monitoring health for the SDGs*.

WHO, 2018, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*.

WHO, 2012, *Developmental difficulties in early childhood. Prevention, early identification, assessment and intervention in low-and middle-income countries. A review*.

WHO, UNICEF, UNFPA, 2018, *Quality, equity, dignity. The network to improve quality for maternal, newborn and child health. Strategic Objectives*

Willets P., 2002, *What is a Non-Governmental Organization?*, UNESCO Encyclopaedia of Life Support Systems, Section 1, article 1.44.3.7.

Wood J., Thall T. and Caruso Parnell E., (2015), *The move: Reggio Emilia-inspired teaching*, International Journal of Complexity and Education, vol.12, pp.98-108.

World Bank, 2018, *Piecing together the poverty puzzle*.

World Bank, 2018., *Learning to realize Education's promise*.

World Economic Forum, 2018, *The Global Gender Gap Report 2018*. Full text available at: http://www3.weforum.org/docs/WEF_GGGR_2018.pdf

Young Lives, January 2016, *Early Childhood Development in the SDGs*.

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