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As a 6th generation South African and a developmental psychologist who has spent four decades as a professional trying to understand and to remediate the effects of social, economic and other types of adversity on children, I heartily welcome a single integrated approach by the US government. The people of the United States give most generously to help children in poor countries, but this assistance can be less effective than it should be if everybody doesn't pull together. The US government is complex and acts through multiple agencies. This can be confusing at the country and project level, especially when agencies have different goals and priorities. Also, children who need assistance can fall between the cracks when each agency defines its parameters and works separately.

Children who live in destitution, who are forced into cruel labour, whose parents have to leave home for most of the year as poorly paid migrant labourers, whose mother or father is ill or has died from AIDS, who are confined to group care in institutions, and who are caught in the cross-fire or aftermath of armed conflict experience similar problems and threats to their wellbeing. The ability of their parents and other caregivers to protect them is severely constrained by circumstances - whether it is famine, poverty, ill-health, natural disaster, or exploitation. They are often separated from family and friends. They go hungry, they have too few clothes to wear, they are frightened, and they are vulnerable to abuse. They may never have the opportunity to go to school or they are taken out of school. They have to work hard either to help their families or in the service of getting fed or earning money in dangerous occupations. They have to endure injuries, disabilities and illnesses without medication and support, and they have to swallow down unbearable grief and suffering.

My own work and that of my collaborators supports the principal objectives outlined in the action plan. Put family care first is a fundamental principle of helping all children. Funds, programs, interventions, and sessions with social or health workers are essential; but they are once-off events in the lives of children. Families are forever. Families are forever in human society in the sense that they form and reform even when parents, children and other members die. It is a deep species need of all human beings to belong to a close intimate group of people who share love and concern for each other's wellbeing over time. And families are forever in our individual life in the sense that we are born or come into a family that is part of our world for most of our life, usually until we die. Whether children live or die, are protected, have confidence, experience happiness, and believe in the future are all due to the enduring influence of family. It is our duty to ensure that every family has the best chance, through economic support, protective legislation, assistance and services, to provide as best they can for their children over the course of their children's lives. This support begins with preventing children's separation from their family and putting maximum effort into re-unification with family if children are separated. It extends to ensuring that no parent has to choose whether to eat or whether to give what measly amount of food they have to their child. And it includes providing parents with the support they need to love and care for their children despite difficult circumstances and personal challenges.

When families can no longer protect children, or when family members themselves are a threat to children as a result of mental ill-health or substance abuse, the state, civil society and international donors must do all they can to protect children from violence, exploitation, abuse and neglect. However, this must always be done within the context of putting family care first. Removing children from abusive families, or from war zones or slave labour and putting them into impersonal group care institutions is simply to exchange one abuse for another. Instances of abuse are extremely high in institutions and, over, the long-term, non-family care erodes children's emotional and social capacities. In many poor countries where institutions are often of very poor quality, children are susceptible to chronic hunger and illness; if they are young, they may so deeply pine for caring human contact that they lose their appetite, withdraw, become immune-compromised and eventually die.

Building strong beginnings for children is critical. The science of early child development is strong and very clear. The development of children is sequential and one skill or capacity builds on those acquired before. Children with shaky beginnings, because their mothers received little care in pregnancy, or because they had too little nutrition, or have few opportunities to learn, find each next developmental step harder. The differences between children with a good first start and those without get established early, they widen quickly and they become harder and harder to bridge. Planned children, whose families are ready for and want them, whose mothers are cared for through pregnancy, children who receive good food through breastfeeding and nutritious meals, and who have opportunities to learn in relationships with stable and caring adults have the most essential elements they need to begin with. These children will find it easier to play cooperatively with others, learn at school, have the confidence to ask adults for help when they need it, the imagination to dream, and the motivation to achieve their dreams.

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Professor Linda Richter (PhD) is a Distinguished Research Fellow at the Human Sciences Research Council in South Africa. She is an Honorary Professor in Psychology and an elected Fellow of the University of KwaZulu-Natal; an Honorary Professor in the Department of Paediatrics and Child Health at the University of the Witwatersrand, and a Research Associate in the Department of Psychiatry at the University of Oxford (UK). From 2003-2006, she was a Visiting Researcher at the University of Melbourne, and from 2007-2010 a Visiting Scholar at Harvard University (USA). From 2010-2012 she was on a two-year contract from the Human Sciences Research Council to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Geneva, as Senior Specialist (Health of Vulnerable Children) for half of her time.

Linda has conducted both basic and policy research in the fields of child, youth and family development as applied to health, education, welfare and social development, and has published more than a 250

papers and chapters in the fields of child, adolescent and family development, infant and child assessment, protein-energy malnutrition, street and working children, and the effects of HIV/AIDS on children and families, including HIV prevention among young people. Her papers have appeared in, amongst others, Science, the Lancet and the Journal of the American Medical Association (JAMA). She is the Principal Investigator of several large-scale, long-term collaborative projects, including Birth to Twenty, a Wellcome Trust-funded birth cohort study of 3 273 children with follow up to age 22 years; the Consortium of Health Oriented Research in Transitioning Societies (COHORTS), a network of birth cohort studies in low and middle income countries; the Wellbeing of South African Children Affected by HIV/AIDS and Poverty study, a NICHD-funded quasi-experimental study of the impact of social grants and services on children and families; and she was recently on the evaluation team to review PEPFAR's programmes for orphans and vulnerable children in 26 countries.

Linda has devised a number of innovative intervention programmes and has advised local and international agencies on the design, implementation and evaluation of interventions for children, youth and families. These include malnourished children and their caregivers, street children, children in situations of conflict and war, support for children made vulnerable by HIV and AIDS, promoting men's care and protection of children, social protection and human rights, and palliative care for sick children in the context of the HIV/AIDS pandemic.