

**Through the eyes of young children:
Experiences of children and families in a rebuilding conflict-affected
context. A case study from Sri Lanka**

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Abstract

In response to a worldwide increase in armed conflict and the subsequent displacement of millions of families, governments and non-government organisations are expending huge amount of resources on supports and services for populations in conflict-affected contexts. While there is a rich literature about conflict-affected populations, there appear to be a limited number of studies which focus on the lived realities of young children in areas emerging from armed conflict and violence. Research that includes young children's perspectives is particularly rare. This study argues that the voices of young children and families who are directly affected need to be included in planning and delivery stages of rebuilding and development in conflict-affected contexts. The study researched this issue with a group of young children and their families living in a resettling and rebuilding post-conflict village in Sri Lanka.

The research applied Honneth's theory of recognition to investigate young children's lived experiences of wellbeing in terms of care, rights and solidarity and matched these with the perspectives of caregivers, community leaders and service providers. The study made use of the Mosaic approach that included drawings, interviews, child-led tours, photography and narratives of young children along with interviews and focus group discussions with relevant adults.

It was shown that multiple perspectives co-exist within the relatively small, contained context of the conflict-affected community. The study revealed differences in perspectives between groups of adults and between adults and young children. For example, the cohort of adult service providers cited gaps in parenting practices, community mobilisation, and community cohesion, and the cohort of community leaders identified gaps in external supports.

Young children and their caregivers, on the other hand, reported positive aspects about the situation. In particular, young children displayed high levels of connectivity in the form of care and support within their families, and social connectedness and solidarity within the community. However, some discrepancies between children and families from different ethnic groups were noted.

The study indicates that despite long-term conflict, displacement and concomitant disruptions in this rebuilding post-conflict context, the elements that support young children's experiences of connectedness within family and community may have a protective element for children and families. Implications for ensuring the inclusion of multiple voices (including those of young children and their caregivers) in assessments of conflict-affected situations and for enhancing supports that contribute to critical components of 'recognition' are discussed.

Statement of Candidate

I certify that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy in the Department of Educational Studies, Faculty of Human Sciences, Macquarie University, is my original work, and it has not been previously submitted as part of the requirements for a diploma or degree to any university or institution.

I also certify that the thesis is an original piece of research and it has been written by me. All the help and assistance that I have received in my research work and the preparation of the thesis itself have been appropriately acknowledged.

In addition, I certify that all information, resources and literature used are identified in this thesis. The Macquarie University Ethics Review Committee approved this research on 8 July 2013 (reference no: 5201300282).

.....

Nanditha Janajeevi Hettitantri (Student No. 42746329)

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Glossary of local terms

Aiya = older brother (Singhalese)

Anna = older brother (Tamil)

Akka = older sister (Tamil and Singhalese)

Amma = mother (Tamil and Singhalese)

Appa = father (Tamil)

Army Akka= sister in Army (Tamil and Singhalese)

Chiththi = mother's younger sister or step mother (Tamil)

Gundamma = the chubby one- a pet name for infants/babies/little children (Tamil)

Hangimuttan = hide and seek (Singhalese)

Karadara kaale = troubled time (Singhalese)

Kiri Weeduruwa = a glass of milk (Singhalese)

Malgama Amma = Malgama mother

Malgama = Village of Flowers (pseudonym)

Malli = younger brother (Singhalese)

Nangi = younger sister (Singhalese)

Nallam irukka = doing well/keeping well (Tamil)

Thaththa = father (Singhalese)

Wadai= a local snack made out of lentils (Tamil)

Acronyms and abbreviations

ADB - Asian Development Bank

ACEV - Mother Child Education Foundation

AUD\$ - Australian Dollar

CCSs - Child Centred Spaces

CFSs - Child Friendly Spaces

CL - Community Leader

CAQDAS - Computer Assisted Qualitative Data Analysis Software

CPC - Care and Protection of Children

CRC - Child Rights Convention

DRR - Disaster Risk Reduction

DS - Divisional Secretary /Divisional Administrative officer

ECD - Early Childhood Development

ECE - Education/ early childhood education

ECCD - Early Childhood Care and Development

EFA - Education For All

FGDs - Focus Group Discussions

DPFD - The Global Programme on Forced Displacement

GN - Grama Niladhari (village administration officer)

GOs - Government organisations

GO - Government service providers

GO - Government Officer

GoSL - Government of Sri Lanka

IASC – Inter-Agency Standing Committee

ICRC – International Committee of the Red Cross

IDPs - Internally Displaced Peoples

IHL - International Humanitarian Law

INEE - International Network for Education in Emergencies

INGOs - International non-government organisations

LKR - Sri Lankan rupees

LTTE - Liberation Tigers of Tamil Eelam

MDG - Millennium Development Goals

MHPSS - Mental health and psychosocial support

NGOs - Non-government organisations

PDF - Portable Document Format

PTSD - Post-Traumatic Stress Disorder

PSS - Psycho-Social Support

PWG - Psychosocial Working Group

RDS - Rural Development Society

SDG- Sustainable Development Goals

TEEP - Turkish Early Enrichment Project

TW - Transect Walks

UNICEF - United Nations International Children's Emergency Fund

UNCRC - United Nation's Convention on the Rights of the Child

UNCRC GC7 - United Nation's Convention on the Rights of the Child General Comment 7

UNHCR - United Nations High Commissioner for Refugees

UN - United Nations

UNESCO - United Nations Educational, Scientific and Cultural Organization

WHO – World Health Organisation

WWII - World War 2

List of publications and presentations associated with this study

Book chapters

Hettitantri, N., & Hadley, F. (in press). Young children's experiences of connectedness and belonging in post-conflict Sri Lanka: A socio-ecological approach. In M. Denov & B. Akesson (Eds.) *The realities of children and armed conflict: Theory, method, and practice*. New York, NY: Columbia University Press.

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- Hettitantri, N. (2015c). *Young children's experiences of connectedness and belonging in a rebuilding post armed conflict village: A case study from Sri Lanka*. Sydney, Australia: Conference of the Pacific Early Childhood Education Research Association, PECERA (July 24-26, 2015)
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Chapter 1: Introduction

1.1 Introduction

This thesis investigates the experiences and perceptions of care and wellbeing of a group of young children (aged between three and seven years)¹ living in a resettling and rebuilding post-conflict context in the Eastern Province of Sri Lanka. In particular, the study focuses on the views of young children, caregivers, community leaders and government and non-government service providers, and reveals the importance of listening to the voices of affected young children and communities² when designing and implementing support for children and families in rebuilding process post-conflict.

In this Introduction Chapter the background for this study is presented. The gaps in literature are outlined³ and the research aims and guiding research questions of this study are introduced. An overview of the study is presented alongside a discussion on the significance of the study. The research context, post-conflict Sri Lanka, is also introduced in this chapter. This Introduction Chapter presents an account of my personal motivation for this study and an outline of the structure of this thesis⁴.

¹ In this thesis the young children are defined as those aged from birth to eight years. The thesis includes findings from the experiences of a group of young children aged between three and seven years.

² Affected people are defined as “people who are adversely affected by a crisis or a disaster and who are in need of urgent humanitarian [or external] assistance” (WHO, <http://www.who.int/hac/about/definitions/en/>).

³ Research gaps are further elaborated on in a literature review in Chapter 3.

⁴ While traditionally the theoretical framework for a thesis is included in Chapter One, in this thesis I have developed a separate chapter to describe the theoretical framework - and present this in Chapter 2.

1.2 Background of the study

1.2.1 The changing nature of armed conflict

The number, frequency, and severity of outbreaks of armed conflict⁵ have increased worldwide in recent years leaving an unprecedented impact on communities and children. Since the end of World War II (1945), 248 cases of armed conflict have been reported in 153 locations (Tol, Song, & Jordans, 2013): in excess of 150 cases of armed conflict have been reported in middle and low income nations (Boyden, de Berry, Feeny, & Hart, 2002). In 2015, violent armed conflict was active in 42 states globally (Armed Conflict Data base, n.d.).

The nature of armed conflict has changed radically worldwide since WWII. Most significantly, post 1945, there has been a shift from large scale, inter-state conflict towards internal organised conflict (UNICEF, 2009). The nature of the current conflict is not of war in traditional battlefields; rather, it is conflict that is deep-seated, racial, ethnic and/or fuelled by religious or other sources of hatred (Williams & Drury, 2011). These “new wars” (p. 20) have taken the form of violent activities variously fuelled by organised community groups for political gain, massive crime among privately organised groups or mass human rights violations (Kaldor, 1999). Utter devastation, social destruction, and terrorism are the aims of these recent armed conflicts (Dupuy & Peters, 2010; Kaldor, 1999; Machel, 1996; Wessells & Monteiro, 2008).

⁵ Armed conflict is defined as “a contested incompatibility which concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths” (Department of Peace and Conflict Research, http://www.pcr.uu.se/research/ucdp/definitions/definition_of_armed_conflict/). In this thesis, both terms ‘armed conflict’ and ‘conflict’ refer to above.

1.2.2 Impact of armed conflict on communities

The increased prevalence, severity and changed nature of the current armed conflict means that unprecedented numbers of civilians (including children) are being either directly or indirectly affected worldwide (Boothby, Strang, & Wessells, 2006; Garbarino, Kostelny, & Dubrow, 1991; Kaldor, 1999; Lloyd & Penn, 2010). The number of civilian casualties has increased markedly. In the year 2014, active conflict around the world caused an estimated 180,000 casualties. Among those killed, approximately 90% were identified as civilians (Armed Conflict Database, n.d.).

Peoples who survive in conflict-affected areas may endure lasting negative effects in the form of physical and mental health issues and psychosocial problems associated with their exposure to violence, injury, disability, loss of family members and family separation (Boothby et al., 2006; UNHCR, 2015; UNICEF, 2009). They are likely to be further affected by the exacerbation of social issues; for example, impoverishment, malnutrition, gender-based violence, domestic violence and child abuse (Boyden et al., 2002; Drury & Williams, 2012). These negative effects are aggravated when conflict-affected populations worldwide are further affected by forced displacement⁶.

Forced displacement is one of the most destructive effects of conflict. In 2011, due to active armed conflict, an estimated 42.5 million peoples were forcibly displaced globally (UNHCR, 2015). By the end of 2014, 59.5 million peoples were forcibly displaced globally. This is an unprecedented 40% increase in forced displacement within three years (UNHCR,

⁶ According to the Global Programme on Forced Displacement (DPFD) of the World Bank, “forced displacement refers to the situation of persons who are forced to leave or flee their homes due to conflict, violence and human rights violations”. (See for more details: The World Bank, <http://www.worldbank.org/en/programs/forceddisplacement>).

2015). Among them, 32.5 million were Internally Displaced Persons (IDPs)⁷: the remainder were refugees⁸ (UNHCR, 2015).

Forced displacement due to armed conflict and its subsequent impact may generate long-lasting effects on both communities and children (Boyden & de Berry, 2004; Landers, 1998; Mels, Derluyn, Broekaert, & Rosseel, 2010; Porter & Haslam, 2005). As showed in Somasundaram's (2007) study, when communities are forcibly displaced due to armed conflict, traditional social support systems, ways of life and community relations are often destroyed. The situation becomes aggravated when conflict is linked with structural divisiveness and dominant political power that can often discriminate against some communities' fundamental needs and rights (Fisher, 1993; Massaquoi, 2009). Community marginalisation, damaged cultural identities and a shattered sense of belonging are discussed in relation to forcibly displaced populations (Anderson, 2001; Spyrou & Christou, 2014).

Conflict-affected peoples who have been exposed to violence and forced displacement are reported to more likely experience loss of safety, human dignity, identity, capacity (efficacy), hope and the freedom to voice their issues, needs and rights (Akesson, 2014a; Somasundaram, 2007; Punamäki, 2014; Wessells, 2012). In effect, their holistic wellbeing is affected (Jayawickreme, Jayawickreme, Goonasekera, & Foa, 2009). Their trust is lost and their world views may be damaged, either temporarily or at worst, permanently (Cunninghame, Hyder, Kesler, & Penn, 2001; Somasundaram, 2010). Among displaced communities, values and the morality of social justice and peace may be at stake (Affouneh, 2007). Analysts suggest that conflict not only generates ideological change, but can fuel ethnic, religious or language-

⁷ According to the UNHCR, Internally Displaced Persons (IDPs) are those who are forcibly displaced from their homes due to violence, armed conflict, human rights violations and wars; but, they remain inside their home countries. For more details, see: <http://www.unhcr.org/pages/49c3646c146.html>. UNHCR explains that, although these peoples are displaced for the same reasons as refugees "IDPs legally remain under the protection of their own government" and "as citizens, they retain all of their rights and protection under both human rights and international humanitarian law".

⁸ Refugees are defined as those who are forcibly displaced from their home countries. They seek refuge in other countries. For more details, see: <http://www.unhcr.org/pages/49c3646c146.html>.

based biases and prejudices among conflict-affected peoples including those who are displaced, outcomes that can last for generations to come (Ang, 2014; Connolly, Fitzpatrick, Gallagher, & Harris, 2006; Connolly & Hayden, 2007; Leckman, Panter-Brick, & Salah, 2014; Wessells, 2012).

1.2.3 Post-conflict issues

The negative effects of conflict and displacement and associated socio-ecological issues often extend to post-conflict milieus (McElroy, 2012; Wessells & Monteiro, 2008). In post-conflict contexts, communities can be further affected by socio-cultural disruption, socio-economic issues of poverty and structural issues caused by limited accessibility to support and services (Boothby et al., 2006; Boyden et al., 2002; UNICEF, 2009). In conflict-affected regions, economies risk being weakened, and infrastructures may fall in to chaos (Collier, Hoeffler, & Söderbom, 2008). In addition, continued or newly emerging structural issues of the destruction of support services, social structures and social networks, and societal issues arising from the breakdown of traditional social systems and ways of life can result in societal division, political suppression and discrimination against certain groups (Boyden et al., 2002; Collier et al., 2008; McElroy, Atim, Larson, & Armstrong, 2012; Somasundaram, 2007).

Geographical areas in which armed conflict has ceased (due either to peace treaties or other resolution strategies) are likely to be continuously impacted by weakened governance and institutions that may be slow or ineffective in addressing the needs of their conflict-affected communities (McElroy, 2012; Wessells & Monteiro, 2008). Societal violence may prevail (UNICEF, 2008). Thus, even when armed conflict ceases, societies are likely to remain fragile⁹ due to post-conflict political, economic and social issues of instability, continued violence and

⁹ Stewart and Brown (2009, p. 3) who reviewed a number of definitions of fragility in states conclude that fragile states are those “that are failing, or at risk of failing, with respect to authority, comprehensive service entitlements or legitimacy”.

devastation (Boyden et al., 2002; Sarrouh & Boothby, 2011; UNICEF, 2008; Wessells & Monteiro, 2008).

Furthermore, the impact of conflict in the form of deep-seated racial, ethnic or political discrimination, divisiveness, the legacy of victory over defeated communities and continued divisive political ideologies, such as separatism, are likely to persist in societies that have moved into a post-conflict period (Connolly & Hayden, 2007; De Votta, 2010; Hamber et al., 2015; Wickamasinghe, 2009). In addition, new social challenges may emerge as societies address the post-conflict issues of refugees, IDPs, injury and disability, widowhood, former child soldiers, orphaned children of all ages and young children (Boothby et al., 2006; Denov, 2010; Derluyn, Mels, Parmentier, & Vandenhoele, 2012; Garbarino et al., 1991; McElroy, 2012; Miller & Rasmussen, 2010; Wessells, 2006, 2012; Wessells & Monteiro, 2008). Hence, in post-conflict contexts, even when the conflict has ceased, conflict-related issues and new societal issues can negatively impact on people: “local people frequently challenge the term *postconflict*, asking, “Where’s the ‘post’?” (Wessells & Monteiro, 2008, p. 319 original emphasis).

1.2.4 Recovery, rebuilding, and reintegration in conflict-affected societies

Societies that are affected by prolonged armed conflict, violence, and destruction are challenged by the social need for recovery, rebuilding and social integration (including reconciliation and peace-building) (Balasooriya, 2012; Collier et al., 2008; Derluyn et al., 2012; Hamber & Gallagher, 2015; Leckman et al., 2014). A problematic scenario is that when overt conflict decreases, the fragility of some states may persist creating the risk of escalating new conflict. Fifty percent of the current outbreaks of armed conflict are reported as reversions of prior conflict (Collier et al., 2008, p. 461). In such circumstances, conflict-affected states are challenged by the need to mitigate the risk of escalating future social struggles and armed

conflict (Collier et al., 2008). Post-conflict recovery, rebuilding and reconciliation can be a long-term process. The Asian Development Bank (2012) reports that post-conflict societies may take a generation (at least 20-30 years) to recover and rebuild. Clearly, there is a need to investigate and address the generational impact of armed conflict on affected societies (Betancourt, 2015; Boothby et al., 2006; Connolly & Hayden, 2007; Connolly, Smith, & Kelly, 2002; Leckman et al., 2014; Wessells & Monteiro, 2008).

1.3 Young children (birth to eight years old) in conflict-affected contexts¹⁰

In 2015, among the 59.5 million war refugees and IDPs in the world, 51% were children (those below the age of eighteen years) (UNHCR, 2015). Worldwide, one in every 230 peoples who were displaced either by conflict or disaster was a child (Boyden et al., 2002). Due to armed struggles in the last decades of the 20th century, approximately 2 million children lost their lives: 6 million were injured or disabled, one million were orphaned and separated from their families and 12 million were displaced (UNICEF, 2002). These statistics show the severity of the impact of armed conflict on children in the world today.

In 1996, the UN published the first global study of children affected by armed conflict, the Machel study. The focus of the study was child participation, protection, recovery and reintegration in conflicting or conflict-affected settings (Machel, 1996; Wessells, 1998). The Machel study, which details the unprecedented effects of recent armed conflict on children, urges the world community to research, formulate policy and undertake appropriate interventions in terms of supporting children in conflicting and post-conflict contexts. However, as a subsequent UNICEF report on the 10-year strategic review of the Machel study shows, despite these international calls and subsequent legal policies and practice efforts, the plight of

¹⁰ A more detailed review of literature about young children in conflict-affected contexts is presented in Chapter 3.

children affected by armed conflict has worsened (UNICEF, 2009). The growing numbers of armed struggles in the contemporary world are creating enormous challenges vis-à-vis the protection and wellbeing of children who live in conflict-ravaged societies (Wessells, 2012; UNHCR, 2015; UNICEF, 2009).

Among conflict-affected children, young children (those below 8 years of age)¹¹ are the most affected due to their dependency on others for their survival and wellbeing (Garbarino et al., 1991; Kostelny & Wessells, 2008; Landers, 1998; Lloyd & Penn, 2010; McElroy, 2012; Moreno & Dongen, 2005; Naughton, Hughes, & Smith, 2007). It is estimated that 13% of the world's refugees, IDPs and asylum-seekers are young children (UNHCR, 2011). According to UNICEF's (2009) estimation, among the more than a billion children (those under 18 years of age) who were living in areas affected by conflict¹², approximately 300 million were aged below 5 years. It is likely that thousands of children continue to be born into conflict-affected communities, increasing the number of young children forced to live in conflict-ravaged contexts. Hence, young children affected by armed conflict have constituted a global phenomenon over the past three to four decades (Garbarino et al., 1991; Landers, 1998; Lloyd & Penn, 2010; Machel, 1996; McElroy et al., 2012).

Armed conflict and related experiences of violence and displacement seriously affect young children's physical health, growth, and overall wellbeing (Kamel, 2006; Kostelny & Wessells, 2008; Landers, 1998; Machel, 1996, 2001; Wessells & Monteiro, 2008). In times of conflict, young children's physical health may be affected due to limited access to the basic needs of health, nutrition, water, sanitation and adequate living conditions (Bundervoet, Verwimp & Akresh, 2009; Burton, 2006). Limited health services and nutrition will ultimately

¹¹ See section 3.2 in Chapter 3 in which I further argue that young children in conflict-affected settings need to be studied as a separate social group.

¹² This was approximately one sixth of the world population (UNICEF, 2009).

lead to malnutrition and rising infant mortality in conflict-affected zones (Coghlan et al., 2008; McElroy, 2012; Siriwardhana & Wickramage, 2014; Wessells & Monteiro, 2008).

In periods of armed conflict, children (including young children) are often exposed to direct warfare, such as crossfire, bombing, shelling and landmines. Previous research shows that following these violent experiences, children and young children who escape from these events are likely to experience profound psychological and behavioural issues due to trauma, loss of caregivers, other family members and peers and the breakdown of supportive social structures (Betancourt & Khan, 2008; Boothby & Ager, 2010; Boothby et al., 2006; Garbarino et al., 1991; Machel, 1996). According to previous literature reviews, a large number of studies that have focused on the psychological impact of children's exposure to conflict and violence support the notion that mental health issues are the most prevalent issues among conflict-affected children and young children (Boothby et al., 2006; Lloyd & Penn, 2010; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012). In effect, the majority of studies that focus on children as well as young children in conflict-affected societies tend to address the psychological and psychopathological impact of conflict on them (Lloyd & Penn, 2010; Lloyd et al., 2005)¹³.

Nonetheless, although trauma and mental health issues generated by armed conflict cannot be underestimated, some studies report contrasting findings to the notion of the long-term impact of trauma and post-traumatic stress disorder (PTSD)¹⁴ on children in conflict-affected regions (Barenbaum, Ruchkin, & Schwab-Stone, 2004). Several studies have found that the majority of children who have been exposed to violence and conflict show a complete absence of - or only experience short-lived - psychological and clinical trauma (Ajdukovic & Ajdukovic, 1998; Cairns & Dawes, 1996; Fernando & Ferrari, 2011; Perrin, Smith, & Yule,

¹³ See section 3.2.1 in Chapter 3 for a review of literature on this topic.

¹⁴ Post-traumatic stress disorder (PTSD), a clinical syndrome, is defined as "the early-life trauma, adversity, and war-related experiences across the life cycle" (Carter & Stephen, 2014, p. 57). A diverse range of traumatic stressors (for example, natural disasters, war, violence, intra-familial issues, serious illnesses and death of closest family member) can lead to PTSD among children and adolescents (Davis & Siegel, 2000).

2000; Weine, Becker, McGlashan, Vojvoda, Hartman & Robbins, 1995). For the above reasons, the findings of the dominant psychopathological or psychological research into children and young children in conflict-affected areas are being challenged¹⁵ (Barenbaum et al., 2004; Lloyd & Penn, 2010; Summerfield, 1999) and different approaches and focuses that look beyond the ‘vulnerability’ or psychological effects of conflict on children are being encouraged (Ager, Stark, Akesson & Boothby, 2010; Boothby et al., 2006; Masten & Narayan, 2012; Tol et al., 2013).

In response, McElroy (2012) investigated young children’s experiences more broadly rather than focusing only on trauma/PTSD, behavioural issues or the psychological effects of conflict. McElroy adopted a holistic approach to investigate the impact of conflict and displacement on very young children (birth to three years) during the early phase of the study community’s resettlement in post-conflict northern Uganda. Employing an ecological approach driven framework advocated by Irwin, Siddiqi, and Hertzman (2007a), she investigated the health and wellbeing experiences of young children and the diverse views of caregivers and community members regarding these experiences. McElroy reported that conflict, displacement and difficulties during transition from temporary settlements to permanent resettlement villages generate risks for young children’s development potential. However, she identified that, despite the difficulties encountered in post-conflict contexts, a number of protective factors for young children; most importantly, the care given by caregivers, supportive community networks and children’s agency prevail. Furthermore, she emphasised the importance of strengthening and continuing support for young children and families through their early and mid-term phases of post-conflict rebuilding.

There are some, but limited studies that have utilised a psychosocial wellbeing focus to research young children¹⁶. However, these studies have taken the form of evaluations of

¹⁵ See Chapter 2 for a review of the relevant literature and for further discussion of this topic.

¹⁶ A detailed literature review on this topic is presented in section 3.2.2 Chapter 3.

psychosocial support interventions in conflict-affected settings; for example, setting up Child Centred Spaces (CCSs)/ Child Friendly Spaces (CFSs) in areas affected by conflict (Kostelny, 2008a; Kostelny & Wessells, 2008; Wessells & Monteiro, 2008). The findings of these studies reiterate the importance of providing safe and nurturing spaces for young children during their recovery in rebuilding conflict-affected areas. Beyond the studies discussed above, research that explores young children's experiences of holistic wellbeing (other than psychological or psychopathological experiences) during rebuilding phases in post-conflict settings is limited.

Most importantly, the early years are critical for both child development and social development. Brain development and neuro-scientific research have shown that the early years are critical for human development (Christie et al., 2014; Keverne, 2014; Mustard, 2007; Mustard & Young, 2007; Shonkoff, Boyce, & McEwen, 2009; Shonkoff & Phillips, 2000). Previous research has shown the socio-economic returns on investments in early years (Heckman & Masterov, 2004, Heckman & Masterov, 2007). Analysts argue that early experiences as well as early childhood development (ECD) as a sector are important for social development; for example, promoting positive social values and healthy communities (Leckman et al., 2014).

An array of literature discusses the importance of developing and implementing interventions that can address young children's holistic wellbeing in adverse situations such as extreme poverty, disaster and/or conflict (Britto, Yoshikawa, & Boller, 2011; Britto et al., 2014; Deters, 2014; IASC, 2007; Kamel, 2006; Kostelny & Wessells, 2008; McElroy et al., 2012; McLeod, 2000; Wessells & Monteiro, 2008). Yet, because the dominant focus is upon the design, implementation and assessment of mental health focused interventions for young children (Lloyd & Penn, 2010; Lloyd et al., 2005), there is a paucity of research that aims to enhance understanding of young children's holistic wellbeing in times of post-conflict

reconstruction and rebuilding. Wessells and Monteiro (2008), highlighting this gap in the research, add that:

...agreement is increasing on the importance of providing ECD [early childhood development] supports to children in conflict and postconflict zones, though there is less agreement about how to do it (Wessells and Monteiro, 2008, p. 319).

1.3.1 Listening to young children during research into rebuilding conflict-affected settings

A corpus of literature is emerging which recognises children (including young children) as survivors rather than as victims who have the capacity to respond with agency to adversity in disaster and conflict-affected contexts (Boyden & Mann, 2005; Evans, 1996; Jones, 2008; Landers, 1998; Masten, 2014c; Masten & Narayan, 2012; Summerfield, 2000; Ungar, 2015; Wessells, 2012). Recent studies which support the notion of children's competencies and efficacy present examples of children who have shown the development of coping and resilience in conflict-affected situations (Fernando & Ferrari, 2011; Jones, 2008)¹⁷. Furthermore, children are seen as active social members who contribute to their social world and the world around them (James & Prout, 1997)¹⁸.

Young children, as a distinct social group who have their own needs and rights, are recognised and incorporated into efforts to conceptualise early childhood in disadvantaged settings and in adversity (Britto et al., 2011; Grantham-McGregor et al., 2007). Increasingly, in several studies, children are being recognised for their capacities and efficacy in disaster risk reduction (Back, Cameron, & Tanner, 2009; Bartlett, 2008; Lopez, 2015; Manyena, Fordham,

¹⁷ See section 3.2.1 in Chapter 3 for details.

¹⁸ Sociology of Childhood, also known as Childhood Studies conceptualisations emerged and, have been strengthened since the 1980s in which childhood is identified as a social construct (James & Prout, 1997, 2015; Tisdall & Punch, 2012). See section 2.4.7 in Chapter 2 for further discussion of this topic.

& Collins, 2008). Researchers argue that even young children can become meaningfully involved in activities in disaster situations, and that they are capable of taking important measures to reduce the negative effects not only on themselves, but also on those around them (Lopez, Hayden, Cologon, & Hadley, 2012). Early childhood development, as a sector, has been identified as important entry point for recovery, risk reduction and reintegration (Connolly & Hayden, 2007; Hayden & Cologon, 2011; Leckman et al., 2014). Reviews of recent studies and practices show growing attention to the value of investing in early childhood in post-conflict recovery, rebuilding and peacebuilding processes (Ang, 2014; Connolly & Hayden, 2007; Kagitcibasi & Britto, 2014)¹⁹.

It is important to note that children's, and particularly young children's, right to participate and make their voices heard on matters that affect them is legally defined (see: United Nation's Convention on the Rights of Children – UNCRC and UNCRC's General Comment 7) (UN, 1989, 2005), and widely accepted²⁰. In response, a considerable number of studies address diverse topics from different geographical areas that involve young children in research and share their views on issues that are important to young children (Baird, 2015; Clark, 2010, 2011; Harcourt, 2008; Lopez, 2015; Mevawalla, 2016). While the majority of studies that include young children's views are from relatively advantaged and resourceful settings (see for example, Harcourt, 2008; Clark, 2010, 2011), a considerable number of studies are also available, which have proven that young children - even from disadvantaged contexts - can meaningfully participate in research and share their perspectives about their lived experiences (Baird, 2013, 2015; Lopez, 2015; Mevawalla, 2016).

Supported by above mentioned beliefs of children's rights and capacities, researchers argue that children, including young children, are capable of sharing valuable and unique

¹⁹ See section 3.5 in Chapter 3 for a review of the literature on ECD and peacebuilding.

²⁰ The UNCRC has been ratified by all countries except two countries: Somalia and the United States of America.

experiences and perspectives about their experiences in conflict-affected zones (Akesson, 2014b; Boyden, 2004; Euwema, de Graaf, de Jager & Kalksma-Van Lith, 2008; Gangi & Barowsky, 2009; Hart, Galappatti, Boyden, & Armstrong, 2007; UNICEF, 2008; Wessells, 2006). The vital need to listen to the voices of young children on their unique experiences and factors/issues that are important to them in conflict-affected contexts is emphasised (Akesson, 2012; McElroy, 2012). However, despite the growing attention to young children's right to participate and to make their voices heard on matters that impact on them, and despite the growing need to listen to the views of young children about their lived experiences in areas affected by conflict, research that incorporates young children's perspectives of their experiences of care and wellbeing in rebuilding conflict-affected settings is rare.

1.3.2 Listening to caregivers and community during research into young children in conflict-affected settings

From an ecological perspective, caregivers, family and community members are the young child's closest social relationships (Bronfenbrenner, 1979, 1994)²¹. The roles of these close social contexts (caregivers and the community) in protecting young children and in enhancing their experiences of care and wellbeing in times of disaster and conflict are well documented (Betancourt & Khan, 2008; Boothby et al., 2006; Deters, 2014; Irwin et al., 2007a; McElroy, 2012; Triplehorn & Chen, 2006). During rebuilding in post-conflict settings, an ecological approach and caregivers and community mobilisation are suggested as effective programme strategies for enhancing support for young children (Wessells & Monteiro, 2008). Furthermore, researchers emphasise the vital need to incorporate the views of caregivers and community in assessments of young children in rebuilding zones after mass destruction, and argue that when

²¹ See section 2.3.1.1 in Chapter 2 for an introduction to the ecology of human development model (Bronfenbrenner, 1979, 1994) which guides the ecological approach into researching young children.

support and services fail to comply with this fundamental requirement, the negative effects on young children and families may prevail (Hayden & Wai, 2013; Wai, 2015).

Akesson (2014b), who investigated the situation of (young) children and families in conflict-ravaged settings, explored participants' experiences and diverse perspectives of place access and place use in conflict-ridden Occupied Palestine Territories. Based on her study, Akesson emphasised the importance of integrating the children's and their family members' views in research about children in conflict-affected contexts, and the importance of incorporating both children's and adults' views into studies that aim to investigate the situation of children in conflict-ridden zones. This is because, 1) the children's experiences are embedded within the social structures of family and 2) children themselves, families, and community members are the best informants of young children's experiences of the context (Akesson, 2014b). Yet, despite the general understanding of the important roles of both caregivers and community in young children's care, development and wellbeing, studies that incorporate the views of these important groups alongside young children's exploration of their experiences in times of post-conflict reconstruction remains limited.

1.4 Topic under investigation: Young children's experiences and perspectives of care and wellbeing in a rebuilding post-conflict context

The studies described above reiterate the importance of researching young children's care and holistic wellbeing in times of post-conflict recovery and reconstruction. However, beyond the limited studies discussed above, there appears to be a paucity of research that utilises a holistic wellbeing lens (other than a psychological wellbeing focus) to research young children in conflict-affected settings.

Furthermore, researchers emphasise the need for and validity of including young children's perspectives of their experiences of care and wellbeing in the design and

implementation of support for children and families in conflict-ravaged settings (Akesson, 2012; McElroy, 2012; McElroy et al., 2012). As well, they recognise the importance of soliciting the views of caregivers and community members who are the best local informants about the issues under scrutiny (Akesson, 2014b; McElroy, 2012). However, research that explores young children's experiences and perceptions of care and wellbeing and their caregivers' and communities' views in relation to young children's experiences in areas that are resettling and rebuilding subsequent to destruction by armed conflict is scarce. This study is designed to address these gaps in research.

1.5 Research aims and questions

In order to address the identified gaps in the research, this study aims to investigate young children's (aged between 3 and 7 years) experiences and perceptions of care and wellbeing in a rebuilding conflict-affected context. In this study, wellbeing is defined in broader terms; for example, 'what is good for young children's care, development, and thriving' is child wellbeing. See section 3.2.3 in Chapter 3 for a review of literature on (young) children's holistic wellbeing and more details of the above definition.

The core research question that guides this study is:

How do young children experience and perceive care and wellbeing in a rebuilding conflict-affected context?

This research question is investigated from the perspectives of four cohorts of informants: 1) young children (aged between 3 and 7 years), 2) caregivers of the young children who participated in this study, 3) community leaders and 4) government and non-government service providers. Three sub-research questions are identified to guide this study:

1. What are young children's experiences and perceptions of care and wellbeing in a rebuilding conflict-affected context?
2. What are caregivers', community leaders' and government and non-government service providers' perceptions of young children's experiences of care and wellbeing in a rebuilding conflict-affected context?
3. What factors are considered important for young children's experiences of care and wellbeing in a rebuilding conflict-affected context?

1.6 Research design and methodology²²

In order to address the aims of this research, a case study research strategy was deemed appropriate as it allows in-depth exploration of the phenomenon under investigation within an identified research setting (Flyvbjerg, 2006; Yin, 2003, 2009)²³. A resettling and rebuilding post-conflict village (to which I assigned the pseudonym *Malgama* meaning Village of Flowers) in Eastern Province in Sri Lanka was identified as the appropriate research setting for this case study²⁴. The research participants included sixteen young children aged between 3 and 7 years (as the key participants), caregivers (n=53), community leaders (n=5) and government and non-government service providers (n=13) who consented to participate in this study.

For the purpose of this study, a multi-method Mosaic approach (Clark & Moss, 2001; Crivello, Camfield, & Woodhead, 2009) is adopted that incorporates the views of the above participants. The research design and research methodology include a pilot study and a main study that utilises numerous data collection methods adapted from the multi-method Mosaic approach. The study utilises drawings, interviews, child-led tours and photography, narratives

²² The methods employed for this study are detailed in Chapter 4.

²³ See section 4.2 in Chapter 4 for details.

²⁴ See section 1.7 in this chapter.

and interviews with a cohort of young children, and structured interviews, follow-up interviews, transect walks and focus group discussions with different groups of adult participants. Data from researcher observations and a document review are included. Although quantitative data (data from caregivers' structured interviews) is also included, the study is heavily dependent upon a qualitative approach to the research²⁵.

Children's and adults' data in this study are inductively analysed²⁶. The key emergent categories from the participants' data are further analysed drawing upon Honneth's (1996) theory of recognition²⁷. In particular, Honneth's three modes of recognition: 1) recognition of care and support²⁸, 2) recognition of solidarity²⁹ and 3) recognition of children's rights³⁰ are utilised as analytical concepts of this study. For this purpose, the overarching theoretical framework of Honneth's theory of recognition is linked with three other frameworks: 1) the children's rights framework articulated by the United Nation's Convention on the Rights of the Child (UNCRC) (UN, 1989, 2005); 2) the ecology of human development model (Bronfenbrenner, 1979, 1994); and, 3) the sociology of childhood, also known as childhood studies, theoretical conceptualisation of children as competent social actors (James & Prout, 1997, 2015; Mayall, 2000, 2002, 2012; Tisdall & Punch, 2012), which is opposed to seeing the child as an "object" (James & Christensen, 2008, p. 2).

²⁵ See section 4.3 in Chapter 4 for details.

²⁶ See section 4.10 in Chapter 4 for a description of data analysis of this study.

²⁷ See Chapter 2 for an introduction to the theoretical framework applied in this study.

²⁸ In this thesis, Honneth's recognition mode of love and care is applied as 'recognition of care and support'. See section 2.3.1 in Chapter 2.

²⁹ Recognition of solidarity is further defined as recognition of one's social values and esteem. See 2.3.3 in Chapter 2.

³⁰ In this thesis, recognition of rights includes recognition of children's rights. See section 2.3.2 in Chapter 2.

1.7 Research setting: Resettling and rebuilding post-conflict context in Sri Lanka

In order to address the aims of this research, I identified Malgama, which is a resettling and rebuilding conflict-affected village³¹ in the Eastern Province of Sri Lanka to be the research setting for this study. Beyond my personal and professional links with the country³², its unique situation as a resettling and rebuilding post-conflict context qualifies Sri Lanka as a suitable context in which to conduct this study.

Sri Lanka is identified as a middle income country. It has a heterogeneous population of 21 million (Central Bank of Sri Lanka, 2014). The ethnic makeup of the population of Sri Lanka in 2012 was Singhalese³³ (74.9%), Tamils (16.4%), Muslims (9.2%) and European descendants (0.5%) (Central Bank of Sri Lanka, 2014, p.1). In contrast to the national demography, in the Northern and the Eastern parts of the country, the majority peoples are Tamils, and the minority are Singhalese and Muslims. The Tamils are predominantly Hindus while the Singhalese are predominantly Buddhists³⁴. Catholicism, Christianity and Islam are other religions practiced in the country. The two local languages (Singhalese and Tamil³⁵) and English are the country's official languages. The majority of the people in the Island live in rural settings (77.3%); 18.3% live in urban settings, and 4.4% live in estates (Central Bank of Sri Lanka, 2014, p. 1).

Sri Lanka has been a democratic socialist republic since the early 1970s. In effect, the government of Sri Lanka (GoSL) has been functioning as a welfare state providing free

³¹ Section 4.5 in Chapter 4 discusses the reasons for and process of the identification of Malgama as a suitable research setting for this study.

³² See section 1. 9 in this chapter for my motivation for conducting this study.

³³ In this thesis 'Singhalese' is used to identify both the Singhalese ethnic group and the Singhalese language. However, in some literature 'Sinhala' is also used for the same purpose. Therefore, when direct quotes are used, 'Sinhala' may also appear in this thesis.

³⁴ According to Central Bank statistics for 2014, Sri Lanka has 70.2% Buddhists; 12.6% Hindus; Muslims 9.2%; and Christians and others 7.4% (Central Bank of Sri Lanka, 2014, p.1).

³⁵ In this thesis 'Tamil' is used to identify both the Tamil ethnic group and the Tamil language.

education, healthcare and various other government-subsidised welfare facilities. Hence, the country has achieved good social development indicators. For example, in 2012, the average literacy rate was 95.6% (male 96.8% and female 94.6%), and the average life expectancy was 75.1. Sri Lanka has a Human Development Index of 0.715 (Central Bank of Sri Lanka, 2014, p. 1)³⁶.

However, despite the social development indicators presented above, Sri Lanka has endured violent social disruption³⁷ and a prolonged armed conflict over 26 years (1983-2009) between the GoSL and different armed separatist Tamil groups. These armed groups later became dominated by the Liberation Tigers of Tamil Eelam (LTTE) who were fighting for “a separate, autonomous Tamil state within Sri Lanka” (Neumann & Fahmy, 2012, p. 171). After unsuccessful peace negotiations between the GoSL and the LTTE (Ganguly, 2004; Uyangoda, 2007), the armed conflict finally concluded in a brutal war in May 2009 (Goodhand, 2010). Yet, although the civil war was concentrated mainly in the northern and eastern parts of the country, its destructive and violent trajectory devastated the entire country.

Since May 2009, Sri Lanka has been identified as a post-conflict state that is in the process of recovering and rebuilding subsequent to 26 years long violent armed conflict and destructive after effects. Following the cessation of the armed conflict, displaced communities started to return, resettle³⁸ and rebuild their lives in prior conflict-affected traditional villages in the Northern and Eastern parts of the country³⁹.

³⁶ The Human Development Index for Sri Lanka, as reported in the UNDP Human Development report for 2014 (<http://hdr.undp.org/en/composite/HDI>), was 0.757, and was listed under ‘Countries with High Human Development Index’. In comparison, the Human Development Index for Australia in 2014 was 0.935, which positioned Australia as second out of 187 countries worldwide.

³⁷ Sri Lanka experienced violent youth struggles first in 1971, and later from 1987 to 1990, resulting in approximately 60,000 casualties (Siriwardhana & Wickramage, 2014).

³⁸ Saparamadu and Lall (2014, p. 8) defined “resettlement” as all types of IDP and refugee movement ‘return, resettlement and relocation’ in Sri Lanka. Following the same definition, in this thesis ‘resettlement’ refers to all types of movements of the displaced people, ‘return, resettlement and relocation’, to permanent settlements.

³⁹ The Ministry of Resettlement and Rehabilitation, which oversaw the process of resettlement of IDPs and refugee returnees, coordinated the services and support of GoSL and NGOs for resettling communities (Saparamadu & Lall, 2014).

The subsequent sections introduce and discuss Sri Lanka as a conflict-affected and post-conflict country under the following headings: 1) different perspectives of the nature of the armed conflict in Sri Lanka, 2) the impact of armed conflict on children and communities in Sri Lanka and 3) armed conflict, displacement and its effects in Sri Lanka.

1.7.1 Different perspectives of the nature of the armed conflict in Sri Lanka

The conflict in Sri Lanka is a widely-researched and documented topic by large numbers of scholars. In the extant literature, the nature of the armed conflict has been debated from diverse viewpoints including historical, political (including international relations), social and economic perspectives (for example, Bandarage, 2008; de Silva, 1997; De Votta, 2004; Orejula, 2008; Spencer, 1990; Tambiah, 1992; Uyangoda, 2007). I do not attempt to review all of these literature on the conflict in Sri Lanka. Rather, in this section, I opt to introduce the key debates surrounding the nature of the armed conflict.

Among the numerous debates and theories that presume to explain the history and the nature of the armed conflict in Sri Lanka, one dominant theory attributes the conflict to the tension surrounding the identification of the official language of Sri Lanka. Many scholars claim that language-related issues fuelled the conflict, and argue that although the armed conflict erupted in 1983⁴⁰, its origins date back to the 1950s when Singhalese nationalistic fervour sought to make Singhalese the country's national language (Azmi, Brun, & Lund, 2013; De Votta, 2004, 2010; Ganguly, 2004; Sharif, 2011)⁴¹. It has been argued that "Sinhala nationalism" ideologies dominated the political landscape in Sri Lanka (Goodhand, 2010, p. S344). De Votta, (2004, 2010) and Sharif (2011) maintain that the Sri Lankan Tamils viewed

⁴⁰ The anti-Tamil riots in 1983 marked the historical breaking point for the grievances of Tamil peoples by marking the commencement of the armed struggle in the north and east parts of the Island (de Silva, 1997).

⁴¹ De Votta (2004, p.2-3) argues that the Official Language Act of 1956 and its subsequent "ethnic riots" are a turning point for the emergence of ethnic conflict in Sri Lanka.

this move by the Sinhalese as reducing their opportunities for employment and representation in the political and public domains.

Derived from the above mentioned argument, a further theory suggests that the history of the conflict lay in the Tamils' demand for autonomy as a separate ethnic group (or self-determination) in Sri Lanka (Kennedy, Ashmore, Babister, & Kelman, 2008; Nesiah, 2001; Shastri, 1990). This element of "politics of belonging and ethnic identity" (Brun, 2008, p. 401) is considered an important aspect of the conflict in Sri Lanka. De Votta (2004, p. 41) lists a number of reasons for the conflict in Sri Lanka including ethnic and anti-minority sentiments:

The culture of ethnic outbidding to which the language issue gave a rise, the institutional decay that it concurrently generated, and the anti-minority sentiments and ethnocracy [domination by the ethnic majority in a state/area] that it ultimately legitimated were the major reasons for Sri Lanka's twenty-year civil war.

However, some of the definitions of the conflict went beyond the 'ethnic' dimension to conceptualise the emergence of the conflict within a wider socio-economic context (Abeyratne, 2004; Peebles, 1990; Sriskandarajah, 2005). Some authors have linked the armed conflict in the northern and eastern parts of the island with the other youth struggles that emerged in the south of the country during the 1970s and 1980s⁴². These uprisings demanded better and equal opportunities for all the educated youth in the country's political and economic domains. Abeyratne (2004), for example, identifies social struggles led by Sinhalese youth in the south of Sri Lanka and Tamil youth in the north and east of Sri Lanka as two different forms of the same struggle for recognition to their right to be represented equally in the country's political and economic realms. Abeyratne identifies this armed conflict situation as a "twin political

⁴² This refers to the youth struggles started in 1971 and later in 1987 (Siriwardhana & Wickramage, 2014).

conflict” (p. 1299) for equal rights and demands of the Island’s educated youth (from all ethnic and language groups).

The violent conflict in Sri Lanka has also been considered “a symptom of the general economic, social and political marginalization many groups of people have experienced throughout Sri Lanka’s postcolonial history” (Brun, 2008, p. 401). In line with the Asian Development Bank’s (ADB) (2012) definition for conflict, the root causes of the long lasting and violent conflict in Sri Lanka may also be attributed to “the politicization of ethnicity; poverty; social status; and lack of access to political power, educational mobility, and economic opportunity” among disadvantaged groups in the country (p. 12).

1.7.2 Impact of prolonged armed conflict on children and communities in Sri Lanka

The conflict in Sri Lanka took different forms: ethnic conflict, guerrilla warfare, terrorism and civil war (Bandarage, 2008). Members of Sri Lankan community were affected in diverse ways by these different types of armed conflict, depending upon the specific geographical areas wherein conflict-related events occurred. Those who were exposed to the armed conflict were affected in numerous ways: loss of family members, injuries, permanent disabilities and prolonged displacement (Samarasinghe, 2015). It was estimated that approximately one hundred thousand peoples lost their lives (De Votta, 2010), and many civilians (as well as combatants) from both conflicting parties (GoSL and LTTE) were injured. Thousands of people, mostly Tamils, left the country (De Votta, 2004). Although specific conflicting parties engaged in the armed conflict, the Sri Lankan people in general were affected by the brutality of the events⁴³. Wickramasinghe (2009) observes that the prolonged armed conflict “had sunk

⁴³ There have been large numbers of studies, reports, and discourses vis-à-vis the conflict and its impact on communities in Sri Lanka. It gained the highest possible attention in political, social, and humanitarian forums globally.

deep into the psyche of the people of all communities, and its terrible violence had elicited much international attention and reprimand” (p. 1045).

The armed conflict has also been identified as a political and ideological discourse of “Tamil nationalism” in Sri Lanka (Brun, 2008, p. 400). However, ethnographic research found that during the conflict peoples’ right to participate and to have their voice heard were either limited or denied and injustice and terror were present (Somasundaram, 2004). This conflict, as Brun and Van Hear’s (2012) study identified, has functioned as a strong political power, extending control by the LTTE over Tamils who lived inside and outside Sri Lanka⁴⁴. Brun and Van Hear (2012) state that the mobility of Tamil communities who lived in geographical areas under the control of the LTTE in northern and eastern Sri Lanka was highly restricted for more than two decades: the political, economic and social domains of the people in these regions were shadowed by the ideologies of a Tamil homeland which they believed could only be gained through armed struggle.

However, due to armed conflict, the “life chances of a whole generation of young people in the north and east” were lost for almost three decades (Brun, 2008, p. 400). In effect, as Somasundaram⁴⁵ (2004) observed in his study, the affected peoples’ “implicit faith in the world order and justice”, “the collective sense” and “solidarity” were destroyed (p. 14). Furthermore, research has shown the degree to which communities exposed to conflict and displacement were psychologically affected. Jayawickreme et al. (2009) in their study in northern and eastern areas of Sri Lanka found that many members of the communities who were exposed to violence during the conflict had suffered from war-related psychological and behavioural problems, manifesting in anxiety and depression. Another study conducted in Jaffna (in northern Sri

⁴⁴ Brun and Van Hear (2012, p. 64) suggest that “the LTTE institutionalised their power over people in the areas under their control by building up a proto-Tamil Eelam”.

⁴⁵ Daya Somasundaram has conducted numerous research projects on psychological, psychosocial and ecological impact of conflict on displaced and war-exposed communities (Tamils in particular) in Sri Lanka which appear important as much as it contextualises the conflict and impact on communities, specifically in the northern part of the island.

Lanka) reported 13% of adult-participants (out of 80 participants who were recently displaced) showed signs of PTSD, 48.5% experienced anxiety and 41.8% showed signs of distress (Husain et al., 2011, p. 529). Jayawickreme et al. (2009) found that other war-related issues within the family and society, including various physical problems, the lack of economic opportunities and the inability to meet basic needs, aggravated the psychological effects of conflict.

During the years of conflict, many of Sri Lanka's children were exposed to conflict-related experiences. Research conducted on a group of 9 to 15 years old children revealed that the majority (82.4% out of 246 in conflict-affected areas) had witnessed at least one war-related event during their lifetimes (Catani, Jacob, Schauer, Kohila, & Neuner, 2008). In addition, the children were exposed to various societal and family issues. Catani et al. (2008) found that 46.9% of the children who participated in their study had witnessed fathers' alcohol consumption (p. 4). Also, 95.6% of children who participated reported seeing at least one instance of family violence (p. 4). Girls and women in conflict-ridden regions in the country were found to be physically and psychologically affected due to impoverishment, early marriage, family violence and low accessibility to maternal healthcare facilities during the time of the conflict (Kottegoda, Samuel, & Emmanuel, 2008).

The findings of some, albeit limited, studies conducted in Sri Lanka challenge the dominant view of psychological and mental health impact of the conflict on children. Fernando and Ferrari's (2011) study found religious rituals and nurturing, caring and supportive caregiving from Buddhist monks as the protective factors that have helped to mitigate of trauma and mental health issues among those exposed to conflict-related experiences, being orphaned and displaced. In another study conducted in a conflict-affected context in Sri Lanka, Hart (2002) observed that many children were actively participating in the programme intervention of 'children's clubs', which demonstrated children's agency and their capacity to rebuild their social connections and networks in conflict-ravaged settings.

1.7.3 Armed- conflict, displacement and its effects in Sri Lanka

Due to the prolonged armed conflict, thousands of people - including Tamils, Singhalese and Muslims who lived in the Northern and Eastern Provinces of Sri Lanka - were displaced for periods ranging from two to three years to more than two decades (Azmi, 2012; Saparamadu & Lall, 2014)⁴⁶. Some communities experienced several displacements ranging from days to months or years (Brun, 2008)⁴⁷. Thousands of people left the country altogether. Children constituted a large percentage of affected peoples; approximately, one third of those displaced by the armed conflict were children (Calvert, 2011).

Due to conflict and displacement, it is likely that a large number of children's traditional protective structures have been either damaged or completely destroyed in Sri Lanka. In the Sri Lankan context, the family, village and wider social systems are considered to be protective structures for children. The impact of conflict and displacement of these ecological protective structures created multiple risks for children and communities who were exposed to similar experiences (Somasundaram, 2007). Anthropological, psychological, psychosocial and ecological investigation of the impact of the conflict on the displaced people in the north and east of Sri Lanka found a deterioration of societal values that affected both children and adults alike (Catani, Schauer, & Neuner, 2008; Jayawickreme et al., 2009; Somasundaram, 2004; Somasundaram & Sivayokan, 2013). Furthermore, earlier research literature reports alcoholism, domestic violence and child abuse as risks for children's wellbeing in conflict-affected contexts in Sri Lanka (Catani, Jacob, et al., 2008; Somasundaram, 2007, 2010).

⁴⁶ According to UNHCR's appeal for aid for displaced people, there were approximately 496500 internally displaced peoples and 5000 refugee returnees in Sri Lanka (UNHCR, 2009).

⁴⁷ Due to protracted nature of the forced displacement of some of the community groups (for example, Muslims in the northern part of the country) much attention has been given in academic literature on the issues of these specific displaced populations in Sri Lanka (Azmi, 2012).

According to Somasundaram (2004) ‘home’⁴⁸ is both an important social ecological structure and the centre of the family in Sri Lankan culture. An individual’s and the family’s history, ancestry, spirituality, wellbeing, sense of protection, sense of belonging and correct ways of living (social justice) are attached to the notion of ‘home’ (Somasundaram, 2004). However, some studies report that due to the impact of the conflict in Sri Lanka, previously strongly held notions of family and collectivity have been challenged, and family functioning has been weakened (Calvert, 2011; Somasundaram, 2010).

Studies from Sri Lanka report that for the island’s conflict-affected and displaced communities, their belonging to the village is an important element that provides a sense of connectedness and inclusion (Amirthalingam & Lakshman, 2012; Azmi, 2012). Ethnographic research found that their attachment to the village (*uur*⁴⁹) sustained displaced people’s memories of previous social connections and coexistence (Thiranagama, 2011). Displaced villagers’ memories of their previous community coexistence, which was attached to the village and to the connectedness of the village, enabled them to sustain “a belonging that superseded present political possibilities, ties that continued to exist” (Thiranagama, 2011, p. 153). Amirthalingam and Lakshman (2012) found in their study of displaced widowed females in Sri Lanka that the notions of returning to their traditional villages and resettling were attributable to these females’ hopefulness, sense of belonging and efficacy. These findings suggest that returning and resettling in their villages are linked to ‘a sense of belonging’⁵⁰ among the prior displaced communities in the context of post-conflict Sri Lanka.

Somasundaram (2007, 2010) suggests that the psychological and social impacts of the conflict on displaced communities as a collective trauma, which is similar to a cultural

⁴⁸ The Tamil term for home is *Veedu*. *Gethara* in Sinhala.

⁴⁹ *Uur* = village (Tamil)

⁵⁰ See section 3.3.2 in Chapter 3 for a discussion on ‘sense of belonging’.

bereavement⁵¹, that damaged their prior existing social values. People's dependency upon aid, lack of self and collective esteem and collective efficacy, lack of leadership and a damaged sense of value have been attributed to the long-term effects of conflict and displacement (Jayawickreme et al., 2009; Somasundaram, 2007). Furthermore, Somasundaram (2007) maintains that most destructive societal damage to communities exposed to the conflict included lost trust, dashed hope for social justice and the development of suspicion and mistrust.

Further to the destructive impact of the conflict, mass population displacement has not only generated long-lasting societal, political and ethical issues, but has also challenged the recovery and rebuilding phase in Sri Lanka (Herath & Silva, 2012). There is evidence that feelings of social loss and psychosocial issues have persisted after the war finished, notably among both the 'winners' and the 'losers' in the armed struggle (Silva, 2012). Current studies report that in the post armed conflict context, suicide or suicide attempts, domestic violence, child abuse and anti-social behaviour are not only high, but increasing among the affected communities (Silva, 2012; Somasundaram, 2010; Somasundaram & Sivayokan, 2013).

The vital need for psychosocial interventions for affected children and communities has been recognised, and successful interventions have been implemented in the post-conflict context in Sri Lanka (Galappatti, 2003; Herath & Silva, 2012; Samarasinghe, 2015). In effect, positive signs are emerging. For example, there is evidence from the field that both communities and children in conflict-affected contexts are building collective efficacy and coping in diverse ways (Herath & Silva, 2012). There has been revival of traditional rituals, ceremonies and arts; meanwhile, ways of living are being restored and social networks are being redeveloped (Somasundaram & Sivayokan, 2013). Furthermore, conflict and displacement have challenged once strongly held gender stereotypes and caste structures within affected communities

⁵¹ The term 'cultural bereavement' is often used to explain the impact of colonialism on aboriginal and indigenous communities who have experienced long-term discrimination, marginalisation and denial of fundamental human rights.

(Somasundaram & Sivayokan, 2013). Due to various demands in conflict-affected contexts, women, especially those who didn't have similar opportunities prior to escalation of the conflict, have been taking on leadership roles in a number of ways. New societal changes in the form of empowerment, female leadership, the acceptance of new female roles by the Tamil people (due to well-functioning female-headed households), new societal systems (against traditional boundaries) and rights-based understanding have been promoted among traditional communities (Somasundaram & Sivayokan, 2013).

The current study situates within this complex and dynamic historical, political, and social post-conflict context in Sri Lanka. In the next section I discuss the significance of this case study conducted in post-conflict Sri Lanka.

1.8 Significance of the current study

As reported above, a large number of children (and young children) are affected by conflict-ravaged contexts globally. Previous studies have tended to focus on the psychological effects of conflict and have indicated long-lasting negative effects of conflict on these child populations. This study is significant as it moves beyond the focus by investigating the experiences of care and wellbeing of young children residing in a rebuilding post-conflict context.

Furthermore, the study is significant in two other ways. First, this study investigates young children's experiences of care and wellbeing from children's own viewpoints incorporating young children's perspectives about their own experiences of care and wellbeing, and their concomitant sense of connectedness. As indicates in literature review (Chapter 3 in this thesis), this study is significant as this is the first research worldwide that incorporates young children's experiences of care and wellbeing from their own perspectives in a conflict-affected context. Second, this study is significant as it incorporates views from a diverse group

of participants from a conflict-affected context. Caregivers, community leaders and government and non-government service providers are included alongside young children in the investigation of the situation of young children (and their families) in a rebuilding conflict-affected context.

The current study's findings also contribute to its significance. The findings indicate that there are different experiences and perspectives amongst these groups. Young children, caregivers and community leaders report positive outcomes, which suggest that the majority of the families are moving towards a long-term rebuilding and reintegration phase in the resettling post-conflict community. However, service providers describe a different, more troubling scenario; and thus, direct activities and resources accordingly. The contrasting views of young children, caregivers and community leaders vis-à-vis service providers provide a rationale for including the voices of young children as well as to those of their caregivers and community when designing and implementing support for young children and families in reconstruction and reintegration processes post-conflict.

This study's significant contributions have the following implications for research, policy and practice: 1) findings of this study are instrumental to identifying indicators for young children's connectedness in conflict-affected contexts (which may be further researched for validity and generalisability), and 2) findings of this study suggest noteworthy practices and strategies for enhancing connectedness among young children and families in rebuilding conflict-affected contexts (which may be replicated in similar contexts). Specifically, findings of this study suggest insights into the ways in which support can be enhanced for young children and their families during the reintegration phase (which is the long-term rebuilding phase) in post-conflict societies.

This study's significance underlies my motivation in taking on this research project. I describe this motivation in the next section.

1.9 My motivation as the researcher

In this section I present my personal experiences of growing up in a conflict-ravaged context in Sri Lanka, and professional experiences of working in the fields of disaster risk reduction (DRR), child protection and early childhood care and development (ECCD)⁵².

1.9.1 Personal experiences

I spent my entire childhood (and youth) constantly hearing, seeing and experiencing the brutality and horrors of armed conflict and violence in Sri Lanka⁵³. I grew up in an atmosphere of terror, death, atrocities, injury and the destruction of families and entire community structures due to diverse forms of armed conflict. I lost relatives, family friends, peers, teachers and neighbours due to events of this prolonged armed conflict⁵⁴. I observed growing hopelessness among the communities that caused thousands of people (including close family members) to leave the country altogether.

However, in the midst of this armed conflict and its negative effects of destruction, loss, uncertainty and constant fear of safety, my life continued. I spent my everyday lived reality playing with my siblings and playmates, attending school, developing friendships and other social networks and actively participating in cultural and religious celebrations or events. This does not mean to say that I considered armed conflict-related events ‘normal’ or that I was not affected by their negative impact on both myself and others. Rather, I identify it as a situation similar to which Akesson (2014b) observed in her study of the Occupied Palestinian Territory,

⁵² In this thesis, both Early Childhood Care and Development (ECCD) and Early Childhood Development (ECD) are used interchangeably to identify young children’s care, development, and wellbeing. As ECCD is the official term used in Sri Lanka, the term ECCD is mostly used in this thesis when I refer to early childhood development in the Sri Lankan context.

⁵³ Here I refer to both conflict and violent social struggles that were active in Sri Lanka.

⁵⁴ I acknowledge that the situation was much more devastating for children who lived in the areas in northern and eastern parts of the Island where the armed conflict was active in the forms of a guerrilla war and a civil war.

which is a situation wherein I had to attempt to live an “ordinary life” in the midst of an “extraordinary” (p. 7) (and dangerous) context.

Even though the negative effects of armed conflict have damaged most of the protective aspects of children (including myself) in Sri Lankan society, as some researchers have observed elsewhere (Betancourt & Khan, 2008; Boothby et al., 2006; Boyden & de Berry, 2004; Fernando & Ferrari, 2011; Kohli, 2011; Wessells, 2006), I propose that the negative effects of the conflict could not destroy all of those protective factors. My own experiences, for example, revealed that armed conflict and violence did not necessarily destroy: 1) care, support and protection from parents, family, and relatives, 2) positive social relationships with friends and neighbours, 3) effective and supportive schools, teachers and peers and 4) one’s own agency, skills and capacity to cope. These positive aspects, I suggest, played an important role in mitigating the negative impacts of the experiences of a destructive conflict on myself and supported my thriving.

1.9.2 Professional experiences

Later, through my professional career, I had the opportunity to become directly involved with disaster⁵⁵ and conflict-affected children and communities in conflicting and in post-conflict situations⁵⁶. I visited displaced communities in resettlement camps for IDPs, observed their lived reality and listened to their life stories. Having witnessed this devastation, I was able to

⁵⁵ The majority of disaster-affected children and communities I met in Sri Lanka and India were those who were impacted by the devastating 2004 Tsunami disaster (which caused more than 35,000 casualties and displaced more than 250,000 peoples along the coastline in Sri Lanka).

⁵⁶ I was involved in the Oxfam International Participatory Action Research and Disaster Risk Reduction (DRR) Programme in Sri Lanka and India during 2005 and 2009 in the capacity of the Country Representative for Oxfam America overseeing the research and Disaster Risk Reduction (DRR) programme in Sri Lanka and acting as an advisor for research and DRR projects in India. The issues investigated included; conflict sensitivity of aid delivery, sustainable aid and exit strategies, community capacity building in DRR, gender sensitivity of aid, and sustainable livelihood development (Oxfam International, 2009). In these research projects, participatory research methods were utilised with a diverse group of community participants including children. For more information see (Oxfam International, 2009).

comprehend the severity of these events on children and communities. However, much deeper engagement with these conflict (and disaster) affected children and community members provided me with a deeper insight into their lives.

Despite the negative aspects of disaster and armed conflict that overwhelmed these communities, I observed these peoples' efforts, agency and capacities to cope and to positively adapt to the situation. I witnessed these communities' strenuous efforts to recover and rebuild their lives. Specifically, I observed that the conflict-affected people with whom I interacted were not passive recipients of everything that was happening to them. Instead, they were summoning up all of their physical, psychological and social resources to re-organise and rebuild their lives. The majority of children in IDPs camps were attending schools or education centres, adults were making a concerted effort to engage in income generating activities, and those who were separated from their family members were making every effort to find information about those who were missing.

I cannot truthfully deny that I was not emotional or empathetic towards those who were variously affected by disasters and conflict. Yet, beyond empathy, based on my own experience of growing up and thriving in a society ravaged by violent armed conflict, and drawing from my observations of the disaster and conflict-affected communities' struggles for survival, coping and recovery, I held a different understanding of disaster and conflict-affected children, families and communities. Admittedly, this view was contrary to the dominant pathologising view of conflict-affected peoples⁵⁷.

I viewed conflict-affected children and communities who survived as people with their own agency. I acknowledged that they do not passively accept their victimisation, but actively try to address the issues they have been facing and to mitigate their vulnerabilities. I have always believed that despite their exposure to the effects of conflict, the children and communities who

⁵⁷ See Chapter 3 for further discussion on this topic.

live in conflict-affected zones are active social agents with their own understanding of their situation and capacities. For these reasons, I argued that they have the right to be involved in and make their views heard when decisions are being made for them by others (Oxfam International, 2009). These ideas have combined to shape a rights-based epistemology that has influenced my approach to disaster and conflict-affected children, including young children, and communities⁵⁸ in my professional work as well as in the design and conduct of this study.

1.9.3 Journey of this thesis

I consider that the journey of this thesis commenced even prior to the commencement of this study. In this section, I outline its conception and development.

Since the immediate aftermath of the end of the armed conflict in 2009, I have had the privilege of working with the Care and Protection of Children (CPC) Learning Network's research and advocacy programme⁵⁹. This global research and advocacy network aims at improving policies and programming for supporting children in adversity (those affected by disasters, conflict and other socio-political issues). As an outcome of this programme, priorities for research and policy advocacy in post-conflict Sri Lanka were identified through a number of community consultations⁶⁰. One of the priority areas identified was ECCD. Particular attention was given to strengthening ECCD within the overall post-conflict recovery and

⁵⁸ Chapter 4.9 in Chapter 4 presents a discussion on young children's rights and capacity as active research participants.

⁵⁹ Since 2009-2011, during the immediate aftermath of the end of the conflict through the mid-term recovery phase, I was able to work with the Care and Protection of Children (CPC) Learning Network (attached to the Columbia University) in the capacity of Programme Coordinator for Sri Lanka. Through this programme, I became involved in a number of studies and advocacy projects including Early Childhood Development (ECD) for disaster and conflict-affected children and families. These projects were based on children's rights frameworks and participatory principles where children and families were the first informants. For more information see CPC Learning Network (<http://www.cpcnetwork.org/partners/countries/sri-lanka/>).

⁶⁰ These consultations were conducted at the national level, with the participation of the policy makers, international and national non-government organisations, academics, child protection advocates, and independent evaluators.

rebuilding. The following three key areas of work that I had exposed to are important to note as they were influential in developing this study:

1. An independent review of ECCD policy and practices in Sri Lanka (specifically considering their appropriateness for post-conflict rebuilding contexts).
2. The National ECCD Network in Sri Lanka as an advocacy body for ECCD⁶¹.
3. Research projects to support the improvement of policy and interventions for ECCD in the rebuilding post-conflict context in Sri Lanka.

The ECCD policy and practice review found that the existing policies and guidelines needed to be strengthened if they were to successfully address the specific needs of young children in rebuilding post-conflict contexts (Samaranayake, 2010). The National ECCD Network, through numerous meetings and forums, identified areas for research and advocacy to improve ECCD, provided the necessary input and directed resources. A number of research projects were developed and conducted to investigate topics that were relevant for ECCD. Among these research projects, I was directly involved with a study that explored the link between ECCD and disaster risk reduction (DRR) in practice⁶². The ECCD and DRR study made suggestions vis-à-vis potential areas for integrating ECCD in DRR at programme levels. Beyond these findings, it identified gaps in the research exploring young children in the post-conflict context in Sri Lanka.

⁶¹ I have been involved in the ECCD Network in Sri Lanka as National Secretary since its inception. The ECCD Network influenced a number of programme changes and improvements at the national level, including a separate chapter for ECCD in the National Action Plan for Children for 2012-2016.

⁶² With the support of the Children's Secretariat, Ministry of Child Development and Women's Affairs, the Global Leader project of the World Forum Foundation for Early Childhood Care and Education and Asia-Pacific Regional Network of Early Childhood (ARNEC), in 2011 a field study was conducted in the prior tsunami-affected and conflict-affected geographical areas to ascertain the links between ECCD and DRR. See (Hettitantri, 2011). This ECCD and DRR study was considered timely for two reasons. Firstly, Sri Lanka was in the process of recovering from the impact of two devastating disasters: the 2004 Tsunami disaster and three decades long armed conflict. Secondly, the policy forums engaged in discussion of improving ECCD policy and DRR policy and transforming them into Parliament Acts. Another significance of this project was the links made with the ECD and DRR research projects of the Macquarie University which were conducted by Professor Jacqueline Hayden and Dr Kathy Cologon, who later became two of my three academic supervisors of this PhD research and thesis.

Beyond my personal experiences of growing up in conflict-affected Sri Lanka, to which I allude above, recommendations from the ECCD policy review, the research gaps highlighted in the ECCD and DRR study, and discussions in ECCD National Network forums/meetings influenced me to focus more on young children in conflict-affected areas in the process of reconstruction. The above factors, I believe, laid the seeds for this study and the development of this thesis.

1.10 Overview of chapters

In this chapter (Chapter 1), I have presented the background and rationale for this study. The discussion centred on the changing nature of current armed conflict and its impact on communities and children worldwide. Drawing on the literature, I argued that there is a gap in the research into young children's wellbeing in areas affected by armed conflict, and that studies that incorporate young children's perspectives of their own experiences of care and wellbeing in reconstructing conflict-affected contexts are rare, therefore this study.

The overarching theoretical framework of this study, which is Honneth's (1996) theory of recognition, is presented in Chapter 2. In Chapter 3, I review prior research into children and young children affected by conflict to build on the existing knowledge of the phenomenon under scrutiny. In Chapter 4, I present the methodology employed for the purposes of this study. A rationale is provided vis-à-vis listening to young children in research, and ways of including young children's views in research using the Mosaic approach (Clark & Moss, 2001, 2005, 2011) are discussed.

In Chapter 5, I present the findings of this study. The chapter is organised according to three sections. In Section 1, the sources of study are presented. In Section 2, the rebuilding and resettling conflict-affected societal context in Malgama as

described by the participants is delineated. In Section 3, the findings according to the key themes identified through the analysis of data in this study are presented.

In Chapter 6, I discuss the key findings and implications for research, policy, and practice. Drawing on the findings of this study, I present indicators and measures for young children's (and families') connectedness in rebuilding conflict-affected contexts. In addition, I identify and discuss noteworthy practices that can be adapted to enhance young children's experiences in similar rebuilding settings.

In Chapter 7, I present a review of key points discussed in this thesis, discuss the contribution of this study within its identified limitations, propose future studies and conclude the thesis.

Chapter 2: Theoretical framework

2.1 Introduction

The previous chapter (Chapter 1) presented the background for this study, the research gaps⁶³ and the research problems investigated in this study. In Chapter 1, my personal motivation for conducting this study and the thesis structure were also delineated.

In this chapter (Chapter 2), Honneth's (1996) theory of recognition as the overarching theoretical framework that guided this investigation is presented. Honneth's theory of recognition is complemented by three additional frameworks: 1) the children's rights framework as articulated by the UNCRC (UN, 1989; 2005), 2) the ecology of human development model (Bronfenbrenner, 1979, 1994), and 3) theoretical conceptualisations of children as competent social actors, as conceptualised in the sociology of childhood, also known as childhood studies (James & Prout, 1997, 2015; Mayall, 2000, 2002, 2012; Tisdall & Punch, 2012). Descriptions of these frameworks and their application of this study are also presented in this chapter.

2.1.1 The concept of recognition

The end of the WWII marked a change in the political landscapes of many countries in terms of developing more social consciousness of issues appertaining to democracy and human rights. The dominant notion was that "...nations and states should be governed by a single, unified political authority" (Thompson, 2006, p. 2). In such states, the public identities of their citizens were distinguished by social class or occupation. However, during the 1960s, these social democratic ideologies and subsequent welfare states were challenged; a) with arguments that the freedom or liberty given through these systems was not genuine, and that democracy was

⁶³ A detailed review of literature is presented in Chapter 3 in which these research gaps are further discussed.

governed by a particular class in power; and, b) with the emergence of new political movements; for example, women's movements, peace movements, and sub-national political movements for the rights of indigenous peoples and freedom from colonial rule. These new political discourses led to the creation of "new politics of multiculturalism" (Thompson, 2006, p. 2), in which rather than national identity, the ideas of ethnicity and culture were considered important within political and social discourses, which were connected to the concept of 'recognition'.

Prior to its wide use in current social and political discourse, the concept of recognition gained attention as a philosophical construct in the early 1900s. In particular, in the early 1900s, German philosopher G.W.F. Hegel discussed recognition as "a philosophical phenomenon" (Eide, 2007, p. 126). In his early writings (for example, in his work titled *Phenomenology of Mind* published in 1807 and in his other early writings), Hegel discussed the idea of 'recognition' in relation to the development of human consciousness (Thompson, 2006). In his writings, Hegel discussed human beings' interdependency as fundamental for achieving recognition (Eide, 2007, p.126). This interdependency was described as a one-off relationship between two individuals in which each demands for recognition (not to be treated as an 'object'). Hegel stated that recognition can be achieved through a process of struggle or conflict at different stages of these human relationships, which he presented as a model of a struggle for recognition (Anderson, 1996; Honneth, 1996; Thompson, 2006).

'Recognition' is defined as a quality of human relationships that in general terms can mean "acknowledgement" (Eide, 2007, p. 125). In current socio-political theoretical discourses, 'recognition' is defined as a concept directly linked to the notion of social justice (Thompson, 2006). Among the political and social thinkers who have discussed the idea of recognition with links to social justice, three writers - Charles Taylor, Nancy Fraser, and Axel Honneth -

conceptualise ‘recognition’ into a theory of recognition (Thompson, 2006)⁶⁴. These analysts argue that in modern society, the notion of social justice is linked to identity, difference, culture and ethnicity, all of which, they claim, are influenced by the concept of ‘recognition’ (Fraser, 1995; Honneth, 1996; Taylor, 1985).

While Taylor, Fraser, and Honneth show similarities in their interpretations of the concept of recognition in terms of their links to social justice, they differ in their individual theoretical conceptualisations of recognition (Thompson, 2006). For example, Fraser (1995, 1998) stresses justice or fairness through recognition in the form of resource distribution. Taylor’s (1985) and Honneth’s (1996) conceptualisations of recognition are influenced by Hegel’s writing which discussed the interdependency of individuals. However, Taylor’s (1985) conceptualisation of recognition focuses more on the relationship of recognition with rights to equality and recognition to diversity; meanwhile, Honneth (1996) builds on the early Hegelian notion of ‘a struggle for recognition’.

Among these three related but differing versions of the theory of recognition, Honneth’s version fits best as the overarching theoretical framework of this study for reasons presented below. In the next section, I describe Honneth’s theory of recognition and discuss its relevance to this study.

2.2 Honneth’s theory of recognition

As indicated above, the roots of Honneth’s (1996) theory of recognition are primarily based on Hegel’s model of a ‘struggle for recognition’⁶⁵, and draws on both the work of other thinkers and historical events. These include Mead’s⁶⁶ (1934) explanation of intersubjective recognition

⁶⁴ Thompson (2006) states that political theorists Will Kimlicka, James Tully and Iris Marion Young have also discussed recognition, but he notes that the recognition theoretical frameworks of Taylor, Fraser and Honneth have gained more attention and have been more widely discussed in social and political discourses today.

⁶⁵ Honneth’s theory of recognition has links to critical theory (Thomas, 2012).

⁶⁶ George Herbert Mead’s (1934) social psychology discussed a social behaviourism theory in which he explored the emergence of mind and self through a process of communication between organisms.

and mutuality, Winnicott's (1965) object relations theory and its conceptualisation of symbiotic relationships between a child and mother/primary caregiver, and examples from historical social struggles and recent political movements, for example, equal rights movements for Afro-Americans in the United States of America (Honneth, 1996).

The development and maintenance of social connections are important aspects of Honneth's theory of recognition, which can be described as a "social theory with normative content" that emphasises the vital role of "social relationships to the development and maintenance of a person's identity [in] an intersubjective process" (Anderson, 1996, p. xii). Researchers have argued that even though Honneth's theory of recognition is linked to the ideas of human interaction, individual and group identity and social justice, it is not only about recognition of identity. Honneth's theory is also about "a social philosophy of different forms of recognition, a morality of recognition, a theory of democratic ethical life as a social deal and a notion of political democracy as an ambitious reflexive form of social corporation" (Heidegren, 2002, p. 445). Therefore, rather than being restricted to one discipline (such as politics), Honneth's theory of recognition may be considered "a specific constellation" of diverse disciplines including politics, anthropology, and social theory (Heidegren, 2002, p. 445). Furthermore, Honneth's theory of recognition, by showing links to critical social theory, demonstrates an understanding "that extends beyond economic institutions to psychology, law, social movements and culture" (Alexander & Lara, 1996, p. 126); thus, may be valid for studies from diverse disciplines.

A number of researchers have argued the validity of Honneth's theory of recognition in their analyses of children's experiences in adverse situations. Warming (2014) applied Honneth's theory of recognition in her study of children in social care in Denmark, and argued that theory of recognition provided an appropriate framework for investigating their lived realities. Notably, the framework allowed for the exploration of "what has been overlooked in

their lives” (Warming, 2014, p. 2). Eide (2007), who applied Honneth’s theory of recognition in a study of refugee children in the Norwegian context, argued that Honneth’s conceptualisation of recognition is “a central concept in understanding the fundamental processes that occur between [unaccompanied] refugee children and their new environments” (p. 122) in their process of resettlement and reintegration with the host society. Meanwhile, Thomas (2012) used Honneth’s theory of recognition as an important analytical framework for the conceptualisation and analysis of children’s participation.

Increasingly, Honneth’s theory of recognition is being utilised as an analytical framework for research and praxis in the field of social work (see: Filsinger, 2003; Froggett, 2004; Houston, 2016; Houston & Dolan, 2008; Juul, 2009; Warming, 2014). In most cases, it is used to analyse the situation of children under social care and the provision of care and support for children in need (such as refugee children). Houston and Dolan (2008), utilising Honneth’s theory of recognition in the field of social work in the UK, argued that this theory may be used to explain the “moral and operational dimensions of preventative work with children and families [in need]” (p. 248). Houston (2016) stated that Honneth’s theory of recognition, being a critical theory, is helpful for conceptualising, developing and implementing “psychologically, culturally and politically sensitive programmes” (p. 4) to enhance support for children in social work. He further argued that because social work intervenes in one’s private, civic and social domains, as well as in one’s psychological-related experiences of “loss, crisis and change”, Honneth’s theory of recognition, when applied in the field of social work, may be extended as “a psycho-social⁶⁷ construct” (Houston, 2016, p. 4). Thus, Honneth’s theory of recognition can be used as a framework to enhance support for service users’ “empowerment” (Houston, 2016, p. 4).

⁶⁷ The term ‘psycho-social’ is widely used to describe the psychological and societal impact of disasters and conflict on communities and to describe programme interventions that support disaster and conflict-affected peoples. See section 3.2.2 in Chapter 3 for details.

In particular, referring to the praxis of social support for children of migrant and refugee populations which, due to political motives in host states, may encounter difficulties for affected children and communities, Houston (2016) suggested that “recognition theory provides a lens for social workers and service users to examine these conflicts and determine ‘what is going on’, ‘what is to be done’, and ‘how is it to be done’” (p. 5) for these displaced and resettling children populations. Because the current study involved an under-researched group of young children and community from a conflict-affected, displaced and resettling community, whose needs and rights need recognition and support, these previous applications of Honneth’s theory were deemed to be appropriate for this investigation⁶⁸.

2.2.1 Honneth’s concept of the three modes of recognition and mis-recognition

Honneth (1996) highlights intersubjective relationships and fairness through a process of acquiring recognition in three modes: 1) recognition of love and care, 2) recognition of rights, and 3) recognition of solidarity (esteem). He discusses these three modes of recognition as interconnected, but different modes of recognition that are achieved in three consecutive stages. The first mode of recognition, which is recognition of love and care, is generated through the “primary relationships [that] are constituted by strong emotional attachments among a significant and small number of people” (Honneth, 1996, p. 95). This first mode of recognition is explicitly linked with early childhood. Honneth conceptualises the concept of recognition of love and care as the affection, care and protection a child receives from his/her mother and/or

⁶⁸ Honneth’s (1996) conceptualisation of recognition does not explicitly refer to children except within the category of recognition of love and care. For this reason it could be subjected to criticism when applied, as in this study, to the analysis of children’s lived experiences. Thomas (2012) addresses potential criticisms by stating that as human beings, children’s struggles for recognition exist not only in the recognition domain of love and care, but also in two other recognition domains: rights and solidarity (esteem), because “(1) children do belong to the class of morally responsible persons, are therefore rights-bearers and are entitled to respect...(2) children are people with talents and capabilities, who contribute in a variety of ways to society and culture, and so are deserving of esteem” (p. 458). Therefore, Honneth’s theory of recognition can be applied to studies of children’s experiences.

primary caregiver⁶⁹. As presented by Honneth, recognition in the form of love and care between a mother or the primary caregiver and the young child is a symbiotic relationship. The achievement of recognition of love and care supports the young child (or the person) to develop self-confidence, a sense of safety, a sense of self and identity.

When recognition of love and care is achieved, the person's needs may change in terms of acquiring the second form of recognition, the recognition of rights, which Honneth (1996) describes as modern form of human rights that are articulated in legal constitutions. The outcome of the acquisition of recognition of rights is respect (self-respect, as well as respect for others). According to Honneth, fulfilment of recognition of rights enables a person to acquire the third level of recognition in the form of solidarity, which is further described as respect or one's social value⁷⁰. Heins (2008) interpreted Honneth's concept of recognition of solidarity as social networks within a community who share similar goals and "[individual and group] achievements and contributions to a common good" (p. 144)⁷¹. Honneth (1996) defines the achievement of recognition mode of solidarity is one's 'self-esteem'.

At the societal level, the ultimate result of the achievement of these three modes of recognition (recognition of love and care, rights and solidarity) is the formation of a just society where everyone gets due respect (or 'recognition') (Honneth, 1996). The achievement of all three forms of recognition is essential for all human beings to enjoy "dignity and integrity" (Fisher & Owen, 2008, p. 2069), and for "human flourishing" (Cox, 2010, p. 45). In contrast,

⁶⁹ Honneth (1996) discusses recognition of love and care specifically in relation to the early years. However, He includes intimate relationships and close friendships as domains wherein recognition of love and care is involved. As Warming (2014) points out, recognition in the form of love and care is not a requirement only in early childhood, but a prerequisite for gaining confidence and for seeking other forms of recognition (rights and solidarity) throughout childhood and into adulthood. Steffen (2011, p. 182) suggests that the three recognition domains are overlapping; for example, "the person needs to be legally protected (through rights) to receive protection and care".

⁷⁰ It should be noted that Honneth's use of the term 'solidarity' goes beyond its day-to-day meaning of 'feeling of sympathy' to a much broader meaning that links with the notions of respect and esteem (Anderson, 1996).

⁷¹ Van Leeuwen (2007) suggests that in this recognition mode cultural recognition and respect for diversity are also implied.

Honneth (1996) discusses the concept of ‘mis-recognition’ that prevents the development of a just society. According to Honneth, ‘Mis-recognition’ can be experienced in the forms of abuse, denial of rights and marginalisation and discrimination: when those negative experiences are prevalent, ‘struggle for recognition’ or social conflict in its various forms may erupt. As Dr Justine Lloyd (personal communication on June 9, 2015) and Dr Norbert Ebert (personal communication on July 1, 2015) from the Department of Sociology at the Macquarie University suggested, Honneth’s recognition domains and concept of mis-recognition are relevant to societies that are in the rebuilding and resettling phase post-conflict because: 1) such societies/states may be in the process of rectifying the elements that triggered the violent struggles, and 2) the latter may have had roots in mis-recognition similar to those that Honneth discusses in his theory of recognition. For these reasons, Honneth’s theory of recognition is applicable to this study as it aimed to investigate the experiences of young children within the context of social issues pertinent to post-conflict resettlement.

The contributions that make Honneth’s (1996) theory relevant to this study include his three modes of recognition: 1) recognition of love and care, 2) recognition of rights, and 3) recognition of solidarity. Although Honneth situates these three modes of recognition as distinct spheres of recognition in cumulative stages, Thomas (2012) argued that they can be experienced simultaneously. He added that acquisition of these three modes of recognition starts early in life and persists throughout one’s life. Thus, (similar to adults), Honneth’s three modes of recognition are relevant for studies about young children’s lived experiences because, even though Honneth does not explicitly discuss recognition in early childhood except in his first mode of recognition, “[beyond recognition of love and care] the point at which we begin to need respect and esteem may be rather earlier in life” (Thomas, 2012, p. 458).

Eide (2007) argued that Honneth’s theoretical conceptualisation of recognition may be linked with the idea of the “acknowledgement of *the other*” (p.126, original emphasis). It

establishes “an interconnection between recognition, identity and social integration” (p. 128), particularly for displaced and refugee child populations (Eide, 2007). When considering the divisiveness and deep-seated racial, ethnic or social hatred that may still prevail in post-conflict contexts, Honneth’s concept of three modes of recognition can be utilised as a suitable analytical tool which allows investigation of the ways that, as Eide (2007) and Houston & Dolan (2008) discussed, recognition in the forms of care and support, inclusion and respect for diversity of young children within their resettling and rebuilding social contexts are enhanced or inhibited. In particular, Honneth’s theory of recognition, when employed in studies investigating young children’s experiences in the rebuilding conflict-affected settings, may suggest avenues for social reintegration in the process of rebuilding and reconstruction; because, “[Honneth’s] recognition as a phenomenon is one way of understanding the social conflicts that the children experience and also how relations cement the social conflicts that occur” (Eide, 2007, p. 127).

2.3 Application of Honneth’s theory of recognition in this study

In this section, the relevance of each of Honneth’s modes of recognition to studies investigating the experiences of young children are discussed. Furthermore, the ways in which each concept was applied in this study are presented in this section.

2.3.1. Recognition mode 1: The concept of recognition of love and care and its application in this study

Honneth (1996) maintains that recognition of love and care is vital for a young child (or an individual) to develop a sense of care, acceptance and protection. His concept of recognition of love and care extends beyond the primary caregiver to the other significant people in a child’s

(and an individual's) life. This interpretation conforms to the existing understanding of the importance of early experiences in the immediate environment (nature and nurture) for children's sense of care, development and wellbeing (Morgan et al., 2014; Shonkoff et al., 2009; Shonkoff & Garner, 2012; Shonkoff & Phillips, 2000; Woodhead & Brooker, 2008). Honneth's above conceptualisation has links to the argument that care and affection from a primary caregiver create attachment relationships that support and build a sense of safety, confidence and interdependence in children (Ainsworth & Marvin, 1995; Bowlby, 1969; Winnicott, 1965)⁷². For these reasons, Honneth's concept has similarities with the ecology of human development model (Bronfenbrenner, 1979, 1994) that recognises the influences of the significant peoples in a child's proximal ecological setting.

Bronfenbrenner's conceptualisation of an ecology, which was first published in the 1970s, marked a shift of thinking in developmental science, looking at real life issues and investigating them in real life settings. Ecological thinking evolved into 'the ecological model of human development', which stresses that child development occurs not in a vacuum, but within diverse layers of society. Thus, the interactions between these social systems (socio-ecology) are important (Bronfenbrenner, 1979, 1994). The ecological model of human development describes five socially-organised subsystems that support and guide human development: the microsystem, mesosystem, exosystem, macrosystem and chronosystem⁷³.

The microsystem is the closest social environment (for example, the family) in which child development occurs, characterised by direct, social contact between the child and other individuals. Bronfenbrenner (1994) claims that "a pattern of activities, social roles and interpersonal relations experienced by the developing person in a given face-to face setting" (p.

⁷² See section 3.3.1 in Chapter 3 for a discussion of literature on this topic.

⁷³ The ecological model acknowledges the child's immediate environment and its influence on children's experiences (Bronfenbrenner, 1979). A child's immediate setting is shaped by the influences and interactions of the immediate and wider social systems. Bronfenbrenner (1994) explains these systems as 'nested social structures or social systems'.

37) form a microsystem. The ‘exosystem’ and ‘mesosystem’ in the ecology of human development model are explained as “the linkages and processes taking place between two or more settings” (p. 37), which can directly or indirectly affect the developing person (Bronfenbrenner, 1994). According to Bronfenbrenner, the term macrosystem refers to broader social systems of policies, cultures, values, belief systems and human and material resources in the wider society: the chronosystem relates to the change that occurs over time, both in the developing person and in the environment in which the person lives⁷⁴.

The ecology of human development model provides a framework through which to understand “the role or status of [conflict-affected] children in their ecological context [and] to assess opportunities and limitations inherent in working on their behalf” (Betancourt & Khan, 2008, p. 318). When utilised as a conceptual framework, the ecology of human development model supports investigation of interrelated ecological settings and the social relationships that impact on children within a given conflict-affected context (McElroy, 2012).

Beyond Bronfenbrenner’s model, social ecology has been identified when defining children’s experiences in disaster and conflict-affected contexts (Betancourt & Khan, 2008; Boothby et al., 2006; PWG, 2003; Strang & Ager, 2003). Social ecology is defined as a “nurturing physical and emotional environment that includes, and extends beyond, the immediate family to peer, school and community settings, and to cultural and political belief systems” (Betancourt & Khan, 2008, p. 318). Social ecology also includes:

“...the circumstances of the children’s social worlds, their relationships (both the extent and quality) with peers, kin, neighbours and others, the degree and nature of social support, care, mentoring and services available to them, and the implications of social

⁷⁴ Bronfenbrenner transformed his original ecological model of human development into a bio-ecological model of human development, an enhanced framework that incorporates biological factors that affect child development (Bronfenbrenner & Morris, 2007). However, because this study focuses on a specific time frame, and on the impact of environmental factors on children’s experiences within that timeframe (rather than on the biological growth of children), the original ecological model is deemed to be more appropriate for the theoretical framework in this research.

identity (gender, class, location, ethnicity, religion) for life experiences and events” (Hart et al., 2007, p. 43).

In conflict-affected contexts, social ecological structures are particularly critical given that they provide crucial ‘layers of support’ for children (Triplehorn & Chen, 2006). The holistic and multifaceted nature of Early Childhood Development (ECD) (Britto et al., 2011), and the impact of the contextual factors on ECD are deemed important considerations when identifying long-term interventions and the strategies and approaches that are employed to enhance young children’s wellbeing and development in adverse settings (Engle et al., 2007; Grantham-McGregor et al., 2007; Walker et al., 2007). ECD involves diverse actors within each layer of the social ecology (Irwin et al., 2007a). The child’s immediate social contexts of family, for example, and the more distal contexts of national and international policies have a stake in ECD.

Houston (2016) has discussed the sources of Honneth’s three modes of recognition juxtaposed with micro, mezzo and macro ecological systems. He suggested that recognition of love and care is manifested within the micro level of ecology via sustained attachment relationships with caregivers and significant others. Recognition of rights is maintained within the macro level of ecology by an acknowledgement and realisation of human rights (including children’s rights), and recognition of solidarity is maintained at the mezzo level of ecology, which is perceptible in the form of community acknowledgement of one’s contribution to the society or one’s esteem. Houston’s conceptualisation overlaps with Bronfenbrenner’s model as both emphasise the impact within micro, mezzo and macro ecological systems for young children’s care and development.

Recognition of love and care can also be related to ethics of care (Held, 2006), which gives a moral approach to aspects of care (within personal domains as well as wider social domains) and social support for children and families in adversity (Held, 2005 cited in Houston

& Dolan, 2008). As discussed in section 3.3.1 in Chapter 3, during the rebuilding phases in post disaster/conflict contexts, effective early childhood care and development incorporates caregiving, protection and support from consistent caregivers (Deters, 2014; Dybdahl, 2001; Landers, 1998; Kostelny & Wessells, 2008; Massad et al., 2009; Wessells & Monteiro, 2008). This can involve not only the primary caregivers, but also significant people in the child's immediate social environment such as other family members (Ager, 2006; Steele et al., 2014). Care and support form the basis for a young child's care and wellbeing in rebuilding conflict-affected settings⁷⁵. Thus, Honneth's first mode of recognition, when applied to the analysis of young children's experiences of care and wellbeing in this study, was interpreted as 'recognition of care and support' for young children⁷⁶. Drawing on Houston (2016) the sources of care and support is discussed in relation to child's closest ecological setting of family. In its application in this study, recognition of care and support from the primary caregiver and/or from other members of the family (for example, father/male caregiver, other children and extended family members) was implied.

2.3.2 Recognition mode 2: The concept of recognition of rights and its application in this study

Houston and Dolan (2008) and Thomas (2012) have argued that Honneth's concept of recognition to rights implies human rights broadly; hence, which necessarily includes children's rights as articulated in the UNCRC (UN, 1989)⁷⁷. In this study, 'recognition of rights' is

⁷⁵ See section 3.3.1 in Chapter 3.

⁷⁶ Hereafter, in this thesis, when discussed as an analytical concept, Honneth's recognition mode of love and care is interpreted as 'recognition of care and support'.

⁷⁷ Warming (2014) has interpreted this to suggest that Honneth's interpretation of recognition of rights can include not only formal legal rights, but also culturally and socially defined rights. Houston and Dolan (2008, p. 461) similarly, have suggested that the notion of rights has been interpreted by Honneth "in the widest possible sense so that the citizen is entitled to live a life free from the effects of misogyny, sectarianism, racial prejudice and material inequalities".

interpreted within the children's rights frameworks articulated by the UNCRC (UN, 1989, 2005).

The UNCRC (UN, 1989) states its recognition to children's need for – and rights to – love, protection and care within the family and immediate environment, and their need for and right to development. In the UNCRC's preamble, the emphasis is placed upon supporting children in their immediate environments “in the spirit of peace, dignity, tolerance, freedom, equality and solidarity” (UN, 1989, p. 1).

The UNCRC (UN, 1989) urges responsible parties to protect and fulfil children's needs and rights at all times, including in conflict-affected and disrupted contexts where children's rights are often violated. The UNCRC and subsequent protocol of the UNCRC's General Comment 7⁷⁸ provide a framework for taking action to protect children's, and young children's in particular, right to care, survival, development and thriving (UN, 2005). Article 29 articulates that state parties shall take all measures to promote physical and psychological recovery and wellbeing without damaging conflict-affected children's self-respect and dignity. This includes children's rights to non-discrimination (see: UNCRC's Article 2). Furthermore, the UNCRC urges respective governments and all responsible parties to recognise the needs and rights of children from marginalised or minority groups. Specifically, the UNCRC GC7 (UN, 2005, p. 5) clarifies the importance of realisation of young children's right to non-discrimination:

“Discrimination related to ethnic origin, class/caste, personal circumstances and lifestyle, or political and religious beliefs (of children or their parents) excludes children from full participation in society. It affects parents' capacities to fulfil their

⁷⁸ The UNCRC General Comment 7 (UN, 2005), which is the protocol for implementation of UNCRC for the protection of the rights of young children (aged below 8 years), includes suggestions for the application of the UNCRC for children aged below 8 years, “lays out basic principles for full implementation of the CRC in early childhood, and holds international organizations, governments, civil society, caregivers, and communities accountable for fulfilling their CRC obligations to young children” (Britto & Ulkuer, 2012, p. 93).

responsibilities towards their children. It affects children's opportunities and self-esteem, as well as encouraging resentment and conflict among children and adults."

Equity (in terms of accessibility and quality) is encouraged as the basis of early childhood support programmes (Britto et al., 2011). The children's rights frameworks articulated in the UNCRC and subsequent protocol of UNCRC's GC7 provide the basis for rights-based ECD; moreover, those frameworks guide and support interventions for recovery and rebuilding in times of disaster and conflict (INEE, 2010). For these reasons, the UNCRC framework (UN, 1989, 2005) was incorporated, along with Honneth's theory of recognition, in the analysis of the situation for young children in the rebuilding context in Malgama in this study.

The UNCRC (UN, 1989) articulates children's rights to participation and their right to have their voices heard on issues that affect them (Articles 12 and 13), and urges the relevant stakeholders to respect children's views when decisions are being made on their behalf. Elaborating on these rights, the UNCRC General Comment 7 (UN, 2005) recognises the right for young children's (those who are aged below 8 years) voices to be heard, and emphasises that young children are not only "social actors from the beginning of life", but are "active members of families, communities and societies with their own concerns, interests and points of view" (paragraph 5). Drawing on these children's rights discourses, young children's rights for participation and to make their voices heard on matters that are important to them is recognised. Therefore, young children were involved as first informants in this study.

The UNCRC provides a rights based perspective on Honneth's (1996) theory of recognition framework. Thus, young children's experiences of care and wellbeing in this study were investigated from a rights-based perspective. Young children's lived experiences related to their wellbeing (care, affection, protection, support and services including education) were defined according to the understanding that these are children's rights, which need to be

provided for and protected by responsible parties led by respective governments. For the purposes of this study, a number of children's rights Articles of the UNCRC were linked with young children's experiences of care and wellbeing in this rebuilding conflict-affected setting⁷⁹. These specific rights domains are discussed below.

Young children's right to survival can include rights to "health, adequate nutrition, social security, an adequate standard of living, a healthy and safe environment, education and play (Articles 24, 27, 28, 29 and 31)" (UN, 2005, paragraph 10). In this study, young children's right to survival was implicated according to the provision for health services and a proper standard of living (for example, a safe environment, safe housing, clean drinking water, transport, communication facilities, electricity and basic infrastructure for families).

Education is a fundamental right of all children, including those affected by disasters and conflict (Burde, Guven, Kelcey, Lahmann, & Al-Abbadi, 2015; Kamel, 2006; UN, 2010⁸⁰). The UNCRC's Article 28 recognises children's right to primary education, and Article 29 emphasises the role of education in encouraging children to respect their own rights, respect others, and to respect the rights of all others from diverse social backgrounds (UN, 1989). In conflict-affected contexts, education and early childhood education (ECE) play an important role in children's wellbeing (Burde et al., 2015). Applied to this study, particular attention was paid to examining recognition given to young children's equal right to education, and their experiences of accessing education facilities in the identified resettling and rebuilding village. Furthermore, the young children's rights to practicing one's own culture and religion (the UNCRC's Articles 30 and 31) were also analysed in this study.

⁷⁹ I acknowledge the need to address young children's rights in all rights domains articulated in the UNCRC and its subsequent protocol, the UNCRC GC7 for young children's rights. However, for the study's purpose, several children's rights Articles from the UNCRC are identified for analysis.

⁸⁰ The UN Resolution, which was adopted by the General Assembly on 9 July 2010 on 'the right to education in emergency situations'.

2.3.3 Recognition mode 3: The concept of recognition of solidarity and its application in this study

Houston and Dolan (2008) argued that Honneth's theory of recognition, when applied in the field of social work, allows for the identification of children as "active social members" (p. 466). Warming (2014) identified that utilisation of Honneth's emphasis on individual agency as a potential analytical tool for case studies that investigate and theorise "children's lived childhoods" (p. 2)⁸¹. Houston (2016) suggested that the prominent place given to a person's agency in Honneth's theory resonates with the concept of children's capacities, elasticity and resilience discussed in prior research (see for example Masten, 2014b; Ungar, 2005, 2012, 2015)⁸². These aspects have similarities with sociology of childhood, also known as childhood studies, theoretical conceptualisations that recognise children's agency and capabilities, and that recognise children as important members of the society (Corsaro, 2014; James & Prout, 1997, 2015; Mayall, 2000, 2002, 2012; Tisdall & Punch, 2012). Thomas (2012) has discussed Honneth's theory of recognition in relation to the sociology of childhood/childhood studies conceptualisations of children's rights, agency and capacities as social actors. He further stated:

"...[Honneth's theory of recognition] invites us to look at children not only as recipients of care and affection, but also as givers of care and affection, *and* as rights-bearers and rights-respecters, *and* as potential, if not actual, members of a community of solidarity based on shared values and reciprocal esteem..." (Thomas, 2012, p. 458 original emphasis).

⁸¹ However, Honneth's recognition approach to social struggles has been criticised by Fraser in her writings. For Fraser (2000), the redistribution of resources is important for understanding social justice issues and current social conflicts. Fraser's criticism is that Honneth's conceptualisations of recognition and mis-recognition place more importance on one's agency than on the social institutions, which she argues, are much more important for protecting fairness and justice.

⁸² See section 3.2.1 in Chapter 3.

In the past few decades, new thinking about childhood has emerged developing the argument of childhood as a social construction as opposed to childhood as simply a stage of development on the path to becoming adult (Qvortrup, 1994). These perspectives emerged as a multidisciplinary field known as the ‘sociology of childhood’⁸³ (Jenks, 1996; James & Prout, 1997; 2015; Mayall, 2002, 2012), which is also known as ‘childhood studies’ (Tisdall, & Punch, 2012)⁸⁴. In sociology of childhood discourses, children are seen as social actors with autonomy as opposed to the more traditional view of them as transitioning through developmental stages into adulthood (Jenks, 1996). Children are viewed as competent social agents who have their own rights, needs and viewpoints about their experiences (Prout & James, 1997).

According to the sociology of childhood the “study of children and childhood is a political enterprise, [rather than] a neutral scientific enterprise” (Mayall, 2000, p. 247). This ‘new’ sociological thinking of childhood argues that: 1) children are social actors (James & Prout, 1997; 2015; Mayall, 2000, 2002, 2012), 2) childhood is a social construction (James & Prout, 1997), and 3) children are “members of a social group [who have] rights to participate in constructing the social order, social policies and practices” (Mayall, 2000, p. 256). In particular, children are considered as capable of deciding about their own social lives, the social lives for those who are living around them and the environment they live in (James & Prout, 1997). Children’s agency and competencies are recognised; thus, they are considered to be competent in acting on their own rights and contributing to all aspects of the world around them (Matthews, 2007).

Sociology of childhood conceptualisations were applied in this study to identify children as competent and active social members. Young children’s competencies in developing social

⁸³ ‘Sociology of childhood’ is also known as “new social studies of childhood” (Prout, 2011, p. 4).

⁸⁴ In this thesis, I use the term ‘sociology of childhood’ to imply all three terms ‘new sociology of childhood’, ‘sociology of childhood’ and ‘childhood studies’.

relations are acknowledged; thus, their experiences of social connectedness beyond their immediate families (within the community) were analysed. In the analysis, the ways in which young children participate in or contribute to rebuilding social networks and social connectivity within the community were investigated. These include not only the children's experiences of social connectivity, but also support for young children (and families), links of these support to the ways in which social networks were developed and sustained among returned and resettled families, and the impact of said social support (social connections) on young children in the identified rebuilding village.

2.4 Honneth's theory of recognition as the overarching theoretical framework of this study

Honneth's (1996) three modes of recognition (and 'mis-recognition') were utilised as the key analytical concepts of the overarching theoretical framework of this study. Drawing on Thomas's (2012) argument for the potential of simultaneous existence of Honneth's three modes of recognition (or 'mis-recognition'), and their potential applicability in the analysis of children's lived experiences, the categories identified from the data from this study regarding young children's experiences of care and wellbeing were further analysed according to Honneth's three modes of recognition⁸⁵. Beyond this, utilising Houston's (2016) interpretation of the links between Honneth's three modes of recognition and ecological systems, each recognition domain was further analysed situated within a specific ecological structure. These are: 1) recognition of care and support within the micro level of the proximal ecological context of family, 2) recognition of solidarity within the mezzo level of community, and 3) recognition of rights within the macro level of support services.

⁸⁵ See section 4.10.6 in Chapter 4 for details.

With its linked aspects to ecology, Honneth's recognition theoretical lens was considered useful in the analysis of both young children's lived realities and the perceived complex and dynamic socio-ecological factors that impacted upon their lives within the post-conflict resettling and rebuilding context. Table 2.1 summarises Honneth's three modes of recognition with their linked aspects to ecology, and the ways in which recognition can be affected in each recognition domain as applied in this study.

Table 2.1. An overview of the key analytical concepts of Honneth's theory of recognition and their application in this study

Honneth's modes of recognition	Recognition of care and support	Recognition of solidarity/ esteem	Recognition of rights
Forms of recognition	Providing emotional care and support through caregiving relationships	Social validation of one's interests, strengths, and contribution to the community (community of value)	Granting and upholding human rights (including children's)
Source of recognition: ecological settings	Micro sphere of caregivers and significant others within family	Mezzo sphere of community (social connectedness)	Macro sphere of society (support and services)
Forms of mis-recognition or lack of recognition	All forms of abuse (physical and emotional) and neglect	Focus on one's limitations or ignoring (or not acknowledging) one's capacity and contribution	Denial of rights and exclusion

Adapted from Honneth (1996, p. 129), Houston (2016, p. 8), Houston & Dolan (2008, p. 463), and Thomas (2012)

2.5 Chapter summary

In this chapter, Honneth's (1996) theory of recognition as the overarching theoretical framework that guided this study was presented. The rationale for use of this framework was discussed. In this study, young children's experiences of care and wellbeing and factors that were considered as important for them were analysed situated within the following three modes of recognition: 1) recognition of care and support (within the family), 2) recognition of

solidarity/esteem (beyond the immediate family/ community), and 3) recognition of children's rights (within support services) in the identified rebuilding post-conflict village.

Drawing on Honneth (1996) and the application of his theory of recognition in prior research literature (Thomas, 2012; Houston & Dolan, 2008; Houston, 2016), this chapter argued that the theory of recognition, when juxtaposed with the ecology of human development model (Bronfenbrenner, 1979, 1994), the children's rights framework (UN, 1989, 2005), and sociology of childhood/childhood studies conceptualisation of children as competent social actors (James & Prout, 1997, 2015; Mayall, 2000, 2002, 2012; Tisdall & Punch, 2012), is an appropriate analytical framework for this study.

In the next chapter (Chapter 3), a review of literature on young children in conflict-affected contexts is presented.

Chapter 3: Literature review

3.1 Introduction

In the previous chapter (Chapter 2), Honneth's (1996) theory of recognition, the overarching theoretical framework of this study, was presented along with the three other frameworks⁸⁶ that were drawn upon in order to apply specific components of Honneth's theory. In this chapter (Chapter 3), I present a review of the literature addressing (children and) young children⁸⁷ in conflict-affected contexts.

Some, but limited studies (Akesson, 2012; Kostelny & Wessells, 2008; McElroy, 2012) and some previous research literature (Connolly & Hayden, 2007; Garbarino et al., 1991; Lloyd & Penn, 2010; Wessells & Monteiro, 2008) have specifically focused on young children's unique experiences and issues pertinent to ECD in conflict-affected zones. Yet, as discussed in section 1.3 in Chapter 1, there is a paucity of studies that specifically address young children's experiences and perspectives of care and wellbeing in rebuilding conflict-ravaged settings.

However, there is a cohort of literature that has included young children within the broader definition of 'children' in investigations into issues related to (young) children and armed conflict (Allwood, Bell-Dolan & Husain, 2002; Machel, 1996; Paardekooper, De Jong, & Hermanns, 1999; Qouta, Punamaeki & El Sarraj, 2005). In addition, there is also a large body of literature (studies, reports and guidelines) from aid agencies (bi-lateral, multi-national, developmental and humanitarian agencies) and the United Nations⁸⁸, which has addressed

⁸⁶ These frameworks included: 1) the ecology of human development model (Bronfenbrenner, 1979, 1994), 2) the children's rights framework (UN, 1989; 2005), and 3) the theoretical conceptualisations of children as competent social actors, as discussed in the discourses of the sociology of childhood/childhood studies (James & Prout, 1997, 2015; Mayall, 2000, 2002, 2012; Tisdall & Punch, 2012).

⁸⁷ Young children = children from birth to 8 years.

⁸⁸ I used web-based search engines provided by Macquarie University's library to identify academic literature on young children (and families) in post-conflict and conflict-affected situations and rebuilding contexts. In this search, due to paucity of research into young children in rebuilding conflict-affected settings (section 1.3 in Chapter 1), literature that has discussed issues pertinent to children and families in rebuilding conflict and disaster-affected zones was also identified. In most of the conflict-affected contexts, young children's care, protection, and wellbeing are largely addressed by, apart from respective governments, the UN agencies and

issues relevant to children as well as young children (and families) in rebuilding post-emergency settings⁸⁹. In order to identify existing knowledge and gaps in said knowledge about young children in conflict-affected settings the literature from these three cohorts are reviewed according to four themes:

- 1) The impact of armed conflict on children and young children.
- 2) The protective factors for young children in conflict-affected contexts.
- 3) ECD in rebuilding conflict-affected contexts.
- 4) ECD and peacebuilding.

3.2 The impact of armed conflict on children and young children

The impact of armed conflict on children varies from their very survival and protection to their psychological, psychosocial and holistic wellbeing.

However, the nature and extent of conflict exposure together define the ways in which a child or a group of children can be affected by conflict. Child soldiers⁹⁰, girls, internally

International non-government organisations (INGOs). Therefore, they've developed a large number of publications on the topic. Due to the nature of the topic under investigation, it is appropriate to review these relevant grey literatures in order to identify the existing knowledge on young children's care and wellbeing in conflict-affected contexts. For this reason, I used other web-based search engines; Google, Google Scholar, and relevant organisational websites to identify relevant literature. As a result, in this chapter, both academic research literature and grey literature on young children in disaster-affected and/or conflict-affected contexts are also included as relevant.

⁸⁹ In this thesis the term 'emergency settings' is used to identify both disaster and conflict-affected contexts. According to Inter-Agency Standing Committee (IASC), "a 'complex emergency' is defined as: a) a humanitarian crisis which occurs in a country, region, or society where there is a total or considerable breakdown of authority resulting from civil conflict and/or foreign aggression; b) a humanitarian crisis which requires an international response which goes beyond the mandate or capacity of any single agency; c) a humanitarian crisis where the IASC assesses that it requires intensive and extensive political and management coordination." (IASC, 1994, paragraph 6).

⁹⁰ The issue of child soldiers has attracted the attention of a large number of researchers. Thus, the child combatants or 'children in war' have been a key theme in research and policy than the effects of conflicts on other children (Aber & Gershoff, 2004). According to research literature, the impacts of armed conflict on this specific group of children are unique in many ways. While dealing with the burden of the prior conflicting experiences, these children are required to undergo the process of rehabilitation and re-integration within their communities (Derluyn et al., 2012). These children's issues and needs are specific according to the context as well as the individual circumstances that are often attached with psychosocial issues of fear, revenge, damage to personal integrity, and social stigma (Denov, 2012; Derluyn et al., 2012; Wessells, 2006). A detailed discussion on the experiences of this particular group of children is beyond the scope of this thesis. Hence, in-depth discussion on literatures on this particular group of children - who are identified as child soldiers or child

displaced children, refugee children, children separated from family and orphaned children, those who are with disabilities, adolescents and young children may not experience the impact of the same conflict in the same ways (Machel, 1996, 2001). Each of these groups of children may have been exposed to unique and specific experiences that can affect their holistic wellbeing in different ways.

In addition, the individual factors of age, gender, accessibility to human and material resources, quality of caregiving, individual capacity to cope, as well as contextual factors pertaining to historical, political, geographical, socio-economic and socio-cultural differences within each conflict-affected setting may determine how each child experiences conflict and associated issues (Betancourt & Khan, 2008; Boothby et al., 2006). For example, some children who live in displacement or in rebuilding conflict-affected contexts do not have their basic needs met due to numerous issues including incapacitated governance and support services (Boyden et al., 2002; Hirania, 2014; Jabbar & Zaza, 2014; McElroy, 2012). In some instances, while appropriate policies and external support are available, some children, for example, unaccompanied refugee children, may experience uncertainty regarding their futures and lack of appropriate care by consistent caregivers (Derluyn & Broekaert, 2008; Hodes, Jagdev, Chandra, & Cunniff, 2008; Kohli, 2006, 2011b; Spyrou & Christou, 2014; Zwi & Mares, 2015).

For above reasons, diverse aspects of child populations need to be considered when assessing the impact of conflict on children; child combatants, displaced children, orphaned or refugee children and young children in general (Barenbaum et al., 2004; Denov, 2012; Derluyn et al., 2012; Garbarino et al., 1991; Machel, 1996; Reed et al., 2012; Wessells, 2006, 2012). Among these diverse child populations who are affected by conflict, particular attention needs to be given to young children in conflict-affected zones; because, as discussed in section 1.3 in

combatants – is not included in the main literature review in this thesis. Therefore, in this review, when refer to children who are affected by conflicts, the children who were/are in war or organised violence, conflicts and crimes (child combatants and child soldiers) are excluded, unless otherwise specifically mentioned.

Chapter 1, the effects of conflict may generate serious and long lasting negative impacts on young children, yet they are the least researched in conflict-affected areas (Lloyd & Penn, 2010).

In this section, I discuss the prior literature on the impact of armed conflict on young children according to three themes: 1) psychological impact of armed conflict on young children, 2) psychosocial wellbeing of young children in conflict-affected contexts, and 3) impact of armed conflict on young children's holistic wellbeing.

3.2.1 Psychological impact of armed conflict on young children

In periods of armed conflict, children are often exposed to direct warfare: crossfire, bombing, shelling, other explosives and landmines. Young children, similar to all others in conflict situations, may not be able to escape the violence and horrors (killing, maiming, and disabilities) that can occur in conflict zones (Machel, 1996, 2001). Those who survived from death and injuries may not be able to escape from other adverse experience of conflict: the loss of caregivers and other family members, the breakdown of the supportive social structures and displacement (Betancourt & Khan, 2008; Boothby & Ager, 2010; Garbarino et al., 1991; Machel, 1996). Frequently, children become separated from their loved ones; from their parents, siblings, and other close family members due to civilian casualty or mass displacement in conflict-affected settings (Behrendt, 2008; Boothby et al., 2006; Garbarino et al., 1991; Spyrou & Christou, 2014; Vervliet, Lammertyn, Broekaert, & Derluyn, 2014). In effect, the most destructive experience for a child who survives in a conflict-affected context is the loss of her/his parents and close family members (Garbarino et al., 1991; Kithakye, Morris, Terranova, & Myers, 2010). Young children are likely to be one of the most affected groups due to separation from their caregivers.

Previous research has discussed that subsequent to violent experiences mentioned above children (and young children) are likely to experience profound psychological issues. Qouta, Punamäki and El Sarraj (2003), who investigated 121 Palestinian children (aged between 6 and 16 years) and their mothers in an area exposed to bombing, found a high incidence of post-traumatic stress disorder (PTSD) symptoms among child-participants: 54% were rated as severely affected, 33.5 % moderately affected and 11% experienced mild or doubtful levels of PTSD during the immediate aftermath of children's exposure to conflict. A systematic review and meta-analysis of the findings of 17 published studies that focused on children's (aged between 5 and 17 years) mental health disorders due to exposure to conflict concluded that 47% of the children who were investigated showed signs of PTSD (Attanayake et al., 2009)⁹¹.

The level of exposure to conflict may define the severity of potential mental health issues among young children. Sadeh, Hen-Gal, and Tikotzky (2008), who investigated war-related stress in 74 young children aged between two and seven years (who were living in a sheltered camp for displaced peoples during the second Israel-Lebanon war during July to August 2006), reported that the higher the level of war exposure, the higher the levels of stress reaction identified among the children⁹². Some research findings suggested that the psychological impact of exposure to violence and conflict on young children can be long lasting. For example, in their longitudinal study (January 1992-April 1993) of young children who experienced the 1992 Persian Gulf War, Dyregrov, Gjestad, and Raundalen (2002)⁹³ found

⁹¹ These studies included the results of investigations of psychological symptoms of a total of 7920 children from conflict and post-conflict contexts including refugees, internally displaced people and residents in conflict-affected areas.

⁹² In their study, Sadeh et al. (2008) used 15 war-related stress measuring indicators including: "fear of or strong reaction to noise; fear of separation and clinging; passivity and disinterest in play; anxiety and fears; excessive crying; nervousness, agitation, and aggressiveness; and, isolation or self-preoccupation". Among these children, 83.78% manifested at least one severe level stress symptom, and 55.41% had 3 symptoms at a severe level.

⁹³ First study (during January-February 1992) was conducted interviewing a total of 214 Iraqi children and adolescents aged 6–18 from conflict-affected Al Ameriyah in Baghdad and the southern city of Basra. The second study (in April 1993) 94 children from Al Ameriyah in Baghdad were involved.

that two years post-conflict, a large number of children exhibited the same stress-related symptoms that they had shown six months and one year after their exposure to war.

As discussed above, the notion of psychological effects of conflict on children is not without evidence. Therefore, trauma and mental health issues generated by armed conflict cannot be underestimated. Yet, the problematic scenario is that the influences of the dominant view that mental health problems are the most prevalent issues among conflict-affected children. In fact, trauma, stress, symptoms of PTSD and behavioural problems attributable to conflict, war and violence have become the most studied topics of (children and) young children in conflict-affected contexts (Lloyd & Penn, 2010).

In contrast, Barenbaum et al.'s (2004) review of literature found that findings from some studies have challenged the notion of long-term impact of trauma and PTSD on children in conflict-affected contexts. Similarly, a number of studies from conflict-affected contexts have found that the majority of children who were exposed to violence and conflict either showed a complete absence of or short-lived psychological and clinical issues (Ajdukovic & Ajdukovic, 1998; Cairns & Dawes, 1996; Fernando & Ferrari, 2011; Perrin et al., 2000; Weine et al., 1995). A recent study, which examined 62 conflict-affected and orphaned children and 15 non-biological caregivers in Sri Lanka, found limited mental health issues and increased coping among the children despite the negative effects of conflict on them (Fernando & Ferrari, 2011). Based on these findings, some have argued that the effects of conflict on children are overemphasised as trauma or PTSD (Berman, 2001; Yohani, 2008), and have thus called for further investigations.

Barenbaum et al. (2004) have argued that the focus on independent variables in psychological focused literature as a specific methodological drawback. This is because, in conflict-affected contexts, children are exposed to multiple risks: the impact of conflict on children cannot be assessed only in terms of a single conflict related event (Boothby, 2008).

Apart from the traumatic experiences of death, displacement and violence, in post-conflict situations, a number of other factors, “the post disaster recovery environment, [the child’s] pre-existing characteristics [and her/his] psychological resources” (p. 23) for example, can be linked with the development (or mitigation) of mental health issues in children exposed to conflict (Silverman & La Greca, 2002). Sometimes, children’s greatest worries can be the current issues that they encounter when living in conflict-affected contexts, rather than their previous exposure to war, violence and trauma. Panter-Brick, Goodman, Tol, and Eggerman (2011), in their longitudinal study of a group of older children (11-16 years old) and caregivers in Afghanistan⁹⁴, found that current family violence was more stressful for both children and adults in conflict-affected Afghan families than prior war exposure.

As discussed in section 1.3 in Chapter 1, apart from newly emerging social issues, often, conflict and violence may also exacerbate existing socio-economic issues in conflicting zones. Children in conflict-affected areas have a tendency to perceive these social issues in a collective sense (Eggerman & Panter-Brick, 2010; Panter-Brick, Eggerman, Gonzalez, & Safdar, 2009; Summerfield, 1999). Yet, psychological or psychopathological analysis of children affected by armed conflict often focuses upon the individual child and the child’s personal experiences than the children’s collective experiences; thus, children’s collective experiences may not be captured.

Children’s vulnerabilities due to exposure to conflict related experiences and trauma, subsequent contextual factors of poverty, ongoing violence, displacement, lack of access to basic services and limited support networks in conflicting and post-conflict contexts cannot be ignored (Betancourt & Khan, 2008; Boothby et al., 2006). Similarly, it has been recognised that other factors, for example social responses to age, gender and disability may also define and

⁹⁴ The researchers conducted a baseline study using stratified random sampling methods in schools in Kabul Afghanistan to measure mental health and life events of children aged 11-16 years. One year after the baseline study, 115 boys, 119 girls, and 234 adults were involved in another study to measure children’s mental health (depression, PTSD) caregivers’ mental health.

tend to exacerbate children's vulnerabilities (Jabry, 2002). However, as noted earlier in this chapter, caution is called for when identifying all children who live in conflict-affected contexts as traumatised, incapacitated and vulnerable (Summerfield, 1999; Wessells, 2009).

Research has found that some children do not show signs of long-term impact of trauma (Fernando & Ferrari, 2011; Locke, Southwick, McCloskey, and Fernández-Esquer, 1996). Another cohort of literature has argued that some children who live in high-risk social environments are able to show capacities to cope⁹⁵ despite the risks and adversities that impact on their social and physical contexts (Cicchetti, 2013; Masten, 2011, 2014a). Research findings have suggested that children's agency, positive adaptation and elasticity or capacity to combat the negative effects of conflict and adversity need recognition (Boyden & Mann, 2005; Kohli, 2006; Masten, 2014a; Masten & Narayan, 2012; Ungar, 2015). Some scholarly writings on these positive aspects of young children in conflict-affected areas have argued that adversity may not completely destroy children's ability to cope, develop and thrive (Barenbaum et al., 2004; Betancourt & Khan, 2008; Boothby et al., 2006; Landers, 1998). Hence, while the depth and severity of the impact of conflict on children and their vulnerabilities are not denied, there

⁹⁵ Children's capacity to cope is often discussed in relation to 'resilience' in the research literature. Southwick, Bonanno, Masten, Panter-Brick, and Yehuda (2014, p. 1) argue that most of the definitions of 'resilience' conveys "a concept of healthy, adaptive, or integrated positive functioning over the passage of time in the aftermath of adversity". Southwick et al. (2014, p. 1) maintain that "resilience is a complex construct and it may be defined differently in the context of individuals, families, organizations, societies, and cultures". Among the diverse definitions of resilience, one describes it as a "dynamic process that varies throughout a person's life" that builds the capacity of an individual to return to her/his 'normal state' in the aftermath of a disaster, conflict, or adverse situation (McAdam-Crisp, 2006, p. 461). Ungar (2012, p. 387) argues that the concept of resilience "refers to the observable, often measurable, processes that are identified as helpful to individuals, families and communities to overcome Adversity". However, young children's resilience is a highly contestable concept. As suggested earlier in this chapter, research has shown that socio-ecological factors (for example, caregiving, nurturing environments, and education) are supportive for strengthening young children's capacity to cope in adversity (Masten & Narayan, 2012; Landers, 1998). Therefore, while most researchers agree with the notion of "young children with basic resources - physical and social - are more resilient", it is equally important to understand that young children's capacity to cope and their resilience "are not without limits" (Landers, 1998, p. 42). In this thesis, children's resilience is noted as a concept that has gained growing research interest. An in-depth discussion of the concept of resilience is beyond the focus or aims of this study however.

has also been a growing attention to research into children's agency and capacities in times of conflict (Bonanno, 2004; Fernando & Ferrari, 2011).

Furthermore, particular ethical concerns surround the process of labelling affected children (as well as their communities) 'traumatised' and 'incapacitated', which is based on the argument that children and adults who are affected by conflict "do not passively register the impact of external forces, but engage with them in an active and problem-solving way" (Summerfield, 1999, p. 1454). Employing a trauma lens to research children in conflict-affected contexts may fail to capture other important factors including children's positive attributes and their capacity to cope and remain resilient (Masten & Narayan, 2012; Rousseau, Said, Gagné, & Bibeau, 1998; Summerfield, 1999; Wessells & Monteiro, 2004). Furthermore, trauma and PTSD-driven exploration of children and communities in conflict-affected contexts can damage their "struggle to reconstitute a shared sense of reality, morality and dignity" (Summerfield, 1999, pp. 1458-1459). Trauma-focused assumptions may result in the relevant policy makers and support and service providers' failure to understand conflict-affected children's and communities' priorities and needs for recovery and rebuilding. In addition, PTSD – being a Western driven psychological concept – may not be meaningful in local concepts of mental health and wellbeing in the majority of conflict-affected contexts in non-Western countries (Boothby, 2008).

For the above reasons, research that adopts only a psychopathological or psychological approach to researching children (and young children) who live in conflict-affected contexts has been methodologically, conceptually, and ethically challenged (Barenbaum et al., 2004; Lloyd & Penn, 2010; Summerfield, 1999, 2000). In response, some studies have opted to adopt different approaches to research into conflict-affected children (and communities) which tended to capture various aspects of children's and young children's wellbeing (beyond psychological wellbeing), including 'psychosocial wellbeing' of children who live in conflict-affected settings

(Kostelny, 2008a; Lloyd & Penn, 2010; Lloyd et al., 2005; McElroy, 2012). In the next section, a discussion of literature is presented on psychosocial wellbeing of young children in conflict-affected settings.

3.2.2 Psychosocial wellbeing of young children in conflict-affected contexts

Psychosocial wellbeing is a broadly defined concept. Pragmatically, there is little consensus about what constitutes ‘psychosocial wellbeing’, particularly among support and services providers (Galappatti, 2003; Hamber et al., 2015). Most of the interventions that claim to be using a psychosocial approach when supporting both communities and children in conflict and disaster-affected areas have been broadly defined as ‘psychosocial wellbeing’. They include a diverse range of services under one ‘psychosocial’ umbrella (Galappatti, 2003). The Psychosocial Working Group (PWG), a group of professionals and academics that has been working with communities and children in numerous conflict and disaster-affected settings⁹⁶, has conceptualised psychosocial wellbeing as a state of a combination of ‘psychological’ and ‘social’ aspects of wellbeing of an individual or community (Boothby et al., 2006; PWG, 2003). The PWG presented a framework (the PWG framework) that identified three key domains which were considered important for determining the psychosocial wellbeing of disaster and conflict-affected peoples: 1) human capacity, 2) social ecology, and 3) culture and values (Boothby et al., 2006; PWG, 2003).

The term ‘human capacity’ refers to one’s physical and mental health, knowledge and skills; in other words, to individual agency (PWG, 2003). ‘Social ecology’ refers to “quality of relationships with family and peer groups, social support and engagement, and structures and networks” (p. 2). This social ecology is, in other words, is the conceptualisation of different

⁹⁶ Such as northern Uganda, Sierra Leon and Sri Lanka.

social structures that Bronfenbrenner (1979, 1994) discussed in social ecological model. It is further explained as the social capital⁹⁷ of a community. The third domain, culture and values, implies the social values, beliefs and systems subscribed to by a given community. The PWG framework identifies three types of resources within one's environment that can make an impact on the extent of one's psychosocial wellbeing: "economic resources", "physical resources" and "environmental resources" (PWG, 2003, p. 2). These key psychosocial domains and different types of resources are inter-connected (PWG, 2003; Strang & Ager, 2003).

Researchers have argued that studies using a 'psychosocial lens' can be useful as they allow the investigation of children's wellbeing in a particular social context (Camfield, Streuli, & Woodhead, 2009). For example, Hart et al.'s (2007) study into a group of children⁹⁸ (aged between 9 and 16 years) from a conflict-affected area in eastern Sri Lanka identified that the adoption of a psychosocial approach when researching conflict-affected children can capture not only psychological issues, but various aspects of the children's lived experiences and a broad range of societal influences on children's wellbeing as well. However, as discussed in section 1.3 in Chapter 1, beyond the small number of studies that have utilised a psychosocial wellbeing lens to discuss the impact of support interventions for young children in conflict-affected contexts (Kostelny & Wessells, 2008; Wessells & Monteiro, 2008), research that has specifically explored the psychosocial wellbeing (or wellbeing experiences other than psychological or behavioural experiences) of young children in areas affected by and emerging from conflict was found to be limited.

⁹⁷ See section 3.3.2 in this chapter.

⁹⁸ This study reports findings from a pilot study. The number of child participants who were involved in the study was not reported.

3.2.3 Impact of armed conflict on young children's holistic wellbeing

Children's holistic wellbeing⁹⁹, a multi-dimensional, socially and culturally constructed and abstract concept (Barblett & Maloney, 2010), has been discussed using numerous themes in diverse disciplines (Ben-Arieh et al., 2014). Children's wellbeing may be defined linking with the slightly interrelated concepts of children's needs, rights, poverty, quality of life and social exclusion (Axford, 2008, 2009), or as a concept that explains the ways of acquiring skills that children need, and/or the ways in which children experience their lives (Mashford-Scott, Church, & Tayler, 2012). Based on their review of literature, Ben-Arieh et al. (2014) maintained that "what is good for children" (p. 2) is the definition for child wellbeing.

However, in another review of the literature, child wellbeing studies have been categorised into four distinctive groups: 1) social and economic; 2) psychological and mental health; 3) philosophical; and, 4) Educational (Mashford-Scott et al., 2012, p. 235). These four categories are further explained: "Social and economic (objective indicators of a broad quality of life, monitoring of human rights, government and policy oriented), Psychological and mental health (self-emotional behavioural competencies and deficits, 'protective' and risk factors, identifying problems and implementing interventions), Philosophical: existentialism and 'the good life', satisfaction (fulfilment; the realisation of the human potential, Basic human needs - for example, security attachment) and educational (learning dispositions and behaviours - for example, motivation- social-emotional, behavioural competencies, monitoring of affect (vitality; enthusiasm)"(Mashford-Scott et al., 2012, p. 235). This categorisation shows the depth and breadth of the aims of child wellbeing research.

In the Sri Lankan context, wellbeing was defined as "a process of becoming" (Abeyasekera, Amarasuriya, & Ferdinando, 2003, p. 11), which can include the opportunity to "access to physical, material and intellectual resources; experience competence and self-worth;

⁹⁹ See Ben-Arieh, Casas, Frønes, and Korbin (2014, pp. 6-10), who presents an account of the historical development of the child wellbeing concept and research.

exercise participation; build social connections; and, enhance physical and psychological wellness” (Abeyasekera et al., 2003, p. 13). Hart et al.’s (2007) research from Sri Lanka, mentioned above, found that the participants’ definition of conflict-affected children’s wellbeing was connected with the local concept of *nallam irukka*¹⁰⁰ or keeping well/doing good¹⁰¹. Thus, it can be suggested that ‘child wellbeing’, as a complex and multifaceted concept, may capture experiences that are defined as ‘good’ for children.

Researchers have advocated a holistic approach in studies that aim at identifying the effects of conflict on children’s (including young children’s) experiences of wellbeing and the factors that impact upon them (Ager et al., 2010; Boothby et al., 2006; McElroy, 2012). However, as discussed in section 1.3 in Chapter 1, I reiterate that although the importance of research into young children’s holistic wellbeing (including care, health and nutrition, protection, nurturing and education) in conflict-affected contexts has been accepted, only a small number of studies (Kostelny & Wessells, 2008; McElroy, 2012) have investigated young children’s wellbeing in terms of other aspects beyond just psychological wellbeing in areas emerging from destruction caused by armed conflict.

In the previous section I reviewed literature to discuss the impact of armed conflict on young children, and identified lack of studies about young children’s holistic wellbeing in rebuilding conflict-affected contexts as a major gap in prior research. I also discussed that while psychological impacts of conflict on children cannot be ignored, other aspects of wellbeing are also important and need recognition. In the next section, I discuss these protective factors that are important for young children’s wellbeing as detailed in prior literature.

¹⁰⁰ *Nallam irukka* = Tamil term to indicate *someone who is keeping well*.

¹⁰¹ This ‘good way of life’ may include: “socially valued behaviour (studying well, helping with housework), good interpersonal qualities (‘moving well’ - getting on well - with others, being loving), cognitive competencies (achieving good grades, doing well at school) and health, hygiene and fitness (keeping clean, washing often, and playing games)” (Hart et al. 2007, p. 52). However, it should be noted that since the focus was on children aged 9 years or above, young children’s experiences and perspectives were not captured in Hart et al.’s (2007) investigation.

3.3 The protective factors for young children in conflict-affected contexts

Protecting young children who live in adverse (impoverished, less resourceful and/or violent) and disadvantaged (disaster and conflict-affected contexts) contexts and enhancing their experiences are global concerns (Britto et al., 2011; Grantham-McGregor et al., 2007; Kamel, 2006; Walker et al., 2011; Walker et al., 2007). These protection concerns include identifying and strengthening protective factors for young children in disrupted settings. As discussed in previous section (section 3.2), in conflict-affected settings, risks for young children's care, development and wellbeing can be multifaceted, and can variously affect young children (Kamel, 2006; Machel, 1996, 2001; Massad et al., 2009; UNICEF, 2008; Wessells & Monteiro, 2008). Nonetheless, as pointed out in section 3.2.1 in this chapter, I argue that armed conflict and violence do not (or cannot) necessarily destroy all that can protect children of any age; for example, a caring and nurturing family, supportive communities and a clear sense of children's (and communities') agency, capacity and efficacy (Betancourt & Khan, 2008; Boothby et al., 2006; Dubow et al., 2012; Masten & Narayan, 2012; McElroy, 2012; Wessells, 2006). In addition, I emphasise that children's socio-ecology and interrelationships within and among these diverse socio-ecological structures can generate protective factors for children (Arntson & Knudsen, 2004; Betancourt & Khan, 2008; Boothby et al., 2006; Irwin et al., 2007a; McElroy, 2012). I discuss prior literature considering these protective factors for young children according to the following themes:

1. Care, support and attachment relationships.
2. Connectedness and social capital.
3. Education/ early childhood education (ECE).

3.3.1 Care, support and attachment relationships

Across cultures, there is diversity in terms of caregiving for young children (Steele et al., 2014). In most cultures, young children's caregiving networks can include the primary caregivers and other family members: the father (or male caregivers), older children, grandparents and extended family members (McElroy, 2012; Steele et al., 2014). Caring and affectionate relationships form the basis of social relationships within the family that support children and help them to develop feelings of safety and inclusion (Ager, 2006). In conflict-affected contexts, often the family acts as a buffer, protecting children from adversity stemming from the effects of conflict and other related societal risks (Ager, 2006; Boothby et al., 2006). Social harmony and a nurturing environment within the family are supportive components that determine children's care, development and wellbeing in disrupted contexts (Barenbaum et al., 2004). Panter-Brick et al.'s (2011) longitudinal study discussed above, which measured mental health outcomes in relation to life events of war-affected children (aged 11-16 years) in Afghanistan, found that nurturing and supportive family environments functioned as a protective factor whereas violent experiences within families engendered new stressors in children.

Affectionate, responsive and caring relationships between the mother or the caregiver and the child were defined as the basis for secure attachment relationships (Ainsworth & Marvin, 1995; Bowlby, 1969)¹⁰². Winnicott (1965) explained these relationships as inter-subjective (symbiosis) connections or as close inter-dependent human relationships. Drawing on Winnicott (1965), Honneth (1996) described relationships between the child and her/his

¹⁰² Bowlby (1969), with reference to attachment theory, claims that attachment is a human tendency "to make strong affectionate bonds to particular others" (p. 127). Such attachment relationships are established through love and consistent caregiving, identifying caregivers as the child's 'secure base', which in turn is instrumental in developing a sense of safety in the child (Bowlby, 1988; Farnfield & Holms, 2014; Oates, 2007). Through early attachment relationships, children develop an understanding of self and social relationships with others (Bowlby, 1979). Children's early attachment relationships, born of caregivers' consistent love and care, subsequently shape children's characteristics (Bowlby, 1979). Oates (2007) identified these individuals as the key players who impact on a child's development. Furthermore, Oates (2007) stated that "early attachment relationships are a crucial consideration in realising children's rights" (p. ix).

caregivers as inter-subjective and reciprocal bonds that are supported through recognition of love and care¹⁰³. These theorists argued that care and attachment relationships enhance the child's connectedness to his/her social environment and play a vital for young children's care and holistic wellbeing.

At the individual level, caring social connections within a children's socio-ecology not only create a secure base for young children, but also support the development of self-confidence, empathy and the social skills needed to explore and make connections with their social world (Bowlby, 1988; Britto, Gordon, et al., 2014; Bronfenbrenner, 1979; Honneth, 1996; Woodhead & Brooker, 2008). These secure social bonds enable children to explore their individual and social identity and to develop a sense of one's own and others' rights (Hinde & Stevenson-Hinde, 2014; Hobfoll et al., 2007; Honneth, 1996; Morris, van Ommeren, Belfer, Saxena, & Saraceno, 2007). In order to develop the capacity needed to cope, positively adapt and to be resilient in adversity, young children require care, affection and protection from caregivers and positive social relationships within their immediate social environment (Grantham-McGregor et al., 2007; Masten, 2014c; McAdam-Crisp, 2006; Richter, 2004; Walker et al., 2007).

Massad et al.'s (2009) survey of 350 young children, all conflict-affected Palestinian pre-schoolers aged 3-6 years living in the Gaza strip, found that those who received consistent maternal care manifested reduced stress and increased resilient behaviour¹⁰⁴. Strengthening these findings, numerous researchers have discussed that affectionate and caring relationships of a mothering figure or a primary caregiver can mitigate psychosocial issues stemming from exposure to adversity (Barenbaum et al., 2004; Dybdahl, 2001; Fernando & Ferrari, 2011; Paardekooper et al., 1999; Richter, 2004; Wolff & Fesseha, 1999; Kurdahi Zahr, 1996). Some analysts have found that, in conflict-affected settings (similar to any other context), consistent

¹⁰³ See section 2.2.1 in Chapter 2.

¹⁰⁴ The respondents of this study were the children's caregivers (mothers and teachers).

caregiving and supportive and protective social environments may not necessarily involve biological parents or biological family (Sims, Palmer, Hayden, and Hutchins, 2002)¹⁰⁵. In another longitudinal study, Wolff and Fessha's (1999) found that a mothering figure (identified as 'a housemother') and an emotionally secure environment protected war-affected orphaned young children from developing mental health problems.

It was noted that caregivers' health and wellbeing are important in terms of making an impact on young children's attachment relationships, care and wellbeing (Dybdahl, 2001; Massad et al., 2009). According to the findings from Massad et al.'s (2009) study, young children who demonstrated better mental health outcomes were those who enjoyed the care and affection of their mothers who had better levels of health and education. The research has also shown that the level of available social support for mothers and caregivers of young children during adversity can define young children's (as well as caregivers') mental health and wellbeing. Feldman and Vengrober (2011) found in their study that a group of conflict-affected young children in Israel, who showed no PTSD symptoms, also displayed attached behaviour towards their mothers who had relatively higher level of social support and mental health¹⁰⁶.

The findings of the above literature have strengthened the understanding that attachment relationships supported by care, affection and protection from caregivers within nurturing and protective environments are important for conflict-affected children's recovery, development and wellbeing. However, what appears to be lacking in most of these studies are children's own experiences and perspectives vis-à-vis care and support that impact on their lives in difficult situations engendered by conflict (Euwema et al., 2008).

¹⁰⁵ Sims et al.'s (2002) study of young refugee children in Australia revealed that children were receiving care and affection from caregivers who were not necessarily the children's biological parents.

¹⁰⁶ Feldman and Vengrober's (2011) study investigated 232 war-exposed young children (aged between 18 months and five years) and their mothers who lived in Israel. These young children included 148 children who lived near the Gaza Strip, and a control group of 84 children.

3.3.2 Connectedness, social capital and a sense of belonging

Based upon their review of a large corpus of empirical literature, a group of scholars led by Hobfoll emphasised the important role of social connectedness, and social networks in children's and communities' rebuilding and reintegration process in disaster and conflict-affected settings (Hobfoll et al., 2007). Previous studies found, connectedness through parental support and social support positively impacts on children's mental health, psychosocial adjustment and reintegration into the community for former child-combatants, those who have experienced very direct exposure to conflict and violence (Betancourt et al., 2012; Kovacev & Shute, 2004; Montgomery & Foldspang, 2008; Wessells, 2006).

However, due to the destruction caused by conflict and displacement, children and communities are often forced to live in areas where supportive and protective social structures are either damaged or non-existent. Hence, the strengthening of social support networks (formal and informal) for conflict-affected children and families is considered a prioritised intervention strategy during the immediate and mid-term phase post-emergencies¹⁰⁷ (Deters, 2014; Hobfoll et al., 2007; Wessells & Monteiro, 2008).

At the societal level, Onyx and Bullen (2000) nominated four types of social connections that are important for the community's wellbeing: 1) community connections, 2) neighbourhood connections, 3) family and friends connections, and 4) work connections. Communities with these strong interconnections and trust are often identified as having high social capital (Leonard & Onyx, 2004). The diverse definitions of 'social capital' provided by Coleman (1988), Putnam (1993, 2000) and Bourdieu (1986) included common aspects of social relationships that become a community resource. However, social capital constitutes a range of ideas. Onyx and Bullen (2000) proposed five key aspects of social capital: networks, reciprocity, trust, shared norms and social agency. With reference to children's experiences,

¹⁰⁷ In this thesis, 'emergencies' are referred to disasters and conflict-affected situations where affected communities need external support for recovery and rebuilding.

social capital may include “sociability, social networks and social support, trust, reciprocity and community and civic engagement” (Morrow, 1999, p. 744). Furthermore, social capital reflects young people’s capacity to experience interaction and sociability, trust and reciprocity, social attachment and social networks (Schaefer-McDaniel, 2004). These definitions imply that strong and sustained social connectedness is fundamental to communities’ (as well as children’s) social capital.

With reference to disaster-affected contexts, social capital has been defined according to three dimensions: 1) bonding social capital, 2) linking social capital, and 3) bridging social capital (Aldrich, 2012). Bonding social capital includes the social connections within the family (including the extended family): the first social network to which disaster and conflict-affected peoples are likely to turn to for support (Aldrich & Meyer, 2015; Hobfoll et al., 2007; Maxwell, Majid, Adan, Abdirahman, & Kim, 2015; Meyer, 2013). However, bonding social capital extends beyond the immediate family (Aldrich, 2012). It is also about social relationships within the same or ‘homogeneous’ members of a community, which are strengthened through the qualities of trust, cooperation and reciprocity (Putnam, 2000). Aldrich (2012) defined ‘linking social capital’ as formal social networks that are created through institutionalised support systems that include both members of the community and people from the authority/organisations in power. Aldrich identified ‘bridging social capital’ as the social bonds between community groups that are diverse variously (in terms of ethnicity, language and/or religion). These types of social capital provide opportunities for conflict and disaster-affected communities to access new information and knowledge that can enhance their skills and capacities in the process of resettlement and rebuilding (Aldrich & Meyer, 2015; Hobfoll et al., 2007).

In the empirical literature on psychosocial interventions for trauma and disaster affected people, the “social support and sustained attachments to loved ones and social groups” were

identified as ‘connectedness’ (Hobfoll et al., 2007, p. 296). This definition for connectedness implies that not only the primary caregivers, but also other significant people in a child’s life (for example, family members, teachers, and peers) and a child’s relationships or connectedness with these groups of people are important for the child’s wellbeing. Robinson and Truscott (2014) defined children’s connectedness as forms of social relationships with “...places, people and relationships that are emotionally and psychologically important” (p. 7) to children. They identified these connections as supportive for developing a sense of belonging among children.

Honneth’s (1996) theory of recognition¹⁰⁸ proposed that inter-subjective relationships based on recognition of love and care, rights, and solidarity can enhance respectful social relationships and, by extension, enhance one’s self-confidence, respect (for one’s own rights and others’ rights) and self-esteem. In the process, the subject develops a sense of belonging (Woodhead & Brooker, 2008), but it could take dual forms. Antonsich (2010) identified this duality of the feeling of a sense of belonging as: 1) “a personal, intimate feeling of being ‘at home’ in a place (place-belongingness)”, and 2) “a discursive resource which constructs, claims, justifies, or resists forms of socio-spatial inclusion/exclusion (politics of belonging)” (p. 645).

Among young children, the sense of belonging can be constructed within multiple “dimensions and axes” (p. 32) that define how the context and relationships within the context influence and nurture their feelings of sense of belonging (Sumsion & Wong, 2011). Studies from conflict-affected contexts have shown that these dimensions of belongingness for conflict-affected children can be varied; for example, spatial, political, social, ethnic and religious (Akesson, 2014a; Azmi, 2012; Connolly & Healy, 2004; Hart, 2004; Kytta, 2004; McFarlane, Kaplan, & Lawrence, 2011; Spyrou & Christou, 2014). All these definitions suggested that the

¹⁰⁸ See Chapter 2 for a detailed discussion of Honneth’s (1996) theory of recognition, which is the overarching theoretical framework of this study.

connections a young child makes within her/his social and physical environment are vital for the development of a sense of belonging.

For conflict-affected and displaced refugee children, a sense of belonging was linked with their experiences of connectedness to a place that can be identified as ‘home’, a place where they feel they belong (Wernesjö, 2014, 2015). However, apart from their connectedness to a place, children’s connectedness to “the symbolic spaces” in which they feel “familiar, comfortable and secure” was also considered important for developing a sense of belonging (Robinson and Truscott, 2014, p. 7). In relation to children from displaced community groups, re-establishment of social connections and a sense of belonging were identified as important for effective resettlement (Betancourt et al., 2012; Kohli, 2011; Wernesjö, 2014). However, it has been argued that in conflict-affected settings, children’s sense of belonging can be affected when children and communities experience limited safety, lack of accessibility to essential support and services, have limited freedom, and experience discrimination and/or exclusion (Akesson, 2014b; Eide, 2007; Wernesjö, 2014). It was also noted that social connectedness and a sense of belonging to one group may create social exclusion as these feelings and experiences may tend to exclude those who do not belong to the same group (Aldrich, 2012; Aldrich & Meyer, 2015; Maxwell et al., 2015; Woodhead & Brooker, 2008).

Following Robinson and Truscott (2014), Hobfoll et al. (2007) and Honneth (1996), for the purposes of this thesis, the young child’s connectedness is defined as ‘inter-subjective and sustained attachment relationships and connections to the places, people, and events (in other words, to child’s ecology) that are important for children’. Drawing on Sumsion and Wong’s (2011) interpretation, however, it is also accepted that this sense of belongingness can be supported (or inhibited) by multiple dimensions of one’s environment/context. The literature above has discussed the vital protective role of social connectedness (social capital) for affected children and families in conflict (and disaster) affected settings. However, while there are some

studies that have discussed conflict-affected children's experiences of developing social connections and a sense of belonging (Akesson, 2014b; Eide, 2007; Wernesjö, 2014), there is a paucity of studies that investigate young children's experiences of social connections in conflict-affected settings.

3.3.3 Education/ Early Childhood Education (ECE)

Education is a fundamental right of children and, (as such) needs to be recognised and protected even in conflict-ravaged contexts (the UNCRC's Article 28 and 29) (UN, 1989)¹⁰⁹. Over the last decades, international policy frameworks of Education For All (EFA)¹¹⁰, the Millennium Development Goals (MDG), the Sustainable Development Goals (SDG)¹¹¹ and numerous international legislative and civil society movements including the International Network for Education in Emergencies (INEE) have been promoting and advocating the provision of quality and accessible education for all young children, including those who live in disadvantaged and emergency contexts (INEE, 2010; Kamel, 2006; Sommers, 2002; UNESCO, 1990, 2015). However, despite the efforts of responsible parties (including governments), equity in protection of the right to education for all young children (in fact, for children from all age groups) remains a challenge (UNESCO, 2015). In particular, the increase in the number of incidents of conflict around the world has proven the most damaging, albeit they constitute but one of the barriers to providing all children (including young children) with education (UNESCO, 2015).

¹⁰⁹ See section 2.3.2 in Chapter 2 for a discussion of children's right to education.

¹¹⁰ In 2000, at the World Education Forum in Dakar, Senegal, 164 governments agreed to the Dakar Framework for Action, *Education for All: Meeting our Collective Commitments*, launching an ambitious agenda to reach six wide-ranging education goals by 2015 (UNESCO, 2015).

¹¹¹ The SDGs define an agenda for global action for a time period of 15 years starting from 2016. It has stated 17 goals all of which have direct or indirect impact on provision and protection for young children's wellbeing. For more details, see <https://sustainabledevelopment.un.org/?menu=1300>.

Studies have found that irrespective of cultural and contextual differences, children and communities in conflict-affected settings place high priority on schooling (Winthrop, 2009; Winthrop & Kirk, 2008). The re-establishment of schools means giving affected children hope for the future (Save the Children, 2008). Education in disaster and conflict-affected contexts has a direct link to children's recovery and psychological and holistic wellbeing (Abdelmoneium, 2005; Ager, Blake, Stark & Daniel 2011; Aguilar & Retamal, 2009; Barakat, Connolly, Hardman, & Sundaram, 2012; Nicholai & Triplehorn, 2003; Pigozzi, 1999).

Triplehorn (2001) suggested that in the early stage of post-disaster and post-conflict contexts, education can include both formal and non-formal education and skills development, all of which can bring positive outcomes for children. Studies from disaster and conflict-affected settings have found that, for young children, education activities through the interventions of Child Centred Spaces (CCSs)/ Child Friendly Spaces (CFSs)¹¹² supported stimulation, skill development and routine (Deters, 2014; Kostelny & Wessells, 2008). In addition, researchers showed that support interventions in the form of provision of learning and stimulation for young children (for example, provision and utilisation of the ECD kits), as well as mobilising parents and communities for promotion of early education in disrupted contexts can bring positive effects to young children's wellbeing (Deters, 2014; Wessells & Monteiro, 2008)¹¹³.

Furthermore, education in times of conflict and disaster covers a wide range of educational, political, and economic dimensions and holds promise beyond schooling to other support and services to affected communities (Pigozzi, 1999; Sommers, 2002). In emergency and conflict-affected contexts, early childhood education (ECE) and education in general are vital for gaining external support and strengthening social support networks among the

¹¹² See section 3.4.1 in this chapter for a discussion on setting up Child Friendly Spaces in conflict-affected contexts.

¹¹³ See section 3.4 in this chapter for a discussion on ECD in post-emergency contexts.

displaced communities (Aguilar & Retamal, 2009; Kagawa, 2005; Nicholai & Triplehorn, 2003). In effect, the education institutions become the venues for passing on information about safety, security, health and nutrition and social support networks communities can access (Nicholai & Triplehorn, 2003).

Other investigations have found that education in disaster and conflict-affected settings need to be recognised for its critical role in affected children's and communities' restoration and reconciliation process¹¹⁴ (Bird, 2009; Mendenhall, 2014; Sommers, 2002; Wolmer, Laor, Dedeoglu, Siev, & Yazgan, 2005). Marope and Kaga (2015) stated that education activities bring promising social outcomes for affected children. Improved access and quality, in ECE in particular, may promote equity in supported communities (Britto et al., 2011). Therefore, the provision of education - particularly ECE - in areas affected by conflict need to be well assessed for quality, equity, inclusion and its ability to promote values of social justice, respect for diversity and social cohesion (Britto, Salah, et al., 2014).

Due to reasons discussed above, ECE has been promoted as a measure of addressing young children's wellbeing in disaster and conflict-affected contexts (Kamel, 2006). Provision of education to all affected children has been recognised as an important measure for protection of children's rights in their recovery and rebuilding process (INEE, 2010). As discussed above, however, policy and programmes for conflict-affected young children need to aim for quality, equity and inclusion of education.

In the previous section (section 3.3) I reviewed literature and discussed the protective factors for young children in conflict-affected contexts: care, support and attachment relationships, connectedness, social capital and a sense of belonging and education/ECE. In the next section, I discuss literature to identify ECD in rebuilding conflict-affected contexts according to different phases of resettlement and rebuilding.

¹¹⁴ In section 3.5 in this chapter, I further elaborate on the topic of ECD and peacebuilding.

3.4 ECD in rebuilding conflict-affected contexts

Managing the crisis and rebuilding after a disaster and/or conflict can prove a long-term process. It may involve different stages and phases of children's and community's recovery, reconstruction and reintegration. Khan, Vasilescu and Khan (2008) maintained that 'disaster management' is a combination of "all activities, programmes and measures which can be taken up before, during and after a disaster with the purpose to avoid a disaster, reduce its impact or recover from its losses" (p. 46). They proposed a disaster management cycle which includes four phases: 1) response, 2) rehabilitation, 3) reconstruction, and 4) risk reduction. While the disaster management phases are cyclical, the aims of support interventions during each phase can be specific.

During the response, rehabilitation and reconstruction phases, the main aim is to manage the 'crisis' (Khan et al., 2008). During the response phase, the children's and community's needs often evolve around immediate and essential needs for survival, protection, family reunification, food, shelter, water and sanitation and health care (IASC, 2007; Landers, 1998; Deters, 2014). During the rehabilitation phase, the aims are recovery and stabilisation. This requires the restoring of basic support services, and psychological and psychosocial recovery of the affected children and communities (IASC, 2007; Hobfoll et al., 2007). During the reconstruction phase the goal is to reconstruct damaged physical and social structures (Khan et al., 2008), which are expected to be stable and sustainable. Community return and permanent resettlement often happen during the reconstruction phase of post-disaster and post-conflict settings. During the risk reduction phase focus is on 'risk management', which can include prevention, preparedness, mitigation and reintegration (Khan et al., 2008). In post-conflict settings, social building by reintegration, reconciliation and long-term peacebuilding can be prioritised during this risk reduction phase (Balasooriya, 2012; Connolly & Hayden, 2007; Gallagher, 2004).

However, it was noted that in conflict-affected contexts, depending upon the contextual factors, the nature of the armed conflict and its impact on children and communities, these rebuilding phases can overlap. As discussed earlier, McElroy (2012) in her study into young children in rebuilding post-conflict northern Uganda found that community needs for survival, shelter, water and sanitation and protection, which are often identified as priorities during the conflict period and in the immediate aftermath (in the response phase), can remain priorities in the reconstruction phase when communities return and permanently resettle.

In the rebuilding process in conflict-affected (and disaster-affected) settings, young children are supported by numerous humanitarian and government-led interventions and programme strategies. Subsequent sections discuss widely-used ECD support strategies in different phases of rebuilding in conflict-affected contexts. As well, the empirically-driven, albeit limited, ECD support frameworks discussed in prior literature are examined according to each of the rebuilding phases.

3.4.1 Response phase of rebuilding in conflict-affected contexts

During the response phase, apart from the provision of shelter, food, water and sanitation and protection, ECD support is designed and implemented based upon strategies of early intervention, family support, training, child protection, holistic services, ECE and community participation and mobilisation (IASC, 2007; Kamel, 2006; Landers, 1998; Wessells & Monteiro, 2008; UNICEF, 2011c). In particular, three supportive strategies: strengthening caregiving, providing mental health and psychosocial support (MHPSS) and setting up child safe spaces (physical environments) are discussed.

Strengthening caregiving is a key intervention strategy which is implemented by involving different groups. ECD involves multiple actors: the child, family, local community, local government, national government and international community (Britto & Ulkuer, 2012).

In her study conducted during the immediate aftermath of post-earth quake Haiti, Deters (2014) found that ECD interventions took the form of ‘collective caregiving’, which she defined as caregivers, families, community and supportive organisations who were committed to providing appropriate care for young children post-disaster. Deters (2014) identified the three key strategies that are fundamental to supporting young children during the early phase of an emergency response: 1) “enabling caregivers” (by enhancing self-efficacy and stimulation), 2) “involving communities” (by promoting a sense of community and sensitisation/ solidarity), and 3) “providing resources” (by integration, inclusion, and contribution) (p. 148).

MHPSS has also been another support strategy for young children and families. In conflict-affected contexts children’s psychosocial wellbeing can be affected in diverse ways generating considerable distress among children (Jordans, Tol, Komproe, de Jong, & Joop, 2009; Tol et al., 2013; Wessells, 2012; Williams, 2007). Most of these psychosocial issues are attributed more to social and contextual factors than to individual and psychopathological related factors¹¹⁵, which are proposed to be addressed using mental health and psychosocial support (MHPSS) interventions (IASC, 2007)¹¹⁶. The majority of these interventions aim at strengthening the socio ecological structures of family, community and social support services. The IASC guidelines for supporting young children (birth to 8 years) in emergency contexts proposed four minimum actions to be taken on behalf of young children:

1. Keep children with their mothers, fathers, family or other familiar care-givers.

¹¹⁵ These factors are: 1) Pre-existing (pre-emergency) social problems (for example, extreme poverty; belonging to a group that is discriminated against or marginalised; political oppression); 2) Emergency-induced social problems (family separation; disruption of social networks; destruction of community structures, resources and trust; increased gender-based violence); and 3) Humanitarian aid-induced social problems (for example, undermining of community structures or traditional support mechanisms) (IASC, 2007, p.2).

¹¹⁶ The Inter-Agency Standing Committee (IASC) provides a comprehensive set of guidelines to address the mental health and psychosocial needs of affected individuals (IASC, 2007). Often, there is an overlap between the ways of interpretation of *mental health* and *psychosocial wellbeing* in interventions for disaster and conflict-affected populations (IASC, 2007). Thus, through an inter-agency consensus, the term ‘mental health and psychosocial support (MHPSS)’ is used to define broader, inter-sectoral and diverse psychosocial support for affected children and communities, which encompass psychopathological and clinical psychology based interventions (IASC, 2007).

2. Promote the continuation of breastfeeding.
3. Facilitate play, nurturing care and social support.
4. Care for caregivers (IASC, 2007, pp 110-114).

According to IASC, the aim of these suggested support strategies has been to protect and strengthen the young child's protective factors: family, caregivers' capacities, nurturing environment that promote play, care and social support (IASC, 2007). Following the screening of children for mental health issues, psychopathological or clinical psychology-based interventions have also been recommended where necessary for the small numbers of those affected.

In most of the conflict and disaster-affected contexts setting up safe and child friendly spaces for children has been a priority. In conflict-affected situations wherein the traditional protective structures are in chaos, one of the urgent needs for not only young children, but also for children is to have a secure and nurturing environment (IASC, 2007; Landers, 1998; Wessells & Monteiro, 2008). To address this need, in the immediate and mid-term phases post-conflict, supportive organisations set-up physically and emotionally safe zones for children in areas affected by conflict (Kostelny and Wessells, 2008). These safe spaces have also been identified as child friendly spaces (CFSs), child-centred spaces (CCSs), child safe spaces, safe play areas and/or baby tents depending upon the type of intervention, the implementing agency and their purpose (Deters, 2014; Kostelny & Wessells, 2008). Fundamental to the establishment of these safe spaces has been their aim to support children's wellbeing by providing non-formal education, child protection (excluding violence in families, separation from families or poverty), support for children's social skills development and psychosocial services (Deters, 2014; Kostelny, 2008b; Kostelny & Wessells, 2013; UNICEF, 2011c; Wessells & Edgerton, 2008).

Four key elements were identified as important for setting up safe spaces for children: 1) an ecological approach, 2) community mobilisation, 3) local culture, and 4) programme integration (Wessells & Monteiro, 2008). Often, CFSs have been implemented not as stand-alone programme, but as an integrated programme, in coordination with other support services (for example, water and sanitation, health and nutrition, child protection) to ensure that children's holistic wellbeing is addressed (Morris et al., 2007; Wessells & Monteiro, 2008). Thus, these safe spaces, which often can act as focal points for basic and specialised services, can also engage with affected communities, advocacy and community mobilisation in the interest of their children (Htwe & Yamano, 2010; UNICEF, 2011c; Wessells & Monteiro, 2008).

In their assessment of the outcomes of child-centred spaces in an IDPs camp setting in northern Uganda, Kostelny and Wessells (2008) found that regular activities in child safe spaces established a structure for the day, and supported routine enhancing a sense of safety among participating children. Furthermore, they found that children who participated in these safe spaces learned to identify risks in their social setting and improved literacy; most importantly, children practiced sharing and developing positive social relationships with other children, and learned non-violent conflict resolution skills. In addition, it is anticipated that CFSs support to initiate long-term support programmes for child development vis-à-vis the establishment of child protection systems, restoration of formal education, and care and development for children in early childhood (UNICEF, 2011c)¹¹⁷.

3.4.2 Rehabilitation phase of post-conflict rebuilding

When affected children and communities experience triage and order following exposure to conflict, they may transition to the rehabilitation phase, in which they may need support to make

¹¹⁷ See (Hettitantri, 2015b) for the relevant publication that discusses the preschool as a child friendly space for young children in this study village.

sense of disruptive events, and to make meaning of their experiences. At this stage it involves restoration of basic support services and physical and social structures (setting up shelters, schools or formal or informal education, health care, livelihood development, and social support networks) (IASC, 2007). A focus has been upon the psychosocial recovery of affected children and communities. Following their review of a large number of empirical studies that examined interventions for children and communities during the early and mid-term phases of post-emergency contexts, Hobfoll et al. (2007) have identified five key principles which should be considered fundamental to supporting disaster and conflict-affected children and communities during their recovery. Those key principles were described as: “promoting a sense of safety, connectedness, sense of self and collective efficacy, calming, and hope” (Hobfoll et al., 2007, p. 284) among affected children and communities.

3.4.3 Reconstruction phase of post-conflict rebuilding

Aims of reconstruction can include re-establishment of disrupted physical infrastructure and rebuilding and strengthening disrupted social structures. Infrastructure development includes establishment of permanent housing, electricity, roads, safe and nurturing environments, school/preschools, and places of worship (Kamel, 2006). Social development can include improvement in the areas of livelihood, education, psychosocial wellbeing, and health and nutrition. Acknowledging ECD as the foundation for children’s development, healthy growth and wellbeing, specific measures were advocated to implement support programmes for young children in disadvantaged contexts (Britto et al., 2011; Engle et al., 2007; Grantham-McGregor et al., 2007). It was argued that these support services should aim at enhancing the wellbeing of young children, as well as the wellbeing of their families and of the communities because those groups hold a vital stake for young children’s care, development and wellbeing, and they can also act as protective factors (Britto & Ulkuer, 2012; Britto et al., 2011).

Identifying and strengthening protective factors for young children needs to be an ongoing support strategy in the rebuilding process in conflict-affected contexts. Yet, in particular, during the reconstruction phase, specific focus should be upon strengthening and ensuring sustainability of the protective factors for young children (McElroy, 2012)¹¹⁸. According to the findings of her study from resettling context in northern Uganda, McElroy (2012) identified specific support strategies for young children and their families during the reconstruction phase of post-conflict rebuilding: 1) support for caregivers, 2) support for creating nurturing environments, 3) continued support from aid organisations, 4) continued programme interventions that aim at strengthening protective factors for children, and 5) researching affected communities (including hard to reach communities) for programme planning, monitoring and evaluation.

3.4.4 Risk reduction phase of post-conflict rebuilding

There is pressing interest in developing strategies for addressing young children and their families' needs in the risk reduction phase, which aims at mitigation (prevention and preparedness) and reintegration (Cologon, Hayden, & Whittaker, 2010; Deters, Cologon, & Hayden, 2014; Hayden & Cologon, 2011; Kondo, 2015; UNICEF, 2011a, 2011b). Another aim is to reduce the risk of damage during emergencies (disaster or conflict situations) by improving community capacity to maintain protective and supportive environments for young children and families (Hayden & Cologon, 2011).

In conflict-affected contexts in particular, risk reduction strategies include social reintegration by reconciliation and peacebuilding (Hamber & Gallagher, 2015; Hayden & Cologon, 2011; Leckman et al., 2014; Sagi-Schwartz, 2012). As discussed in section 1.2.4 in Chapter 1, post-conflict reintegration can take generations to accomplish (ADB, 2012); hence,

¹¹⁸ See section 3.3 in this thesis for a discussion of the protective factors for young children.

there is a need for long-term interventions and strategies that can gain outcomes that sustain. The role of ECD in sustainable social building has been discussed in a range of literature (see section 3.5 below). However, as highlighted in section 1.3 in Chapter 1, the programme priorities for long-term ECD that support social reintegration in areas emerging from the impact of armed conflict were not adequately clarified (Wessells & Monteiro, 2008).

Drawing on from Khan et al.'s (2008) disaster management cycle, and the findings from prior, albeit limited, research that has identified key considerations for supporting young children (and their families) in the rebuilding process (Deters, 2014; Hobfoll et al., 2007; McElroy, 2012), it can be suggested that the four phases of the rebuilding process in conflict-affected contexts can include: 1) response phase, 2) recovery phase, 3) reconstruction phase, and 4) reintegration phase. In the previous section (section 3.4), I discussed literature and identified ECD in the rebuilding process in conflict-affected settings. The several support strategies and principles for young children (and families) in response, recovery and reconstruction phases in rebuilding settings were identified and examined. However, as discussed in the previous section (section 3.4), a gap was identified in knowledge and praxis in terms of enhancing support for young children and families for social reintegration (which include reconciliation and peacebuilding) during the reintegration phase of rebuilding conflict-affected societies. This may be because of the gaps in listening to the community and children about their actual situation in rebuilding contexts (Hayden & Wai, 2013; Marcelline, 2010; McElroy, 2012, Oxfam International, 2009). In the next section, the literature concerning ECD and peacebuilding is reviewed.

3.5 ECD and peacebuilding

Peacebuilding is defined as “the process of establishing a basis for sustainable peace by maximizing justice, equality, and harmony” (p. 30) the aim being to reduce violence in a given

society (Britto, Gordon, et al., 2014). Researchers argued that the environments that promote biases, prejudices, discrimination and exclusion of certain communities or groups of people by identifying them as ‘others’ can impact on children from their early ages (Connolly et al., 2002; MacNaughton & Davis, 2001). In addition, as discussed in section 3.3.2 in this chapter, a sense of belongingness to one community may contribute to these biases and exclusion of those who do not belong to the same group: similar early experiences can negatively affect sustainable social building in societies. Furthermore, the negative aspects of ethnicity, religion and/or language-based bias and discrimination can lead to ideological changes that provoke divisiveness among communities, and make extreme damage to social building in areas already affected by segregation and separatist struggles (Affouneh, 2007; Sagi-Schwartz, 2012).

For above reasons, early childhood interventions that can bring positive outcomes for young children and communities in terms of long-term peacebuilding are gaining increased attention as one of the potential programme priorities in conflict-affected contexts (Ang, 2014; Chowdhury, 2014; Connolly & Hayden, 2007; Kagitcibasi & Britto, 2014; Leckman et al., 2014; Sunar et al., 2013)¹¹⁹. It has been argued that ECD in conflict-affected contexts can promote community participation for children’s development and wellbeing, as well as long-term healing and sustainable peace (Mahalingam, 2002; Sagi-Schwartz, 2012). As a result, the potential of ECD in rebuilding settings for children and families’ generational healing and peacebuilding has also gained considerable recognition (Britto, Gordon, et al., 2014; Connolly & Hayden, 2007; Leckman et al., 2014; Sunar et al., 2013).

Based on their review of literature Kagitcibasi and Britto (2014) identified that some programme interventions at different ecological levels showing positive outcomes in terms of children’s social skills and community cohesion towards peaceful societies. Researchers emphasised links between parenting programmes, early childhood programmes and various

¹¹⁹ For a literature review of this topic, and a description of the extant peacebuilding programmes, see (Hayden & Hettitantri, 2013).

programmes that aim at healthy child development with peacebuilding (Britto, Gordon, et al., 2014; Christie et al., 2014), for example, Sadeh et al.'s (2008) study of attachment-based Huggy-Puppy intervention. In Sadeh et al.'s intervention outcome study, thirty-five conflict-affected young children were encouraged to care for a needy toy animal¹²⁰, a 'huggy-puppy', provided to each one of them. The follow-up study conducted after three weeks of the intervention found that the children who showed more attachment and care for the toy animal showed increased empathy and reduced mental stress and behavioural symptoms, which are all aspects of peaceful child population.

Furthermore, long-term impact of similar ECD interventions for positive social outcomes was reported. In a longitudinal study conducted to monitor and evaluate the outcomes of the Turkish Early Enrichment Project (TEEP) implemented by the Mother Child Education Foundation (ACEV), which supported children aged 4 and 6 years and their mothers from deprived family backgrounds¹²¹ through mother education and/or preschool education during 1983-1985, found that long-term positive developmental and social outcomes were reported even 22 years later (Kagiticibasi, Sunar, & Bekman, 2001; Kagiticibasi, Sunar, Bekman, Baydar, & Cemalcilar, 2009). As discussed earlier in this thesis, some studies have also shown positive outcomes of ECD interventions in the domains of health, cognitive development and connections within the family (Grantham-McGregor et al., 2007; Walker et al., 2011; Walker et al., 2007). Kagiticibasi & Britto (2014) argued that all types of ECD support are vital for long term social integration and peacebuilding. Chowdhury (2014) stated that there is a global need to cultivate "*culture of peace*" (original emphasis, p. xvi), which should be promoted in order

¹²⁰ Prior to the intervention and conducting this study, 74 children aged 2-7 years were studied for their war exposure and stress reactions while they were resided in the IDPs camp. The respondents were the parents. Among these children, 35 were given the needy toy animal to take care of for three weeks and then the impact was assessed.

¹²¹ These can be affected by poverty, limited support, and violence.

to strengthen “understanding, tolerance, and solidarity among all societies, peoples, and cultures” (p. xvi).

For the reasons discussed above, ECD is considered “a window of opportunity” (Chowdhury, 2014, p. xx) for instilling peace at individual and community levels. However, this does not imply that ECD is the pathway to addressing all societal issues; rather, it implies that the holistic and integrated nature of ECD, and specifically targeted ECD interventions, have the ability to contribute to developing positive attitudes, values and behaviours that support peacebuilding through enhancing social justice and peaceful ways of life (Chowdhury, 2014; Connolly & Hayden, 2007; Evans, 1996).

In the previous section (section 3.5) I discussed literature and argued that ECD in rebuilding post-conflict settings has the opportunity to address issues of social divisiveness, and to cultivate values that support peacebuilding within affected communities. There have been several programmes in rebuilding conflict-affected contexts that addressed diverse aspects that are relevant to promoting social connections, social reintegration and peaceful communities in conflict-affected contexts. However, a gap exists in the understanding of young children’s experiences and ECD in disrupted social contexts vis-à-vis effects on long-term social reintegration and peacebuilding (Kagiticbasi & Britto, 2014). Furthermore, research that investigates young children’s own experiences and voices of the above aspects is limited.

3.6 Chapter summary

This chapter reported on the current literature related to young children in conflict-affected contexts. The literature search revealed a considerable number of studies that focused on children’s care, development and wellbeing in conflict-ravaged contexts. Among them, some studies addressed issues that are important for young children in adverse (disaster and conflict-affected) situations.

Within the literature about ways young children are affected by armed conflict, the majority of studies have a psychological or psychopathological focus (Lloyd & Penn, 2010). However, as discussed in section 3.2.1 in this chapter, the dominant psychological focus into research has been challenged, and research on young children's holistic wellbeing has been encouraged. Yet, there are a small number of studies that have focused on holistic or psychosocial wellbeing (other than psychological impact or psychological wellbeing) of conflict-affected young children; for example, young children's psychosocial wellbeing and health and wellbeing (Kostelny & Wessells, 2008; McElroy, 2012; Wessells & Monteiro, 2008). As one of the major research gaps it was identified that research that investigates young children's (aged between 3 and 7 years) holistic wellbeing in post-conflict contexts is limited. In particular, it was found that research that investigates young children's experiences of care and wellbeing from their own perspectives from areas emerging from the effects of armed conflict is rare. The current study is developed to contribute to addressing these gaps. The next chapter (Chapter 4) presents the methods employed in this study.

Chapter 4: Methodology

4.1 Introduction

In the previous chapter (Chapter 3), a review of the literature about young children in conflict-affected contexts was presented. A gap was identified in terms of limited research that incorporates young children's experiences and perceptions of care and wellbeing in areas resettling and rebuilding from the effects of armed conflict. This study aimed to investigate young children's experiences¹²² of care and wellbeing and factors that are considered important for them in a conflict-affected context. In this chapter (Chapter 4), the methodology of this study is presented. A rationale for using a qualitative approach for this study's methodology and my role as the researcher is clarified with an account of my ontological and epistemological positioning in this study. An overview of the process of this study and an outline of how and why the research site was selected are presented. Ethical considerations are discussed. The research participants are introduced, together with an account of how they were recruited and involved in this study. The data analysis process is outlined and the maintaining of rigour, validity and reliability of this study is discussed.

4.2 Rationale for use of qualitative approach to research methodology:

Qualitative at heart

In this study, data collection involved multiple methods that facilitated collecting both quantitative and qualitative data from both young children and cohorts of adult-participants (caregivers, community leaders and service providers)¹²³. The data collected from caregivers'

¹²² Young children investigated in this study are those aged between three and seven years.

¹²³ See sections 4.8 and 4.9 in this chapter for details.

structured interviews were analysed using quantitative data analysis methods as described later in this chapter. Beyond those quantitative data, the caregivers' structured interviews included open-ended questions that generated qualitative data. In addition, all the other data collection methods employed with the young children and the adult-participants in this study were aimed at obtaining qualitative data, thus followed a qualitative research approach and methodology. Therefore, in the main, this study adopted a qualitative approach in its methodology in a bid to incorporate young children's and adults' views of the research question under investigation. More emphasis was on a research approach driven by qualitative methodology because qualitative inquiry: 1) is a suitable approach for the investigation of areas that have attracted limited studies 2) can capture multiple perspectives and realities and 3) has proven practical in conflict-affected contexts (including culturally valid methods). These considerations are further elaborated below.

As discussed in section 1.3 in Chapter 1 and in Chapter 3, although there is considerable attention on researching young children's experiences in conflict-affected contexts (Akesson, 2012; Kostelny, 2008a; McElroy, 2012; McElroy et al., 2012; Wessells & Monteiro, 2008), research into how young children experience and perceive holistic wellbeing (other than psychological or psychosocial wellbeing) in rebuilding conflict-affected contexts is limited (Lloyd & Penn, 2010). Beyond this gap, it was identified that there is a paucity of research that captures the voices of young children, caregivers, community leaders, and service providers describing young children's experiences in areas recovering and emerging from the impact of armed conflict¹²⁴. For these reasons, qualitative research appeared to be the most appropriate approach to adopt to explore "multiple realities and perspectives" in the current study as it can be identified as "an area of limited research" (Denzin & Lincoln, 2000 cited in McFarlane et al., 2011, p. 651).

¹²⁴ See sections 1.3 and 1.4 in Chapter 1 for a discussion on the research gaps.

Hamber et al. (2015) observed qualitative inquiry is appropriate for investigations that seek multiple views, for not only can it be applied to diverse disciplines, but it also “crosscuts disciplines, fields and subject matter” (p. 3). Euwema et al. (2008) stated that qualitative inquiry is suitable in conflict-affected contexts as its methods are “culturally more valid, easier to administer and give more insight into practical ways of improving interventions” (p. 203). The current study employed a qualitative methodology to investigate young children’s experiences of care and wellbeing, of the (contextual) factors that impact upon them, and their diverse perspectives of these experiences. In this study traditional qualitative methods of interviews and group discussions, as well as non-traditional methods of drawings, participant-led tours, photography and observations were conducted with both young children and adults, utilising a culturally valid (for example, considering gender, social values and beliefs in the given context) participatory approach into research. These qualitative methods proved helpful for delineating the multifaceted nature of young children’s experiences (as well as the diversity of the perspectives) in an area affected by prolonged conflict, displacement, rebuilding and resettling.

Denzin and Lincoln (2008) however, stated that qualitative research can be challenged and its external (purpose) validity can be questioned as “interpretive” and “subjective” or as a “criticism [of] theoretical [or] scientific” explanation (p.10). Because internal (procedural) validity may be questioned, the end result may be labelled “unscientific”, “exploratory” or “subjective” (Denzin & Lincoln, 2008, p. 11). I address these speculations pertaining to qualitative research employing scientific and a rigorous research process presented in detail in this chapter¹²⁵. Nonetheless, because of my researcher position (as a Sri Lankan who experienced the impact of armed conflict at various degrees and as a researcher who conducted a large number of studies and humanitarian projects in conflict affected geographical areas in Sri Lanka), I do not claim to be completely non-subjective in this investigation (see section

¹²⁵ See section 4.11 in this chapter for a discussion on maintaining rigour, validity and reliability.

1.9). In addition, I claim that the qualitative approach was the most suitable methodology for this study as the methodology matched with my ontology as a critical realist who examined what was already evident for me from my own personal and professional experiences by being a Sri Lankan who lived and worked in conflict ridden Sri Lankan context (section 1.9.2 in this thesis) and with my rights based epistemological stance which valued experiences and views of young children and families.

In the next section I present my role as the researcher and clarify my ontological and epistemological positioning in this study.

4.2.1 My role as the researcher and my ontological and epistemological positioning

As a Sri Lankan who grew up within the norms and cultures of one ethnic group, albeit in a different (and relatively advantaged) geographical area to that of the identified research setting, it is not surprising that this case study was a challenge to me as I navigated through some of my own views, values and beliefs in the conduct of the study, which decided my ontological and epistemological positioning in this study. In this section I discuss these and how they contributed the development and conduct of this study.

Throughout my lifetime, I have developed and cultivated certain beliefs and understandings pertinent to various identities; a female, mother, Sri Lankan, Sinhalese, Buddhist, humanitarian worker, researcher, lecturer, disaster risk reduction professional and children's rights advocate.

During the research process, I openly identified, questioned and reflected upon my various identities and attached worldviews, and their potential to influence the research. Scrutiny of my personal research journal, and discussions with my three academic supervisors and colleagues (PhD candidates) were the platforms through which these identities were brought forward and any influences and/or potential biases were questioned and marked either

for avoidance or for highlighting as appropriate. However, it should be noted that, as explained in section 1.9 in Chapter 1, my ontological and epistemological positioning to this study focused on the children and communities and their strengths due to my understanding that the affected children and communities (including myself) do not act passively during and in the aftermath of the conflict, but struggle to rebuild what were badly affected or even destroyed as a result of the impact of the armed conflict in Sri Lanka.

Furthermore, due to my previous conflict-related experiences in Sri Lanka, I was emotionally involved in conflict experiences and the impact of conflict on children and communities (Toma, 2000). As Toma (2000) stated, “significant connection between researchers and subjects is inevitable as they are participating together toward a common goal” (p. 182). Therefore, the qualitative researcher may become either a “passionate participant” or a “transformative intellectual who is the advocate and activist on behalf of the subjects” (Toma, 2000, p. 182). I was passionate about the topic under investigation and discussion in this study, yet didn’t identify myself as a ‘passionate participant’. Driven by rights based perspectives that led me to be biased towards justice and equity at all levels, instead, I identified myself as a “transformative intellectual” who could act as an “advocate and activist on behalf of the subjects” (p.182). It is this bias which drove me to take a children’s rights and human rights driven approach to this research, to include young children and community respondents as the key informants and to incorporate participatory principles, as reflected by the multi-method Mosaic approach (Clark & Moss, 2001), when conducting data collection with children and adult participants.

My previous professions involved conducting research that investigated people’s experiences of conflict and disaster-affected communities in Sri Lanka (section 1.9.2 in Chapter 1). These research topics included: the impact of conflict and disasters on children and communities, child protection, early childhood care and development in disaster affected

contexts, disaster risk reduction and conflict sensitivity of aid delivery. These professional experiences were strengths as they facilitated my understanding of the wider and various conflict-affected societal contexts in which many Sri Lankan young children (and families) lived. However, I was also aware that this prior knowledge could not be applied to each context; in particular, it could not be applied to the rebuilding conflict-affected context in Malgama as this was a recently emerging phenomenon in Sri Lanka. In order to obtain a broader understanding of Malgama's conflict-affected and rebuilding context, in this research, as discussed in detail in this chapter, I have used multiple sources of data and multiple methods not only to gather and triangulate data, but also to maintain the validity and reliability of this study. For example, as presented in detail later in this chapter, government and non-government service providers were interviewed, related project documents reviewed, child-participants were given a number of data collection methods to facilitate narratives of their experiences and perspectives and caregivers were involved in various data collection methods.

For case study research, the researcher's role is to present a detailed description of the issue under investigation. Yin (2009) suggests that the researcher's prior experiences and professional understanding add value to a case study and its interpretation. Because I live in Sri Lanka, and have worked with conflict and disaster-affected communities, I possess both a deep understanding of the cultures and values of the island's diverse community groups and the nature of the impact of conflict upon them. A native Sinhalese speaker, I have the ability to communicate in Tamil language as well. However, as Sri Lankan communities are heterogeneous and their cultures, beliefs and ways of living are ethnically and geographically diverse; and as the impact of conflict may have changed people's societal values, beliefs and ways of living, I am aware that my understanding of the rebuilding conflict-affected context in Malgama is limited. Due to its resettling and rebuilding conflict-affected context, Malgama possesses complex and unique societal features, cultures and ways of living. Therefore, in this

research process, I was aware of my “not-knowing” situation (Bone, 2005, p. 2). Hence, I also became the ‘un-knower’ in Malgama. I addressed this challenge by including the views of young children as well as those of caregivers and community respondents, who would be the most knowledgeable about their own situation, thus the best informants for the topic under scrutiny. In addition, I utilised the multi-method Mosaic approach (Clark & Moss, 2001) in the design. This allowed the integration of different participant cohorts and different data collection methods in one study to generate a diverse range of data on the issue investigated.

In the next section, I present a rationale for conducting a single and critical case study as an investigation of the identified research questions of this study.

4.3 A single and critical case study

In order to achieve the aim of this study, a single and critical case study was conducted in a resettling and rebuilding conflict-affected village (assigned the pseudonym Malgama) in the Eastern Province of Sri Lanka. A case study approach was deemed appropriate for this study for the reasons discussed below.

Case study research can investigate perspectives of the phenomenon under investigation by situating it within a complex “historical, cultural, physical, social, economic, political [and] ethical” milieu (Stake, 2008, p. 127). Case study research can investigate “a contemporary phenomenon in depth and within its real-life context” (Yin, 2009, p. 18). Furthermore, case study research enables investigations into “real-life situations...[that] produces the type of context dependent knowledge” (Flyvbjerg, 2006, p. 223). The current study investigated multiple experiences of young children (and families) in a rebuilding social context as well as diverse perspectives about their experiences in their ‘real life setting’. The case study approach was utilised to uncover these diverse experiences and perspectives within the complex conflict-affected societal context in Malgama, Sri Lanka. The above notions proved relevant for the

topic under investigation in this study as young children's experiences of care and wellbeing and factors that were considered important for them in Malgama were found interwoven and contextual, which were able to be investigated in-depth through the conduct of a case study.

Another important aspect of case study research is that it allows investigation that is not designed to test prior defined hypotheses¹²⁶ and helps to uncover the numerous variables (and multiple realities) in a phenomenon (Yin, 2009). In addition, it provides a holistic analysis of a phenomenon:

Case studies are analyses of persons, events, decisions, periods, projects, policies, institutions, or other systems that are studied holistically by one or more methods. The case that is the subject of the inquiry will be an instance of a class of phenomena that provides an analytical frame—an object—within which the study is conducted and which the case illuminates and explicates (Thomas, 2011, p. 513).

A single and critical case study can “represent a significant contribution to knowledge and theory building” (Yin, 2009, p. 47) and it can achieve “analytic generalization”, which means “generalizable to theoretical propositions and not to populations or universes” (Yin, 2009, p.15). Young children's experiences of care and wellbeing in Malgama were unique and relevant to that particular context; this research did not aim for any generalisation of the findings. Rather, the research aimed to understand young children's experiences and factors that are specific to the rebuilding post-conflict milieu. Through this investigation, this case study attempted to achieve an ‘analytical generalisation’ by situating the findings within Honneth's (1996) theory of recognition¹²⁷. Hence, it can be suggested that the analytical principles identified from this study can be generalised to societies that are in the process of reconstruction.

¹²⁶ Yin (2009) states that case study research involves defining ‘prior prepositions’ to guide the investigation.

¹²⁷ See Chapter 2 for the theoretical framework of this study.

It is important to stress that case studies are not without their limitations. Case study research can generate a great deal of data, culminating in analytical difficulties (Groundwater-Smith et al., 2015). In order to overcome these potential difficulties, Stake (2008) suggested the following five requirements: “issue choice, triangulation, experiential knowledge, contexts and activities” (p. 120). In section 7.4 in Chapter 7 I discuss how identified limitations that are pertinent to the current case study were addressed.

In the next section, I describe the research process employed for this single (and critical) qualitative case study.

4.4 Research process

The process of this research, which followed the key phases of the development and conduct of this study included: 1) the design phase, 2) a pilot study, 3) the main study and 4) data analysis, sharing of findings and validation. Figure 4.1 presents an overview of the research process and key research activities undertaken in each phase. In the next sections, the research process is further elaborated.

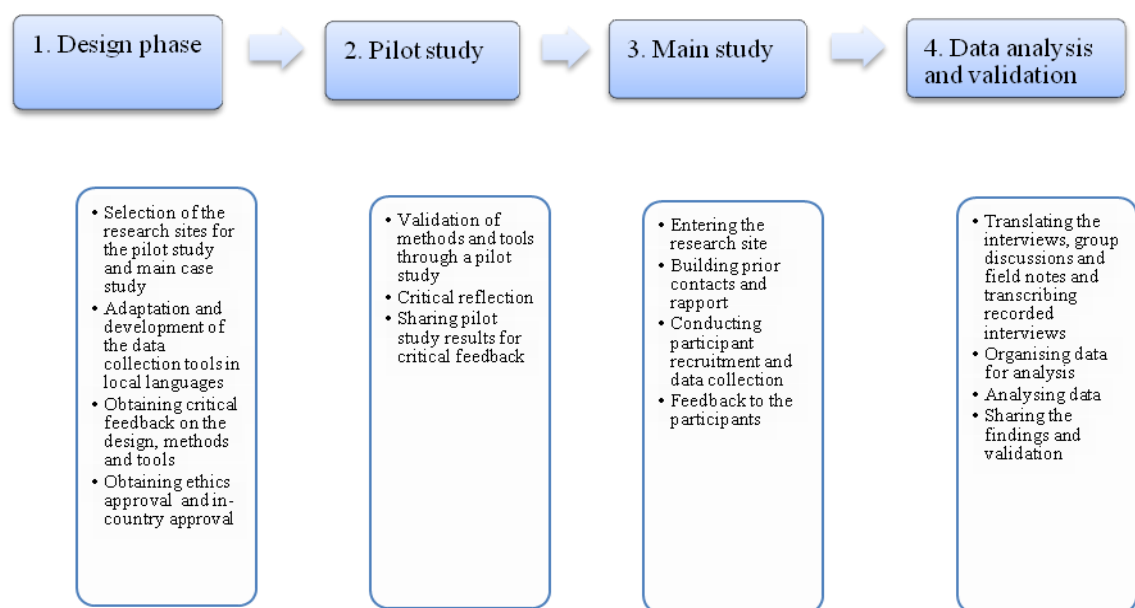


Figure 4.1. An overview of the research process

4.4.1 Design phase

The design phase included: a review of the literature, developing data collection tools, identification of the research sites for conducting the pilot study and main case study and obtaining ethics approval and in-country approval.

4.4.1.1 Adaptation and development of the data collection tools

In the preliminary stage of the research, I explored the literature, adapted questions from a number of data collection tools (Bowers & Ben-Arieh, 1999; Clark & Moss, 2001; Clark & Statham, 2005; Dunst, Trivette & Deal, 2003; Hart et al., 2007; Kostelny & Wessells, 2008; UNICEF, 2008), and integrated these within a multi-method Mosaic approach (Clark & Moss, 2001)¹²⁸. The data collection tools adapted and developed from the above research and the Mosaic approach included child-interviews, drawings and narratives, child-led tours, photography and narratives and children's group discussions. The data collection tools adapted and developed for adult-participants included: structured individual interviews¹²⁹, follow-up interviews and conversations, focus group discussions (FGDs), transect-walks (TW) within the village with caregivers and in-depth interviews with community leaders and government and non-government service providers¹³⁰. The data collection tools were developed in two local languages (Tamil and Sinhalese)¹³¹.

¹²⁸ See section 4.9 for an introduction of the Mosaic approach, its key features and utilisation of this study.

¹²⁹ The structured interviews conducted with the caregivers were designed to enable their responses to be recorded easily in written format. Therefore, some of the questions and the format were similar to the questionnaire format.

¹³⁰ See sections 4.9.6 and 4.9.7 in this chapter for data collection methods and Appendices 3,4,5 and 6 for data collection tools which were later translated into English.

¹³¹ I am capable of communicating in two local languages (Sinhalese, my native language and Tamil, my secondary language – at an intermediary level of communication). I did the adaptation and development of the data collection tools in Sinhalese and translated into English using my local language abilities. The support of a translator was utilised to prepare data collection tools in Tamil. I also obtained support from the translator when conducting Tamil data collection in the field.

4.4.1.2 Ethics approval and in-country approval process

Ethics approval for conducting the pilot study and the main case study research was obtained from the Macquarie University Human Research Ethics Committee for Human Sciences and Humanities (see Appendix 1). In-country approval was obtained from the Ministry of Child Development and Women's Affairs in Sri Lanka. Both the ethics approval and the in-country approval to conduct this research in Sri Lanka involved a long and complicated process as various contextual factors had to be considered when researching young children and communities who had experienced internal displacement and lived in conflict-affected contexts for a prolonged period of time¹³².

4.4.1.3 Critical friends and a review of data collection tools

Critical friends from Sri Lanka were invited to review the data collection tools and to assess the validity and appropriateness of the data collection tools for use when investigating young children's lived experiences of care and wellbeing within a complex conflict-affected socio-ecology in Malgama. These critical friends included a member of the National Early Childhood Care and Development (ECCD) Committee (which is the advisory body for ECCD policy and interventions for the Ministry of Child Development and Women's Affairs), former head for the government body for ECCD policy formulation and implementation in conflict-affected contexts, an ECCD officer responsible for conflict-affected geographical areas and a humanitarian professional in a leading child focused non-government organisation. A number of telephone and Skype discussions were conducted with critical friends in Sri Lanka to obtain feedback on the methodology and data collection tools.

The critical friends reviewed the appropriateness of the use of local languages (vocabulary, terms and phrases) and gave feedback. The feedback included methods of

¹³² See section 4.7 in this chapter for a summary of the ethical considerations pertinent to this study.

drawing, interviews and narratives using a participatory approach that were deemed appropriate when working with young children¹³³ in a conflict-affected context. The use of digital cameras for research was discussed for its appropriateness for use in a rural setting. After considering the wide mobile phone and similar technology usage in Sri Lanka, it was decided that the use of digital cameras would be appropriate after the consent of the participants was gained. The local languages used in data collection measures were reviewed by critical friends for clarity and cultural validity.

4.4.2 Pilot study and the validation of data collection tools

In order to validate the data collection approach and tools, a pilot study was conducted with a group of children and their caregivers in a recently settled socio-economically disadvantaged rural agricultural village in Sri Lanka¹³⁴. The research site for the pilot study was selected after obtaining information about potential villages from the Ministry of Child Development and Women's Affairs, reviewing the relevant demographic information, the social and economic profiles of the village, the level of ECCD support available to young children¹³⁵ and its accessibility. It also aimed at identifying a village that shared a similar socio-economic profile to that of Malgama, the research setting in which the main study reported in this thesis was conducted.

Prior to entering the village chosen for the pilot study¹³⁶, I consulted the relevant government officers¹³⁷. The preschool was identified as the suitable entry point to approach

¹³³ See section 4.7.2.1 for ethical considerations of addressing power relations between adult researcher and child-participants in research.

¹³⁴ The pilot study was conducted mid-2013.

¹³⁵ ECCD support was defined as the availability of basic infrastructure and facilities for health (maternity and children's clinics and hospitals), education (preschools and schools) and other ECCD programmes conducted by the Children's Secretariat, Ministry of Child Development and Women's Affairs, Sri Lanka.

¹³⁶ For ethical reasons, the village name and location is kept confidential.

¹³⁷ Following in-country research protocols, the Divisional Secretary (DS = the GoSL's Divisional administrative officer) and the Grama Niladhari (GN = the GoSL's village administration officer) were informed about the planned research activities.

potential child-participants and caregivers. Information about the pilot study, and the caregivers' invitations to participate were disseminated both in print and verbally¹³⁸. Four caregivers (and their young children aged three to five years) who volunteered to participate, were recruited as pilot study respondents. All data collection methods and tools developed for young children were used when working with child respondents in the pilot study. Interviews, child-drawings, child-led tours, photography, narratives and researcher observation were conducted with child-participants. A semi-structured interview schedule was piloted with the young children's caregivers.

This pilot study was helpful inasmuch as it confirmed that the adapted Mosaic approach (Clark & Moss, 2001) and the multiple methods and tools used when interacting with young children were appropriate for exploring young children's lived experiences and perspectives within family, school and their immediate environment and the social ecological factors that impacted upon them. The piloting of the data collection methods and tools for use with young children was helpful in ensuring the appropriateness of the adaptation of the Mosaic approach (Clark & Moss, 2001, 2005, 2011). As well, it ensured the appropriateness of using adapted and developed data collection methods and tools for generating data from young children and communities in rural, under-resourced and conflict-affected local contexts in Sri Lanka. The pilot study ensured the clarity and appropriateness of the local language used in the information sheets, structured interviews with caregivers and instructions for various data collection methods (for example, introduction to the data collection method of child-drawings, child-led tours and adult transect walks).

The experiences that the pilot study yielded were shared with a wider academic audience for feedback and validation of the adapted Mosaic approach (Clark & Moss, 2001, 2005, 2011)

¹³⁸ See Appendix 2 for Information and Consent forms.

and various data collection methods and tools¹³⁹. The pilot study, details of the research approach, the methods used (as well as those which were proposed for the main study) and pilot study results were also presented to a wider academic audience¹⁴⁰. Feedback included the insertion of more probing questions in children's interview schedules and extension of researcher observation beyond children's research participation to children's lived experiences and documentation in the form of photography and field notes. These suggestions for improvements were reviewed and incorporated as appropriate when finalising the data collection tools in this study. For example, more probing questions were added to the children's interview schedule in the form of 'why, when, what and can you explain more about this' and the researcher observations included researcher's photography as well.

In the next sections in this chapter, the process of conducting the main study and data analysis, sharing of findings and validation are presented.

4.5 The main study: Selection of the research site

If the aims of the research were to be achieved, selecting the appropriate research site in the conflict-affected context of Sri Lanka needed a series of careful considerations. A primary concern was the safety of the research process for both the participants and the researcher. The research site needed to be completely demined and free of other safety concerns before the researcher and research participants could proceed¹⁴¹. The research was deemed most appropriate among communities who had commenced their return and resettlement process at

¹³⁹ The academic audience included my three academic supervisors, PhD colleagues and critical friends from academic background in ECD in Sri Lanka. The young children's research participation and caregivers' structured interview schedule along with the gathered data were reviewed for the appropriateness of the data collection methods and tools. It was agreed that the Mosaic approach and adapted data collection tools were appropriate for the conduct of this study.

¹⁴⁰ See (Hettitanti, 2013).

¹⁴¹ Political, social and international allegations and proposed investigations on the events during the last stage of the civil war in Northern Sri Lanka created tension in the country. Suspicion surrounded research and studies of conflict-affected communities in the area.

least three years prior to the study in the resettling and rebuilding setting¹⁴². The research communities needed to have at least the basic support services for young children, and ECD services.

At the planning stage, the Ministry of Rehabilitation and Resettlement in Sri Lanka and the international and national non-government organisations (NGOs) were consulted to gain the required information about the return and resettlement status of communities in conflict-affected geographical areas. This was necessary in order to identify an appropriate research site in the North Eastern or Eastern provinces where armed conflict had occurred. The Ministry of Child Development and Women's Affairs in Sri Lanka was consulted to obtain information about the ECCD¹⁴³ support services delivered to the rebuilding conflict-affected villages in Sri Lanka¹⁴⁴. The following criteria were set when considering the selection of the site:

1. A prior conflict-affected and rebuilding village.
2. The demining process had been completed and the area checked and declared safe by the relevant authorities of the Government of Sri Lanka (GoSL).
3. Community return, resettlement and the rebuilding process had to have commenced at least three years prior to conducting the research study.
4. The communities had received support for rebuilding infrastructure, their livelihoods and social systems, and that essential services such as civil administration, health and education had been provided.
5. The community was diverse in ethnicity and/or religion and culture.

¹⁴² In the Northern Province (which was also directly affected by armed conflict), most of the communities were in an early stage of return and resettlement. Thus, they were considered inappropriate for this research.

¹⁴³ In Sri Lanka, the term "early childhood care and development (ECCD)" is used in policies and guidelines for early childhood development (ECD). In this thesis, both terms are used to explain early childhood development.

¹⁴⁴ ECCD support and services for young children in conflict-affected contexts included the ECCD model village project (This project, its aims and objectives are reviewed. See section 5.3.6 in Chapter 5).

6. It was situated in a geographical location where the researcher could access and conduct research activities (daily) over an extended period of time.

Information about the relevant villages was carefully reviewed against the set criteria to identify Malgama as the potential research site.

In the next section, the processes followed to enter the village and to recruit participants are presented.

4.6 Participant recruitment

In this section, the processes followed to enter to the village, gaining informed consent for participation and building trust and relationships with communities and participants are detailed.

4.6.1 Entry to the village

Prior to entering Malgama, preliminary communications were established with the Divisional Secretary (DS) of the Divisional Secretariat Division (DS Division)¹⁴⁵, the village administration officer (Grama Niladhari-GN) in Malgama and the ECCD officer for the relevant DS Division as they were considered the best sources of local information. Prior contact had been established to seek demographic details and other information about Malgama¹⁴⁶. These officers were further consulted to identify key contacts and suitable entry points via which to approach young children and the community in Malgama.

¹⁴⁵ Sri Lanka is divided into 9 administrative provinces. Each province is further divided into 3-4 districts depending on the geographical size and population. Each district consists of a number of Divisions (Divisional Secretariat Divisions) comprising a large number of GN Divisions (the smallest administrative unit). Depending on the size of the demography, a GN Division can be one village or a combination of a number of small villages. Malgama is one geographically large GN Division made up of a number of individual, small villages. However, in this thesis, for easy reference, Malgama is named as the study village.

¹⁴⁶ Telephone conversations were conducted to develop initial contact from a distance, which was followed up with face-to-face meetings when the researcher arrived to the Eastern province for field data collection.

The pre-school and school in the village were identified as effective entry points to Malgama. Contact details for the preschool teacher, the school principal and a community leader were obtained. Prior communication with these key persons was conducted from a distance (via telephone) at first and later by meeting them in person in the research area. At the outset, information about this research was shared with them in printed format in the local languages¹⁴⁷. These prior communications were essential in order to build trust and good relationships with the key individuals and to gain local support for this research.

4.6.2 Gaining informed consent for participation

This research, which employed a purposive sampling method, aimed at recruiting young children, their caregivers, community leaders and service providers as research participants. In this section I describe the process followed to obtain informed consent from the caregivers for their own and their children's participation, and the processes of gaining other adult-participants' informed consent, both as part of the recruitment process and as an ethical research practice in researching disaster/conflict-affected communities (Collogan, Tuma, Dolan-Sewell, Borja, & Fleischman, 2004). The gaining of informed consent from the child-participants is discussed as an ethical action in detail in section 4.7.2 in this Chapter.

With the co-operation of the preschool teacher and the school principal, a meeting was organised for the caregivers of young children in Malgama. An introductory meeting was held at the village Community Centre, the area in which the preschool was situated. Caregivers from the permanently resettled families in Malgama attended the meeting¹⁴⁸. At this meeting, information about this research was disseminated and information sheets¹⁴⁹ were distributed.

¹⁴⁷ See Appendix 2 for the English translations of the information and consent forms.

¹⁴⁸ The caregivers who attended this meeting were from the permanently resettled community (Tamil) in Malgama.

¹⁴⁹ For the Information and Consent forms for this study, see Appendix 2. It should be noted that, even though the Information and Consent forms were shared, the written consent was not sought.

Caregivers were given sufficient time to discuss the project with their young children and families prior to agreeing to participate. Due to potential or perceived possible harms / potential issues concerning the safety of the participants, and potential mis-trust that can be detrimental to research outcomes (Collogan et al., 2004), verbal consent was deemed the most appropriate in this conflict-affected context. Thus, caregivers' and all informants' verbal consent was sought. The participants were assured of the voluntary nature of their participation in this research and their ability to withdraw at any time free from consequences and without giving reasons.

According to prior information gathered regarding the village, a minority (Singhalese) community had returned and resettled and currently lived in Malgama. However, during the field study I found that this particular community consisted of transient families. As a result a different approach was adopted when inviting young children and caregivers from this particular group¹⁵⁰. First, the contact details of a community leader were obtained¹⁵¹. Prior communications were developed with the help of this community leader, as was support for sharing information sheets and the sending of invitations to potential participants. Second, with the support of the village community leader, a meeting was organised for the caregivers of young children (those who are aged below eight years). The meeting was conducted parallel to a community gathering in their geographical area in Malgama during a weekend. At this meeting, further information about the research was shared both verbally and in print form. The caregivers were given the opportunity to raise questions for clarification, and those who volunteered their own and their young children's participation were recruited as participants.

¹⁵⁰ According to prior information gained about Malgama, families from both the Tamil and Singhalese communities have returned and permanently resettled there. This was one of the criteria for selection of this GN Division as my research setting. However, during the field research, I found that the reality was different from the information given in official records. Similar to the Tamil community, members of the Singhalese community commenced the process of return from their temporary residences to this permanent settlement in 2008, but after 5 years, these communities were still in transient status. They continued to live in the places they lived during their displacement. Some had cultivated their land and lived in temporary huts and tree-houses or visited their land to protect their crops from environmental threats. Therefore, I had to approach them differently.

¹⁵¹ The GN in Malgama shared contact details of the community leader from the transient community.

Verbal consent for participation was gained. As per the caregivers' invitation, a preschool attended by some of their young children in a different area in which they resided during their displacement was also visited. Three child-participants from the transient community were recruited and involved in this study through that preschool. The other child participated in this study during his visits to transient community occupied geographical areas in Malgama. Altogether, 53 caregivers of young children¹⁵² consented to their own and their children's participation. All caregivers who consented for their participation were involved in this study.

The recruitment of government and non-government service providers and community leaders was conducted parallel to the recruitment of caregivers and children. Potential participants were identified based on my knowledge of the study village gathered prior to entering the village, when conducting the study (during the interviews, informal conversations and focus group discussions with the caregivers) and recommendations from already consented service providers¹⁵³. Similar to the caregivers, information about this study was shared both verbally and in print prior to gaining the service providers' and community leaders' informed consent. In order to eliminate any potential coercion vis-à-vis participation, no institutional involvement was sought.

4.6.3 Building trust and relationships

All of the research was conducted with the assistance of a local villager¹⁵⁴. This person played a key role in identifying potential research participants, directing me to children's residences

¹⁵² Consented caregivers were of children between 2.5 and 8 years. Children aged between 2.5 and 5 years attended the preschool either in or outside Malgama. Most of the caregivers of the children who attended preschool in Malgama had consented to their own and their children's participation in this study, but only 16 young children consented to participate who were in the age group of 3 to 7 years. For more details, see section 4.8 in this Chapter.

¹⁵³ For example, service providers shared contact details of the potential participants and encouraged me to invite them to take part in this study. This was in essence "snow ball" sampling.

¹⁵⁴ The preschool teacher introduced a local villager (the village volunteer) who was capable of communicating in two local languages, had experience in helping the evaluation team of an international NGO, and had held leadership positions in community organisations including the Mothers' Group and the Parents' Association for

and the other sites and accompanying me during my visits to these places in the study village. This village volunteer was fundamental to building trust relationships with the village community.

In 2014, I commenced a prolonged period of field study in Malgama¹⁵⁵. As well as spending time with the children and the caregiver respondents in the study village, I spent a considerable time during my data collection period at the school, the preschool and with the caregivers at their residences¹⁵⁶. While native language abilities made it relatively easy to establish a rapport with the research participants, I recruited the services of a translator to ensure my correct use of the local language. I spent many hours in the village and my presence (and that of my female translator) appeared both welcomed and appreciated¹⁵⁷.

In the next section, I discuss the ethical considerations of this study.

4.7 Ethical considerations during the study

The ethics approval for conducting this research was obtained from the Macquarie University Human Research Ethics Committee¹⁵⁸. In-country approval was obtained from the Ministry of Child Development and Women's Affairs in Sri Lanka through the Department of Probation and Child Care Services. In this section, ethical considerations of this study are discussed.

the pre-school. She was educated to Advanced Level (Grade 12). Due to her education, language ability, and volunteer positions with community based organisations, she had gained the trust and respect of the village community. She was knowledgeable about the study village, the ECCD programmes and the village community.

¹⁵⁵ For my field work I stayed with a local family in one of the main towns close to Malgama and travelled daily to the study village. For the data collection with the young children from transient families, who attended a preschool outside Malgama, I stayed in a local training centre and travelled to the research site.

¹⁵⁶ I did not visit the current residences of 4 child-participants from transient families. However, I spent a considerable time with three children at their preschool, and with one child in his family's cultivated lands in Malgama.

¹⁵⁷ During the entire data collection period, I resided in a town in the eastern province and visited the study village daily, travelling approximately 90 kms both ways. Most days, my research activities commenced early (before 8 a.m.) at the school in Malgama, as the time allocated for communicating with the children was from 8 a. m. until recess time (around 10 a.m.). My visits to the preschool were mostly conducted between 10 a.m. and noon. The data collection activities in the preschool outside Malgama were conducted similarly, starting from early morning (before 9 a. m.). Upon invitation from the caregivers, some of the caregivers' structured interviews and follow-up interviews with consented child-participants' mothers were also conducted at the preschool premises. These processes are further discussed in section 4.9 in this Chapter.

¹⁵⁸ See Appendix 1.

Firstly, ethical considerations observed when researching communities in conflict-affected contexts are discussed. Secondly, ethical considerations when researching young children are discussed.

It is not unusual to encounter a number of ethical considerations when conducting research among communities in conflict-affected regions. These include adhering to a ‘do no harm’ principle, cultural considerations, mitigating potential or perceived coercion for participation and protecting the privacy and confidentiality of the participants, all of which are discussed in the section below. Furthermore, the ethical praxis of researching young children needs special consideration throughout the study’s process (Palaiologou, 2014). In this section, the following ethical considerations are discussed in relation to researching young children: addressing power relations and obtaining informed consent when researching the child-participants; and, gaining informed consent from the child participants.

4.7.1 Ethical considerations observed when researching communities in conflict-affected contexts

4.7.1.1 Do no harm

‘Do no harm’ is both a humanitarian principle and an ethical concern of researching and providing support to children and communities in disrupted disaster and conflict-affected contexts (Anderson, 1999; Euwema et al., 2008; Wessells & Monteiro, 2008). In particular, Anderson (1999) who discussed ‘do no harm’ as a humanitarian principle has emphasised the importance of taking all effort not to cause further damage (through aid and services) to communities already affected by destruction. In conflict-affected contexts, divisiveness and mistrust can prove detrimental to cohesion among communities (Anderson, 1999). Thus, according Anderson, ‘do no harm’ principle includes equitable treatment to all affected people as inequity may fuel community divisiveness. In addition, children and communities in conflict-

affected contexts are likely to develop and bear psychosocial problems (Mackenzie, McDowell, & Pittaway, 2007; Wessells, 2008). Additional stress due to impoverishment and limited access to support services can exacerbate their condition. Thus, in conflict-affected and disadvantaged contexts, research may not be a community priority (Black, 2003). In consideration of the above potential conditions, effort was made to ‘do no harm’ to the communities and children in the process of their research participation.

Throughout the current research, the ‘do no harm’ principle was observed by providing equal opportunity of research participation to children and adults from both permanently resettled and transient families. The research did not promise any forms of direct intervention or material benefit for the children or communities, which included the stationary/story books presented as a small ‘thank you gift’ at the end of the field work. The participants were not told about this small ‘thank you gift’ until end of the field work. Throughout the research process, young children and adult-participants from the affected community were considered to be the best informants and active and capable social actors (Wessells, 2008). My application of Antonovsky’s salutogenic theory (sense of coherence) (Lindström & Eriksson, 2006)¹⁵⁹ encouraged the participants to focus on their strengths, competencies, and on the more positive aspects of their lives. The ‘do no harm’ practice included not inquiring into their distressful conflict-related experiences (Knack, Chen, Williams, & Jensen-Campbell, 2006), and not exposing them (including the young children) to things that they were either not aware of or not ready to know (Boyden, 2004). Protection of the participants’ confidentiality (for example, by de-identifying the village and participants and using pseudonyms and removing all identifiable

¹⁵⁹ Aaron Antonovsky, who introduced his salutogenic theory ‘sense of coherence’ as a global orientation to viewing the world, claimed that the way people view their lives has a positive influence on their health. Antonovsky’s salutogenic theory (sense of coherence) was followed in my approach to this research. Focus is upon positive aspects and the ‘good story’ of the children and community. For further reading, see (Lindström & Eriksson, 2006).

data from the thesis, publication and presentations) and safety was also part of the ‘do no harm’ principle that was practiced throughout this research¹⁶⁰.

4.7.1.2 Cultural considerations and respecting local values

Part of the ethical conduct of research is demonstrating both an understanding and respect for the subject communities, their cultures, and local values (Alderson & Morrow, 2011; Wessells, 2008). My prior experiences of conflict-affected Sri Lanka (both personal and professional research experiences) provided me with a well-grounded understanding of the socio-cultural context¹⁶¹. Drawing upon my previous knowledge of the cultural expectations of the local community, culturally appropriate measures were implemented throughout the research process. Out of respect for (and adhering to) the local culture, the translator and I wore suitable attire, used suitable greetings, words and expressions when communicating and followed appropriate customs when approaching the people of Malgama and other communities¹⁶². The participants’ gender concerns were respected during the data collection process. For example, only female caregivers and community members accompanied my translator and me during our transect walks and visits to sites in the study village as it was more appropriate for females to accompany female researchers in this study village context.

I made a courtesy visit to one of the religious places in the village (a church). I also met and explained this study to a Buddhist monk who visited Malgama to help with the rebuilding process for the transient families. Observing local customs, I paid a courtesy visit to the village administrative officer (GN) for Malgama prior to starting my research, and informed the officer

¹⁶⁰ During the first Focus Group Discussion at the Community Centre in the study village, the security officers’ visit and their inquiries caused community concern. As discussed in section 4.6.2 in this Chapter, in order to protect the privacy, confidentiality and the safety of the participants, only verbal consent was obtained for their participation. The interviews and focus group discussions were only audio recorded if prior consent had been obtained to do so. When requested, the discussions were not audio recorded: only discussion notes were taken.

¹⁶¹ See section 1.9 in Chapter 1 for my motivation of conducting this study and section 4.2.1 in Chapter 4 for further discussion on ‘my role as the researcher and my ontological and epistemological approach’ in this study.

¹⁶² Other communities are used to identify the transient community and communities in the places I visited when interviewing the service providers.

when the data collection was completed. The preschool teachers from both preschools and the school principal were shown respect, consulted, and kept informed of the research activities throughout the field research process. The caregivers' support for research activities was appreciated. They were prior informed of data collection activities with children and visits to their residences well in advance.

To show respect and acknowledge the time and effort needed from participants, I followed local customs including politeness, acknowledgement and respect. I offered the participants light refreshments during our initial meetings, focus group discussions and data collection sessions that involved young children. In addition, at the conclusion of the study, young children were given small gifts (stationery and story books). The pre-school teachers were given a set of children's storybooks for use in their classrooms. Every effort was taken not to identify these token gifts as a form of coercion to participate (Knack et al., 2006), but as a culturally appropriate way of thanking the participants for their time and participation.

4.7.1.3 Mitigating potential or perceived coercion for participation

Drawing on refugee children's experiences, Mackenzie et al. (2007) state that power imbalances need to be identified and appropriate measures taken to mitigate any potential or perceived coercion for research participation in conflict-affected contexts. Throughout the research process, I considered the possible power dynamics in the conflict-affected context, and steps were taken to mitigate these effects. When managing participant recruitment, for example, in order to mitigate potential institutional pressure on participants, I approached each individual personally, provided information about the research and invited her/his participation. Coercion for participation can take numerous forms, promises of assistance or incentives, for example (Deters, 2014). To overcome this issue, I provided clear information about the study and its academic purpose both in printed form and verbally at the beginning of the study and reminded participants of this purpose throughout my data collection in the study village.

4.7.1.4 Protecting the participants' privacy and confidentiality

Preserving the participants' personal privacy and confidentiality of the information they impart is a key ethical consideration in the research process (Alderson & Morrow, 2011). In this study, the actual names of the research site, the participants, along with all identifiable data were removed. When sharing research findings, and in all related publications, pseudonyms were used. To protect the privacy and confidentiality of the participants and the information shared during the research process only verbal consent was obtained.

4.7.2 Ethical considerations when researching young children

In this section I discuss ethical considerations of researching young children in this study.

4.7.2.1 Addressing power relations and obtaining informed consent when researching child-participants

Punch (2002b) argues that an unequal power relationship can exist between the child participant and the researcher. Issues of power relations may include: the child feeling pressured to participate, feeling unable to withdraw or feeling unable to genuinely express their views (Mackenzie et al., 2007). In order to mitigate the effects of power relations on young children, a series of steps were taken during the research process. The caregivers were asked to discuss the current research with their young children before providing consent for the latter to participate. In this research context, however, it was observed that while some caregivers attempted to force or plead with their children to participate in this research. Some caregivers openly encouraged their young child/children to become involved in the research, others pleaded with the child either to talk with me or to the translator when obviously the child was

not prepared to do so¹⁶³. To mitigate against this the young children's participation and views were respected at all times. I ensured that the young children's informed consent was obtained (Macdonald, 2014). Each child-participant was informed about the research and expected research participation using a simple introduction¹⁶⁴ and I explained how the data would be used (for example, published in a book/report) (Coleyshaw, Whitmarsh, Jopling & Hadfield, 2012; Conroy & Harcourt, 2009). The young children were also informed that their actual names would not appear, and that this would to protect their anonymity and confidentiality. Although 53 caregivers initially agreed to participate, and conveyed their young children's consent to participate, only 16 young children agreed to participate in the current study.

Consent was continuously reviewed prior to each data collection activity (Conroy & Harcourt, 2009). The children were reminded of the voluntary nature of their participation and their ability to withdraw from any research activity. They were informed that they could opt out of any question or activity at any time during the data collection. Accordingly, during the individual interviews, children sometimes remained silent or said that they did not know the answer. Their answers (or their decision not to respond) were respected. Some children did not involve themselves in all data collection activities, for example, child-led tours and/or photography.

Harcourt & Sargeant (2011, p. 432) stated that "research that seeks to involve or include children should consider...the relationships developed through the process". Following this observation, I spent a considerable amount of time developing positive and trustworthy relationships with the child-participants at the school, the preschools and the children's residences. Adopting the Mosaic approach (Clark, 2005b; Clark & Moss, 2001), young children

¹⁶³ Another strategy used to mitigate adults' potential coercion for children's participation in this study was to conducting data collection sessions mostly within preschools and school premises where there was less direct parental involvement in research activities.

¹⁶⁴ See Appendix 7 for script used to inform young children about this study.

were offered a variety of data collection methods (interviews, narratives, drawings, photographs or child-led tours), which allowed them to decide what information they would share and what form it would take. Kirk (2007) suggested that giving children control of the interview equipment (such as cameras) and using group interviews allows children to feel part of the research process. I offered children the use of cameras (as part of the data collection activity), and involved groups of children (if the children agreed) in child-led tours and discussions with the Children's Group in Malgama. These methods can be identified as participatory methods, which may help to address issues of power relations between the child-participant and the adult researcher/s (Alderson & Morrow, 2011; Morrow & Richards, 1996). Research methodologies guided by the Mosaic approach provided a safe, child-friendly research environment wherein a child has control over her/his participation in the data collection activities (Baird, 2013).

4.7.2.2 Protecting the children's anonymity and confidentiality

Children's rights to privacy and to non-disclosure of the information they impart to researchers suggest that the latter should constantly review how they may respect the trust the children place in them when sharing their experiences and perceptions (Dockett, Einarsdottir, & Perry, 2009). However, as Kirk (2007) argues that the researchers are obliged to pass on relevant information if they encounter situations where the child-participants are at risk. Hence, according to Kirk (2007), full confidentiality cannot be guaranteed when researching with young children. This can create an ethical dilemma when dealing with children (Mackenzie et al., 2007). However, elements of trust, which involve the need to disclose certain information if the child's experiences show that s/he was/is at risk (Punch, 2002a), were explained to the child participants and their caregivers prior to data collection. I explained to the caregivers that in certain cases I have a mandatory obligation to report disclosed information (such as child abuse or maltreatment) to the relevant authorities via the child protection helpline (Child Help

Line Sri Lanka -1929)¹⁶⁵. If relevant information is revealed, a contingency clearly stated on the information and consent forms. However, the children involved in this study did not reveal any child abuse or neglect, so no need arose to disclose any information in this way (using Child Help Line or any other way).

4.8 Research participants

In case study research, purposive sampling is deemed appropriate as it supports “variety” and provides “opportunities for intensive research” (Stake, 2008, p. 129). The purpose of this research was to investigate young children’s lived experiences and perceptions of care and wellbeing in a rebuilding conflict-affected context. The research attempted to explore the diverse perspectives of young children and adults regarding the topic under exploration. In order to achieve the aims of this research, a purposive sample of young children, caregivers, community leaders, and government and non-government service providers was recruited¹⁶⁶.

Table 4.1 shows an overview of the participants in this research.

Table 4.1. An overview of the research participants

Research participants	Number of research participants
Young children aged between 3 and 7 years	16
Young children’s caregivers	53
Community leaders in Malgama (CL)	5
Service providers from government organisations (GO)	8
Service providers from non-government organisations (NGO)	5
Total	87

¹⁶⁵ In the event of a child disclosing information about maltreatment or abuse, I am obliged to report to the relevant child protection authorities through the Child Help Line Sri Lanka (telephone number 1929). This is mandatory, legal requirement in Sri Lanka. In such circumstances, the nature of the incident and the names of associated individuals may have to be revealed as required by law. The confidentiality of the information is protected by child protection systems in such cases at all times.

¹⁶⁶ See section 4.6 in this Chapter for participant recruitment process.

4.8.1 Young children: The main research participants

The child-participants (n=16) were from families that had been affected by the ongoing armed conflict, internally displaced and had returned and resettled in the rebuilding conflict-affected context in Malgama. As stated in section 4.6 in this Chapter, the child-participants were from two community groups: 1) a permanently resettled community (n=12) and 2) a transient community (n=4). These young children may not have been directly exposed to conflict experiences, however, their caregivers and older siblings, along with other community members, may have experienced armed conflict and violence¹⁶⁷. Thus, irrespective of their degree of actual exposure to conflict, these child-participants were experiencing the effects of armed conflict and the issues and challenges that shape a rebuilding post-conflict milieu.

The child-participants who consented to participate in this study were aged between three and seven years. They were diverse in terms of gender, ethnicity, schooling and status of resettlement (Table 4.2). They included 7 girls and 9 boys. Five were pre-schoolers who attended two preschools, one in Malgama and the other outside of Malgama. Eleven children attended the public schools, one outside Malgama and the others in Malgama. They were in Years 1 and 2¹⁶⁸ at the time the field study was conducted.

¹⁶⁷ Ethics precluded investigation of the prior conflict experiences of the participants in this research. However, unprompted remarks suggested that the adults and older children in Malgama may have been exposed to armed conflict.

¹⁶⁸ Year 1 and Year 2 are equivalent to Kindergarten and Year 1 in primary schools in Australia.

Table 4.2. Demographic details of the child- participants¹⁶⁹

Demographic information		Number of children
Age	3-4 years	5
	5 -7 years	11
Schooling	Preschool	5
	School (Year 1 and 2)	11
Gender	Female	7
	Male	9
Native language	Tamil	12
	Singhalese	4
Ethnicity ¹⁷⁰	Tamil	12
	Singhalese	4
Return and resettlement status of their families in Malgama	Permanently resettled	12
	Transient	4

4.8.2 Young children's caregivers

A total of 53 caregivers consented to their young children's and their own participation. All were females and had attended school. Seven had studied up to Year 12, and 29 up to Year 10. Twenty one caregivers were aged below 30 years, suggesting that they were at a young age when they were displaced. Thirty seven caregivers were from families that had permanently resettled in Malgama. The remainder (n=16) were from the transient families. An overview of the caregivers who participated in this research is presented in Table 4.3.

¹⁶⁹ The demographic information pertaining to the child participants was obtained from their caregivers using structured interviews (see data collection section 4.9 and Appendix 4 for the caregivers' structured interview schedule).

¹⁷⁰ Ethnicity was identified as an important variable for the child-participants and their caregivers to demonstrate the ethnic heterogeneity of the sample population.

Table 4.3. Demographic details of the caregivers

Demographic details of the caregivers		Number of participants
Age	below 30 years	21
	above 30 years	32
Education	Education up to grade 12	7
	Education grade 6-10	29
	Education up to grade 5	17
	No education	0
Ethnicity	Tamil	37
	Singhalese	16
Return/resettlement status of their families	Permanently resettled	37
	Transient	16

4.8.3 Community leaders

The term “community leaders” in this thesis refers to those who held positions in community-based societies, those who are respected by the community (for example, the preschool teacher), and religious personnel. Community leaders were invited to share their perspectives of young children’s experiences of wellbeing and factors that were important for these children’s experiences in the rebuilding conflict-affected context in Malgama. Among the five community leaders who volunteered to participate in this research, two were female and three were male. Two were from the transient community and three were from the permanently resettled community in Malgama. Details of the community leaders who participated in this study are presented in Table 4.4.

Table 4.4. Details of community leaders

Community leaders	Gender	Types of community involvement
CL1	Female	An office bearer of Malgama's Samurdhi Society ¹⁷¹ and a member of the Mother's Group- permanently resettled community
CL2	Male	President of a community-based society ¹⁷² - transient community
CL3	Male	A member of the Village Development Society and the owner of a boutique (a small retail shop) in Malgama- permanently resettled community
CL4	Female	The preschool teacher in Malgama- permanently resettled community
CL5	Male	A religious leader who provides support for community return and resettlement in Malgama- transient community

4.8.4 Government service providers

A total of 13 government and non-government service providers volunteered to participate in this research¹⁷³. Among them, eight were from government organisations (GOs)¹⁷⁴. Depending on their operational level, government service providers who participated in this study could be positioned on different administrative levels. While four government service providers were extending direct services to Malgama at the village level, one participant delivered services at the provincial level. The three government service providers involved in this study delivered services to Malgama at the DS Divisional level. The type of services provided by these government service personnel extended to Malgama and other areas in the region. These included: ECCD, education, administration, social and economic development and policy

¹⁷¹ Samurdhi was launched as a National welfare programme by an act of Parliament of the GoSL in 1995 which aimed at improving "the economic and social conditions of youth, women and disadvantaged groups of the society" (Glinskaya, n.d., p. 6). At GN level the Samurdhi beneficiaries are organised into Samurdhi societies (or Task Forces) and into small groups (Glinskaya, n.d.).

¹⁷² This community-organised society's main aim was to address issues of return and resettlement of the transient community in Malgama.

¹⁷³ Government and non-government service providers were supportive throughout the study and available for interviews, follow-up telephone conversations (even after working hours), and for sharing relevant unpublished documents for review.

¹⁷⁴ All of the government officers who participated in this study were males, native local people from the Tamil, Singhalese and Muslim communities.

formulation and implementation. An overview of the government service providers involved in this study is presented in Table 4.5.

Table 4.5. Details of government service providers

Different layers of service provision	GO participants	Types of services delivered
Services delivered at the GN Division (at the study village level)	GO1 GO4 GO5 GO 8	Support and services for village administration, education and socio-economic development
Services delivered at the Divisional Secretariat ¹⁷⁵ Division level	GO2 GO3 GO6	Policy development, support and services for administration, ECCD, socio-economic development programme
Services delivered at the provincial level ¹⁷⁶	GO7	ECCD and early education-related policy implementation

4.8.5 Non-government service providers

Among the service providers who participated in this study, five were from non-government organisations (NGO) that operated at the Divisional and district levels. They had been working in Malgama, providing direct support to the resettling community. Details of the service providers from non-government organisations who participated in this study are presented in Table 4.6.

¹⁷⁵ The DS Division, the second level administrative unit, consists of a number of GN Divisions. The DS in which Malgama situated comprises 35 GN Divisions.

¹⁷⁶ This officer and the relevant institution directly supported Malgama; therefore, they were knowledgeable about the study village and the situations of the young children and families.

Table 4.6. Details of the service providers from non-government organisations (NGO)¹⁷⁷

Level of operation	Officers from non-government organisations (NGO)	Types of services delivered
Operational at the village level in Malgama	NGO1	Integrated approach for supporting community and children
Operational from District level and deliver direct services to Malgama	NGO2 NGO3 NGO4	Child-centred support
Operational from District level – no direct service provision to Malgama ¹⁷⁸	NGO5	Income generation and community building

4.9 Data collection

Listening to children's voices in research has attracted scholars seeking new ways of understanding childhood (Clark, 2005b). This was driven by the emergence of the sociology of childhood¹⁷⁹ discourses in which children are seen as active social members with autonomy (James & Prout, 1997, 2015; Mayall, 2002). In this thinking, children are considered to be the experts in their life experiences (Moss, Clark, & Kjørholt, 2005) whose views provide a unique perspective of the world (Morrow & Pells, 2012). As well children are considered to have relevant expertise regarding their life experiences and to have views that may differ substantially from those of adults (O'Kane, 2008). Children are thus seen as important collaborators in any research studies that explore aspects of their lives (Morrow, 2008; O'Kane, 2008). The theoretical concepts central to sociology of childhood discourses are further supported by the children's rights discourses, themselves directly influenced by the UNCRC¹⁸⁰

¹⁷⁷ All non-government officers were native local people from Tamil and Muslim community (two females and three males).

¹⁷⁸ The organisation itself did not have direct service provision to Malgama, yet this officer had been working at village level in Malgama prior to moving to their current organisation.

¹⁷⁹ Sociology of childhood discourses are discussed in section 2.3.3 in Chapter 2.

¹⁸⁰ The UNCRC and subsequent General Comment 7 (Un, 1989, 2005) are discussed in section 2.3.2 in Chapter 2.

(Harcourt & Sargeant, 2011; Moss et al., 2005). Fundamental to this is respect for children's views regarding decisions that are being made on their behalf.

Influenced by the sociology of childhood conceptualisations and children's rights perspectives, growing attention has been paid to the notion that children are knowledgeable and can take action and speak on their own behalf (Fatore, Mason, & Watson, 2007). Researchers argue that even young children have unique knowledge and views on what they experience. Therefore, when investigating learning about young children's experiences, they must be (and have a right to be) well represented in the research as important, first informants (Kirk, 2007; Macdonald, 2014; Woodhead, 2005). Influenced by the above views, this study explored and identified a multi-model and multi-method research method, the Mosaic approach (Clark and Moss, 2001), for the conduct of this study, which is presented in the sections below.

4.9.1 A multi-model and multi-method research approach: The Mosaic approach

This research considered a multi-model and multi-method research approach an appropriate research strategy to listen to the voices of young children relating their experiences in the study village, and to obtain the views of caregivers, community leaders, and service providers vis-à-vis young children's experiences. Two research models were reviewed and adapted to enable multiple informants to become involved in this research: 1) the 'one child data mosaic' model from the Young Lives child wellbeing research project¹⁸¹ (Camfield et al., 2009) and 2) the Mosaic approach from the early childhood pedagogical research (Clark, 2004, 2005a; Clark & Moss, 2001). These two research strategies share similar characteristics. They aim at developing 'a mosaic' about children's lived experiences within a single study, and to

¹⁸¹ The 'Young Lives', a longitudinal research project that aimed to study child wellbeing in four countries between 2000-2015. The project initiated with quantitative data gathering and creating baseline data about involved children. Since 2007, the project involved qualitative approach to develop approximately 200 individual child case studies. For more information on the pilot study of the qualitative component of Young Lives see (Crivello et al., 2009). For more information on Young Lives research project see <http://www.younglives.org.uk/>.

investigate multiple perspectives without overlooking the centrality of children's own perspectives. In particular, 'the one child data mosaic' approach allows the incorporation of both qualitative and quantitative data to investigate the experiences of children. In the next section, I discuss the effectiveness of these models for research and examine how they have been adapted to facilitate adoption of the Mosaic approach.

4.9.1.1 The 'one child data mosaic' model

In the course of Young Lives project, the perspectives of various participants and data from multiple sources were obtained and organised as 'a data mosaic' enabling presentation of various realities and perspectives of children's experiences of wellbeing within a particular research study (Camfield et al., 2009). The model used in the Young Lives project highlighted that various methods can be integrated into 'a one child data mosaic' without losing the central place given to the children's perspectives¹⁸². Furthermore, Camfield et al. (2009, p. 96) demonstrated that the multi-method data mosaic model used in Young Lives project showed the potential in "embracing multiple dimensions" of the phenomena under investigation using "multiple approaches [in] a single study". Groundwater-Smith et al. (2015, p. 129) identify potential "analytical constraints" due to the diversity and amount of data that can be generated when multiple data collection methods are employed in a single study. These considerations can be addressed with a carefully designed scientific and rigorous data analysis process¹⁸³.

4.9.1.2 The Mosaic approach

The Mosaic approach (Clark & Moss, 2001) originally drew upon the pedagogical frameworks used in preschools in Reggio Emilia, Italy which in turn were influenced by 1) the theories of

¹⁸² Camfield et al. (2009) presented the multi-model aspect in a graph (p.96).

¹⁸³ See section 4.10 in this Chapter for data analysis process utilised in this study.

children as competent social actors (Clark & Statham, 2005) and 2) from Loris Malaguzzi's pedagogy which emphasised the children's use of 'a hundred languages' for expressing their own views (Edwards, Gandini, & Forman, 1998). Drawing on these theoretical and pedagogical frameworks, the Mosaic approach positions the child as a "'rich child' who is strong, competent and active" (Clark, 2004, p. 143). It recognises that children can convey their thoughts through many ways other than (written or spoken) words; for example, drawings, photographs, child-led tours (Clark, 2005a).

Numerous strengths were identified when using the Mosaic approach to research young children. Waller and Bitou (2011) observed that the Mosaic approach promotes interpretation of personal experiences and views of such experiences in a better and trustworthy manner. The methods that the Mosaic approach offers do not necessarily have "to rely on verbal interaction alone" (Groundwater-Smith et al., 2015, p. 129). Adopting the Mosaic approach, one can look at a "multi-dimensional picture of the child's world" (Clark, 2011, p. 6). Further, employment of the Mosaic approach advantages both the child-participants and the researcher for two reasons: 1) in order to express their views, children can choose a method from the multiple activities and methods that are offered to them (Stephenson, 2009), and 2) the visual methods used in this approach may keep the research participants free from guessing about an intended reply to the research questions, making it much useful in research with children (Clark, 2011).

The non-traditional ways of engaging children in research advocated by the Mosaic approach are further influenced by the participatory rural appraisal methodology (Chambers, 1994) that has been widely used among groups who are not empowered to raise their voices (Clark & Statham, 2005). The Mosaic approach was initiated, and has been widely used, to capture young children's experiences in childcare settings in relatively advantaged Western contexts. Yet, this approach has also been identified as a viable approach for exploring the experiences of children in disadvantaged or strained contexts (Clark & Statham, 2005). The

Mosaic approach was adapted, for example, to explore the experiences of both a group of young children aged between 4 and 6 years with brain tumours and that of their parents as they engaged with the health care system in the UK (Cohen, Berliner & Mannarino, 2000). In another study, the Mosaic approach was employed to explore the experiences of a group of disadvantaged young children while they participated in a parenting programme in Australia (Baird, 2013, 2015). The Mosaic approach has also been recently adapted in research exploring young children in disadvantaged communities in non-Western settings; for example, in a disaster prone village in the Philippines (Lopez, 2015), and among young street children in urban Mumbai, India (Mevawalla, 2016).

4.9.1.3 Application of the Mosaic approach in this research

It was necessary to make culturally and contextually relevant adaptations when using the Mosaic approach in a conflict-affected context in non-Western setting. The six key elements of the Mosaic approach, a “multi-method, participatory, reflexive, adaptable, focus on lived experiences and embedded into practice” (Clark, 2005b, p. 31) provided enough flexibility to adapt this approach to examination of both children and adults in conflict-affected contexts. The above six key elements, and how the Mosaic approach proved adaptable in this research, are presented below (Clark & Moss, 2001, p. 31):

1. Multi method: recognises the different ‘voices’ or languages of children, which enabled use of various methods for children’s voices to be heard.
2. Participatory: treats children as experts and agents in their own lives enabling a research design which recognised children as the best knowers of their own experiences.
3. Reflexive: includes children, practitioners and parents in reflecting on meanings and addresses the question of interpretation, enabling the inclusion of the perceptions of children, caregivers and other adults for developing a shared understanding.

4. Adaptable: can be applied in a variety of early childhood institutions and a variety of young children's contexts.
5. Focus on children's lived experiences: can be used for a variety of different purposes including looking at lives rather than knowledge gained or care received.
6. Embedded into practice: a framework for listening that has the potential to be both used as an evaluative tool and to become embedded into early years practice.

Adapted from the multi-method Mosaic approach (Clark, 2004; 2005b; 2011; Clark & Moss, 2001) the current research included the voices of young children relating their experiences of care and wellbeing, and adult participants' views on these experiences. The diverse range of methods integrated with the Mosaic approach allowed for the inclusion of adults' perspectives on the topic under investigation, without harming or overlooking the children's perspectives. Thus, by using the Mosaic approach, a detailed picture of the young children's lived experiences could be developed incorporating both children's and adult's data. The data collection methods used with the children consisted of children's drawings, photography, narratives, interviews, child-led tours and a group discussion. In the case of the adult-participants, structured interviews, in-depth interviews, FGDs, and TWs were conducted. In addition, a document review (policy, programme guidelines, and institutional documents/reports) and researcher observation were conducted. In the following sections, the details of multiple participants, along with the data collection methods used, are presented.

4.9.2 Data collection with young children

This study focused on three socio-ecological settings; family, preschool/school, and neighbourhood/village community. Drawing upon the multi-model Mosaic approach, a number of methods were offered to young children to facilitate the sharing of their lived experiences in

these different settings. All data collection activities with children were guided by a semi-structured and open-ended questions schedule¹⁸⁴.

Data collection methods with child-participants included;

1. Interviews.
2. Drawings and narratives.
3. Child-led tours, photography and narratives.
4. Children's group discussion.
5. Researcher observation.

An overview of the data collection methods offered to young children, showing how and why they were used in this study is presented in Table 4.7.

¹⁸⁴ See Appendix 3.

Table 4.7. Research methods offered to child-participants and research purpose

Research purpose	Methods				
	Interviews and conversations with children (n=16)	Drawings and narratives (n=16)	Child-led tours, photographs and narratives (n=8)	Children's group discussion (n=10)	Researcher observation (n=16)
Introducing the research, informed consent for participation	Verbal introduction to this research and obtaining consent	Introducing drawings as a way of sharing views	Introducing child-led tours and photography as a way of sharing views (encouraging children to narrate their experiences at different places in school and the immediate environment and to talk about people, events and the activities they do)	Introduction to the research, its objectives and children's expected participation	Infrastructure facilities and the nature of the children's physical environment Children's research participation Children's expressions and body language when sharing their views Children's activities at their residences and within the neighbourhood (for example, travelling to and from school together, playing, interaction with their caregivers and family members) Children's activities within school (for example, children's play and interaction with the teachers and peers)
Building trust and rapport	General conversations about family, school, inviting to sing and storytelling	Free drawing sessions and general conversations around the themes of the drawings		General conversations and introducing each other	
Investigating children's experiences within family	Experiences within the family	Offering drawings as a way of sharing views and encouraging children to talk about people, incidents, events within the family and share their feelings about them	Experiences within the family	Experiences at the family level shared in a collective sense	
Investigating children's experiences within school/ preschool	Experiences within school/ preschool	Experiences within school/ preschool	Experiences within school/ preschool and social relationships with peers, teachers	Experiences within school/ preschool and social relationships with peers, teachers	Children's Group activities
Investigating children's experiences within village	Experiences in neighbourhood and village		Experiences in neighbourhood and social relationships	Experiences within village and within the community	
Winding up research activities and appreciating children's research participation	Briefing and appreciating participation	(adapted from Flower of peace) A drawing activity addressing ethical aspects of research with children	Briefing and appreciating participation	Group singing - addressing ethical aspects of research with children	

In the following sections, the strengths and weaknesses of each data collection method utilised with child-participants are described.

4.9.2.1 Interviews

The interview represents a direct form of communication with the participant. Interviews with children can generate rich and in-depth data pertinent to their experiences and views (Groundwater-Smith et al., 2015). Interviews conducted with children for research purposes are a way of recognising their competency and agency (Christensen & James, 2008). When conducting interviews with children, their degrees of participation may be diverse, depending on their competencies, interest in the topic, and on other individual factors and preferences. Three ways of involvement through interviews may also vary. Researchers have noted that children may prefer to be interviewed individually, within groups and/or in the presence of a trusted adult such as the caregiver (Smith, Duncan, & Marshall, 2005).

The data collection with young children in this study involved prior informed consent from caregivers and children¹⁸⁵. After obtaining the caregivers' consent and the children's consent for participation, the child-participants were interviewed. I conducted initial interviews with children in their school and preschool settings. At the school in Malgama, the school principal provided me with the space and freedom to use one classroom to conduct research activities in the mornings¹⁸⁶. During this time, the students were mostly involved in sports activities or practicing for their upcoming annual sports day. The young children (in Years 1 and 2) were not involved in these sports practices. Therefore, they had more free time to participate in this study. I interviewed the children either in small groups or individually,

¹⁸⁵ See section 4.7 for ethical considerations and in particular, section 4.7.2.2 for a description of gaining informed consent from young children for their participation in this study.

¹⁸⁶ Time duration for these data collection sessions was generally from 8 a.m. up to 10 a.m. Yet, during some of the days, the data collection in school was conducted over a longer period.

depending on the children's preferences. The interviews were conducted in a corner of the classroom in the presence of a teacher.

At the preschool in Malgama¹⁸⁷, I was given the space and time to conduct interviews and other data collection activities with child-participants during preschool time. Some interviews at the preschool extended beyond normal preschool time at the participants' request. The interviews and other data collection activities with the three pre-school aged children from the transient families were conducted in a preschool outside Malgama. Interviews and other data collection with the other child from transient community was conducted on his family's cultivated land in Malgama.

An open-ended question schedule was used to guide the interviews (as well as conversations and other activity-based data collection methods) involving the child-participants¹⁸⁸. While use of the interview schedule helped to keep the interviews focused, the interviews (or conversations) did not always follow an established pattern. The use of multi-methods of data collection (drawings, child-led tours, narratives and observations) helped to add information and to 'fill the gaps' in the children's interviews. The interviews were child-driven. Several respondents chose not to respond to all of the probes (topics) under discussion. Some children tended to lead conversations onto other completely different topics. Meanwhile some children were open to be interviewed several times.

4.9.2.2 Drawings and narratives

Methods that incorporate drawings are increasingly being used in research as a way of 'listening' to the views of (young) children (Clark, 2004; Elden, 2013; Harcourt, 2008; Punch, 2002b; UNICEF, 2008). Due to children's familiarity with the activity and the materials used,

¹⁸⁷ See 4.6.2 in this Chapter for procedures followed in approaching to the children and caregivers from transient community.

¹⁸⁸ See Appendix 3 for interview and data collection schedule.

drawing as a research method is deemed supportive in “establishing rapport and setting up a relaxed interaction” (Groundwater-Smith et al., 2015, p. 106). Punch (2002b) observed that when drawings are used during research, children’s active participation and creativity increased¹⁸⁹. Where drawing as a research method with children is used, it has other advantages. For example, Groundwater-Smith et al. (2015, p. 107) identified that drawing allows child participants to take “some control over what is included and how [it is included]”. Furthermore, these researchers found that drawings “can act as prompts for conversations, help recall events, and serve as organisers for narratives” (p. 107). Coats (2004) suggested that children’s ‘talk and draw’ are interlinked; thus, children’s narratives about their own drawings can be descriptive and meaningful.

Children’s drawings are commonly used as a means of assessing psychosocial needs, and as therapy (art therapy) for children in disaster or conflict-affected contexts (Chilcote, 2007). They have been used as a method of addressing ethical considerations in cases where the potential for distress occurs due to research participation. For example, the drawing activity ‘Flower of Peace’ was used to generate positive thoughts in children when conducting research in a conflict-affected context in Thailand (UNICEF, 2008).

In this study, I introduced drawing as a prompt for interviews with children. This seemed to inspire less talkative children to share their experiences and perspectives. However, as Groundwater-Smith et al. (2015) emphasised, drawings as data generation need to be considered in light of the following challenges:

¹⁸⁹ The preschool and school were the sites where most of the drawing activities took place (except for one child-Tharu from the transient community). The familiarity of the place was supportive in developing a relaxed and non-threatening environment for the young children. Throughout this research, the children drew a large number of drawings at their own initiative. Respecting the children’s ownership, most of the drawings were returned to them. Some were photographed at the site with the child’s permission. If the children agreed, some were taken and safely stored as important data and artefacts of this research.

1. A single drawing is most likely to provide snapshot introspection revealing the perceptions of feelings of the drawer at that point in time only.
2. Prompts may be too open or vague.
3. Participants may produce ‘expected’ or stereotypical drawings.
4. Analysis of images with no triangulation could misrepresent the intentions of the drawer (Groundwater-Smith et al., 2015, p. 107).

In the current research, after obtaining the caregivers’ consent for their children’s participation, and the young children’s consent to participate in this research, the child-participants were invited to use the provided materials (blank sheets, colour pencils/pens, crayons) to freely draw pictures from the beginning of their research participation. Figures 4.2 - 4.4 show some of the children’s initial encounters with this study through free drawings.



Figure 4.2. Yadushi (girl, 4 years, from permanently resettled in geographical isolation) engaged in free drawing during the research process at preschool in Malgama



Figure 4.3. Ahil (boy, 5 years, permanently resettled) engaged in free drawing during the research process at school in Malgama



Figure 4.4. Janu (girl, 4 years, transient community) engaged in free drawing during the research process at preschool outside Malgama

When the children were more relaxed guided activities were introduced. The children were asked to draw/talk about their family members and how they related to the child's day-to-day experiences. The children were then asked to identify people, places or activities they liked or felt important to them in their day-to-day life. Then they were asked to explain their choices and to draw them and/or talk about them as they preferred. The interview and data collection schedule for children guided these activities and conversations. One exercise involved the children being asked to talk about the person they liked most and to talk about their experiences¹⁹⁰. Children were also offered drawing as a mode of conveying their ideas and experiences about places they liked most and their activities such as play¹⁹¹. Children drawings, interviews and narratives were conducted in number of short sessions, guided by the children's preferences.

An adaptation of the drawing activity of the 'Flower of Peace' (UNICEF, 2008) was used with the child-participants. This drawing activity has been used by previous researchers to remind child-participants about the positive aspects of their lives (UNICEF, 2008). In this research, a five petalled flower drawn on a paper was given to each child. They were told that they could draw things they liked on each petal; for example, the person they loved most, a toy, play, place or an activity that the child liked most constituted the themes for their drawings on each petal. The contents of these drawings on the flowers were not used as data in this study; instead, this activity was used as a way to close interviews and research activities on a positive note.

¹⁹⁰ Following an art-based data collection of drawings of 'good and bad people and experiences' (UNICEF, 2008, p.45) included in a previous study conducted in a conflict-affected context, this drawing activity was developed.

¹⁹¹ The drawings were offered as a method throughout the interview process. These activities were conducted following the open ended questions schedule. Some children produced a large number of drawings, some were free drawings of unrelated subject matter while others echoed their interviews and narratives. All of the child-participants were involved in drawings and narratives in this research.

4.9.2.3 Child-led tours, photography and narratives

Akesson (2014a) explains that her utilisation of qualitative methods including participant-led tours (for example, transect walks across the resettlement area), drawings and in-depth interviews during her study undertaken in the Occupied Palestinian Territory, proved helpful for exploring children's and families' lived experiences and their perspectives on their conflict-affected context. In the current study, data collection with child-participants included child-led tours, as adapted from the Mosaic approach (Clark & Moss, 2001; Clark & Statham, 2005). Questions used in previous studies that used the Mosaic approach (Clark & Statham, 2005), and questions used in published research literature about Child Safe Places for children in emergency contexts (UNICEF, 2011c) were adapted for the purpose of the current study. Some examples are:

- Tell me about this place? What do you usually do here?
- Which part of this area/school do you /don't you like?
- Why? What do/don't you like about being here?

Children were invited to share their experiences within their immediate environment by taking me (and the translator) on a 'tour' around their homes, school and in neighbourhood. During these tours, the child-participants were encouraged to talk about the experiences they attached to these particular places. During the child-led tours, some children talked about playing with their siblings, watering plants in their gardens or playing with their friends at school.

Children were offered the use of a digital camera during their child-led tours (see Figure 4.5). This allowed them to photograph particular places (and people) to further explain their life experiences in selected contexts¹⁹². Visual methods of photography have been effective as a

¹⁹² The appropriateness of introducing a digital camera to groups of children in rural and disadvantaged communities was evaluated prior to introducing this method. The school principal and preschool teacher were

stimulus for interviews with young children (Clark, 2001). Photographs not only offer child participants an opportunity to share numerous aspects of their life or experiences; as well, they focus the children's narratives on a particular place, person or event attached to the photograph (Groundwater-Smith et al., 2015). For many child-participants, photography provides a feeling of control: they have control over the camera and what is to be photographed. Yohani (2008), drawing on experiences from arts-based study which utilised photography as a method of obtaining a group of refugee children's perspectives suggested that photography and narratives are effective methods when investigating children's experiences, perspectives and hopes.



Figure 4.5. Jerry (boy, 3 years, permanently resettled) engaged in child-led tours and photography

Groundwater-Smith et al. (2015) suggested that “analysis of images alone may misrepresent the intention of the photographer. Analysis needs to look beyond the image” (p. 110). In this study, photographs (and drawings) were used as a way of further documenting or

consulted prior to introducing the cameras to the children. In addition, during my visits to the school, I noticed that the school teachers were using digital cameras to record the children's sports activities.

expressing children's views of their day-to-day experiences at different places (at school, home or in the neighbourhood). During this activity, each child was encouraged to talk/narrate to express her/his views about their experiences in relation to the places, people or things they showed and photographed during the child-led tours. In this study, child-led tours and photography were used by eight of the children, some individually and some in a group setting.

In the above section, I presented data collection methods and processes utilised with young children. In the next section, I discuss data collection conducted with adult-participants in this study.

4.9.3 Data collection with adults

Focus Group Discussions (FGDs)¹⁹³, Transect Walks (TWs) across the village and conversations and individual (structured) interviews¹⁹⁴ were conducted with the caregivers (n=53). Follow-up interviews and conversations were conducted with the mothers (biological mothers or substitute mothers) (n=16) of the consenting child-participants. In-depth interviews were conducted with the community leaders (n=5) and government and non-government service providers (n=13)¹⁹⁵. These methods and the involvement of multiple respondents, helped to generate rich data in relation to young children's experiences and diverse views and to triangulate information shared by each participant cohorts; for example, demographic, historical and socio-economic information of Malgama¹⁹⁶. Table 4.8 presents an overview of the data collection methods used with adult-participants and the areas investigated.

¹⁹³ See Appendix 5 for the FGD schedule.

¹⁹⁴ See Appendix 4 for the structured interview schedule.

¹⁹⁵ See Appendix 6 for individual interviews schedule for service providers and community leaders.

¹⁹⁶ See Section 5.3 Chapter 5 for demographic, historical and socio-economic information of Malgama.

Table 4.8: Adults' research participation

Method	Number	Topics investigated
In-depth interviews with the government and non-government service providers and community leaders	13	Vision for young children Services and support for achieving their vision for the young children Constraints/challenges to achieving their visions for young children Children's experiences of care and wellbeing in relation to the conflict-affected context Views about social and physical environments that favour/risk young children in Malgama Suggestions for sustainability/improvement of support services for young children
Individual interviews with caregivers (guided by a structured interview schedule)	53	Demographic details of the child and family Caregivers' perception of the young children's experiences of care and wellbeing and the socio-ecological factors that impact upon them Caregiving practices (for young children) Caregivers' vision for the young children Supportive factors for achieving their vision for young children Constraints that impede achievement of their vision for young children Perceptions of available support services for young children and families Suggestions for sustainability/improvement of factors that are important for young children
Follow-up interviews and conversations with mothers (both biological or substitute)	16	Further clarifications and elaborations on the information shared in the caregivers' structured interviews
FGDs with caregivers	3	Demographic details and the history of the village
TWs and conversations with caregivers	4	Caregivers and community's goals for the young children Caregivers and community's perception of the young children's experiences of care and wellbeing and the socio-ecological factors that impact upon them Supportive factors for achieving their goal for young children Constraints that impede achievement of their vision for young children Suggestions for sustainability/improvement of factors that are important for young children

4.9.3.1 Individual (structured) interviews with caregivers

Individual structured interviews (Appendix 4) were conducted with the young children's caregivers, with full, informed consent for participation. Caregivers were interviewed at their residences or at other places they preferred (at the Community Centre or preschool premises).

All the caregivers who consented to participate (n=53) were interviewed using the structured questionnaire and notes were taken. Each structured interview included questions that sought to obtain the relevant demographic details of the family and child. This was essential to generating background information about the child and to understand the family context. The individual structured interviews included questions designed to measure the caregivers' perspectives on the accessibility and quality of the support services for young children and families in Malgama. Likert scales (Dunst et al., 2003) were used to measure the caregivers' perspectives of the socio-ecological features and their impact on young children's care and wellbeing; social support networks within families, safety, and availability and accessibility of infrastructure, supports and services were measured. A three points scale (good, ok, poor) was used to measure the caregivers' perspectives as a basis for further exploration using the individual follow-up interviews and focus group discussions. Since the study followed a qualitative approach, much emphasis was placed to gather qualitative data through qualitative data collection methods, thus the points in the Likert scale were kept to minimum and simple.

The structured interviews included open-ended questions designed to elicit caregivers' views regarding their young children's experiences of care and wellbeing and the socio-ecological factors impacted upon children in the rebuilding conflict-affected setting in Malgama. Information generated from the caregivers included their vision for their young children and their views on how the support services available for the family and young children in Malgama supported the achievement of this vision. Some of the open-ended questions included in the caregivers' structured interviews are presented as examples below:

- What is your vision for your young child? (Q26)
- Have you experienced any constraints in achieving the expected vision for your young child? What are they? Why?(Q27)

- In your opinion, do you think your young child is provided with everything what s/he needs? Why? If not why not? (Q31)
- Do you think that your young child has the opportunities to flourish in light of their individual capacities and talents? Why do you say this? (Q32)

In addition, caregivers' structured interviews included open-ended questions to obtain their views of their young children's lived experiences, and their own experiences. Some examples are provided below:

- What did/do your child do: (i) this morning; (ii) during daytime (after lunch); (iii) last evening (Q38)? Can you tell me whether those are the things s/he does mostly every day? If not, why not? (Q39)
- Can you tell me whether anything that happened recently (at home, at the pre-school, anywhere in this village) was important for your child? Why? Can you tell me more about the event? (Q46)
- Can you tell me whether anything that happened recently (at home, at the pre-school, anywhere in this village) disturbed your child? If yes, can you tell me more about it? (Q47)¹⁹⁷

Even though the caregivers' structured interviews included questions aiming to gather quantifiable data, the interviews also generated qualitative data in terms of caregivers' perspectives of young children's experiences of care and wellbeing, and factors that they considered important for these experiences in the rebuilding and resettling village context. The study is exploratory. Therefore, these interviews generated both quantitative and qualitative descriptive data.

¹⁹⁷ This question was asked with an intention to understand the issues that the children faced currently – mainly focusing on health issues, lack of materials at school and poverty related issues. As mentioned in the thesis before, this question was not led participants to remember distressing situations during the conflicting period.

4.9.3.2 Follow-up interviews and conversations with mothers

Follow-up interviews and conversations were conducted with the caregivers of the child-participants who were participating with full, informed consent (n=16), whom I identify as ‘mothers’ (biological or substitute mothers)¹⁹⁸. These follow up interviews were conducted to further clarify answers given during the structured interviews. The mothers were encouraged to elaborate on their answers to certain questions that they answered using a Likert Scale. The mothers were encouraged to talk about the reasons for their perspectives on the support services that were available for young children in Malgama. They were encouraged to elaborate on their caregiving practices¹⁹⁹. Thus, in this study, the data generated from the interviews with caregivers (including the follow-up interviews and conversations with mothers) not only generated quantifiable data, but largely served the purpose of qualitative inquiry.

4.9.3.3 Focus group discussions (FGDs) and transect walks across the village (TWs) with the caregivers

FGDs were conducted to investigate caregivers’ perspectives of young children’s experiences of care and wellbeing and what impacted on these experiences in the rebuilding conflict-affected context in Malgama. The caregivers who consented to participate in this study were involved in these group discussions which were guided by a discussion schedule (Appendix 5). While the individual structured interviews with the caregivers were focused on the experiences of young children within the family level, the focus group discussions with the caregivers were aimed at obtaining much broader information of the conflict and resettlement related experiences of these young children’s families in Malgama. The history of the village, the history of the displacement and resettlement, the infrastructure and other support services for

¹⁹⁸ In order to clearly distinguish the data collection methods and participation with caregivers, these two terms 1) caregivers (structured interviews), and 2) mothers (follow-up interviews) are used in this thesis. However, it should be noted that the two terms refer to the same caregivers of young children who participated in this study.

¹⁹⁹ One example is; ‘What the caregivers meant when they agreed that they became involved in the children’s play?’

Malgama and its communities were obtained by conducting the FGDs. Three FGDs were conducted (two with caregivers from the permanently resettled community, and one with caregivers from the transient community). TWs²⁰⁰ were conducted with caregivers. The consented caregivers lead the researcher across the sections of Malgama. While walking across the village and observing the physical environment, an open discussion was conducted to obtain information on the physical and social environment in the resettling and rebuilding village and its impact on young children's lives in Malgama. The areas investigated in both the FGDs²⁰¹ and TWs included:

- Demographic details of the village.
- Caregivers' and community's goals for young children.
- Caregivers' and community's perception of the young children's experiences of care and wellbeing and the socio-ecological factors that impact upon them.
- Supportive factors for achieving their goals for young children.
- Constraints that impede achievement of their vision for young children.
- Suggestions for sustainability/improvement of the factors that are important for young children's experiences.

These qualitative data collection tools helped to explore the topics under scrutiny in more broadly and in more detail. In addition, the use of multiple data collection methods was helpful to triangulate information gained from different sources (young children and caregivers from both community groups), and for eliciting the perspectives of the caregivers. Furthermore, these data collection methods as well as the conversations with the locals about the physical and social context in Malgama provided a broader understanding of the cultural, social and

²⁰⁰ TWs are to walking across the village, starting from one specific place and ending at another specific place, observing physical features of the research setting.

²⁰¹ See Appendix 5 for FGD schedule.

political contexts. When analysing young children's experiences and developing individual child case studies, information from the above sources proved helpful.

4.9.3.4 Interviews with government and non-government service providers and community leaders

In-depth interviews were conducted with thirteen service providers from government and non-government organisations, and with five community leaders from Malgama who volunteered to participate in this study. The interviews with the service providers were conducted either in English or in the local languages (Tamil and Sinhalese). Some were audio recorded (when the participant consented) and interview notes were taken (when recording was not consented to). Upon receiving the consenting participants' invitations, interviews were conducted either at their office premises, at the Community Centre in Malgama, or at their residences²⁰².

Community leaders who volunteered to participate were interviewed in the local languages (either in Tamil or Sinhalese) as per their preference. The interviews were conducted in Malgama at the preferred places²⁰³. An interview schedule was used to guide these discussions²⁰⁴. The topics investigated included the following:

- The community's vision for young children.
- Services and support for achieving their vision for young children.
- Factors that support achieving their vision for young children.
- Constraints/challenges to achieving their visions for young children.
- Views of young children's experiences of care and wellbeing in relation to the conflict-affected context in Malgama.

²⁰² Some examples are: Non-government service provider 1 (NGO1) was interviewed twice; at her office in the nearby town and in Malgama. The government service provider (GO1) was interviewed at the Community Centre during his visit to Malgama.

²⁰³ Community leader 2 (CL2) was interviewed while residing in his temporary shelter in the area occupied by the transient community. Community leader1 (CL1) was interviewed at the Community Centre in the area wherein the community have permanently resettled.

²⁰⁴ See Appendix 6.

- Views about social and physical environments that favour/place young children at risk in Malgama.
- Suggestions for sustainability/improvement of the factors that are important for young children's experiences.

4.9.4 Document review, researcher observation and field notes

The relevant documents were reviewed on site and notes were taken. The documents reviewed are listed below:

Government of Sri Lanka (GoSL) documents:

1. The Early Childhood Care and Development (ECCD) Policy in Sri Lanka. (2004). Colombo, Sri Lanka: Ministry of Child Development (English, published).
2. The ECCD model village project report (Singhalese, unpublished) (2009).
3. The resettlement-related internal documents at the Divisional Secretariat (English and Tamil, unpublished).
4. Statistical Handbook 2013 for the Divisional Secretariat in which Malgama is situated (English, unpublished).
5. The internal reports and presentations²⁰⁵ (English and Tamil, unpublished).

NGO and GO collaborative documents and NGO internal documents:

6. An independent review of ECCD policy and practice in post-conflict Sri Lanka (English, unpublished) (Samaranayake, 2010).
7. Preschool syllabus for the Eastern Province (Tamil, published by GoSL and an NGO).

²⁰⁵ Some examples are: 1) a presentation on support for ECCD, the Preschool Authority– Eastern Province and 2) Village Development officer's presentation of the socio-economic status of the study village.

8. Internal project reports and presentations related to resettlement, support and services from the non-government organisations (unpublished, English).

Researcher observation, which is an integral part of the Mosaic approach (Clark & Moss, 2001), was conducted spontaneously to verify the suitability of the research methods for child-participants²⁰⁶. Young children's verbal and non-verbal expressions were observed during the interviews and other data collection activities. Their physical environment, experiences at various places (at preschool and school) and social interaction with their caregivers, teachers and peers²⁰⁷ were observed. These observations were noted and included as my Field Notes.

4.10 Data analysis

In order to maintain scientific research quality within case study research, Yin (2009) suggested four principles to follow during the data analysis stage. In this research, steps were taken to adhere to Yin's four analysis principles:

1. "Researcher attend[s] to *all the evidence* (analytic strategies -including rival hypothesis- must cover key research questions).
2. Analysis should address *all major rival interpretations*.
3. The analysis should address *the most significant aspect* of the case study.
4. Researcher[s] should use [their] own *prior, expert knowledge* in the case study (for example, through previous research review and own research publications)" (Yin, 2009, pp. 160-161, original emphasis).

²⁰⁶ For example, child-led tours outside of homestead or in areas closer to the forests, where there were potentially safety concerns for the children and the researcher.

²⁰⁷ These observations were conducted when visiting their residences and school/preschool, and in conjunction with other data collection methods. Some examples of researcher observations are children's participation in Children's Group, children's play with their peers at school/preschool, and children's communications while their caregivers were participating in the interviews and conversations.

In order to address the research questions of this study, an inductive analysis strategy was deemed appropriate as the process allows the “core meanings” to emerge from data addressing the identified research questions (Thomas, 2006, p. 241). The inductive analysis process is defined as, “...approaches that primarily use detailed readings of raw data to derive concepts, themes, or a model through interpretations made from the raw data by an evaluator or researcher” (Thomas, 2006, p. 238).

In the next sections, the analysis process followed in this research is presented.

4.10.1 Process of data analysis

Clark and Creswell (2011) identified five steps that involve the qualitative data analysis process: 1) preparation of data, 2) exploring data, 3) analysing data (coding and categorising), 4) presenting data and 5) validating data. The data analysis conducted in this study is presented in accordance with these five steps.

4.10.1.1 Preparation of data

The preparation of data involved translation and transcribing of interviews of all participants, FGDs, conversations during the TWs with caregivers and child-led tours with child-participants, follow-up interviews and field notes, and organising and keeping records of the visual data and artefacts generated from this research. It also included developing summaries, memos and mind-maps based on data and data entry for quantitative analysis.

A. Translation and transcribing

Data collection was conducted in three languages; Tamil, Sinhalese and English. I translated all Sinhalese interviews and notes into English, and transcribed recorded English interviews. Even though I translated some Tamil interviews, due to my limited language proficiency, most of the Tamil interviews and interview notes were translated into English with the support of the

translator. I cross-checked all translated interviews and discussions: 1) by listening to audio records when available; and, 2) by comparing them with my field notes of the interviews and discussions. Although, translation and transcription were time consuming, it facilitated better knowing or immersion in the data from the initial stage of the analysis process.

B. Preparation and organising multiple data for analysis and analysis of quantitative data

The multi-method Mosaic approach I utilised yielded an abundance of multiple data sources: quantifiable data, interview transcripts/notes, FGD notes, field notes (of children's participation and researcher observation), printed documents, children's photography, and narratives and artefacts (drawings). Various strategies were used to prepare and organise these various data for analysis.

Transcripts/notes of the translated interviews and focus groups and field notes²⁰⁸ were prepared as Microsoft (MS) Word documents and transported into a Computer Assisted Qualitative Data Analysis Software (CAQDAS), NVivo 10 (QSR International, 2012)²⁰⁹. Some of the children's drawings were photographed on site and uploaded into a computer along with other photographs taken by children during the child-led tours. Children's drawings and photographs were transferred into Portable Document Format (PDF) copies and uploaded into the NVivo 10 along with the attached interviews, narratives and/or field notes. Unpublished documents (in Tamil, Singhalese and English), retrieved from GoSL and NGOs were reviewed on site and notes were also taken and uploaded into the NVivo 10. Some of the documents that were that were transferred into PDFs were also uploaded into the NVivo 10 along with those originally made available as PDFs, MS Word documents or MS Power Point presentation files.

²⁰⁸ Most of my field notes were taken in native languages as it was difficult to translate certain local words, phrases and names into English or explain particular events in English on the spot. These field notes and 'jottings' were later translated into English and uploaded to the NVivo 10. In order to better clarify the emerging categories and themes, and when developing individual child case studies, the original field notes were revisited during data analysis and the presentation of findings.

²⁰⁹ See section 4.10.2.2 in this chapter for an introduction to the Computer-assisted qualitative data analysis software (CAQDAS), NVivo 10.

Caregivers' structured interviews were manually recorded at the time of data collection. Information generated from open-ended questions was translated into English. These quantitative and qualitative responses were organised using MS Excel spreadsheets and prepared for analysis²¹⁰. The demographic information, data generated from Likert scales and some of the qualitative information were also coded and entered as quantifiable data. These quantifiable data were analysed transferring these MS Excel sheets into Statistical Package for the Social Sciences (SPSS) quantitative data analysis software (Green & Salkind, 2010) and analysed to create tables/ graphs with the findings.

4.10.1.2 Exploring data

Prior to identifying key themes or segments from texts for analysis, the data was well explored through reading and re-reading and developing notes, mind-maps and idea maps (Charmaz, 2014)²¹¹. For example, initial mind maps were developed to explore all of the relevant data that could be attributed to one child. For example, the data gathered from the child (interviews, interviews during the child-led tours and photography and field observations) as well as data gathered from the child's caregivers' structured interviews and follow-up interviews were reviewed and used to develop mind maps for the child's experiences. In this process, the child's one experience (for example, schooling) or to one perceived social issue (for example, mothers' migration for work outside of the country) were the basis for developing mind maps. A number of mind maps were developed to gather the child's various data and create 'a story' or 'a category'. These mind maps, memos and thoughts were recorded in my research journal and revisited during the processes of data analysis (when developing codes, categories and themes)

²¹⁰ The data entry and analysis of 53 structured interviews were conducted with the generous support and technical assistance from the Lanka Market Research Bureau (LMRB), one of my previous places of work.

²¹¹ Although data analysis in this study was not based on grounded theory (Charmaz, 2014), some of the initial methods of exploring data discussed in grounded theory driven analysis were found useful during the data analysis process in this study.

and research presentation. Similarly, the data from adult-participants were re-read and explored carefully to develop historical timelines of the conflict and post-conflict history of the village and the experiences of the communities as they explained it. While the young children's views were considered as the key to this study, both the children's data and adults' data had an equal weight as well because each data set contributed to information that are necessary for the different pieces of the Mosaic in this study.

4.10.2 Coding and categorising data

Creswell (2002, p. 266) suggested the following coding process: 1) initial reading of the text data, 2) identifying specific text segments related to the objectives, 3) labelling the segments of text to create categories, 4) reducing overlap and redundancy among the categories and 5) creating a model incorporating the most important categories. The data analysis process conducted in this study, along with the identification of the emergent categories and themes, is presented under these headings. However, it is important to note that inductive analysis process is a non-linear process (Silverman, 2010).

4.10.2.1 Initial reading of text data

Yin (2009) stated that one of the principles observed when conducting a 'high quality case study research' is to make sure that the researcher has "attended to all the evidence" (p.160). As detailed in section 4.10.1.1 in this Chapter, my preparation for analysis commenced with translation, transcription and making notes, and then ensuring that all data were reviewed and attended to prior to data analysis. This step involved organising data in a CAQDAS - NVivo 10 project file.

4.10.2.2 CAQDAS- NVivo 10

CAQDAS has been identified as effective for handling large amounts of data derived from various data sets for analysis. It adds rigour and transparency of qualitative data analysis, gives flexibility in coding, and supports achieving “valid inferences” (Lu & Shulman, 2008, p. 106). Drawing on the various literatures, Lu and Shulman (2008) suggested that:

Software tools [CAQDAS] provide a measure of convenience and efficiency, increasing the overall level of organisation of a qualitative project. Researchers enhance their ability to sort, sift, search, and think through the identifiable patterns as well as idiosyncrasies in large datasets (Lu and Shulman, 2008, p.105).

In this study, CAQDAS NVivo 10 (QSR International, 2012) was used to organise data in a systematic manner for inductive data analysis. Diverse data sets, for example, interviews and group discussion transcripts, interview notes and field notes, documents and other visual data, along with the data collection tools, were imported to an NVivo 10 project and organised as per different data sources. Figure 1 in Appendix 8, which presents a screenshot of the NVivo 10 project, demonstrates the organisation of the various data sets at the initial stage of analysis in this study.

One caution in using CAQDAS for qualitative research is that more attention may be given to the technicality of the software programme (Stake, 2008) or the analysis may focus more on frequency than on in-depth meaning of the data (Lu & Shulman, 2008). I am aware that the aim of qualitative research is to:

...explore the tapestries of everyday life, the understandings, experiences and imaginations of the people, the ways that social processes, institutions, discourses, or relationships work, and the significance of the meanings they generate (Mason, 2013 & Schwandt, 2005 cited in Chowdhury, 2015, p. 1136).

While it is the researcher who views ‘the tapestry’, CAQDAS is the ‘tool’ which supports the action. Bazeley and Jackson (2013) emphasised that CAQDAS NVivo 10 is “a set of *tools* that will *assist* [researchers] in undertaking an analysis of [the] qualitative data” (p.2, original emphasis). Therefore, they state that in the case of analysis, what is important is the “researcher’s interpretive capacity” (p. 3). Furthermore, the researcher’s creative thinking and reflexivity play an important role in qualitative data analysis (Chowdhury, 2015; Watt, 2007).

4.10.2.3 Researcher reflexivity and maintaining a personal research journal

A personal research journal was maintained to record analysis steps, questions for researcher, thoughts and research influences throughout the process of data analysis. The research journal kept a record of the diverse ways in which data was explored to “become aware of what allows [the researcher] to see, as well as what may inhibit [the researcher’s] seeing” (Russell & Kelly, 2002 cited in Watt, 2007, p. 82). I also recorded similar findings from prior research and professional experiences that could influence my analytical thinking. The journaling process was also in effect a platform for keeping records of ‘rival’ inferences of findings that emerged during the analysis process. Furthermore, research journaling was a way of self-auditing the analysis process. Research journaling was helpful for recording steps of data analysis. As suggested earlier, the research journal includes information on how ‘the tapestry’ is woven during data analysis. While CAQDAS NVivo 10 was utilised to organise data and analysis, the thoughts that guided the analysis was recorded in my research journal, as illustrated in one extract that appears below:

“Peace and children’s well-being are inseparable, a point having particular salience in war-torn countries where children make up nearly half the population” (Wessells, 1998, p. 643). What is the relationship of this observation with the situation of young children in Malgama? Service providers in particular perceive Malgama as an inappropriate social context for young children. What does this indicate? What do the children’s

experiences of developing social networks and friendships indicate? Is there a relationship with these adults' and children's perspectives with the statement above? If I see a relationship between these adults' views and children's actual experiences can I answer the overarching question? I feel that these children's experiences show a societal formation or rebuilding society (with social cohesion) while adults' perceptions, in general, still focus on the destructive effects of the conflict" (extract from my personal research journal, 10.1.2015)

4.10.3 Data analysis process: Identifying specific text segments related to objects

The research questions guide the inductive data analysis. The process involves identification of segments from text (quotes, words or sections from texts) and attribution to 'nodes'²¹², (Leech & Onwuegbuzie, 2011) or 'specific categories' for coding. Thomas (2006) defined nodes created at this initial level as "the lower-level or specific categories" that are "created from actual phrases or meanings in specific text segments" (p. 241)²¹³. My analysis however, goes beyond the textual meanings of data. In this research, the child-participants' and the caregivers' short phrases and answers throughout the interviews and conversations required me to view the entire text as a considerable segment to identify the related story, experiences and/or perceptions. A segment of an interview (with child-participant – Ahil) is presented as an example below. A larger segment of my conversation with this child was identified as a 'node' and attributed to the child's perception of 'abroad: mothers working abroad'. It should also be noted that the same text segment may have also been attributed to a number of other nodes. For example, the text segment presented was attributed not solely to children's experiences but to a 'policy' node as well.

²¹² Researchers use 'nodes' to give meaning to data; to different parts of the text (Leech & Onwuegbuzie, 2011).

²¹³ This is commonly identified as 'open coding' or 'free coding'.

Nanditha: What does your mother do at home?²¹⁴

Ahil: Amma washes pots. Cooks rice. [She] Cooks curry. Moulds flour. Roti flour.

Nanditha: Is she going [out] for some work?

Ahil: No

Nanditha: Do you know why she does not go for work?

Ahil: The law.

Nanditha: Law? Is that why she doesn't go [for work]?

Ahil: She can't go.

Nanditha: What is the law?

Ahil: The police...the police.

Nanditha: Why would the police or law not allow your amma to go for work?

Ahil: If [she] goes abroad...[She is scared that] the police would take her.

Nanditha: Why would the Police take her?

Ahil: [If she goes abroad] the police would catch her. That is why.

Nanditha: Oh. Your amma cannot go to work abroad because there is a law that does not allow her to do so. Is that right?

Ahil: Yes.

Nanditha: I am sorry about that. Then, what does your amma do?

Ahil: [She] sells firewood. [She is] watering plants.

4.10.4 Labelling the segments of text to create categories

Firstly, data sets from all research participants were explored and segments identified (as nodes), labelled, and coded until saturation point was reached. I identify this step as open coding. In this research, the children's experiences and perspectives of wellbeing were at the centre of the investigation. This included both the children's and adults' data. Firstly, nodes were created for various categories that addressed the first two research questions using the CAQDAS software (Nvivo 10). Secondly, more nodes were created identifying relevant categories that address the third research question of this study. Accordingly, 'lower-level

²¹⁴ This excerpt is a part of a continued and long interview with the child participant Ahil. Therefore, this was not a conversation started with the first question shown in the excerpt, but a continued conversation that actually linked to the information the child shared with me earlier in the same interview. In the child interview schedule, the open ended questions given below were the starting point for the interview excerpt presented.

“• Who else were with you (i) this morning, (ii) during day time [when you are at school/ when you come back after school] (iii) last evening/ last night?

• What were they doing?

• Can you tell me whether those are the things they do mostly every day? If not, why not?”

As mentioned in the child-interview schedule, probing questions were used to gather relevant data during the children's interviews. While the interview schedule was the guide for interviews, depending on the child's response, probing questions were used and questions were raised making references to their immediate experiences (for example, is your mother at home, is your father at home, who else is at home, what does mother/father/other members in the family do now?).

categories’ identified via the open coding process, were organised under two broad topics of ‘children’s experiences’ and ‘[perceived] contextual factors that impacted children’. The nodes related to children’s experiences were further attributed to the children’s immediate environment (the family, school, neighbourhood and village). These categories included both collective voices of the child-participants as well as more specific or different views of some of the child-participants. For example, Shani’s (Girl, 5 years) voice about her experiences within an adopted family in Malgama was found to be unique. Similarly, Thilu’s (boy, 6 years) experiences and his views were identified as unique. Open coding process allowed identifying and coding both similar and unique views of young children as separate categories. Figures 2 and 3 in Appendix 8 demonstrate screenshots of this level of analysis as they appeared in my NVivo 10 project. Table 4.9 presents a list of ‘lower-level categories’ identified via open coding.

Table 4.9. A list of open coding identified via inductive analysis

Open coding identified via inductive analysis	
Children’s experiences	[Perceived] contextual factors
experiences in family experiences in pre-school/school experiences in neighbourhood experiences in the village connectedness-caregiver connectedness-family connectedness- pre-school/school connectedness- neighbourhood connectedness- environment connectedness-a social group [children’s group] education/ learning (at pre-school/school and at home) caring from the caregiver caring from the extended family caring from the neighbours hygiene practices nutrition & meals routine - daily experiences play with friends play in children’s group play in neighbourhood play with siblings	challenges [for service providers] child-friendliness current context –[harmony/ not harmony] livelihood goals [for their children, goals-constraints, work towards goals] history [history of conflict, displacement and return/resettlement] adults’ perceptions [negative, positive perceptions about context] policies services suggestions [for improving the current context] adults’ hope [about context] poverty resources abroad [mothers/fathers working abroad] alcoholism bureaucracy child protection conflict-effects

solitary play participation- family participation – school/ pre-school participation-community participation- in research fears – elephants/ snakes/cyclones exposure friendships future aspirations contextual understanding place based understanding understanding about disputes, punishments Spirituality	dependency early marriages [adults’ views] elephants [environmental risk] exploitation exposure family breakdowns gender-based violence language [reference to local languages] non-schooling [adolescents]
---	---

4.10.5 Reducing overlap and redundancy among the categories

At the second stage of inductive coding, the aim was to reduce overlap and to identify categories that could answer the research questions more specifically. Two rules guided coding at this stage:

- (1) One segment of text may be coded into more than one category.
- (2) A considerable amount of the text (e.g., 50% or more) may not be assigned to any category, because much of the text may not be relevant to the [research] objectives
(Thomas, 2006, p.242)

Initial categories created through open coding were further aggregated, collapsed, or identified as not addressing the research questions. For example, lower level categories of connectedness-caregiver, connectedness-family, caring from the caregiver and caring from the family were aggregated and merged as one category headed ‘connectedness’ (related to affection, care and protection). These categories included data from all data sets (both children and adults). Considering the content in coded nodes and lower level categories, this process of merging continued until a list of the second level of categories was created. The data categorised

and coded under each node clearly marked the participant's details whether a child-participant or an adult-participant, which interview in which context. These information was helpful to consider further merging of the categories in the data analysis process. Figure 4 in Appendix 8 shows a screenshot of the refined categories as they appeared in the NVivo 10 project. At this stage, categories that could address the research questions were limited to 25 headings (see Table 4.10).

Table 4.10. Refined categories created by inductive analysis: Children's experiences and [perceived] contextual factors

Refined categories	
Children's experiences	[Perceived] contextual factors
connectedness [related to affection, care, protection] development [health, nutrition, material] friendships social networking social cohesion participation play future aspirations [through education] fears neglect-abuse exposure [to the outside world] routine [daily routine]	goals [for children] hope – adults [about context] current context [infrastructure and other] issues [social, political, cultural, ethical] child-friendliness [societal context-perception] perceptions- adults[about village context] history [history of conflict, displacement and return/resettlement] policies services challenges [to achieving goals for children] suggestions [to address some issues identified]

4.10.6 Creating a model (key themes) incorporating the most important categories

The primary objectives of case study research are: 1) to build an understanding and learning of a topic and 2) to provide “the best possible explanations of [the] phenomena” (von Wright, 1971 cited in Stake, 2008, p. 129). Similarly, at this stage of the analysis, my aim was to present ‘the best possible explanation’ for young children's experiences of care and wellbeing and factors that are important for them in areas emerging from violence and conflict. Yin (2009)

identified this as “the most significant aspect of the case” (p.161). The question that guided this stage of analysis was: ‘What can be learnt from these findings that can be helpful to answer the key research question of this study?’ In other words, what can be learnt to answer the question; ‘how do young children experience and perceive care and wellbeing in a rebuilding conflict-affected context?’ At this stage, an analytical generalisation was also an aim.

4.10.6.1 Analytical generalisation: Honneth’s (1996) theory of recognition

At this stage of analysis, re-reading of the data identified recurring core-categories, further refining categories and observing the emergent patterns. These patterns were further analysed situated within the study’s theoretical framework, Honneth’s (1996) theory of recognition. As discussed in Chapter 2, I used Honneth’s theory of recognition as the overarching theoretical framework of this study. For the purpose of this study, Honneth’s theory of recognition was juxtaposed with three additional frameworks: 1) the children’s rights framework as articulated by the UNCRC (UN, 1989; 2005), 2) the ecology of human development model (Bronfenbrenner, 1979, 1994) and 3) sociology of childhood/childhood studies conceptualisations of children as competent social actors (James & Prout, 1997, 2015; Mayall, 2000, 2002, 2012; Tisdall & Punch, 2012).

Drawing upon the work of Honneth (1996), in this study, his three modes of recognition are applied as: 1) recognition of care and support (within the family), 2) recognition of solidarity/esteem (beyond the immediate family/ community) and 3) recognition of children’s rights (within support services) in the identified rebuilding post-conflict village. Table 4.11 restates the theoretical framework drawn from Honneth’s theory of recognition that guided the analysis of data at this final stage.

Table 4.11. Theoretical framework: Honneth’s theory of recognition

Honneth's modes of recognition	Recognition of care and support	Recognition of solidarity/esteem	Recognition of rights
Forms of recognition	Providing emotional care and support through caregiving relationships	Social validation of one's interests, strengths, and contribution to the community (community of value)	Granting and upholding human rights (including children's)
Source of recognition: ecological settings	Micro sphere of caregivers and significant others within family	Mezzo sphere of community (social connectedness)	Macro sphere of society (support and services)
Forms of misrecognition or lack of recognition	All forms of abuse (physical and emotional) and neglect	Focus on one's limitations or ignoring (or not acknowledging) one's capacity and contribution	Denial of rights and exclusion

Adapted from Honneth (1996, p. 129), Houston (2016, p. 8), Houston & Dolan (2008, p. 463), and Thomas (2012)

Following the above theoretical framework, at this stage of the analysis, prior refined categories (Table 4.10 above) were further analysed situated within the three modes of recognition: care and support, solidarity/esteem and children's rights. Table 4.12 presents this further refinement of categories and identification of the key themes.

Table 4.12. Refinement of categories and identification of key themes

Recognition modes	Care and support	Solidarity/esteem	Rights
Ecological setting	Micro level (family)	Mezzo level (community)	Macro level (policies and services)
Refined categories: children's experiences (positive aspects)	connectedness [related to affection, care, protection] development[health, nutrition, material-positive aspects] routine [daily routine]	participation play friendships social networking social cohesion	goals [for children] education future aspirations [through education] policies support/services current context [infrastructure & other]
Refined categories: children's experiences (negative aspects)	development[health, nutrition, material – negative aspects]	[Limited] social networking in neighbourhood	[lack of] support/services current context [limited infrastructure & other] fears

Refined categories: contextual factors	goals [for children] issues (social, political, cultural, ethical) Neglect/abuse challenges [for achieving goals for children]	goals [for children] history [history of conflict, displacement and return/resettlement] perceptions- adults [about village context] issues (social, political, cultural, ethical) policies services	goals [for children] current context [infrastructure and other] hope – adults [about context] issues (social, political, cultural, ethical) policies services challenges [for achieving goals for children]
Other	suggestions [to address identified issues and enhancing young children's experiences]	suggestions [to address identified issues and enhancing young children's experiences]	suggestions [to address identified issues and enhancing young children's experiences]

Three key themes are identified as the key findings from this study:

1. Connectedness within family (in the form of care and support).
2. Social connectedness (in the form of social networks beyond family).
3. Strengths and gaps in protection and provision of children's rights.

Diverse and contrasting perspectives of young children, caregivers, community leaders and service providers in relation to young children's experiences of care and wellbeing were identified through the analysis of data. These perspectives were attributed to positive and negative aspects of children's experiences of care and wellbeing when presenting the findings and discussing the implications of the findings of this study (see: Chapters 5 and 6).

4.11 Maintaining rigour, validity and reliability

As discussed earlier in this chapter, qualitative research and its internal and external validity can be challenged as unscientific, subjective, and interpretive (Denzin & Lincoln, 2008). In this section, I discuss how I address these speculations pertaining to this qualitative case study

research under the following topics: 1) rigour, 2) validity and 3) reliability of the conduct of this research.

4.11.1 Rigour

As discussed in sections 4.2 and 4.3 in this chapter, due to the challenges that exist in the rigour of qualitative case study research, a number of strategies are used to examine the degrees of rigour (Lu & Shulman, 2008). Rigour in qualitative research can be maintained through the use of “the combination of multiple methodological practices, empirical materials, perspectives, and observations in a single study” (Flick, 2002 cited in Denzin & Lincoln, 2011, p. 5). Lincoln and Guba (1985) argued that credibility, transferability, dependability and conformability can maintain the rigour of qualitative case studies. They suggested a number of steps that can be taken: for credibility, peer debriefing and stakeholder checks, for dependability, conducting a research audit (comparing research findings with data) and for trustworthiness, dual coding or checking coding consistency. The process of research, that is the validity of the data, the analysis and the results and reliability can maintain the rigour or quality of ‘good’ or ‘authentic’ research (Lincoln & Guba, 1985). In the next sections, I present the ways in which validity and reliability were maintained in this research.

4.11.2 Validity

Validity of research has been discussed using numerous terms and typologies. Maxwell (2005) referred to validity as “the correctness or credibility of a description, conclusion, explanation, interpretation, or other sort of account” (p. 106). Creswell and Miller (2000) identified validity using the terms “trustworthiness, plausibility and credibility” (p. 124), and Lincoln and Guba (1990) also refer to validity as ‘trustworthiness’.

Yin (2009) suggested that validity determines the rigour or quality of case study research and further that the quality of any empirical social research is defined using the following four tests: “construct validity, internal validity, external validity and reliability” (p. 40). Various tactics are employed to address these validation tests throughout the case study research process: at the design stage, data collection and data analysis stages and at the validation stage. Following Yin’s strategies, in Table 4.13, I present a summary of these key validation tests and the various measures employed to maintain the rigour of this qualitative case study research. In the following sections these are further elaborated.

Table 4.13. Procedure followed when maintaining the validity and rigour of this research

[Empirical research quality] Tests*	Procedures followed in this research	Phase of research in which the procedures were followed
Construct validity	Used multiple sources of evidence Validated data collection methods and tools through a pilot study Employed multiple data collection methods with children and adults ²¹⁵ Allowed the child-participants to revisit their drawings and photography and to add more information and data Allowed adult-participants (the caregivers) to revisit the same questions in their structured interviews through follow-up interviews and informal conversations and the field notes taken	Data collection
	Established a chain of evidence [through case study questions - case study protocol – citations of specific evidentiary sources in the case study database CAQDAS NVivo 10 project- case study report]	Data collection

²¹⁵ Use of multiple data collection methods from each cohorts of participants can also be identified a measure taken to ensure data triangulation.

	Three supervisors reviewing draft case study reports – findings (report under categories, themes and various child case studies)	Composition
	Sharing the findings from research for peer review (under the emergent categories and themes) and with a wider audience as publications and presentations ²¹⁶	Data analysis
Internal validity	Inductive analysis was conducted using systematic data analysis procedures with the assistance of CAQDAS NVivo 10. Rigorous analysis procedures were followed and emergent themes identified. Dual coding and scrutiny of CAQDAS NVivo coding and analysis by academic supervisors	Data analysis
External validity	Situated the research within an overarching theoretical framework driven by Honneth’s (1996) theory of recognition	Research design
Reliability	Used case study protocol (research proposal) Maintained a personal researcher journal Developed case study database (the CAQDAS NVivo 10 project)	Data collection Data analysis

(*From Yin (2009, p. 40)

4.11.2.1 Construct validity

In order to address the potential critique of case study research, that it “fails to develop a sufficiently operational set of measures”, and that “subjective judgments are used to collect the data” (Yin, 2009, p. 41), two aspects need to be covered. Firstly, the ‘case’ under investigation needs to be defined in terms of specific concepts and secondly, operational measures that match the concepts (previous research) need to be identified. In other words, in research, the construct validity lies in the selection and utilisation of appropriate data collection methods and tools for the topics being investigated (Yin, 2003). This will ensure absence of potential subjectivity and bias in the conduct of the case study research.

Yin (2009) proposed the following three case study tactics to maintain construct validity: “use multiple sources of evidence, establish [a] chain of evidence and have key informants review [the] draft case study report” (p. 41). During application to this research,

²¹⁶ See Appendices 12-17 for peer reviewed publications and paper presentations associated with this study. See page xxv in this thesis for a list of all publications and presentations associated with this study.

construct validity was maintained by using multiple sources of evidence and through adaptation to the multi-method Mosaic approach to research²¹⁷. Young children, caregivers, community leaders and government and non-government service providers participated in the research. Document review and researcher observations were conducted.

In this research, construct validity was ensured by maintaining a chain of evidence through case study questions and a case study protocol (Yin, 2009), in my study, the research proposal. The chain of evidence in case study research ensures a clear link between the data collection measures and the information required to investigate the phenomena (Yin, 2003). The aim of this research was to investigate young children's experiences and perspectives of care and wellbeing, and caregivers', community leaders' and government and non-government service providers' views of these children's experiences. In order to achieve its aim, this research investigated the young children's lived experiences and the socio-ecological factors that impacted on them, through the perspectives of diverse groups of informants. The multiple sources and chain of evidence were organised in order to gather the relevant information for the investigation as presented in Table 4.14 below. A pilot study was conducted prior to the larger study²¹⁸ to validate the data collection methods and tools and to ensure appropriateness for achieving the aims of this research.

Table 4.14. Multiple sources of evidence and data gathering

Participants	Data collection methods	Information investigated
Young children (n=16)	Interviews Drawings and narratives Child-led tours, photography and narratives	Young children's experiences and perspectives of care and wellbeing in the rebuilding conflict-affected context in Malgama and the socio-ecological factors that impact upon them

²¹⁷ See section 4.9 in this chapter for data collection methods and the Mosaic approach.

²¹⁸ See section 4.4.2 in this chapter for a presentation of the pilot study.

Caregivers (n=53)	Structured interviews (n=53) Follow-up interviews and informal conversations (n=16) FGDs (n=3) TWs (n=4)	Rebuilding conflict-affected context (social, physical, political and historical environment) Views of young children's experiences of care and wellbeing in the rebuilding conflict-affected context in Malgama and factors that are considered important for them
Community leaders (n=5) and service providers (n=13)	In-depth interviews	
A document review Researcher observations		

Construct validity can be maintained by sharing the research findings with the key informants (Yin, 2009). In the case of this research, a debriefing was conducted with the child-participants at the school and preschools during the final data collection sessions. At the end of these sessions, for the benefit of the children and caregivers, the key information gathered during the data collection period was summarised and debriefed (at a preliminary level) along with feedback from the children's participation and their observed confidence and agency. Furthermore, construct validity was ensured by the sharing of the research findings with the key informants (participants from the relevant government and non-government organisations) upon the completion of the analysis of the research findings²¹⁹.

4.11.2.2 Internal validity

²¹⁹ Key findings of this study were shared with government and non-government service providers to maintain construct validity. According to their feedback, the findings of this study were verified as valid within the parameters of the conduct of this study. However, due to geographical distance, time constraints, and language constraints key research findings were not shared with the caregivers and community leaders by the time this thesis was completed. Translation into local languages and personal approach to the village community are essential when these research findings are shared with the local community. These findings will be shared with the caregivers and community leaders after they are translated into local languages upon my arrival in Sri Lanka verbally and in print form.

Internal validity relates to the causality of the findings of the case study research, which can be maintained by following rigorous analysis procedures and pattern matching (Yin, 2009). For the purpose of this research, I utilised an inductive analysis process assisted by CAQDAS NVivo 10 software, and identified a pattern of emergent key themes that addressed the aim of this research²²⁰. The case study draft reports were reviewed by three academic supervisors. One supervisor (as well as one PhD colleague) scrutinised my CAQDAS NVivo 10 analysis project and conducted dual coding. The principal supervisor²²¹ reviewed the raw data of the selected interview transcripts and identified the open codes. Another round of dual coding, specifically cross checking the open coding and categories was conducted by a fellow PhD candidate from the early childhood discipline, and the open coding and categories were cross-checked. During the dual coding process, it was identified that her open coding were similar to my open coding. Further analysis of open coding and subsequent discussions during the dual coding process helped me to identify an emerging cross-cutting theme from the data. This cross-cutting theme was a ‘disconnection’ between young children’s experiences as perceived by young children, caregivers, and community leaders and how the service providers perceived them. This theme was further explored within texts categorised under each key theme to identify a pattern of ‘disconnection’ in diverse perspectives²²².

Internal validity is also referred to as ‘credibility’ (Lincoln & Guba, 1985). One strategy commonly used to maintain credibility is self-disclosure (Creswell & Miller, 2000). During one’s period of fieldwork, maintenance of a personal research journal and the compilation of field notes are crucial to ensuring internal validity. During my study, I developed field notes of my observations, interviews, focus group discussions, conversations during the transect walks

²²⁰ See section 4.10 in this chapter for a discussion of the inductive analysis process used in this research.

²²¹ Professor Jacqueline Hayden was the principal supervisors throughout this PhD project except during the last 4 months (due to her retirement). Here I refer to Prof. Hayden.

²²² See section 6.4 in Chapter 6 for a discussion on the identified disconnection of the diverse perspectives of different cohorts of participants on young children’s experiences in the rebuilding conflict-affected context in Malgama.

and other informal conversations. Furthermore, I kept a personal research journal in which I reflected on my research activities, recorded any inferences made during the conduct of my case study research, rival explanations and other possibilities of interpretation of my findings²²³.

Baxter and Jack (2008) advocated prolonged engagement with the research field, the use of multiple sources of data, data triangulation and member checking for maintaining the internal validity of the qualitative research. In the current case study research, multiple sources were utilised to gather data and multiple methods were employed with child-participants and adult-participants to triangulate data. The information provided by the participants was summarised and rechecked during interviews with both child and adult-participants. The child-participants were able to revisit their drawings, photography and narratives by being interviewed more than once. This was helpful inasmuch as it added more information or confirmed previously provided information. A feedback session was conducted with the child-participants at the school and preschools at the end of the data collection. Feedback on the children's participation, their observed confidence and agency was also provided to the children and caregivers at the end of the data collection sessions.

4.11.2.3 External validity

External validity examines “whether a study’s findings are generalizable beyond the immediate case study” (Yin, 2009, p. 43). In qualitative case study research, external validity is maintained by “analytical generalization”, which aims to “generalize a particular set of results to some broader theory” (Yin, 2009, p. 43). In this research, the emergent findings were situated within an overarching theoretical framework drawn from Honneth’s (1996) theory of recognition²²⁴.

²²³ See section 4.10.2.3 in this chapter for details of maintaining a personal research journal of this study.

²²⁴ See Chapter 2 for the overarching theoretical framework (Honneth’s theory of recognition) that guided this study.

4.11.3 Reliability

Yin (2009) emphasised that “the goal of reliability is to minimize the errors and biases in a study” (p. 45). Documentation of the procedures followed when conducting a case study is important for maintaining reliability. According to Yin, a case study protocol and case study database are helpful for maintaining reliability. These ensure an audit trail of the procedures followed in case study research “so that an auditor could in principle repeat the procedures” when conducting “the *same* case over again” (p. 45 original emphasis). In this research, case study protocol included: 1) “an overview of the case study project” (proposal, literature review, research design), 2) “field procedures” (steps to follow and potential issues), 3) “case study questions” (the questions that this study would likely address) and 4) “a guide for the case study report” (a thesis outline) (Yin, 2009, p. 81). Case study protocol guided the conduct of this research and analysis.

As presented in section 4.10.2.2 in this Chapter, as a measure for ensuring the reliability of this research, a case study database was developed and maintained using CAQDAS NVivo 10 software. Both textual and non-textual data (transcriptions and notes of the interviews, group discussions and other data collection activities, drawings, photographs and the PDF copies of the documents, and results from quantitative data analysis) were securely stored in the CAQDAS NVivo 10 database for retrieval.

4.12 Chapter summary

This chapter has detailed the research methodology for this study. Rationales was presented for the application of a qualitative case study and for an adaptation of the multi-method Mosaic approach to facilitate data collection from a diverse group of participants in this study (Clark & Moss, 2001).

A description of participant recruitment, strategies used to develop trust and relationships, and data collection among consenting participants was provided. The ethical considerations and action taken to maintain the ethical conduct of research with children and communities in the rebuilding conflict-affected context in Malgama were discussed. Furthermore, in this chapter, the process of data analysis, along with the analytical framework drawn from Honneth's (1996) theory of recognition, was presented. The use of CAQDAS NVivo 10 software for qualitative data analysis was discussed. The rigorous process of data analysis and strategies used to establish and maintain rigour, validity and reliability of this case study research were also outlined. In the next chapter (Chapter 5), the rebuilding conflict-affected context in Malgama in Sri Lanka, the milieu in which this case study research was conducted and the findings of this study are presented.

Chapter 5: Findings

5.1 Introduction

In the previous chapter the methodology for this study was described. An overview of the research design, research process, and an outline of how and why the research site was selected were presented. The research participants were introduced with an account of how they were recruited and involved in this study. Ethical considerations were discussed. The data analysis process and maintaining rigour, validity and reliability of this study were also outlined.

In this chapter, the findings of this study are presented. This chapter is organised into three sections. In Section 1, an overview of the participants is presented. In Section 2, Malgama and its socio-ecological environment are described. Addressing the research questions, Section 3 presents the findings of this study. The key findings, which were identified through a rigorous data analysis process²²⁵, are discussed under the themes of: 1) connectedness in the form of care and support within the family, 2) social connectedness in the form of social networks beyond the immediate family, and 3) strengths and gaps in the protection and provision of children's rights.

Section 1: Sources of information

In this section, an overview of sources of information is presented.

²²⁵ The findings presented in this chapter are the results of a rigorous analysis of the children and adults' data, researcher observation, and document review (see section 4.10 in Chapter 4 for data analysis). During the analysis process, the key categories emerged from the inductive data analysis were further analysed situated within Honneth's (1996) theory of recognition (see Chapter 2 for an introduction to the theory of recognition). Accordingly, the findings were situated within Honneth's (1996) three modes of recognition: 1) care and support (as applied in this study), 2) solidarity and 3) children's rights (as applied in this study), which resulted in the identification of the three key themes that address the research questions in this study.

5.2 An overview of the sources of information

This study involved young children²²⁶, caregivers, community leaders and government and non-government service providers, a document review²²⁷ and researcher observation. Young children, caregivers and community leaders who participated in this study were from two communities in Malgama: 1) the majority (Tamil) community, and 2) the minority (Singhalese) community²²⁸. Different experiences in terms of return and resettlement, infrastructure facilities and support services received by the child-participants and their families²²⁹ were found between these ethnic-based two community groups in Malgama. Accordingly, young children and community participants in this study are presented as three sub-community groups²³⁰: 1) permanently resettled community (Tamil) with all infrastructure facilities²³¹, 2) permanently resettled community (Tamil) in geographical isolation and/or with limited infrastructure facilities²³², and 3) transient²³³ community (Singhalese) with inadequate infrastructure facilities²³⁴.

The child-participants in this study attended either schools or preschools²³⁵ inside or outside Malgama depending on their permanent residential area at the time of the study. All

²²⁶ Young children are those who are aged between 3 and 7 years.

²²⁷ The documents reviewed for this study are listed in Section 4.9.8 in Chapter 4.

²²⁸ See section 4.8 and 4.9 in Chapter 4 for a detailed presentation of the participants and ways of their involvement in this study.

²²⁹ See sections 5.3.3 to 5.3.5 in this chapter for details.

²³⁰ These sub-groupings are emphasised in the findings when noticeable differences were identified in relevant data. Unless specifically mentioned, the findings are presented attributed to the two main groups: 1) permanently resettled community and 2) transient community.

²³¹ This group is identified using the term 'permanently resettled-with infrastructure' in this thesis.

²³² This group is identified as 'permanently resettled in geographical isolation/limited infrastructure' in this thesis. The criteria to define whether a child can be attributed to this group are the status of housing (availability of permanent housing either completed or under construction) and the availability of other infrastructure and facilities such as electricity, water and accessible roads.

²³³ The term 'transient' has been used in this thesis to identify children and families who had returned and commenced their resettlement process, but had not started to permanently live in Malgama. These children and families travel in between their current place of living and the resettling village.

²³⁴ This group is identified as 'transient' community in this thesis.

²³⁵ Eleven children attended two primary schools and five children attended two preschools.

child-participants lived in a family environment, either with biological parents or with adoptive parents. Table 5.1 presents a description of the young children who participated in this study²³⁶.

Table 5.1. Description of the young children

	Children (pseudonym)	Age	Gender	School/ preschool	Status of the family	Housing status in Malgama	Ethnicity
The permanently resettled community with all infrastructure facilities							
1	Priya	6	boy	School in Malgama	Nuclear family (mother and younger brother) ²³⁷	Permanent house	Tamil
2	Vidu	6	boy	School in Malgama	Extended family (mother, father, mothers' sister two elder sisters)	Permanent house	Tamil
3	John	6	boy	School in Malgama	Nuclear family (mother, father, three elder brothers (aged above 18 years))	Renovated permanent house	Tamil
4	Jerry	3	boy	Preschool in Malgama	Nuclear family (mother and father)	Permanent house (not living in it yet)	Tamil
5	Thilu	5	boy	School in Malgama	Nuclear family (mother, father, two elder sisters)	Temporary house (permanent house under construction)	Tamil
The permanently resettled community, but in geographical isolation and/or with limited infrastructure facilities							
6	Raj	6	boy	School in Malgama	Nuclear family (father, step mother, 5 younger siblings)	Temporary house	Tamil
7	Shani	5	girl	School in Malgama	Adoptive family (aunt, uncle, grandfather) ²³⁸	Temporary house	Tamil
8	Ahil	5	boy	School in Malgama	Nuclear family (mother, father, elder brother and a baby sister)	Temporary house	Tamil
9	Dila	5	girl	School in Malgama	Nuclear family (mother, father, an elder sister)	Temporary house	Tamil
10	Mahi	6	boy	School in Malgama	Nuclear family (mother, and elder sister). A single parent family.	Temporary house	Tamil
11	Yadushi	4	girl	Preschool in Malgama	Nuclear family (mother, father, an elder sister and an elder brother)	Temporary house	Tamil
12	Rithika	5	girl	School in Malgama	Nuclear family (mother, father, elder brother and an infant sister)	Temporary house	Tamil
The transient community with little infrastructure facilities							
13	Hiranya	4	girl	Preschool outside Malgama	Nuclear family (mother, father, younger sister)	Huts/tree houses	Singhalese
14	Janu	4	girl	Preschool outside Malgama	Nuclear family (mother, father, an infant sister)	Huts/tree houses	Singhalese
15	Kishani	4	girl	Preschool outside Malgama	Extended family (mother, grandparents, younger brother) ²³⁹	Huts/tree houses	Singhalese
16	Tharu	6	boy	School outside Malgama	Nuclear family (mother, father and a younger sister)	Huts/tree houses	Singhalese

²³⁶ See Appendix 9 for a detailed profile of 12 child-participants, and sections 5.5.3 and 5.6.1 for case studies of the other four child participants.

²³⁷ Father has migrated outside country for employment.

²³⁸ Mother has migrated outside country for employment and father has migrated to capital city.

²³⁹ Father has migrated outside country for employment.

Caregivers and community leaders consisted of community respondents from both Tamil (who have permanently resettled), and Sinhalese (transient) communities. Service providers who participated in this study were from the government and non-government organisations that have provided support for children and families at the village, Divisional, District and Provincial levels. A description of the adult-research participants is presented in Table 5.2 below.

Table 5.2. Description of adult-participants in this study

Adult-participants²⁴⁰ and data collection method	
Caregivers/ mothers of young children	
Structured Interviews	Individual interviews with 53 caregivers ²⁴¹ (mothers or substitute mothers) from both the permanently resettled and transient community
Follow-up interviews/ conversations	Individual follow-up interviews/conversations with 16 mothers ²⁴² (mothers or substitute mothers) of all the child-participants
Focus Group Discussion1 (FGD1)	10 caregivers from the permanently resettled community (permanently resettled with all infrastructure and in geographical isolation)
Focus Group Discussion2 (FGD2)	11 caregivers from the permanently resettled community (permanently resettled with all infrastructure and in geographical isolation)
Transect Walk1 (TW1)	3 caregivers from the permanently resettled community (permanently resettled with all infrastructure and in geographical isolation)
Transect Walk2 (TW2)	2 caregivers from the permanently resettled community (with all infrastructure)
Transect Walk4 (TW4)	2 caregivers from the permanently resettled community (with all infrastructure and in geographical isolation)
Focus Group Discussion3 (FGD3)	5 caregivers from the transient community
Transect Walk3 (TW3)	2 caregivers from the transient community

²⁴⁰ In this thesis, in order to protect the anonymity of the research participants/ sources of data, generic terms of ‘caregivers1-53’ for caregivers, CL (for Community Leaders), GO (for Government Officers), and NGO (for non-government Officers) are used.

²⁴¹ The caregivers (parents or substitute parents) included all those who consented for their own and their children’s participation (n=53).

²⁴² This cohort of caregivers included the mothers or substitute mothers of the children who participated in this study (n=16). They are a sub-group from the overall 53 caregivers. In order to identify them as a separate sub-group who involved in this study beyond structured interviews and FGDs, and through individual follow-up interviews and conversations, I use the generic term ‘mothers’ for them in this thesis. When individual quotes are used, the ‘mother’ is identified relating to the child-participant, for example, as ‘Ahil’s mother’.

Table 5.2 Continued. Description of adult-participants in this study

Community Leaders (CL)	
CL1	An office bearer to the Malgama's Samurdhi Society and a member of the Mother's Group – permanently resettled community
CL2	President of a community-based society - transient community
CL3	A member of the Village Development Society and the owner of the boutique (a retail shop) in Malgama - permanently resettled community
CL4	The preschool teacher in Malgama – permanently resettled community
CL5	A religious leader who extended (and mobilised) support for the community's return and resettlement in Malgama - transient community
Government service providers (GO)²⁴³	
GO1 ²⁴⁴	Services delivered at the Grama Niladhari (GN) Division (at the study village) level. Support and services included the Government of Sri Lanka (GoSL's) village administration, education (including early education), socio-economic development, and community mobilisation.
GO4	
GO5	
GO8	
GO2	Services delivered at the Divisional Secretariat (DS) level, which include policy development, support and services for administration, ECCD and socio-economic development Samurdhi development programme.
GO3	
GO6	
GO7	Services delivered at the provincial level, including ECCD and early education related policy implementation. This officer (through the relevant institution) directly supported Malgama, and was therefore very knowledgeable of the study village and the situation of young children and families.
Non-Government service providers (NGO)²⁴⁵	
NGO1 ²⁴⁶	The project manager of the overall programme, which was operational at the village level in Malgama. This organisation provided support to the community and children through programme integration for livelihood development, community mobilisation, children's participation, and education.
NGO2	Operational from District level and delivered direct services to Malgama. Mainly child-centred programmes including health, education, child protection, early childhood, and community mobilisation.
NGO3	
NGO4	
NGO5	Operational from District level, providing services for income generation and community building. The organisation itself did not have direct service provision to Malgama, yet this officer had been working at village level in Malgama prior to the move to the current organisation.

²⁴³ All the government officers were males, native local people from Tamil, Sinhalese and Muslim community, who live in the Eastern Province, and had direct working experience in resettling villages in the Eastern Province, in particular in Malgama since the return and resettlement processes commenced.

²⁴⁴ GO1 was the current GoSL administrative officer (the GN) of the Malgama GN Division and GO8 has been the previous Grama Niladhari for Malgama. When the GO1 was on leave, the GO8 oversaw the administrative tasks. Both were very knowledgeable about Malgama and had the most current statistics regarding the demographics of Malgama.

²⁴⁵ All non-government officers were native local people from the Tamil and Muslim community (two females and three males). They lived in the Eastern Province, and had been working in the same areas for a number of years. They all had direct working relationships with Malgama and other resettling villages in the Eastern Province.

²⁴⁶ This particular programme officer managed her projects through a project office established in Malgama. Thus, the village community (permanently resettled) demonstrated a strong connectedness with this non-government organisation and its project staff (all of whom were local, native Tamil who were familiar with the context and community). Community connections were evident during the FGDs, TWs and informal conversations with the permanently resettled community members throughout field study in Malgama. The caregivers and the community leaders from permanently resettled community mentioned this NGO's name when presenting a diverse range of support they received during the resettlement period. Furthermore, they proposed that this NGO should continue supporting the study village.

Section 2: The socio-ecological features of Malgama

This section presents the information from adult participants, a review of relevant documents, and researcher observations to describe the social and ecological nuances of Malgama at the time of the study.

5.3 Socio-ecological environment in Malgama

5.3.1 Description of Malgama

Malgama, a GN Division²⁴⁷ located in the Eastern Province of Sri Lanka, comprised of 19 small traditional villages (Statistical Handbook, 2013). The distance from Colombo (the commercial capital of Sri Lanka) to Malgama was approximately 330 kilometers. A rural agrarian area, Malgama extended over 40 square kilometres. Most of its land was covered by paddy fields, cultivated land and some uncleared forests. The residential areas were centred within these lands and in uncleared forests. One boundary of Malgama was an ancient reservoir. Geographically speaking, Malgama was relatively isolated, but it was accessible by a vehicle from the nearest town, approximately a 40 minute drive. At the time of this study, the road that connected Malgama with other villages and towns was in good condition and both public and private transportation was available (albeit limited)²⁴⁸.

As indicated above, at the time of the study, the community in Malgama was home to two ethnic groups: 1) Tamils (predominantly those who have permanently resettled), and 2) Singhalese (mainly transient). Among the overall population in Malgama at the time of this study, 70% were Hindu (Tamils), and the remainder were Buddhists (Singhalese), Roman Catholics (Tamils) and Christian (Tamils) (Statistical Handbook, 2013). The Government of

²⁴⁷ Malgama signifies the entire Grama Niladhari Division (GN Division) consisting of 19 traditional villages. I use the generic term 'study village' when referring to Malgama for easy reference throughout this thesis.

²⁴⁸ Public buses ran through this village early in the morning, in the afternoon and around 5 p.m. Private buses ran in between.

Sri Lanka (GoSL) Statistical Handbook (2013)²⁴⁹ listed 150 families living in Malgama in 2012. However, this had changed at the time of this study. According to Government Officer1 (GO1) (Interview, 25.1.2014), there were 180 families registered as residents in Malgama²⁵⁰. Among the families, the majority (approximately 70%) were permanently resettled while 20% were in a transient situation, thus, mostly living in places outside Malgama²⁵¹. Ten percent of the families who had returned with the intention of settling permanently had left Malgama again for various reasons including lack of safety from environmental risks, and lack of essential support services in Malgama (GO1, Interview 25.1.2014).

The two ethnic groups (Singhalese and Tamils) were concentrated in geographically segregated areas (in small villages) within Malgama GN Division, but shared the same main road and transportation facilities to access to their small villages. During the time of the conflict, Tamil community occupied geographical area in Malgama had been under the control of the main armed group, the LTTE²⁵². The Singhalese community occupied areas in Malgama had been identified as ‘border villages’²⁵³ (Non-Government Organisation Officer4 - NGO4): Interview, 28.1.2014), a generic term used to identify the villages that marked the border of the LTTE controlled areas and the GoSL controlled areas²⁵⁴. At the time of this study, the Singhalese community-occupied area in Malgama marked the boundary of the two

²⁴⁹ This GoSL statics report covers demographic and socio-economic data of the Divisional Secretariat Division, in which Malgama is one GN division.

²⁵⁰ The GO1 is the GoSL’s administrative officer (Grama Niladhari) for Malgama. Therefore, I consider these statistics as current and close to accurate.

²⁵¹ The demography of Malgama contrasts with the overall Sri Lankan demographic composition (see section 1.7 Chapter 1).

²⁵² There were a number of Tamil armed groups who were fighting for the same goals in the Northern and Eastern provinces in Sri Lanka, later dominated by the LTTE.

²⁵³ The conflict related experiences of the community and children in the ‘border villages’ were unique at the time as the safety and security issues that they faced were different (Samarasinghe, 2015). These villages were constantly targeted by the armed-groups. The aim was to create terror among the community in the efforts of expanding the borders of the LTTE controlled areas. In turn, the communities in the adjacent villages were directly or indirectly affected by the fights between the GoSL and the LTTE. Malgama, as a prior conflict-affected village, which included ‘border villages’, occupies a unique historical, political and societal context in the history of the armed conflict in Sri Lanka.

²⁵⁴ ‘Cleared areas’ and ‘uncleared areas’ are another two terms used to identify these areas (Goodhand, 2010).

administrative provinces: the Eastern Province (where the majority are Tamils) and one of the majority Sinhalese occupied provinces²⁵⁵.

In 2012, the official statistics listed 500 people living in Malgama, 50% of whom were females (Statistical Handbook, 2013). Forty percent of the overall population were children²⁵⁶. There were approximately 70 young children aged 0-8 years in Malgama (GO1, Interview, 25.1.2014). Children aged between 2.5 and 5 years from the permanently resettled families were attending the local preschool. The majority of the children above 5 years of age from the permanently resettled families attended the government school in Malgama²⁵⁷. Children from transient families continued to attend preschools and schools closer to the places where their families had been living temporarily since their displacement.

In the following section, I report on information from respondents and document review to describe the historical, political and social contexts of the post-conflict context in Malgama²⁵⁸.

5.3.2 Historical context: Conflict and mass displacement in Malgama

The nature of the community's return, resettlement, rebuilding and recovery and the situation vis-à-vis the young children's post-conflict social and ecological environment in Malgama were shaped within the broader historical, political and social context of Sri Lanka²⁵⁹. However, due to its specific features (being a prior LTTE controlled geographical area, a prior border village,

²⁵⁵ In order to protect anonymity, the actual name of the Province is not given.

²⁵⁶ Those who are below 18 years.

²⁵⁷ The community leaders and caregivers reported that some of the adolescents attended schools outside Malgama (For example, CL3, Interview, 11.2.2014).

²⁵⁸ Similar to other conflict-ravaged geographical areas that had been abandoned for more than two decades, Malgama does not have prior research literature or demographic statistics for the conflicting time period. Therefore, in this thesis, apart from GoSL and NGO reports/internal documents that were shared with me, I rely on information shared by the research participants.

²⁵⁹ Chapter 1, section 1.7 in this thesis presents an introduction to Sri Lanka and an overview of the armed conflict and its impact.

and currently a resettling post-conflict village) Malgama carried its own socio-ecological features.

As explained by the GO1 (Interview 25.1.2014) and the CL2 (Interview 26.1.2014), Sinhalese families who are in transient status were the traditional villagers who lived in this area for more than 700 years. As explained by the participants from the permanently resettled (Tamil) community and the service providers (Interviews: GO1 25.1.2014, GO7 28.1.2014, NGO3 27.1.2014) the Tamil population in this village were originally the Tamil families who lived in the Central Province in Sri Lanka. As a result of the government settlement programme, these Tamil families were given blocks of land to settle in Malgama in 1970s (GO7, Interview 28.1.2014). This included land areas previously owned by the traditional Sinhalese families in Malgama. According to the CL2 (transient community, Interview 26.1.2014) and the FGD3 (transient community, 26.1.2014), in 1980s, the political power of the Tamils grew in the Eastern province and in Malgama resulting a displacement of the traditional Sinhalese owners of the village. These Sinhalese families were displaced to the unpopulated areas of the village, yet they continued to live in the village until escalation of the armed conflict in 1983.

From 1983, not only Malgama, but also the adjacent geographical areas were impacted by the escalation of armed conflict (Interviews: GO1, 25.1.2014; NGO1, 28.1.2014; GO8, 2.2.2014). In effect, communities were displaced for more than two decades due to the prolonged armed conflict in the Northern and Eastern parts of the Island. Between 1985 and 2007, Malgama and the adjacent geographical areas remained under LTTE control. In 2007, when the armed conflict in the Eastern Province ended, GoSL governance and public administration were established in the prior conflict-affected areas²⁶⁰. After three decades of

²⁶⁰ By 2005, the LTTE leadership in the Eastern Province fractured from the main LTTE organisation. Later, after the defeat of the LTTE to the GoSL in the Eastern Province, the LTTE leadership in the Eastern province mainstreamed into the democratic political system in 2007. Through a democratic election, they became the political leadership in the Eastern Province. However, fragility of the area remained even after the end of the armed conflict in the Eastern province, and after political administration has set-up (International Crisis Group, 2009).

conflict, now both the Sinhalese families who were the traditional owners of the village for centuries and the Tamil families who became the residents of Malgama since 1970s returned to their lands with an intention to permanently resettle in Malgama.

Representatives from government and non-government organisations reported that the conflict-related experiences of the communities in Malgama were similar to those of the majority of the displaced communities in the Eastern Province in Sri Lanka. Those in Malgama were exposed to conflict-related experiences of violence, forced recruitments by the armed groups and mass displacement²⁶¹. Traditional villages, traditional ways of life and opportunities for education, livelihood development and ‘normal’ life were disrupted or lost.

The escalation of the conflict caused all the families to be displaced from Malgama for a generation (more than two decades) and the study village was entirely abandoned in 1990 (Interviews: GO1, 25.1.2014 & GO8, 2.2.2014; FGD1 & FGD2, permanently resettled community, 25.1.2014; FGD3, transient community, 26.1.2014). The majority (mostly Tamil) sought refuge in temporary resettlement camps (supported by the government and non-government organisations) closer to towns in the government-controlled geographical areas²⁶² in the Eastern Province. Some (Tamil community) migrated to LTTE controlled areas in the Eastern province. Many families (mostly Sinhalese), who sought the support of relatives and friends, temporarily resettled in towns and villages in government-controlled geographical areas. Although by 2007 some families had successfully rebuilt their lives and had permanently settled in these new areas, a large number of Tamils and Sinhalese remained as IDPs living either in temporary resettlement camps or other temporary residences (Interviews: GO1, 25.1.2014 & GO8, 2.2.2014; FGD1 & FGD2, permanently resettled community, 25.1.2014; FGD3, transient community, 26.1.2014).

²⁶¹ Although I opted not to probe, the caregivers and community members often referred to their experiences of conflict and displacement during the informal conversations.

²⁶² Government controlled areas were the geographical areas in which the Sri Lankan government administrative authority functioned during the time of the armed conflict in Sri Lanka.

5.3.3 Community return and resettlement in the rebuilding post-conflict context in Malgama

Subsequent to cessation of the armed conflict in the Eastern Province, and to the elections that marked the beginning of a democratic administration system in earlier LTTE-controlled areas, the people were given the opportunity to return to their traditional villages, to settle and rebuild their lives²⁶³. After the demining process was completed in Malgama and adjacent areas²⁶⁴, the people started to return to Malgama in 2007 (GO1, Interview, 25.1.2014). However, according to informants, the return and resettlement was not always straight forward. Until late 2008, a number of unsuccessful attempts at return and resettlement occurred, disrupted by ongoing episodes of conflict²⁶⁵ in Malgama (GO1, Interview, 25.1.2014). According to GO1:

“There was no one left in the village after 1990. After 2003 a few families resettled in this village, but it was not successful. Due to conflict, these families were displaced again. In the third month of 2007 [March], these families were completely displaced again. Then in the eleventh month of 2008 [November] return and resettlement in this village were restarted.”

²⁶³ According to the Return and Resettlement guidelines, displaced families in the Eastern Province were to be given the opportunity to claim back their traditional lands, and return to where their families lived earlier, or request new lands (regardless of being permanently or temporarily settled in those places). GoSL and the NGO participants stated that 98% of the IDPs were supported to return and settle (Interviews: GO2, 27.1.2014; NGO3, 27.1.2014). Yet, the returning experiences of the families in the Eastern Province were not always smooth or voluntary. At the time of this field research, NGO3 reported that some of the families still remained in the IDPs camps in the far northern areas in the Eastern Province as their traditional villages were identified as High Security Zones (NGO3, Interview, 27.1.2014).

²⁶⁴ Malgama and adjacent geographical areas were under LTTE control. A LTTE military base camp was established in close proximity to the village, which was considered dangerous due to landmines. Prior to the community's return, GoSL, UN agencies and the International non-government organisations cleared the entire geographical area of landmines (NGO1, Interview, 28.1.2014).

²⁶⁵ There were phases of peace agreements (cease-fire) signed between the GoSL and LTTE. The political context in the Eastern Province was not smooth either during cease-fire period or even after the official ending of hostilities between the LTTE and GoSL in the Eastern Province in 2007 (International Crisis Group, 2009). During the time when peace agreements were active (for example, 2002-2004) and as soon as the hostilities between the GoSL and LTTE ceased in the Eastern Province, a number of prior unsuccessful return and resettlements episodes occurred until the end 2008.

Some of the families who had owned land in the area prior to their displacement reclaimed their land and settled (FGD1 & FGD2, permanently resettled community, 25.1.2014). The youth of these permanently resettled families were given blocks of land within their traditional villages, enabling them to settle permanently and rebuild their lives (Community Leader1= CL1, permanently resettled community, Interview 27.1.2014)²⁶⁶. According to CL1 and CL2 (transient community, Interview 26.1.2014) more than 150 families have returned and successfully resettled in Malgama since 2008. However, for some, return and permanent resettlement was marred by a number of issues including lack of supports, services and recognition of their needs and rights to resettle (FGD3 & Transect-Walk3 (TW3), transient community, 26.1.2014; GO8, Interview 2.2.2014)²⁶⁷. These difficulties continued to be apparent at the time of this field study.

In the following sections the physical environment, support and services, socio-economic and social programmes for development in post-conflict Malgama are described.

5.3.4 Physical environment and infrastructure facilities

At the time of the study, the infrastructure in most of the geographical areas where the majority of the community resided in Malgama appeared to have been renovated and rebuilt (see Figures 5.1 and 5.2). Facilities included a tarred main road, sub-roads (mainly gravel roads), community buildings, a health centre, a pre-school, a school, places of worship²⁶⁸,

²⁶⁶ The IDP in which they lived earlier were within close proximity to towns in the Eastern Province. Therefore, this new agrarian setting was new to most of them.

²⁶⁷ Apart from land rights issues, various other reasons were offered for their transient status and slow progress in permanently resettling in Malgama. For example, lack of permanent housing, electricity, and basic infrastructure, the quality of available facilities and insufficient protection measures to combat a common natural environmental issue- wild elephants - in Malgaama (FGD1 & 2, permanently resettled community, 25.1.2014).

²⁶⁸ Hindu Kovils and a Catholic church.

electricity, telecommunication, common wells and a reservoir. There was an electric fence²⁶⁹ to deter wild elephants²⁷⁰ from entering the residential and cultivated areas.

In contrast, the infrastructure still needed to be rebuilt in some of the geographical areas²⁷¹ in Malgama GN division. The residential areas that were further from the main road and thus were in isolation did not have accessible roads, electricity or permanent housing (see Figure 5.3)²⁷². In addition, the small villages which were previously identified as border villages, occupied by the transient community, lacked the basic infrastructure facilities that were needed for permanent living (TW3, transient community, 26.1.2014; CL2, Interview 26.1.2014) (see Figure 5.4).

²⁶⁹ Wild elephant's migration and arrivals to residential areas has been a constant environmental threat to most rural agrarian villages in the Eastern Province (GO2, Interview, 27.1.2014). According to the CL1 and the caregivers' FGD1, the elephant fence was inactive at the time this field study was conducted. The CL1 clarified that the electric fence built earlier had been damaged by the villagers who sought access illegally to the protected National forests and it is under renovations.

²⁷⁰ Wild elephant's migration and arrivals to residential areas has been a constant environmental threat to most rural agrarian villages in the Eastern Province (GO2, Interview, 27.1.2014).

²⁷¹ In some remote small villages.

²⁷² This aspect is further elaborated on from the experiences of young children and caregivers in section 5.6 in this chapter.



Figures 5.1. Rebuilt infrastructure in Malgama. Observation during Jerry's (boy, 3 years) (child-led) tour of his neighbourhood



Figures 5.2. Main road and infrastructure in Malgama (researcher observation)



Figure 5.3. Rithika's (girl, 5 years) residence in an area of geographical isolation with limited infrastructure facilities



Figure 5.4. Geographical area where the infrastructure facilities need to be rebuilt (researcher observation)

Table 5.3. Availability of infrastructure and facilities for young children and families in Malgama

Infrastructure and facilities that are important for young children's and families' wellbeing	Availability/non availability of infrastructure and facilities for young children and families		
	Permanently resettled community resided areas/ all infrastructure	Permanently resettled community resided areas in geographical isolation/ limited infrastructure	Transient community occupied areas/ little infrastructure
Safe residencies for all families	Permanent housing was available or under construction.	All the families lived in temporary houses.	Not available Those who stayed in the village lived in temporary huts and tree houses.
Water (drinking water and water for other purposes)	Available, but some families had to walk a considerable distance to access to wells.	Available, but some families had to walk a considerable distance to access to wells.	Only one well was available, but couldn't use water for drinking.
Accessible, well-built roads	Main road was well-built. Sub-roads were gravel roads.	Main road was well-built. Gravel roads and foot paths to geographically isolated areas were available.	Main road was well-built. One gravel road was built. Remainder were foot paths or uncleared forest.
Electricity	Available	Not available	Not available
Protective electric fence	Available, but under renovations	Available, but under renovations	Not available

(Source: Adult respondents and researcher observation)

5.3.5 Support and services environment for young children and families

Respondent caregivers from the permanently resettled community (FGD1 & FGD2 on 25.1.2014) and the CL1 (Interview 27.1.2014) reported that Malgama had access to a number of essential government services including health, education, welfare and support for livelihood

development²⁷³. Government hospitals were accessible to both the permanently resettled and transient community in adjacent towns. Beyond healthcare from hospitals, support and services for children and families who were permanently resettled in Malgama included health and nutrition services within Malgama GN division, which covered maternal pre-natal and infant care, mid-wife services, vaccinations and institutional births, ongoing health check-ups of pregnant and lactating mothers and infants and the provision of nutritional supplements²⁷⁴ (NGO2, Interview 27.1.2014).

Additional forms of support and services were provided to the community in terms of socio-economic development (Samurdhi societies and the Village Development Committee), community mobilisation for child protection (Village Child Protection Committee) and women's empowerment (Mothers' Group), psychosocial interventions, livelihood development projects and capacity building programmes (Interviews: GO2, 27.1.2014; NGO1, 28.1.2014; NGO2, 27.1.2014; NGO3, 27.1.2014, CL1, 27.01.2014; FGD1 & FGD2, permanently resettled community 25.1.2014). However, as presented in Table 5.4 below, support services were unevenly distributed.

²⁷³ Government services include: free health and education, civil administration; government subsidies for livelihood activities (equipment, seeds, fertilisers, animals, loans, various training and savings schemes), and GoSL support for low income families – the Samurdhi benefits. These are the GoSL services usually provided to any other GN Division in Sri Lanka.

²⁷⁴ For example, the GoSL's '*Kiri Weeduruwa*' Project= a glass of Milk Project (provision of a glass of milk to each 1.5-5 years old children who lived in the study village during weekdays for free), and nutritional supplements for pregnant and lactating mothers and young children.

Table 5.4. Availability of support services for children and families in Malgama

Support services for children and families	Availability/non availability of support services for children and families		
	Permanently resettled community resided areas/all infrastructure	Permanently resettled community resided areas in geographical isolation/limited infrastructure	Transient community occupied areas/ little infrastructure
Public or private transport service	Available through village	Available through village	Available through village
Public hospital	Available in closest towns	Available in closest towns	Available in closest towns
Accessible communication facilities	Mobile phone services were available	Mobile phone services were available	Mobile phone services were available
Maternity/ infant clinic in the village	Available	Available	Inaccessible
Children's playground/ safe play areas for children	Available in school and preschool premises	Available in school and preschool premises	Not available
Pre-school/ Early Childhood Development Center	Available	Available	Not available/inaccessible ²⁷⁵
School/ Primary school	Available	Available	Not available/inaccessible
Religious places/ places of worship	Available	Available	Not available/inaccessible

(Source: Adult respondents and researcher observation)

The social statistics from the relevant Divisional Secretariat in which Malgama was situated revealed the impact of the support and services on children. The 2012 statistics issued

²⁷⁵ Both terms 'not available and inaccessible' are used because adult-respondents from the transient community were commenting on non-availability of basic services and/or inaccessibility to available facilities in Malgama GN division (FGD3, transient community, 26.1.2014). To clarify this point further, for example, although health clinic was available in Malgama GN division, it is physically located in one end of the GN division. There were no reported efforts in providing inclusive care that may allow families from other ethnic and language backgrounds access to these services. These experiences were the same for education facilities for children in Malgama GN division. Existing facilities were non-inclusive for children from other ethnic and language backgrounds other than Tamil (CL2, Interview 26.1.2014; FGD3, transient community, 26.1.2014).

by the Divisional Secretariat reported a 0.2% child mortality rate, 8.6% infant mortality rate, and zero maternal mortality (Statistical Handbook, 2013). In this division, 100% of children, pre-school children and pregnant women were fully immunised, 99% of pregnant women received prenatal and post-natal care and 99.6% of births were attended by trained personnel (Statistical Handbook, 2013). However, despite the reported broad spread of health and nutrition services in the Division where Malgama was situated, 65% of preschool children were rated as malnourished (Statistical Handbook, 2013)²⁷⁶. In addition, dengue fever and tuberculosis were reported as health threats to the community and children in this Division²⁷⁷.

5.3.6 ECCD Model Village Project

Support and services for young children were extended through the implementation of the ECCD Model Village Project²⁷⁸ introduced by the GoSL and implemented with the participation of a wide range of ECCD stakeholders (caregivers, community members, NGOs, and GOs). The ECCD Model Village Project was presented as an ongoing intervention that addressed 1) young children's wellbeing as well as 2) child friendliness of the family and village environment in relation to young children's wellbeing (GO6, Interview, 28.1.2014).

Malgama had been selected for development along the ECCD model village project lines, the aim being to create a village context favourable for young children. In 2009, the Children's Secretariat, which sits within the Ministry of Child Development and Women's Affairs, introduced the ECCD Model Village project in post-conflict Sri Lanka. The overarching aim of the project was to create nurturing environments for young children in

²⁷⁶ However, the percentage of young children who are identified as malnourished in Malgama was not reported.

²⁷⁷ Due to privacy concerns, statistics vis-a-vis the mental health of the community and children were not accessible. According to NGO1 (Interview, 28.1.2014), approximately, 70 patients with mental health issues were registered and being treated at the main public hospital in the District. The number of children treated for mental health issues were not reported. However, this information did not provide an indication of how many people with mental health issues, if any, who were being treated in Malgama.

²⁷⁸ Source: GoSL's unpublished document (ECCD Model Village Project, 2009)

conflict-affected contexts and other disadvantaged contexts. The expected child outcomes were identified as having a child population with well-balanced and socialised personalities who demonstrate healthy physical growth and social, psychological and cognitive development. The objectives of the programme included facilitating child development and growth in a caring family; ensuring a protective environment; and supporting young children's learning with particular attention to all young children including those considered at risk (that is, the most vulnerable).

The ECCD model village project was based on an ecological approach. Rather than externally imposing interventions, the ECCD model village project expects the village communities to identify the needs of the village for holistic ECCD, obtain the support needed, and strengthen ECCD to meet the criteria set out to reach the status of a Model ECCD village. As ECCD was viewed as holistic, the expected outcomes of the project are holistic and integrated. Particular attention was on integrating ECCD within the overall resettling, rebuilding and recovering activities.

According to the ECCD Model Village Project guidelines, a number of criteria (indicators) must be met before nominating a village as an ECCD Model Village. These criteria (indicators) include:

1. Individual child: All preschool-aged children are attending a preschool.
2. Preschool level: Preschools are established and teachers are appointed and trained.
3. Family level: Caregivers are well informed about ECCD; health and nutrition, care and development.
4. Family and community levels: The physical and social environments within families and overall village are protective and nurturing for young children.
5. Community level: Community mobilisation as well as community ownership for establishing and sustaining child friendly environments for young children in the village

is established.

(Source: GoSL's unpublished document (ECCD Model Village Project, 2009)

However, while caregivers and community leaders acknowledged the provision of the above services and their benefits on young children and families, the quality and equity of the service delivery were questioned in terms of access to these services by all young children and families from all community groups within the village²⁷⁹.

5.3.7 The socio-economic environment

Caregiver respondents in the study reported that, since community return and resettlement commenced in the past 5 years, the traditional livelihood of cultivation had been restored in Malgama. As of 2014, approximately 60% of the families in Malgama were dependent upon paddy and crop cultivation and rearing cattle and/or goats for their incomes (FGD1 & FGD2, permanently resettled community, 25.1.2014). Most of the families reported that they undertook home gardening for their daily subsistence and extra income. Some families were reported to earn their livelihoods from paid labour in development projects in resettling and rebuilding in other geographical areas and in foreign countries²⁸⁰. While some families showed signs of wealth at the time of the study²⁸¹, in general the community of Malgama showed signs of impoverishment. As reported in the Statistical Handbook (2013), 80% of the families' monthly income in Malgama was less than 10,000 Sri Lankan rupees (LKR)²⁸², which is below the poverty line in Sri Lanka.

²⁷⁹ These aspects are further discussed drawing on caregivers' perspectives in section 5.6 in this Chapter.

²⁸⁰ Household income patterns of the caregivers' families (n=53) are presented in Appendix 10 (Figure 1).

²⁸¹ Small number of families owned vehicles, lived in comparatively well-constructed and good condition brick houses, and owned small businesses such as small boutiques.

²⁸² In 2014, LKR10,000 was equivalent to approximately AUD\$100.

5.3.8 The socio-cultural environment

It was reported that the escalation of the armed conflict in 1983 and its impact signalled the breakdown of the traditional co-existence and harmony of the communities of Malgama (GO1, Interview 25.1.2014). As reported during a focus group discussion (FGD1), this was marked by community divisiveness. Here the caregivers alluded to historical issues in Malgama:

“This is a village which was in a good condition before ‘the problems’ [conflict] started. There were about 500-600 families living here. The people at that time lived in harmony – no problems – with others. After ‘the problems’ started people couldn’t live here.” (FGD1, permanently resettled community, 25.1.2014)

The majority of the returning and resettling population in Malgama were from the second generation of displaced families. The physical and social environment in Malgama was new for them. The long-term effects of the conflict (community displacement, divisiveness, exposure to violence), and the rural agrarian socio-economic situation in Malgama created a political, socio-economic and cultural milieu in Malgama, which was both complex and fragile (GO7, Interview 28.1.2014). For most of the returning young families the physical environment and way of living in Malgama (compared to their previous camp life or living in places closer to towns) were new and they needed time to adjust, including socially as well. Some of the people had lived in LTTE controlled areas with heavy travel restrictions. Freedom of mobility after the cessation of the armed conflict was an experience that they had not enjoyed for approximately for two decades (NGO4, Interview 28.1.2014). People (both women and men) could now seek new employment and income opportunities, for example, employment in foreign countries (NGO4, Interview 28.1.2014).

Women were reported to have participated in income generation activities²⁸³ (Interviews: CL1, 26.1.2014; NGO1, 28.1.2014; NGO2, 27.1.2014). Respondents reported on female participation in the public spheres of Malgama. Formal community networks supported by the government welfare programmes²⁸⁴ tended to have women in leading positions (Interviews: GO3, 2.2.2014; GO5, 6.2.2014). NGO supported community groups²⁸⁵ involved community women (Interviews: NGO1, 28.1.2014; NGO2, 27.1.2014; GO3, 2.2.2014, GO6, 28.1.2014). Female participation was high in the development of the community pre-school and schools in Malgama (CL1, Interview 27.1.2014). Despite these and other public roles for women, it was reported that the traditional patriarchal social system remained the norm at the household and societal levels²⁸⁶ (NGO4, Interview, 28.1.2014).

5.3.9 Summary of the social and ecological features of the study village

The Section 2 presented the historical, socio-economic and political context in Malgama GN Division. Malgama and its community had experienced the armed conflict in Sri Lanka that lasted for more than two decades from 1983. The two communities who occupied Malgama (Tamils and Singhalese) were displaced and the entire village had been abandoned from 1985 until the end of the armed conflict in the Eastern Province in 2007²⁸⁷. Populations have started to return and resettle in Malgama since 2008.

The young children and families were provided with necessary infrastructure, and support services which included health, nutrition, education, livelihood development and

²⁸³ These included rearing domestic animals for an income generation, working in development projects or migrating to outside village or outside the country for employment.

²⁸⁴ The Samurdhi Society and the Village Development Society.

²⁸⁵ These community groups included Mothers' Groups and Child Protection Village Committees.

²⁸⁶ During the structured interviews with caregivers (n=53), the participants always identified the male member of the family as the head of the household, unless the family was a single-parent, female.

²⁸⁷ However, the armed conflict in the North-Eastern parts of the country was extended until May 2009.

community mobilisation. However, as identified by the participants, there were gaps in support and services for some families from both communities.

In the next section (Section 3), the major findings in terms of the research questions investigated are presented.

Section 3: Findings from the study

Three key themes were identified to organise and present the major findings of this study²⁸⁸.

The three themes are:

1. Connectedness in the form of care and support within the family.
2. Social connectedness in the form of social networks beyond the immediate family.
3. Strengths and gaps in protection and provision of children's rights in resettlement.

In the next sections, the findings are further elaborated on according to these key themes. Although the design of this study did not take the form of a comparative analysis, as presented in Sections 1 and 2 in this chapter, differences were identified in diverse aspects of the experiences of young children and families according to the resettlement status and accessibility of support services²⁸⁹. Accordingly, those similarities and differences are explored as relevant to the topics investigated.

In the next section, the findings organised under the theme of 'connectedness in the form of care and support within the family' are presented.

²⁸⁸ See section 4.10 in Chapter 4 for data analysis and identification of the key themes of this study.

²⁸⁹ As presented in Section 1 in this chapter, child-participants and families were attributed to three sub-community groups: 1) permanently resettled community (Tamils) with all infrastructure facilities; 2) permanently resettled community (Tamils) in geographical isolation/limited infrastructure facilities; and, 3) transient community (Singhalese) with inadequate infrastructure facilities.

5.4 Theme 1: Connectedness in the form of care and support within the family

This section presents the findings related to: 1) young children's experiences and perspectives of connectedness in the form of care and support within the family, 2) adult-participants' views in relation to young children's experiences, and 3) factors that are considered (as perceived by both children and adults) important for young children's experiences of care and wellbeing in a rebuilding conflict-affected context.

5.4.1 Children's experiences and perspectives of care and support from the primary caregiver

The child-participants in this study were diverse in terms of gender, age, ethnicity, family background and resettlement status²⁹⁰. Despite the differences and idiosyncrasies in these children's life experiences²⁹¹, one aspect common to all of the child-participants' (100%, n=16) day-to-day experiences was the presence of a consistent caregiver (a primary caregiver), a mother or a substitute mother²⁹²; in effect, a matriarchal caregiver, who appeared to be available to address the child's physical, developmental, emotional and material needs. The young children's (100%, n=16) drawings, interviews, and narratives included descriptions of the ways in which their mothers attended to their needs and provided care and support. Drawings and conversations with the children elicited comments about their mothers such as:

²⁹⁰ See Table 5.1 in Section 1 in this chapter.

²⁹¹ Children's experiences in this rebuilding conflict-affected context were defined according to numerous factors including the status of the family (biological/adaptive, socio-economic level), resettlement status, the place of residence and attendance at an educational institute (school/preschool).

²⁹² For easy reference, both mothers and substitute mothers are identified as 'mothers' in this thesis.

“*Amma*²⁹³ cooks. She prepares and keeps food [for us and] goes to work” (Mahi, boy, 6 years, permanently resettled, Child-led tour and narratives 12.2.2014)

“[This morning, before coming to school] I drank milk...*Amma* prepares milk and gives me. *Amma* gives milk to *nangi*²⁹⁴ too” (Kishani, girl, 4 years, transient, interview 31.1.2014)



Figure 5.5. Dila's (girl, 5 years, permanently resettled) drawing and narrative - “*Amma tells the story of granny*”

All of the child-participants' (100%, n=16) experiences and narratives showed that their mothers attended to their physical needs (see Table 5.5). Children reported that their mothers prepared their meals, ensured that they were fed, took them to the well and/or washed or bathed the children²⁹⁵. The majority of the young children (87%, n=14) reported that their mothers supported them with their learning through actions such as helping them to read and write,

²⁹³ *Amma*= mother (Tamil and Sinhalese).

²⁹⁴ *Nangi*= younger sister (Sinhalese)

²⁹⁵ The caring roles described by the child-participants were pragmatic and were common to most of the rural village settings in Sri Lanka.

telling stories and singing to them²⁹⁶. No children from the transient families reported that their mothers provided them with the stationary, but they reported that their fathers provided them with these materials (who buy you stationary and uniforms?). This may be because all child participants from the transient families were not engaged in paid employment.

Table 5.5: The ways mothers attended to children's needs: Young children's experiences and views

Young children's needs	The ways mothers attended to children's needs	Number of children who reported			Percentage of children who reported
		permanently resettled	transient	Total	
Physical (Health, nutrition, hygiene)	Cooking/preparing meals Feeding or serving children Promoting hygiene practices (taking child to the well for bathing, washing)	12	4	16	100%
Developmental (education and stimulation)	Supporting education (sending to school, helping to get ready for school, telling stories- songs, supporting learning at home)	10	4	14	87%
Emotional comfort	Available when child is sad, scared or disturbed	11	2	13	81%
Material	Providing the materials needed to address physical and developmental needs (for example, providing stationary, school uniforms and earning an income to pay for children's material needs)	9	0	9	56%

²⁹⁶ Telling stories and singing to young children are culturally accepted child care practices in Sri Lanka.

5.4.2 Children's experiences and perspectives of care and support from the father/male caregiver

Data collected from the young child-participants indicated that they all received care and support from other members of the family in diverse ways²⁹⁷. The young children's accounts indicated that their fathers or male caregivers²⁹⁸, brothers and sisters and their extended family members played an important role in their wellbeing and formed a network of care within families. In particular, some young children's (62.5%, n=10) remarks alluded to the fathers' or the male caregivers' protective role. Specifically, young children from the permanently resettled community reported that their fathers/male caregivers protected them from environmental risks such as encroaching wild elephants and snakes²⁹⁹. Attached to these protective experiences, there were several indications that children felt a sense of safety, and connectedness to their fathers/male caregivers. Young children's interviews and narratives included remarks such as those below:

“When the elephants come, *Appa*³⁰⁰ blows the ‘beep’, then the elephants run away”

(Yadushi, girl, 4 years, biological family, permanently resettled, Interview 6. 2. 2014)

²⁹⁷ During the data collection sessions at school and preschool, the children were asked to draw their families. They were encouraged to talk about their family members' day-to-day activities, and how they related to the child. Questions raised included: Who else is in your family, what do they do with you during mornings, day time, and in the evenings/night time? Can you tell me if these are the things they do mostly every day? If not, why not?

²⁹⁸ The term ‘male caregivers’ is used to indicate either the biological father or other adult male caregivers such as uncles and grandfathers if they replaced the caring role of a father in the child-participants' families.

²⁹⁹ Children from the permanently resettled community, who have been living in Malgama, were familiar with the environmental threats of the wild elephants and snakes in Malgama. They shared their experiences and views of these environmental risks and the fathers' or male caregivers' protective role. With the exception of one child (Tharu), the child-participants from the transient community did not comment on these two environmental risks. This may be because children from transient families were not living in the study village at the time, and were not familiar with the said environmental risks. Another reason would be because data collections with them were conducted in their preschool which was situated outside Malgama, and they did not have prompts such as child-led tours in the geographical areas in Malgama which could have given them an opportunity to talk about said environmental threats. The other important finding was that some children, including transient children, often said that they were not afraid of anything or nothing frightened them when questioned whether there was anything that they were scared of. Potential reasons for this were that the children from permanently resettled families were sleeping when elephants approached, or adults in their families chased the elephants away before the children became aware of them or they felt protected by their families.

³⁰⁰ *Appa*= father (Tamil)

“[I am] not scared of cobras. ...When cobras come, uncle kills them, makes a hole in the ground and bury them” (Shani, girl, 5 years, adoptive family, permanently resettled, Interview 10.2.2014)

Children from the permanently resettled community, who have been living in Malgama, were familiar with the environmental threats of the wild elephants and snakes in Malgama. They shared their experiences and views of these environmental risks and the fathers’ or male caregivers’ protective role. With the exception of one child (Tharu), the child-participants from the transient community did not comment on these two environmental risks. This may be because children from transient families were not living in the study village at the time, and were not familiar with the said environmental risks. Another reason would be because data collections with them were conducted in their preschool which was situated outside Malgama, and they did not have prompts such as child-led tours in the geographical areas in Malgama which could have given them an opportunity to talk about said environmental threats. The other important finding was that some children, including transient children, often said that they were not afraid of anything or nothing frightened them when questioned whether there was anything that they were scared of. Potential reasons for this were that the children from permanently resettled families were sleeping when elephants approached, or adults in their families chased the elephants away before the children became aware of them or they felt protected by their families.

Some young children’s (37.5%, n=6) experiences from both community groups showed their fathers’ or male caregivers’ emotional support and affection towards them in diverse ways. These young children’s interviews and narratives included the ways their fathers showed them affection by cuddling, playing, giving treats, telling stories, involving them in day-to-day

activities and accompanying them to the doctor. Hiranya's and Rithika's narratives below echo some of these experiences:

“*Thaththa*³⁰¹ gives me chocolates. *Thaththa* carries me. *Thaththa* and I play running...*Thaththa* plays running. *Thaththa* plays with my *Nangi*³⁰² too.” (Hiranya, girl, 4 years, transient, Interview 3.2.2014)

“*Appa* tells the story of a crow and *wadai*³⁰³” (Rithika, girl, 5 years, permanently resettled, interview 30.1.2014)

However, with the exception of Rithika, who said that her father prepared *roti* (bread) while her mother was away³⁰⁴, no child's experiences included fathers' or male caregivers' involvement in childcare activities such as preparing meals, washing or bathing the children and helping them to get ready for school. These activities are likely to be traditionally recognised as female caregivers' (particularly the mothers') childcare roles in rural agrarian areas in Sri Lanka.

Some children (56%, n=9) implied that their mothers addressed their material needs by providing stationary, school uniforms and earning an income to meet the children's expenses (see Table 5.5 above). These experiences were similar among children from the both permanently resettled and transient families. Among the remainder of the children, the majority (37%, n=6), with the exception of Raj (boy, 6 years, permanently resettled) who mentioned that his grandparents provided him with what he needed, indicated that their fathers/male caregivers

³⁰¹ *Thaththa*= father (Singhalese)

³⁰² *Nangi* = younger sister (Singhalese)

³⁰³ *Wadai*= a widely eaten local snack made from lentils (Tamil)

³⁰⁴ At the time of this study, Rithika had a one-month-old baby sister. When one considers the limited extended family support and her mother's recent childbirth, it may be assumed that Rithika's father must have helped with food preparations for the family during this recent change in the family.

addressed their material needs. This may be due to the fact that adult males were the main income earners in most of the families in this context.

5.4.3 Children's experiences and perspectives of emotional support within the family

The children's interviews and narratives revealed the instances about when they approached their mothers and fathers/male caregivers for emotional support. These experiences were similar amongst the children from both permanently resettled and transient families. Most of the children (69%, n=11) reported that they looked to their mothers for comfort when they felt sad or frightened (see Table 5.5 above). This indicated the degree of their connectedness to their primary caregivers. While some children (31%, n= 5) said that they went to their fathers in particular for emotional comfort³⁰⁵, others (19%, n=3) reported going to both parents for comfort implying their emotional bond with both the mother and father. The children's interviews and narratives included these experiences as quoted below:

“[When sad] I go to *Amma*... *Amma* keeps me closer to her” (Yadushi: girl, 4 years, permanently resettled, Interview 29.1.2014)

“[When scared] I go to *Appa*...*Appa* tells me ‘don’t be scared” (Dila: girl, 5 years, permanently resettled, Interview 27.1.2014)

“[When felt sad or upset] I would go to my *Amma* and *Thaththa*” (Tharu, boy, 6 years, transient, Interview 2.2.2014)

In turn, the children's narratives included comments that implied their affection and connectedness towards their mothers and fathers/male caregivers. The majority of the child-

³⁰⁵ One child identified his grandparents as the people he approached for emotional comfort.

participants tended to draw and talk about their mothers (50%, n=8) (see Figure 5.6) and fathers/male caregivers (25%, n=4) (see Figure 5.7) as the persons they liked to be with³⁰⁶.

Children conveyed their affection towards these caregivers as follows:

“[After taking a nap] I drink tea. After *Thaththa* [father] comes, he carries me [and cuddles me]...I love *Thaththa*” (Janu, girl, 4 years, transient, Interview 3.2.2014)

*Malgaama Amma*³⁰⁷...[braided my hair]. (I) love/like her a lot. (Shani, girl, 5 years, adoptive family, permanently resettled, Interview 10.2.2014)



Figure 5.6. Vidu’s (boy, 6 years, permanently resettled) drawing of mother as the most liked person

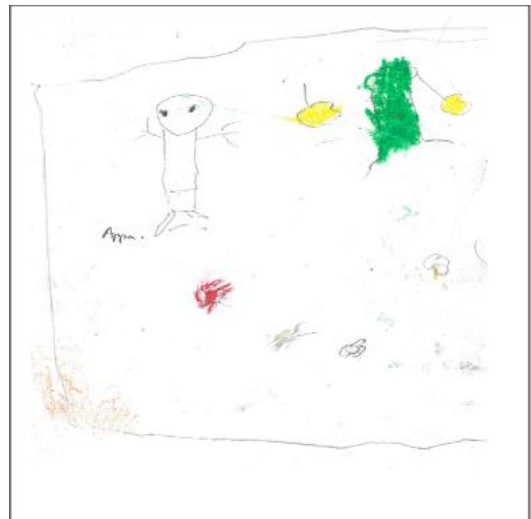


Figure 5.7. John’s (boy, 6 years, permanently resettled) drawing of father as the most liked person

³⁰⁶ A small number (n=2) responded differently by introducing other family members as their most liked people. Rithika (girl, aged 5 years, permanently resettled) identified her baby sister as ‘*gunduamma*’ [‘the chubby one’ - a pet name for infants/babies/little children in Tamil] as her most liked person. Raj, a boy aged 6 years, who lived with his father, *chiththi* (mother’s younger sister or step mother) and 5 siblings in the permanently resettled community, introduced his grandparents as the people with whom he most liked to spend time. Two children’s answers were not so clear (whether parents or none, as the communication was unclear).

³⁰⁷ Shani was an informally adopted child (by her aunt and uncle). Her parents were not with the child. She called her adoptive mother *Malgama Amma* meaning Malgama mother.

5.4.4 Children's experiences and perspectives of care and support from family members

The young children's experiences with their brothers and sisters appeared in many cases to be instrumental in terms of their sense of connectedness within the family. These experiences were demonstrated in the children's drawings, narratives, and interviews. This was the case for children from both permanently resettled and transient families. Drawings of families mostly included their siblings. Follow-up interviews and narratives revealed the numerous ways in which their siblings connected with these children's lives. Siblings were described as companions, play mates and temporary caretakers³⁰⁸. Some examples were: Mahi (boy, 5 years, permanently resettled) said that he spent time with his 10 year-old sister while his mother, a single parent, was away at work. Mahi's narratives included constant reference to his sister and the activities he did with her: travelling to school, staying at home and playing with her. Vidu (boy, 6 years, permanently resettled) stated that he travelled to and from school with his brothers and sisters: they spent time together and played together. Janu (girl, 4 years, transient) made reference in her narratives and drawings to her sister and to playing with her (see Figure 5.8).

³⁰⁸ While most of the children's experiences showed connectivity with their siblings, one child's (Thilu, boy, 5 years, permanently resettled) data implied that he felt less connected with his siblings. Thilu's drawings and narratives excluded his older sisters. The follow-up discussions on his drawings implied that because his sisters were away attending school outside of Malgama, he had little interaction and limited or no opportunity to play with them.

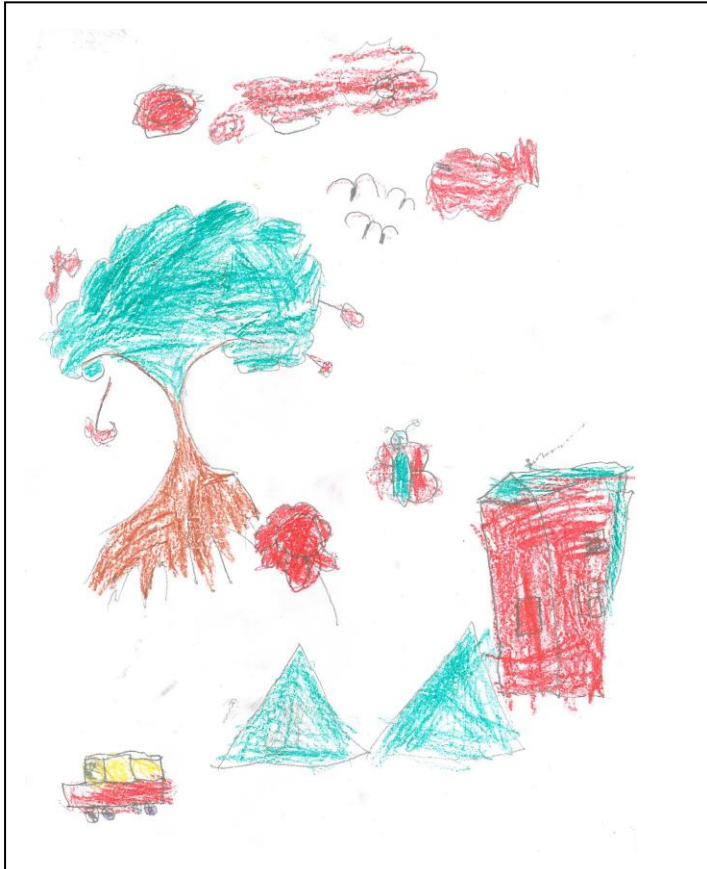


Figure 5.8. Janu's (girl, 4 years, transient) drawing and narrative of her play with her sister at home

A small number of children's (12.5%, $n=2$) descriptions indicated their connectedness with their siblings through their involvement as temporary caretakers. Rithika (girl, 5 years, permanently resettled) mentioned that she looked after her baby sister while her mother was cooking. In another example, Priya (boy, 6 years, permanently resettled) said that he looked after his younger brother when his mother was away from home³⁰⁹.

Due to the impact of conflict and displacement, relatives' networks of children from both permanently resettled and transient families reported limited networks of other relatives³¹⁰. Those from both community groups who had a relatives' network told of experiences which

³⁰⁹ Except for these two children, other children did not mention caretaking their younger siblings.

³¹⁰ See section 5.4.6 in this chapter.

implied that their extended family members (grandparents, aunts, and uncles), who lived close or with whom children had close interaction, extended support and care to the children. Some children (44%, $n=7$) spoke of visits or caregiving from their grandparents with affection. Raj's (boy, 6 years, permanently resettled) experiences showed that his grandparents, even though they were not living close by, had extended affection and care towards him by providing material, emotional support and comfort. These children included their grandparents in their drawings and/or narratives of family, and explained how they were connected to their lives. For example, Kishani (girl, 4 years, transient, drawing and narrative 31.1.2014) who drew her house and her father migrating out of country for employment (see Figure 5.9), said that her grandparents lived with them and took care of her. She added that her grandparents prepared milk for her, told her stories, and accompanied her to preschool.



Figure 5.9. Kishani's (girl, 4 years, transient) drawing of her home and the narrative of family

A small number of children (19%, $n=3$) from permanently resettled families, spoke of aunts and uncles who lived close by in this resettled village. Similar to John (boy, 6 years) who

reported that his aunt who lived next door was teaching him the alphabet, songs and stories. The children's experiences with these relatives were marked by care and support. Other children's descriptions included their aunts taking them to the doctor or giving them much needed school supplies. All of the children from the transient families (25%, n=4) spoke of having aunts and uncles and described visits were exchanged.

5.4.5 Caregivers' and community leaders' views on caregiving practices: A matriarchal caregiving pattern

The caregivers' (n=53) day-to-day experiences confirmed the matriarchal caregiving pattern identified in the children's narratives. All of the caregivers who consented to participate in this study, and who participated in the structured interviews were females, either the biological mother or the substitute mother of a young child. These female caregivers' narratives indicated that in the main it was they who tended to the young children's needs, demonstrating the prevalence of a gender-segregated stereotypical caregiving pattern for children in this resettling context. During the individual interviews, the use of open-ended questions elicited the caregivers' day-to-day experiences³¹¹. All of the caregivers (100%, n=53) reported their day-to-day experiences, which tended to revolve around childcare and household chores. Child caring roles and responsibilities were described as: helping children to bathe/wash, dress, and get ready for school, taking children to and from preschool/school, telling stories and singing to the children; and, helping with extra studies and supporting play. Household chores included: cooking, cleaning, sweeping, preparing tea, fetching water and (for those who had permanently resettled) home gardening/crop cultivation and/or attending to their goats and cattle.

³¹¹ During the structured interviews, the caregivers (n=53) were encouraged to talk about their day-to-day experiences. Questions included: 'I would like to know how you spent your time yesterday. What were you doing during (1) morning (2) afternoon (after lunch), (3) evenings/night time? (Can you tell me whether those are the things you mostly do? If not, why not?)'. See Appendix 4 for the interview schedule.

According to the child-participants' mothers³¹² who participated in follow-up interviews and conversations (100%, n=16), day-to-day activities were mostly conducted within their homesteads. Only two of the sixteen mothers (12%) worked outside of the home during the day, but not as permanent employment³¹³. Overall, the mothers reported that they were available to attend to their young children's needs most of the time.

The interaction between the caregivers and their young children demonstrated support for cognitive and social development, facilitation of skills and competencies and a sense of nurturing and affection. Following up the caregivers' descriptions of their day-to-day experiences, using structured questions, they were further asked about the specific child caring practices that can support young children's cognitive development (whether they engaged with children's play, told stories, helped with education and involved the children in their day-to-day activities)³¹⁴. Responding to these structured questions, 74% of caregivers (n=49) agreed that they supported young children's play³¹⁵. The majority (89%, n=47) said that they had recently told stories to their young children and 87% (n=46) said that they listened and responded to young children's needs/requests. These responses included the caregivers from both the permanently resettled and transient families.

During follow-up interviews and conversations with the child-participants' mothers (n=16), the above responses were further explored. The young children's mothers elaborated on support for children's play as follows: allocating children enough time to play, engaging with children and helping them in the playground and making children's toys out of local materials. The caregivers' (n=53) responses to the above-mentioned structured questions, and

³¹² As presented in Table 5.2, this cohort of caregivers included the mothers or substitute mothers of the children who participated in this study (n=16). They are a sub-group from the overall 53 caregivers.

³¹³ These two mothers were from permanently resettled families; one was Mahi's mother (a single parent) and the other one Priya's mother (Priya's father was working outside of the country). They worked as casual labourers on development projects. No child's mother from transient families reported engaged in paid employment.

³¹⁴ See Appendix 4 for the structured interview schedule.

³¹⁵ See Figure 2, Appendix 10.

further elaborations by the mothers (n=16) showed that the primary caregivers provided the children with the required support for cognitive and social development, facilitation of skills and competencies and a sense of nurturing and affection.

The notion of matriarchal caregiving was restated through caregivers' views of young children's emotional support and comfort-seeking patterns. The caregivers noted that the young children tended to approach them for material, physical, and emotional support rather than other members of the family³¹⁶. The majority of caregivers reported that young children sought emotional support from them when frightened (68%, n=36) and when they felt upset or sad (74%, n=39)³¹⁷.

Regardless of the diversity in the two community groups (for example, permanently resettled and transient, Singhalese and Tamils and Buddhists, Hindus and Catholics/Christian), the above findings (related to caregiving practices) in general were further strengthened by the comments of the community leaders, and participants in the focus group discussions. Even though the community leaders said that the family constituted the support network for children, reiterating matriarchal caregiving pattern, the majority (80%, n=4) held the opinion that it was the mother who assumed the responsibility for ensuring how the children were adequately cared for, fed, attended school and were not neglected. So, clearly, the mothers or substitute mothers were considered the main carers responsible for children's care and wellbeing. CL1's remarks illustrate similar views:

“...the mothers... somehow look after their children well. They feed their children. Mothers would not allow their young children to feel neglected” (CL1, permanently resettled community, 27.1.2014)

³¹⁶ The caregivers' views of their young children's emotional support-seeking patterns were investigated using open-ended questions (If your child is unhappy/scared, to whom does s/he go for comfort? And why?). See Appendix 4 for structured interview schedule.

³¹⁷ The remaining caregivers reported that some children approached their fathers or male caregivers for emotional comfort. A small number of caregivers mentioned that the children approached both parents for emotional support, if they were frightened or felt sad. See Figure 3, Appendix 10.

Caregivers implied that it was their responsibility to look after the children, support their development, and to help them thrive. A group of females in one focus group discussion said:

“..Despite difficulties, we do everything for children and send them to schools” (FGD1, permanently resettled community, 25.1.2014)

5.4.6 Caregivers’ experiences and views of support within the family

The caregivers’ responses vis-à-vis the support available to them within families implied that the children’s fathers and/or other family members also played an important role in supporting them in their caregiving roles. During the structured interviews with the caregivers, information about support within the family was solicited³¹⁸. The majority of caregivers (80%, n=42) from both permanently resettled and transient families saw the role of fathers as supportive in addressing the needs of young children. Follow-up interviews and conversations with child-participants’ mothers (n=16) implied that the fathers’ economic contribution to the families was considered a major supportive factor addressing the young children’s needs³¹⁹. A small number of mothers (12.5%, n=2) described other ways (beyond economic contribution) in which the fathers (or male members of the families) saw to the children’s needs: taking children to and from school or accompanying the mother/substitute mother and child to hospital. Similar to children’s experiences and views presented in section 5.4.2 above, during caregivers’

³¹⁸ Caregivers’ views of support for caregivers were solicited using the following questions: ‘Please tell me about the individuals whose support enables you to fulfil your caregiving role, the types of support and how far their support proves a strength for you and your child?’ Using the Likert scale, the caregivers were asked to rate the level of support they received from identified individuals (support poor /not available or OK/good) (see Figure 4, Appendix 10). These responses were further elaborated on by the mothers (n=16) during the follow-up interviews.

³¹⁹ Mahi’s mother, who has recently become a single mother due to family separation, also implied that the children’s father’s financial contribution was a strength when he was with the family.

conversations, traditional child caring roles³²⁰ were not discussed in relation to the fathers or adult males.

More than half of the caregivers (56%, n=30), who had older children, reported that the older children in the family were supportive in caregiving for the younger children in the family³²¹. Beyond these supports within the family, support for caregivers beyond the immediate family was limited due to limited extended family networks³²². Those who had support – in particular, the children’s grandparents – identified it as important for fulfilling childcare roles within the family. The above viewpoints were confirmed by some community leaders who commented on the extended family support networks available for children. Community Leader3 (CL3) stated similar views as below:

“The children’s grandparents attend to children’s needs too. Some even earn money and spend on their grandchildren’s education, clothes and so on” (CL3, Permanently resettled community, Interview 11.2.2014).

5.4.7 Caregivers’ and community leaders’ views of constraints on young children’s experiences

The majority of caregivers (74%, n=39) agreed that opportunities for young children to flourish in Malgama were limited³²³. In addition, despite the family care and support alluded to above, while nearly a quarter of the caregivers (21%, n=11) did not report any constraints, most of the

³²⁰ As presented in section 5.4.1 in this chapter, traditional caring roles can be identified as preparing meals, providing food for the children, taking the children to the wells and helping them to wash/bathe, or helping them to get ready for school.

³²¹ See Figure 4, Appendix 10.

³²² See Figure 4, Appendix 10. Due to the impacts of conflict and displacement, most caregivers had limited numbers of close relatives in Malgama. The follow-up interviews with the child-participants’ mothers (n=16) in this study revealed that 8 had parents living elsewhere, and 10 had brothers and sisters living elsewhere, not in close proximity. Therefore, beyond the immediate nuclear family, support networks involving the extended family were limited. Those who had relatives implied that they were a source of support for them.

³²³ See Figure 5, Appendix 10.

caregivers (79%, n=42) said that they encountered constraints impeding their aims³²⁴ for their young children (see Figure 5.10 below). Thirty three percent of caregivers (n=17) emphasised financial difficulties, these were mostly by the caregivers from permanently resettled families³²⁵. Small number of caregivers spoke of gaps in other support services (12%, n=6). Individual reasons such as parental absence, a child's sickness or disability were also reported as constraints, all from caregivers (12%, n=6) from the permanently resettled community³²⁶. Other concerns pertinent to the children included gaps in education facilities (20%, n=11), a concern mostly pointed out by caregivers from transient families.

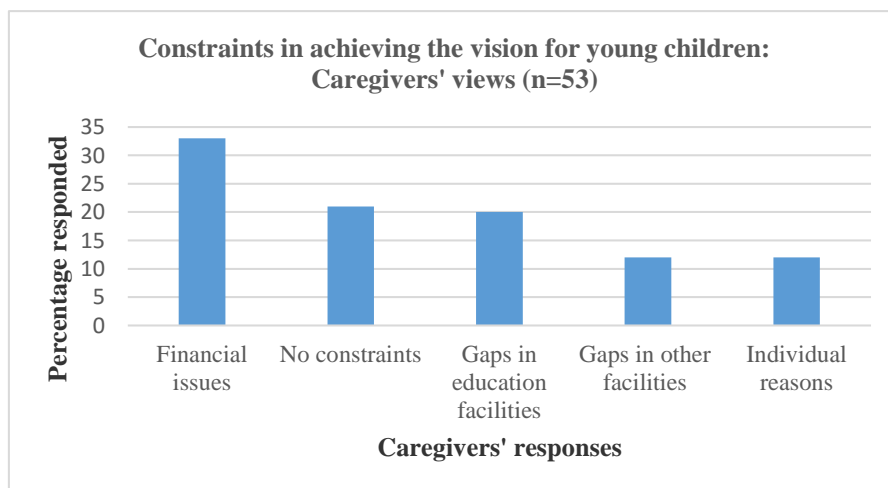


Figure 5.10. Constraints impeding the aims for young children: Caregivers' views

As implied above, the caregivers as well as the community leaders from the transient community voiced different views when addressing the constraints affecting young children³²⁷. They listed uncertainty regarding their permanent resettlement and other issues associated with

³²⁴ See section 5.6.3 for caregivers' vision for young children; majority's was to educate children.

³²⁵ Mostly the individual caregivers who participated from the permanently resettled families indicated financial difficulties.

³²⁶ Although the caregivers who participated did not discuss alcoholism as an issue in individual interviews, during focus group discussion1 (FGD1, 25.1.2014), members of the permanently resettled community indicated that alcoholism could be a constraint impeding children's progress and wellbeing among some of the families. During FGD1, the caregivers suggested the removal of the place that sells 'illicit alcohol' would be an important step towards making the village environment favourable for young children's wellbeing. Some community participants also observed that alcoholism was a constraint for young children. For example, the CL1 said: "There are one or two families in which the adults drink alcohol".

³²⁷ See section 5.6.3 in this chapter for similar views from both caregivers and community leaders on this topic.

their transient status in Malgama, including limited facilities and limited opportunities for education. The uncertainty surrounding the young children's futures and opportunities to flourish in Malgama was evident in the following:

“No. The child does not have opportunities to flourish [in Malgama]. We cannot support this child to become what we want him to be if we come and live in this village. There is no good school [in Malgama]... No Sinhala education here” (Tharu's mother, transient, Interview 2.2.2014)

5.4.8 Service providers' views of care, support, and constraints affecting young children's experiences of care and wellbeing

The service providers' (100%, n=13) observations specifically focused on families who had permanently resettled in Malgama. They emphasised the matriarchal approach to caregiving in this community. According to the service providers from both the GO and the NGO sectors (62%, n=8), mothers who temporarily migrate to foreign countries for employment were reported to be disrupting the care and support for young children. GO2's statement below reinforced this view:

“We [service providers] consider that the family provides the best environment for children's health, education, and care – in fact, the family is the basis for everything. In order to meet children's needs for development and wellbeing the family must be sustained. That is the fundamental requirement. However, due to the mothers' migration for foreign employment, the whole family can be affected. [When mothers migrate for work outside the country] there won't be any wealth, children will not be healthy, and the social environment within the family will not be favourable for children” (GO2, Interview 27.1.2014)

In addition, the service providers (77%, n=10) highlighted several gaps in caregiving practices within the families from the permanently resettled community in Malgama. According to NGO2 (Interview 27.1.2014), the caregivers appeared to have limited awareness of the children's health, nutrition, care and development and overall wellbeing.

“When we work in this area we realised that the caring practices are weak. The parents [and community] have everything, but they are lacking good caregiving practices” (NGO2, Interview 27.1.2014).

A large cohort of service providers (77%, n=10) stated that most of the permanently resettled families in Malgama depended on external support to address their children's needs. Among them, some service providers identified low self-esteem among the caregivers and other members of the families who had permanently resettled. These families were seen as less-supportive for children's education, development and wellbeing. According to GO1:

“Children are learning, yet there is no support from the parents in achieving the goals for children. The aim is to provide them with a good education. There is lack of support in achieving the aims for young children. The reason for this is that their [parents'] way of life. It is not ignorance or non-education, but that is the situation of the people in this community” (GO1, Interview 25.1.2014)

The majority of service providers (92%, n=12) also identified impoverishment as a constraint for children's experiences of wellbeing. In addition, the service providers emphasised a prevalence of disharmony within the families in Malgama. Alcoholism, domestic violence, family breakdowns and, in some cases, child abuse were identified as prevalent societal issues that affected young children's wellbeing. Sometimes this was linked to the mothers' migration

for employment outside of the country, but was often discussed in relation to fathers (or male members) within families as illustrated below.

“Some of the parents’ - especially the fathers’- drinking [alcohol intake] is high in Malgama. That affects children’s wellbeing; it affects fulfilling children’s needs like food, clothing, education, and other facilities” (NGO1, Interview 28.1.2014).

“Specifically, the reason for child abuse within families is the mothers’ migration for employment. Due to financial difficulties, mothers migrate for work to foreign countries leaving their young children below 5 years old with a guardian, in most cases with the father or with someone else. Unfortunately, when they [mothers] return after 2 years, their children have been abused, sometimes by their father or by their relatives” (GO2, Interview 27.1.2014)

While the majority of the service providers noted a prevalence of the above-mentioned issues among the families in Malgama, contrasting views were presented by NGO2 who reported a decrease in domestic violence. According to him, their NGO (along with other supportive organisations) had noted a decrease in the cases of domestic violence within families after related awareness programmes were conducted and easily accessible legal procedures had been set up to support children’s and women’s protection. He said:

“Earlier domestic violence was high, but now it has reduced. Therefore, we have reduced our programmes for gender-based violence. Besides, the police have set up a separate ‘Women’s and Children’s Desk’³²⁸. When women and children have any

³²⁸ ‘Women’s and Children’s Desk’ at Police stations are not new in Sri Lanka. What is new is the setting up of ‘Women’s and Children’s Desks’ in Police stations in the rebuilding and resettling geographical areas.

problem they can immediately go to the Police station and complain” (NGO2, Interview 27.1.2014)

5.4.9 Suggestions for improving young children’s experiences of care and wellbeing:

Adult-participants’ views

Impoverishment was identified as a constraint for children’s experiences by all three cohorts of adult respondents, caregivers (mostly from the permanently resettled community), community leaders and service providers. Caregivers and community leaders, specifically from the permanently resettled community, reported that more livelihood options for permanently resettled families would be beneficial in addressing these constraints. There were indications that the females’ economic participation through employment outside of the country needed to be supported. Child-participant Ahil’s mother (permanently resettled) described legal procedures that prevented foreign employment of mothers of young children aged below 5 years³²⁹ as a constraint that could lead to impoverishment within the families including her own.

The service providers (31%, n=4) suggested the urgent need for strengthened poverty reduction programmes, in particular, ongoing training programmes that would introduce strategies to address impoverishment within households. NGO1 suggested (Interview 27.1.2014) continuing the programmes that aimed at the reduction of wastage of harvest, making marketing linkages, empowering the producers to bargain for better prices for their products, and income and expenditure management at the household levels as common strategies that can help to improve economic status of the resettled agrarian families in this context.

³²⁹ According to legal procedures for women with children who wish to obtain employment in outside countries, women have to obtain a certificate from the GN officer and Divisional Secretariat which confirms that any children under 5 years will have an appropriate caregiver (in most cases, a female caregiver) during the mother’s absence.

The service providers identified a number of other areas that still needed improvement for enhancing young children's experiences in this rebuilding post-conflict resettlement. The common belief among the service providers was that the parents had limited awareness of early childhood care and development and of the value of early education. Government and non-government service providers (44%, n= 7) suggested that the caregivers could benefit from 1) support and training in caregiving and 2) additional information about child care and maintaining a nurturing environment within families. The suggestion made was that this training and education could be conducted through the preschool (early childhood education) or by GoSL officers who oversee child protection programmes. GO1 (Interview 25.1.2014), with reference to these services said:

“The supportive organisations [could] conduct awareness raising programmes [for parents] including workshops about young children's care and development. Not only the parents, it is important to make the others in the village aware of children's care and protection [training should extend to others as well]”.

Addressing social issues including alcoholism, domestic violence and child abuse was also advocated by some of the service providers.

5.4.10 Summary

In the above section (Section 5.4), the findings pertaining to first theme 'young children's experiences of connectedness in the form of care and support within the family' were presented. The analyses of the various sets of data indicated that the child-participants from both permanently resettled (regardless of whether they had resettled with all infrastructure facilities or with limited infrastructure facilities/in geographical isolation) and transient communities experienced connectedness in the form of care and support within their families. This was

illustrated through young children's narratives of their lived experiences and the caregivers' reports of care and support within families. The community leaders reiterated care and support within families. However, despite these findings, the service providers were not in agreement with the children and caregivers about some aspects of care and support within families. Specific focus was placed upon permanently resettled families. The disharmony that service providers observed in families was attributed to mothers' migration for work outside of the country, impoverishment, alcoholism, domestic violence, caregivers' low self-esteem (and dependency on aid) and gaps in caregiving practices. Suggestions were made to improve childcare practices within these families.

In the next section, the findings related to the second theme, social connectedness in the form of social networks beyond the immediate family, are presented.

5.5 Theme 2: Social connectedness in the form of social networks beyond the immediate family

In this section, the findings related to the children's experiences and views of developing social connections beyond the immediate family and the adult-participants' views in relation to social connectedness within the families in the resettled community in Malgama are presented. As suggested in the previous section, although no deliberate efforts were made to conduct a comparative analysis of data according to the resettlement status of children and families in Malgama, due to similarities and/or differences noted, in this section the findings are presented with special reference to young children (and families) from the two main groups: the

permanently resettled community and the transient community. When specific differences were identified between the three sub-groups³³⁰ from data, those are also stated as relevant.

5.5.1 Children's experiences of developing social networks in preschool/school and neighbourhood

The young children's interviews, drawings, and narratives, which outlined their social interaction with their preschool/school peers and neighbours, showed that they were developing friendships both at school and in their respective neighbourhoods. Play was integral to developing friendships and social exchanges among these young children. These experiences were common among children from both permanently resettled and transient communities. All of the transient community children (19%, n=3) who participated in this study from the pre-school outside of Malgama referred to friends at their preschool with whom they played. The children's photography during their child-led tours at the preschool often captured their friends, the play equipment and their friends at play. Similarly, children from the permanently resettled families in Malgama often included drawings of and narratives about friends with whom they played at school and preschool. Examples are: Vidu (boy, 6 years, Interview 10.2.2014) drew pictures of his friends at play at school. Yadushi's (girl, 4 years, Interview 10.2.2014) photographs taken during her child-led tour at the preschool showed her friends playing in the playground (see Figure 5.11).

³³⁰ The three groups are; permanently resettled with all infrastructure, permanently resettled in geographical isolation, and transient communities.



Figure 5.11. Yadushi's photographs of friends playing at school (child-led tour)

Children from both community groups indicated that they liked their schools and preschools; and, apart from the opportunities for learning/study, they constantly referred to the opportunities to play with friends/other children as the reason for their preference. Their experiences implied that educational institutes had proven supportive places for children to build and strengthen social relationships. Tharu's (boy, 6 years, transient, 26.1.2014) drawing which accompanied with the narratives, *"this is building- this is our classroom. [we are] playing- I play with friends...I like to play"*, illustrate these experiences (see Figure 5.12).



Figure 5.12. Tharu's drawing associated with his narrative of the school

Most of the children's (75%, n=12) experiences of social connections beyond their immediate families became evident in their descriptions of play with children in their neighbourhoods. The child-participants' reported having at least one friend or playmate within their neighbourhood with whom they played. This was common among both permanently resettled and transient children. However, due to the geographical isolation of their homes and to limited numbers of neighbours in close proximity, some children (25%, n=4) from the permanently resettled community lacked a network of friends in their respective neighbourhoods. As a result, these children's day-to-day experiences at home mostly included solitary play or playing with siblings, for example, Shani's (girl, 5 years, adopted child and only child) narratives of solitary play and Ahil's (boy, 5 years, permanently resettled) references to play with his brother³³¹. However, some of these children's narratives showed that even though they did not have playmates in the immediate neighbourhood, their caregivers provided them with the opportunities to have play time with other children either by visiting or inviting them to visit³³².

Children from the permanently resettled community group with all infrastructure facilities, who had neighbours and playmates in their immediate neighbourhood, showed instances of their social interactions with children in neighbourhood extending beyond their play. Some young children's (25%, n=4) narratives showed that they travelled to and from school together or studied together. These experiences showed that supportive social networks were developing among children in the newly resettled social context.

³³¹ Both children are from the community who have permanently resettled in geographically isolated area in Malgama.

³³² See Yadushi's case study in section 5.6.1 in this chapter.

5.5.2 Children's developing of social connections through the Children's Group

Social connectedness beyond the immediate family extended to the wider community; however, among the young children from the permanently resettled families. Half of the child-participants' experiences (50%, n=8) included their active participation in a Children's Club/Group, which was facilitated by a non-government organisation in Malgama³³³. Those who participated said that they met in the afternoons/weekends at the NGO premises and enjoyed their time together sharing toys, playing and singing together. Observations conducted at the Children's Group noted children engaging in group activities of singing and playing. Positive aspects of the children's interactions at the Children's Group sessions were observed, which demonstrated sharing, respecting each other, inclusion and less competition in games (Field Notes on 10-11, 2.2014). Children collectively decided on their play-based activities for the session and played their games in a relaxed manner. All children were allowed to take part. Age, gender or other differences (such as disability) were not factors to exclude any child from participating in the play-based activities organised by the Children's Group³³⁴. However, children outside the permanently resettled families showed no awareness of this Children's Group and were not part of this supportive initiative for children in Malgama³³⁵.

Although all of the participants in the Children's Group were from permanently resettled families, and as a result, children from only one ethnic group were involved, the children demonstrated their understanding of 'other' languages and 'other' language groups in this context. During the group sessions, children showed pride in singing in all three languages (Tamil, Sinhalese and English) (Field Notes, 10.2.2014). Furthermore, the Children's Group

³³³ NGO1's (Interview 28.1.2014) organisation facilitated the formation of the Children's Group that she referred to as a Children's Club. However, the children did not use the term 'Club'; instead they referred to it as 'the group at X NGO'. Therefore, in this thesis, I use 'Children's Group'. Children aged between 4 and 14 years were members of this Children's Group. The purpose of this initiative was to provide opportunities and space for children's socialisation and play.

³³⁴ See child-participant Ahil's case study presented in section 5.5.3 below.

³³⁵ The reasons for not involving these children could be their transient status, and/or language barriers.

sessions provided a social forum for children to share their views and discuss common topics, subjects that were important to children lived in this post-conflict rebuilding social environment. NGO1 explained (2nd Interview 12.2.2014), the discussion sessions, which were organised by the NGO staff, included topics that were valued at the individual level. These topics included the value of education and hygiene practices, as well as topics related to broader societal issues such as adults' disputes over resources (Children's Group Discussion, 11.2.2014)³³⁶.

5.5.3 Social support networks and outcomes for children and families

Experiences of social networks outside of the immediate family, specifically with neighbouring families, were equally demonstrated in the young children's narratives and interviews (children from the permanently resettled and transient communities). However, for the children from the transient community (25%, n=4) these connections mainly related to their play with children in the neighbourhood in the places where they lived currently. Janu (girl, 4 years, Interview 3.2.2014) said that she played with children in the neighbourhood. Kishani (girl, 4 years, interview 31.1.2014) shared a list of names of the children with whom she played or interacted within her neighbourhood. These children used intimate terms of *aiya*, *akka*, *nangi*, and *malli* when referring to children in neighbourhood showing their closeness to them³³⁷.

Among the permanently resettled families, some children's (25%, n=4) experiences of informal social support networks demonstrated the ways in which they developed social connections with the village community and neighbours in Malgama. For some of these children, neighbours (when available) acted as protectors or carers. Mahi (boy, 6 years, child-

³³⁶ See (Hettitantri & Lopez, 2014) for the co-authored conference paper which includes a discussion of the Children's Group

³³⁷ According to Sri Lankan culture, children address their closest relatives as well as friends, depending on the age of the person, using these terms. These (mainly Sinhalese) terms are for older brother, older sister, younger sister and younger brother.

led tour and narratives 12.2.2014) and his 10-year old sister, who stayed at home during the day without their mother³³⁸, said that they are “*not scared of anything – not scared to stay home without Amma*”, because “*the people next door watch over [them]*”. Jerry (boy, 3 years, Interview 5.2.2014) said that he travelled to and from the preschool with his preschool teacher who lived in his neighbourhood. Raj (Boy, 6 years, Interview 10.2.2014) said that he and his family spent nights in a neighbour’s house for safety from approaching wild elephants. The neighbour lived in their neighbourhood, but in much safer location³³⁹.

A small number of children’s and their families’ experiences (12.5%, n=2) showed that the social relationships of the children and families in the permanently resettled community had extended beyond their neighbourhood relations. Although limited, these experiences showed positive aspects of social relationships among community members who were new to this rebuilding post-conflict context. These positive aspects included trust, empathy and support for the children and families, all of which have impacted on these young children’s (and their families’) wellbeing. It can be suggested that some of these trustworthy relationships were helpful for the children’s sense of social acceptance and emotional health. As demonstrated by Shani (girl, 5 years, adopted), who had neither accessible neighbours nor siblings, said that one of her friend’s mother in Malgama invited her to stay with them, to play and study. Her interview and narratives included several remarks about her play and study with her friends outside school. According to the experiences of child-participant Ahil (boy, 5 years, permanently resettled), the informal social support networks forming in this new social context had some positive impact both on him and on his family’s wellbeing. These experiences are further elaborated on using Ahil’s case study presented below.

³³⁸ A single mother who worked on development projects during the daytime.

³³⁹ Raj’s home was a temporary house located very close to the areas where the elephants could enter the village. During one of my visits to the study village, Raj’s father said that the elephants had arrived the previous night. He showed me the crops that the elephants had destroyed in their garden. He said that the children were not at home during that time as they were staying with a neighbouring family whose house was located the other side of the main road, and was thus much safer.

5.5.3.1 Case study of informal social support networks within the community, and benefits to young children and families: Ahil's experience

Ahil³⁴⁰, a five year old boy from a permanently resettled family, attended the public school in Malgama. His nuclear family included his mother, father an older brother and an infant sister. They lived in a small, temporarily constructed house, as permanent housing construction was yet to be completed. Ahil and his baby sister have suffered from a skin disease since birth. They were receiving free treatment from the public hospital³⁴¹. Ahil's father was physically impaired due to having contracted poliomyelitis³⁴² and also as a result of a wild elephant's attack during their early resettlement period in Malgama. For this reason, Ahil's mother was the main carer and income earner for the family. Ahil's residence and surroundings were marked by poverty. The child's narratives signalled uncertainty surrounding the family's future in terms of their financial situation. He wished that his mother could migrate to another country for employment, so that his family could have '*money*'.

Ahil's narratives illuminated how his needs were attended to by his mother, despite the difficulties within the family. Ahil's account of his day-to-day experiences, which he demonstrated and described through his drawings, interviews, and narratives, showed that his mother attended to his physical needs (prepared meals, took him to the well to bathe and to the hospital for treatment). In addition, she supported his emotional needs (provided emotional comfort when he was scared or sad), and developmental needs (by taking him to school and providing him with books and other essentials needed for his schooling).

As Ahil's family did not have a close relatives' network in Malgama, there was no social support from an extended family. Yet, according to Ahil's mother's narration, both formal and

³⁴⁰ Ahil's experiences of connectedness and their impact on his wellbeing were discussed in an earlier publication. See (Hettitantri, 2015a) for related publication.

³⁴¹ Health services from the GOSL's public hospitals are completely free of charge in Sri Lanka.

³⁴² This is commonly identified as "polio disease".

informal social networks of community members provided strong support for Ahil's family. Formal social support networks included government and non-government organisations. Similar to the majority of families in Malgama, Ahil's family benefited from the support provided by formal social support networks including the Samurdhi-GoSL financial aid programme for low income families, and GoSL's free health and education services.

The important component of Ahil's experiences was the village community who formed as an informal social network and provided support to Ahil's family. Ahil's mother's descriptions implied that the village community had been a protective factor, members of the community provided both emotional and material/financial support (food, clothing and money for travelling to the hospital) to Ahil and his parents. This continued social support from the community members in effect proved crucial for Ahil's experiences and wellbeing. It allowed him to have experiences similar to the other young children (to attend school, play and to participate in day-to-day activities and the Children's Group) and to enjoy equal opportunity to develop and flourish. Overall, Ahil's case study demonstrated the strengths of the informal social support networks in this newly resettling and rebuilding community in Malgama.

5.5.4 Caregivers' and community leaders' views: Strengthening social connectedness beyond the family

Supplementing the information imparted by the children about limited relatives' networks, the caregivers' interviews³⁴³ and follow-up interviews with mothers (100%, n=16) revealed that the relatives' networks for families (both permanently resettled and transient families) were limited. In particular, caregivers from permanently resettled families reported that their relatives' networks were limited in Malgama, but added to the findings of informal social support networks identified through children's experiences in Malgama. According to them,

³⁴³ See Figure 4, Appendix 10.

these informal community support networks have helped to enhance children's wellbeing at both the individual and collective levels. The community support network for Ahil's family presented above showed the impact of informal support networks at an individual level. Informal social support networks that brought benefit to young children at the community level included: 1) caregivers' and community members' support in maintaining a clean and safe physical environment at preschool and school, 2) caregivers' support for the preschool teacher, helping her to perform her daily teaching and other activities at the preschool, and 3) caregivers' support for the implementation of the GoSL's nutritional programme (*kiri weeduruwa* = a glass of milk programme³⁴⁴) for young children in Malgama (CL1, Interview 27.1.2014; FGD1, permanently resettled community, 25.1.2014; CL4, Interview 8.2.2014). Furthermore, the caregivers (FGD1 and FGD 2, permanently resettled community, 25.1.2014) and community leaders (60%, n=3) from the permanently resettled families discussed formal social support networks facilitated by the GoSL and NGOs³⁴⁵ that were beneficial to children and families in Malgama.

Caregivers from the transient community reported an informal social support network, which sought to address the critical issues related to limited support for their return and resettlement in Malgama. According to CL2 (Interview 26.1.2014) and the caregivers (TW3 26.1.2014), this community-based social network has been working to advocate and raise awareness of the situation of the transient community and their children in Malgama.

A common feature of these social support networks was their ethno-centric nature. Each social network included participants from only one ethnic group and tended to address only the

³⁴⁴ The Glass of Milk (*kiri weeduruwa* programme) is a GoSL funded nutrition programme. According to CL1 (Interview 27.1.2014) and CL4 (Interview 8.2.2014), this programme was implemented through the preschool. All young children aged between 1.5 years and 5 years who lived in Malgama received a glass of fresh milk provided week days. The preschool teacher oversaw the programme, but the female caregivers (mothers or the substitute mothers) informally organised to support the teacher by boiling the milk and distributing it among the young children who participated in the programme.

³⁴⁵ See section 5.3.5 in this Chapter.

needs and issues of that particular ethnic group. Hence, the common issues raised by the community members from both ethnic groups, and the common issues they encountered in their process of resettlement, social reintegration and rebuilding were not integrated and addressed holistically. However, there were some, albeit limited, examples of a revival of inter-cultural relationships among the returning and resettling communities³⁴⁶ that indicated the potential to strengthen the connectedness between the two ethnic groups in Malgama. Furthermore, CL1 (Interview 27.1.2014) said that work relationships developed by intentionally involving peoples from both community groups (Tamils from Malgama and Sinhalese from adjacent villages including the ones where most of the Sinhalese families from Malgama were living in their displacement) to work in the same development projects together have supported them to build new ‘friendships’, which had promises for sustainable social connections between the ethnically segregated (Tamil and Sinhalese) two community groups.

“30 people from this village and 30 people from XXX village (another border village where there are Sinhalese) worked on road development project together. They became friends. They would call and speak with us. For example – my mother-in-law has a lot of Sinhalese friends now. She can understand Sinhalese, but cannot speak it. When they were working on that project they used to share food. They seemed to be happy.”
(CL1, Interview, 27.1.2014)

5.5.5 Service providers’ views: Limited social connectedness within the community

Some service providers (31%, n=4) claimed that the escalation of conflict and long-term displacement had resulted in the breakdown of traditional social systems. An ethnic-based

³⁴⁶ CL1 (Interview 27.1.2014) said that permanently resettled families (mainly Hindus) attended a religious ceremony in a Buddhist temple in another village. CL2 (Interview 26.1.2014) said a Hindu religious procession reached close to his land and accepted his offerings (as they used to prior to their displacement). These experiences were shared with pride in what each community had achieved in terms of connecting with ‘other community’.

divisiveness emerged: divisiveness among the Tamil and Sinhalese groups was noted. The GO1 explained this historical divisiveness as follows:

“This is a village where Tamil and Sinhalese families lived in harmony. After 1985, as a result of the terrorist problem, the Tamils and Sinhalese in this village were divided to two sides” (GO1, Interview 25.1.2014).

These service providers noted that traces of division among the returned and resettled community members continued to be evident both in Malgama and in adjacent conflict-affected areas. NGO4’s statement (see below) implied the ethnic nature of community division:

“I have been working in this village [Malgama] for more than a year now. The majority are Tamils and Hindus. Others are Sinhalese. During my time period, I did not see any clashes between them. However, in their [the community members’] mentality, there is a division [divisiveness], as I am Hindu [meaning Tamil] and I am Sinhalese or this is a Tamil area and this is a Sinhala area” (NGO4, Interview 28.1.2014)

Divisiveness was noted among the families in the permanently resettled community as well. Despite service providers’ efforts to develop social networks (formal and informal) such as Mothers’ Groups, Samurdhi societies, and Village Child Protection Committees, some of the service providers’ (15%, n=2) views indicated that there was a culture of mistrust (and non-disclosure) among the permanently resettled community members in Malgama that affected social cohesion. A culture of dependency was noted:

“The people’s attitude is that everything should be provided by the government... Even though they have money with them, they do not like to reveal it” (GO1, Interview 25.1.2014).

The community members’ collective efforts for the development of the village were viewed as limited (GO5, Interview 6.2.2014). Majority (92%, n=12) believed that geographical isolation impacted on developing social connections among the permanently resettled families.

The service providers' interviews did not include remarks about similar aspects of the transient community³⁴⁷.

The service providers (38%, n=5) observed that due to weak social connections, the community-based child protection systems were poor in this study village. They emphasised that community mobilisation needed to be strengthened through external support, a proposition echoed in NGO4's interview:

“These people should be developed. The guidance should be from outsiders. Not from insiders. Also people in this village should be mobilised in order to solve their own problems” (NGO4, Interview 28.1.2014)

5.5.6 Summary

In the above section (Section 5.5), the findings pertaining to the children's experiences of social connectedness beyond their immediate families were presented. Analysis of the data provided by the young children, caregivers and community leaders illustrated young children's experiences of developing social connections beyond the immediate family in diverse ways. Although there was diversity among the children from the two community groups in terms of social connectivity beyond the immediate neighbourhood, all of the children's experiences showed that they had developed and strengthened their social networks through play and the friendships they made at school and in the neighbourhood. The children from permanently resettled community in Malgama in particular extended their social connections to the community level through their participation in the Children's Group. Caregivers' and community leaders' remarks indicated growing social connections (albeit limited) within the

³⁴⁷ Although some service providers (GO1, GO8, and NGO1) showed their awareness of the transient community in Malgama, others' remarks were predominantly aimed at highlighting the experiences of children and families from the permanently resettled community.

community, sometimes extended beyond their own community. However, the service providers spoke of complex societal issues and social disharmony in Malgama.

In the next section, the findings related to the strengths and gaps in protection and provision of young children's rights in resettlement are presented.

5.6 Theme 3: Strengths and gaps in protection and provision of young children's rights in resettlement

In this section, the protection and provision of children's rights are analysed in terms of young children's and their families' right to resettle with: 1) an adequate standard of living (the UNCRC's Articles 6, 24 and 27), 2) access to education (the UNCRC's Article 28) and 3) access to opportunities to practice their own cultures (the UNCRC's Articles 30 and 31) (UN, 1989) in the rebuilding conflict-affected context in Malgama³⁴⁸.

As presented in sections 5.3.4 and 5.3.5 in this chapter, the participants' experiences and views showed differences in the ways the infrastructure facilities and support services extended to the conflict-affected, displaced and resettling community in Malgama. Accordingly, as stated in section 5.2 in this chapter, the young children and families were attributed to three sub-community groups which were defined by the resettlement status and level of infrastructure facilities and support services received by them: 1) permanently resettled community (Tamil) with all infrastructure facilities, 2) permanently resettled community (Tamil) in geographical isolation/ with limited infrastructure facilities, and 3) transient

³⁴⁸ In this research, I recognise young children's rights as articulated in the UNCRC (UN, 1989) and the protocol for implementing children's rights in relation to young children as articulated in the UNCRC General Comment 7 (UN, 2005). I acknowledge that young children's care, development, and wellbeing are holistic and that children's rights need to be addressed in a holistic manner (for example, rights to survival, care, protection, play and participation are all integrated) in order to ensure the wellbeing of young children affected by conflict. Based on this study, I have discussed children's right to play and right to voice and expression elsewhere (see (Hettitantri, 2013 ; Hettitantri & Lopez, 2014) for relevant publications/paper presentations. In this section, I focus on provision and protection of children's right to resettlement according to above three rights domains.

community (Sinhalese) with inadequate infrastructure facilities. In this section, the findings are presented and attributed to these three sub-groups.

5.6.1 Young children's experiences of access to rights in resettlement in Malgama

This section uses examples from three child case studies to illustrate different experiences of young children's (and their families') access to rights in resettlement within Malgama. The case studies include narratives about: 1) a child from the permanently resettled (Tamil) community with all infrastructure facilities, 2) a child from the permanently resettled (Tamil) community in geographical isolation, and 3) a child from the transient (Sinhalese) community. The first case study presents the strengths of provision and protection of children's rights in their resettlement and rebuilding in a post-conflict context. The second case study, as well as showing the strengths of protection of children's rights, delineates the existing gaps in the support services for some of the young children and their families from the permanently resettled community (those who were in geographical isolation/with limited infrastructure). The third case study and subsequent findings indicate gaps in provision and protection of equal rights in terms of infrastructure facilities and support services for young children and families from the transient community. Furthermore, the findings from these case studies indicate that ethnicity in these circumstances could have an impact on the experiences of young children and families.

5.6.1.1 Case study 1: Thilu - a child from the permanently resettled community with all infrastructure facilities

Thilu (boy, 5 years), from the permanently resettled community, has lived with his biological family (mother, father, two elder sisters) in Malgama for more than 4 years. His parents' vision for their children was a good education. Thilu attended the school in Malgama. His two older sisters, as Thilu and his mother explained, attended a school in a nearby town.

Thilu's drawings, interviews, and narratives indicated that his mother, as the primary caregiver, played an important role in his care, protection and nurturing. Thilu's experiences showed that his mother attended to his material needs (providing things he needed), physical needs (taking him to the well to wash, cooking and providing meals), educational needs (taking him to school and supporting his education) and emotional needs (being with him, comforting him when sad or scared). Thilu's interviews and narratives demonstrate these experiences:

“I stay home with Amma...[When feel happy] I go to Amma...I saw a cobra [and was scared]. [When get scared] I go closer to Amma”

Thilu's narratives showed that his father's involvement in his care and wellbeing was also important. He showed connectivity to both his mother and father, as demonstrated through his drawings and narrative. However, Thilu showed little connectedness to his two older sisters. He excluded them from his drawing of the family first and then drew one of them, but apart from the parents and him (see Figure 13). When questioned about his sisters, he showed his frustration at not having enough opportunities to play with them. Thilu played solitarily or with two children in his neighbourhood. His experiences with the family included worshipping god before going to school. I observed a neatly kept place of worship in their garden. These findings suggest that Thilu's parents have set aside an important place for spirituality and have been instilling spiritual values and beliefs in their children. Thilu's interviews and narratives, in particular, his child-led tour, photography, and subsequent descriptions showed how he valued schooling. He mentioned school as the place he liked and added that he can learn/study and play when he is at the school. In his child-led tour, he showed the important places in his small school and proudly showed and talked about the classrooms (see Figure 5.14), school playground, small library, the tube well and the garden with flowering plants.



Figure 5.13. Thilu's drawing of his family



Figure 5.14.: Thilu's photographs of the important places in his school (child-led tour)

Thilu had opportunities to connect with the community through his participation in the Children's Group³⁴⁹ in Malgama. Among the other children who attended Children's Group

³⁴⁹ Section 5.5.2 in this chapter presents information of the Children's Group in Malgama.

sessions, Thilu was an active participant. He joined in the group discussion with the children in the Children's Group with confidence. As well, he contributed to the topics discussed in the Children's Group and mentioned that he would like to be a '*sir*' (a school principal or a male teacher) when he grew up (Field notes 11.2.2014).

5.6.1.2 Case study 2: Yadushi - a child from the permanently resettled community who lived in geographically isolated areas in Malgama

Yadushi, a 4 year old girl, from a family of the permanently resettled community, who had returned and permanently resettled in Malgama four years prior to the time of the study, lived with her parents and two older siblings (a brother and a sister). At the time of the study, her family was dependent upon their father's cultivation. Yadushi mentioned that they owned some cows. Her family had cultivated a home garden. Yadushi and her family had access to health and education facilities in Malgama. As well, her parents were the beneficiaries of a number of additional support services such as Samurdhi benefits that provide support for livelihood development. Yadushi's mother said that both parents believed in a good education. Yadushi's sister attended a boarding school in the nearby town and her brother attended the public school in Malgama. Yadushi attended preschool in Malgama.

This young girl faced several challenges. Her family lived in a temporarily built small house, which was quite isolated due to being situated approximately 20-30 minutes' walking distance from the main road. There was only a footpath leading to the residence; thus, accessibility to her residence by vehicle or at night was difficult. Her house did not have electricity or easily accessible clean drinking water facilities. The surroundings were covered with uncleared forest (see Figures 5.15 and 5.16) exposing Yadushi's residence to the environmental risk of wild elephant intrusion³⁵⁰.

³⁵⁰ There was an elephant fence, but it was not functioning properly as it was under repair. Yadushi mentioned that her father would chase the wild elephants away, if they approached.



Figure 5.15. Yadushi's residence and its surroundings (1) (researcher observation)



Figure 5.16. Yadushi's residence and its surroundings (2) (researcher observation)

Yadushi's garden and her residence were neatly kept and protected by a fence. Its clean spaces and shaded areas were safe for children to play in. The temporary house was a small one with three sections: a small open veranda, one big room where the family's belongings were

kept and a small kitchen with a traditional firewood stove and basic kitchen utensils. The floor in the big room was cemented.

Despite the difficulties stemming from her physical environment, Yadushi's narratives implied that she experienced a sense of security. Her daily routine was predictable: having a bath (washing), offering flowers to the gods, worshipping, and having breakfast before going to preschool. Her routine included attending preschool and, after returning from school, studying³⁵¹, drawing, playing, washing, eating and sleeping. All indications pointed to Yadushi having her physical, emotional and developmental needs met. Both parents told her stories, involved her in small tasks at home, and showed her affection. She often played with her siblings.

Beyond play, attending preschool and studying were Yadushi's main daily activities. For Yadushi, preschool afforded opportunities to play, develop friendships and to build relationships outside of the family. Yadushi included several photos of her teacher in her child-led tour in an exercise on photographing items of importance. She spoke about her teacher showing a sense of attachment. Yadushi also included photos of her peers at play and took pride in talking about the playground at the preschool. Her narratives implied that education was vital to her future. Her future aspirations included attending a school in the town (like her sister) and becoming a teacher. Yadushi's mother's views indicated that the family placed high value on education. Her active involvement in preschool activities demonstrated her support for her young child's education.

There were no gender differences noted in the ways in which Yadushi experienced support and care within the family. Her experiences suggested that she had access to care and age appropriate cognitive development and stimulation. Her experiences of care included her mother attending to her physical needs (food and hygiene) and to her social and cognitive needs

³⁵¹ For Yadushi, 'studying' meant writing the alphabet, numbers, or shapes, drawing, or reading picture story books.

(telling stories, singing, helping to read and write, supporting play with other children and taking her to preschool). Yadushi's needs for her health and wellbeing were being addressed. She mentioned having meals before going to school, after going home from school and prior to going to sleep at night. She had access to health services; as her mother stated, Yadushi was given all vaccines. Yadushi appeared to be well dressed and clean. Her narratives included going to the well for bathing and washing.

Yadushi enjoyed freedom to play solitarily and also played with her siblings and friends at preschool. In addition, even though Yadushi and her family lived in an isolated area, her mother provided her with opportunities to play with other children by visiting them or making a call³⁵² and inviting them over to their place. During the study period it was also observed that Yadushi's mother provided her with time, resources and the attention needed for her education. Overall, Yadushi's daily experiences suggested a sense of security, connectedness and wellbeing.

5.6.1.3 Case study 3: Tharu- a child from the transient community

Tharu³⁵³ is a 6 year old boy from the transient community. Similar to most of the permanently resettled and transient families, Tharu's family had commenced the process of return and resettlement in Malgama 4 years prior to the time of this study. The family had cultivated their land and set up a temporary hut and a tree house (see Figure 5.17). The male members of the family had stayed in Malgama to protect their crops with the hope of a successful return and resettlement. Tharu, his mother and grandmother visited Malgama at the weekends. On these occasions, they spent the day in their small hut built on their block of land (see Figure 5.18). At

³⁵² Mobile phone usage was high among the peoples in resettling and rebuilding areas (NGO2, Interview, 27.1.2014).

³⁵³ Tharu was involved in this study through an interview, a child-led tour within their cultivated land, photography and narratives during his visits to their village in Malgama.

the time of this study, Tharu's family had not been able to permanently resettle and rebuild their lives in Malgama.

According to his mother, Tharu was living in a temporary residence³⁵⁴ in one of the closest towns to Malgama (approximately 20 kilometres from Malgama) with his family. His grandparents lived close by. Tharu's drawings and narratives reflected feelings of connection with his family and extended family. His drawings and narratives of the family included his parents, grandparents and sister, and his narratives about them included his social interaction with them. He sought emotional support from his mother if he felt sad or scared. Like the majority of caregivers, Tharu's parents' vision for their children was to provide them with a good education. Tharu was attending a school close to his residence. Apart from his home, he said that school was one of his favourite places because while he was there he could "*play and learn*". He talked about his friends at school and interactions with his teachers, suggesting that school provided him with the opportunity to develop social connections beyond his family.

Despite his uncertainty about being displaced and living in another place, Tharu's narratives indicated that he experienced a sense of predictability and a sense of security. His daily routine included: going to school, returning from school, playing with his sister and with playmates in the neighbourhood and studying (reading and writing). Tharu and his family could access health and education facilities from their temporary place of residence outside of Malgama. However, his mother expressed her concern vis-à-vis access to these basic facilities if they returned to live in Malgama. Tharu's mother said that they could rebuild their lives if they received basic support for safety from environmental threats and basic infrastructure; most importantly, a school would be essential for them in Malgama.

³⁵⁴ According to Tharu's mother, they had been displaced from Malgama since 1985. Since then, they had lived in a number of places, before settling in the place where they were living at the time of this study. Tharu's mother said the house where they lived at the time of the study was a temporary one and the land was not their own. She indicated that she was eager to return and resettle in their traditionally owned lands in Malgama. Researcher observation was conducted in Tharu's family owned land in Malgama, but not in Tharu's school or in his current place of living, which caused limitations in the data about his physical environment in those places.



Figure 5.17. Tharu's photograph of their tree house where his father and grandfather stay at night for protection from approaching wild elephants (child-led tour)

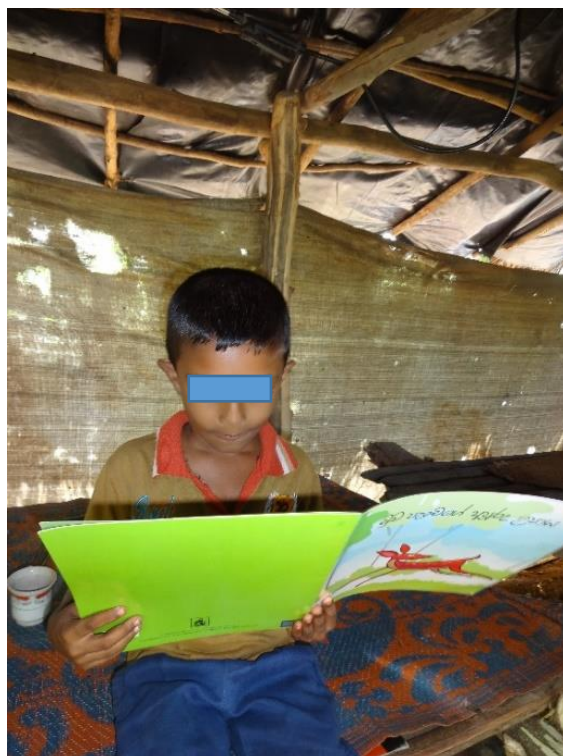


Figure 5.18. Tharu in their temporary hut in Malgama, reading a story book (researcher observation).

5.6.1.4 Similarities and differences of young children's experiences presented in case studies

Many of the findings of the above case studies were reflective of other young children's experiences in terms of care and support within families, education, play, and developing social relationships beyond family at their preschool and school. These experiences were common among the young children from the three sub-community groups discussed above³⁵⁵. These findings revealed that these children's rights to care, support, play, and wellbeing were being met and that the experiences were beneficial to children. Like Yadushi, Thilu and Tharu, the majority of children's future aspirations were connected with education and becoming a teacher, school principal, doctor, a policeman, and a female soldier³⁵⁶ (Children's Group discussion, 11.2.2014).

As presented in Section 1 in this chapter (see Table 5.1), only three children (19%) from permanently resettled families lived in permanent brick houses in Malgama. Similar to Thilu's experience, another child lived in a partially built permanent house that was closer to completion. Apart from permanent housing, accessible roads, electricity and easy access to drinking water sources were also part of infrastructure facilities Thilu and other children from the permanently resettled community (with all infrastructure facilities) had enjoyed. Yet, similar to Yadushi's experience, child-participants (44%, n=7) from permanently resettled families who lived in geographical isolation had limited infrastructure facilities (temporary houses, no electricity, and no accessible roads). Similar to Tharu and his family's experiences, all young children (20%, n=4) from the transient community experienced inadequate infrastructure facilities and support services for their return and resettlement. Like Tharu's mother, the caregivers (30%, n=16) from the transient community perceived that safety and

³⁵⁵As presented in sections 5.3 and 5.4 above.

³⁵⁶ They referred to as *Army akka*= older sister in Army.

basic infrastructure were needed. Importantly, education for children was identified as the most essential service. In fact, it was emphasised that education for children as the minimum support that they required to rebuild their lives in Malgama (FGD3, transient community, 26.1.2014; CL2, interview, 26.1.2014).

5.6.2 Caregivers' and community leaders' views: Provision and protection of children's right to resettle with an adequate standard of living

Caregivers and community leaders reported that when they returned to the village after the armed conflict ended, more than two decades after their displacement, *“there was ‘nothing’ and [the community] had to rebuild everything”* (FGD1, permanently resettled community, 25.1.2014). The caregivers and community leaders from the permanently resettled community stated that they had received a range of support and services from government, non-government, and charity-based organisations since the early stages of this rebuilding process³⁵⁷.

Comments about the support services included:

“The area had been checked for landmines and cleared”

“The main road was built and the regular bus services have started connecting X and XX [the two closest towns]”

“We received Rs.25000./- worth of roof sheets for temporary shelter, and a pack of tools set to clean the lands and start our livelihoods [for example, knives, axes]. We also received paddy seeds and basic things like pots pans needed for the kitchen.” (FGD1, permanently resettled community, 25.1.2014).

Caregivers and community leaders from the permanently resettled community in general appreciated the impact of this external support they received at the early stage of their

³⁵⁷ See sections 5.3.4 -5.3.6 in this Chapter.

resettlement. CL1 stated that because of these support services, “*the village is well developed now*”:

“We received a lot of help for our pre-school. A lot of toys were given. A lot of people and organisations helped us. [For example], an NGO built a RDS [Rural Development Society] office for the community to gather in and conduct meetings... all of the villagers can gather there for meetings... There is another building - over there. It is to collect milk. A private company collects fresh milk from this village. There is an elephant fence [an electric fence], which was set up for this village, given by the government.... Because of all the support, the village is well developed now” (CL1, permanently resettled community, Interview 27.1 2014).

In contrast, caregivers (30%, n=16) and the community leaders (40%, n=2) from the transient community reported that inadequate safety, support and limited basic infrastructure facilities in the geographical areas to which their families were returning and resettling prevented their permanent stay and re-establishment in Malgama. At the time of this study, similar to Tharu’s family, transient families had not been able to permanently resettle and rebuild their lives in Malgama. The reasons for this delay were reported as follows: 1) lack of basic infrastructure and facilities (roads, housing, electricity, clean drinking water and sanitation, religious places and other common buildings), 2) environmental threats to safety, 3) limited support services for children and families (including limited access to education), and 4) structural discrimination and bureaucracy (not identifying them as displaced families in official records). Families were also constrained by ethnicity and/or language barriers. Lack of education for children from the transient community in Malgama in their native language constantly emerged as the most disturbing constraint. Focus group discussions reiterated these issues for children and families who were waiting to move from a transient community to a permanent situation. Typical comments were:

“There are no facilities in this village; No security for children, no good houses, no water, no electricity, and no schools. Particularly, in this area, arrival of the wild elephants is a main problem.... [Because of these constraints], families cannot bring children to this village...most of the families left their children in the places where they have been living [during displacement] and sending them to schools to study” (FGD3, transient community, 26.1.2014).

“Because there are no facilities to live, and not even schools for children, families with small children don’t like to come to this village to live” (Transect Walk3, transient community, 26.1.2014).

“The Government promised that a fence will be constructed to protect us from wild elephants, but it still has not been built. Since there is no safety we are afraid to bring our children here. After 5.30pm onwards elephants come to the main road. If children are late to come back home from school or if they happen to go to boutique or somewhere and come back by that time, it’s dangerous to pass the main road, but nobody is taking responsibility to address this issue.” (CL2, Interview, 26.1.2014)

Child-participants’ mothers (25%, n=4), commenting on the importance of developing and sustaining young children’s spirituality and cultural identity, stated that infrastructure facilities were needed to support this. In areas where the permanently resettled community have concentrated, religious places (kovils and a church) had been rebuilt and religious festivals revived (Interviews: CL1, 27.1.2014; CL5, 10.2.2014; CL2, 26.1.2014). However, it was highlighted that, places for religious fellowship and worship for the families in Malgama were unequally distributed (TW3, transient community, 26.1.2014). Within the transient community, there were no renovated or built religious places (see Figure 5.19), community buildings (for

cultural events), and education facilities to support children's spirituality and culture³⁵⁸. For these reasons, the children's right to cultural identity may have been compromised.



Figure 5.19. Photograph of a dilapidated religious place which needed to be rebuilt – geographical area where the transient community occupied (researcher observation during TW3 26.1.2014)

The above perspectives were further explored from the caregivers' viewpoints. All of the caregivers (100%, n=53) were asked to rate the availability of and accessibility to the basic infrastructure within Malgama³⁵⁹. From both permanently resettled and transient communities, the majority (90%, n=47) rated the basic transport facilities as adequate. Eighty one per cent (n=43) rated communication facilities adequate for both permanently resettled and transient families (see Figure 5.20). Caregivers from these families shared their experiences of access to

³⁵⁸ See Section 5.3.4 in this Chapter.

³⁵⁹ I used a Likert scale of 'adequate', 'sometimes adequate' and 'not adequate' to assess the caregivers views regarding accessibility to these supports and services.

the closest government hospitals. Eighty three percent (n=44) rated the health care facilities adequate³⁶⁰.

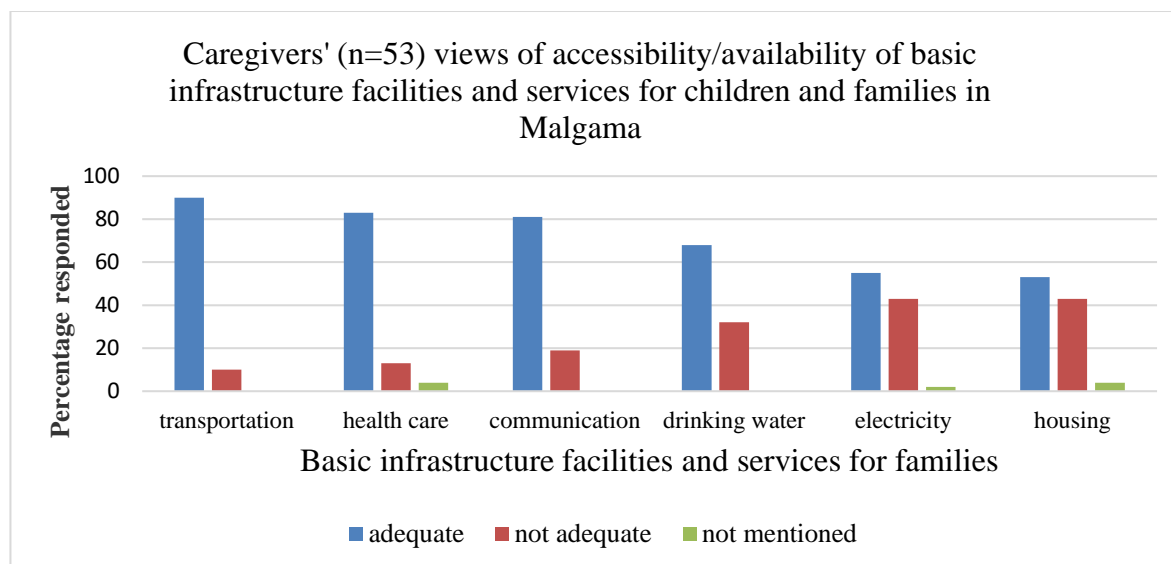


Figure 5.20. Caregivers' views of availability of basic infrastructure and services for children and families in Malgama

Nearly half of the caregivers (43%, n=23) from both permanently resettled and transient communities reported inadequacies regarding safe and permanent housing (Figure 5.20). Permanent housing was a need for the majority of permanently resettled families who lived in geographical isolation as well as for all of the transient families. On a positive note, according to CL1 (resettled community, Interview 27.1.2014) and GO1 (Interview 25.1.2014), external support and funding for permanent housing were allocated for each family who had returned and permanently resettled in Malgama. However, according to the community and stakeholders, at the time of data collection, there were no funding commitments for permanent housing for the families in transition (CL2, transient community, 26.1.2014; GO8, Interview 2.2.2014; FGD3, transient community 26.1.2014). Therefore, the participants from the transient

³⁶⁰ Thirteen percent said that the health care facilities were inadequate (n=7).

community held contrasting views to those of the permanently resettled community with all infrastructure facilities about the efficacy of support services in Malgama.

“If any problem occurs from Tamil people, that is because the problem created from the authorities/officers in the administration services. For example, they gave houses (housing aid) for people, which shows the main drawback in the support systems for resettling people. In Malgama they gave 84 houses to Tamil families, and I requested to give at least 5 houses to Sinhala families, but authorities didn’t do that. They gave (approved) only one house (approved housing aid only for one house) to one Sinhala family, yet they didn’t give money (aid) to that family too.” (CL2, Interview, 26.1.2014)

Nearly half of the caregivers (43%, n=23) also reported inadequacies regarding electricity supply (see Figure 5.20 above). Even though electricity was available in geographical areas in which families had permanently resettled, the majority of families were not able to access the electricity due to the numerous constraints alluded to by the child-participants’ mothers (69%, n=11) which were explained as: distance from the main road, lack of proper roads, financial difficulties, and lack of appropriate housing. The areas in which the transient community lived had no electricity supply.

Thirty two per cent (n=17) of caregivers rated accessibility to drinking water facilities inadequate (see Figure 5.20 above). According to the child-participants’ mothers (31%, n=5) from the permanently resettled community, some families had to walk long distances for clean drinking water (to the traditional wells). The caregivers from the transient community said that there was only one well in the area where they were returning and resettling in Malgama (TW3, 26.1.2014).

Caregivers’ views of the effectiveness of the government support and services were also sought through structured interviews. This was to ascertain, according to caregivers’

perspectives, whether children's and families' needs and rights were being addressed. The caregivers expressed both positive and negative views regarding the quality of the government support services. While half of the respondent caregivers (53%, n=28) perceived the health clinic in Malgama as 'good', more than a quarter of the respondents (28%, n=15) were not satisfied with its services. Nineteen per cent (n=10) did not comment on the quality of this service mainly because as they have not attended the health clinic. This group was mainly the transient caregivers. While 58% (n=31) of caregivers rated government services, for example, the Samurdhi programme 'good', thirty four per cent (n=18) rated them 'poor' either because they had no access to these support services or due to their dissatisfaction with said services. Sixty six per cent (n=35) of caregivers rated the village administration services (mainly the GN's services) 'good', as implied by some of the child-participants' mothers, who believed that the GN was effective in identifying and addressing community needs. However, 30% (n=16) of caregivers were not satisfied with the efficacy of support and services extended by the village administration.

Caregivers' views of the effectiveness of non-government organisation's support were also elicited during the structured interviews. The caregivers discussed both positive and negative aspects of the support offered by these organisations. Nearly quarter of the respondents agreed NGO support was 'good'³⁶¹. Yet, some caregivers (36%, n=19) viewed the support and services of NGOs as poor and ineffective. Forty one percent (n=22) opted not to comment on this question³⁶².

Frustration regarding support and services was noted among the caregivers from the transient community. Their responses implied that they considered their rights to resettle were being overlooked: the service providers were not listening to the voices of all of the affected

³⁶¹ See Figure 8, Appendix 10.

³⁶² A potential reason for these responses was programme closures by most of the NGOs that worked in the Eastern province.

peoples. Comments similar to those of CL2 illustrated below were made in focus group discussions; individual interview and informal conversations with community respondents who received limited or inadequate infrastructure facilities and support:

“Even if we have tried to raise awareness of these problems through our community based societies and by conducting meetings with relevant service providers, the government or any other group do not listen to us or take these issues seriously” (CL2, transient community, Interview 26.1.2014).

The transient community believed that a structural discrimination existed: they stated that they were not officially identified as displaced people. This omission posed a constraint to their obtaining of appropriate recognition of their young children’s and their own needs and right to return and resettle. Community members stated:

“We left this village 26 years ago. After the civil war ended, about 4 years ago, we returned again. This village is our birth place. This is a very old village. That’s why we came here again. We came on our own choice....Yet, none of our names are registered as IDPs and in any of the lists so far. Therefore, we were not granted any benefits or given any support” (FGD3, transient community, 26.1.2014).

Bureaucracy has negatively impacted on these communities. In addition, caregivers from the transient community spoke of ethnic division-based marginalisation and limited support services.

“Yes. There are rules and regulations for resettlement, but only for the Tamil people. When they were resettling, relevant organisations gave them all the support they needed...In 2009, the Sinhalese families returned- that’s all. The people returned, prepared their lands, and started cultivation. Yet, there was no support from the government or NGOs. Even now there is no support” (CL2, transient community, Interview 26.1.2014)

“Earlier [prior to the escalation of the conflict], people of this area cultivated crops and paddy fields. Recently, the authorities announced that those lands are reserved land, but it is not true. They have belonged to us for a long time – belonged to the people who lived in this village [small village within the larger study village]. But now, the authorities do not allow us to clear those lands and to cultivate. Tamil people use those lands to feed their cattle. Before conflict started, Singhalese people were living in those areas - in well built houses” (TW3, transient community, 26.1.2014)

For these reasons, transient community had been working collectively with an informally organised community group to raise these issues they experienced during their resettlement: they remained continued their ‘struggle for recognition’ for their children’s and families’ rights to appropriate infrastructure and for the support services that would facilitate their return and successful resettlement (FGD3, transient community, 26.1.2014; CL2, interview, 26.1.2014; GO8, interview, 2.2.2014).

5.6.3 Caregivers’ and community leaders’ views: Children’s access to education

As shown earlier in this chapter, the limited support and services offered to certain families and community groups within Malgama’s relatively small social context created an inequity in infrastructure facilities and support services in a number of important areas. Among these, inequitable support for education for the children in the community in Malgama was a major concern. The caregivers’ hope and vision for the future were associated with their children’s education. Despite the diversity in terms of ethnicity, language and resettlement status, the caregivers’ views indicated that they shared similar experiences of a disturbed past. The caregivers sensed that they had lost the opportunities enjoyed by the general community in Sri Lanka. Therefore, during this rebuilding process, they envisioned a ‘good’ future for their

young children through ‘good’ education. Discussions during the caregivers’ focus group discussions illustrated this:

“After being displaced we didn’t have anything. We lost everything. We had to transfer from one place to the other. We lived in camps. Now we came and settled here. We want our children to learn and do good jobs- government jobs. We want them to have a good life” (FGD1, permanently resettled community, 25.1.2014).

“[Our aim is] to give a good education to our children and to make them good citizens - let them to do good jobs as well. Prior to this situation [the conflict] occurred in this area, most of the people studied well and now they are doing good jobs, but we could not” (FGD3, transient community, 26.1.2014).

During the structured interviews with the caregivers, open-ended questions were used to elicit their vision for young children. The responses reiterated the high value these caregivers from both permanently resettled and transient families had given to education: eighty two percent (n=43) linked education with their goals for young children (see Figure 21). Caregivers specifically stated that their vision for their young children is to provide them with a ‘good’ education: some envisioned ‘a good future’, which they defined as gaining education and obtaining ‘good’ employment in adulthood³⁶³.

³⁶³ Fourteen per cent (n=7) of the caregivers indicated that they envisioned that their young children would be ‘good’ citizens (good persons). Subsequent conversations with the child-participants’ mothers implied that being ‘good citizens’ meant having a good upbringing and not engaging in any anti-social activities.

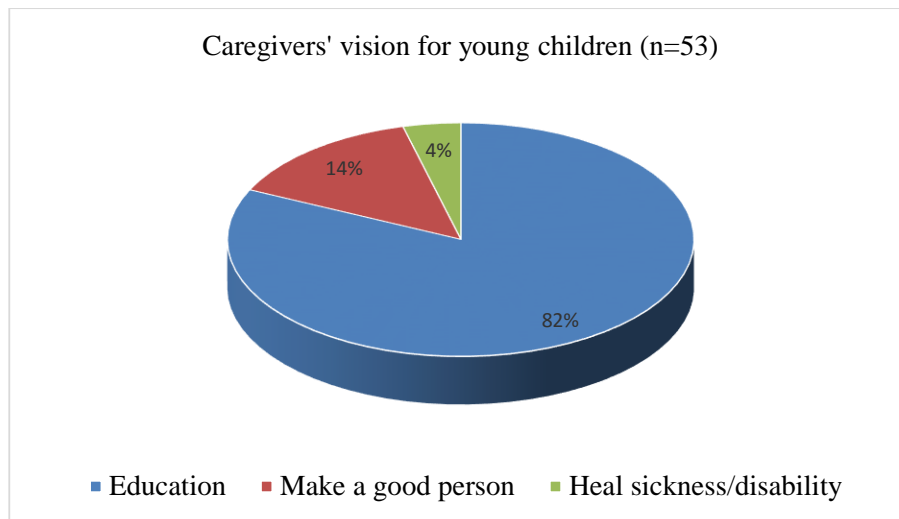


Figure 5.21. Caregivers' vision for young children

There were numerous examples to demonstrate that the young children's education was recognised and supported protecting children's right to education in Malgama. As the caregivers from the permanently resettled community stated during the FGD1 and 2, within a short period of time of resettlement (2008-2013), education facilities for young children were established by rebuilding a preschool and one public school and by providing facilities for children's learning. The school and the preschool were provided with the required furniture, buildings, drinking water facilities, teaching materials and two playgrounds. Young children aged between 2.5 and 4 years, including a child with a disability, were attending the preschool in Malgama. Children aged 5 years and above were attending the public school in Malgama. There were seven trained teachers appointed in the public school: it had a small library, electricity supply, water and sanitation, and two computers.

However, due to the gaps in the provision of education facilities in Malgama, not all young children's right to access education facilities were recognised and protected; in the main, limited focus was on the needs of the children from the transient community. It should be noted that the children from the transient families were not denied their rights to education. They were attending preschools and schools in the areas where they have been residing during their

displacement. Caregivers from the transient community however emphasised that these young children experienced an inequity in access to education facilities in Malgama that they viewed as these children's right to education was denied within the rebuilding context in Malgama (FGD3 and TW3, transient community, 26.1.2014; CL2, Interview 26.1.2014). According to community respondents:

“Before the conflict started, there was a school in this village- a Sinhala school. We also went to that school, but now not even a school building can be seen here... Children like to live in this village, but the problem is that they don't have a school to go to/attend” (FGD 3, transient community, 26.1.2014).

“Now in this area, the Sinhala school was not rebuilt and re-established yet. That place was not even cleaned up or cleared to rebuild the school. Tamil school constructions are all completed. Those are the main problems that prevent schooling for the children among these [transient] families” (CL2, Interview 26.1.2014).

Caregivers' ratings of the ECCD services (mainly considering early education) in

Malgama reflected these negative perceptions, and their dissatisfaction with the ECCD. While 51% rated government services for ECCD 'poor', only 40% rated them as 'good'³⁶⁴. For these reasons, caregivers from both the permanently resettled and transient communities reported that a number of improvements were needed to enhance support for early education. The caregivers from the permanently resettled community emphasised new buildings needed for the school, including a library. They suggested improved water supply and sanitation for the preschool, a sustainable plan to pay the preschool teachers' salaries, access to more appropriate education materials, and an increase in the number of trained teachers (including teachers who could teach in the other local language, which is Sinhalese). The issue of

³⁶⁴ See Figure 9, Appendix 10.

language was a barrier to accessing existing education facilities in Malgama. Regardless of the diversity of the community participants, some mothers' (44%, n=7) and community leaders' (40%, n=2) suggestions for improvements in education included: 1) rebuilding the Sinhalese school and preschool and 2) appointing teachers who can teach in both local languages or 3) appointing teachers who are conversant in Sinhalese. These perspectives were echoed by community leaders from both permanently resettled and transient community groups as illustrated below:

“This school is in Tamil. There is a new teacher for English. There are no Sinhala [teachers/education]. There was a Sinhala school before in Malgama [GN division]. If it can be restored, that is very good, but it was not re-built” (CL1, permanently resettled community, Interview 27.1.2014).

“If these schools can be opened for all children, without separating as Sinhala or Tamil, or if teachers are appointed in both languages, it's a good solution for this schooling issue” (CL2, transient community, Interview 26.1.2014).

5.6.4 Service providers' views: Children and families' right to return and resettle

According to the GoSL and NGO internal reports, since the commencement of community resettlement in Malgama, a diverse range of support and services has been extended to the returning and resettling communities³⁶⁵. According to GO1, these forms of support were aimed at infrastructure, livelihood, and social development:

“As soon as these people were resettled in this village, we [the GoSL] provided equipment, cattle and all materials needed to start paddy and crop cultivation. The support was given to build houses for some of the families. If the children and families are poor, they receive Samurdhi from the Government. Apart from that, some of the

³⁶⁵ See section 5.2.4 in this Chapter.

NGOs have been supporting these families to improve their livelihood” (GO1, Interview 25.1.2014).

Support services for children included midwifery services, child protection, ECCD, and community mobilisation. There were references to a Village Child Protection Committee, a Mothers’ Group, and parent’s societies (informal) at the school and preschool in Malgama. The Village Child Protection Committee consisted of representatives from GOs and NGOs, caregivers, and community members. The Children’s Rights Promotion Officer (from GoSL), the Child Protection Programme Officers (from NGOs), the school principal, the preschool teacher and the parents were involved in the Village Child Protection Committee (NGO4, Interview, 28.1.2014) that functioned as a protective mechanism for children:

“We [the GoSL] have established child protection committees in each village. What these committees do is, they monitor the village to mitigate child abuse and adolescents’ school dropouts” (GO1, Interview 25.1.2014).

The majority of service providers (85%, n=11) indicated that institutional mandates and policies framed their programme priorities and strategies in terms of providing support and services for young children. These institutional mandates demanded protection of children’s equal rights:

“A world where every child can experience their rights is our institutional goal. Our programmes aim to protect all children’s rights” (NGO4, Interview 28.1.2014).

Service providers (77%, n=10) from the GoSL and the NGO sector shared the same vision for young children: to provide conflict-affected children with education opportunities³⁶⁶.

³⁶⁶ Some service providers discussed improving care and wellbeing through health, nutrition, and child protection as aims. These were identified according to their institutional mandates.

Some of the service providers believed that one of the purposes of education was to support conflict-affected communities' recovery. Respondents stated:

“Actually, when we are mostly working in the resettled villages, we focus on education.” (NGO2, 27.1.2014).

“They are all previously displaced people. For these people, who've had such difficult experiences before, education is the most important aspect, which can support their recovery” (GO7, Interview 28.1.2014).

More than half of service providers (62%, n=8) were aware of the sensitivity of support in this ethnically/ language-wise divided post-conflict context. Therefore, some (23%, n=3) discussed that their organisations aimed at providing equal opportunities to all conflict-affected children, specifically to education. GO2 and NGO3 elaborated on these views:

“In the case of education we are not discriminating- we support all” (GO2, Interview 28.1.2014).

“Under ‘education for all’³⁶⁷, we are trying to provide equal opportunities to educate all conflict-affected children. These communities and children had lost a lot of life opportunities because of war and displacement. Nevertheless, the issues [conflict] are over now and the communities have returned and resettled. We are now aiming at re-establishing all the schools that are located in the rebuilding and resettling areas. We are

³⁶⁷ “Education for All- EFA” is global movement led by UN agencies (mainly UNESCO = United Nation Educational, Scientific and Cultural Organization). The goal of this Global initiative was to meet the learning needs of all children, youth and adults by 2015. The EFA aimed at sustainable development through education. Among the six goals of the EFA, the first was to expand early childhood education. For more information see <http://www.un.org/en/globalissues/briefingpapers/efa/index.shtml>.

also focusing on to support [equally] to all the children in rebuilding and resettling areas to attend schools regularly and obtain an education” (NGO3, Interview 27.1.2014).

However, contrary to the above goals for equity, some service providers (15%, n=2) identified inequality in education facilities for children from the Singhalese transient community in Malgama. GO1 (Interview, 25.1.2014) said:

“There were two schools for this area. After 1985, one of the schools, the Singhalese school was broken after the terrorist problems. Nowadays there is only a Tamil school in this area”.

Service providers (23%, n=3) stated that a new preschool curriculum was developed and introduced in the Eastern Province with the participation of relevant GOs and NGOs.³⁶⁸ However, it was evident that rather than aiming for cultural integration and reconciliation, these curricula specifically focused on promoting individual cultures and languages (Interviews: GO7, 28.1.2014; NGO4, 28.1.2014).

“Tamils, Muslims and Singhalese are living in the Eastern Province. Therefore, we prepared the preschool curriculum to match with all three cultures. The activities are the same in Singhalese and Tamil syllabuses, but the content [for example, drawings and other illustrations] of these syllabuses were changed according to Singhalese culture and Tamil culture” (GO7, Interview 28.1.2014).

A majority of the service providers (92%, n=12) identified a number of constraints impeding effective service delivery such as limited funding and programme closures from the

³⁶⁸ The ongoing and planned training programmes were intended to provide all the necessary skills for the registered pre-school teachers in the Eastern Province to use this newly introduced pre-school curriculum. At the time of this study 770 pre-school teachers has been trained (Certificate or Diploma) in the Eastern Province. More training programmes were planned (GoSL internal reports shared by the GO7, 28.1.2014)

Eastern Province (GO7 and NGO4, Interviews, 28.1.2014)³⁶⁹. These institutional constraints had negatively impacted on sustainability of the programmes for young children³⁷⁰. Some service providers (38%, n=5) claimed that the slow progress made by the decision-makers and bureaucracy impacted on timely service delivery. All service providers highlighted the geographical distance to Malgama GN division and its geographical isolation as constraints on effective service delivery. A need was identified to strengthen service provision for ‘hard to reach’ children and families:

“The other issue is, there are child-centred organisations working in this area, but their attention is less to very remote or ‘hard to reach’ areas. They tend to choose areas easy to reach. They have to go to the faraway villages and communities too” (NGO5, Interview 29.1.2014)

5.6.5 Summary

In the above section, the following three domains of children’s rights were investigated:

1. Young children’s right to resettle with an adequate standard of living (the UNCRC’s Articles 6, 24 and 27 - children’s rights to survival and development, health and health services and an adequate standard of living) (UN, 1989).
2. Young children’s rights to access to education facilities in resettling areas (the UNCRC’s Article 28) (UN, 1989).

³⁶⁹ According to the NGOs that had been working in the Eastern Province, their funding was shrinking as the programme priorities had shifted to supporting displaced people in the North-Eastern part of the country where the final episodes of the battles between the GoSL and the LTTE took place.

³⁷⁰ According to the service providers (Interviews with GO7 and NGO4, 28.1.2014), because the supporting NGOs were winding up their programmes and leaving from the Eastern Province, organisational funding was discontinued. As a result, the parents were requested to pay a monthly fee for the pre-school teachers. This was also taken as a measure of sustaining post-conflict education initiatives by encouraging community ownership. However, GO7 (Interview, 28.1.2014) said that due to impoverishment, some parents were reluctant to send their children to the preschool because they were requested to pay a monthly fee (LKR 50) to cover the preschool teacher’s salary.

3. Children's access to opportunities to practice their own culture (the UNCRC's Articles 30 and 31) (UN, 1989).

Young children's experiences in terms of meeting their needs and rights to resettle with an adequate standard of living, access to education and opportunities to practice their own culture in Malgama were shown to differ between the two community groups that is the permanently resettled community and transient community. Community participants identified ethnically based inequities. Different experiences were also noted amongst the permanently resettled families due to gaps in provision of infrastructure facilities including: permanent housing, accessible roads and electricity. These experiences impacted on young children's experiences and equity. The service providers shared information about the number of support services and constraints that impeded their effectiveness.

5.7 Chapter summary

In this chapter, the historical, physical, social and economic features of Malgama were introduced. The findings were presented addressing the overarching research question:

How do young children experience and perceive care and wellbeing in a rebuilding conflict-affected context?

My data analysis of this study identified three themes as the key findings of this study, which were presented in this chapter:

1. Connectedness in the form of care and support within the family.
2. Social connectedness in the form of social networks beyond the immediate family.

3. Strengths and gaps in the protection and provision of children's rights in resettlement.

Beyond the individual differences and idiosyncrasies of young children's experiences, as a common finding, the children's drawings, interviews, child-led tours, photography and narratives have shown positive aspects in their day-to-day life experiences. These positive aspects were demonstrated in terms of connectedness within the family (in the form of care and support), and connectedness beyond the immediate family (in the form of social networks). The majority of the caregivers and the community leaders were in agreement with these positive aspects. Despite these positive aspects the service providers highlighted gaps in parenting practices and community cohesion.

In the next chapter (Chapter 6) the implications of these findings are discussed in terms of research, policy and practices that aim at enhancing young children's experiences of care and wellbeing in rebuilding conflict-affected contexts and beyond.

Chapter 6: Discussion

6.1 Introduction

The findings of this study were presented in the previous chapter (Chapter 5), along with the physical, demographic and societal features of the rebuilding conflict-affected context in Malgama at the time of the study. The findings show that despite being a relatively small community, there was diversity in the young children's (and their families') experiences in this resettling and rebuilding conflict-affected village. Different experiences were found between the two community groups: the majority (Tamil) community, and the minority (Singhalese) community. Beyond these two main groups, the findings in relation to the resettlement status and provision and protection of young children's (and families') rights to resettle (in the form of infrastructure facilities and support services) in Malgama delineated three further sub-groups of communities within the village community: 1) permanently resettled community (Tamil) with all infrastructure facilities, 2) permanently resettled community (Tamil) in geographical isolation/ with limited infrastructure facilities, and 3) transient community (Singhalese) with inadequate infrastructure facilities.

Despite these differences, the findings of this study show that all of the young children who participated in this study appeared to experience connectedness and a sense of care and wellbeing despite living in what may be seen as a difficult rebuilding conflict-affected environment. While the caregivers and community leader respondents in this study demonstrated a degree of agreement regarding the children's positive experiences and connectivity, in general, government and non-government service provider respondents reported less positive perceptions vis-à-vis the experiences of the young children. The role of

caring and nurturing social environments and education in enhancing young children's experiences and wellbeing was emphasised by all cohorts of participants.

In this chapter, the key findings of this study are discussed situated within prior research literature focusing on (young) children affected by armed conflict. The implications for research, policy and practice and suggestions for future research are also discussed in this chapter. The discussion is organised according to the key aspects of the findings that were presented in the previous chapter. This chapter addresses these aspects under four themes:

1. Connectedness within and beyond the immediate family. (Implications of creating a sense of connectedness for young children (and families) in rebuilding conflict-affected contexts).
2. Disconnection: Inequity of support and services. (Implications of promoting equity of provisioning support services for all young children and families in their resettlement and rebuilding which includes equity in education for all young children in their native languages).
3. Disconnection: Diverse perspectives on the situation of young children. (Implications of including the voices of young children, families, and communities in planning, development, and implementation of support in rebuilding conflict-affected contexts).
4. Indicators and measures of young children's (and families') connectedness in rebuilding conflict-affected contexts. (including noteworthy practices/ strategies for enhancing supports that contribute to critical components of 'recognition').

In the next sections in this chapter, each of these key aspects is discussed, situated within relevant literature.

6.2 Theme 1: Connectedness within and beyond the immediate family: Creating a sense of connectedness for young children in rebuilding conflict- affected contexts

As presented in section 3.3.2.1 in Chapter 3, in the empirical literature about disaster-affected peoples, connectedness is described as social relationships that are developed through attachment relationships and social networks (Hobfoll et al., 2007, p. 296). In relation to children, a sense of connectedness is defined as the emotionally important bonds that children develop with their immediate environment and people (Robinson & Truscott, 2014). Connectedness is also defined in conflict-affected contexts as “a construct related to social support” (Betancourt et al., 2012, p. 638). The findings from this study show that despite being part of a prior conflict-affected, displaced and recently resettled, diverse community, young children experienced connectedness within the family and beyond the immediate family (in immediate neighbourhoods, at schools/preschools, and within the community). This study identified the numerous ways in which young children’s sense of connectedness was supported and strengthened within their different socio-ecological settings. The social relationships that children and families developed and maintained within their societal context were vital to their experiences of connectedness. In the next sections, these experiences are discussed, situated within prior literature according to four topics:

1. Connectedness within the family: Supporting a sense of care, wellbeing and safety.
2. Connectedness beyond the immediate family: A supportive community.
3. Connectedness and social capital.
4. Connectedness, a sense of belonging and social building.

6.2.1 Connectedness within the family: Supporting a sense of care, wellbeing and safety

In disaster and conflict-affected contexts, the roles of caregivers and their protective family structures are important in ensuring children's physical, psychosocial, and emotional wellbeing (Barenbaum et al., 2004; Christie et al., 2014; Deters, 2014; Massad et al, 2009). The family acts as a buffer, protecting children from adversity stemming from the effects of conflict and other exacerbating societal risks peculiar to conflict-affected contexts, for example, violence, exploitation, and impoverishment (Ager, 2006; Betancourt, Meyers-Ohki, Charrow, & Tol, 2013; Boothby et al., 2006; Wessells & Monteiro, 2008). As discussed in section 3.3.1 in Chapter 3, a cohort of studies reported that care, support and affection from a mother or primary caregiver and nurturing and safe environments can help to mitigate the negative effects of the impact of conflict on young children (Dybdahl, 2001; Massad et al., 2009; Panter-Brick et al., 2011; Punamäki, 2014; Wolff & Fesseha, 1999). The data analysis in this study identified consensus among the adult participants that consistent caregiving from a primary caregiver (mother or a substitute mother) and a nurturing family environment are vital for young children's care, protection and wellbeing. As young children's experiences showed, care, support and protection within the family became evident in the ways in which primary caregivers and family members were involved in the young children's lives. This aspect was common in young children's lives from all three sub-community groups.

Elements of appropriate parenting practices are identified in the literature as caregiving, nurture and stimulation, support and sensitivity, structure, and socialisation (Bradley, 2005; Britto, Gordon, et al., 2014). In this study, young children's day-to-day experiences and caregivers' practices demonstrated similar parenting practices; and, children's experiences confirmed that appropriate care, affection, and support for the young children are vital for their wellbeing and nurture³⁷¹. Young children discussed the care and support that their primary

³⁷¹ For example, primary caregivers' practices included instances of support for stimulation and socialisation through storytelling, singing, and providing opportunities for play and emotional support.

caregivers, the mothers (biological or substitute mothers), afforded them in terms of addressing their physical, psychosocial and material needs.

Research in general has identified that caregiving and nurturing family environments for children in conflict-affected contexts can involve non-biological parents or a non-biological family and those children in these circumstances are likely to develop connectedness, resilience and positive adaptation (Fernando & Ferrari, 2011; Wolff & Fesseha, 1999)³⁷². Similar findings are identified in this study. Children (n=2) who lived with adoptive families or non-biological caregivers showed that regardless of their biological ties to their caregivers, they still received care and support within the family. Shani's (girl, 5 years, permanently resettled, informally adopted) experiences revealed the numerous ways in which her adoptive mother and extended family members looked after her. These caring relationships both supported her and helped her to feel accepted, cared for and respected. Thus, the level of confidence that Shani³⁷³ demonstrated in her research participation in this study was no different from that of other children who lived with their biological parents in the same context.

The current study's findings also illustrated how other members of the family extended care and support to the young children. Some children referred to their fathers' or male caregivers' care and support and protective role. Furthermore, the children's day-to-day experiences included the numerous ways in which their brothers, sisters and extended family members were connected to and influenced their lives. The findings of this study suggest that young children in this context were well looked after and that the primary caregivers and other members of the family were available to provide the children with the appropriate care, affection and protection. The young children's experiences and their remarks regarding their day-to-day activities did not show any signs to suggest that these children were unhappy or

³⁷² See section 3.3.1 in Chapter 3.

³⁷³ This observation is valid for Raj (boy, 6 years, permanently resettled) who lived with his father and step mother.

distressed³⁷⁴. They had their caregivers to approach for emotional comfort if they felt sad or scared. Previous literature found caregiving relationships support young children by helping them to develop strong social bonds with their primary caregivers and members of the family (Ainsworth & Marvin, 1995; Bowlby, 1969; Honneth, 1996; Winnicott, 1965). These bonds within the family were evident in this study.

The literature defines these affectionate and caring social connections with significant people in a young child's life in diverse forms³⁷⁵. These caring bonds are variously defined as 'attachment relationships with caregivers (Bowlby, 1969): inter-subjective (symbiosis) relationships with the mother (Winnicott, 1965); or, as inter-subjective and reciprocal relationships with the most significant people (caregivers) who are connected with a child through affection and care (Honneth, 1996). As these theorists note, attachments or inter-subjective affectionate relationships create a secure base, which supports the development of a sense of safety in young children. This feeling of safety enables them to explore their individual and social identities; and, supports the building of self-confidence, skills and competencies needed to explore and make connections with their social world. This sense of 'safety/ security' is likely to generate positive outcomes including a "sense of self-worth, resilience, empathy and social competence" (Hinde & Stevenson-Hinde, 2014, p. 23). These notions are supported in this study. According to the findings of this study, the child-participants were experiencing care and support within the family. As indicated in section 5.4 in Chapter 5, these experiences can be hypothesised to have helped them to develop strong connectedness within the family (with their primary caregivers and other members of the family) and a sense of care and protection

³⁷⁴ During investigation of specific behaviours of children in adverse circumstances, distress is often measured using psychological measures. In this thesis, I did not attempt to conduct a psychological assessment of young children's behaviour. I use the term 'distress' to refer to young children's observable signs of discomfort, unhappiness, or upsetting behaviour during research participation or when they were involved in day-to-day activities at their homes and at school/preschool. In this study, no child-participant showed signs of distress when participating in research activities or during visits to their homes and school/preschools.

³⁷⁵ See section 3.3.1 in Chapter 3.

that promises to give them the confidence to explore and participate in a social world beyond the immediate family.

6.2.2 Connectedness beyond the immediate family: A supportive community

Child development occurs within multiple contexts and influences. These include children's closest social systems of family and school/preschool, and distal contexts: such as wider community structures, policies, values and beliefs and culture (Bronfenbrenner, 1979, 1994)³⁷⁶. From an ecological perspective, child development and wellbeing are shaped by the interactions between and within these diverse social structures. The developing child actively interacts within proximal contexts (family, school/preschool) and with significant individuals within these social structures (caregivers, peers, and teachers). All of these interactions either directly or indirectly impact to shape the child's social world (Abu-Nimer & Nasser, 2014). In conflict-affected contexts, it is vital to strengthen support for children within these social structures and social relationships (Boothby et al., 2006; Triplehorn & Chen, 2006). As shown in section 5.5 in Chapter 5, the findings of this study have delineated the developing social relationships within the young children's socio-ecology in this particular context. They included the family, preschool/school and neighbourhood for all young children and in particular the wider community for young children from permanently resettled communities. These social connections were supported through their social interactions with peers and teachers at the school and with playmates and adults in the immediate neighbourhood.

Broadhead's (2009) observation in his study of young children's developing sociability through play was supported by the findings of the current study. Young children's drawings, interviews and narratives in this study highlighted developing social connectedness beyond

³⁷⁶ See section 2.3.1 in Chapter 2 for a discussion on Bronfenbrenner's (1979, 1994) ecology of human development model.

their immediate families through play at preschool/school and within their neighbourhoods. These social networks included their ‘play mates’ in the neighbourhood and friends with whom they played with at school and preschool. These findings reiterated the importance of child-centred and play-based support programmes (that can promote social connections) for children in conflict-affected settings (Abu-Nimer & Nasser, 2014; Connolly & Hayden, 2007).

A previous study of a conflict-affected setting in the Eastern Province in Sri Lanka (during the time of conflict) found that Children’s Clubs, which have been implemented as a child-led initiative among children in conflict-affected communities, helped children to develop new confidence and to act as a group demonstrating their collective efficacy (Hart, 2002). In the current study, children from permanently resettled families had similar social connectivity at the community level through their participation in the Children’s Group³⁷⁷. Participation in the Children’s Group in the present study provided opportunities for the young children to connect to a wider social network. This was an important experience for young children who had limited opportunities for social interaction (apart from school and preschool) with a wider group of children within their resettled context.

Similar to Hart’s (2002) observations, the findings from the current study revealed that although the Children’s Group was initiated as an adult-led programme, its core premise was to respect children’s agency, capacities and children’s views. This group provided group play and group sessions, which included children of different ages and genders. Play-based interaction and group discussion sessions held at the Children’s Group were framed in a way to develop values that were related to non-violence, sharing and social harmony. These social relationships, and the subsequent social interaction stemming from these group activities,

³⁷⁷ See section 5.5.2 in Chapter 5.

supported the children allowing them to be more connected with their social environment, and to explore the diverse societal issues that impacted on their lives³⁷⁸.

6.2.3 Connectedness and social capital

Onyx and Bullen (2000) nominated four types of important ‘connections’ within one’s immediate social environment: 1) family and friends connections, 2) neighbourhood connections, 3) community connections and 4) work connections³⁷⁹. As presented in sections 5.4 and 5.5 in Chapter 5 and, as discussed in sections 6.2.1 and 6.2.2 above, all young children’s experiences in the current study showed connections with family, friends and neighbours. Furthermore, despite being part of a prior conflict-affected, displaced and newly-resettled community, the young children (as well as their families) from the permanently resettled community showed developing social relationships that extended beyond their immediate families to the wider community which were strengthened through their formal and informal social networks³⁸⁰. Work connections were evident through some of the caregivers’ employment in development projects, which supported them to make friendships from another village as well³⁸¹.

Communities with social connectivity engendered through strong interconnections and trust are often identified as having high social capital (a community resource) (Leonard & Onyx, 2004; Onyx & Bullen, 2000)³⁸². In the current study, children and other participants’ references to numerous social networks discussed above suggested that despite being a newly resettled, rebuilding post-conflict context, the children and families were building social connectedness, the basis for the development of social capital in this context.

³⁷⁸ See (Hettitantri & Lopez, 2014) for the relevant publication, and for a discussion of these findings stemming from this study.

³⁷⁹ See section 3.3.2 in Chapter 3.

³⁸⁰ See section 5.5.3 in Chapter 5.

³⁸¹ See section 5.5.4 in Chapter 5.

³⁸² See section 3.3.2 in Chapter 3 for a discussion on the concept of social capital.

As discussed in section 3.3.2 in Chapter 3, in disaster-affected contexts, social capital include: 1) bonding social capital, 2) linking social capital and 3) bridging social capital (Aldrich, 2012). In this study, the children's day-to-day experiences demonstrated bonding social capital, which is a strong familial bonding supported by a network of care within the family. Bonding social capital may extend beyond the immediate family to one's community (Aldrich, 2012; Putnam, 2000). In the current study, the narratives of children and families from each community group (permanently resettled community and transient community) have shared their experiences of the numerous social networks that have been developed within each community group. The children, particularly those from the permanently resettled community in this study, have developed and strengthened connectivity among other children and families from the same community group. As presented in section 5.5.3 in Chapter 5, Ahil (boy, 6 years, permanently resettled family in geographical isolation and with limited infrastructure facilities) whose life experiences included a number of adversities: illness, impoverishment and his father's disability. Ahil showed a strong social connectedness that extended beyond his family which had been supported by formal and informal social support networks in the village³⁸³. These social support networks that created a strong social capital, contributed to Ahil's family's survival and wellbeing.

In the current study, apart from the caregivers' vision of a 'good' education for children, which was a driving force encouraging education in this context, social support mechanisms within the permanently resettled community have proven supportive even in cases of relatively more disadvantaged children like Ahil and Shani³⁸⁴. Such mechanisms appear to have ensured that these children were not excluded from opportunities for development and to thrive (through care and support, education, play and participation). Furthermore, community acceptance and

³⁸³ See (Hettitantri, 2015a) for the relevant publication of this study.

³⁸⁴ Ahil was a boy, 6 years, permanently resettled in geographical isolation, impoverished and suffered from illness. Shani was a girl, 5 years, permanently resettled in geographical isolation, impoverished and informally adopted.

the inclusion of children of both genders and of those with physical, and/or mental or developmental disabilities³⁸⁵, have shown these communities' ability to protect the rights of all young children within their capacities, and within their own community.

The findings from this study showed examples of developing linking social capital, which were formal social networks supported by institutions (Aldrich, 2012), that were helpful for enhancing young children's experiences in this rebuilding social setting. The Village Child Protection Committee³⁸⁶ and the ECCD model village project activities³⁸⁷ were examples of similar social connections that included both members of the permanently resettled community and government and non-government service providers.

Previous research and theoretical literature suggested that social connectedness contributes to child wellbeing as well as to a sense of community (Betancourt et al., 2012; Hobfoll et al., 2007; Honneth, 1996; Irwin et al., 2007a). According to the findings of this study, young children in Malgama appeared to have gained a sense of community and connectedness through their social interactions with the neighbourhood, school, and the wider community (albeit, limited to one community group - either to the permanently resettled community or to the transient community). Although disaster management literature has advocated 'bridging social capital' that can be strengthened through inter community connections amongst disaster-affected communities (Aldrich, 2012), this study has found that inter-cultural or inter-ethnic social connections or social connections beyond their own community boundaries were limited among the young children and families of the different community groups in the study village.

In this study village, geographical isolation seems to have caused young children and families from the permanently resettled and transient communities to socially isolate from one another and from other villages and towns. Interviews with young children from the

³⁸⁵ As proven from Ahil's case study (in section 5.5.3 in Chapter 5) and as presented in section 5.6.3 in Chapter 5, young children with disabilities were allowed to participate in education in the preschool and school.

³⁸⁶ See section 5.6.4 in Chapter 5.

³⁸⁷ See section 5.3.6 in Chapter 5.

permanently resettled community revealed limited experiences outside of their village context. Furthermore, the limited social connectedness between the two different community groups in the study village was discussed in terms of ethnic and language differences. The impact of three decades of armed conflict and displacement contributed to community mistrust and divisiveness in this context. However, it would be important to note that the caregivers were positive about teaching their children all three languages (English, Sinhalese and Tamil). The children, however, demonstrated their understanding of ‘other’ languages³⁸⁸; and, the caregivers’ proposed tri-lingual education in Malgama as an urgent need³⁸⁹. These perspectives implied a growing community desire for inter-ethnic and inter-cultural connections, which are likely to be instrumental in creating and sustaining the ‘bridging social capital’ in such contexts (Aldrich, 2012). The service providers in this study recommended exposure to other geographical areas as a measure of providing new knowledge and understanding to members of the permanently resettled community (for both children and adults) who had limited opportunities to access the outside world, which can also be identified as a step towards creating ‘bridging social capital’.

6.2.4 Connectedness, a sense of belonging and social building

As discussed in section 3.3.2.1 in Chapter 3, connections to a young child’s immediate social and physical environment are important for developing a sense of belonging and a sense of wellbeing (Woodhead & Brooker, 2008). In this study, the young children showed connectivity to the people in their immediate social environments, which was likely to have supported their building of a sense of belonging. These young children reported feeling connected to their primary caregivers and families from whom they received care and support. The diverse ways in which young children developed connectivity within (through caring relationships with

³⁸⁸ See section 5.5.2 in Chapter 5.

³⁸⁹ See section 5.6.3 in Chapter 5.

members of the family) and beyond the family (through play and participation in school/preschool, neighbourhood and community) in this study provided an insight into understanding the socio-ecological elements that are important for children developing a sense of belonging in the rebuilding post-conflict context under scrutiny.

However, caution is called for. As discussed in sections 3.3.2.2 and 3.5 in Chapter 3, the feeling of a sense of belonging to one community may fuel biases, prejudices, and exclusion of those who do not identify within the same community (Aldrich, 2012; Aldrich & Meyer, 2015; Connolly et al., 2002; MacNaughton & Davis, 2001; Woodhead & Brooker, 2008). In this study, although young children and families in both the permanently resettled and transient communities have shown social connections within their immediate social contexts, they have also shown limited social interaction with children and families who did not belong to their own community. While children from the permanently resettled community who participated in the Children's Group demonstrated their understanding of the Sinhalese people and the Sinhalese language, Tharu (boy, 6 years), who was from the transient community spoke about 'Tamil school' in Malgama³⁹⁰. The children's comments implied their understanding of these different language groups, to whom they felt less connected, as 'others' (MacNaughton & Davis, 2001) or groups of people who were different from their own community.

Young children's experiences and perspectives of 'othering' in this study have contributed to an understanding of '(not)connectedness' in rebuilding conflict-affected social contexts. The children's references to those not of their own community as 'others' in the current study suggest that young children, even at this early age, were aware of the societal differences that prevailed in their social context. These findings reiterated the observations that environments which reflected biases and prejudices, which were visibly or even subtly segregated, created attitudes of 'othering', discrimination and exclusion from the early years

³⁹⁰ See Tharu's detailed profile and case study in section 5.6.1 in Chapter 5.

(Connolly et al., 2002; MacNaughton & Davis, 2001). As discussed in section 3.5 in Chapter 3, a strong sense of belonging to one community group, specifically when it is related to a particular ethnic or language group, can exacerbate existing differences within a community (Aldrich, 2012; Woodhead & Brooker, 2008). The above findings in the current study are alarming as they imply a potential generational order of language and ethnic-based divisiveness in the study village. Therefore, the findings of this study raise implications for policy and practice for all responsible parties.

In order to create and sustain the children's positive connectedness and sense of belonging, appropriate policies and programmes need to be developed and implemented in diverse contexts where children are affected. From a children's rights perspective (UN, 1989), appropriate measures should be taken to address the issues of the marginalised and disadvantaged communities and children (those who live in isolation or those who are not included to wider community) in already divided conflict-affected contexts. Adult respondents in this study identified the need for policy and practice improvement, to support equitable services for young children and families³⁹¹.

ECD programmes and strategies that aim to create sustainable and healthy societies for young children are increasingly gaining attention as one of the priorities in conflict-affected contexts (Ang, 2014; Connolly & Hayden, 2007; Kagitcibasi & Britto, 2014; Sunar et al., 2013). This study's findings regarding young children's (and their families') experiences of 'connectedness' are promising in terms of facilitating an understanding of the link between ECD and the formation of healthy, supportive and sustainable societies in rebuilding conflict-affected contexts. The ways in which young children and their families created and sustained supportive social connections provide guidelines for similar efforts. In more recent times there have been effective ECD programmes and strategies that addressed social building: some have

³⁹¹ See sections 5.6.2 and 5.6.3 in Chapter 5.

shown positive outcomes in terms of developing social connectedness among children and communities (Kagiticbasi & Britto, 2014)³⁹². It can be suggested that the ECCD model village project that was identified in the current study³⁹³, if extended to all community groups, could contribute to the creation of sustainable and healthy societies for young children in conflict-affected and rebuilding social contexts.

However, as Kagiticbasi and Britto (2014) argued, similar program interventions have shown less clarity in terms of their impact on creating peaceful societies for young children³⁹⁴. Thus they need appropriate research. The ECCD model village project, may be a potential area of research, which can be identified as an intervention designed to create healthy and peaceful communities (that is, child friendly environments) for young children. Research is needed to measure the impact of such interventions for creating peaceful communities in conflict-affected and at-risk societies. ECD and society building research can be enhanced by further investigation of aspects of ‘connectedness’ that are supported by ECCD model village project activities and their social impact in the rebuilding conflict-affected context.

Researchers have argued that new theoretical and methodological knowledge is needed to explore the link between ECD interventions and social building/peace building (Abu-Nimer & Nasser, 2014; Ang, 2014; Connolly & Hayden, 2007; Leckman et al., 2014; Sunar et al., 2013). This is a vital need in areas at risk of the effect of past conflict or at risk of escalating new social conflict (Connolly & Hayden, 2007; Sunar et al., 2013). Drawing on the findings of this study, in section 6.5 of this chapter, indicators and measures for enhancing the connectedness of young children (and families) in rebuilding conflict-affected contexts are identified and discussed in terms of improving the theoretical and methodological knowledge

³⁹² For more information (a review of some of these programmes), see (Hayden & Hettitantri, 2013).

³⁹³ See section 5.3.6 in Chapter 5.

³⁹⁴ See section 3.5 in Chapter 3.

on this topic. Furthermore in section 7.5 in Chapter 7, potential areas for future research to test these indicators are proposed.

6.3 Theme 2: Disconnection: Inequity of support and services

In post-conflict (and post-disaster) settings, young children are supported by numerous humanitarian and government-led interventions which aim to address young children's needs for and rights to survival, development and thriving (Deters, 2014; IASC, 2007; INEE, 2010; Kamel, 2006; Kostelny & Wessells, 2008; Landers, 1998; Wessells & Monteiro, 2008; UNICEF, 2011c)³⁹⁵. In the current study, the participants identified a range of support services for these young children and families. These included: re-establishment of infrastructure (roads, temporary housing, community buildings, electricity, communication, and transport), support for livelihood development and the provision of basic facilities such as health (re-establishment of the health centre, regular health checks, vaccination and nutritional programmes, regular midwifery services, and pre-and post-natal clinics) and education (rebuilding the school and the preschool and provision of material, educational and human resources)³⁹⁶.

However, the findings from the current study revealed that the experiences of these young children and families, despite being a small community in one village³⁹⁷, were not similar. There was a disconnection between the experiences of young children and families in terms of the ways they were supported in their return, resettlement and rebuilding. The current study revealed, while extensive support and services for young children and families in this post-conflict rebuilding village were reported, there were also identified issues in relation to access to these support services for young children and families. These findings support the notion that, despite reports of substantial amounts of external support for children and communities in disaster-affected contexts, there persist a “pattern of neglect” persists that saw

³⁹⁵ See section 3.4 in Chapter 3.

³⁹⁶ See sections 5.3.5- 5.3.6 and 5.6.2 and 5.6.3 in Chapter 5.

³⁹⁷ In one GN Division.

some groups in the study village community and their children receive little support for their recovery and rebuilding (Silverman and La Greca, 2002, p. 28). These findings raise a concern similar to the research findings from some disaster and conflict-affected contexts: children from hard-to-reach populations or minority populations may experience inadequate support and services to meet their needs and rights, which may negatively impact on affected children and their families' recovery (Abdelmoneium, 2005; Hayden & Wai, 2013; Wai, 2015)³⁹⁸.

While there was a group of young children and families who experienced access to relatively all infrastructure facilities and support services that were essential for their successful rebuilding and reintegration, disconnections in terms of inequity in support and services for young children and families were found in two ways³⁹⁹:

1. The needs and rights of those children who have permanently resettled and lived in geographically isolated areas in this post-conflict resettlement were overlooked. In particular, these children experienced gaps in limited infrastructure that impeded resettlement with an adequate standard of living.
2. The transient children and community's data revealed gaps in the support services that were essential for them to resettle with: 1) an adequate standard of living, 2) equal access to education facilities (including native language education) and 3) opportunities to practice one's own culture.

These identified disconnections in resource allocation in conflict-affected and resettling contexts are concerns for the protection and provision of young children's equal rights to develop and thrive. The UNCRC (UN, 1989)⁴⁰⁰ Article 2 not only emphasised non-discrimination of all children; in particular, it has urged respective governments and all

³⁹⁸ See 1.3 in Chapter 1.

³⁹⁹ See children's case studies presented in section 5.6.1 in Chapter 5.

⁴⁰⁰ See sections 2.2.2 and 2.3.2 in Chapter 2 for a discussion on children's rights frameworks and their application in this study.

responsible parties to recognise the needs and rights of all children, including those who are from marginalised or minority groups. The UNCRC GC7 (UN, 2005), referring to the procedures for the protection of young children's rights, stated that discrimination "affects parents' capacities to fulfil their responsibilities towards their [young] children" and "affects [young] children's opportunities and self-esteem" (p. 5). In this study the caregivers and community leaders from the transient community identified gaps in the support and services facilitating their return and resettlement. They saw this as a denial of their young children's equal rights to access education in Malgama⁴⁰¹. It is important to note that overall the young children from the transient community were not denied their rights to education because they attended age appropriate education institutions (preschool or school) in places in which they had been living during their prolonged displacement. The caregivers' and community leaders' emphasis was on the issue of lack of accessibility to education in their native language (Singhalese) in Malgama at the school or preschool levels. Beyond inadequate infrastructure facilities and support services, the afore-mentioned gap in education was identified as a main constraint impeding the successful return and resettlement of all conflict-affected young children and families equally. These experiences had given rise to uncertainty and frustration, especially among the families from the transient community.

The above findings reinforce Honneth's (1996) theoretical explanation of 'mis-recognition'. Honneth (1996) defined 'mis-recognition' as a situation where an individual/a group is denied receiving recognition of love and care (in this study, care and support for young children): rights (in this study, young children's rights) and solidarity (in this study, social networks beyond the immediate family), and wherein they experience denial of rights, marginalisation and discrimination. In such situations, a struggle for recognition or social

⁴⁰¹ See section 5.6.3 in Chapter 5.

conflict may be formed. In particular, Honneth explained that the denial of one's basic human rights risks making individuals feel discriminated against.

This 'mis-recognition' in the form of denial of rights of a group of individuals in a post-conflict context which may be at high risk of reverting to or escalating new conflict, risks creating new social tensions and struggles. Ressler, Tortorici and Marcelino (1993, p. 18), for example, have warned that: "the seeds of armed conflicts seem to germinate and grow best in soils where equity and social justice are disregarded, where human rights are trampled, where poverty prevails". In Sri Lanka, the nature of the 26 year long armed conflict was attributable to historically practiced structural discrimination and the denial of the rights of disadvantaged or marginalised communities (De Votta, 2004, 2010 ; Sharif, 2011)⁴⁰². A similar notion was supported by this study. The caregivers and community leaders (CL) from the transient community viewed the inequity in provision and protection of young children's rights in the study village more as a structural form of discrimination practiced by the service providers than as community driven. They feared it was a potential root cause of future social conflict. Community Leader2 (transient community, Interview 26.1.2014) emphasised that:

"If any conflict starts again, that is because of the officers' negative perception, but not because of the villagers' behaviour...After the civil war ended there were no problems, but the [service providing] officers try to make an ethnic problem again. If they do their duty to ensure equity and equality for all the children and community, there will not be any problem in this village".

Similar views and issues raised by the participants were presented in section 5.6 in Chapter 5.

⁴⁰² Chapter 1 section 1.7.1 presents a brief account of the nature of armed conflict and different theories and discourses around its roots.

Anderson (1999) argued that inequality in external support for disaster or conflict-affected communities, despite the reported positive impacts, might create mistrust and unwittingly exacerbate social conflict. Similar experiences were noted in McElroy et al.'s (2012) study that investigated young children's (birth to 3 years old) health and wellbeing during a post-conflict recovery and rebuilding phase in northern Uganda, where disconnections in support services generated "expressions of both disappointment and a consequent lack of trust in the promises made for [young] children" (p. 13). In another example, regarding the post-tsunami⁴⁰³ interventions in the Eastern Province in Sri Lanka, there was evidence to suggest that inequity of support and service delivery to affected communities not only gave rise to tension among the diverse groups of communities (different ethnic groups in the relevant geographical areas), but also excluded or marginalised some communities (Lee, 2008). Similarly, the above observations from the current study implied that inequity of provision of support and services to conflict-affected young children and their families could generate social tension.

It is important to address inequalities in post-conflict societies that are at high risk of reverting to or escalating new conflicts or social struggles (Collier et al., 2008)⁴⁰⁴. Analysts argued that ECD, as a sector, has a role to play in the creation of sustainable and peaceful societies (Connolly & Hayden, 2007; Leckman et al., 2014; Sunar et al., 2013)⁴⁰⁵. In this study, the young children and families in the permanently resettled community (Tamil), whose needs and rights were addressed, showed positive social outcomes and connectivity not only within the family, but also within their community. However, the findings of this study showed that social connectedness beyond the immediate family and one's own community needs to be extended towards different community groups, in this case towards the transient community

⁴⁰³ This refers to the unprecedented Indian Ocean tsunami disaster that struck Sri Lanka in 2004 killing approximately 35000 people.

⁴⁰⁴ See sections 1.2.3 and 1.2.4 in Chapter 1.

⁴⁰⁵ See section 3.5 in Chapter 3.

(Sinhalese) as well. This includes extending equal recognition of the needs and rights of all affected young children, their families and community and providing appropriate support and services for their resettlement and rebuilding without discrimination. The findings of this study suggested that while protection and provision of equal rights for resettlement and rebuilding in conflict-affected contexts can be one way of improving connectivity, there was the likelihood of mitigating the risk of potential reversion to social conflict in societies that have already been divided by violence and conflict. This has implications for policy and practice in terms of enhancing equitable support for young children and families who are or have been affected by armed conflict⁴⁰⁶.

Child rights-based policies at the national and provincial levels shape the ECCD policy landscape in Sri Lanka (The Early Childhood Care and Development Policy Sri Lanka, 2004). The guidelines for community return and resettlement and for creating sustainable and child-friendly environments for young children through ECCD model village projects⁴⁰⁷ are designed and implemented at provincial levels. However, the very fact that some of the families still continued to live with limited or inadequate infrastructure facilities and support services affected their stability and successful resettlement. Thus, equity of ECD interventions, together with equity of support services for returning and resettling communities, should be the aim of the policies and policy implementation in areas affected by prolonged conflict, violence, and displacement. As Samaranayake (2010) stated in his review of ECCD policy and practice landscape in Sri Lanka, when the children's rights to access quality services, to participate and to voice the numerous issues that affect them are protected within policies and programmes, the foundation can be laid for sustainable and healthy societies and for long term peace in conflict-affected communities.

⁴⁰⁶ These aspects are further discussed in relation to indicators of connectedness in section 6.5 in this chapter.

⁴⁰⁷ See section 5.3.6 in Chapter 5.

6.4 Theme 3: Disconnection: Diverse perspectives on the situation of young children

Researchers and humanitarian and development aid professionals have argued that in disaster and conflict -affected contexts, a gap may exist between the actual situation of community recovery and rebuilding and in the young children's most pressing needs vis-à-vis how government and non-government service providers perceive the phenomena (Hayden & Wai, 2013; McElroy, 2012, Oxfam International, 2009). A number of empirical studies conducted through the Oxfam International Tsunami Research Programme in Sri Lanka and India in the post-tsunami context in 2005-2009⁴⁰⁸ found one key theme emerging from the participant's views (Oxfam International, 2009). This theme was 'a gap' in the service providers' understanding of the communities' needs and capacities, and in disaster and conflict-affected children and community members' actual needs, aspirations and capacities for recovery and rebuilding.

Similar to the above notion, the current study identified a disconnection between the understanding and perspectives of diverse participant groups; young children, caregivers, community leaders and service providers. Despite the young children's experiences that showed a strong connectedness within the family and beyond their immediate families (within the neighbourhood, school/preschool, and community), and the caregivers' and community members' perspectives showing positive aspects of young children's lives, the service providers noted a prevalence of social issues and divisiveness⁴⁰⁹. These disconnections could negatively impact on the effectiveness of programme interventions for affected children, families and

⁴⁰⁸ As presented in section 1.9.2 in Chapter 1, I was personally involved in the Oxfam International Tsunami Research and DRR Programme which initiated several community-centred research projects that had investigated similar issues.

⁴⁰⁹ See section 5.4.9 in Chapter 5.

communities (Crisp, 2001; Hayden & Wai, 2013; McElroy, 2012). This was also the case in the study village, because the priorities for interventions discussed by service providers differed from what the affected populations perceived as prioritised needs⁴¹⁰.

6.4.1 Listening to the voices of young children, families and communities

Researchers have argued that disconnection between how the children and community perceived their situation - and how the service providers perceived it in disaster and conflict-affected contexts - was likely to be due to ‘a listening gap’ (Euwema et al., 2008; Wai, 2015; Wessells, 2006). Bartlett and Iltus (2006) observed that in post-disaster aid delivery, often the support services made available might not be based on appropriate consultation with the affected communities. A study by Marcelline (2010) which examined community members’ perspectives of sustainable exit strategies of 2004 tsunami aid delivery programmes in Sri Lanka, found that because children and communities were not involved in assessments, planning and implementation, the support and services were not effective in addressing their needs for recovery, rebuilding and resettlement.

Wai (2015), based on similar observations, has argued that aid agencies should listen to the affected (young) children, caregivers, families and communities to ensure effective and appropriate support and service delivery⁴¹¹. Crisp (2001), who analysed the UNHCR’s refugee interventions in 1980-1990, emphasised that service providers need to be cautious and to “mind the gap” (p. 168) in their programme objectives and actual outcomes of conflict-affected communities. Listening to children and communities at each stage of programme delivery (planning, implementation, monitoring and evaluation) in disaster and conflict-affected contexts is recommended (Boothby & Ager, 2010; Euwema et al., 2008; Wai, 2015). This ‘listening’

⁴¹⁰ See section 5.4.9 in Chapter 5.

⁴¹¹ Section 1.3.2 in Chapter 1.

includes hearing the voices of young children who are affected by armed conflict (Akesson, 2012). A gap was identified in the literature focusing on young children's voices from conflict-affected contexts⁴¹². This study made an effort, albeit in a small way, to contribute to addressing this gap in the literature.

The findings of this study strengthen the argument that children and communities should be consulted to understand their actual needs and aspirations in disaster and conflict-affected contexts (Bartlett and Iltus, 2006; Hayden & Wai, 2013; Marcelline, 2010). When acknowledging the plurality of most ECD environments and the existence of useful local knowledge, beliefs and practices for early care in diverse social contexts (Irwin, Siddiqi, & Hertzman, 2007b), it is important to consult communities to improve ECD in their rebuilding post-conflict settings. Based on these observations, one of the recommendations that stem from this study is to integrate child-centred and community-based studies and monitoring and evaluations into the process of policy formulation and policy implementation for ECD in rebuilding and resettling areas in Sri Lanka and beyond. Proposed monitoring and evaluations need to be ongoing, as the needs and priorities of the affected communities evolve, as discussed in section 3.4 in Chapter 3, during different phases of recovery and rebuilding.

Participatory approaches and multiple data collection methods (for example, traditional methods of interviews, group discussions and observation as well as non-traditional methods of drawings, maps, photography, participant-led tours) that were utilised in this study⁴¹³ may be suggested as viable strategies for consulting with young children, families, and community in studies that aim at policy and practice improvement. The Mosaic approach has been found to be an effective methodology for listening to the voices of young children in research (Baird, 2013, 2015; Clark, 2011; Clark & Moss, 2001; Mevawalla, 2016)⁴¹⁴. This approach offered six

⁴¹² See section 1.3.1 Chapter 1.

⁴¹³ See section 4.9 in Chapter 4.

⁴¹⁴ See sections 4.9.2-4.9.5 in Chapter 4.

key elements, “multi-method, participatory, reflexive, adaptable, focus on lived experiences and embedded into practice” (Clark, 2005b, p. 31) which provided enough flexibility to culturally and contextually adapt to researching young children in conflict-ravaged settings. In the current study, diverse data collection methods adapted from the Mosaic approach (Clark, 2011; Clark & Moss, 2001) allowed the young children to use the methods they preferred to express their diverse experiences and views. This study supports the observation that, when appropriate (age, culture and context specific) methods and enough flexibility are ensured (Baird, 2013), young children who live in conflict-affected zones can meaningfully participate in research. In order to strengthen methodological understanding, it is recommended that further studies adopt the Mosaic approach when researching with young children in similar conflict-affected contexts. In section 7.5 in Chapter 7, I further discuss this point in my suggestions for future research.

6.4.2 Communities are moving to a long term reintegration phase

As previous literature has documented (Hobfoll et al., 2007; Khan et al., 2008)⁴¹⁵, the findings of this study emphasised that young children and their families’ needs and priorities for rebuilding can evolve according to the different stages of their return and resettlement. In this study, adult-participants who had permanently resettled in Malgama nominated shelter, safety, restoration of livelihoods and re-establishment of basic support and services as their needs in the early stage of their return and resettlement. When the basic infrastructure was established and the resettlement became more stabilised, the needs and priorities of the community who had permanently resettled changed to include long-term rebuilding and reconstruction needs: permanent housing, sustainable livelihood opportunities, quality services such as health and education, and cultural and social reintegration. However, due to the gaps in the infrastructure

⁴¹⁵ See section 3.4 in Chapter 3.

facilities and support services, it can be suggested that the other two sub-community groups (the permanently resettled community in geographical isolation and the transient community) still remained at an early or mid-stage in their rebuilding process. While more sustainable infrastructure facilities of permanent housing, electricity and accessible roads were needed, the basic needs of safety and survival were still priorities. These findings have implications for policy. Support interventions that aim to fulfil the needs of those moving into the long-term reintegration level of rebuilding may not be relevant for those who are still struggling to gain attention and recognition of the issues of safety, survival and basic infrastructure in the returning and resettling zones.

Overall, the study's findings suggested that after approximately 5 years post their commencement of resettlement in Malgama (at the time of this study), young children's experiences of care and wellbeing were linked with connectivity within the family and within their immediate social environment (neighbourhood, school/preschool, and village). These findings also imply that at the time of this study, despite resettlement status, social integration and building connectedness with their social world were more salient for enhancing these young children's (and families') experiences. Therefore, as another contribution stemmed from the findings of this study, indicators of connectedness and measures to enhance young children's (and families') connectedness in rebuilding communities are discussed in the next section.

6.5 Theme 4: Indicators and measure for young children's (and families') connectedness in long-term rebuilding phase in conflict-affected contexts

The review of literature identified a gap in the literature in terms of providing strategies and directions for how to target resources that will enhance young children's experiences in the

long-term rebuilding phase (reintegration phase) in post-conflict settings⁴¹⁶. As presented in sections 5.4 and 5.5 in Chapter 5 that were also discussed in section 6.2 above, the young children's experiences illustrated the numerous ways and processes in developing connectedness within their families and beyond the immediate family. Central to these experiences has been the extent of the existence of the key components of 'recognition' (Honneth, 1996)⁴¹⁷; care and support within the family, solidarity in the form of social networks and protection of young children's rights. Young children who received care and support showed strong connectivity and a sense of belonging to the caregivers and family. The children, whose rights to resettle with an adequate standard of living, education (particularly in their native language) and social connections, have shown connectedness and a sense of belongingness that extended beyond their immediate families. Therefore, it may be argued that fundamental to these experiences of care and wellbeing has been the extent of the existence of recognition of care and support, solidarity and rights (Honneth, 1996), which can be experienced simultaneously (Thomas, 2012)⁴¹⁸.

Drawing on the findings in terms of these critical components of 'recognition' from this study, a list of indicators for young children's connectedness in the reintegration phase of the rebuilding process is presented (see Table 6.1). For each of the indicators, a set of measures (which provides the basis and methods to identifying whether the set indicators are achieved as demonstrated by young children's experiences and views, as well as their caregivers' and community members' experiences and views of young children's experiences) is also presented for consideration vis-à-vis future research. In future studies, these measures can be verified through data gathered from young children's own experiences and views as well as their caregivers' and other adult participants' views of the experiences of young children in an

⁴¹⁶ See section 3.4.4 in Chapter 3.

⁴¹⁷ See Chapter 2 for the Honneth's (1996) theory of recognition as the overarching theoretical framework of this study.

⁴¹⁸ See section 2.4 in Chapter 2.

identified research context. The bases for these indicators for connectedness are linked with Honneth's (1996) three modes of recognition: recognition of care and support, recognition of solidarity and recognition of rights. Drawing on Houston's proposal (2016)⁴¹⁹ the sources for achieving the proposed indicators can be juxtaposed with children's ecological settings of family, community and policy and practices (Bronfenbrenner, 1994). The indicators and measures are listed according to the three themes that organised and presented the findings from this study: 1) connectedness in the form of care and support within the family, 2) social connectedness in the form of social networks beyond the immediate family and 3) strengths and gaps in the protection and provision of children's rights.

Table 6.1. Indicators and measures for young children's connectedness in reintegration phase of rebuilding in conflict-affected contexts

Recognition domain: Recognition of care and support- Ecological setting: Family Key theme: Connectedness within families (in the form of care and support)	
Indicators	Measures
Safe, protective and nurturing family environment (child-friendly environment)	Young children's experiences and views demonstrate that they are well looked after and that they feel a sense of belonging within the family. Young children's experiences and perspectives indicate no violence, abuse, and neglect within families. Young children's most liked places include their home.
Connectedness through appropriate care and support from a consistent caregiver	Young children's experiences and views show the availability of appropriate care and support from a primary caregiver. Young children's experiences and views show connectedness to the primary caregiver (for example, children's most liked people include the primary caregiver, and children say that they approach their primary caregiver for comfort).
Connectedness through a network of care within the family	Young children describe their fathers' and other family members' support for caregiving. Young children's experiences and views demonstrate connectedness to other family members (for example, children's most liked people include members of the family, and children say that they approach their family members for comfort).

⁴¹⁹ See section 2.4 in Chapter 2.

Table 6.1 continued. Indicators and measures for young children's connectedness in reintegration phase of rebuilding in conflict-affected contexts

Recognition domain: Recognition of solidarity - Ecological setting: Community Key theme: Social connectedness beyond the immediate family	
Indicators	Measures
Opportunities for young children to participate in education	All young children's experiences and views show that they have access to education without segregation, discrimination or exclusion (for example, education facilities are established and open for all children from all ethnic and language backgrounds). Teachers are trained. Teachers are supportive of inclusion. Teachers who can teach in all local languages are available.
Opportunities for young children to develop social networks	Young children's experiences and views show that they have opportunities to play and interact with other children in schools/preschools and in neighbourhoods. Young children's experiences and views show that they have the opportunity to participate in community activities/forums like the Children's Group.
Collective esteem (in terms of care for young children)	Community takes initiative, become involved in, and show ownership of measures that enhance care and protection of young children within their society (for example, community participation in child protection committee, ECCD model village development committee).
Social connectedness in the form of formal and informal social support networks	Formal social support networks are established and functioning within the community. Community members are informally organised or traditional social support networks are revived and strengthened to support each other.
Community cohesion	The community members report and demonstrate no divisiveness. The community experiences no social conflict. Social harmony among the families in the same community is improved. Social harmony between different community groups is improved (for example, families from diverse groups develop relationships, communicate with each other, participate in each others' cultural and religious activities, and share resources).

Table 6.1 continued. Indicators and measures for young children's connectedness in reintegration phase of rebuilding in conflict-affected contexts

Recognition domain: Recognition of rights Ecological setting: policy (policies and policy implementation) Key theme: Provision and protection of children's rights	
Child-rights based policies for displaced communities' return and resettlement	Child-rights based policies (for example, the children's holistic wellbeing at the centre) are developed and in practice in rebuilding contexts.
Equitable support and services addressing needs and rights of all young children and families in their return, resettlement, and rebuilding	<p>All displaced/ conflict-affected young children's and communities' equal right to return and resettle with adequate standard of living is recognised.</p> <p>Support and services are extended to all affected young children and families equitably in their return and resettlement.</p> <p>Specific measures are taken to address the needs and rights of young children and families from minority, hard to reach, vulnerable community groups in areas emerging from conflict.</p>
Inclusion of the views of all ECCD stakeholders (young children, caregivers, community members, service providers) in policy formulation and monitoring and evaluation of policy implementation	All ECCD stakeholders' right to participate and share their views on issues that are important to them are recognised and protected (for example, children and families are consulted in programme and policy formation through research, monitoring and evaluation)

When applied as support strategies in achieving the above indicators, the three components of connectedness may be presented as:

1. Enhancing connectedness within the family through strengthened care and support.
2. Enhancing connectedness beyond the immediate family through strengthened social support networks.
3. Ensuring protection and provision of children's rights through effective and equitable support services (including the right to education in their own native languages and children's right to be heard).

In the next sections, each of these support strategies are further discussed in light of the practices drawn from this study that have contributed to young children's (and families') experiences of connectivity and wellbeing.

6.5.1 Enhancing connectedness within the family through strengthened care and support

This study detailed young children's experiences of connectedness within families who were supported by care and support from the primary caregiver and other members of the family. These experiences presented numerous examples where the family acted as a network of care for young children that helped to build care, wellbeing and a sense of belonging. The findings of this study reinforce the need for strengthening widely accepted policies and programme strategies that are aimed at enabling the family's capacity to act as a unit of care for young children⁴²⁰. Drawing on the findings of this study, programme strategies that can be implemented to strengthening families' capacities for care (during the reintegration phase of rebuilding process) in conflict-affected areas are presented below.

1. Strengthening caregivers' capacities by providing livelihood options⁴²¹ and establishing reliable childcare systems⁴²².
2. Recognising the role of all members of the family (in particular fathers) their contribution to children's wellbeing and supporting them to gain new skills and knowledge of children's care and development.

⁴²⁰ See section 3.3.1 in Chapter 3.

⁴²¹ Despite their willingness to educate their children, the caregivers encountered financial constraints that had implications for their children's education.

⁴²² The current study implies that quality childcare systems for young children should be set up enabling mothers to become involved in new income generation activities.

3. Providing psychosocial support for caregivers (in terms of addressing the issues of alcoholism, domestic violence, child abuse, and low-esteem)⁴²³.

6.5.2 Enhancing connectedness beyond the immediate family through strengthened social support networks

As extensively discussed in Chapter 5 and in this chapter, this study's findings reiterate the notion of connectedness beyond the immediate families as an important protective factor for young children⁴²⁴. The ways in which young children developed social relationships within the neighbourhood, school/preschool and community give an understanding of the elements that support social connectedness and a sense of community for young children in their reintegration and rebuilding process in this war-ravaged setting. Furthermore, formal and informal support networks within the community in this study illustrated ways in which the children and their families connected and created supportive social capital. Limited social connectivity between the two main community groups in the study village implied that this could be an area for further improvement. Drawing on these findings of this study, programme strategies that can be replicated in rebuilding and resettling communities in Sri Lanka and beyond are proposed below.

1. Facilitating children's social networks beyond the family through Children's Club/Groups and similar initiatives.
2. Facilitation of the ECCD model village project or similar initiatives to create child friendly environments for young children within the community in rebuilding post-conflict contexts.

⁴²³ The service providers noted social issues facing some families and the potential negative impact on young children's care and wellbeing in this study village. Psychosocial support for caregivers (those who need support) is suggested to address potential psychosocial issues among the affected individuals.

⁴²⁴ See section 3.3.2 in Chapter 3.

3. Community mobilisation for ECD and creation of sustainable and healthy societies.
4. Promoting inter-community relationships through integrated projects, cultural activities and exposure to different social contexts and communities.

6.5.3 Ensuring protection and provision of children's rights through effective and equitable support service

This study supports the widely advocated concept that protection and provision of children's rights in policies and programmes are integral for enhancing experiences for all affected young children and families in conflict-affected contexts⁴²⁵. Equitable support services for young children and families' successful return and resettlement are emphasised. In order to strengthen protection and provision of young children's rights in the reintegration phase of rebuilding in conflict-affected settings, drawing from this study's findings, two strategies can be proposed as below.

1. Addressing issues such as bureaucracy that prevent timely, equitable, and effective support and service delivery to conflict-affected children and communities.
2. Consulting (young) children, caregivers and community members when designing, implementing, monitoring and evaluating policies and programmes and assessing outcomes for returning and resettling communities.

An important finding from this study is that despite the instability that marked their return and resettlement, and other social constraints that prevailed in this setting, both the permanently resettled communities and the transient community held a vision for young children that was linked with a 'good' education and a 'good' future. These views emphasise that regardless of their resettlement status, all community groups aimed for a sustainable and

⁴²⁵ See section 2.3.2 in Chapter 2.

stable future that they expected to achieve by providing their young children with a good education. As suggested by the community respondents in this study, particular emphasis should be upon young children's equal rights to learn using their own native languages. Considering these implications from the findings of this study, in terms of enhancing young children's experiences as well as supporting community's vision for a 'good' future, specific programme strategies are proposed below.

1. Establishment of schools and preschools in the native languages in the early stages of resettlement: ensuring equity and quality of education services.
2. Sustainability of early education and primary education by providing sufficient financial, human and material resources.
3. Integration of values that support peacebuilding (respect for diversity, social justice, and citizenship) into early education (preschool and school curriculum).
4. Involving caregivers with schools/ preschools.

6.6 Chapter summary

This chapter discussed the key findings of this study according to the following four aspects:

1. Connectedness within the family and beyond the immediate family.
2. Disconnection in the form of inequity in the provision of support and services to young children and families.
3. Disconnection between the perspectives of diverse cohorts of participants.
4. Indicators and measures for young children's (and families') connectedness in rebuilding conflict-affected contexts.

The implications of the findings of this study were discussed in terms of: 1) listening to the voices of young children and families in assessments in conflict-affected contexts and 2) indicators for measuring young children's experiences of connectedness and wellbeing in rebuilding conflict-affected contexts. Drawing on the findings from this study, strategies for enhancing support for young children and families in the reintegration phase of long-term rebuilding process were discussed.

Chapter 7 presents a summary of the thesis followed by a discussion of the contribution of this study and its findings within the identified limitations.

Chapter 7: Conclusion

7.1 Introduction

In the previous chapter, the findings of this study and implications for research, policy and practice were discussed. In this chapter, key findings and key issues addressed in this study are highlighted. The chapter also presents the study's limitations, contribution and suggestions for future research.

7.2 Review of key issues addressed and the findings of this study

As reported in Chapter 1, due to the increased prevalence and changed nature of current conflict, there are currently millions of children and communities experiencing the effects of violent armed conflict globally (UNHCR, 2015). As discussed in Chapter 1 and 3, the literature provides evidence of long-lasting effects of armed conflict on children (including young children) and communities. While thousands of peoples lose their lives in armed conflict, those who survive may continue to suffer from injuries, disability, and psychological and psychosocial issues (Boothby et al., 2006; UNHCR, 2015; UNICEF, 2009). Due to conflict, a large number of people are forcibly displaced from their homes and their traditional geographical areas globally. These populations are likely to be further affected by newly emerging or exacerbated issues of poverty, social inequality, weak governance, continued violence, and lack of essential services such as health and nutrition, education and social welfare (Boyden et al., 2002; Drury & Williams, 2012). The issues associated with conflict can extend to post-conflict settings.

As argued in section 1.3 in Chapter 1, among the affected peoples in conflict-ravaged contexts, young children⁴²⁶ have been identified as one of the most affected groups (Garbarino et al., 1991; Kostelny & Wessells, 2008; Landers, 1998; Lloyd & Penn, 2010; Machel, 1996; McElroy, 2012; Moreno & Dongen, 2005; Naughton et al., 2007). Given the importance of early years in human development (Mustard, 2007; Mustard & Young, 2007; Shonkoff et al., 2009; Shonkoff & Phillips, 2000; Shonkoff & Garner, 2012) and social development (Leckman et al., 2014), the long lasting effects of the impact of conflict on young children could generate serious issues for children as well as communities in conflict-affected societies for generations to come. Hence, young children living in conflict-affected contexts can be identified as a global concern.

While there is a substantial corpus of literature about conflict-affected children and communities, a very limited number of studies focus on the lived realities of young children in areas emerging from armed conflict and violence (Akesson, 2012; McElroy, 2012; Wessells & Monteiro, 2008). As discussed in sections 1.3 and 1.4 in Chapter 1 (further elaborated in Chapter 3), research that includes the voices of young children from areas emerging from armed conflict is particularly rare. There is also a paucity of research that incorporates the voices of caregivers and community along with young children's voices. In this study, I sought to address these gaps through an investigation of young children's (aged between three and seven years) experiences of wellbeing in a resettling and rebuilding conflict-affected context, and of the factors that impact upon them. This study was directed by the overarching question:

How do young children experience and perceive care and wellbeing in a rebuilding conflict-affected context?

⁴²⁶ Those who are aged below 8 years.

My investigation of this research question incorporated the perspectives of a diverse group of informants: young children, caregivers, community leaders and government and non-government service providers. In this thesis, I argue that the voices of young children and families who are directly affected need to be included in the process of rebuilding and development in conflict-affected contexts. Accordingly, the study raised three sub-research questions:

1. What are young children's experiences and perceptions of care and wellbeing in a rebuilding conflict-affected context?
2. What are caregivers', community leaders', and government and non-government service providers' perceptions of young children's experiences of care and wellbeing in a rebuilding conflict-affected context?
3. What factors are considered important for young children's experiences of care and wellbeing in a rebuilding conflict-affected context?

A single case study was conducted⁴²⁷ in a resettling and rebuilding conflict-affected village of Malgama (a pseudonym) in the Eastern province of Sri Lanka. Beyond my personal and professional links with Sri Lanka⁴²⁸, the country's unique situation as a rebuilding post-conflict context (for example, the resettling status of the displaced community and evidence of supportive policy and programme intervention for young children and families in their reconstruction and reintegration) was the key determinant in identifying this research site as an appropriate area in which to conduct this study⁴²⁹.

As detailed in Chapter 4, the participants included 16 young children aged between 3 and 7 years, 53 caregivers, 5 community leaders and 13 government and non-government

⁴²⁷ See Chapter 4 for methodology of this case study.

⁴²⁸ See section 1.9 in Chapter 1.

⁴²⁹ See section 1.7 in Chapter 1.

service providers who consented to participate in this study. The young children, caregivers, and community leaders who participated were from the two local community groups in Malgama. These are: 1) the majority (Tamil) permanently resettled community and 2) the minority (Singhalese) transient community. A review of documents and researcher observations was also conducted. Drawing upon the Mosaic approach (Clark & Moss, 2001, 2005, 2011) and one child data mosaic (Camfield et al., 2009) the methods employed for the purposes of this study included child-centred data collection of drawings, interviews, child-led tours, photography and narratives, as well as structured and semi-structured interviews, transect-walks and focus group discussions with the adults.

As presented in Chapter 2, the study and its design were informed by the overarching theoretical framework of Honneth's (1996) theory of recognition, juxtaposed with the frameworks of the ecology of human development model (Bronfenbrenner, 1979, 1994), the UNCRC's children's rights (UN, 1989, 2005) and the sociology of childhood/childhood studies (James & Prout, 1997, 2015; Mayall, 2000, 2002, 2012; Tisdall & Punch, 2012). In particular, Honneth's (1996) three modes of recognition were adopted for the purpose of this study (recognition of care and support, recognition of solidarity, and recognition of children's rights), which guided the further analyses of key categories identified by open coding of data. The findings made about young children's experiences (and diverse viewpoints) of care and wellbeing within family, pre-school/school, immediate neighbourhood and the community and factors that impacted upon those experiences were analysed according to these three recognition modes. Accordingly, three key themes were identified under which this study's findings were organised and presented. The emergent themes from the data analysis included:

1. Connectedness in the form of care and support within the family.
2. Social connectedness in the form of social networks beyond the immediate family.
3. Strengths and gaps in the protection and provision of children's rights in resettlement.

As a result of the involvement of multiple groups of participants in this study, different views emerged from the child and adult data that showed the multiplicity and complexity of the young children's experiences of care and wellbeing. The study identified different perspectives between the groups of adults and between adults and young children. Young children and their caregivers reported positive aspects about the situation. In particular, young children's experiences and perspectives of their day-to-day lives reflected high levels of connectivity in the form of affection, care and support within their families, and social connectedness and solidarity within the community. However, some discrepancies between children and families were noted, particularly in the ways in which the children's and families' equal rights to resettle and rebuild their lives in Malgama were recognised and protected. In addition, the cohort of adult service providers cited gaps in parenting practices, community mobilisation and community cohesion. The cohort of community leaders identified gaps in external support.

Four threads linking the findings of this study to prior research were identified. The four points are:

1. Connectedness within and beyond the immediate family. (Implications of creating a sense of connectedness for young children (and families) in rebuilding conflict-affected contexts).
2. Disconnections: Inequity of support and services. (Implications of promoting equity of provisioning support services for all young children and families in their resettlement and rebuilding which includes equity in education for all young children in their native languages).
3. Disconnection: Diverse perspectives on the situation of young children. (Implications of including the voices of young children, families, and communities

in planning, development, and implementation of support in rebuilding conflict-affected contexts).

4. Indicators and measures of young children's (and families') connectedness in rebuilding conflict-affected contexts. (Strategies for enhancing supports those contribute to critical components of 'recognition').

The four points were discussed, highlighting their implications for research, policy and practices that aim to enhance support for young children, families and community in their reconstruction and rebuilding.

7.3 The study's contribution

This study contributes to the understanding of the experiences of young children and families in rebuilding and post-conflict contexts in three ways. These are: 1) views of young children and identification of connectedness, 2) capturing diverse perspectives and 3) identification of the dynamic nature of the reintegration phase in post-conflict rebuilding. These three contributions are described below.

7.3.1 Identification of connectedness

This thesis has illustrated the importance of recognising the voices of a group of young children (aged between 3 and 7 years) from a relatively disadvantaged, rebuilding and resettling conflict-affected context. The inclusion of young children's experiences and views revealed some previously undocumented information. It showed that children under circumstances of displacement and other difficulties could nonetheless experience connectedness at two levels: 1) connectedness within the family (primary caregiver, father/male caregivers, and other family members) and 2) connectedness beyond the immediate family (children and adults in

neighbourhood and peers and teachers at the school/preschool). These feelings represent important aspects for young children's care and wellbeing in a post-conflict reconstructing setting which have not generally been acknowledged in assessments and concomitant service delivery for displaced populations.

From this set of findings, I was able to construct indicators for measuring young children's experiences of connectedness and wellbeing in rebuilding conflict-affected contexts which can be adapted when researching with young children in similar contexts. The section 6.4 in Chapter 6 presented and further discussed these indicators (see Table 6.1). This constitutes a major contribution of the study⁴³⁰ as these findings of connectedness and the ways ECD as a sector can support and establish connectedness within and beyond young children's families in conflict-affected (as well as disaster-affected) contexts can be replicated or adapted by support programmes in rebuilding social contexts. In particular, the ECCD model village project is an important finding in this regard, and further research about the effectiveness of ECCD model village projects in strengthening connectedness among the young children, their families and communities in rebuilding and resettling prior conflict (or disaster) affected settings is recommended. Furthermore, as shown in this study, ECD as a sector and ECD initiatives (for example, by the implementation of the ECCD model village project and strengthening ECE) that promotes connectedness amongst young children, their families and different community groups in the rebuilding social settings can establish sustainable and healthy communities even in the most disrupted geographical areas.

⁴³⁰ It is recommended, however, that more research into this topic in different conflict-affected contexts is needed to ascertain the generalisability of the finding. See section 7.5 in this Chapter.

7.3.2 Capturing diverse perspectives

Another important contribution of this study is the inclusion of the voices of a diverse group of informants: young children, caregivers, community leaders and the service providers in this investigation. Subsequent to the views of these different cohorts being obtained and analysed, this study found a disconnection between the young children's experiences and perspectives of care and wellbeing and caregivers' and the community leaders' perspectives vis-à-vis the service providers' views on the topic. Furthermore, despite being a small community, young children's experiences and adult respondents' views generated data that showed a disconnection in support and service delivery for particular groups of children and families in this study village. As discussed in sections 6.3 and 6.4 in Chapter 6, these findings raise implications for policy and practices in terms of involving children, caregivers, and community members in assessments that aim at improving support for young children and families in areas that are rebuilding following destruction by conflict. It also requires consideration in terms of equitable support for all affected children and communities in conflict-affected contexts.

7.3.3 Identification of dynamic nature of reintegration phase in post-conflict rebuilding

The literature about disaster management identifies four phases of response, recovery, reconstruction and risk reduction in affected contexts (Khan et al., 2008). Considering these four phases, and drawing from the findings of prior research into young children and the findings of the current study, in section 3.4 in Chapter 3, I proposed four phases of the rebuilding processes in conflict-affected contexts: 1) response, 2) recovery, 3) reconstruction and 4) reintegration⁴³¹. The findings of this study suggest that the young children and families who had permanently resettled with all infrastructure facilities in the study village were moving towards a more sustainable social reintegration phase in their rebuilding process. Recognition

⁴³¹ Reintegration refers to prevention and preparedness through disaster risk reduction/peacebuilding.

in the form of care and support, solidarity and protection of children's rights were shown as important components for the young children's care and wellbeing in this context given that these components support the development of a healthy and sustainable social environment for young children. These findings are important as they identify this particular time period as a unique long-term rebuilding phase in which affected young children's and peoples' needs and priorities for rebuilding and reconstruction process can be specific and which are likely to be linked to sustainable social reintegration. Drawing on the findings of this study indicators and measures for connectedness and strategies for enhancing social connections among young children (and families) in rebuilding contexts were presented (section 6.5 in Chapter 6).

7.4 Limitations and constraints of the study

This study is not without its limitations and constraints. Translations of local terms, the fragility and safety concerns of the conflict-affected contexts, a time and resource bound study and the size of the study are identified as limitations and constraints in the conduct of this research. This section discusses these limitations and constraints, and the measures taken to address them.

7.4.1 Limitations in translations

This study was conducted in local languages. The support of a translator was obtained for data collection in Tamil. The discussions and interviews were either recorded using a digital recorder or written down. I translated the Sinhalese data into English. Since, I am less proficient in Tamil, even though I also translated some of the Tamil interviews and narratives (when the discussions and interviews could be translated using my own language proficiency), I also sought a translator's service. Since I am not trained as a translator, translating the meaning of some local phrases there is a possibility my English translations may not have captured the exact meaning which respondents wanted to portray. Being conscious of this potential

weakness, I consulted critical friends to cross-check my translations from Sinhalese into English and, the translator (and sometimes, native Tamil speakers) for translations from Tamil into English.

7.4.2 Methodological constraints

Limitations are identified within case study research investigating children. In-depth case studies that involve children may be criticised as “intrusive by participants, parents and other adults” (Groundwater-Smith et al., 2015, p. 128). Due to exposure to investigation and the use of multiple questioning methods, participants “may become weary of involvement” (Groundwater-Smith et al., 2015, p. 128). Because I was aware of these potential limitations, I was careful to observe children’s reactions and body language during my interaction with them to identify if they were distressed or seemed to be becoming weary of participation. I also trod carefully so as not to be seen as overly intrusive in the children’s lives. Data collection sessions with children were conducted as short, flexible sessions. I did not enter homesteads or residences without caregivers’ invitation and prior approval. Data collection with children and adults was always conducted with prior consent from all parties. Observations were conducted with the permission of the participants. Researcher reflexivity is identified as useful for addressing some of these challenges (Watt, 2007). I always questioned the purpose of the questioning, reflected on my data collection (through my reflections in my personal research journal), and followed the data collection schedules to guide interviews and group discussions.

In addition, the differences of the resettlement status of the two main community groups (permanently resettled and transient), and diversity within them in terms of accessibility to support services posed difficulties in conducting all data collection methods at equal pace and frequency⁴³². This generated further constraints in conducting an in-depth comparative analysis

⁴³² See section 4.6.2 in Chapter 4.

of experiences of young children from the different community groups in the study village. To address this limitation, several steps were taken. Similar to the data collection with respondents from the permanently resettled community, I conducted in-depth interviews and long conversations with caregivers and community leaders from the transient community, and extensive researcher observation in areas with inadequate infrastructure facilities. I conducted data collection with three young children from the transient community from the preschool outside Malgama and offered them all the same data collection methods. In addition, I also conducted data collection with one child in transient community occupied geographical areas and allowed him to use all data collection methods (as per the child's preference) to obtain his experiences and perspectives in the rebuilding and resettling study village.

7.4.3 Fragility of the context: Safety and security concerns

During the study period, the political and societal fragility of the area meant that safety and security issues were sometimes prevalent. For example, security personnel arrived at the community centre during one of our focus group discussions and raised questions about the research activity. This may have alarmed some participants. Some respondents were wary of voice recorders (Field Notes on 26.1.2014). For this reason, as per participants' requests, most of the individual interviews and group discussions and sometimes parts of the discussions and interviews with the caregivers and community leaders were not audio recorded. Hand written research notes were taken instead⁴³³.

⁴³³ All research notes were cross-checked with the interviewees for clarity and reliability. It should be noted that some of the service providers' and community leaders tended to be less concerned about this issue and interviews with these respondents were mostly voice recorded.

7.4.4 Limited parameters for study

The case study approach used in this research allowed me to capture the complexity and uniqueness of the experiences of the young children in the rebuilding social context and to present perspectives from different cohorts of informants about factors that impact those experiences. However, due to this time-bound PhD research being conducted in a village with a small number of children in one post-conflict resettling village in Sri Lanka, the findings of this single case study could have limited generalisability outside of the study community. It would be important to conduct further research in other conflict-affected settings in Sri Lanka and in other parts of the world to ascertain the generalisability of the methodology, the analysis, and the key themes identified from the findings of this study.

7.5 Future research

As stated above, an outcome of this study includes a set of indicators and measures for connectedness and strategies for enhancing social connections among young children (and families) in rebuilding contexts⁴³⁴. Future research could be conducted to test these indicators for measuring young children's experiences of connectivity and wellbeing in diverse rebuilding conflict-affected contexts, and with diverse communities. Potential future research projects could thus focus on:

- 1) Studies of diverse post-conflict contexts to validate the proposed indicators of young children's connectedness in rebuilding conflict-affected contexts.
- 2) A longitudinal study with the child-participants to track their experiences of 'connectedness' within the process of rebuilding and resettlement.

⁴³⁴ Section 6.5 in Chapter 6.

7.5.1 Future studies to validate the proposed indicators of young children's connectedness in diverse rebuilding conflict-affected contexts

As discussed in sections 3.3.1 and 3.3.2 in Chapter 3, developing connectedness and a sense of belonging to their new social and physical environment have been documented as critical for IDPs and refugee children's wellbeing (Betancourt et al., 2012; Kohli, 2011; Reed et al., 2012). The findings from the current study showed that despite their families' displacement and resettlement in a new social and physical environment, the child-participants demonstrated connectedness that supported a sense of belonging within and beyond the family. Drawing on these findings, it is proposed that future studies investigate young children's experiences of 'connectedness' within their families, and within the community in diverse rebuilding/resettling conflict-affected contexts.

Each setting affected by armed conflict is unique and the ways in which young children and families are impacted by the effects of conflict can differ markedly. Consequently, young children's needs in rebuilding post-conflict contexts and societies emerging from the effects of prolonged conflict, violence and displacement can be context specific and unique. Children's and families' needs for recovery and rebuilding are often determined by the particular nature of the conflict-affected context and its political, cultural, historical, and socio-economic milieu. Thus, the ECD needs in each conflict-affected setting are contextual, unique to the nature of the armed struggle, and community specific. Considering the diversity of conflict-affected societies, more research into diverse rebuilding post-conflict contexts needs to be conducted: 1) to test the indicators of young children's connectedness and wellbeing in areas emerging from the impact of conflict and 2) to ascertain the generalisability of the key concepts identified as findings from this study. Furthermore, such a study will provide directions for the allocation of resources for policy and practices that can support children (and their families) to feel accepted, respected and included in their new resettled environments.

These diverse groups of children and community who are in the process of resettling and rebuilding can include young IDP and refugee children as well as those who return and resettle in post-conflict situations. The proposed studies should include comparative groups of young children from each community grouping to ensure that such studies generate findings that are relevant to young children and communities in wider society in rebuilding conflict-affected zones who may often struggle with the issues that are associated with connectivity or disconnections, inclusion or exclusion and belongingness or feelings of non-belonging. Furthermore, findings from the proposed studies may contribute to the knowledge base to support in developing policy and programmes that are vital for creating inter-community connections that are important for sustainable societies.

7.5.2 A longitudinal study to investigate young children's experiences of connectedness and the long-term impact on their experiences in rebuilding and resettling conflict-affected contexts

Early experiences of bonding with caring and supportive primary caregivers are likely to be the basis for pro-social behaviour; for example, developing an awareness of social justice and human rights (one's own rights and the rights of others) (Christie et al., 2014; Honneth, 1996; Leckman et al., 2014; Woodhead & Brooker, 2008). Based on a review of ECCD policy and practice in Sri Lanka, Samaranayake (2010) states:

Communities within a society will always have differences and when the degree of provocation exceeds collective resilience people will resort to violence to settle issues. If however the degree of resilience is superior to the provocation offered peaceful and constructive means will be found to resolve the dispute. Appreciating a different point of view, embracing diversity, learning the values of tolerance and patience are all lessons learned in childhood (p. 43).

However, as pointed out earlier in this thesis, current understandings of how early interventions and early childhood behaviours impact on developing life-long values that contribute to sustainable and healthy societies are limited (Britto, Gordon, et al., 2014; Kagitcibasi & Britto, 2014)⁴³⁵. This exploratory study has shed light on how young children develop social relationships that pave the way to creating supportive and sustainable social networks beyond their immediate families and within the community. Furthermore, the ECCD model village project, and other social networks, such as the Children's Group, Mothers' Groups and Village Child Protection Committee in this rebuilding post-conflict village showed that supported formal social networks and their contribution for social building in resettling contexts.

Based on these findings a longitudinal study to further investigate this study's child-participants' experiences of developing connectedness (within and beyond the family) and their experiences of care and wellbeing over time would be a valuable contribution to our understanding of the issues involved. Tracking these child-participants' lived experiences over a longer period of time would provide opportunities to measure long-term connectedness and its impact on their wellbeing. Furthermore, such a proposed study would contribute to the knowledge about creating inclusive communities as these young children's lived realities of connectivity within and beyond families would widen existing understanding of principles and processes that are fundamental for sustainable and peaceful community groups.

The young children and families from the three sub-groups of communities identified in this study village, according to the resettlement status and level of infrastructure and support services they received, were in different phases of rebuilding and reconstruction. A longitudinal

⁴³⁵ See section 3.5 Chapter 3.

study would capture diverse status and stages of young children's development of connectivity within this diverse rebuilding milieu.

Researchers argue that in peacebuilding processes, the first two decades of human development are vital (Britto, Rima Salah, et al., 2014). In pursuance of this, it is proposed that longitudinal research be conducted during the first two decades of the child-participants' growth and development, at different ages and phases of their development. The first study proposed should be conducted 3-4 years post the current study. Similar to this study, the school can be used as the entry point for these child-participants. Participatory approaches, together with multi-method Mosaic approach would provide the basis for involving children in the study. At this stage, age appropriate participatory tools and methods can be introduced to child-participants. The second follow-up study proposed could be conducted 8-10 years later: most of the child-participants will be adolescents at this stage of research. The research methods may include focus group discussions, in-depth interviews as well as non-traditional methods of child conferencing, debates, and group projects. The last study proposed should be conducted after 14-16 years when the participants are young adults. The indicators and measures of young children's connectedness in rebuilding conflict-affected contexts that were identified from the current study can serve as the basis for the proposed explorations.

7.6 Conclusion

My main aim in conducting this research has been to explore young children's experiences and perspectives of care and wellbeing, and factors that are critical for them (and families) in a rebuilding conflict-affected context. In the conduct of this research I set out to analyse young children's experiences of care and wellbeing through a lens influenced by Honneth's (1996) theory of recognition, which provided a theoretical framework that emphasised the importance of recognition to young children's needs for care and support, solidarity, and rights, and in

addressing the aim of creating sustainable social reintegration in disrupted conflict-affected regions.

In Chapter 1, I presented the background for this study, identified gaps in terms of lack of young children's (and their caregivers') experiences and perspectives of care and wellbeing in research in rebuilding conflict-affected contexts, which guided the formulation of the key research question. The study set out to investigate the research question;

How do young children experience and perceive care and wellbeing in a rebuilding conflict-affected context?

In Chapter 2, I presented the overarching theoretical framework, Honneth's (1996) theory of recognition, and discussed its application in this study. The ecology of human development model (Bronfenbrenner, 1979, 1994), the children's rights frameworks - UNCRC (UN, 1989, 2005), and the sociology of childhood/childhood studies (James & Prout, 1997; Mayall, 2000, 2002, 2012; Tisdall & Punch, 2012) were juxtaposed with Honneth's theory of recognition to analyse young children's experiences of care and wellbeing and diverse perspectives on the topic in the identified rebuilding conflict-affected setting.

In Chapter 3, I reviewed prior literature on (children and) young children in conflict-affected contexts according to four themes: 1) impact of armed conflict on young children, 2) protective factors for young children, 3) ECD in conflict-affected contexts and 4) young children and peacebuilding. I discussed that the majority of the limited studies that explored young children affected by conflict have focused on the psychological effects of the conflict in the form of trauma, behavioural issues, or PTSD (Lloyd & Penn, 2010). Limited research has investigated young children's holistic wellbeing and aspects other than psychology or psychopathology (McElroy, 2012, Kostelny and Wessells, 2008; Wessells and Monteiro; 2008). In my literature review, I reiterated that 1) despite being a growing research field, the number of studies which focus on young children's lived experiences and perspectives of

wellbeing in rebuilding and resettling conflict-affected contexts is limited and 2) literature that has incorporated young children's (and their caregivers' and community's) views on this phenomenon is equally scarce. These findings from the review of prior literature led to conduct the study reported in this thesis to investigate young children's experiences of wellbeing in a resettling prior conflict-ridden village not only from adults' perspectives but also, and most importantly, from young children's own perspectives. Furthermore, the study led to investigate the factors that contributed to young children's said experiences and perspectives of wellbeing.

In Chapter 4, I presented the multi-method Mosaic research design (Clark & Moss, 2001) that was adapted for the purposes of this investigation as well as the qualitative research approach and a single and critical case study approach that was utilised in one conflict-affected and rebuilding village (Malgama) in Sri Lanka. These approaches have allowed the incorporation of the experiences and perspectives of young children vis-a-vis their care and wellbeing, and multiple views of caregivers, community leaders, and service providers on this topic.

In Chapter 5, I presented the findings of my analysis of young children's experiences and perceptions of care and wellbeing and factors that impacted upon them, situated within Honneth's (1996) three modes of recognition (recognition of care and support, recognition of solidarity, and recognition of rights), and compared the data with the perspectives voiced by the adult informants. Addressing the research question of 'how do young children experience and perceive care and wellbeing in a rebuilding conflict-affected context?' the findings indicated that despite living in a conflict-affected, rebuilding context, the young children showed connectivity within and beyond their families. While the caregivers and community leaders were in conformity with these positive aspects of young children's lives, the service providers voiced more negative aspects. Different cohorts of young children and families from the two main community groups (permanently resettled and transient) in the study village

showed different experiences. Further analysis indicated different experiences of children and families that suggested three sub-community groups. They are 1) a permanently resettled community (Tamil) with all infrastructure facilities, 2) a permanently resettled community (Tamil) in geographical isolation and 3) a transient community (Singhalese). Despite these different groupings, one common finding that emerged from this study was young children's experiences of developing social connectivity were both within and beyond the family. The young children's and adults' data also addressed the research question of 'what factors are considered important for young children's experiences of care and wellbeing in a rebuilding conflict-affected context?' The study found that care and protection within the family, social connectedness (informal and formal social networks) beyond the family and the support and services for affected children and communities contributed to strengthen connectedness that could lead to develop sustainable and a healthy society in this resettling social context.

In Chapter 6, I discussed the implications of the findings of this study for research, policy, and practice that aim at enhancing support for young children's experiences of care, wellbeing, and thriving in areas that are emerging from the effects of conflict. I discussed implications in terms of 1) including the voices of young children and their caregivers and community in assessments at the design, implementation, and monitoring stages of resettlement, 2) identifying this rebuilding context as a long-term rebuilding phase which requires specific support services to address children's and communities' specific needs and priorities (for example, social reintegration) and proposed indicators and measures for connectedness, and 3) strategies and practices that are helpful to strengthening critical components of recognition (recognition of care and support, recognition of solidarity, and recognition of rights) that enhance connectedness of young children in rebuilding and social settings.

In this chapter, I reviewed the key issues presented in previous chapters and discussed the contributions of this study to the knowledge base about young children in rebuilding and resettling social contexts. I identified the limitations and constraints of this study and made recommendations for further research on this topic. However, despite the limitations, I am confident that the findings of this single and critical case study transcend the relatively small sample size and the geography to represent an important contribution towards the development of policies and guidelines for enhancing support of young children and families in diverse resettling and rebuilding conflict-affected social contexts.

The findings both reinforce and expand on previously established arguments about young children. Honneth's (1996) theoretical explanation of recognition in the form of care and support, solidarity and rights as supportive for formation of sustainable and healthy societies (in this case, for conflict-affected young children and families) in rebuilding contexts was reinforced by the study. Other key findings include:

1. In rebuilding societies, a focus on care and support and protection and provision of children's rights, within a community which reflects solidarity are key indicators for reducing 'otherness' and for enhancing connectivity at the family and wider community levels. Connectedness is an important and protective factor for young children's (and their families') wellbeing in conflict-affected contexts. Caregivers, peers, neighbours, and informal and formal social networks play key roles in the development of sustaining of connectivity within the family and in building social connectedness.
2. Young children demonstrate a capacity for improving connectedness. The diverse ways by which young children and families build positive social relationships and create a sense of belonging within a rebuilding social context was shown⁴³⁶. Young children develop social connectedness through friendships, neighbourhood relations, and their

⁴³⁶ See (Hettitantri & Hadley, in press).

participation in education, play and social networks including Children's Group in new rebuilding and resettling post-conflict contexts. The young children's experiences and perspectives in this study showed that social connectedness included extending equal recognition of the needs and rights of all affected young children, their families and communities to facilitate their successful return, resettlement and access to all services without discrimination.

Supporting processes for connectedness for young children and families need to be incorporated in services and programs and activities aimed at reconstructing damaged social structures in divided, conflict-affected societies. ECD as a sector, in particular specifically designed ECD programmes such as ECCD model village project, can play an important role in establishing connectedness within and beyond the families and strengthening sustainable and healthy societies that are strong in social support networks (social capital or social connectedness). It is my hope that the young children's experiences and voices shared in this study will contribute to the development and implementation of sustainable interventions for enhancing these supports (that strengthen connectedness) for young children and their families in conflict-affected settings and that their views will make a strong contribution towards gaining recognition for young children's needs, aspirations and rights for wellbeing, equality and safe and peaceful living in sustainable and healthy societies.

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Appendix 1: Ethics Approval from the Macquarie University Human Research Ethics Committee

3/28/2016

Macquarie University Student Email and Calendar Mail - Approved- Ethics application- Hayden (5201300282)



MACQUARIE
University

NANDITHA HETTITANTRI <nanditha.hettitantri@students.mq.edu.au>

Approved- Ethics application- Hayden (5201300282)

3 messages

Ethics Secretariat <ethics.secretariat@mq.edu.au>

Mon, Jul 8, 2013 at 9:56 AM

To: Prof Jacqueline Hayden <jacqueline.hayden@mq.edu.au>

Cc: Dr Kathy Cologon <kathy.cologon@mq.edu.au>, Ms Fay Hadley <fay.hadley@mq.edu.au>, Mrs Nanditha Janajeevi Hettitantri <nanditha.hettitantri@students.mq.edu.au>

Dear Prof Hayden

Re: "Child friendliness in post conflict contexts: A case study on the experiences and perceptions of young children in a permanent resettlement in post conflict Sri Lanka" (Ethics Ref: 5201300282)

Thank you for your recent correspondence. Your response has addressed the issues raised by the Human Research Ethics Committee (Human Sciences and Humanities), effective 08-Jul-13. This email constitutes ethical approval only.

This research meets the requirements of the National Statement on Ethical Conduct in Human Research (2007). The National Statement is available at the following web site:

http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e72.pdf.

The following personnel are authorised to conduct this research:

Dr Kathy Cologon
Mrs Nanditha Janajeevi Hettitantri
Ms Fay Hadley
Prof Jacqueline Hayden

NB. STUDENTS: IT IS YOUR RESPONSIBILITY TO KEEP A COPY OF THIS APPROVAL EMAIL TO SUBMIT WITH YOUR THESIS.

Please note the following standard requirements of approval:

1. The approval of this project is conditional upon your continuing compliance with the National Statement on Ethical Conduct in Human Research (2007).
2. Approval will be for a period of five (5) years subject to the provision of annual reports.

Progress Report 1 Due: 08 July 2014
Progress Report 2 Due: 08 July 2015
Progress Report 3 Due: 08 July 2016
Progress Report 4 Due: 08 July 2017
Final Report Due: 08 July 2018

NB. If you complete the work earlier than you had planned you must submit a Final Report as soon as the work is completed. If the project has been discontinued or not commenced for any reason, you are also required to submit a Final Report for the project.

Progress reports and Final Reports are available at the following website:

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/forms

<https://mail.google.com/mail/u/1/?ui=2&ik=e940828668&view-pt&search=starred&th=13fbb90ccb20eafb&siml=13fbb90ccb20eafb&siml=13fbb25...> 1/3

4. All amendments to the project must be reviewed and approved by the Committee before implementation. Please complete and submit a Request for Amendment Form available at the following website:

6. At all times you are responsible for the ethical conduct of your research in accordance with the guidelines established by the University. This information is available at the following websites:

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/policy

Please retain a copy of this email as this is your official notification of ethics approval.

Dr Karolyn White
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Appendix 2: Information and consent forms – English translation



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Information and Consent Form

‘Child friendliness in post conflict contexts: A case study on the experiences and perceptions of young children in a permanent resettlement in post conflict Sri Lanka’

You are invited to participate in a study on *‘Child friendliness in post conflict contexts: A case study on the experiences and perceptions of young children in a permanent resettlement in post conflict Sri Lanka’*. The research will be conducted in your village as a pilot study / The research will be conducted in your village as a permanent resettlement in a post conflict context / The research will be conducted in your village as a permanent settlement, as a comparison to the permanent resettlement. The child friendliness is studied through an analysis of the experiences and perceptions of young children. The views of the young children’s parents/caregivers, the community leaders and the service providers will also be obtained. The research will include an analysis of related policies and practices.

The study is being conducted by Ms.Nanditha Hettitantri, PhD Candidate of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, Australia as being conducted to meet the requirements of the Doctor of Philosophy in Early Childhood under the supervision of Prof. Jacqueline Hayden (tel:+61298509848 and email: jacqueline.hayden@mq.edu.au) of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, NSW2109, Australia.

To be a participant in this study, your consent for your participation and for your young child’s participation is essential. If you decide to participate and decide to let your young child to participate (given the consent of the young child is also obtained), you will be asked to spend approximately 7 hours for this research in a month, firstly, as a research participant and secondly, as your child’s supervising adult (unless you nominate another adult or a sibling of the child) while the child participates in this research.

As a research participant, you will be individually interviewed and you will be asked to involve in one focus group discussion and a brief walk across the village with a similar group of parents/caregivers who have agreed to take part in the same research. The focus group discussions and the interview will be audio recorded. If you disagree to audio record your interview, the researcher will take notes of the interview.

Your young child will have to take part in the research as a direct research participant approximately about 4 hours in several sessions. Your young child will have to take photos or draw pictures of people, places, events and things that are important to her/his life in day to day life within one week. The young child is expected to talk about her/his photos in about each 30 minutes long 5 sessions. The child could stop at any time or speak longer as per her/his wish. Each time when the young child is participating as a direct research participant, you (or nominated adult/ adult sibling of the child) will have to attend as a supervisory caregiver, staying within the child's vision in order to make her/him comfortable. When the child is taking photos as his/her own wish, you will have to allow the child to do so, but involve only when the child needs technical support to operate the camera.

The stationary and the refreshments are provided during the research sessions. Your young child will be provided with a digital camera to be used throughout the study. You and your young child will receive a token gift as an appreciation of your participation in this research.

Any information or personal details gathered in the course of the study are confidential *except as required by law in Sri Lanka*. No individual or places will be identified in any publication or presentation of the results. Other than the investigator the panel of supervisors and examiners will have access to the data collected in this study. The quotes or any information that may share in the thesis or in presentations will be de-identified. A summary of the results of the data can be made available to you on request through email or as a hard copy in Sinhalese or English upon the completion of the study.

There will not be any physical or mental harm in participating in this research to both you and your young child. However, there is a potential feeling of discomfort or distress during the process of the research. Participation in this study is entirely voluntary: you are not obliged to participate and if you decide to participate, you are free to withdraw at any time without having to give a reason and without consequence.

I, *(participant's name)* have read *(have had read to me)* and understand the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this research, knowing that I can withdraw from further participation in the research at any time without consequence. I have been given a copy of this form to keep.

Participant's name: _____
(Block letters)

Participant's consent is given: _____ Date: _____

Investigator's Name: _____
(Block letters)

Investigator's Signature: _____ Date: _____

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone (02) 98507854; email ethics@mq.edu.au). Further, you may contact the Commissioner, The Department of Probation and Child Care Services, The Ministry of Child Development and Women's

Affairs, Sri Lanka (telephone: 0112853549 ; email pcc@slt.net.lk). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

PARENT/CAREGIVER INFORMATION SHEET

Research project on *child friendliness* in post conflict contexts: A case study on the experiences and perceptions of young children in a permanent resettlement in post conflict Sri Lanka

Your young child aged below 8 years and you are invited to participate in a study on ‘Child friendliness in post conflict contexts: A case study on the experiences and perceptions of young children in a permanent resettlement in post conflict Sri Lanka’. The purpose of this study is to investigate the social and physical environment of a post conflict permanent resettlement in order to assess the level of “child friendliness”. This will be investigated through activities and discussions which are designed to capture the experiences and perceptions of young children. The research will also investigate the views of caregivers, community leaders and service providers.

The study is being conducted by Ms.Nanditha Hettitantri, PhD Candidate of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, Sydney, Australia as being conducted to meet the requirements of the Doctor of Philosophy in Early Childhood under the supervision of Prof. Jacqueline Hayden, (Tel: +61298509848, Fax: +61298509890 and email: jacqueline.hayden@mq.edu.au) of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, Sydney, Australia.

The research with children involves a number of activities and conversations which will take about 4-5 hours over several sessions. The specific activities which children will undertake for this research project entail:

- i) Child photography/drawings: Children will be taking photos of/ drawing what they think as important for them in their day today lives under the observation of the researcher or the parent/caregiver. (The children will be told to seek permission from their caregiver or nominated adult before taking any photos which could be used in the study and to obtain verbal consent from any individual of whom they might be photographing. The parents/caregiver or the researcher are expected to be involved in obtaining consent from adults, if the child is not comfortable to do so.)
- ii) The researcher will be asking children to explain why they took certain photos or made certain drawings.
- iii) Child-led tours: The children will be invited to lead the researcher on a tour of familiar places – and then to take photos and/or draw pictures about these places.
- iv) Interviews and discussions with children while conducting the above activities. The discussions will focus on asking children to articulate what they like about their photos or drawings
- v) Researcher observation: The researcher will take some notes about the children’s activities. This will be used to provide the context for the children’s own stories and narratives.

Some audio recordings of participants will take place (if consented). Children will be accompanied throughout the study by their caregiver or another nominated adult as well as the researcher. For some

activities the caregiver or nominated adult will be in an inaudible distance, but always within the child's vision. Children will be provided with a digital camera to be used throughout the study, but returned at the end of the study. A small gift of appreciation will be presented to all participants at the end of the study.

Participation in this study is completely voluntary – you are not under any obligation to consent. Children and adults who participate in this study can choose to stop the activity or to leave the study at any time. Withdrawal from this study will not have any consequences, and any study data up to that point will be destroyed. If there are feelings of discomfort or distress during the process of the research, participants can withdraw immediately. A counsellor will be made available at the closest Divisional Secretariat (prior contacts were built) to you at XXXXX to provide counselling service free of charge, if you wish to obtain the counselling services for your child or for yourself.

All aspects of this study, including the results, are strictly confidential. Only the researcher will see the data before it is un-identified and pseudonyms are used. No names will be used in written or audio documentation. Some reports from the study may be used in presentations or publication but no participant or places will be identifiable in these reports.

Please note, the audio recordings which are developed for this study will be;

- Collected on [.....specify date, time] during interviews, group discussions/activities and during tours in the village/ around the residence.
- Stored in a password protected external hard drive and in the researcher's office at Macquarie University, Sydney, Australia until end of the finalization of research thesis and for a period of 5 years, after which they will be destroyed.
- Used as transcribed and translated documents to analyse data to explore the research questions, for publications, presentations and final research thesis.

If you have any concerns about documentation or recordings, you can request access to these, and/or exclude recordings from the study at any time during the process of the research or within the 5 years of storage time. Requests can be made to Professor Jacqueline Hayden, (<tel:+61298509848> and Fax: +61298509890 email: jacqueline.hayden@mq.edu.au) of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, NSW2109, Australia.

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone (02) 98507854; email ethics@mq.edu.au). Further, you may contact the Commissioner, The Department of Probation and Child Care Services, The Ministry of Child Development and Women's Affairs, Sri Lanka (telephone: 0112853549 ; email pcc@sltnet.lk). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

If you would like to know more about the study or to discuss any aspect of the study at any time, please feel free to contact Ms. Nanditha Hettitantri, (tele: +61 2 9850 9848, nanditha.hettitantri@students.mq.edu.au) of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, NSW2109, Australia.

This information sheet is for you to keep.

Phone: +61 (0)298509877

Fax: +61 (0)298509890

Email: Jacqueline.hayden@mq.edu.au

Jacqueline Hayden
Professor of Early Childhood

Information and Consent Form
Village community leaders/ Service providers to the village

‘Child friendliness in post conflict contexts: A case study on the experiences and perceptions of young children in a permanent resettlement in post conflict Sri Lanka’

You are invited to participate in a study on ‘Child friendliness in post conflict contexts: A case study on the experiences and perceptions of young children in a permanent resettlement in post conflict Sri Lanka’. The purpose of this study is to investigate the social and physical environment of a post conflict permanent resettlement in order to assess the level of “child friendliness”. This will be investigated through activities and discussions which are designed to capture the experiences and perceptions of young children. The research will also investigate the views of caregivers, community leaders and service providers.

The study is being conducted by Ms.Nanditha Hettitantri, PhD Candidate of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, Australia as being conducted to meet the requirements of the Doctor of Philosophy in Early Childhood under the supervision of Prof. Jacqueline Hayden (tel:+61298509848 and email: jacqueline.hayden@mq.edu.au) of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, NSW2109, Australia.

Participation entails approximately 1.5 hours of your of your time for an interview. Some audio recordings of your interview will take place. The stationary and the refreshments are provided during the research activities. You will receive a token gift as an appreciation of your participation in this research upon completion of the data collection. All aspects of this study, including the results, are strictly confidential. Only the researcher will see the data before all identified information are removed and pseudonyms are given. No names will be used in written or audio documentation. Some reports from the study may be used in presentations or publication but no participant or places will be identifiable in these reports.

Please note, the audio recordings which are developed for this study will be;

- a) Collected on [.....specify date, time] during interviews, group discussions/activities and during tours in the village/ around the residence.
- b) Stored in a password protected external hard drive and in the researcher’s office at Macquarie University, Sydney, Australia until end of the finalization of research thesis and for a period of 5 years, after which they will be destroyed.

c) Used as transcribed and translated documents to analyse data to explore the research questions, for publications, presentations and final research thesis.

If you have any concerns about documentation or recordings, you can request access to these, and/or exclude recordings from the study at any time during the process of the research or within the 5 years of storage time. Requests can be made to Professor Jacqueline Hayden, (tel:+61298509848 and Fax: +61298509890 email: jacqueline.hayden@mq.edu.au) of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, NSW2109, Australia.

Any information or personal details gathered in the course of the study are confidential *except as required by law in Sri Lanka* and appropriate measures will be taken to inform Child Help Line 1929 if such a need arises. No individual or places will be identified in any publication or presentation of the results. Any quotes or any information that may share in the thesis or in presentations will be only be associated with the pseudonyms. Other than the investigator the panel of supervisors and examiners will have access to the data collected in this study. A summary of the results of the data can be made available to you on request, as a hard copy or an electronic copy in Sinhalese or English upon the completion of the study.

Participation in this study is completely voluntary: you are not obliged to participate and if you decide to participate, you are free to withdraw at any time without having to give a reason and without consequence. There will not be any physical or mental harm in participating in this research to you. However, there is a potential feeling of discomfort or distress during the process of the research. If there are feelings of discomfort or distress during the process of the research, participants can withdraw immediately. A counsellor will be made available at the closest Divisional Secretariat (prior contacts were built) to you at Kalutara/ Thalawa/ Welioya to provide counselling service free of charge, if you wish to obtain the counselling services for your child or for yourself.

If you would like to know more about the study or to discuss any aspect of the study at any time, please feel free to contact Ms. Nanditha Hettitantri, (tele: +61 2 9850 9848, nanditha.hettitantri@students.mq.edu.au) of the Institute of Early Childhood, Faculty of Human Science, Macquarie University, NSW2109, Australia.

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone +61(02) 98507854; email ethics@mq.edu.au). Further, you may contact the Commissioner, Department of Probation and Child Care Services, The Ministry of Child Development and Women's Affairs, Sri Lanka (telephone: 0112853549 ; email pcc@sltnet.lk). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Appendix 3: Children's data collection schedule – English translation

<p>Children's data collection schedule</p> <p>The following interview script will be used as a guide during the interviews with children. Further questions will be raised as a result of the responses given by children (for example, 'Can you tell me more about it? Can you tell me why'). Children will be allowed to draw pictures as per their preference during the interviews (Researcher will use the common phrase of 'Would you like to draw a picture for me? as appropriate).</p>	
(I)	Self-introduction of the child (<i>child was invited to draw pictures to introduce him/herself and family</i>)
<p>I would like to know more about you. Can you please tell me about you?</p> <ul style="list-style-type: none"> • How do you like me to call you?(the pseudonym used with caregiver will be assigned in data) • What is your favourite play? colour? song? story? food? • Do you know stories/ songs/ would you like to tell them to me? • Are you attending the pre-school/ school? (if the child is interviewed at home or another place other than school or preschool) • If yes, what do you like most about your school? • Do you have any friends? Who are they? • What do you often do with your friends? Do you enjoy being with your friends? <p>(child's family: if child preferred, drawing of the family and follow-up interview)</p> <ul style="list-style-type: none"> • Who else is in your family? • Who is your most favourite person in your family? Who's the next favourite? 	
(II)	Children's experiences in the resettled village and their views about those experiences (<i>within home, at pre-school/school, in the neighbourhood and in any other place child prefers to talk about</i>)
<p>I am going to ask you some questions about what you do during the day. Would you be able to tell me a little bit about what you do during the day? (<i>after this initial question, the following questions were used to talk in more depth with the child about his/her day-to-day experiences of care and development. The child was encouraged to take photographs to express his/her views.</i>)</p> <ul style="list-style-type: none"> • What did you do (i) this morning, (ii) during day time [when you are at school/ when you come back after school] (iii) last evening/ last night? • Can you tell me whether those are the things you do mostly every day? • If not, why not? • What do you like most/least about doing those activities? • Who else were with you (i) this morning, (ii) during day time [when you are at school/ when you come back after school] (iii) last evening/ last night? • What were they doing? • Can you tell me whether those are the things they do mostly every day? If not, why not? • What did you like most/ least about being with those people around you? Why? -- • Are there activities that you would like to do? If so, what are they? Why do you like those activities? • Who would join with you when you do those activities? 	

<p>--</p>	<ul style="list-style-type: none"> • Can you tell me whether anything that happened recently (at home, at the pre-school, anywhere in this village) was interesting to you? If yes, what is it? Can you tell me more about it? • Can you tell me whether there was anything that happened recently (at home, at the pre-school, anywhere in this village) that you did not like? If yes, what is it? Can you tell me more about it?
(III)	<p>Child lead tour (The child leads the researcher to the places, take photographs). Some of the questions were adapted from the mosaic approach and ‘who do I visit’ data collection tools.</p>
	<p>Can you take me to the places where you do most of your things in a day?</p> <ul style="list-style-type: none"> • Where do you spend your (i) morning time, (ii) day time, (iii) night time? • What do you do at these places? • (The child will be encouraged to lead the researcher to the places) Can you take me to the places? Are these the places you mostly spend your time// mostly do what you said you were doing? • If not, why not? • Do you have any favourite places to spend your time? If so, what are your favourite places? Can you take me there/ can you tell me about those places? <i>(For each place, for example child’s home environment, at pre-school, in the neighbourhood the child/children were allowed to lead the researcher and take his/her own photographs)</i> Tell me more about the things you in this places? What activities do you like? What activities don’t you like? • Do you visit places other than the ones you mentioned before? What are those places? • (for each place) Do you visit this place a lot of times? Did you visit this place yesterday? Some days ago? • What did you do there? • If you were visiting someone there, who did you visit? Why? What do you do with that person? • Do you like visiting that place/people? If yes, what do you like about visiting that place and people? • Can you remember things/ people/ events that made you happy in those places? • Please tell me more about things/ people/ events that made you happy in those places. • Can you remember things/ people/ events that made you unhappy in those places? • Please tell me more about things/ people/ events that made you unhappy in those places.
(IV)	<p>Risks and resources (materials, infrastructure, support and services) for children. Some of the questions are adapted from the mosaic approach and ‘what if’ and ‘what matters’ data collection tools.</p>
	<ul style="list-style-type: none"> • If you need anything, from whom you would ask for it? Why? • Do you often get what you wanted? Why do you think that happens? • Do you feel happy today (or were you feeling happy yesterday)? Why? • Are there people you would go to when you feel happy? If so, who are they? Why would you like to go to them? • If there are no people you would go to, why not? • Did you get upset/sad of anything today (or yesterday/ recently)? Why? Can you tell me more about it? • Are there people you would go to when you feel sad? If so, who are they? Why do you go to them?

	<ul style="list-style-type: none"> • If there are no people you would go to, why not? • Did you get scared of anything today (or yesterday/ recently)? Can you tell me more about it? • Are there people to whom you would go to when you get scared of anything? If so, who are they? Why do you go to them? • If there are no people you would go to, why not?
(V)	To wind up the interviews, a paper flower with 6 petals will be provided. The child will be asked to talk about things that he/she is good at. Using each petal s/he will be invited to draw/write things that s/he is good at (an adaptation of the child protection tool of 'the Flower of Peace' of UNICEF in this context).
	<ul style="list-style-type: none"> • Can you tell me the things that you are good at? • You can use each petal to draw and tell me about what you are good at.

Appendix 4: Interview Guide for caregivers – English translation

(I) Profile of the child

1. What is your child's first name?.....(pseudonym:)
2. What is your child's age?.....
3. What is your child's mother tongue?
4. Can your child speak in both local languages?

1-Yes	2-No
-------	------

5. Child's gender?

1-Male	2-Female
--------	----------

6. Is your child's birth registered?

1-Yes	2-No
-------	------

7. Is your child a differently abled child?

1-Yes	2-No
-------	------

8. If yes, how do you explain it?.....

9. Is your child attending to a pre-school?

1-Yes	2-No
-------	------

10. If not, why not?.....

11. Have you followed health instructions and vaccinated your child regularly?

1-Yes	2-No
-------	------

12. If not, why not?.....

13. Are there older or younger siblings living with your child?

1-Yes	2-No
-------	------

14. If yes, how many?.....

(II) Caregiver's profile

15. How long have you been in this village now?

More than 4 yrs	1
3-4 years	2
2-3 years	3
1-2 years	4
Less than a year	5

16. Are you the child's biological parent?

1-Yes	2-No
-------	------

17. Caregiver's gender

1-Male	2-Female
--------	----------

18. Would you like to tell me your age?

18- 30 years	1
31-40 years	2
41-50 years	3
Above 51 years	4

19. Can you tell me up to which grade/level you've achieved in your education?

Diploma/Graduate	1
A/L	2
Grade 6- O/L	3
Upto Grade 5	4
No schooling	5

20. Can you tell me who the head of this household is?

Caregiver	1
Spouse of the caregiver	2
Other.....	

21. Can you tell me who else is living in this household and their relationship to your young child?

Other people living in this household	Relationship to the child	Any other remarks

22. I would like to know in detail 'whether or not you have adequate resources (money, time, energy, etc) to meet your needs and the needs of your child'. Please tell me the below.

	Does not apply	Not at all adequate	Seldom adequate	Sometimes adequate	Usually adequate	Almost always adequate	More information on how you get these resources
Sufficient food & nutrition for child							
House/ place to live							Owned/rented/ friends place/ other
An income for the family							
Savings							
Safe drinking water							
Source of energy for house							
Source of energy for cooking							
Medical care for child and family							
Dental care for child and family							
Dependable transportation facilities							
Access to a telephone/ mobile phone/							
Support for caring for your child							

A safe environment to live in							
Time to be with your young child							
Toys/ time and space for young child to play							
Necessities to send the child to a pre-school/school							
If there are older children, necessities to send them to school							

23. What is the main source of income of your household? Please explain the type of the occupation.

24. Is the income on regular basis (monthly/ weekly) or a one off thing? Please explain.

25. The condition of the house (Special remarks about the house, condition of the family if any, with special consideration to the safety and material resources available for the young child (through researcher observation).

Type of the house		Type of the house	
Mud walls and thatched roofing	1	Brick walls and tiled/asbestos sheet roofing	4
Mud walls and tin roofing	2	Plastered walls with tiled/asbestos roofing	5
Wooden walls and thatched/tin roofing	3	Other	6

(III) Caregiver's experiences of caregiving, supports available for caregiving and views of young children's care and development

26. What is your vision for your young child?

27. Have you experienced any constraints in achieving the expected vision for your young child? Why?

28. I would like to know how you spend your time during a day. What were/are you doing (i) during morning time (ii) during lunch time, (iii) afternoon (after lunch), (iv) in the evenings, (v) during night time?

29. Can you tell me whether those are the things you do mostly every day? If not, why not?

30. In addition to your day to day care giving do you;

	Activity	1-Yes	2-No
1	play with your child		
2	tell stories (how frequently)/read to your child		
3	help the child in the work related to his preschool		
4	get the child involved in day to day activities		
5	listen to the child's opinions		
	Other		

31. In your opinion do you think your child is provided with all what s/he needs? If not why not?

32. Do you think that your child has the opportunities to flourish in light of their individual capacities and talents? Why do you say this?

33. Please tell me all about the supportive individuals and institutions for you in fulfilling your caregiver role, the types of support and how far the support being a strength for you and your child.

Please scale whether the support is good (3), OK(2), inadequate/poor (1) for each services that you explained me now⁴³⁷.

Supportive individuals and institutions	Poor (1)	OK (2)	Good (3)
Spouse			
My older children			
My parents			
Spouse' parents			
My sister/brothers			
Spouse's sister/brother			
Other relatives			
Friends			
Neighbours			
Doctor/midwife			
Health clinic			
Government services (Samurdhi or social services, children's secretariat)			
Government services- ECCD programmes			
Other NGOs (XX)			
Other community based/ private/ religious organisations			

34. Let us talk about this area and the available facilities that you/ your family have access to. Please scale whether the accessibility to these facilities is good (3), OK (2) inadequate/poor (1) for each services that you explained me now.

	Available facilities for caregivers and young child	Poor/ inadequate (1)	Quite OK (2)	Good (3)
1	Clean drinking water			
2	Sufficient water supply for other purposes			
3	Safe residencies for all families			
4	Corporate shop/ retail shop			
5	A food market			
6	Public hospital/ Ayurveda hospital public or private dispensary			
7	Maternity/ infant clinic			
8	Children's playground or safe play areas for children			
9	A library ⁴³⁸			
10	Regular Public or private transport service			
11	Pre-school/ Early Childhood Development Center			
12	Day Care Centre			
13	School/ Primary school			

⁴³⁷ In the analysis, poor and inadequate combined under 'poor' and good and very good combined under 'good'.

⁴³⁸ This was removed during questioning and analysis as the community identified the need for a library for children in this village. There was no library except the small library at the public school.

14	Accessible communication facilities			
15	Police station/post or Military camp/post			
16	Community hall/ a place people to conduct meetings			
17	A common safer building where people can gather for protection in an emergency			
18	Community groups or associations			
19	(Grama Niladhari) village administrative service			
20	Other government services (Samurdhi, social services)			
21	ECCD programmes			
22	Other NGOs			
23	Other private sector/ community based/ religious organisations' support			

35. In your opinion, does anything restrict your young child receiving extended support and services you have explained before? If yes, can you name up to three things? Why do you think that happens?

Facilities and services	Reasons

36. Please tell me the support and services that you wish to be sustained for the benefit of your child. Please tell me the support and services that need to be improved or introduced for the benefit of your child.

37. Who do you think can do it and how? Please explain.

Those need to be further developed	Who can provide these facilities and services and how?
Services need to be introduced	

(IV) Caregiver's views about the child's experiences of care and development

I am going to ask you some questions about what your child (aged 4-5 years) do during the day.

Would you be able to tell me a little bit about what s/he does during the day? *(after this initial question, the following questions will be used to talk in more depth with the caregiver about his/her child's experiences within daily family routines)*

38. What did/do your child do (i) this morning, (ii) during lunch time, (iii) afternoon (after lunch), (iv) last evening, (v) last night?

39. Can you tell me whether those are the things s/he does mostly every day? If not, why not?

	How the day is spent	Whether regular	Why?
i			
ii			
iii			
iv			
v			

40. Activities the child did like to do	Why?
41. Places where the child likes to spend his/her time?	Why?
42. People where the child likes to spend his/her time with?	Why?
43. Activities/things the child dislikes?	Why?
44. Places the child dislikes?	Why?
45. People the child dislikes?	Why?

46. Can you tell me whether anything that happened recently (at home, at the pre-school, anywhere in this village) was important for your child? Why?

47. Can you tell me whether anything that happened recently (at home, at the pre-school, anywhere in this village) disturbed your child? If yes, can you tell me more about it?

48. Can you explain an important decision taken on things that matter your young child recently?

49. Whose views were counted when taking that decision about your young child?

50. Was it the normal practice? If not, why not?

51. If not, what is the normal practice in taking decisions for the things that matter your child?

52. In your view, have the government or any other organization asked your child's views of their programmes at some point? Please explain.

53. If your child needs anything, from whom s/he would ask for it?	Why?
54. If your child is happy, to whom s/he would go to?	Why?
55. If your child is unhappy, to whom s/he would go to?	Why?
56. If your child gets scared, to whom s/he would go to?	Why?

Thank you for your participation and time.

----- End-----

Appendix 5: Caregivers' focus group discussion schedule – English translation

- Can you explain the post-conflict return, resettlement and rebuilding history in this village?
- What is your (the caregivers' and community's) vision for young children in this rebuilding post-conflict context?
- What (contextual) factors are supportive in achieving the vision for young children in this rebuilding post-conflict context?
- How do you explain/ What is the nature of, young children's experiences of care and development in this rebuilding post-conflict village? (for example, whether the experiences are favourable for their care and development or not) Why do you say so?)
- Are there constraints in achieving the community's vision for young children within this rebuilding post-conflict context? If yes, what are they?
- In light of what you said above, do you think this context/village is favourable for young children's care and development? Why do you say so?
- What do you think that are needed to be sustained/improved/introduced in terms of making this rebuilding post-conflict context favourable for young children's care and development? or what do you think that are needed to be sustained/improved/ introduced in terms of making young children's experiences of care and development favourable for them?
- Who do you think can do it?

Thank you for your time.

Appendix 6: Community leaders' and service providers' interview schedule

- English translation

- Can you explain the post-conflict return, resettlement and rebuilding history in this village?
- What is your (the service provider's/community leader's) vision for young children in this rebuilding post-conflict context?
- What (contextual) factors are supportive in achieving the vision for young children in this rebuilding post-conflict context?
- How do you explain/ What is the nature of, young children's experiences in terms of their care and development in this rebuilding post-conflict village? (for example, whether the experiences are favourable for their care and development or not) Why do you say so?
- Are there constraints in achieving the vision for young children within this rebuilding post-conflict context? If yes, what are they?
- In light of what you said above, do you think this rebuilding post-conflict context is favourable for young children's care and development? Why do you say so?
- What do you think that are needed to be sustained/improved/introduced in terms of making this rebuilding post-conflict context favourable for young children's care and development? or what do you think that are needed to be sustained/improved/introduced in terms of making young children's experiences of care and development favourable for them?
- Who do you think can do it?

Thank you for your time.

Appendix 7: Statement of the introduction of the research to child participants - English translation

Script

Hi _____,

My name is Nanditha.

Thank you so much for talking to me today. I am going to be visiting your village, your preschool, school and homes for a number of weeks and I am hoping to do a lots of different things together with you. I am going to be with you and let you draw, take photographs, and allow you to guide me around your preschool/school/ and residences. As we do these together, I am going to ask you lots of different questions – sometimes these will be questions about yourself, about your family and your community.

If you agree to join me in the activities, we will be drawing, singing, and storytelling together. When we do this, I am going to record (copy) your voice, your drawings, take photographs, and writing what you will be telling me.

You can stop me recording/ taking notes/ taking photographs at any time.

All what you are telling me will be written as a book and share with a lot of people – mainly with the people in my university (it is like your school). I will not write your names in it, but I will write a different name to identify you so that what you are telling me will be safe.

I will be asking you some questions, but you don't have to answer some questions if you don't want to. You can stop talking to me at any time. You can also tell me that you don't want your photos to be taken anymore at any time. This will be fine, and you can still stay and join in the activities and you won't be move out of this group unless you want to go.

Thank you for taking part in the activities with me.

Appendix 8: Screenshots from the CAQDAS NVivo 10 project - data analysis

Figure 1: A screenshot of the organisation of data sets in the CAQDAS NVivo 10 project

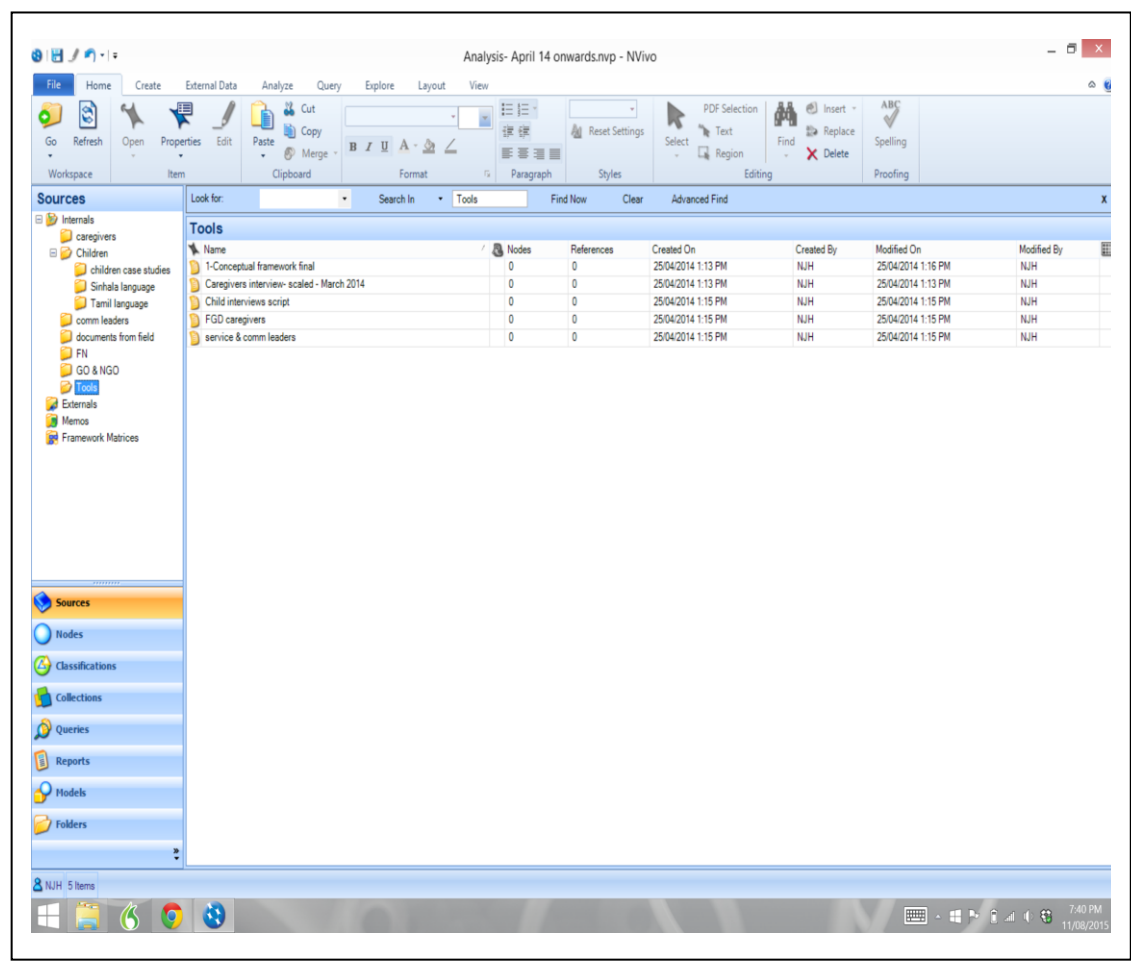


Figure 2: A screenshot of open coding (children's experiences) as it appeared in the NVivo 10 project

Analysis- April 14 onwards.nvp - NVivo

File Home Create External Data Analyze Query Explore Layout View

Navigation View Find Quick Coding Dock All Undock All Close All Close Workspace Window List View Coding Stripes Highlight Annotations See Also Links Relationships Node Node Matrix Framework Matrix Classification Report Previous Next Color Scheme Visualization

Nodes

Look for: Search in: Nodes Find Now Clear Advanced Find

Name	Sources	References	Created On	Created By	Modified On	Modified By
Child - experiences	44	358	18/04/2014 11:39 AM	NJH	11/08/2015 7:32 PM	NJH
connectedness	12	54	19/11/2014 3:59 PM	NJH	11/08/2015 7:34 PM	NJH
connectedness- environment	3	6	19/05/2014 5:28 PM	NJH	19/11/2014 3:57 PM	NJH
experiences village	1	6	18/04/2014 11:39 AM	NJH	26/05/2014 8:59 PM	NJH
connectedness- neighbourhood	4	4	19/05/2014 4:32 PM	NJH	25/06/2015 7:43 PM	NJH
experiences neighbourhood	2	2	18/04/2014 11:28 AM	NJH	26/05/2014 4:09 PM	NJH
connectedness- school	4	4	19/05/2014 5:37 PM	NJH	19/11/2014 3:57 PM	NJH
education	7	8	19/05/2014 4:29 PM	NJH	19/11/2014 11:09 AM	NJH
experiences school	4	9	18/04/2014 11:30 AM	NJH	25/06/2015 8:22 PM	NJH
connectedness- caregiver	8	18	19/05/2014 4:32 PM	NJH	25/06/2015 7:43 PM	NJH
connectedness- family	6	14	19/05/2014 4:32 PM	NJH	19/11/2014 3:57 PM	NJH
Experiences family	2	3	18/04/2014 11:29 AM	NJH	26/05/2014 4:09 PM	NJH
connectedness- group	3	3	19/05/2014 4:33 PM	NJH	19/11/2014 3:57 PM	NJH
spiritual	4	5	19/05/2014 6:11 PM	NJH	19/11/2014 3:57 PM	NJH
development	3	4	19/11/2014 4:01 PM	NJH	11/08/2015 7:36 PM	NJH
hygiene	2	3	19/05/2014 4:35 PM	NJH	25/06/2015 8:22 PM	NJH
skip meals	1	1	19/05/2014 5:31 PM	NJH	19/11/2014 3:57 PM	NJH
exposure	20	29	18/04/2014 3:51 PM	NJH	25/06/2015 8:22 PM	NJH
fears	29	93	18/04/2014 2:46 PM	NJH	11/08/2015 7:33 PM	NJH
cyclones	1	2	25/04/2014 4:55 PM	NJH	26/05/2014 4:09 PM	NJH
disputes	9	19	25/04/2014 3:55 PM	NJH	25/06/2015 8:22 PM	NJH
elephants	24	66	25/04/2014 4:00 PM	NJH	16/12/2014 9:49 AM	NJH
violence	2	2	19/05/2014 4:26 PM	NJH	19/11/2014 10:14 AM	NJH
friendships	6	7	19/05/2014 4:29 PM	NJH	11/08/2015 7:33 PM	NJH
future aspirations	1	1	19/05/2014 6:17 PM	NJH	11/08/2015 7:33 PM	NJH
neglect- abuse	2	2	19/05/2014 5:55 PM	NJH	11/08/2015 7:33 PM	NJH
participation	20	46	25/04/2014 4:57 PM	NJH	11/08/2015 7:33 PM	NJH
Playing	35	113	25/04/2014 4:23 PM	NJH	25/06/2015 8:22 PM	NJH
routined	2	3	19/05/2014 4:34 PM	NJH	11/08/2015 7:33 PM	NJH
social- networking	3	6	19/05/2014 5:54 PM	NJH	11/08/2015 7:33 PM	NJH

8 NJH 72 items

Figure 3: A screenshot of continued open coding (contextual factors) as it appeared in the NVivo 10 project

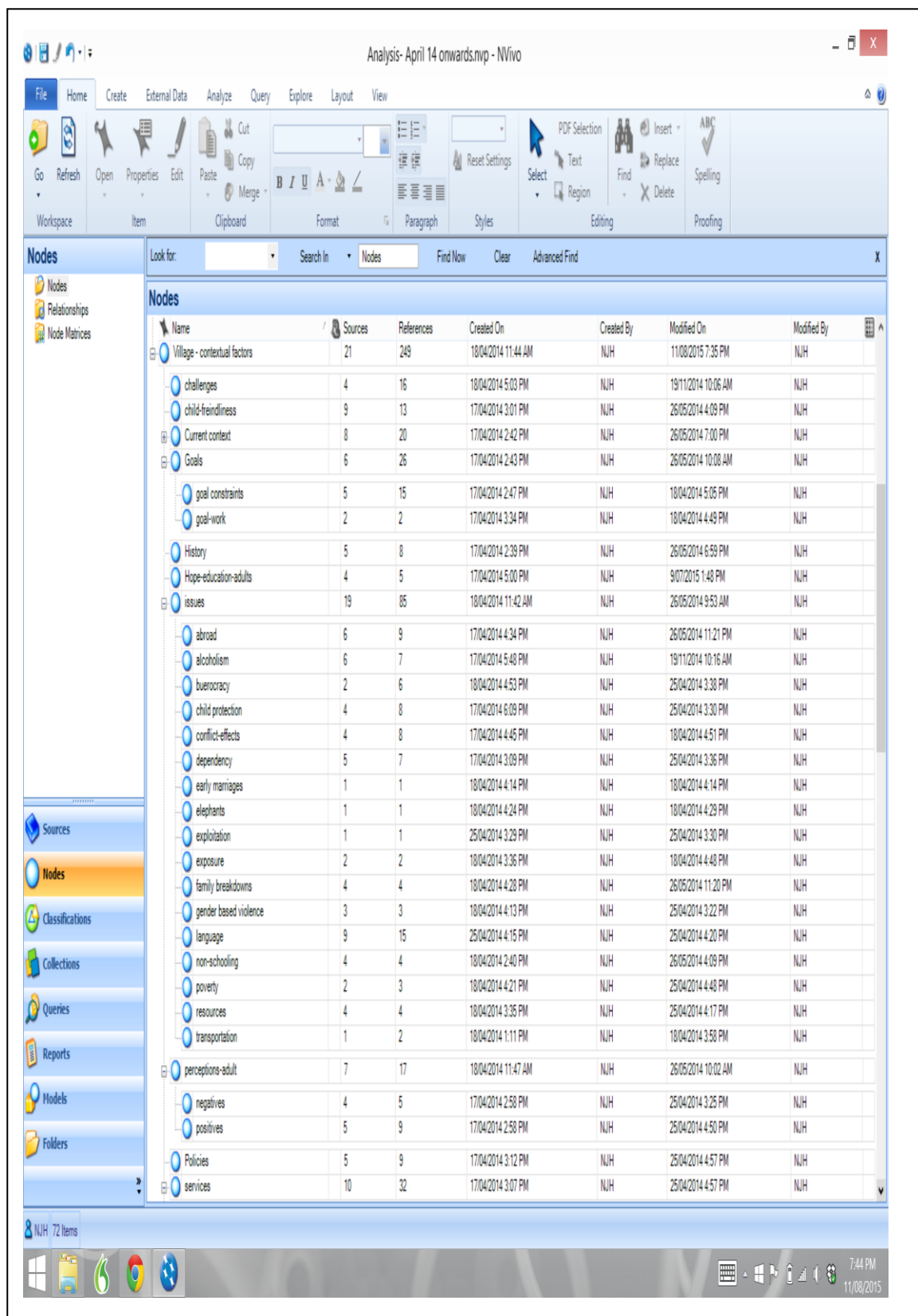
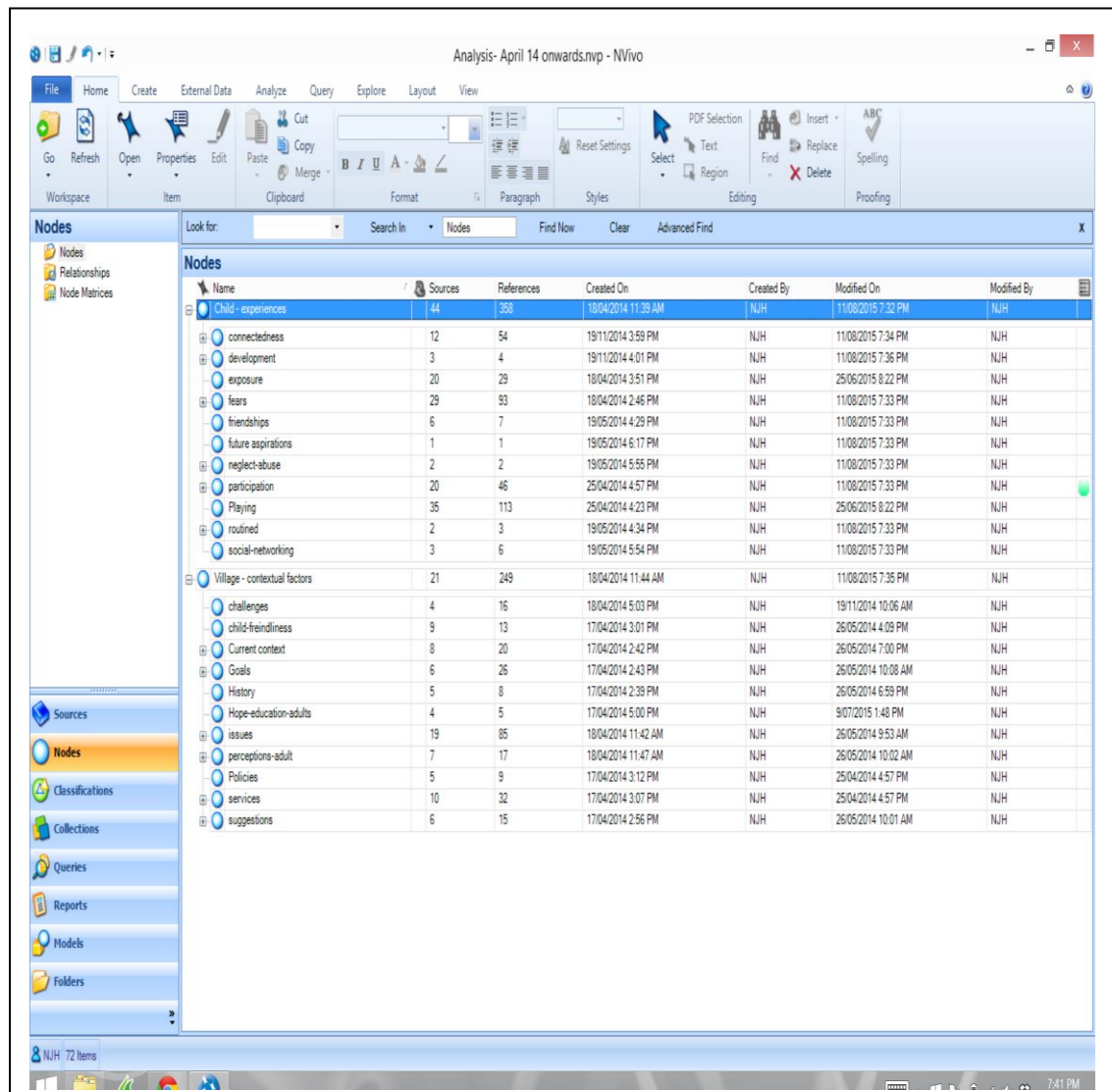


Figure 4: A screenshot of refined coding into categories as it appeared in the NVivo 10 project



Appendix 9: Young children's profiles

Children from the permanently resettled families in Malgama⁴³⁹

Shani

Shani is a 5 year old girl. Her family resettled in Malgaama approximately 4 years ago. Shani attended preschool and was now attending the school in Malgaama. Shani's temporary residence was about 30 minutes' walk from the main road, which was situated within a dense forest area. There was not a proper road to access to her residence. However, she had her relatives who lived in another temporary residence close by. Shani preferred to participate in the research through interviews, narratives and drawings. Shani was an adopted child (not in legal terms, thus informal) and lived with her father's sister (she called her '*Malgaama Amma*'- Malgaama mother), her uncle and grandfather, thus with the extended family. Her biological mother, as Shani noted, had gone abroad for work and her father lived in Colombo (the capital city of Sri Lanka). She talked about a '*chitthi*' (both the step mother and the younger sister of the mother are called by this term) who lived with her father. Shani's case presents some of the societal issues that emerged in post conflict society that impact children. Family breakdowns, migration for work and alcoholism of male adults emerged as Shani's experiences within her family. Shani seemed upset not being able to talk to her biological mother over the phone. However, she also seemed to have developed resilience to these issues. Shani's descriptions of her experiences suggest that despite her being an informally adopted child, she received love and care from her Malgaama mother. The child's needs seemed to be well attended, thus Shani showed a strong connection to her adopted mother. Her accounts also suggested that she was in the middle of a circle of care by her extended family to whom she felt connected. Shani participated in both day to day activities and special activities her family were involved in. Shani mentioned about going to the well and fetching water in a small bucket with her Malgaama mother and when Malgaama mother asked, Shani swept their temporary house. In addition, when her uncle attended to the goats that they own, she fed the small kids and also carried and played with them. She mentioned about going to *Kovil* (Hindu temple) and attending

⁴³⁹ Child-participant Ahil's case study is presented in section 5.5.3 and child-participants Thilu and Yadushi's case studies are presented in section 5.6.1 in Chapter 5.

a wedding ceremony with her (extended) family. Shani's Malgama amma participated in this study through a semi-structured interview.

Dila

Dila is a 5 years old girl who lived with her father and an elder sister in Malgama. She attended the pre-school in the village and recently started schooling. Dila participated in this research through interviews, drawings, narratives and children's group discussion. Similar to the majority children, Dila's other relatives were not living in Malgama. However her grandparents were living close by. School was one of the places she liked. She enjoyed playing and especially in the sand at school. She identified her elder sister as her friend as well suggesting that she had limited playmates in neighbourhood. Dila mentioned about helping her mother by cleaning onions and fetching water in a small bucket. She felt happy by helping her mother's household chores. Her family depended on cultivation and livestock. Dila's most liked person was her father and she sought protection from him when scared. Dila, as majority children, was scared of the elephants. However, she did not have extreme fear, and explained that her father puts firecrackers and chases the elephants away. She mentioned about her mother telling her stories and singing poems and songs for her. She sang a nursery rhyme in Tamil and told a story when asked. She demonstrated confidence when doing these things.

John

John is 6 years old and attended Year 2 in primary school. He lived with his father and mother. He also had elder brothers who lived in another town. John involved in this study through interviews, narratives, drawings, photography and children's group discussions. John's parents, similar to the majority in the village, were farmers. John's mother was involved in home gardening by weeding and watering plants and his father worked in the field and attended their cows. John liked school and enjoyed writing the alphabet. The person John liked most was his father. John's routine included having a bath and worshipping god in the mornings. John helped his mother in her household chores by collecting water and putting away rubbish. When questioned about any fears, John said that he is not scared of anything. However, his narratives included stories about some elephants' arrival and calling the Police for protection. John mentioned that his mother or father do not tell stories or teach him poems/songs, but he had an aunt in Malgama who taught him songs and stories.

John mentioned, if he need something he would go and ask from his mother. He mentioned if he get upset or scared of something he would tell about it to both parents. When

invited, John told a story of a butterfly and a peacock. He explained that he goes to school with children in neighbourhood. He listed about 4 names. He explained that he travelled to school by bus with the rest of the children in his neighbourhood. John did not have a birth certificate. The family was in the process of getting John a birth certificate. During one of my visits, the children and the parents were watching TV. They had 3 mobile phones plugged in to charge in their living room. The parents were elderly- in early 50s. John was interested to take photographs around his residence. His photographs included their home garden, his parents' bicycle, some chickens and his relative and playmate Jerry. John was a very active child. He was involved in the Children's group, played and sang songs (in Tamil, English and Sinhala). His parents were able to understand Sinhala and had basic communication skills in Sinhala. John's mother was very satisfied with the developments in the rebuilding village but she was concerned whether they will be able to improve the village to the level of the past.

Raj

Raj is a 6 year old boy who attended Year 1 of primary school, in Malgama. He lived with his father, chiththi (step mother/ mother's younger sister) and his 5 siblings. Raj's chiththi had a two months old baby. Raj involved in the study through interviews, narratives and drawings. Raj's biological mother had gone out of country for work. He was hoping that his mother would come back soon. He said his mother would bring him a bag. Raj mentioned about a friend who played with him. He preferred his friend because his friend does not fight with him. Raj's most liked place was school. He mentioned about going to Kovil and worship. Raj mentioned going to well with his chiththi and fetching water. Even though Raj's caregiver was not his biological mother, his narratives implied that he was cared for. His chiththi prepared tea for him and sent him to school. In one of the visits it was noted Raj was singing lullabies to his baby sister. For his needs, Raj turned to his grandparents. However, his grandparents were not living in Malgama. In another visit to his residence it was noted that Raj was visiting his grandparents. Raj preferred schooling because he could study. Raj was scared of the elephants. In order to protect themselves from potential wild elephant attacks, Raj and his family spent the nights at a neighbour's house. During one of the visits to his residence, Raj's father showed the damage the elephants had done to their small corn cultivation on the previous night.

Raj's residence was situated adjacent to the main road in Malgama. Raj's residence, similar to majority of the children who were involved in this study, was a temporary house.

Despite the adversities noted in his life, Raj was noted as a happy child. He was playing with other boys at the school. He was very confident when engaged in drawings and narratives.

Vidu

Vidu is a 6 year old boy. He attended Malgama's public school. He lived with his father, mother, elder sister and a *chiththi*. Vidu had two older sisters, one was out of the country and the other was working in the nearby town. His father worked in the paddy fields. The mother was at home with him, attending household chores. His mother was also doing some home gardening. Vidu's house was a brick house and situated closer to a sub road in Malgama. Vidu liked playing at school. He preferred one friend at school, who was Raj. Vidu narrated that he played and studied with his friend at school. His daily routine was not different from the other children; wake up in the morning, drink tea and have a bath. He spent his afternoons "writing-playing with water and doing some 'hand work'". Vidu's disturbing experience was the death of an 'akka (sister) next door'. His mother explained that the 'akka' Vidu referred to had committed suicide. The unexpected death was a sad experience for him and his family. Vidu was scared of the elephants. Once the elephants arrived to their area, his mother had put fire crackers to chase them away. He mentioned both his parents accompany him to the doctor in the village, and to get vaccinations. The person he liked most was his mother. He involved in interviews, drawings and accompanied Thilu who did a child-led tour at school with confidence.

Mahi

Mahi is a 6 year old boy. He attended Year 2 at public school, in Malgama. He lived with his mother and his elder sister (who was about 10 years old). Mahi was involved in this study through drawings, interviews and child-led tours in his garden and neighbourhood. It was noted that he was actively enjoying his school and play at school. Mahi's mother had become a single parent recently due to a family breakdown recently. She was working as a daily waged labourer in development projects and was mostly away from home during the day. Mahi's family did not have relatives (aunts or uncles) in Malgama. Mahi mentioned about his grandmother, however, she was not living with them. Mahi's sister was his temporary caretaker while his mother was away for work. His sister was his play mate. They travelled to and from the school together. Their residence was a temporary house built of tin sheets and cemented floor. It was situated in one of the sub roads in a residential area in Malgama. In one of the visits to Mahi's residence, it was seen that Mahi's sister was undertaking the caretaking role. She acted in a

responsible manner and informed that her mother was away. Mahi and his sister were aware that the neighbours would watch over them, therefore they were not scared to be at home without their mother. Mahi's mother was involved in this study through semi-structured interviews and follow up conversations.

Jerry

Jerry is 3 years old boy. He attended pre-school in the village. Jerry got involved in this study through interviews, drawings and narratives, child-led tour and narratives. Jerry was the only child in his family. Jerry's mother was from Colombo (central city). She has arrived to Malgama after her marriage to Jerry's father. His parents could speak both Tamil and Sinhala well and the mother had elementary knowledge in English. Jerry's family was not showing signs of impoverishment. They had a vision for Jerry- to provide him with a good education. Jerry's family was living very close to his grandparents' house. Jerry, using short phrases and answers, explained that his grandparents were helping them. Jerry's family were about to move to their new brick permanent houses as the housing construction was closer to complete. Jerry mentioned that his father went to work in their land- cleaning land. Jerry's picture of the people he likes was his mother. He also drew a house as the place he likes.

Jerry preferred to involve in this research while playing, drawing, or leading a tour around his neighbourhood. When questioned he said the house he likes is not his own one, but his grandparents' house, which was a brick house with plastered wall and tiled roof. Amma was the person he likes. During a number of visits to Jerry's residence I noticed Jerry was playing solitary or with a play mate. Jerry indicated that he was not scared of anything. When probed about elephants, he said that the elephants do not arrive. However, he also mentioned that adults put fire crackers and chase the elephants away. Jerry was very confident in participating in research activities like drawings, photographs and child-led tour. He led us around his neighbourhood and taken us to another house nearby. He took photographs and liked to review the photos he has taken and say something about the photos.

Rithika

Rithika was a 5 year old girl who attended school in Malgama. Her parents, an elder brother (who attended the same school) and her two month old baby sister were Rithika's family. Rithika was involved in this study through interviews and drawings. It was noted that she was very calm and quiet (at the school and at her residence). Rithika liked her 'Gundamma', the

little baby sister. In Rithika's life, her mother was also important. Rithika said that she liked/loved her mother most. The place she liked was school. She liked her teacher at the school. Rithika mentioned about a friend at school with whom she wrote the alphabet. Similar to the other children in Malgama, Rithika's routine was wake up in the morning, eat, attend school and play with her brother.

Her temporary house was situated in isolation, about 20-30 minutes' walk from the main road. There was a foot path leading towards their temporary home. There were no signs of permanent housing within their garden. Similar to other families they had a small home garden with some chili and vegetables planted. There was a paddy field was close by. Rithika's residence and her surrounding showed signs of extreme impoverishment. Rithika's mother participated in a semi-structured interview at her residence. Despite the adverse situation, Rithika attended school.

Priya

Priya is a 6 year old boy who attended School in Malgama. He lived with his mother and brother. His father had migrated to another country for employment. However, his mother was working as a labourer. Priya had two elder brothers who worked outside Malgama. Priya and his younger brother stayed home without an adult on the days his mother worked outside. Priya participated in this study through interviews, drawings and narratives- mostly at the school. His mother was involved in a semi-structured interview. Priya's experiences included schooling and play. He mentioned about playing at the school with his friends and playing at home with his brother. Similar to some of the other children, Priya was helping household chores by collecting water from a nearby well and watering plants in their home garden. Priya's mother was providing him care and emotional support. The person Priya liked most was his mother and the place he preferred to be was the school. He did not mention about any important or disturbing incident he has experienced. Priya was not upset about his father's absence, rather he implied that he was happy about it as his father can send them money now. Priya's house was a brick house.

Children from the transient families Malgama

One child, Tharu, who was from one of the transient families in Malgama, was involved in this research while he was visiting their cultivated lands⁴⁴⁰. Three young children from the transient families were interviewed at their current preschool. Following the invitation from the caregivers, I visited their preschool and spent time with them building rapport. Mostly drawings and informal conversations with children about their drawings, family and preschool were conducted at the relationship building phase. Culturally appropriate ways of group singing at the preschool were also conducted to make the research environment more relaxed and enjoyable to children. The interviews were conducted after the relationship building activities conducted. After consented for participation, these children were involved in drawing sessions and interviews. The group of children conducted a child-led tour within their preschool and outside playground explaining their daily experiences. The next section presents three of these child-participants' profiles.

Hiranya

Hiranya is a 4 year old girl from a transient family in Malgama. Hiranya's family lived in a semi-rural town close to Malgama since their displacement. Hiranya was involved in this study at the preschool she attended in the same area (outside Malgama). Hiranya's family included her parents and a younger sister. Hiranya's father's occupation was trading (had a small shop). Her mother was not employed. Hiranya's routine was not different from the other children; washing, eating, going to preschool, studying and playing. Hiranya's experiences included her mother telling her stories, singing for her, her father showing affection and playing with her. Her most liked persons were her parents and the place she liked to be was her preschool. A disturbing experience was not reported and a visit by her relatives was explained as an important event. She showed confidence in her research participation.

Janu

Janu is a 4 year old girl from a transient family in Malgama. Janu lived with her parents and an infant sister. Similar to other children in the second preschool, Janu participated in this study through drawings and interviews. Janu mentioned about her family, and father care and affection. Her narratives implied that she received love, care and affection from her parents and

⁴⁴⁰ Tharu's case study is presented in section 5.6.1 in Chapter 5.

extended family. Her experiences included her mother telling her stories and her father playing with her. Janu mentioned about his father punishing her if she tried to feed her infant sister. She did not report any disturbing experiences. Her interesting/recent events were her uncle's visit, grandmother's visit and her visit to the Army doctor. The people she liked were her family and the place she liked was her preschool. She enjoyed playing and singing at the preschool. She showed confidence in her research participation.

Kishani

Kishani is a girl aged 4 years. She lived with her mother, grandparents and the brother. Her father had migrated out the country for employment. Kishani participated in the drawing sessions, child-led tours in the preschool, interviews and narratives. Kishani's mother participated in this study through semi-structured interviews. Kishani's experiences were similar to the other children, attending preschool, studying and playing with her brother and a playmate in the neighbourhood. Similar to most of the children, Kishani's mother attended the child's needs. Kishani's grandparents were playing an important role in her life; preparing meals for her, taking her to preschool, telling her stories and taking care of her. Kishani was very confident in her research participation.

Appendix 10: Caregivers’ response for structured interviews

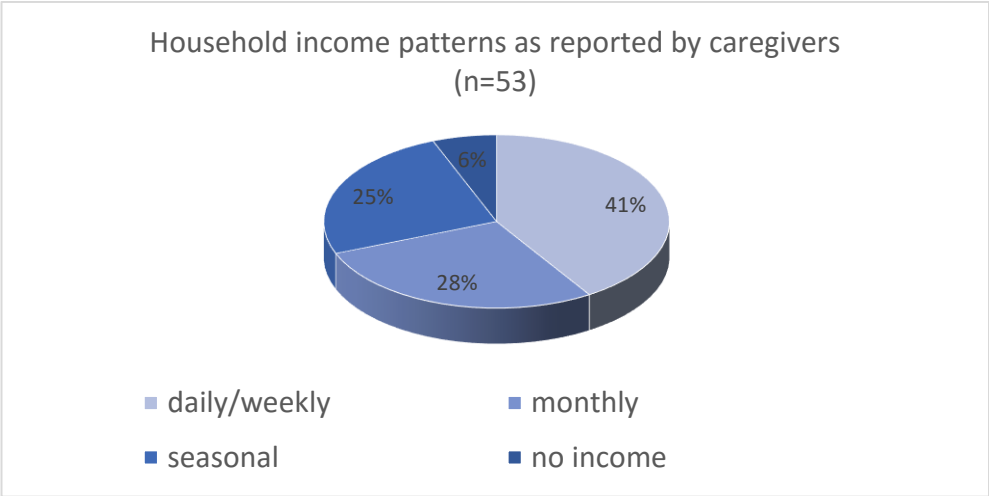


Figure 1. Household income patterns: as reported by caregivers (n=53)

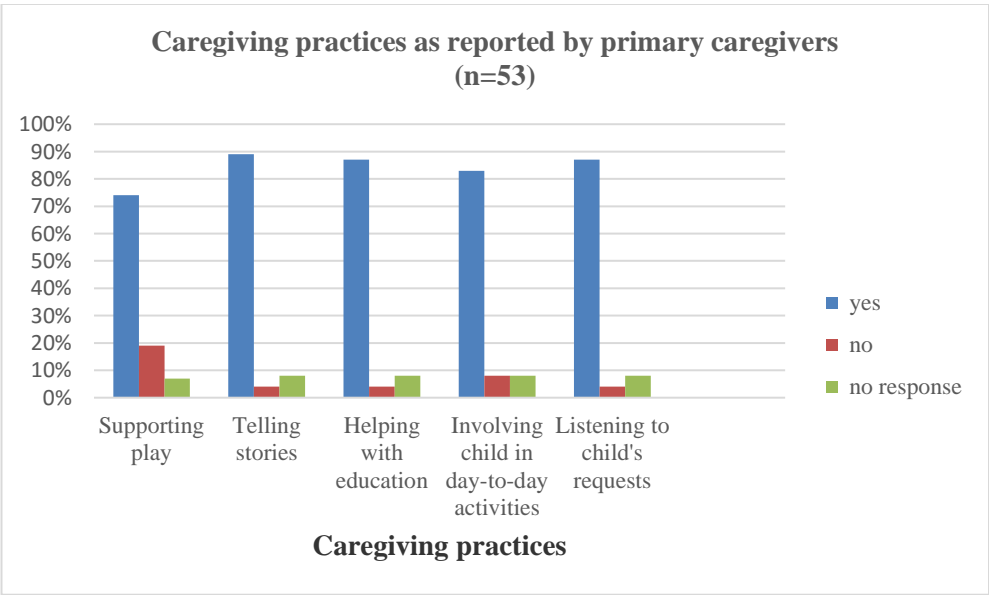


Figure 2. Caregiving practices that support young children’s development and nurture as reported by caregivers (n=53)

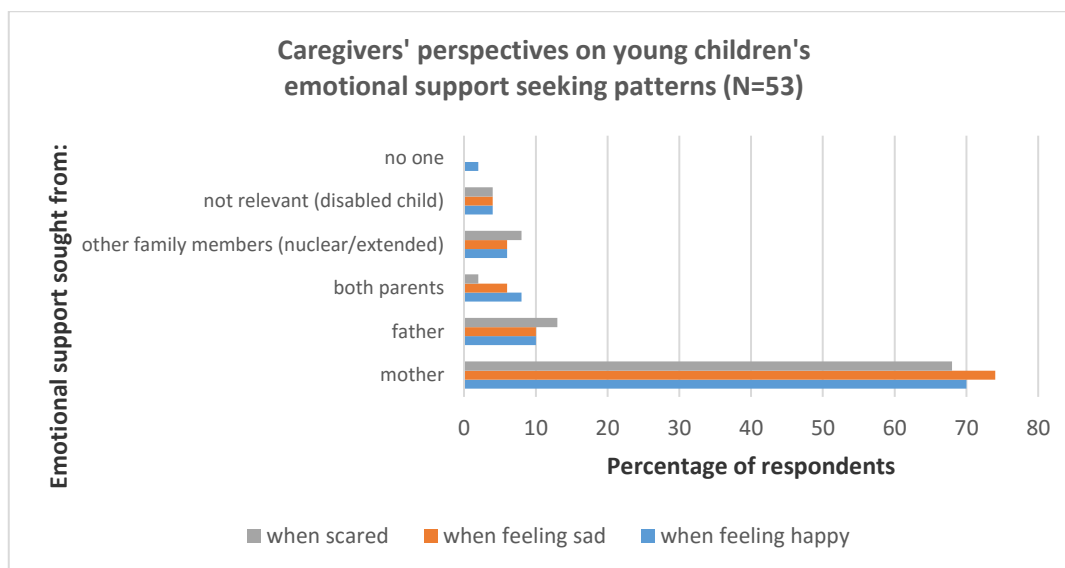


Figure 3. Caregivers' perspectives on young children's emotional support seeking patterns

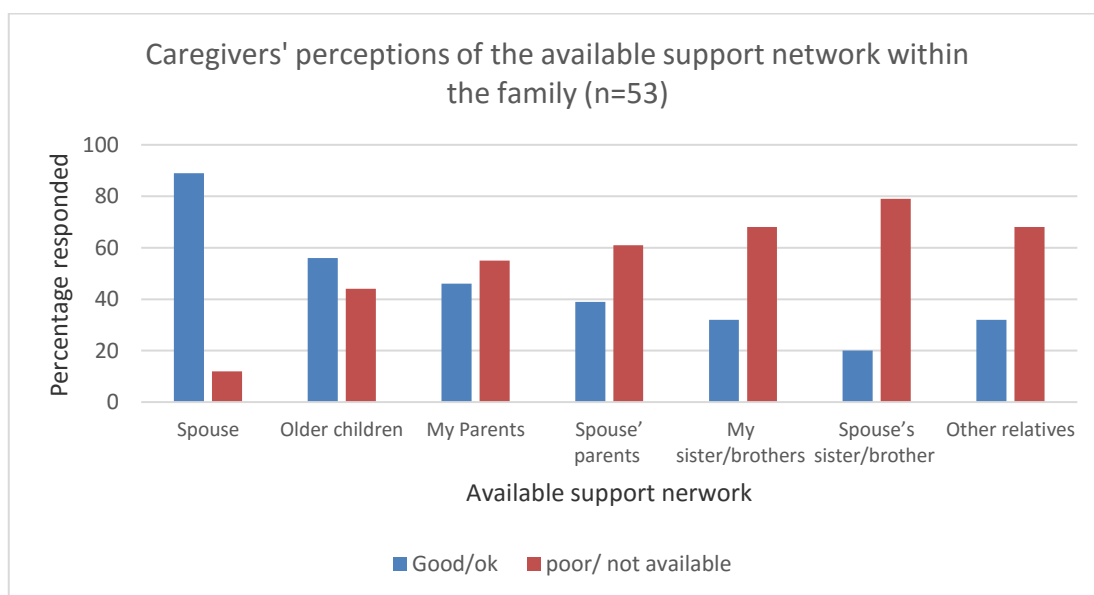


Figure 4. Caregivers' perceptions of the extent of support from them within family

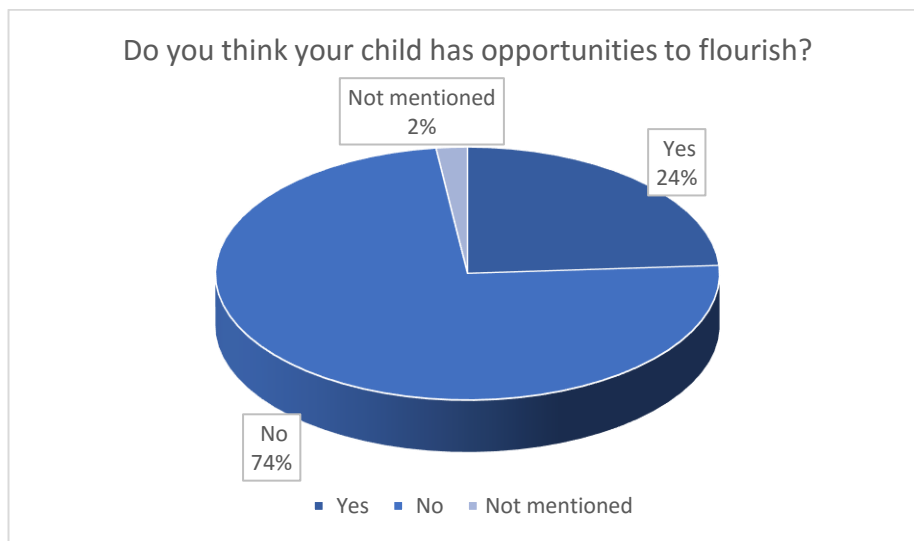


Figure 5. Caregivers' perspectives on whether young children have opportunities to flourish

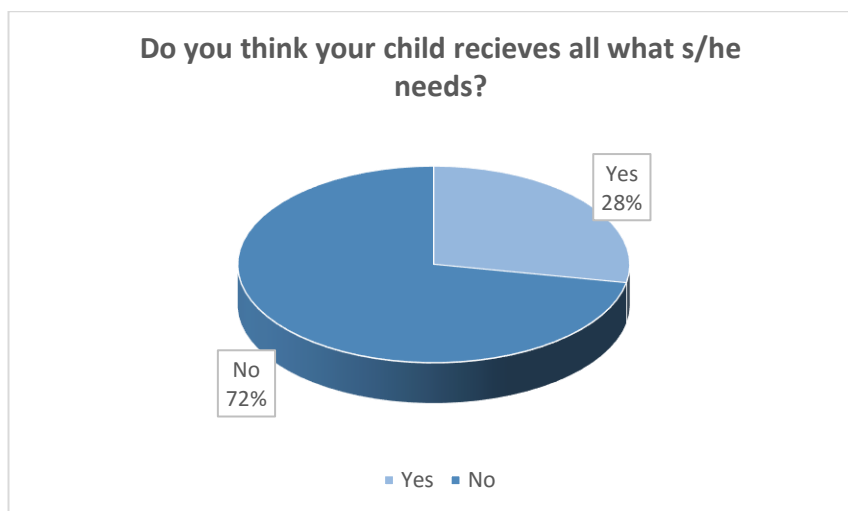


Figure 6. Caregivers' perspectives on whether young children received all what they needed

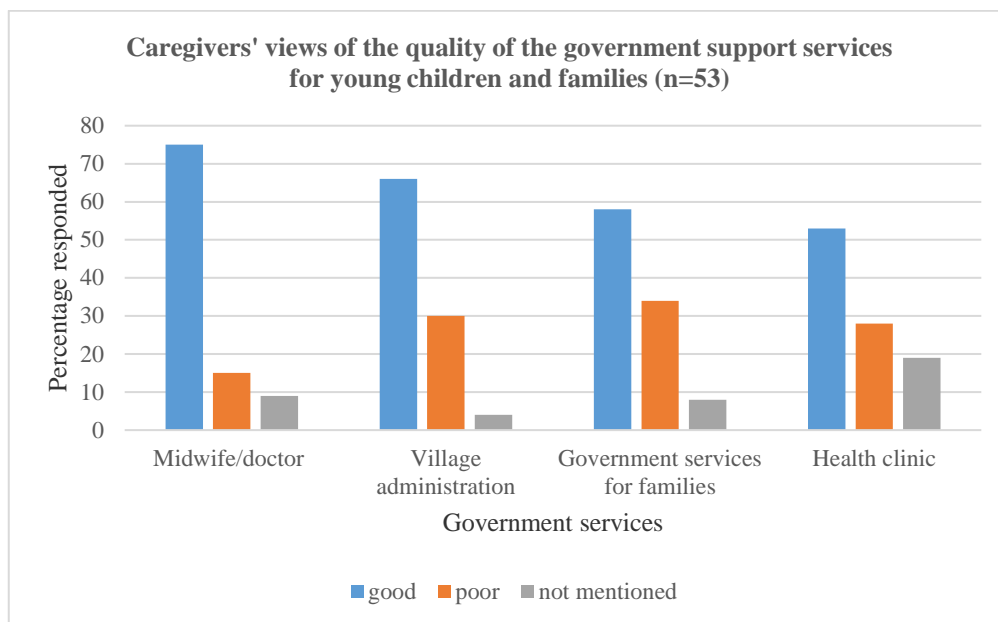


Figure 7. Caregivers' views of the quality of the government support services for young children and families in Malgama

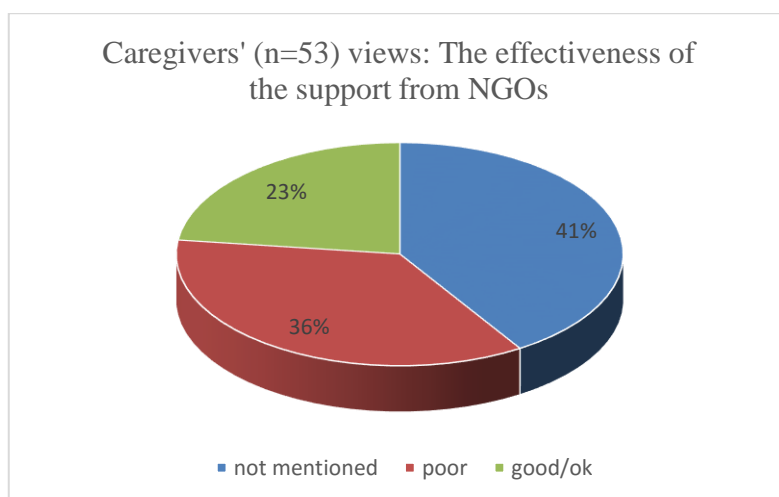


Figure 8: Caregivers' views of the effectiveness of the support from NGOs

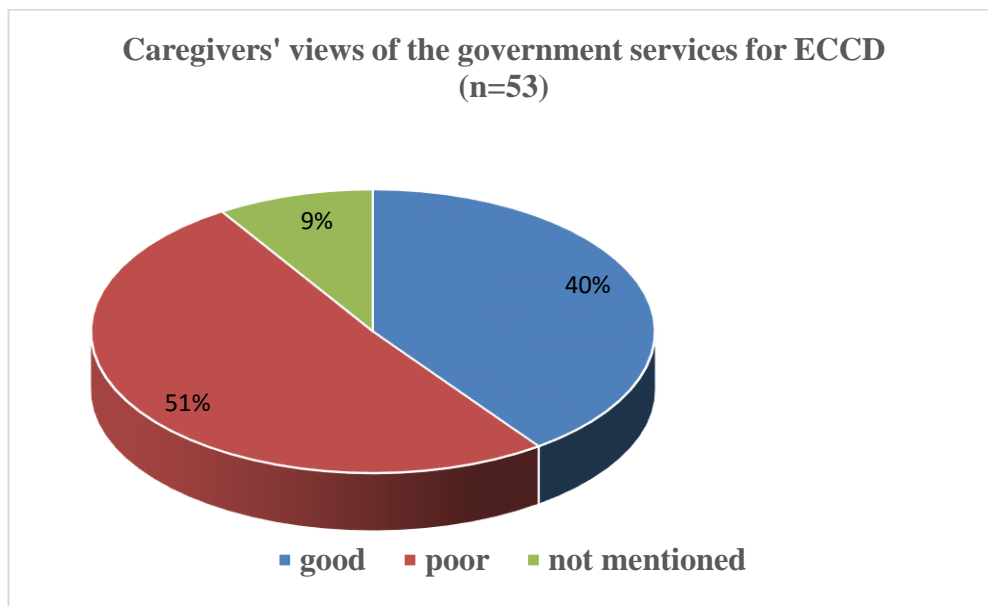


Figure 9. Caregiver's views of the government services for ECCD

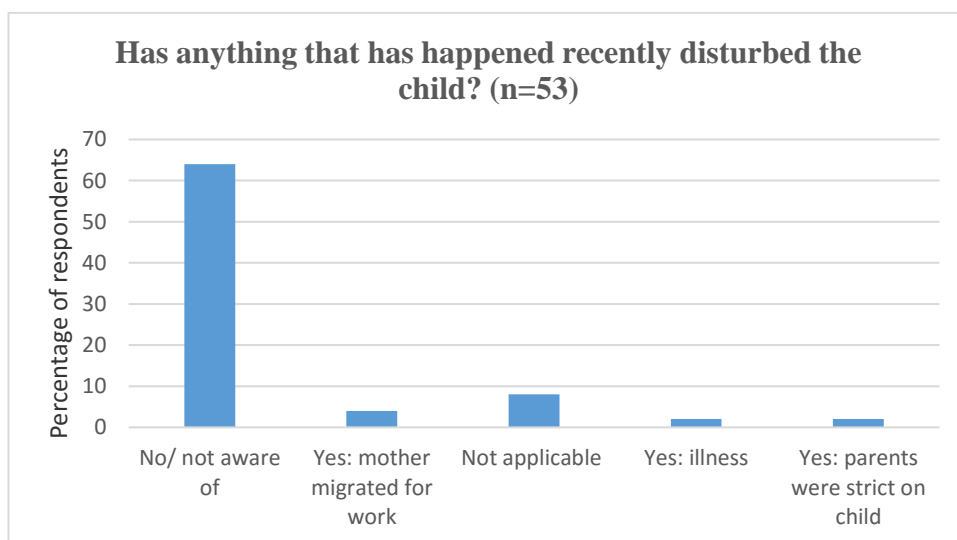


Figure 10. Whether children have experienced disturbing events in the recent past

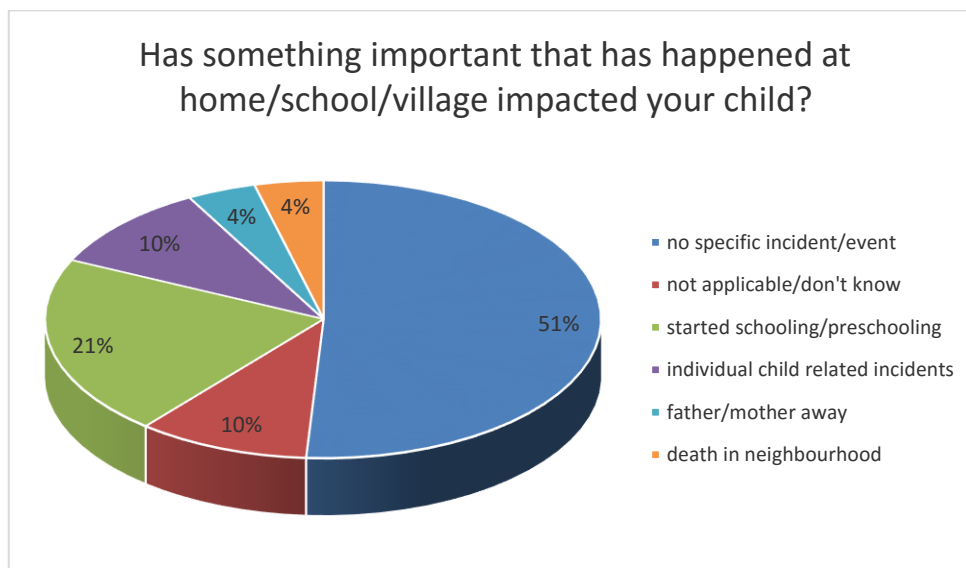


Figure 11. Whether anything that has happened at home/school/village recently impacted child