

PARENTAL/PRIMARY CAREGIVER CAPACITY BUILDING TRAINING PACKAGE

Low Literacy Version

Including special activities for child headed households, adolescents and grandparents taking care of young children

EVERY CHILD HAS THE RIGHT TO THE BEST POSSIBLE START IN LIFE



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA



Copyright © 2008

Developed by the Department of Social Development in collaboration with UNICEF

Department of Social Development

Private Bag X 901

Pretoria

0001

ECD contacts: Ms Tshidi Maaga or Ms Louise Erasmus

Email: TshidiM@socdev.gov.za or Louise.Erasmus@socdev.gov.za

UNICEF

PO Box 4884

Pretoria

0001

ECD contact: Mr André Viviers

Telephone: 012-3548201

Email: aviviers@unicef.org

This document may be freely reviewed, abstracted, reproduced and translated, in part or in whole, but is neither for sale nor for use in conjunction with commercial purposes.

Text adaptation to low literacy version: Snoeks Desmond

Production management and layout: Handmade Communications viv@handmadecc.co.za

Illustrations and art direction: Michelle Diamond

Editor: Liz Haines

Games: (Session 1 and 8) courtesy of The Family Literacy Project (production funded by UNICEF).

Games illustrator: Len Sak

Games layout: Andrews Creative

PARENTAL/PRIMARY CAREGIVER CAPACITY BUILDING TRAINING PACKAGE

Low Literacy Version

**Including special activities for child headed households, adolescents and
grandparents taking care of young children**

●	INTRODUCTION	1
	Annexure A: Essential skills for trainers	9
	Annexure B: Attendance list	15
●	SESSION 1: INTRODUCTION AND ME, THE CAREGIVER	17
	Handout 1: Course outline	26
	Background document	27
●	SESSION 2: HEALTHY FAMILY RELATIONSHIPS	31
	Handout 2: Support for families	37
	Background document	38
●	SESSION 3: HEALTH AND NUTRITION	45
	Handout 3: Health message cards	54
	Background information: Health and nutrition	55
●	SESSION 4: PLAY AND CREATIVITY	63
	Handout 4: Children and play	69
	Background document	70
●	SESSION 5: PHYSICAL DEVELOPMENT	79
	Handout 5: Physical development	85
	Background information: Young children with disabilities	86
	Background document	87
	Recommended organisations and service providers	97
	Recommended reading on young children with disabilities	97
●	SESSION 6: SOCIAL DEVELOPMENT, EMOTIONAL DEVELOPMENT AND CONFIDENCE BUILDING	99
	Background document	104
●	SESSION 7: INTELLECTUAL AND LANGUAGE STIMULATION	113
	Handout 6: Games to play	120
	Background document: intellectual and language stimulation	121
●	SESSION 8: CHILD SAFETY AND PROTECTION	131
	Handout 7: Safety at home	136
	Background document	137
●	SESSION 9: POSITIVE DISCIPLINE	145
	Handout 8: Guidelines on discipline	151
	Background document	152
●	SESSION 10: GRIEF AND BEREAVEMENT	159
	Background document	165
●	SESSION 11: CHILDREN'S RIGHTS and COURSE REVIEW	171
	Handout 9: Rights of children	174
	Background information: Children's rights	175

INTRODUCTION

1. WELCOME

This course has been written to support those parents, siblings or grandparents who are the primary caregivers of babies and children up to the age of five. This course will build on the experience, knowledge and skills of these caregivers. It will introduce ideas that may be new to some caregivers and it will also provide opportunities to discuss these.

Some caregivers have difficulty reading and writing, so this course has been designed especially for them. There is more guidance on how to work with the course participants in paragraph 2.1 and Annex A.

The course consists of 11 sessions. The course has been designed in a flexible way, e.g. sessions can be used in block training, or the sessions can be spread over a few weeks. Each session will take more or less three hours to complete.

This training package has been put together to help you as the trainer. Please read it carefully as it provides a good foundation for running sessions which are appropriate and interesting.

1.1 For each session you will need:

- A session outline
- Background document
- Handouts

1.2 Session outlines consist of:

- Learner outcomes
- Preparation
- Materials
- Time guidelines
- Introduction
- Activities
- Homework (for some sessions)
- Summary (for some sessions)
- Self assessment (for some sessions)
- Closure

2. ORIENTATION TO TRAINING

This section provides you with a general orientation to the training. We hope it will help you because this training is important and will impact on the lives of families, young children and communities.

2.1 Training methodology

You will be working with parents and other primary caregivers, who already have skills and knowledge that you can build on and make use of during the training.

It is important that you attend the ‘Train the Trainers’ session before giving this parenting course.

This course has been written for people who might not be able to read and write well. It also contains suggestions for activities and approaches to use if there are children and teenagers from child-headed households.

The course relies a lot on you leading discussions and encouraging participants to share what they already know and have experienced. This approach is very participatory and we hope everyone will feel relaxed enough to join in all the discussions, activities and role plays.

It is important to respect the boundaries that participants create around themselves and if they decide they do not want to share their thoughts, no one must force them to do this.

If you are well prepared and confident, your course will run well and you and everyone participating in it will have fun, and we all know that that is when learning takes place most easily.

2.2 Preparation

This course is designed to support and extend the knowledge and understanding of parents and other primary caregivers who take care of children from birth to five years old. It is important to remind the course participants that this course is not intended to train them as Early Childhood Development teachers.

Before you start offering this course, it will help if you read through all 11 sessions as well as the background documents. This will help you feel confident and well prepared.

- *It is important that you attend the ‘Train the Trainers’ session before giving this parenting course.*

2.3 Link with the Community Component of the Integrated Management of Childhood Illness Strategy (IMCI) Key Family Practices

The parental/primary caregiver training package provides the link between the Community Component of the Integrated Management of Childhood Illness Strategy (IMCI) and Key Family Practices as published and promoted by the Department of Health. These Key Family Practices are included in some of the sessions and are in the background documents in full.

2.4 Resources in training venue

Each session indicates clearly the resources that you will need to present the session successfully and achieve the learning outcomes. You should make sure you have these available before you start the sessions.

In addition to particular resources mentioned in some of the sessions, there are other resources that you will need for each session. These standard resources are:

- **Flipchart and flipchart paper:** Please make sure that you have enough for each session as you and the participants will be using these.
- **Pens and markers:** Have a variety of colours (darker colours like red, blue, green, black, purple, etc. work the best).
- **Attendance register:** A template for a standard attendance register is attached as Annexure B.
- **Handouts:** Most sessions have handouts for participants. Make sure you have enough copies for your participants.
- **Prestik:** This is important, as you will need it to display the work you and the participants do in the sessions.
- **Name tags:** These will help you and the participants to learn each other's names as quickly as possible. Write their names clearly and in large letters on the name tags so that they can be easily read at a distance of two to three meters.
- **Other resources:** Magazines, newspapers and pictures.

- *Each session indicates clearly the resources that you will need to present the session successfully and achieve the learning outcomes. You should make sure you have these available before you start the sessions.*

2.5 Understanding the sessions

It will help if you get to know these sessions really well before the course starts. You will feel confident and you will find it easier to answer any questions the participants may ask. Try to read through all the sessions, and then the day before the training, read through the relevant session once again.

- **Learning outcomes:** These are what we hope will be achieved by the end of each session.
 - **Preparation:** This section indicates what you need to read or prepare before each session.
 - **Handouts:** These need to be given to each participant during the session.
 - **Introduction:** It will help everyone to relax if you welcome the participants at the beginning of each session and make sure that they are comfortable.
 - **Activities:** Each session has two or three activities. These activities are designed to give the participants an opportunity to share the knowledge and experience they have already.
 - **Presentation:** There may be times in the session when you need to provide some additional or new information, or summarise the discussions you have had. You can write these up in point form on the flipchart as reminders to yourself; they are not intended for the participants to read as their reading and writing skills are limited.
 - **Key messages:** These are the critical aspects of a session.
 - **Self assessment:** At the end of some sessions there is a self-assessment activity that the participants can do to evaluate whether the learning outcomes were achieved or not. This is not a test. Facilitate this in a non-threatening and supportive way.
 - **Icons:** Throughout each session there are icons that will help you to see where to make changes to your presentation. These icons will be C (for when you are working with children who look after their younger siblings), T (for when you are working with teenagers who look after their younger siblings) and G (for when you are working with grandparents who look after young children). Please see page 8 for a list of the icons. It is a good idea to memorise them, as they will guide you throughout the training.
- *It will help if you get to know these sessions really well before the course starts.*

2.6 Target group for training

The training programme is designed to reach parents and primary caregivers who care for babies and young children from birth to five years old.

The literacy level of the participants may be quite low. The course has been designed so that the participants do not have to read or write. This means that the activities must be presented clearly and verbally. You can make notes during the sessions to remind yourself of points made or questions asked. However, do not expect the participants to be able to read these. Many of the participants may not read or write well because they were not able to complete schooling because of poverty or discrimination.

People who cannot read and write well usually have very good memories and are also able to think about problems or issues very clearly, and they will be able to report these back to you without much difficulty. They will enjoy discussions and activities such as role plays where they can talk about and act out situations rather than have to write about them.

You may have children from child-headed households or teenage parents/caregivers in your group. Suggestions on how to adapt some activities have been provided and there are icons (C or T) to show where you need to think of how to involve children and/or teenagers. You will be aware that if a child or teenager is heading a household, this probably means that they have lost their parents. They may be grieving and it will be important that you give them time to think about what is expected of them on the course. A lot of what is presented may be new to them and it may take you a little longer to cover the material.

Children and teenagers will probably enjoy the more active parts of the course and they should be encouraged to talk about their feelings while they are making, for example, collages or drawing pictures.

Grandparents also head households and often look after many children. Generally they will be catered for in the sessions in the same way as the other adult caregivers. You may have to be sensitive to some of their ideas which might be considered 'old fashioned' by younger participants. It will be important to remind everyone of the ground rule to be respectful and listen to other people's views and opinions. Grandparents have already brought up one generation of children and have a lot of experience that they should be encouraged to share with the rest of the group.

The training material is developed in English, and it is recognised that this will pose particular challenges in a country like South Africa that has such rich linguistic diversity. Until such time that this manual is translated, you will have to adapt the training material to suit your local conditions (see 2.10).

The training is designed for groups of between 15 and 20 people. If there are fewer than ten people, some activities might not work and will need to be adjusted. If more than 20 people attend, you may need to adjust some activities or ask another trainer to come and support you. These changes may affect the time frame.

When you become aware that there are serious issues worrying the participants, you may have to handle some of these during the

- *You will be aware that if a child or teenager is heading a household, this probably means that they have lost their parents. They may be grieving and it will be important that you give them time to think about what is expected of them on the course.*

session. If more difficult issues arise, you may have to ask for help to deal with these after the session. Never ignore a serious issue and if you feel you can't help the person, try to find someone who will. Sessions such as 'Healthy family relationships' and 'Grief and bereavement', etc. can evoke emotions that you will have to deal with immediately. You must also take into consideration the confidentiality of each group session and make sure all participants understand that what is said in the session must not be repeated outside the session if it will upset one of the other members of the group.

2.7 Activities and the power of role plays

Each session consists of two or three activities. Depending on the size of the group, it will sometimes be necessary to divide the group into fewer groups/pairs than indicated in a specific activity.

The specific needs and experiences of a group must be taken into consideration when role plays are used. Role plays are a very powerful way of working through an issue. However, you must remember that not everyone enjoys taking part in role plays. Make sure that no one is forced to take part or made to feel embarrassed because they prefer to be a member of the 'audience' instead of participating in the role play. Role plays need audiences so everyone has a part to play. Role plays can be used to reinforce behaviour that needs to be stressed and are an excellent way of practising new parenting or confidence-building skills.

2.8 Essential skills of trainers

To facilitate adult learning, you really need to be familiar with the principles of adult learning. More on these can be found in Annexure A.

2.9 Knowledge of community resources

It is very important that you have a thorough knowledge of all resources in the community where the training is taking place. Before the training starts, you should put together a very full list of local resources and their contact details. You need this so that you can refer participants to relevant community resources such as social workers, clinic, health care workers, etc. You may need to do a community survey to identify these resources.

- *Never ignore a serious issue and if you feel you can't help the person, try to find someone who will.*

- *It is very important that you have a thorough knowledge of all resources in the community where the training is taking place.*

2.10 Language

The training manual is in English but this does not mean that the training has to be conducted in English. You should conduct the training in any language that the participants understand. This means that you will have to prepare thoroughly to make sure that the messages in the manual are accurately conveyed and fully understood by participants.

2.11 Breaks

Break times are not indicated. You and the participants should decide on when these should be as each group has their own level of concentration. Usually it will be enough to have a 10-15 minute break half way through a three-hour session.

2.12 Icons

The following icons will be used throughout the training manual for easy reference:

Indication of time	
Preparation work for the trainer	
Handouts for the session	
Presentation for the session	
Activity	
When an alternative activity or explanation is provided that is suitable for participants who are children	
When an alternative activity or explanation is provided that is suitable for participants who are teenagers	
When an alternative activity or explanation is provided that is suitable for participants who are grandparents	

2.13 The sessions

The course consists of 11 sessions. The duration of each session is more or less three hours long. Remember, however, that the indicated duration (i.e. three hours) is just a guideline and you might require more time depending on the needs of a specific group.

The schedule for the training and the topics are as follows:

Session 1 (3 hours and 20 minutes): Introduction and Me, the caregiver

Session 2 (3 hours): Healthy family relationships

Session 3 (3 hours): Health and nutrition

Session 4 (3 hours): Play and creativity

Session 5 (3 hours): Physical development

Session 6 (3 hours): Social development, emotional development and confidence building

Session 7 (3 hours): Intellectual and language stimulation

Session 8 (3 hours): Child safety and protection

Session 9 (3 hours): Positive discipline

Session 10 (3 hours): Grief and bereavement

Session 11 (3 hours): Children's rights and Course review

Time is allocated per session and not per activity in this version to allow flexibility in the training.

2.14 Reflection

Each time you start a new session, it is very important to spend the first 10-15 minutes reflecting on the previous session. During these 10-15 minutes, ask the group to highlight some of the most important aspects they can remember from the previous session. So, before you start Session 2, they will reflect on Session 1, and before you start Session 3, they will reflect on Session 2 and so on.

We hope that you will enjoy the training and will learn as much from the participants as they will learn from you!

- *We hope that you will enjoy the training and will learn as much from the participants as they will learn from you!*

ANNEXURE A: ESSENTIAL SKILLS FOR TRAINERS

(Adapted from the UNICEF CD *Parenting Education Toolkit: Working with Families to Support Young Children*)

The following section offers some principles and guidelines to think about when you prepare for this parenting course.

1. ADULT EDUCATION: THE PRINCIPLES

- Parents/caregivers attend training to get information as well as support.
- Parents/caregivers have a variety of different learning needs and styles.

1.1 Parents/caregivers can direct their own learning

Parents/caregivers come to a group willing and eager to learn. They can usually identify what they want to learn and how they want to learn it. Parents/caregivers in a group may be at different stages of development. Some will be better at directing their own learning. Others will need more direction and involvement and request the support of the trainer. In addition, they will see the trainer as an important role model. When this happens, it is important to assume the role of teacher or leader in subtle ways. Assume they are independent learners, but do not be surprised when they are not.

Encourage parents/caregivers to identify topics and present some of their ideas to the group. Involve them as much as possible in the presentation of information. Draw on their experiences and feelings. Their involvement in this way has numerous benefits. For example, they are aware that they can help each other, they see themselves as good resources, group unity is enhanced and their own learning is solidified.

- *Encourage parents/caregivers to identify topics and present some of their ideas to the group.*

1.2 Parents/caregivers need to share their experiences

Both trainers and parents/caregivers need to share their parenting experiences with each other. Learning is most relevant when the subject is about the parents'/caregivers' own immediate experiences. Parents/caregivers can learn from one another. Encourage them to share their experiences as much as possible.

Share your own experiences where appropriate: rely on the parents'/

caregivers' experiences first, and then offer your own insights when you have had an experience that the parents/caregivers have not yet encountered.

1.3 Parents/caregivers need a balance of information and support

Encourage parents/caregivers to share their ideas and related feelings about a topic and be sensitive to their feelings. Even the most information-driven presentation usually evokes an emotional response, particularly when it relates to parenting or personal issues.

1.4 Parents/caregivers need to apply what they have learned

Encourage the parents/caregivers to try out what they have learnt before the next training session. At the next session, ask how it went and how the information was used. Relate what they share with the class to the information covered.

1.5 Assumptions underlying parenting/caregiving education

- Parenting can be improved through learning; being a parent/caregiver requires continuing adjustment.
- Parents/caregivers need to share their emotional reactions with each other and receive acceptance from their peers.
- Focusing on the needs of both children and parents/caregivers is essential.
- Parents/caregivers can help each other tremendously if the group is well structured; they can begin to regain a sense of competence.
- Trainers are responsible for giving 'good' information and for modifying misinformation given by participants.

2. GROUP DEVELOPMENT

Each group develops in its own way and in its own time. Just as parents/caregivers need to consider their child's level of development when parenting, trainers need to consider the group's level of development.

In the beginning phase (during the first few sessions of the training), the parents/caregivers might feel shy and uncertain, and even wonder if other group members will like them. The trainer constantly needs to encourage participants during these initial sessions. Try to promote

- *Encourage parents/caregivers to share their ideas and related feelings about a topic and be sensitive to their feelings.*

- *Each group develops in its own way and in its own time.*

a lot of discussion and involve every participant in a sensitive, supportive way.

In the middle phase (after the first few sessions of the training), the participants are able to express their emotions more openly and take more responsibility for their own group. Sometimes in the middle phase, a 'storming' phase can appear where some of the participants rebel against the others or try to dominate the entire group. At other times, participants are so overwhelmed with their own lives that they have little energy left to spend within the group. Some participants might feel overwhelmed or intimidated by certain members of the group, or feel that the trainers do not give them a chance to respond.

In the last phase (during the last few sessions), the participants might feel they don't want the training to end. If they indicate that they want the group to continue meeting, encourage them to meet independently.

3. GROUP LEADERSHIP SKILLS

The following leadership skills will help trainers conduct effective group meetings.

3.1 Structuring

Structuring helps keep the group discussion on track and prevents spending too much time on one specific issue.

3.2 Universalising ('others have the same kind of concerns')

Look for opportunities to help participants see that others share their concerns. Participants sometimes come with a degree of anxiety about their parenting/caregiving skills. They might feel that they are the only ones with a particular problem. By universalising these problems in the early meetings, you help the group to feel comfortable. Look for common threads and themes and promote the group's awareness by asking: "Who else has ...?" or "It seems like many of us are concerned about ...".

- *Look for opportunities to help participants see that others share their concerns.*

3.3 Linking

Linking refers to the identification of common and different themes in members' comments. This skill requires carefully listening for feelings, asking questions and making comments. Sometimes participants might not immediately recognise the similarity of expressed concerns.

It is your role to show that while participants might have different questions, their underlying needs are similar.

3.4 Redirecting

Participants need to learn how to discuss issues with each other and not just with the trainer. When comments and questions are directed to you, one strategy is to redirect them to the group by asking: “What do others think?” or “How do the rest of you feel about this?”

3.5 Summarising

Summarising helps participants understand the concepts, skills and opinions discussed in the session and integrate what they have learned. Summarising can be done throughout a session. Summaries are also useful after a discussion before proceeding to a new topic or activity, when you need to move on due to time constraints, or after a disagreement. You might say: “Before we go on, let’s briefly summarise what’s been said so far. What have we learned about the process of encouragement?”

3.6 Setting tasks

It is helpful if participants are given some follow-up activity to do at home with their children. The trainer should emphasise the importance of this kind of activity.

3.7 Promoting feedback

When given with respect, feedback encourages open communication and the opportunity for change. It is also important to give positive feedback for effort, improvement, accomplishment and contributions.

3.8 Promoting direct interaction

At first, it is common for participants to talk to each other through the trainer. The trainer, however, needs to promote direct interaction between participants.

3.9 Provide encouragement

Encouragement is the most important facilitation skill.

Encouragement means focusing on efforts, improvements, progress and strengths, and demonstrating faith in a participant’s ability to change and grow.

- *When given with respect, feedback encourages open communication and the opportunity for change.*

4. MANAGING DIFFICULT GROUP MEMBER PROBLEMS

4.1 A group member dominates the discussion

If one group member talks too much or tries to take over the discussion, group members might try to interrupt the person dominating the discussion; they are likely to be unsuccessful. If this seems to be a pattern, you may have to gently interrupt at some point and turn to the group as a whole and ask: “Does anyone have something to say about this topic?” or “Has anyone else had a similar experience?”

4.2 A group member rarely or never speaks

Some people learn best by being in a group and never speaking up. On the other hand, a person may really want to speak but feels shy or embarrassed to do so, especially if the group is large. It is difficult for the leader to know what is really happening. Taking such a person aside privately might be one way of finding out. Raising the issue directly may help. You might say: “I notice that you are very quiet when we have our discussions. Is that okay for you, or would you like me to find an opening for you to contribute your ideas?”

If the person says it is okay to remain quiet, then you need to respect their choice. However, if the person wants help then you need to watch the discussion closely in order to ask the person if he or she has a comment to make.

4.3 A group member is verbally abusive

This is a very destructive situation which demands your immediate attention. Allowing verbal abuse of any sort undermines the entire group’s feelings of safety. You must make it clear at the moment of the abuse that you will not tolerate one member’s disrespect for another. If, despite your firm direction, the abuse continues, you will have to ask the offending member to stop or leave the group. It is very important for group members to see that you will protect them from verbal attack.

4.4 A group member ‘knows it all’

This person may criticise or contradict other members or you. You may find yourself in the role of mediator and might have to say something like: “Sbongile seems to have an opposing idea. I wonder what others think.” You will need to be very cautious as you try to

avoid a confrontation while at the same time keep the conversation going. At all costs, you must avoid getting into the conflict yourself.

4.5 A group member constantly interrupts other members

Often this is an enthusiastic person who just cannot wait for their turn. It is not a serious problem and it can usually be solved by pointing out what is happening to the interrupter: “Kagiso is not quite finished with what he is saying. You will be next Sibongile.” Then it is up to you to make sure that Sibongile is really next.

4.6 A member constantly changes the subject

You are in the midst of an interesting discussion and one person brings up a totally unrelated topic. You notice that this happens frequently. This is not too difficult for a trainer. You can point out that the group has not yet finished with the topic, but that as soon as they have, you will address the new topic which has been brought up. If you sense that this group member changes the subject because the topic under discussion is uncomfortable or embarrassing for her, then you might want to talk privately before or after the group session. This will allow you to explore what that person thinks about the topics that the group discusses.

- *If you sense that this group member changes the subject because the topic under discussion is uncomfortable or embarrassing for her, then you might want to talk privately before or after the group session.*

4.7 A member brings up serious concerns

A person may talk about concerns regarding her intimate relations with a spouse or partner, or bring up issues relating to a family member, or her own problem with substance abuse, accommodation problems, etc. These are very significant concerns, but they are beyond the scope of your capabilities and this course. You will not want to ignore these concerns but you may also not want to discuss them in the group. Tell the member that you will discuss these matters privately when the session has ended. You might need to locate a referral for this person so that he or she can obtain the necessary help.

ANNEXURE B: ATTENDANCE LIST

Date Time Meeting PARENTING CAPACITY DEVELOPMENT PROGRAMME Venue
 Name of trainer Organisation/Office Contact Number

Circle the age group you fall into

Name	Organisation	Age: Younger than 18/18-25/26-30/31-40/41-60/61-70/71-100	Signature
Surname		Telephone	
Postal Address	Sex: M F	Fax	
	Postal Code	Cellphone	
		Email	
Name	Organisation	Age: Younger than 18/18-25/26-30/31-40/41-60/61-70/71-100	Signature
Surname		Telephone	
Postal Address	Sex: M F	Fax	
	Postal Code	Cellphone	
		Email	
Name	Organisation	Age: Younger than 18/18-25/26-30/31-40/41-60/61-70/71-100	Signature
Surname		Telephone	
Postal Address	Sex: M F	Fax	
	Postal Code	Cellphone	
		Email	
Name	Organisation	Age: Younger than 18/18-25/26-30/31-40/41-60/61-70/71-100	Signature
Surname		Telephone	
Postal Address	Sex: M F	Fax	
	Postal Code	Cellphone	
		Email	
Name	Organisation	Age: Younger than 18/18-25/26-30/31-40/41-60/61-70/71-100	Signature
Surname		Telephone	
Postal Address	Sex: M F	Fax	
	Postal Code	Cellphone	
		Email	
Name	Organisation	Age: Younger than 18/18-25/26-30/31-40/41-60/61-70/71-100	Signature
Surname		Telephone	
Postal Address	Sex: M F	Fax	
	Postal Code	Cellphone	
		Email	
Name	Organisation	Age: Younger than 18/18-25/26-30/31-40/41-60/61-70/71-100	Signature
Surname		Telephone	
Postal Address	Sex: M F	Fax	
	Postal Code	Cellphone	
		Email	



session

1

INTRODUCTION AND ME, THE CAREGIVER

SESSION 1: INTRODUCTION AND ME, THE CAREGIVER

Learning outcomes

By the end of the session the participants will:

- Get to know the trainer and other participants.
- Have an overview of the programme.
- Appreciate their own skills and own knowledge as caregivers of babies and young children.
- Be able to identify the challenges and opportunities in raising babies and young children.
- Know how to tap into resources in their community.

Preparation required for this session

- Read through the background material.

Materials required for this session

- Flip chart
- Newsprint
- Koki pens
- Prestick
- Name tags
- Crayons
- Handout 1: *Course outline*
- Attendance register

Time

This session will probably take you three hours to complete. This is meant to be a guideline only; use your own judgment and do not stop a discussion if important issues are being raised or if there are questions that must be answered.



INTRODUCTION

Organise the room in such a way that all the participants can see each other and feel comfortable.

Introduce yourself as the trainer and welcome all participants to the training.

Make sure that everyone is comfortable and tell them where the toilets are. Ask all participants to switch off their cellphones.

Tell the participants that this part of the session will help them:

- Get to know each other.
- Have a clear idea of what to expect in this course.

GETTING TO KNOW EACH OTHER

Ask each participant to introduce themselves like this:

- Introduce themselves by first name and surname.
- If they are parents, they should tell everybody how many children they have.
- If they are caregivers such as grandparents or older brothers and sisters, they should tell everybody how many children they look after.



EXPECTATIONS



Explanation of the activity

- Explain to the participants that they will be divided into four groups.
- Each group needs to discuss their expectations of the training with each other.
- Each group needs to decide on a spokesperson who will give feedback to the bigger group.

Implementation of the activity

- Divide participants into four smaller groups of equal numbers.
- Allow them five minutes for their discussion. As each group gives feedback to the rest of the participants, write the expectations on a flipchart using plain language and in as few words as

possible. Allow two minutes per group. When one group has the same expectation as another group, put a tick next to the first expectation that you wrote up. Make sure that you explain that you are writing to help you remember and that the ticks show that other participants had the same idea.

- (c) Carefully review all the expectations and indicate to the participants which expectations will be met by this training.
- (d) Remind participants that this training is for parents and caregivers to improve the skills and knowledge they already have. Some of their expectations may be outside the scope of this training, but you as the trainer are glad that they raised a variety of expectations as now you and the department are aware of the other needs that exist.
- (e) Put the flipcharts up against the wall of the training room. They should remain there for the duration of the training and you will be able to refer back to the expectations participants raised whenever you need to.
- (f) If other people will be using the room after you, take down the flipcharts and put them up for each session.

OVERVIEW OF THE TRAINING

You will now discuss the whole training course. Important points to highlight are:

- (a) This course will focus on babies and young children from birth to five years old.
- (b) There are 11 sessions. Each session will last three hours.
- (c) Agree on the day and time that these sessions will take place e.g. Mondays at 10 a.m.
- (d) Explain that during this course participants will share their knowledge and experience with each other. They will also be given additional knowledge and skills that will help them as a parent or caregiver.
- (e) Make sure participants understand that this training is meant to expand their own skills and knowledge as caregivers. It is not a course that will train people to become teachers in Early Childhood Education centres.
- (f) Explain that the course consists of different ways of learning which include presentations by the trainer, group work, role plays, some creative activities, etc.

- (g) Explain that in some sessions there will be handouts. These handouts are meant to remind participants about the important aspects of the sessions, and they will also help participants share their new knowledge and skills with their neighbours and other members of the community.
- (h) At the end of some sessions they will be given homework. This will be a small activity that they will do at home and report back on during the next session.

Give each participant the puzzle page (Handout: *Course outline*) that illustrates the whole course. Use this puzzle page to identify the different parts of the course. Do not spend too much time explaining each session as you will do this on the days you cover that particular session.

The course consists of the following sessions:

- Session 1:** Introduction and Me, the caregiver
- Session 2:** Healthy family relationships
- Session 3:** Health and nutrition
- Session 4:** Play and creativity
- Session 5:** Physical development
- Session 6:** Social development, emotional development and confidence building
- Session 7:** Intellectual and language stimulation
- Session 8:** Child safety and protection
- Session 9:** Positive discipline
- Session 10:** Grief and bereavement
- Session 11:** Children's rights and Course review

As participants complete each session, they can colour in the relevant piece of the puzzle. Ask them to keep the puzzle page safe and always bring it to each session.

GROUND RULES

Ground rules are important for any training as they establish common understanding of what to expect of each other during the training.

Ask the participants to call out what they think the ground rules should be for the training and agree on a simple drawing using stick figures to illustrate each ground rule, e.g. a cellphone with a line through it; a few stick figures with one apart from the group as though she is not being listened to.

Be careful not to have too many ground rules: about five are usually enough. When you have listed them all by using the simple drawings, go through the ground rules and make sure that all participants agree to each of them.

As the trainer you can also make suggestions. The following are some of the common ground rules that should be on the list:

- Be on time
- Cellphones off
- Respect each other's opinions
- Come to each training session
- Participate in the discussions

Draw stick figures to illustrate the ground rules on a flipchart page and display these on the training-room wall. Take them down at the end of the session and keep them to use each time you meet.

ME, THE CAREGIVER

All the participants care for children, some as parents, and some as grandparents or older siblings. Some may be very young teenagers while others may be older. In this activity we hope that people will be affirmed in their role as their babies' first educators and as role models in the lives of the children they are responsible for.



PEOPLE IN MY LIFE



Explanation of the activity

- Each participant will be given a piece of paper and a pen or pencil.
- Each participant will draw themselves in the centre of the page.
- Each participant will then think about the people in their lives i.e. people they are with on most days such as family members, members of the community, peers in school, people they meet when they go to the shops, health workers at the clinic, etc.
- Each participant must draw these people; they must put the most important people in their lives close to them and those not so important further away from themselves.



Implementation of the activity

- Give each participant a piece of paper and a pen or pencil.
- Walk around to help participants if they are struggling. Encourage them to draw stick figures; they do not have to draw complicated figures.
- When everyone has drawn something, ask them to think about why the people they have drawn close to them are important to them.
- List some of their reasons on the flip chart. You will not write down the name of the person, but you will write down the quality that makes them important e.g. kind, helpful, provides money, etc.
- Ask the whole group to discuss the importance of having people around them and try to agree on four or five important qualities in these people i.e. why we want them in our lives.



PEOPLE IN THE LIFE OF A CHILD

Explanation of the activity

- (a) Each participant will receive a piece of paper and a pen or pencil.
- (b) Each participant will draw one of the young children they look after in the middle of the page.
- (c) Around the picture of the child, they will draw the people who are important to him or her. Ask them to draw the most important people close to the child and those less important to them further away.

Implementation of the activity

- (a) Give each participant a piece of paper and a pen or pencil.
- (b) Walk around to help participants if they are struggling. Encourage them to draw stick figures; they do not have to draw complicated figures.
- (c) When everyone has drawn something, ask them to think about why the people they have drawn close to the child are important to them.
- (d) List some of the reasons on the flip chart. You will not write down the name of the person, but you will write down the quality that makes them important e.g. loves them, teaches them, etc.
- (e) Discuss these qualities and ask participants to take a few minutes to think about themselves and the child/children they care for:
In what ways do they help that child? They do not have to share their thoughts with the whole group.



OUR HOPES FOR OUR CHILDREN

Explanation of the activity

We are going to look at what we value in children.

- (a) You will ask the group to break into smaller groups of four or five people.
- (b) Each group will try to describe a 'good' child. They must first decide on the age of the child they are describing because what makes a baby 'good' will be different to what makes a three-year-old child 'good'.



- (c) All groups must contribute to a list of qualities that they think are important in children. You will need to prepare a flip chart with different columns for 0-1 year; 1-3 years; 3-5 years.

Implementation of the activity

- (a) Group participants in groups of between four and five people.
- (b) Remind them to decide on the age of the child they are describing, or you can allocate ages to each group.
- (c) Each group will now discuss what makes a child of that age 'good'.
- (d) All groups should contribute ideas. You will write them up in the appropriate column as a reminder to yourself.
- (e) Go through the list when everyone has reported back. Read it out once again and make any changes that the group decides on; someone may want to add or remove something from the list.
- (f) Now ask the participants to turn to the person next to them so that they can discuss the next question in pairs. The question they will try to answer is: *What is good about my child?* If there are teenagers or children in the group, ask them the question: *What is good about one of my brothers or sisters?*
- (g) When they have answered that, ask them to answer these questions: *How can I show that I appreciate what is good in my child (or brother/sister)? How do I as a caregiver show my child (my brother/sister) that I think that they have good qualities?* They will share their responses with another participant and not with the whole group.



HOMEWORK

Ask participants to think about each one of the children they live with/look after. They must think of three things that they really like about each child – it can be the way they look, what they can do, how they behave. At the next session, ask participants to share one thing that they did at home to show the children that they appreciated what is good about them.

SUMMARY

Before ending the session, take participants through what has been covered in the session.

Key messages

- You have got to know something about each other.
- The whole course has been outlined.
- You have discussed how other people in your lives support you.
- You have looked at who a young child relies on for support and what that support is.
- You have thought about what is important and good about children in your family.
- You are going to find ways to show children in your family how much you love them and how you want to support them.



CLOSURE

- Ask the participants to colour in Session 1 on Handout: *Course outline*.
- Remind everyone of the day and time of the next session.

HANDOUT 1: COURSE OUTLINE



BACKGROUND DOCUMENT

1. INTRODUCTION

These days parents/caregivers have a great many challenges to cope with. Times have changed since they were children; however child-raising methods that were used in the past should complement current parenting skills.



2. PARENTING

Parents/caregivers are anyone who is responsible for the caring and raising of babies and young children; they can be fathers, mothers, grandparents, uncles, aunts, brothers, sisters or community members.

Parents/caregivers play a very important role in the development of their babies and young children. The well-being of babies and children depends on the well-being of their parents. If parents/caregivers feel good about themselves and believe that they are trying to be the best parents/caregivers they can possibly be, this will automatically have a positive impact on their children.

All parents/caregivers have a variety of skills that they use to raise their babies and young children. Most parents/caregivers are naturally effective in their roles and need very little guidance at being good parents/caregivers. The goal of this course is to reinforce and build upon existing skills by adding new skills and knowledge. Parents/caregivers should realise that we can learn how to raise our children from one another. We can learn from another's experience and apply this new knowledge in our own situations.

It is important that parents/caregivers are supportive of one another in the challenging task of taking care of babies and children. Parents/caregivers should realise that nobody is perfect, but that all parents/caregivers raise their babies and young children to the best of their abilities. We are allowed to make mistakes, as long as we learn from our mistakes and do not repeat them in the future.

Parents/caregivers are never too old to learn. We learn things daily from our children as well. It is wonderful to experience things all over again through the eyes of our children – a beautiful butterfly, the clouds in the sky, a small spider, etc.

Parenting/caregiving is both a privilege and a challenge. Our baby is given to us as a precious little gift, and we play a very important role

- *The goal of this course is to reinforce and build upon existing skills by adding new skills and knowledge.*

in the development of that baby, all the way up to adulthood. The first five years of a child's life are the most crucial because they are the foundation for the child's future.

Parents/caregivers are children's guides into the world and they need to lead by example. We need to show our children how to respect other people by respecting our children. People treat people the way they know best and that is the way they were treated. We also need to show our children how to love other people by loving our children first. And we need to show our children how to accept other people by unconditionally accepting our children. All in all, we need to show our children how to grow up to be good adults, and our actions will speak louder than our words.

Parents/caregivers are babies' and children's first teachers; crèches and pre-schools can never replace the role played by parents/caregivers. Babies and children learn many things from their parents/caregivers such as their first words, their first steps, how to treat and respect other people, etc. Babies and children also learn values from their parents. Values are the 'rules' we live by, for example: Do we treat objects and people with respect? Do we take care of one another? Do we accept that some people may see the world differently to ourselves? and so on.

In our communities, parents should stand together. We need to support one another and help one another raise our babies and children. Some families in our communities may have babies and young children with special needs. These babies and children might be deaf, mentally challenged, physically challenged, etc. Any child who has special needs relies very heavily on their parents/caregivers. Their parents/caregivers may sometimes feel tired and stressed from trying to cope with their baby's or child's special needs. Parents who do not have these kinds of pressures can offer support and love to parents/caregivers of children with special needs by, for example, looking after the baby or young child one day a week or a month. This will give the tired parent/caregiver a break and you will learn to appreciate your life.

Parents/caregivers need to be involved in the children's day-to-day routines or what happens at any pre-school or day-care facility their babies or children attend, because this shows a baby or young child that the parents/caregivers are interested in their learning. This in turn, helps to build character and self-esteem in the young child.

Parents/caregivers should also realise that they are not alone in raising their babies and young children. There are a variety of resources available in their communities to assist them.

- *In our communities, parents should stand together. We need to support one another and help one another raise our babies and children.*

NOTES



session 2

HEALTHY FAMILY RELATIONSHIPS

SESSION 2: HEALTHY FAMILY RELATIONSHIPS

Learning outcomes

By the end of the session the participants will:

- Understand more about the importance of healthy relationships in the lives of babies and young children.
- Know more about building healthy relationships with babies and young children in the family and community.

Preparation required for this session

Read through the background information.



Materials required for this session

- Newsprint
- Flipchart
- Newsprint
- Koki pens
- Crayons
- Handout 1: *Course outline*
- Handout 2: *Support for families*
- Attendance register



Time

This session will probably take you three hours to complete. This is meant to be a guideline only; use your own judgment and do not stop a discussion if important issues are being raised or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to the second session of the course. If there are any new people, ask them to briefly introduce themselves.

Remind everyone of the ground rules; go through them if you think people may have forgotten some of them.

Ask the participants who would like to report back on one or two of the ways that they showed a child in their family how much they appreciated the good things about them.

Give each participant a chance to contribute, but don't force anyone who is shy or who didn't remember to do the activity at home.

As each person finishes saying what she did, ask her to describe the response of the child. In this way we hope to show that children respond well to loving and supportive things that caregivers do.

FAMILIES

Explanation of the activity

We all live in a family but not all families are the same. This activity will help the group appreciate this reality. Tell the participants that you will ask them to work in small groups of four or five people. The question they must answer in their group is: *What is a family?*

Each group must try to agree on a short answer to the question which they will share with the whole group.

Implementation of the activity

- (a) Help the participants get into groups of between four and five people.
- (b) Ask them to discuss the question and then try to agree on a short answer. The question is: *What is a family?*
- (c) Bring all the participants back into one group and ask each group to call out their answer.
- (d) Write up the first answer on the flip chart. If the next answer is the same, tick the first one. Explain what you are doing – you are writing the answers to remind yourself of what has been said.
- (e) When every group has called out their answer, you can read these out again and try to agree on one explanation that the whole group feels happy with.
- (f) Write this sentence on the flip chart and read it out to the group.



WAYS OF CELEBRATING

Explanation of the activity

All participants are going to discuss how families celebrate the birth of a baby. You are going to ask participants to share with others what their family does. You may not have time for everyone to share but try to let as many people as possible have a chance to talk. After each contribution you can ask if there are others who do the same things; this will cut down the time needed.

If there are teenagers or children in the group, they may not be able to remember clearly what happened when a baby was born in their family. Change the discussion to talk about some ways that you know families celebrate birth and then ask if and why they think it is important to celebrate birth.

Implementation of the activity

- (a) Invite participants to share with the whole group how their family celebrates the birth of a baby.
- (b) For teenagers and children, give examples and ask if they think it is important to celebrate the birth of a baby and give a reason for their answers.
- (c) Not everyone has to share. Many people will do similar things to celebrate the birth of a baby and will not have to repeat what someone else has said.
- (d) Point out how there are different ways of celebrating the birth of a baby. All of these are acceptable and good. The point you want to make is that:
 - Families are different.
 - Different families do things in different ways.



FAMILIES IN OUR COMMUNITY

Explanation of the activity

- (a) Participants will break up into groups of people who live close to one another. Make sure no group has more than six or seven people in it.
- (b) Participants will draw a map of the area they live in. They will include roads, rivers, shops, schools, clinics, etc. They will also show where they live.



- (c) When they have completed the map, they will be asked to identify the homes of families different to their own, e.g. families with two parents, families headed by a child, families living with a grandparent, etc.

Implementation of the activity

- (a) Ask participants to work in groups of people who live close to one another.
- (b) Each group has a sheet of newsprint and crayons.
- (c) Each group draws a map of the area they live in.
- (d) Participants each mark or draw their own homes.
- (e) You should walk around to answer any queries.
- (f) Then ask the groups to indicate on their maps the homes of families who are different to theirs, e.g. two parents and children, or a single parent and children, or a child-headed household, or a granny and children, etc.
- (g) Put all the maps on the wall and let the groups walk around and look at each one.
- (h) Point out how many different kinds of families there are in each area.
- (i) As a whole group discuss how participants support those families who are having problems.

SUPPORT IN THE COMMUNITY

Explanation of the activity

- (a) The whole group will list some of the problems experienced by families in their area.
- (b) The whole group will discuss where to get support in the community for themselves and for others with problems.

Implementation of the activity

- (a) Draw a grid on the flipchart.
- (b) Ask participants to call out some of the problems that are experienced by families in their area, e.g. difficulty in getting grants, no income, abusive or drunk adults, etc.
- (c) Use one or two words to summarise the problem and write the



words in a block down the left-hand side of the grid. Stop when you have about eight problems. There may be more but it will be difficult to cover all of them.

- (d) Ask participants to suggest people in their community who can offer support to families in need, e.g. clinic sister, police officer, neighbour, etc.
- (e) Write these along the top of the grid, one per block. If you can think of a symbol such as a red cross for the clinic or SAPS for the police, then use them.
- (f) Now go back to the first problem and ask participants to think about who would offer support to a family experiencing that particular problem. Tick the box under that person. There may be more than one tick per line.
- (g) Go through all the problems in this way.
- (h) When the matrix has been completed, take time to identify the problems people have trying to access this support, e.g. people are too busy, you need to fill in too many forms, the telephone lines are down, etc.
- (i) Discuss how people can overcome some of these problems.

Here is an example of a grid/matrix.

	Police	Clinic	Priest	Friend
Abuse	x	x	x	x
No food		x		x
Sickness		x		

SUMMARY

Give one handout to each participant and use this to summarise what has been discussed in the session.



Key messages

- Each family is different.
- There are useful resources in most communities.



HOMework

If you have teenagers or children in your group, they must ask adults in their neighbourhoods to tell them about the different ways of celebrating the birth of a child.



CLOSURE

Ask participants to colour in Session 2 on Handout 1: *Course outline*. Also distribute copies of Handout 2: *Support for families* to each participant.



If your group would like to, they can close with a song or a prayer. Do not force them to do anything but let them decide for themselves.

HANDOUT 2: SUPPORT FOR FAMILIES

- The handout shows a number of families and also some of the support structures/people found in most communities.



BACKGROUND DOCUMENT

1. INTRODUCTION

Relationships within the family are very important in order to raise happy babies and young children. Families need to work hard to keep relationships intact. There are some basic principles that all families need to follow in order to function satisfactorily. These include the following:

- **Time:** Families need to plan to spend time together, in particular parents/caregivers with their children.
- **Devotion:** Parents/caregivers must care and love their babies and children.
- **Nurturing:** Parents/caregivers must be constant in their love and care.
- **Contact:** Family members need to have physical contact with each other. It is important that the parent and the child hug and kiss each other so they can feel the love that exists between them.
- **Communication:** The parent/caregiver and the child must show their love through eye contact, touching and telling each other how much they love each other.
- **Socialising and playing:** Families who spend time with other people in the community and parents/caregivers who play with their own children, show how much they care for one another.

Families are different to each other and family members also show how they care about each other in different ways. You have been reading about some of the ways family members show they care for one another. The love between family members is based on strong and healthy relationships, and these relationships keep them together. Understandably, the relationships parents/caregivers have with their children will change and grow as their children grow older.

Different types of families

Some families consist of a mother and a father, and a child or children. There are other families where there is only one parent, a mother or a father, or a grandparent, or an aunt or uncle who brings up the children. There are also families made up of only children; in these cases, an older sibling brings up the younger children. Then there are families where the grandparents, uncles, aunts, sisters and/or brothers bring up the children. It does not matter what a family looks like, as long as they consider one another as members of a caring family unit.

- *Families need to work hard to keep relationships intact.*



Sometimes families cannot live altogether on a regular basis because of work commitments, for example. But this reality does not prevent them from considering themselves to be part of a family.

2. RELATIONSHIPS IN THE FAMILY

Experts believe that a child's relationship with their parents/caregivers during the first several years is key to the successful social development of the child later in life. It is therefore important for parents/caregivers to work at having loving and caring relationships with their children.

A relationship with a child is built in different ways. It starts at a very early age; in fact it begins in the mother's womb at conception. The unborn baby knows very little about the sensation of touch while in the womb, except for when it brushes against the umbilical cord (i.e. the cord that attaches the baby to the womb). Only when the baby is born, does he really begin to learn about touch. The sense of touch will help the baby form relationships during the early stages of his life.

During the first year of life, the baby will experience the following:

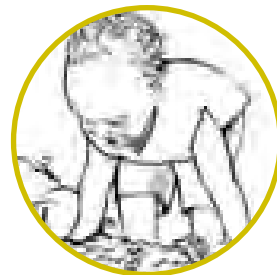
- Once the baby is born, the sense of touch is truly awakened.
- The baby experiences the sensation of being held and touched.
- The baby feels a sense of well-being and security when he is held and touched.
- Parent/caregivers must stimulate the baby's senses of sight and hearing, as well as touch.
- When the parent/caregiver gently touches the baby's skin, it helps to release the baby's stress. Reduced stress will improve the baby's well-being and health. The baby's breathing improves as does his blood circulation. Touch can even improve the baby's ability to fight disease.
- The physical closeness between a parent/caregiver and a baby helps the baby feel secure and safe, and this contributes to the baby's positive self-image.
- When a parent/caregiver sensitively handles his baby, both the adult and the baby have an opportunity to get to know one another better and improve their relationship. Each relationship has its own specific and special characteristics.



- *The sense of touch will help the baby form relationships during the early stages of his life.*

3. ASPECTS TO REMEMBER DURING BABY'S EARLY YEARS

- From the first day of a baby's life, they are eager to learn how the world works. They do this through play and using what they have at their disposal at that particular time in their life.
- Young babies and young children use their eyes, skin, noses and mouths to explore the world they live in.
- Through their senses they learn about their world. They start to focus on objects with their eyes. They feel their parent's/ caregiver's touch on their skin and the smell of their mother, father and other caregivers becomes familiar to them; they start to associate this with a feeling of belonging. The taste of their new world is discovered through their mouths.
- All these senses can be used during play to build relationships between babies and young children, and with their parents/caregivers.
- Using good communication skills in a family is an important way of building relationships, even early on in a baby's life.



4. STABLE FAMILIES

Stable family relationships are formed through communication. As soon as a baby is born, she starts learning about the joy of close relationships. Her smiles, coos and gurgles all contribute towards keeping these relationships close.

Older babies (between one and two years of age) build relationships through play. (Refer back to Session 2; it focused on how play helps build positive relationships). It is important to remember that each baby and young child is unique and has his or her own special needs and skills; the parent/caregiver must use these as a guide when they play with their baby or young child.

Babies and young children will let the parent/caregiver know what entertains and interests them and what does not. During play, parents/caregivers should try to:

- be relaxed when they handle their babies and young children.
- be happy, spontaneous and positive.
- use a loving and caring voice.
- realise how important it is to make time to play with their babies and young children.

Understanding a baby or young child can seem like hard work to an adult, and sometimes they may feel they are misunderstanding

their children. Healthy family relationships can be maintained when parents/caregivers are able to understand the ‘signs’ their babies and children are giving. The following table is a guideline to understanding the various signs a baby or young child may be giving to their parents/caregivers:

Age group	Child’s actions/ behaviour	Child’s experience	What the parent/caregiver can do
Birth to eight months	Cries or clings to you when a new person approaches.	I don’t know this person. I do not know what to expect from her and that scares me.	Give the child time in your arms or on your lap to get used to new people. Urge other people to approach slowly. Ask them to ‘break the ice’ by offering the child an interesting object.
Eight to 18 months	Points to something and then looks over to share her discovery with you.	Look at what I discovered. I want to see it/smell it/hold it. Can you hold it for me so I can touch it/smell it/taste it?	Talk about her discoveries and lift her to see/smell/touch them. If it is safe, offer her the object to explore.
Eighteen months to three years	Has trouble knowing when to stop doing something.	I can’t always put ‘the brakes on’ when I am having fun and a great time. Sometimes the things I am doing are so exciting! With your help, I’ll learn about selfcontrol, but do not expect it to happen overnight.	Establish clear rules and stick to them. These include for instance: “Balls are for outside”; “Eat and drink only at the table”. Expect her to need reminders. Always acknowledge when she shows self-control: “You remembered to bring your milk to the table. Good job.”

(Information taken from <http://www.zerotothree.org/LearningGrowing/LGSignal.html>)

Parents/caregivers must remember these are just guidelines to their child’s behaviour and suggestions on how parents/caregivers can respond. Each baby and child is unique and each behaviour has its own meaning and needs special care and response from the parents/caregivers.

5. SIBLINGS, GRANDPARENTS AND THE FAMILY RELATIONSHIPS

The family is the primary group to which each family member belongs. This primary group ought to provide family members with feelings of well-being because families are not only an important part of a baby’s and young child’s social world, but they are also central to their feelings of belonging. A sense of belonging is created through:

- helping babies and young children feel secure.
- giving babies and young children opportunities to belong to a specific family and community.
- providing babies and children with their basic needs, as well as with safety and security, love and care.
- helping babies and young children develop their self esteem and feelings of self worth.
- creating a home in which babies and young children are taught how to get along with family members so that they will eventually contribute to their own communities and the wider world.
- teaching babies and young children the difference between what is right and wrong and acceptable and unacceptable.

Grandparents, whether they live with their grandchildren or not, should be valued for the following reasons:

- Grandparents often ensure that their families' culture, customs and values are maintained.
- Grandparents can teach their grandchildren about life and its challenges because parents do not always have the time.
- Grandparents have time to tell stories that their grandchildren will remember and possibly learn from.
- Grandparents often have time to play with their grandchildren and to teach them games and hobbies.
- Often grandparents are the primary caregivers and providers if, for some reason, the parents are unable to care and provide for their own children.
- Grandparents frequently provide emotional security for babies and young children when they touch, hold and speak to their grandchildren.

The relationships between siblings are also important. The way in which siblings talk and interact with one another is different to the way in which parents talk and interact with their children. Sibling relationships have the following characteristics:

- There are times when children prefer to listen to whatever their parents/caregivers have to say rather than to brothers and sisters.
- But sometimes a child will feel that a brother or sister has a better understanding of them than the parents/caregivers do, especially during the teenage years.
- Sibling relationships provide brothers and sisters with a sense of belonging to a family, and the love and care they get from their families can mean the whole world to them.



6. EQUAL TREATMENT OF BOYS AND GIRLS

It is important in our relationships with boys and girls, that we treat them the same and have the same expectations of both genders. For example, both young boys and girls can help around the house with the cleaning and cooking. We should also be careful that we do not support traditional roles of boys and girls, for example: parents sometimes find it acceptable for boys to put up a fight to get what they want, but then disapprove when girls fight. Parents/caregivers should always show their disapproval of boys and girls who are violent and aggressive. Encourage girls to get involved in those activities that are usually dominated by boys, and vice versa. Parents/caregivers should not be alarmed and disapproving if their boys cry; it is not a sign of weakness. Finally, men and women in the family should be good role models for their children and help each other in and around the home.

- *It is important in our relationships with boys and girls, that we treat them the same and have the same expectations of both genders.*

7. THE 'ANTI-BIAS' FAMILY

Being able to get on with people from different backgrounds to your own is an important life skill. Therefore, parents/caregivers should provide opportunities for children to celebrate similarities and differences between people, and to explore disabilities, gender, different races, cultures and religions. Children should also be made aware of how unjustly some children are treated. Parents/caregivers can help their children use problem-solving strategies to cope with discrimination from others. Boys and girls should be encouraged to participate in activities that do not reinforce gender stereotypes. Children should also be encouraged to understand the disabilities and strengths of children who have special needs, and to include them in their games and activities.

- *Being able to get on with people from different backgrounds to your own is an important life skill.*

A stylized illustration of a young girl with dark skin and curly hair, smiling warmly. She is holding a large, vibrant red apple in her hands. She is wearing a white shirt with a floral pattern. The background is a soft, out-of-focus indoor setting.

session

3

HEALTH AND NUTRITION

SESSION 3: HEALTH AND NUTRITION

Learning outcome

By the end of the session the participants will:

- Understand the Key Family Practices for babies and young children.

Preparation required for this session



- Read through the background information at the end of these notes on Session 3.
- Read the following parts of the Integrated Management of Childhood Illness Strategy (IMCI) manual. The trainer needs to focus especially on the following Key Family Practices of the IMCI manual:
 - Key Family Practice 1: Breastfeeding (p 22)
 - Key Family Practice 2: Nutrition (p 33)
 - Key Family Practice 3: Nutrition (p 39)
 - Key Family Practice 5: Disease Prevention (p 53)
 - Key Family Practice 8: HIV and AIDS (p 63)
 - Key Family Practice 9: Sick children (p 79)
 - Key Family Practice 10: Sick children (p 81)
 - Key Family Practice 12: Immunisation (p 91)
 - Key Family Practice 13: Sick children (p 95)
 - Key Family Practice 14: Sick children (p 99)

Materials required for this session

- Newsprint
- Flipchart
- Koki pens
- Crayons
- Health message cards
- Games/activities
- Handout: *IMCI Family Booklet* in the relevant language for the group
- Handout 1: *Course outline*
- Attendance register



Time

This session will probably take you three hours to complete. This is meant to be a guideline only; use your own judgment and do not stop a discussion if important issues are being raised or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to the third session of the course.

Remind everyone of the ground rules; read them through if you think people may have forgotten some of them.

Ask if there are any questions or concerns about Session 2. Ask the participants if they discussed anything from the session with family members and how they responded.

Does anyone have anything to add to the ways of celebrating the birth of a baby? Perhaps someone has spoken to an older person and learnt about a traditional practice that is not so common nowadays but is still interesting.



NUTRITION

Purpose of the activity

This activity will allow the participants to share what they know as well as gain new information on good nutrition and feeding practices for the baby and the young child.



Preparation required for this activity

You will need one set of 'The Healthy Nutrition Guide' puzzle for each of the four groups.



Explanation of the activity

- (a) Explain to the group that they will be divided into four small groups.
- (b) Each group will be given the five-piece puzzle. Ask them to fit the puzzle together.
- (c) Once they have fitted the puzzle together, they will be asked to discuss *one* piece of the puzzle per group. The discussion should be based on their knowledge and experience and the puzzle piece will help guide their discussion.

Implementation of the activity

- (a) Divide the participants into four groups. Give each group the five piece 'Healthy Nutrition Guide' puzzle. Ask them to put the puzzle together.
- (b) Check that each group has put the puzzle together correctly and help those who have a problem. The puzzle fits together according to the shape of each piece.
- (c) Give each group one of the puzzle pieces to discuss:
 - Feeding 0 to 6 months
 - Feeding 6 to 12 months
 - Feeding 12 to 24 months
 - Feeding 2 years and older
- (d) Ask each group to talk about how they think children of the age on their puzzle piece should be fed. They should then compare what they have said with what is shown on the puzzle. What information do they think is being given in the picture? Do they agree with this? Is the information new to them or does it reflect what they already know?
- (e) Allow the groups to discuss the puzzle pieces for about 7-10 minutes. You should walk around to each group to help them if they have any difficulties with interpreting the illustrations on their puzzle piece.
- (f) After the group discussions allow each group to give feedback (not longer than five minutes) on what they discussed.
- (g) It is important to listen to what the group members already know and what changes are suggested in the puzzle. You will have to be prepared to explain the reasons behind what is suggested on the puzzle. If there are serious misunderstandings and



inaccuracies, correct these during the discussions in a supportive and constructive manner.

- (h) There may be questions about exclusive breastfeeding especially as it relates to mothers who are HIV positive. Be sure you reinforce the message that exclusive breastfeeding really means exclusive – nothing else should be given to the baby, not even water, during the first six months.
- (i) Also include some information on the dangers of using alcohol while pregnant and breastfeeding (see information in the background document).
- (j) Conclude by indicating the importance of good and nutritious feeding for babies and young children, but be aware that in many households there is not enough money to buy all the nutritious foods shown on the puzzle. Family members should not be made to feel guilty that they cannot provide all these things, but you could suggest they try to plant vegetable gardens.

MICRONUTRIENTS

Purpose of the activity

To help everyone understand more about micronutrients and vitamins, you can play the game of 'Snap'.

Implementation of the activity

- (a) If you have two or three sets, you can break up the group. If you only have one set, then let four people play and make sure the rest of the group can see what is happening.
- (b) Deal out the cards one at a time to each of the four players. Make sure the cards remain face down.
- (c) One player at a time takes the top card from her cards and turns it over. The next player takes the top card from his cards and places it next to the first card. The third player places her card face up on the first pile and the fourth player places his card face up on the second pile.
- (d) When cards with the same picture *and* same colour border are placed on pile one and pile two one after the other, the first person to call out 'Snap' takes that pair of cards. She keeps these aside. At the end of the game the person with the most pairs wins the game.



- (e) After the game, sort the cards according to the different colour borders and name the importance of each group:
- Green border shows iron rich foods
 - Orange border shows foods containing vitamin A
 - Blue border shows food containing iodine
- (f) Spend time looking at how some foods appear in more than one group, e.g. fish is an iron rich food and it also contains iodine.

HEALTH PRACTICES

Purpose of the activity

To allow the participants to share and gain knowledge on good health practices for babies and young children.

Preparation required for this activity

- (a) The six health message cards will be used for this exercise.
- (b) Make a copy of the six cards on a piece of paper.
- (c) Cut out each card.
- (d) Put each card together with the appropriate game or activity.

Explanation of the activity

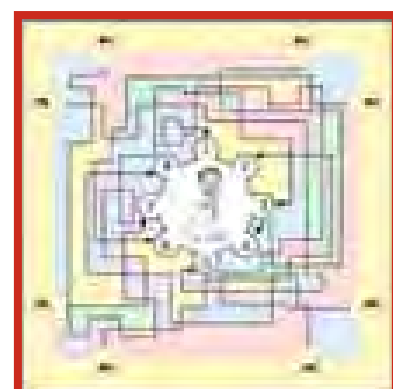
- (a) Explain to the group that they will be divided into at least seven small groups.
- (b) They will each receive a card and a game.
- (c) You will have to go around to each group to make sure they understand how to play their particular game. This may take a little time. The other groups can watch as you explain because later in the session they will each get a chance to play.

Implementation of the activity

- (a) Divide the group into six small groups.
- (b) Give each group one of the health message cards and the matching game.
- (c) Explain to each group how to play the game that they have. Try to make sure that all other group members can see and hear what you are doing. The games and cards cover the following topics:



Water and Sanitation

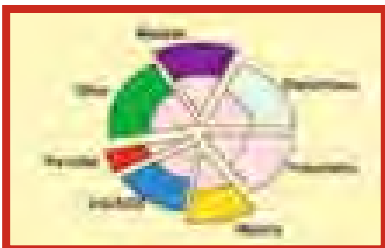


Malaria

- Water and sanitation
- Malaria
- HIV and AIDS
- Home care for sick children
- When to take your child urgently to the clinic
- Immunisation



Immunisation



When to take your child urgently to the clinic

(d) When each group has had a chance to play the game they have been given, ask the groups to move to the right and play the new game. In this way, each group has the chance to play at least two games.

(e) When the groups have played their second game, ask everyone to come together. Collect up the games and ask the groups that played the games to share what they learnt from the game. Allow time for questions and discussion.

(f) If there is enough time, let groups play each game. You could make these games available for participants to play during the break or after the session.

(g) Go through the list and make sure that each of the topics has been understood. You can do this by asking people to tell you the most important thing they learnt about each one of the topics.



HIV and AIDS

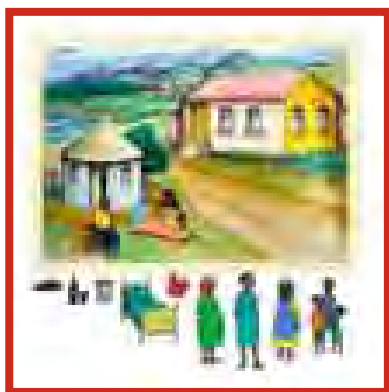
CARE OF THE PREGNANT WOMAN

If you have children, teens or grandmothers in your group who are the primary caregivers in a family, this will probably mean that there will be no pregnant women in their homes. Check to see if this is true. If it is, then do not present this activity for them.

Use the pictures of the pregnant woman, man, bundle of wood, cigarettes, alcohol, clinic, children, older woman in the IMCI 'Care of pregnant women' activity.

Place these on a board with Prestick and tell a story using these figures. Try to get the following messages across in the story:





Pregnancy

- Pregnant women need rest.
- If there is a pregnant woman in the home, how can others (the man, children, older women) help her with daily chores?
- Discuss smoking and drinking during pregnancy.
- Talk about going to the clinic regularly.

Discuss the story with the whole group, or invite people to help you tell

the story; show the figures one by one, and ask where they should be placed or moved to and what might be happening.

SUMMARY

Explain to the participants that you are going to do a short presentation to summarise the discussions of the session and you will include important messages to remember regarding the health and nutrition of babies and young children.

As you summarise, make sure you link the messages to the discussions, feedback and role plays of the groups so that they can see how the activities link with the presentation.

At the end of the summary, allow time for questions and discussions.

Key messages

- Breastfeed infants exclusively for six months (taking into account the special needs of HIV-positive women).
- Starting at six months of age, feed children freshly prepared energy and nutrient-rich complementary foods. Continue to breastfeed up to two years or longer unless HIV positive.
- Provide children with a variety of food to ensure adequate amounts of vitamins and minerals.
- Dispose of faeces safely, and wash hands with soap after defecation and before preparing meals and feeding children.
- In malaria-endemic areas, take children with a fever for health care early. Communities should allow indoor insecticide house spraying.
- Adopt and sustain appropriate behaviours regarding HIV and AIDS prevention and care for the sick and orphans.

- Continue to feed and offer more fluids to children when they are sick.
- Sick children should receive the appropriate treatment and medicine when they are sick at home.
- Take children as scheduled to complete the full course of immunisation.
- Recognise when sick children need treatment outside the home and take them to the appropriate health care providers.
- Follow recommendations given by health workers in relation to treatment, follow-up appointments and referrals.
- Ensure that every pregnant woman receives five antenatal visits, the recommended doses of tetanus toxoid vaccination and that she is supported by family and community in seeking appropriate care, especially at the time of delivery and during the postpartum/lactation period.
- Ensure that men actively participate in the provision of childcare and that they are involved in reproductive health initiatives.
- Good health care and nutrition will ensure that a child is happy and healthy.



SELF ASSESSMENT

Write the following statements on a flipchart to remind yourself of what you want to cover. As you read out each statement, ask those who think the statement is correct to move to the right-hand side of the room, and those who think that it is wrong to move to the left-hand side of the room. Those who are not sure can stand in the middle.

If everyone responds correctly, move on to the next statement. If anyone is in the middle, ask someone if they would like to explain the statement and offer your own explanation if necessary.

If there is anyone who responds incorrectly, then be very sensitive and explain the correct response.

Make this a fun activity rather than being very serious and treating it like a test. However, it is important for you to know if everyone has understood the new information you have presented.

Explain to them that they do this to see for themselves how much they have learnt during the session.

- At six months, start feeding the child freshly prepared nutritious food that is available at home. TRUE or FALSE
- Vitamin A is important for your baby or young child. TRUE or FALSE

- (c) A child must be taken to the clinic when they have diarrhoea and sunken eyes. TRUE or FALSE
- (d) You should always give your child the full course of medicine even if your child appears to be getting better. TRUE or FALSE
- (e) HIV-positive children have the same rights and needs as other children. TRUE or FALSE

Here are the correct responses so you can check participants' responses:

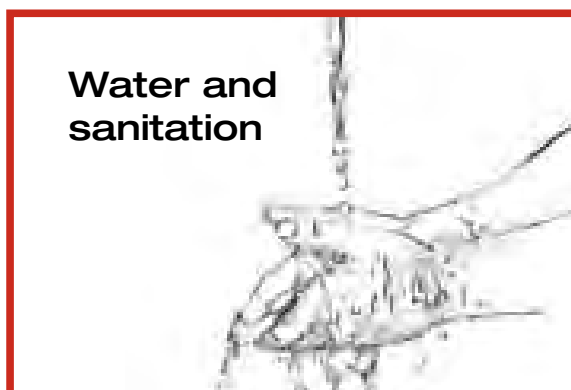
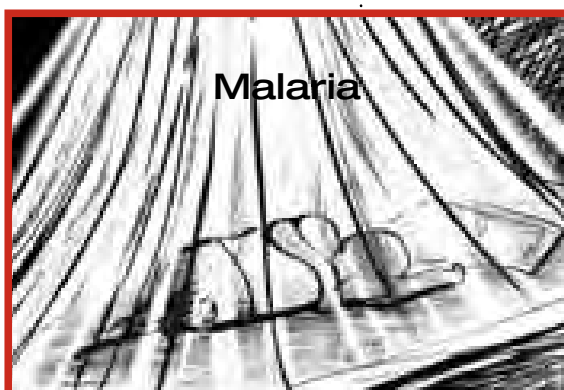
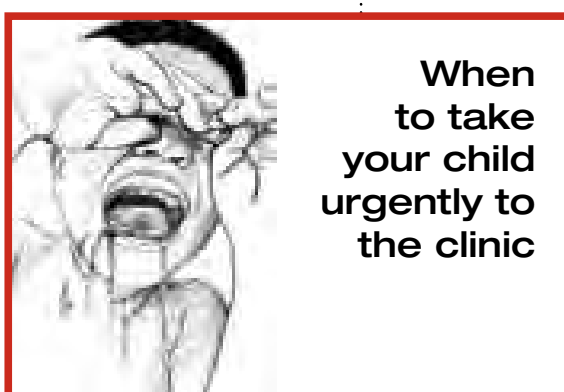
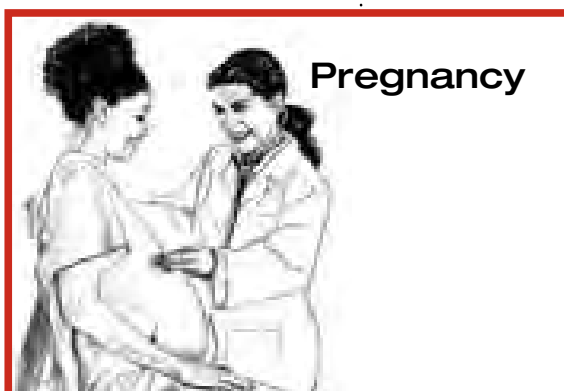
- (a) At six months, start feeding the child freshly prepared nutritious food that is available at home. TRUE
- (b) Vitamin A is important for your baby or young child. TRUE
- (c) A child must be taken to the clinic when they have diarrhoea and sunken eyes. TRUE
- (d) You should always give your child the full course of medicine even if your child appears to be getting better. TRUE
- (e) HIV-positive children have the same rights and needs as other children. TRUE



CLOSURE

Remind the participants to colour in Session 3 on Handout 1: *Course outline*.

HANDOUT 3: HEALTH MESSAGE CARDS



BACKGROUND INFORMATION: HEALTH AND NUTRITION

1. BREASTFEEDING

Good nutrition is very important for the newborn baby and for the development of the young child. It is recommended to all mothers who are HIV negative, mothers whose HIV status is unknown and HIV-positive mothers who choose to breastfeed, to exclusively breastfeed for the first six months of life. This means that the mother should give the child *only* breastmilk for the first six months – not even water. This is all the baby needs.

The child should be put on the mother's breast immediately after birth. Thereafter, the mother should breastfeed the baby at least eight times in 14 hours. We call this feeding on demand. Breastmilk provides babies with everything that they need.

When a woman is HIV positive, she needs to be counselled during pregnancy by a health care worker to make an informed decision about the different feeding options from which she can choose for her baby. In South Africa, there are currently two options available:

Option 1: Exclusive breastfeeding for the first six months and stopping as soon as it is Acceptable, Feasible, Affordable, Safe and Sustainable (AFASS).

Option 2: Exclusive replacement feeding using commercial infant formula. In the same way as exclusive breastfeeding, when exclusive replacement feeding is chosen, the mother should not breastfeed the baby. When formula milk is used, the Department of Health advises that it is much safer to feed the baby with a cup than a bottle.

It is important to stress that only one option should be chosen and kept with as mixed feeding (i.e. both breast and formula feeding) dramatically increases the chances of HIV transmission to babies. The reason for this is that mixed feeding affects the gut of the baby which makes it vulnerable to the transmission of HIV.

Remember that exclusive breastfeeding also means that the baby should not be given water at all. The breastmilk is sufficient to quench the thirst of the baby.

The correct positioning for breastfeeding is important and will help the mother to breastfeed with ease. Positioning is also important



- *The child should be put on the mother's breast immediately after birth.*

- *The correct positioning for breastfeeding is important and will help the mother to breastfeed with ease.*

to ensure the flow of the milk and to prevent breast conditions, e.g. cracked nipples and breast engorgement which are both very painful conditions.

Breastfeeding also provides the mother and child with the opportunity to build a warm and loving attachment. It does not mean that mothers who choose not to breastfeed do not have this opportunity as they can create it in different ways. It is important, as far as possible, to breastfeed the child in a space where the mother feels calm and relaxed. It is important to make eye contact with the child (if the child's eyes are open) while breastfeeding and to gently talk to the child or to softly sing/hum while breastfeeding. The child finds comfort and security in the voice of the mother.

*** Study the Key Family Practice 1 on pages 22-30 of the IMCI Training Manual for more information.**

2. FEEDING

The provision of enough nutritious food for babies and children is important for them to feel safe and cared for. Providing regular meals for a baby and the young child builds trusting bonds between the parent/caregiver and child. It is also important that the child is fed in a relaxed atmosphere.

When the baby starts to eat small pieces of 'finger food', it is necessary to wipe the baby's hands before food is placed in their hands. Young children should be taught to wash their hands before every meal.

Children with chronic illnesses and those with some disabilities, for example cerebral palsy, have special feeding needs. Parents/caregivers need some guidance on how to prepare food for these children. In some communities the parents/caregivers have access to a dietician or nutritionist, and in other communities the health care worker can provide some guidance.

*** Study Key Family Practice 2 on pages 33-41 of the IMCI Training Manual for more information.**

2.1 Feeding 6 to 12 months

Breastfeeding should continue as often as the child wants. At six months freshly prepared, nutrient-rich food that is available at home should also be slowly introduced. Start feeding the baby enriched



- *Breastfeeding should continue as often as the child wants.*

porridge using a cup and spoon. Soft mashed foods can also be introduced now, one at a time, until the child gets used to the new tastes. The parent/caregiver needs to give small quantities (1-2 teaspoons) of mashed food three times a day. HIV-positive mothers with HIV-positive babies, HIV-negative mothers and mothers of unknown HIV status should continue to breastfeed until the child is at least two years old. If the child is not breastfed, he should get three cups of full cream milk per day as well.

2.2 Feeding 12 to 24 months

Breastfeeding should continue otherwise the child should drink other types of milk everyday (see information on HIV-positive and HIV-negative mothers in 2.1). The child should also eat nutritious food five times a day and she needs to be fed with a spoon and plate (i.e. not sharing the plate with others in order for the parent/caregiver to see how much she has eaten).

2.3 Feeding 2 years and older

The child should now be given her own serving of family foods three times a day. In addition, give two nutritious snacks of bread with peanut butter, full-cream milk or fresh fruit between meals.

3. IMMUNISATION

Immunisation of babies and young children is very important because it protects children against illness like measles. Parents are usually informed at the birth of their child on the necessary immunisation which is provided free at the local Primary Health Care Clinic in the community. The baby will get a Road to Health Card to help the parent/caregiver and the clinic through a timetable to ensure that the child gets all the immunisations needed.

Immunisation is the use of specially prepared medicine/drugs that help protect the baby's body against specific (and serious) childhood diseases. This means that the baby or child will not get that disease as a child or as an adult. Most immunisation lasts for life.

Immunisation is important. It is the best way to ensure that a child does not get life-threatening diseases such as measles, polio, etc. It ensures a healthy child. Many children die all over the world because they do not get immunised or because they do not get the full course of immunisation.



- *Immunisation is important. It is the best way to ensure that a child does not get life-threatening diseases such as measles, polio, etc.*

It is important that parents/caregivers ensure their children get the full course of immunisation according to the timetable in the Road to Health Card. For example, to prevent polio a baby needs to get the:

- Polio 0 vaccine at birth
- Polio 1 vaccine at 6 weeks
- Polio 2 vaccine at 10 weeks
- Polio 3 vaccine at 14 weeks
- Polio 4 vaccine at 18 months
- Polio 5 booster at 5 years.

Immunisation ensures healthy children, health families and a healthy community.

***Study Key Family Practice 12 on pages 91-92 of the IMCI Training Manual for more information.**

4. MALARIA

Malaria is a deadly disease that is caused by the bite of the female Anopheles mosquito. Fortunately, there are only certain areas in South Africa where mosquito bites can cause malaria. These are called malaria-risk areas. It is important that people know whether or not they stay in such an area. The local Primary Health Care Clinic can provide this information. People who do not stay in an area where malaria is endemic do not need to worry about mosquito bites. However, if they travel to areas where malaria is endemic, they need to take precautions.

When you stay in a malaria area or have visited a malaria area, take children with a fever immediately to the nearest clinic. It is important to give the child plenty of fluids and to continue to feed the child. Some of the signs of malaria in children are fever, fast breathing, headaches, body pains and sweating.

Malaria can be prevented through the spraying of insecticides (a special chemical that kills mosquitoes) in the house. People can also use nets that are treated with insecticide; the insecticide kills mosquitoes that try to go through the net.



- *When you stay in a malaria area or have visited a malaria area, take children with a fever immediately to the nearest clinic.*

5. WATER AND SANITATION

It is important the children's faeces are safely disposed of in the toilet or in a covered pit. This will prevent the spread of diseases because faeces contain germs that may pass on diseases from person to person. Parents/caregivers need to wash their hands with soap and water after changing children's nappies and contact with faeces. They should also wash their hands before preparing meals and feeding children.

The young child is especially vulnerable and poor hygiene can lead to diseases such as diarrhoea and cholera.

***Study Key Family Practice 5 on pages 53-54 of the IMCI Training Manual for more information.**



6. TAKING CARE OF SICK CHILDREN

It is important that parents/caregivers pay close attention to a sick child and immediately take her to a clinic if any of the ten danger signs appear. (These danger signs are described on page 95 of the IMCI Training Manual.)

Parents/caregivers should continue to feed the sick child and if she is breastfed, breastfeeding should take place more often. If the sick child is not breastfed, fluids must be given in small frequent amounts. It is important that parents/caregivers know how to treat children who suffer from coughs, diarrhoea and fevers.

If medicine is prescribed, the child needs to receive the full course of the medicine, even when she appears to be getting better. The child needs to be taken back to the clinic if she is getting sicker, or even if she appears to be getting better and a follow-up visit was scheduled. The child must be taken to hospital if the health worker requests this. Observation of the baby and young child is essential to be able to see changes in behaviour that might indicate illness.

Looking after a sick child is a very exhausting experience. They need more love attention, care and patience than a healthy child. The more time the parent/caregiver spends with the sick child, the less attention they can give to the other children and their household chores; this can create frustration, tiredness and a lack of energy on the side of the parent/caregiver.

***Study Key Family Practices 9 and 10 on pages 78-88 and pages 95-101 of the IMCI Training Manual for more information.**



- *If medicine is prescribed, the child needs to receive the full course of the medicine, even when she appears to be getting better.*

7. HIV AND AIDS

Suffering from HIV and AIDS does not automatically mean continual ill health and death. With proper health care and nutrition, people can live very productive lives for many years. HIV-positive children need to be well nourished to help prevent infections.

The prevention of HIV in children is best achieved by prevention of HIV in men and women. For the sake of their children, it is important that parents/caregivers know their HIV status and practice safe sex at all times. If a mother knows that she is HIV positive, it is necessary to take the child for an HIV test.

Small children need constant supervision and protection from abuse in order to prevent possible HIV infection.

There is a growing number of orphaned and vulnerable children in our country, and many young children are living with ill and dying parents. In our communities, the extended family and other traditional support structures continue to care for most of the orphaned and vulnerable children.

***Study Key Family Practice 8 on pages 63-73 of the IMCI Training Manual for more information.**



- *Small children need constant supervision and protection from abuse in order to prevent possible HIV infection.*

8. THE EFFECTS OF ALCOHOL USE WHILE PREGNANT AND BREASTFEEDING

It is dangerous to use alcohol while pregnant as well as during breastfeeding. Alcohol is a socially accepted drug in most communities, in some communities more than others. However, the use of alcohol while pregnant can lead to Foetal Alcohol Syndrome (FAS) babies. These babies are born with health impairments and are intellectually and physically challenged. This implies that they will develop at a slower pace and will not reach their milestones (see Sessions 4, 5 and 6). These health impairments could increase the strain on families and caregivers.

- *It is dangerous to use alcohol while pregnant as well as during breastfeeding.*

NOTES

session 4

PLAY AND CREATIVITY



SESSION 4: PLAY AND CREATIVITY

Learning outcomes

By the end of the session the participants will:

- Understand more about the importance of play in the care and development of babies and young children.
- Have more skills to play with babies and young children.

Preparation required for this session

Read through the background information.



Materials required for this session

- Flipchart
- Newsprint
- Koki pens
- Crayons
- Plain paper
- Prestick
- Picture of a newborn baby
- Picture of a five-year-old child
- Handout 1: *Course outline*
- Handout 4: *Children and play*
- Attendance register

Time

This session will probably take you three hours to complete. This is meant to be a guideline only; use your own judgment and do not stop a discussion if important issues are being raised or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to this session of the course.

If there are questions from the last session, take a short time to answer these. If there are many questions, you may have to make an arrangement for another session to discuss health issues.

CHILDREN LEARN THROUGH PLAY

Begin this part of the session by making the statement that you believe children learn through play.

Explain to the participants that you will discuss the different parts of this statement, and at the end of the session they will decide if they agree with you.

First of all you will discuss what it means to learn.

HOW DO WE LEARN BEST?

Explanation of the activity

- (a) Explain to participants that they will be divided into smaller groups.
- (b) Explain to groups that they need to think about something they have learnt since they were a very young child, e.g. how to sew, drive a car, brew beer, ride a bike, etc.
- (c) If you have children or teenagers in your group, they can think of something they have learnt recently.

Implementation of the activity

- (a) Divide the participants into groups of between five and six.
- (b) Ask each group to choose one thing that most of them learnt as an adult or as a child (if there are children or teenagers in your group). Ask them to discuss the following:
 - What helped them to learn this skill?
 - What made it difficult to learn this skill?
- (c) After 15 minutes ask everyone to come back to their places.
- (d) Each group should report back. The feedback of each group should not take more than five minutes.



- (e) You must list the helpful things on a flipchart using only one word where possible, e.g. support, example, relaxed, etc. Make another list with the things that made learning difficult, e.g. harsh words, punishment for getting things wrong, etc.
- (f) After all the groups have given their feedback, you must draw up one list of what made learning easy. Again use only one word where possible. If the following do not appear on the list, add them in and discuss each one:
- Relaxed (no pressure)
 - Fun (enjoyable)
 - Practise (repetition)
 - Watching someone (role models)
 - Praise
 - Encouragement

WHAT DO CHILDREN LEARN?



Explanation of the activity

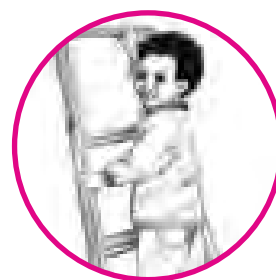
- (a) You will begin by thinking about newborn babies and what they can do.
- (b) Participants will then discuss what a child of five years is able to do.
- (c) In groups the participants will discuss how the child learnt these skills.

Implementation of the activity

- (a) Ask the participants to think of a newborn baby. If you have a picture of a newborn baby, put this up on the board.
- (b) What can this baby do? List these on newsprint to remind yourself of what the participants say.
- (c) Now think of a five-year old. If you have a picture of a five-year old, put this up on the board.
- (d) The participants will break into groups of between five and six. Give each group pieces of newsprint, smaller pieces of paper and Koki pens or crayons.
- (e) Each group must think of at least six things a child of five can do. They must draw each skill on one of the small pieces of paper, i.e. one skill on each piece of paper. For example, they could draw a hand holding a pencil to show that a child is learning to write.



- (f) They should stick the pieces of paper onto the newsprint.
- (g) Each group must join with another group so that the group size is now between ten and twelve. The groups who have joined together will look at each other's newsprint and explain what they think a child of five is able to do.
- (h) Allow time for the discussion and ask the participants to make one newsprint poster out of the two separate ones. This means that they will take out duplicates and add in anything one group thought of that the others did not.
- (i) Put these newsprint pages up on the wall and ask participants to walk around and look at them.
- (j) Ask everyone to come back to their places and for a few minutes discuss all the skills that a child learns from birth to five.



HOW DO YOUNG CHILDREN LEARN?



Explanation of the activity

- (a) Explain to the group that they will be divided into four groups.
- (b) Each group will receive a copy of Handout 4: *Children and play*.
- (c) They must look at each of the pictures on the handout and think of what skills the child is learning.
- (d) Ask the group to link each picture to one or two of the skills shown on the posters they made earlier.



Implementation of the activity

- (a) Divide the participants into four groups.
- (b) Give each participant a copy of Handout 4: *Children and play*. In groups, they must discuss each picture and say what the child is learning.
- (c) Ask them to link their discussion to one of the skills shown on the posters they made in the previous activity.
- (d) They should not take more than 30 minutes to prepare their feedback.
- (e) After 30 minutes of discussion in the groups, bring everyone together for the groups to give feedback.
- (f) The first group should report on one picture, and then the second group will report on the next picture and so on, i.e. each group will report on more than one picture.



HOW DO YOUNG CHILDREN LEARN BEST?



Explanation of the activity

Participants will now look at how young children learn best.

Implementation of the activity

- (a) Remind everyone that they have discussed some of the important skills that children learn from birth to five.
- (b) Go through the list the participants made when they were discussing what helped them learn new skills. Do participants think that young children need the same kinds of things to help them learn easily, e.g. space, opportunity, support, etc?
- (c) We hope that the participants will agree that young children learn best when they are relaxed and having fun. They also need role models and the opportunity to practise.

We call this playing. Do the participants now agree with you when you say children learn through play?

HOW CAN CAREGIVERS SUPPORT YOUNG CHILDREN TO LEARN THROUGH PLAY?



Explanation of the activity

- (a) Participants will work in groups.
- (b) They will discuss the Handout 4: *Children and play* again. This time they will think of the best ways they can think of to help young children learn.

Implementation of the activity

- (a) Ask participants to return to their groups.
- (b) Encourage each group to look at each picture and think of one way that they as a caregiver can help the young child learn new things through play. While they are doing this, remind them to think of what helped them learn new things easily.
- (c) Everyone can now make a commitment to support and encourage young children who are learning through play.

HOMework

Ask the participants to support and encourage a child in their family this week.

In the next session, each participant will be asked to say one thing that they have done that supported a young child in their home to learn through play.

.....

SUMMARY

During the summary make sure that you link the key messages to the activities and discussions that have taken place. This way the background document, the key messages and the group discussions will be brought together.

At the end of the summary, allow time for questions and discussion.

Key messages

- Play helps babies and young children learn new skills.
 - Play teaches babies and young children to think and solve problems.
 - Parents/caregivers can play with their children at any time but they should also set aside special times too.
 - Babies and young children should be provided with a variety of materials to play with.
 - Babies and young children should be praised and encouraged when they are playing.
-

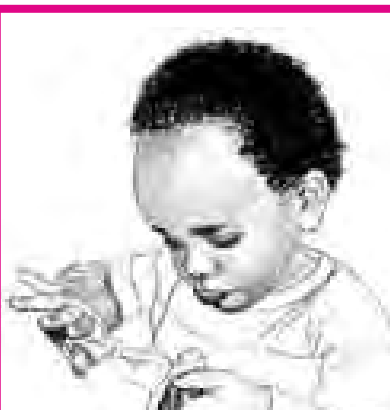
CLOSURE

Ask participants to colour in Session 4 on Handout 1: *Course outline*.

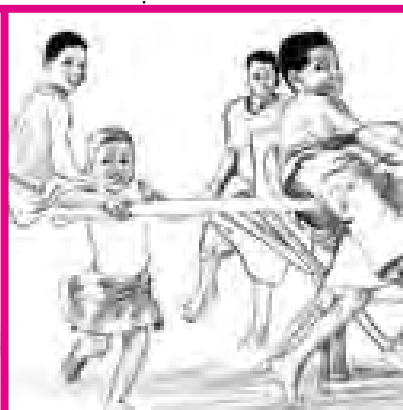
HANDOUT 4: CHILDREN AND PLAY



When a child runs, swims, climbs or kicks a ball, they use their large muscles.



When a child cuts out pictures with scissors, they use their small muscles.



Babies and young children need to play with other children.



Play teaches babies and young children to think and solve problems



Play helps babies and young children communicate and get on with others.



Play helps to make a baby or young child feel safe and secure as a person.



Babies and young children should be given a variety of materials to play with.



Make-believe play is very important to young children.



Parents/caregivers need to make a special time to play with their children.

BACKGROUND DOCUMENT

1. INTRODUCTION

Play is an important part of any child's life. We will refer back to play and its importance in later sessions (see sessions on physical development, social and emotional development, intellectual and language stimulation and building relationships).

Much can be discovered about any child by watching them play. Happy children play with their friends. Children must however also be able to play on their own. When a young child or a baby is happy, they react to the sounds and movements they see, hear and feel around them, in a contented way. This means the child smiles back at the smiling face of the parent/caregiver or any other adult or child.



2. WHAT HAPPENS TO CHILDREN WHEN THEY PLAY?

When children play they move around and are active, and this helps to exercise and develop their muscles. But something else is also happening; children are learning new things when they play on their own or with their friends and parents/caregivers. They experience how to look and search for things. Play is enjoyable and learning through play is especially great fun.

Children play with many different things such as cars made from wire and dolls made from fabric or paper. They play with sticks, sand, mud and water as well as with games and toys made from plastic or fabric. Children from different age groups play different kinds of games with a variety of toys.

Watching and talking with other people (especially parents/caregivers) are also important ways in which young children learn and play. While they watch the behaviour of parents/caregivers, they learn how to respond to things that happen in real life.

3. HOW DO CHILDREN PLAY AND HOW CAN WE HELP THEM?

There are several ways in which children play. Some of these are the following:

- Young children and babies play on their own. As they grow older, they will want to play more with other children.

- *Watching and talking with other people (especially parents/caregivers) are important ways in which young children learn and play.*

- Sometimes children play by just watching other children and by asking questions or saying things about how the other children are playing.
- On other occasions, children play side-by-side with other children but without talking very much.
- Then there is also the kind of play in which children play together and take on different roles in the group in an imaginative game.
- Young children enjoy playing with dough, clay and mud. This kind of play helps young children learn about different shapes and sizes; it also develops their hand muscles. Help them make balls, or 'stickmen', or long snakes, or mould the dough, clay or mud flat like a cookie.
- When parents/caregivers clean their house or work in their gardens, they can talk to their children and tell them what they are doing. Of course they can also let their children help them. Show children what you are doing and discuss it; for example point out a particular flower to the child, talk about its shape and colour, and let them smell it.

- *Show children what you are doing and discuss it; for example point out a particular flower to the child, talk about its shape and colour, and let them smell it.*

4. HOW DOES PLAY DEVELOP BETWEEN BIRTH TO FIVE YEARS?

Children learn differently at particular ages. How children play develops over time and it is a process. This table outlines the process:

4.1 One to four months

A baby often learns by *accident*: the baby performs an action, enjoys it and then repeats the specific action. For example, the baby accidentally puts his thumb in his mouth, becomes aware that he is sucking it, finds this pleasurable and repeats the action.

4.2 Four to eight months

The baby starts to involve objects and people outside his body. For example, the baby 'coos' (i.e. makes sounds with rounded lips), the mother smiles and this makes the baby feel good. He wants his mother to stay with him, so he 'coos' again.



4.3 Eight to twelve months

The baby starts to do two or more actions to solve new challenges. Babies will learn, for example, that they need to pick up a cup to look for something hidden underneath it, or they will look at a toy and touch it at the same time, or they will use a stick to pull a toy closer to them.



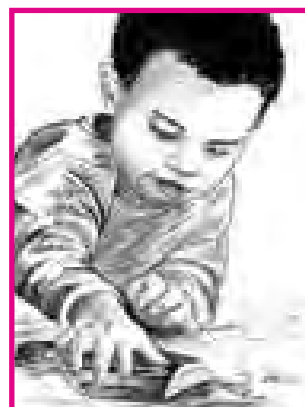
4.4 Twelve to eighteen months

The baby starts repeating something that has happened by accident. For example, she accidentally steps on a squeaky toy and likes the squeaky noise it makes; so she picks it up and squeezes it so that the toy squeaks again.



4.5 Eighteen months to two years

The baby understands, for example, when a ball rolls out of sight, he can follow it and see where it has gone.



4.6 Two to four years

The child uses an object such as a broomstick to represent a horse, or pretends that a piece of wood is a little car. The child is also able to identify and name things that he plays with, as well as other things that are not in his immediate environment.



4.7 Five years

The child is able to categorise items according to size, shape and colour. For example, a child of this age will be able to group all the red objects together (apples, red sock, red shoe, red pen, etc).

5. WHY IS MAKE-BELIEVE PLAY IMPORTANT?

This is a very special kind of play which is extremely important to the development of a young child. It starts during the second year of the child's life and the imagination plays an important role. At this stage, the child might start to develop imaginary, make-believe friends. Parents/caregivers sometimes want to stop the child from having these friends, but they should not be alarmed. Children can have as much fun with their imaginary friends as they can with real ones.

When children play make-believe games, they learn a great deal about the people and things in their environment. (Note: The trainer must link this information to the second activity in the training manual.)

6. IS IT A MAKE-BELIEVE STORY OR A LIE?

For parents/caregivers: is it a lie or a make-believe story?

Parents/caregivers often find it worrying when their children tell them something that is untrue. They may even imagine that these are the first signs of a deceitful nature. It may be helpful to distinguish between lies and fantasies. Lying involves deliberately deceiving another person (i.e. giving the wrong impression of a situation or person), usually so that the person telling the lie gains in some way. A fantasy, on the other hand, is essentially within oneself. It may be shared with others, but that is rare.

There is no reason to be concerned if a three- or four-year-old child sometimes comes up with such stories as 'there is a lion in the kitchen'. These kinds of stories show a rich and healthy fantasy life. However, if a child always seems to be telling fantastic stories, or if such stories persist beyond the time when everyone has openly acknowledged that they are untrue, it is worth thinking about why this is happening. If all the stories are a form of boasting, parents/caregivers must also become alert. Most children exaggerate the occasional story, but if a child continually exaggerates, it can be an indication of low self-esteem: the child's fantasy stories are making her feel bigger and stronger. It is not unusual for children to start telling a lot of exaggerated stories at about the time they start school, perhaps because they are feeling rather small and uncertain of themselves in their new environment.

If you suspect that your child may be showing off as a result of feeling insecure, it is better to avoid calling attention to the problem. Instead, concentrate on building her self-esteem. Give more attention and approval to her real strengths and abilities while taking less notice of her make-believe stories. Do this in such a way that she does not even realise you are diverting attention away from the exaggerated story she was telling you.

If, however, the child is actually telling a lie rather than adding to her 'comfortable fantasy', you should make it clear to her that you know that what she is saying is untrue. It is worth bearing in mind that many children of this age believe that their parents/caregivers 'know everything' that goes on. When they lie to you, they believe all along that you know the truth and that they will be caught; they may actually find it uncomfortable if you believe them after all.

Your best course of action will be to acknowledge the lie, stating clearly that you know the truth and that you do not like them lying. Your child can then feel confident and secure that her parents/caregivers are aware of

reality. When children are trying to sort out fact from fiction – something that takes up a large part of childhood – they need to feel that their parents/caregivers are a constant and reliable source of information, a rock they can trust and feel safe with.

(Adapted from UNICEF. Early Childhood Resource Pack. Support Material 3.1 of Session 3.1 [Milestones in early Childhood]. Basic text – Background Reading for the Facilitator.)

7. WHAT HAPPENS TO CHILDREN WHEN THEY PLAY?

Learning through play takes time, so set aside a special period of the day to play and talk to your child as this will make him feel special, loved and important; it will also help the child to love himself.

Many different things happen to children when they play. Children learn to handle how they feel about particular things happening to them during the play. These can be feelings such as sadness when others do not want to play with them. They also learn how to share toys and other play things. Parents/caregivers can help their children identify different feelings by paging through books and showing them pictures of angry, sad, happy, etc. people and naming the expressions on their faces.

Parents/caregivers can even identify anger, happiness, excitement, tiredness, sadness, etc. in others by pointing to people who are experiencing these emotions and then telling the child what the expression is.

Children learn language and communication through play. Look for opportunities to talk with them. Discuss what they are doing when they play, as well as how they feel when they play. Parents/caregivers must talk to their babies even though babies cannot talk back because the process helps to build relationships and teaches the baby about language and communication.



8. WHAT TIPS ARE THERE FOR PARENTS/CAREGIVERS?

- Babies and young children love to copy parents and caregivers and will play with objects parents/caregivers often use. A cheap alternative to expensive replicas is cutting out pictures of teapots, cars, computers, etc. from magazines and pasting them onto cardboard.

- Sometimes babies and young children need to play on their own as this helps them to explore the world they live in. Do not interfere all the time and avoid always showing them the 'right' way of doing something. Let them make mistakes: children sometimes need to know how it feels to fail at doing things.
- From about two years, involve the young child in small tasks, for example how to carry a plate to the table. A child will feel proud if they can help you with small household tasks.
- Think carefully about the type of toys you give to your child. Young children can easily choke on a small toy or parts of a toy.
- Young children love to play with building blocks. Make your own by using big square blocks or pieces of wood. *Tip:* if you paint the wood, make sure it is with unleaded paint otherwise the child could get poisoned.
- Make simple two- or three-piece floor puzzles from cardboard that fit together easily. Piecing together puzzles encourages the habit of making a whole thing out of separate pieces.
- Different noises and methods of creating noise are an excellent way of introducing your child to music. Make your own drums and other musical instruments from empty containers. Let your child play with pots and pans from the kitchen. Plastic bowls containers used for storing food are also excellent items from which to make instruments.
- Allow your child the freedom to sing and dance because they will learn a sense of rhythm and movement this way. Actively clap your hands and smile to show your support.
- Children love playing with water. Collect bath-time toys such as empty plastic containers and let children play with them in the bath – this makes bath time fun!
- Make the shape of a house using a big cardboard box. Cut out the windows and a door, and draw other details such as door knobs with a Koki pen. It will keep your child occupied for hours.
- A sandpit could be another great and inexpensive project. However, do make sure that your child plays with clean sand and that the sandpit is always covered when not in use to prevent pets soiling in it and people dropping cigarette stumps, etc. into it.
- Encourage children from an early age to pick up and pack away their toys after each play session. An empty cardboard box can be used to store toys.
- It is important for babies and young children to sometimes play outside and run, climb, etc.



- Parents/caregivers should not buy toys that are associated with violence, such as guns, knives, etc.
- A wooden pegboard can stimulate a child's intellect because they learn about colours, counting, sequencing, etc.
- Matching cards stimulates children's social, emotional and intellectual development because they learn to take turns, to identify shapes and colours, etc.
- Parents/caregivers who have children with special needs are encouraged to use play as a stimuli and as a means of communication. While we acknowledge the role of physiotherapists in this regard, the reality is some parents/caregivers will not have access to these services.



NOTES

A young boy with dark skin and curly hair is climbing a thick, braided rope on a playground structure. He is wearing a white t-shirt and blue shorts. He is looking up at the rope with a focused expression. The background is a blurred green, suggesting a park or outdoor setting. The image is framed by a green border on the right side.

session 5

PHYSICAL DEVELOPMENT

SESSION 5: PHYSICAL DEVELOPMENT

Learning outcomes

By the end of the session the participants will:

- Understand more about the physical development of babies and young children.
- Be able to support the physical development of babies and young children.

Preparation required for this session

- Read through the background information at the end of Session 5 notes.
- Cut up the handouts so that the each picture is separate.

Materials required for this session

- Newsprint
- Flipchart
- Koki pens
- Crayons
- Plain paper
- Glue
- Magazines
- Scissors
- Handout 1: *Course outline*
- Handout 5: *Physical development* (cut into pieces)
- Handout 5: *Physical development* (not cut into pieces)
- Attendance register

Time

This session will probably take you three hours to complete. This is meant to be a guideline only; use your own judgment and do not stop a discussion if important issues are being raised or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to this session of the course. If there are questions from the last session, take time to answer these.

MILESTONES IN PHYSICAL DEVELOPMENT

Explanation of the activity

Participants will be divided into four groups.

- (a) Each group will be given the same pictures (Handout 5).
- (b) Groups must put the pictures in the correct order to show how a child develops, e.g. start with the baby feeding at the breast and go on from there.
- (c) If you have children or teenagers in your group, they may need some help with this activity.
- (d) Each group will then walk around and look at how the other groups have ordered their pictures. Any differences between the groups must be discussed.

Implementation of the activity

- (a) Divide the large group into four groups.
- (b) Each group places the pictures in the order that they think shows the development of a young child.
- (c) When groups have done this, one group member stays with his group's pictures while the rest of the group moves onto the next group, and so on and so on, until everyone has had a look at each group's order of pictures. The person staying with the pictures will answer any questions the visiting groups may have.
- (d) Everyone will now discuss what order of pictures accurately describes the development of a child.
- (e) Distribute Handout 5 (uncut this time) to each participant.
- (f) Read out the ages; stress that these are only guidelines. Children do things at different ages but usually in the same order.



HOW TO SUPPORT CHILDREN WITH DISABILITIES



Preparation required for this activity

Read the background document.

Explanation of the activity

- (a) This will be done with all the participants in one large group.
- (b) Tell the participants that you will be discussing some of the disabilities of young children. You will not be able to discuss all disabilities but will concentrate on three.
- (c) The whole group will suggest some disabilities that they know of and will then choose three to talk about.

Implementation of the activity

- (a) Begin the discussion by reminding participants that each milestone usually occurs at a particular age. If a child does not reach a milestone at a particular age, this does not mean she has a disability but the caregiver should take her to the clinic if he is worried.
- (b) Ask participants to suggest some disabilities that they have seen in young children.
- (c) Choose three of the disabilities to discuss.
- (d) Lead the discussion on what the caregiver must do:
 - Take the child to the clinic to talk to the staff.
 - Think of what adults and other family members can do to support the child.
 - Be specific about the three disabilities that have been chosen. Ask for or provide ideas for activities that will help a child with the particular disability you are discussing.

Conclude the discussion by reminding participants that caregivers should contact their local clinic if they are worried about the development of their children.

- *If a child does not reach a milestone at a particular age, this does not mean she has a disability but the caregiver should take her to the clinic if he is worried.*

ACTIVITIES TO SUPPORT THE PHYSICAL DEVELOPMENT OF YOUNG CHILDREN



Explanation of the activity

- (a) Explain to the participants that they will be divided into four groups.
- (b) Each group will make a poster. Their posters will illustrate young children. They can cut pictures from magazines or draw pictures to illustrate them.
- (c) Each group then chooses one of the pictures from their poster and suggests various games and activities they can play with the baby or young child in their family to support their physical development at the stage shown in the picture they have chosen.
- (d) The groups decide on one of these games or activities to demonstrate to the rest of the participants.

Implementation of the activity

- (a) Divide participants into four groups of equal size.
- (b) Hand out magazines, etc. and ask the participants to make one poster per group. The poster will show young children.
- (c) When they have made their posters, each group must choose *one* of the pictures. They must think of a number of activities that they could do at home to support the child's physical development. The groups then decide which of these games or activities they will demonstrate to the rest of the participants.
- (d) Explain to the groups that the game or activity they choose should be appropriate for the child in the picture they have chosen.
- (e) Give each group five minutes to demonstrate their games or activities in front of the other participants.
- (f) After each game, ask participants which areas of the baby's or young child's body will be developed through playing that game.
- (h) Use the information from the background document to identify examples of large muscle movement (e.g. kicking a ball) and small muscle movement (e.g. writing with a pen). Also explain that healthy food supports physical development.
- (i) When all the groups have acted out their games or activities, conclude by emphasising that playing is very important to the development of the baby's and child's body.

SUMMARY

Go through the following key messages to remind participants what has been covered in this session.

Key messages

- There are milestones in the physical development of babies and young children. These milestones are only guidelines and not all children reach the milestones at the same time.
- Caregivers can stimulate babies' and children's physical development in a many different ways.
- If a caregiver knows what the milestones are, then these will help them to see if a child possibly has a disability.
- Play will help a baby's and child's large and small muscle development.
- Babies and children need nutritious food so that they develop.
- Take babies and children to the clinic for growth monitoring.
- Clinic staff can help caregivers recognise problems.

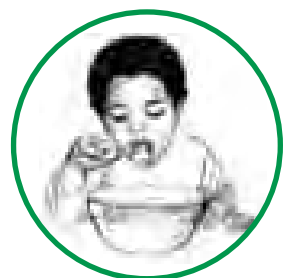


SELF ASSESSMENT

Read out the following statements and ask the participants to put their hands up if the statement is TRUE. If the answer should have been FALSE, then stop and discuss the statement so that everyone can agree on the correct response.

Explain to the participants that this is *not* a test; it is a way for them to see for themselves how much they have learnt during the session.

- All babies and young children develop at the same pace. TRUE or FALSE
- Milestones show us what a baby or young child should be able to do at a certain age. TRUE or FALSE
- These milestones are only guidelines because babies and young children develop at different ages. TRUE or FALSE
- Caregivers can stimulate babies' and children's physical development in many different ways. TRUE or FALSE
- If caregivers know the milestones, this will help them recognise possible physical disabilities at an early stage. TRUE or FALSE
- Play is important for the baby's and child's large and small muscle development. TRUE or FALSE
- Healthy food is important for the physical development of the baby and the young child. TRUE or FALSE



- (h) Babies and young children should be taken to the clinic for growth monitoring and to detect problems. TRUE or FALSE

Here are the statements again with the correct responses to guide you.

- (a) All babies and young children develop at the same pace. FALSE
- (b) Milestones show us what a baby or young child should be able to do at a certain age. TRUE
- (c) These milestones are only guidelines because babies and young children develop at different ages. TRUE
- (d) Caregivers can stimulate their babies' and children's physical development in many different ways. TRUE
- (e) If caregivers know the milestones, this will help them recognise possible physical disabilities at an early stage. TRUE
- (f) Play is important for the baby's and child's large and small muscle development. TRUE
- (g) Healthy food is important for the physical development of the baby and the young child. TRUE
- (h) Babies and young children should be taken to the clinic for growth monitoring and to detect problems. TRUE

HOMework

Ask the participants to try out one of the activities they discussed in the session. Remind them that it will be important to make sure that the activity is appropriate for the age of their child.

The teenagers and children in the group may be very interested in this homework as it will give them an opportunity to play with the children they look after, and they can all have some fun together.

Remind everyone that playing with children is not a time for testing them. It is a time for having fun and helping them develop different muscles and skills.



CLOSURE

Thank everyone for coming to this session and remind them to colour in Session 5 on Handout 1: *Course outline*.

HANDOUT 5: PHYSICAL DEVELOPMENT



BACKGROUND INFORMATION: YOUNG CHILDREN WITH DISABILITIES

This background information was provided by the Department of Social Development Directorate dealing with persons with disabilities.

INTRODUCTION

Parents and caregivers with children with disabilities face particular challenges; however, they can also experience joy through caring for these children.

The exercises and background information in this training course for parents and caregivers applies to all children. However, it was felt that a special background document about children with disabilities needed to be included during the course of the training. Please carefully read the following information prior to the start of any training to be sure that you understand the issues and are able to integrate it into your training where necessary.

The information provided is based on the social model of disability. The social model is based on the paradigm that the environment (i.e. care, attitudes and resources) is responsible for further enabling people who are born differently. Of course children can be born with a disability or acquire a disability later in life, for example through an accident. The social model of disability provides that there is nothing wrong in being disabled, and that children and adults with disabilities have the same needs and should enjoy the same human rights as other children and adults.

- *Parents and caregivers with children with disabilities face particular challenges; however, they can also experience joy through caring for these children.*

PLAY IS IMPORTANT FOR CHILDREN WITH DISABILITIES

Children with disabilities need to be stimulated and play provides the ideal means to do that. It should be remembered that children with disabilities may not move around at the same pace as others and can play while seated in one place.

Children with physical and intellectual disabilities develop more slowly in some instances and therefore need more stimulation. Sometimes children with intellectual disabilities tend to be more active.

When the child is deaf or has an intellectual disability, parents and siblings should start communicating with them through play and active involvement in the activities of other siblings.



BACKGROUND DOCUMENT

1. INTRODUCTION

The muscles of babies and children grow and develop as they grow up. They should be able to do particular things at particular ages; we call these the milestones of their physical development. However, these milestones are merely guidelines of what a baby and young child should be able to do at a certain age. Some children develop quicker while others develop at a slower pace. It is important to stress to participants that these milestones are merely guidelines and that every child develops at their own pace.

2. THE MILESTONES IN PHYSICAL DEVELOPMENT OF THE BABY (0-24 MONTHS)

The milestones indicate what babies and young children should be able to do physically, more or less, at various ages. Remember that these are only guidelines and that each baby and young child develops at their own pace.

The milestones are outlined here:

At birth

- Grasp reflex (a newborn's grasp can be tight enough to support his whole weight, although you should never try this).
- Rooting reflex (when the baby's cheek is stroked, she will turn towards your finger, open her mouth open and be ready to suck).
- Stepping reflex (the baby will perform a walking action when supported under the shoulders in an upright position, feet touching a firm surface).
- Startle reflex (stretches out her arms and legs when she thinks she is falling).

Two months

- The baby raises her chest by pushing upwards with her arms. She can hold her head steady.

Three to five months

- The baby is able to focus her eyes.

Five months

- The baby can sit upright if she is supported.



Six months

- The baby can identify colour the same way adults can.

Six and fourteen months

- The baby starts to develop depth perception and this will protect her against dangerous situations such as falling down stairs.

Seven months

- The baby gets into a sitting position on her own.

Eight months

- The baby starts crawling and is able to stand when supported by an adult.

Eleven months

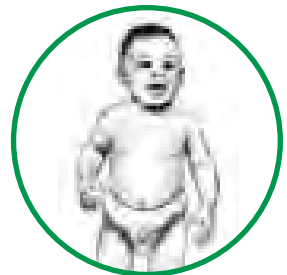
- The baby stands alone.

Thirteen to fifteen months

- The baby begins to take her first steps.

End of second year

- The baby attempts to climb stairs, walks backwards, runs and jumps.

**3. THE BEGINNINGS OF PHYSICAL DEVELOPMENT**

When parents/caregivers play with their babies and young children, they are helping them exercise which in turn develops and strengthens their muscles. Exercise can start from birth. Exercising can also prevent babies and children from growing bored.

When the muscles in the back of a baby are sufficiently developed, a baby of six months will be able to sit between cushions. When parents/caregivers do this, they are helping the baby develop their back muscles. Their strengthened back muscles will eventually help them to sit independently and also support them when they start to crawl and later start to walk.

When the muscles in the baby's back are strong enough, they will help the child into the next phase of physical development, i.e. the crawling phase. Babies show they want to start to crawl by either sailing on their bottoms or tummies, or standing on their hands and knees. Crawling, like all the other phases in a baby's physical development, is a very important phase to go through.

It is important to make sure that the baby or young child is in a safe environment when they are being physically active. It is also very important that babies and young children are not given too much exercise; too much exercise is as harmful as too little exercise.

Sometimes small children are labelled as 'hyperactive' because of their abundance of energy. Most of the time, these children are actually bored and insufficiently stimulated, either intellectually or physically.

4. HOW PARENTS/CAREGIVERS CAN STIMULATE PHYSICAL DEVELOPMENT IN BABIES AND YOUNG CHILDREN (0-3 YEARS)

When babies are shown colourful pictures, their sense of sight is stimulated and they start to focus on patterns, colour and shapes. Parents/caregivers can make colourful objects and hang them over the baby's bed on pieces of string. Babies will also find these objects entertaining. However, make sure that the objects are light and will not hurt the baby if they fall down, and that the objects are out of the baby's grasp otherwise they will pull them down and put them in their mouths.

Colourful pictures on the walls, colourful paper hanging on strings and toys made from fabric or paper are examples of objects that can be used to stimulate babies in their environment. Make sure, however, that only safe household objects are used – a baby and young child should never play with small objects because they can put them in their mouths and choke.

A baby who is awake should accompany their parent/caregiver around the house. This way the baby will not become bored and will also get to know their new environment. Another way to stimulate babies is to introduce them to the parent's/caregiver's face. Happy, smiling faces and friendly voices all provide positive stimulation for babies. The baby will be entertained and kept interested by changing facial expressions.

Babies and young children thrive in an environment where there are a variety of sounds, tastes and smells, and where the baby and young child can feel different textures, for instance the difference between sand and water. Babies and young children must be stimulated, but remember that over and under stimulation is not good for the baby and the young child either.

- When babies are shown colourful pictures, their sense of sight is stimulated and they start to focus on patterns, colour and shapes.

5. THE MILESTONES OF THE PHYSICAL DEVELOPMENT FOR EARLY CHILDHOOD (3-5 YEARS)

Physical growth is slower between three and five years than during the previous phase (0-24 months). The child's face changes from being a baby to that of a young child. The child's body also changes from being chubby to becoming taller and thinner.

The milestones for children three to five years are as follows:

Walking, stair climbing and running

When toddlers walk on flat surfaces, they have to extend their arms outwards and separate their legs to keep their balance. Late in the second and into the third year, improvements in their control of posture and leg movements allow them to lower their arms to their sides without loss of balance. They begin to swing their arms alternately forwards and backwards.

Babies first attempt stair climbing late in their first year, but the first true stair climbing without support only happens towards the end of their third and fourth years.

Although most children achieve a flat-footed running motion between 18 and 24 months, they will not achieve good running form until somewhere between four and six years.

Jumping and hopping

Children will start jumping around the end of the second year and they will be able to make a forward long jump from around the fourth year.

Hopping on one leg is more challenging. Children do not achieve competent hopping until the fourth year because it requires so much balance and coordination.

By the fifth year, skipping and galloping starts to develop.

Self-help: Grooming and feeding

Late in the second year and at the beginning of the third, children develop many self-help skills, including washing, brushing teeth, dressing, and self-feeding. Parents/caregivers are often frustrated as these skills emerge rather slowly, but children will be able to do most of them by the end of their fourth year.



Self-help skills at the dinner table also develop quite slowly. With coaching from parents/caregivers, competent handling of eating utensils improves significantly during the third and fourth years.

Self-help: Toilet training

Toilet training can not begin before the child shows readiness for training by signalling that they are aware that a bowel movement is about to occur. The entire process can take from several weeks to several months, and generally during the third year of life.

6. HOW CAN THE PARENT/CAREGIVER HELP PHYSICAL GROWTH (3-5 YEARS)?

- Parents/caregivers need to show children how to do some activities (a process called modelling) to help promote the physical development of their children. For example, show a child how to carefully carry a plate or cup.
- When the parent/caregiver is excited about something new that the child has tried (e.g. jumping, drawing, etc.), this will encourage the child to continue trying out new activities. The parent/caregiver can show his excitement by clapping his hands and praising the child. The joy on a parent's/caregiver's face will also encourage the child to continue with the new behaviour.
- Every child tries her best and should not be pushed to try harder than they can. The child must not try to over-perform but just to try their best.
- Parents/caregivers, however, can make sure that their children have the opportunity to try out new behaviour, movements and exercises. Therefore they need to provide opportunities for their children to take part in activities and do exercises that will help to develop their small and large muscles.
- At times, the child must be allowed to play alongside a river, or stand next to a stove or open fire, but always under the watchful eye of their parent/caregiver. This will teach the child to learn that fire can burn and rivers are for grown-ups who are strong enough to swim.
- Parents and caregivers must provide safe environments in which children can explore and develop.
- Children at this age can be taught to throw and kick balls to each other to exercise their muscles.
- Another game that can also develop the muscles is 'hide and seek', i.e. all the children (except one) hide from each other and



- *The joy on a parent's/caregiver's face will encourage the child to continue with the new behaviour.*

one of them looks for the children who have hidden. This game not only teaches children to search and explore, but it also helps their muscles develop as they run around looking for each other.

7. OTHER WAYS TO ASSIST THE PHYSICAL DEVELOPMENT OF THE BABY AND YOUNG CHILDREN

- Parents/caregivers should create a lifestyle built around being physically active; children should not be encouraged to always just sit and listen, whether this is listening to the conversation of grown-ups, or to the television, or to the radio.
- Young children must often play outside. Fresh air is good; it also provides an environment in which children can move around freely. They can play ball, jump rope or play 'hide and seek'.
- Parents/caregivers must join in the games children play and not just watch from the sideline as this builds relationships between parents/caregivers and their children.
- Other fun things to do are draw in the sand and cut out pictures from old magazines or books. When children use their hands like this, they are developing their small hand muscles.
- Children at this age should be constantly encouraged to try out new experiences without putting themselves in danger. Teach them to run, jump and climb onto things without letting them get hurt.
- Go for walks with the young child and tell them stories while you walk.
- When children hold objects and play with them, their small muscles are being used; when they climb, jump and run, their large muscles are being used. Both sets of muscles need to be developed.



8. PHYSICAL GROWTH AND OTHER ASPECTS REGARDING PHYSICAL DEVELOPMENT

Good healthy food is important to help a baby and young child develop physically. Babies and young children should eat a variety of foods which includes meat, eggs, fruits, vegetables and starches. It is also important that young children are encouraged to be physically active. Active babies and young children develop healthy hearts and lungs and this will benefit them when they become adults.



If babies and young children do not eat a variety of good healthy foods, this can lead to malnutrition and malnutrition can negatively affect the physical development of a baby or young child. Not eating a variety of healthy food can also lead to obesity (i.e. fat babies and children) which negatively affects their physical development.

9. EARLY IDENTIFICATION OF DISABILITY

Some babies and young children do not develop according to the milestones described earlier in this document. We are not referring to babies or young children who start to crawl, walk or talk a little later than other children, but to babies and young children who really lag behind in their physical development, for example, when a baby does not seem to hear any noises or voices, or cannot sit unsupported when she is one year old.

The earlier a possible disability is identified, the earlier help can be received and this could limit the effects of the disability.

When a child does not reach a particular milestone at a certain age, it does not automatically mean the child is disabled. Sometimes a child is just a little bit slower than another child. However, if there is enough evidence to suggest that there is something wrong, parents/ caregivers must take the child to a community sister or doctor who will examine and diagnose the possible problem.

Communities should be more supportive of children and people with disabilities, as well as of their families. Physically-disabled people should be treated with respect and dignity; they have as much right to live in a community as any one else. Children with special needs should continue to be stimulated through play the same way as children who do not have disabilities. Remember to stimulate their senses by incorporating a variety of textures, shapes, colours, sizes, sounds, etc. in their play routines.

- *When a child does not reach a particular milestone at a certain age, it does not automatically mean the child is disabled.*

It is common for children with autism to play by themselves. They also need space as long as they do not hurt themselves.

Allow a child the freedom to sing and dance; in this way the sense of rhythm and movement is learnt by the child. Clap your hands and smile to show the child you recognise and support her efforts. This is good stimulation and it is a way of giving appropriate attention to a child with a disability. The parent/caregiver should continue with stimulation even when there is no direct response from the child.

Children with disabilities should not always be overprotected and kept in the house; they sometimes need to play outside and participate in activities with other children, while taking into considering their special needs.



CONFIDENCE BUILDING

Children with disabilities must be given responsibilities to build their confidence. Therefore it is important that they are not overprotected. Children with disabilities should be allowed to explore their environment. They may or may not need assistive devices to do this. It is, however, important that they are protected from hurting themselves.

- *Children with disabilities must be given responsibilities to build their confidence.*

HARMFUL BEHAVIOUR TOWARDS CHILDREN

There is a myth in certain communities that it is a curse to give birth to a child with a disability. Having a child with a disability can have a serious effect on the mental well-being of the mother and father for a variety of reasons. Marriages sometimes break up and couples divorce when a child with a severe disability is born, and women are frequently left to take care of the child. Those women who do not have the means and resources, sometimes abandon their child or run away from hospitals after the baby is born.

Children with disabilities are sometimes exposed to different kinds of abuse due to the anger and frustration of parents or carers who do not know how to handle them. Children with mental disabilities may be hyperactive, resulting in caregiver exhaustion and this can lead to neglect. Parents or caregivers may even be mistakenly tempted to restrain them in one way or another. Some children may not be able to show attachment and response to stimulation which may also cause some frustration in parents and caregivers.

Many parents love their children with a disability as much as they do their children who are not disabled. Such parents use their resources and time to care for their children with disabilities, and these children benefit a great deal from living in a loving environment and they grow up to become independent.

PARENTS OF CHILDREN WITH DISABILITIES NEED SUPPORT

Pregnant mothers must be educated about what to expect if they give birth to a child with a disability, without being made to feel guilty and scared. It is important that parents seek information and assistance and that the extended family and friends also provide support. Where accessible and available, counselling services should be used. The health care practitioners at their hospital or local clinic can provide information and support.

Many parents whose children are disabled find parent-support groups very valuable. These put them in touch with other parents who also have children with disabilities and they can share information and support each other. Another valuable source of support is the parent's church.

Extended families can be a valuable source of support to parents with children with disabilities, especially when the parents are exhausted; they can take care of the child for a while, providing a break for the mother and father who can then renew their energy.

- *It is important that parents seek information and assistance and that the extended family and friends also provide support.*

IMPORTANT THINGS TO REMEMBER

- Children and adults who are born with disabilities do not view themselves as being disabled; they do realise that they are different though.
- They have the desire to prove that they can do what ever anyone else can do; they will need your support and assistance.
- Spend more time with a child who has a disability in order to understand him.
- Eye contact is critical as it assists the stimulation of children with disabilities.
- Body touch (i.e. touching hands, shoulders and feet to make the child comfortable) is important.
- It is very important to involve siblings. Answer their questions and help siblings to understand the situation.

- *Children and adults who are born with disabilities do not view themselves as being disabled; they do realise that they are different though.*

- Children with disabilities should be treated with care if their disabilities are severe.
- Those who have mild to moderate disabilities should be given roles and responsibilities in the family in order to socialise them.
- When they have well-developed social skills, they will understand the difference between right and wrong.
- When their behaviour is unacceptable, they need to be appropriately disciplined.



CONCLUSION

All children are a gift. They may be born with certain disabilities such as congenital absences (birth defects) or inherited disorders (genetic disorders). Some are born with physical and intellectual challenges but they all have something to contribute to society, provided they are given a nurturing environment. It is the role of families to provide opportunities and to create a nurturing environment for children.

Children with disabilities also have rights and responsibilities. When these are respected, they can start to make a positive contribution in society. Alternative or institutional care should be provided in extreme situations and only when it is in the best interests of the child.

- *Children with disabilities also have rights and responsibilities. When these are respected, they can start to make a positive contribution in society.*

RECOMMENDED ORGANISATIONS AND SERVICE PROVIDERS

Association for the Physically Disabled

Mr Magic Nkwashu

011 726 8040

Disabled Children's Action Group (DICAG)

Sandra Embrose

021 797 5977

South African Federation for Mental Health (Sunshine Centre for Children)

Mr Solly Mokgata

011 781 1852

DeafSA

Ms Francis Prinsloo

011 482 1610

Department of Public Service and Administration

Mr Mzolisi ka Toni

021 422 0357

Planned Parenthood Association

Mr Sipho Daye

011 880 1162

Southern African Inherited Disorders (SAIDA)

Ms Judy Christie

011 489 9213

RECOMMENDED READING ON YOUNG CHILDREN WITH DISABILITIES

Behr, J. 1997. *The Evaluation of Impact of Intervention by a Physiotherapist on Intellectually Impaired and Physically Disabled Children and Their Caregivers.*

Kartz, B. 1995. *Disability and the Family, Community Based Intervention.*

Krige, M.U. 1998. *Determining of Undernutrition in One to Two Year-old Children.*

Lloyd, G, 2001. *The Role of the Community in the Rehabilitation of the Disabled.*

Shipham, E. and Meyer, C. 2002. *The Value of Community-based Rehabilitation to Mothers with Children with Disabilities in Winterveldt.*



session 6

SOCIAL DEVELOPMENT, EMOTIONAL DEVELOPMENT AND CONFIDENCE BUILDING

SESSION 6: SOCIAL DEVELOPMENT, EMOTIONAL DEVELOPMENT AND CONFIDENCE BUILDING

Learning outcomes

By the end of the session the participants will:

- Understand more about the social and emotional development of babies and young children.
- Demonstrate skills that support the social and emotional development of babies and young children.

Preparation required for this session

Read through the background information.

Materials required for this session

- Newsprint
- Koki pens
- Crayons
- Prestick
- Handout 1: *Course outline*
- Handout 2: *Support for families*
- Attendance register

Time

This session will probably take you three hours to complete. This is meant to be a guideline only; use your own judgment and do not stop a discussion if important issues are being raised or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to this session. As you are almost half way through the course, it is a good idea to summarise what has been covered so far:

- It is important that caregivers show children that they are loved and are special.
- Children need to feel they are part of a family and a community that cares for them.
- Caregivers must know how to keep children healthy.
- Caregivers should play with children because this is how they learn.

HELPING CHILDREN TO BE CONFIDENT



Explanation of the activity

- Participants will work in pairs.
- Each pair needs two sheets of newsprint.
- On each sheet they will draw the other person and show her good qualities.
- There will be a gallery presentation of all the pictures.

Implementation of the activity

- Ask each person to turn to the person sitting next to them. They will work with this person in this activity.
- They will draw each other. Each drawing will show the head, heart and hands.
- If you have children or teenagers in your group, get them to work with each other rather than pairing them with an adult. Help any children to understand the activity. The pairs will have to talk to each other and ask questions so that they can draw appropriate pictures. For example, next to the head, the participant must draw something to represent that the other person is good at making valuable contributions during group discussions. Next to the heart, draw a picture to show the person's emotions or feelings because he is a good father because he loves his child. Next to the hands, draw something that shows how he uses his hands to plant seeds.
- When all the drawings have been done, put them up on the wall.



- (e) Discuss how they feel when they look at the pictures their partner drew of them. If the following points do not come up in the discussion, add them in. It helps people to feel confident if they
- Know that they have skills
 - Have friends and family who believe in them
 - Are able to make decisions
 - Are able to solve problems

HOW CAN I HELP MY CHILD TO BE CONFIDENT?

Explanation of the activity

- (a) There will be a discussion which you will lead.
- (b) After the discussion, participants will work in pairs to come up with ideas on how they can build confidence in their children.

Implementation of the activity

- (a) Start the discussion by asking participants to think of how they think a baby feels when she is crying and someone picks her up, comforts her and sings to her to show that they *love* her.
- (b) The next point to bring up is that when the baby begins to move around exploring, he needs to be guided by someone he can *trust* to take good *care* of him and keep him away from danger.
- (c) A young child needs guidance to show her what she can and cannot do. This will make her feel *secure*.
- (d) As a child learns to do new things, she needs *praise* and *encouragement* so that she is confident enough to try to learn more skills.
- (e) Children learn from each other and from people who are older than them, i.e. they need *role models*. We must remember that children copy us and learn from us.
- (f) Point out to participants that the discussion has been about social and emotional development of young children.
- Social development happens when children learn how to get on with others.
 - Emotional development happens when children learn how to recognise and deal with their feelings.
- (g) Make the link between the earlier activity about how adults feel confident (i.e. emotional development) when what they can do is noticed and supported by others (i.e. social development).



- (h) Now that you have discussed the above with participants, ask them to work in pairs again. This time pairs suggest two things that they can do to help young children in their own families develop socially and emotionally.
- (i) This will be their homework and they will report on what happened at the next session.
- (j) Ask three or four participants to share how they plan to help their children.

HELPING OTHERS TO BECOME CONFIDENT CAREGIVERS

If there are teenagers or children in the group, do Activity B instead of Activity A.

Explanation of Activity A

- (a) The participants will work in three groups.
- (b) After time discussing and practising, each group will present their role play.
- (c) Participants will discuss the role plays.

Implementation of Activity A

- (a) Organise participants into groups of three.
- (b) Ask each group to act out the following role play:
 - One person is an older woman in the family.
 - One person is the mother of a two-year-old child.
 - One person is the neighbour who has four children.

Everyone in the group must be involved in the discussion on how the role play will be done, even though only three of them will actually be in the role play.

- The mother of the two-year old lacks confidence; she thinks that she doesn't know how to bring up her child properly.
- The older woman must not be supportive of the young mother.
- The neighbour gives her some tips on how to cope with her child and tries to help her become a more confident caregiver.
- (c) Each group has five minutes to present their role play.
- (d) All the participants can discuss the useful tips that were given in the role plays for improving caregivers' confidence.



Implementation of Activity B

- (a) Discuss what children or teenagers find difficult when they are looking after younger children. Talk about who they can go to for help.
- (b) Role play a situation in which a teenager has to visit the school to talk to a teacher or the principal about problems or concerns with a younger brother. Keep the role play short and then discuss the issues raised by the role play.



HOMework

Remind everyone that they have homework to do after this session.

Each person must think of two things that they can do to help their children develop socially and emotionally.

CLOSURE

Remind participants to colour in Session 6 on Handout 1: *Course outline*.

Participants can also reread Handout 2: *Support for families*.

BACKGROUND DOCUMENT

1. INTRODUCTION

In the previous session on physical development, we learnt how to recognise that a child is growing up healthy. We also learnt how good nutritious food helps babies and young children grow up strong and healthy. In this session we look at how to encourage emotional development, social development and confidence in babies and young children so that they grow up into content and caring adults.

2. HOW DO BABIES AND YOUNG CHILDREN MAKE SENSE OF THE WORLD?

Babies and young children and parents/caregivers behave differently to events in their lives. This is because babies and children still have to learn how to respond in acceptable ways to what happens to them. They learn how to respond to events by watching how parents/caregivers respond when they are hurt, or when they are happy, or sad, or excited, etc. Gradually babies and young children begin to understand the meaning of parents'/caregivers' behaviour.

Babies and young children also learn how to make sense of the world they live in by playing with other children and watching others play, as well as by making friends. The more contact babies and young children have with other people (their own age and older), the more they learn about the feelings and reactions of others.

- *Babies and young children also learn how to make sense of the world they live in by playing with other children and watching others play, as well as by making friends.*

3. WHAT ARE THE MILESTONES OF BABIES AND YOUNG CHILDREN?

Just as there are physical developmental milestones in babies and young children, so there are emotional development milestones too. We can generally expect these milestones to be reached at particular ages; however, it must be remembered that these milestones are only guidelines. Each baby and young child is unique and will develop at their own pace.

We can expect, more or less, the following milestones at the different ages:

1-3 months

- Begins to smile for other people.
- Enjoys playing with other people, and may cry when play stops.
- Starts to show more expression with face and body.
- Copies some movements and facial expressions.

4-7 months

- Likes to play with other people.
- Interested in seeing themselves in a mirror.
- Responds to other people's expressions of emotions.

8-12 months

- Shy or anxious with strangers.
- Cries when mother or father leaves
- Enjoys copying people in their play.
- Tests parental responses to their behaviour.
- May be fearful in some situations.
- Prefers mother and/or regular caregiver over all others.
- Finger-feeds himself.
- Extends arm or leg to help when being dressed.

12-24 months

- Will often cry if they cannot do what they want.
- Likes to play with other children.
- Says own name (around 18 months).
- Identifies himself in the mirror.
- Likes to help parents/caregivers with small tasks.

By 2 years

- Copies behaviour of parents/caregivers and older children.
- Starts to see themselves as separate human beings.
- Likes the company of other children.
- Shows independence (e.g. likes to dress and feed himself).
- Begins to show challenging behaviour (sometimes called tantrums).
- Gets anxious if separated from parent/caregiver.

3-4 years

- Copies behaviour of parents/caregivers and playmates.
- Shows clearly that they like familiar playmates.



- Takes turns in games.
- Understands words like 'mine', 'his' and 'hers'.
- Thinks that unfamiliar things may be monsters.
- Has trouble telling the difference between make-believe and reality.
- Often lives in world of fantasy, creating fantasy playmates.
- Openly shows affection for certain people.
- Shows a wide variety of emotions (sadness, happiness, anger, etc).
- Does not like radical changes in routine.



5-6 years

- Aware of sexuality.
- Understands the difference between fantasy and reality.
- Sometimes demanding.
- Sometimes eager to please the parent/caregiver by helping with tasks.

(Adapted from UNICEF. *Early Childhood Resource Pack*. Session 3.1)

4. HOW TO ENCOURAGE SOCIAL AND EMOTIONAL DEVELOPMENT AND INDEPENDENCE?

Between the first and third years, young children become more aware of themselves and want to start doing things such as dressing and feeding themselves, as well as helping parents/caregivers either clean the house or work in the garden. In other words, they want to become part of their environment. Parents/caregivers must encourage this in the young child.



When young children become increasingly aware of their own will, they realise that they can refuse to do certain things. They start to have a favourite word – “No”. Often they will accompany ‘no’ with a shake of their head from side to side to stress their refusal to do something. Often they do this to see if the parent/caregiver will give into their will.

Letting young children help in and around the house teaches them valuable social skills for daily life such as sharing, helping and getting along with others. Sharing and helping helps young children learn about the differences between boys and girls. This is done through watching what men and women do, and then realising they are the same or different. This is called role modelling and it reinforces attitudes and behaviour in young children. Parents/caregivers can therefore play an important role in this matter.



5. HOW DO YOUNG CHILDREN TEST THEIR PARENTS/CAREGIVERS?

Parents/caregivers and young children will sometimes have differences and will clash. Young children test their parent/caregiver to see what they will allow them to do; at times they will even go as far as throwing themselves on the floor, kicking and screaming. This is often very difficult for the parent/caregiver to deal with. These outbursts are called tantrums. The extent of a tantrum indicates how strongly a young child feels about something. Just remember – tantrums are normal behaviour for this age.

When tantrums happen, the young child loses control over their feelings and behaviour; we can describe the young child as being 'lost' in their emotions and feelings. Tantrums make their faces turn red and they clench their fists. It is our task as parents/caregivers, to help them regain control of their feelings and emotions.

Parents/caregivers can help the young child calm down and stop the tantrum in various ways. Walking away and not getting involved by shouting is one of the most useful ways to help the child get over a tantrum. The parent/caregiver needs to take a firm stand to show the young child that he (i.e. parent/caregiver) is not scared or baffled by the child's behaviour. This approach can help the young child calm down because they feel safe in the presence of the parent/caregiver.

Sometimes children get aggressive when they test the limits parents/caregivers impose. Parents/caregivers need to help young children learn how to control their emotions by letting them act out their aggression. However, care must be taken to ensure that young children do not hurt themselves or anyone else in the process. Parents/caregivers should only become concerned about aggression if it repeatedly happens at home with family members, or at the playgroup, or whenever the child is in public or with their friends. Parents/caregivers must try not to control aggression by reacting aggressively towards the young child because this could increase aggressive behaviour in the child.



6. HOW IMPORTANT ARE FRIENDSHIPS?

Young children need friends to play with. This teaches them to get along with other people and also helps them discover the qualities they prefer in friends. They will have reasons why they like or dislike specific children. They will, for instance say: "Sibongile cries too



much”, or “Thabo bites or hits”, or they will simply say: “I like Tshepo”.

From a very young age, children are able to choose friends who are similar to themselves and they play more productively with these children. Some children also seem to be more popular among their peers at a very young age. Play is very important for young children as it helps them get to know other children and people; it also teaches them how to share and care about others. These kinds of behaviour contribute to children growing up to be adults who successfully contribute to the communities in which they live.

Young children often develop imaginary friends (see Session 2). It should be stressed again that it is important for children to have these kinds of ‘friends’ and to allow them to ‘play’ with them because this develops creativity in children.

Play and friendship also teaches children how to give and take from others. They will learn that in some instances they must share a toy or give it to another child if he cries or asks for it; sometimes they will want to play with the toy and then the child will give them the toy. This is another lesson on how to get along with other people which is taught through play.

7. HOW CAN PARENTS/CAREGIVERS SUPPORT SOCIAL AND EMOTIONAL DEVELOPMENT?

Babies and young children learn about dealing with their own emotions through watching the examples that their parents/caregivers set.

Parents/caregivers can do the following to help their babies and young children learn more about their own emotions and how to get along in the world they live in:

- Act with love and friendliness towards other people; the baby and young child watches how her parents/caregivers act and will copy their behaviour.
- Show how they feel about something in a positive way, whether it is happiness, sadness, joy, respect, etc; this teaches the baby and young child how to show their own feelings appropriately.
- Create a safe environment where the baby and the young child can explore and discover things about the world. Babies and young children will learn that some things are dangerous, e.g. a fire burns and hurts and boiling water can burn.

- *Babies and young children learn about dealing with their own emotions through watching the examples that their parents/caregivers set.*



- Make the baby and young child feel secure by setting reasonable rules and limits on what they can and cannot do.
- Have confidence in the baby and young child and believe that they can succeed when they want to do something themselves (e.g. to dress themselves, etc).
- Allow the baby and young child to making decisions, where appropriate, e.g. choose which dress or top to wear; giving them responsibility for these kinds of small decisions will teach them how to gradually gain control over their lives.
- Have simple rules that do not constantly change because rules that are forever changing are confusing for a baby and young child.
- Parents/caregivers must praise the baby and the young child to show them that they are interested in what they do and proud of them when they succeed. When parents/caregivers are friendly, laugh and clap their hands, they are showing interest and pride in the baby and young child and this encourages them.

8. WHAT ARE THE EMOTIONAL PHASES BABIES AND YOUNG CHILDREN GO THROUGH?

Babies and young children go through different phases in their emotional development. The first phase is when babies are not particularly attached to any particular person; this is more or less during the first six weeks of their lives. The second phase (usually between six weeks and eight months) is when the baby reacts when they are removed from their loved ones, but they are still not so attached that they protest when they are removed. They will, however, recognise and be able to distinguish their parent/caregiver from others.

During the third phase, the young child is clearly attached to the parent/caregiver who cares for her. This phase is usually between six and eight months and 18 months and 2 years. During this period, they clearly show who they prefer and climb onto that person's lap, or they will go out to play but return and go straight to find the parent/caregiver.

The fourth phase starts when the young child begins developing his language skills (between 18 months and 2 years and onwards). The child also starts to understand the things that influence her emotions. For instance, the young child will protest and even cry heart brokenly when the parent/caregiver leaves for work.



Being separated from their parent/caregiver is one of the greatest fears of babies and young children. As they grow older, this fear lessens as they grow to understand that the parent/caregiver will not be away from them forever and they will return.

Young children can show their anxieties by being very clingy to the parent/caregiver, or by refusing to let go of the parent's/caregiver's hand and play with the other children, or simply by being upset when they are in unfamiliar surroundings, for instance visiting a neighbour's house. In serious cases, the young child may refuse to eat or develop disruptive sleeping patterns or even refuse to sleep altogether.

9. WHAT CAN PARENTS/CAREGIVERS DO TO HELP BABIES AND YOUNG CHILDREN COPE WITH THEIR FEARS?

- Parents/caregivers should accept that fears in young children are not unusual.
- Parents/caregivers should discuss the young child's fear with them, and try to comfort the child.
- Parents/caregivers could also try to ensure that the circumstances that gave rise to the fear do not happen again.
- Parents/caregivers should try to look for ways to reduce the stress that could be causing the child's fear.

10. HOW CAN WE RAISE CHILDREN WITH CONFIDENCE AND SELF-ESTEEM?

Confidence: To believe in your own abilities.

Self-esteem: To value or regard yourself highly.

Parents/caregivers can contribute towards the development of babies' or young children's self-confidence and self-esteem by focusing on aspects such as the following:

- Parents/caregivers should make sure that babies and the young children have a routine, i.e. regular eating, sleeping and playing times.
- Parents/caregivers must make sure there are plenty of opportunities for babies and young children to play and enjoy themselves.
- Parents/caregivers must let their babies and young children



explore in safe environments, as well as allow them to solve their own problems.

- Parents/caregivers must start from an early age to give young children responsibilities that are appropriate to their particular age, and praise them when they have completed these tasks. This helps to build confidence.
 - Parents/caregivers must encourage babies and young children when they succeed in something, and especially when they struggle with a task.
 - Parents/caregivers need to give positive messages and rewards (e.g. hugs) to contribute to the development of their children's confidence.
 - Parents/caregivers must treat all children equally, i.e. both boys and girls must be treated the same. Girls and boys should both have the same opportunities to go to school and develop their full potential. Parents/caregivers should not have different expectations for boys and girls.
- *Parents/caregivers should not have different expectations for boys and girls.*

session

7



INTELLECTUAL AND LANGUAGE STIMULATION

SESSION 7: INTELLECTUAL AND LANGUAGE STIMULATION

Learning outcomes

By the end of the session the participants will:

- Have skills and knowledge to stimulate the intellect of their babies and young children.
- Know more about how to stimulate language and early literacy development in babies and young children.

Preparation required for this session

- Read through the background information.
- Prepare the pictures to use in the first discussion activity.

Materials required for this session

- Flipchart
- Newsprint
- Koki pens
- Crayons
- Plain paper
- Glue
- Magazines
- Scissors
- Books for young children
- Handout 1: *Course outline*
- Handout 6: *Games to play*
- Attendance register

Time

This session will probably take you three hours to complete. This is meant to be a guideline only; use your own judgment and do not stop a discussion if important issues are being raised or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to this session.

At the end of the last session everyone was given homework.

Each participant had to think of two things that they could do to help children develop socially and emotionally.

Take time to share experiences. If someone did not do their homework or does not want to share, move on to the next person without making a comment.

HOW TO DEVELOP A BABY'S AND YOUNG CHILD'S BRAIN

Explanation of the activity

- (a) Participants will form groups of between five and six.
- (b) Each participant will receive Handout 6: *Games to play*
- (c) Working together in their groups, participants will think of one activity for each of the sections of the handout. This activity must be something they can do to help their baby or young child develop this skill, e.g. recognise shapes, colours, numbers, etc.
- (d) The groups will report back. Write up suggested activities that support intellectual development on the flipchart.

Implementation of the activity

- (a) Participants will form groups of five or six.
- (b) Each group goes through Handout 6: *Games to play* and thinks of an activity to suit each block.
- (c) The groups report back; no more than three minutes per group.
- (d) Write up one list of suggestions given by participants and go through it with the participants.

“JIKA JIKA” GAME

This is a game that can be played with children to help them learn colours, shapes and familiar items.

Explanation of the activity

- (a) All participants stand in the centre of the room.



- (b) While you clap and call out: “Jika Jika”, the participants move around the centre of the room.
- (c) Then you call out an instruction (for example): “Everyone wearing the same colour shoes must form a group.”

Implementation of the activity

- (a) Participants stand in the centre of the room.
- (b) You clap several times while participants move around the centre of the room. Then you call out: “Jika Jika” and participants stop moving.
- (c) Call out one of these instructions (i.e. a different instruction each time):

Form groups with people who

- are wearing the same colour shoes.
 - are wearing the same colour skirts/trousers.
 - are wearing something covering their heads.
 - are wearing something striped.
 - are wearing glasses.
 - are older than 30 years.
 - have the same number children or brothers and sisters.
 - like the same fruit.
- (d) After each grouping has been formed, start clapping again, and then call out: “Jika Jika”, and so on.

STIMULATION OF LANGUAGE DEVELOPMENT

Preparation required for this activity

Before the session, collect interesting pictures from magazines such as *Getaway* and *National Geographic*. Make sure you have one picture for each pair of participants.

Explanation of the activity

- (a) Participants will work in pairs.
- (b) Each pair will be given a picture from a magazine.
- (c) In the pairs, one participant will be the ‘caregiver’ and the other will be the ‘child’.



- (d) The 'caregiver' leads the discussion for about three to five minutes about the picture with the 'child'.
- (e) When all the pairs have completed this task, everyone can discuss how interesting the 'children' found it. Also invite comments from the 'caregivers' about how it felt to talk about the picture with a child.
- (f) The trainer gives a demonstration on how she likes to look at a picture with a child.

Implementation of the activity

- (a) Participants will work in pairs again, and will decide who is going to be the 'caregiver' and who will be the 'child'.
- (b) Each pair will discuss the picture they have been given and take on the role they have decided on.
- (c) The participants will share with everyone how it felt to be a 'child' and a 'caregiver'.
- (d) The trainer gives a demonstration of how she likes to look at a picture with a child. Try to include the following:
 - Asking open-ended questions, for example: "Who else has a house like this?" or "When have you ever seen something like this?"
 - Extending the conversation by asking "what", "why" and "how" questions, for example: "How do you think this child is going to get down from the tree?"
 - Encouraging children to imagine and predict, for example: "What do you think will happen next?" or "What would you like to do if you were in a place like this?"

LOOKING AT BOOKS WITH CHILDREN

Note: if you have children in your group, let them take turns to be the younger 'child' in the activity. They will enjoy looking at books but might need a bit more guidance than teenagers or adults.

Preparation required for this activity

Collect books suitable for young children that have brightly coloured pictures and a few words on each page. As you will be working with people who may not be used to handling books, this will be an opportunity to show them the different parts of a book and to make them feel comfortable handling books.



Many people who are not literate think that they cannot look at books with children. Here is your opportunity to show them that they can do this very easily.



Explanation of the activity

- (a) Choose a book to look at with the whole group, or if there is someone who will not be embarrassed to pretend to be a child, then look at the book with her.
- (b) Ask participants to work in the same pairs as in the previous activity. The participant who was the 'child' in the last activity will now become the 'caregiver', and the 'caregiver' will be the 'child'.
- (c) They will role play looking at a book together.
- (d) Participants will then discuss the experience.

Implementation of the activity

- (a) The trainer looks at a book with the whole group or a 'child'. Include the following in the demonstration:
 - Point to the title of the book on the cover.
 - Only talk about the pictures; do not read the words.
 - Extend the conversation with the 'child' and ask questions.
 - Praise the 'child' for her ideas.
 - Sit close to the 'child' and make sure she can see the book clearly.
 - Turn the pages carefully and tell the 'child' what you are doing and how important it is to keep books clean and safe.
 - Make sure you and the 'child' have fun looking at the book, for example, make animal noises or use different voices and expressions to make the pictures come alive.
- (b) Participants work in pairs. The participant who was the 'child' in the last activity will now become the 'caregiver', and the 'caregiver' will be the 'child'.
- (c) They look at the book together.
- (d) Participants discuss how it felt to be a 'child' and how it felt to be the 'caregiver' while they were looking at the book together.
- (e) Ask participants if they have any difficulties or if they want you to model reading a book again.

MAKING A DISCUSSION PAGE



Explanation of the activity

- (a) Each participant will cut out four or five pictures from a magazine.
- (b) Each participant will glue the pictures onto a sheet of A4 paper.

Implementation of the activity

- (a) Give participants scissors, glue, magazines and paper. Ask them to choose pictures that their children will enjoy talking about.
 - (b) Participants must each cut out four or five pictures from the magazines. The pictures can be of items which are all the same colour, or of animals, or of fruit, or of people. They can also be a mix of subjects.
 - (c) They will glue these pictures onto the piece of A4 paper.
 - (d) They will think about how they will talk to their child at home about this page of pictures.
-

HOMework

Each participant must take their discussion page home with them and discuss it with a young child in their family.

In the next session you will ask participants to report back on how the children responded to this activity.

SUMMARY

Remind participants of other sessions in which they discussed how the caregiver should talk and listen to babies and young children. These skills are very important for baby and child language development.

Key messages

Encourage the caregivers to do some of the following every day:

- Talk to children about their day; ask questions about what they have been playing.
- Listen to what children tell you.
- Sing songs with and to babies and children.
- Tell stories about your day, what you used to do as a child, about a trip to the village shop, etc.
- When you talk to your child, you are teaching him new words and you are also teaching him how to tell stories himself.

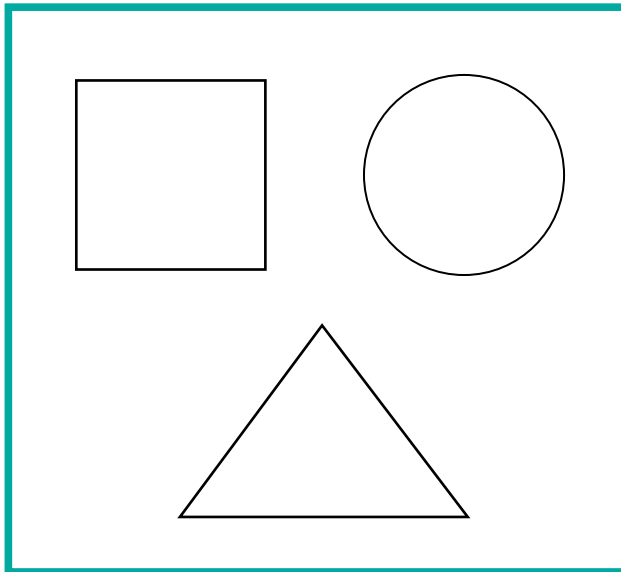
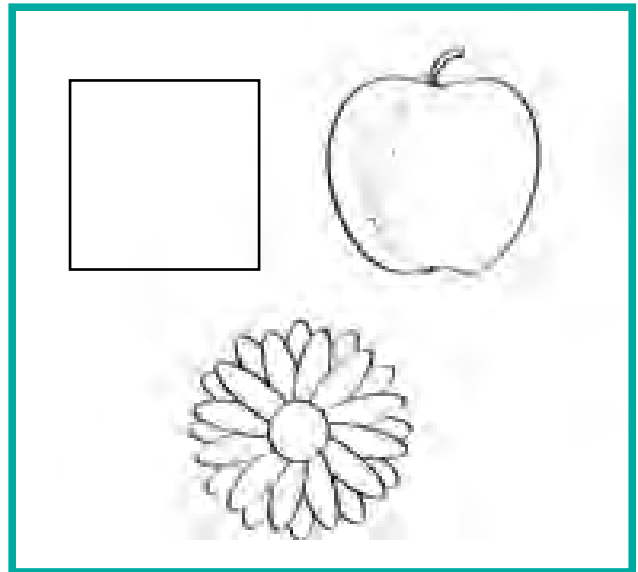
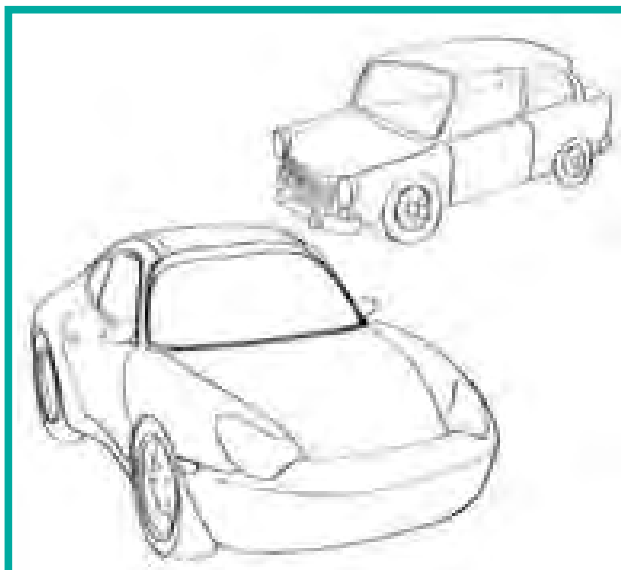
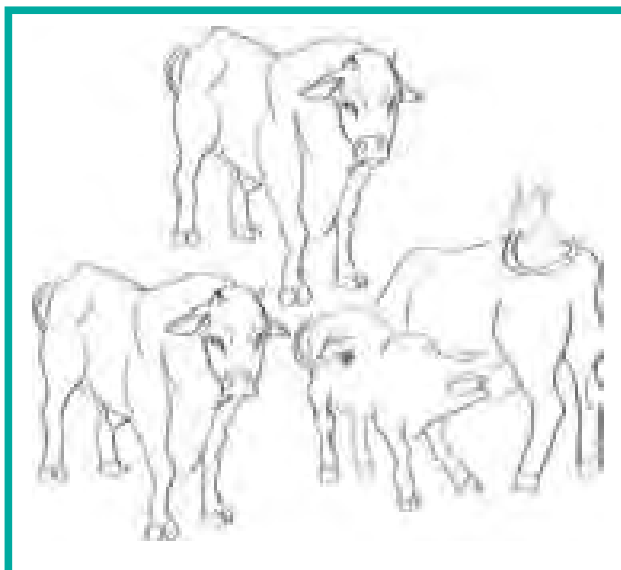


CLOSURE

Remind participants to colour in Session 7 on Handout 1: *Course outline*.

- *Remind participants of other sessions in which they discussed how the caregiver should talk and listen to babies and young children.*

HANDOUT 6: GAMES TO PLAY



BACKGROUND DOCUMENT: INTELLECTUAL AND LANGUAGE STIMULATION

1. INTRODUCTION

When a baby and young child develop intellectually, it happens in stages and not just all at once. A baby and young child need to be prepared for this development. This development is like a journey a baby and young child go on throughout their lives. The parent/ caregiver must make sure that this journey is a happy one because the learning that happens will remain with them for the rest of their lives. The journey starts at a very young age; you could almost say it starts while the baby is still in the mother's womb!

When parents/caregivers stimulate children intellectually, they should try to make it fun because children learn through play; they will start to associate fun with learning new things.



2. WHEN BABIES AND YOUNG CHILDREN START TO LEARN TO TALK

Long before babies are able to talk, they can understand simple adult speech and can learn from listening to adult conversation. They listen to what people say and how they speak. They also watch how people use the sounds in speech as well as their hand and facial gestures and bodies. When parents/caregivers talk to babies, they are having their first conversations. Babies 'talk' back; they cry, gurgle and babble in addition to listen.

Each baby and young child starts to talk and learn at their own pace as well as in their own way. Early on, babies are very aware of sound and will turn their heads towards the direction of a sound. Speech usually starts with smiles and gurgles, and then around seven months it moves on to imitating the sounds of, for example, a cat or dog. Around this time, they also start to laugh out loud and use their voices to show how they feel. These are all steps in starting to learn to talk and communicate.



3. HOW ADULTS CAN HELP BABIES AND YOUNG CHILD- REN TALK/COMMUNICATE

Watch and listen to a baby; he responds to your words, facial expressions and sounds of laughter by babbling and crying. When parents/caregivers react to their baby's babble and cries, he will

begin to learn about the consequences of conversation. Babies will start saying their first words at the stage when they are also trying to understand what people are saying to them. At the beginning the words might not sound correct, but this is part of the learning process and if you encourage them they will eventually learn how to say the words correctly. Most babies can say their first words by their tenth or the eleventh month.

- *Babies will start saying their first words at the stage when they are also trying to understand what people are saying to them.*

4. THE DEVELOPMENT OF LANGUAGE IN BABIES AND YOUNG CHILDREN

Between eight and twelve months, babies start to pay a lot of attention to how people talk. Parents/caregivers must begin teaching their babies specific vocabulary; for example, point to an object and name it and say 'chair', and so on. Parents/caregivers can also point to the baby and then say the baby's name.

Parents/caregivers must remember every child is different and each one develops at their own pace. Some develop more quickly than others. First words very often appear around the child's first birthday. These words relate to things and objects that are important in the child's life such as their parents, pets, etc. Stories that parents/caregivers read or tell their child are also very important for language development.

As soon as young children start to say their first words, they will learn additional words very fast, and the more parents/caregivers talk to their young children, the faster they will learn. You will be surprised at how fast a baby and young child can learn new words. After using only words, they will start making sentences, which at times seem to make little sense. Not much later they will start using complex sentences.

Babies and young children do not only communicate through words but also through the way in which adults listen and speak to them. Gently encourage a baby or young child when they struggle to say a new word. Children very often have to try several times before they are able to pronounce new words correctly. Parents/caregivers must remember that children never fail – they just need encouragement to try harder to succeed.



- *Parents/caregivers must remember that children never fail – they just need encouragement to try harder to succeed.*

5. HOW TO HELP BABIES AND YOUNG CHILDREN DEVELOP EARLY LITERACY SKILLS

There are certain skills a parent/caregiver needs to make sure the child can do before they can start to teach baby and young child literacy (reading and writing) skills. These are:

Check the eyesight of young children

Children with healthy eyesight learn faster than those who might have problems. If the parent/caregiver thinks the child has eyesight problems, take her to the nearest clinic.



Help the child to see small differences

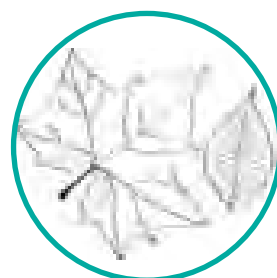
Children need to be able to distinguish between the different letters of the alphabet in order to read well. Think about the small difference between 'b' and 'd' for instance. If the young child cannot distinguish between the two, then they will have difficulty recognising particular words. Consider the simple word 'dog'; the child will read 'bog' instead of 'dog' if she cannot tell the difference between 'b' and 'd'.

There are ways of helping babies and young children recognise differences for example, by looking at pictures together. In one picture, there could be two dolls both wearing green dresses and in another picture, two dolls wearing yellow dresses. Or the differences could be in the number of objects in a picture, for example, two people could appear in one picture, and in another picture there could be a crowd.

Maybe the young child will not recognise the differences in the beginning, but the more you point these out, the better they will be able to see the differences for themselves. The parent/caregiver can also use objects such as stones or bowls to show the difference between big and small.

Help the child recognise different shapes

The parent/caregiver must make babies and young children aware of the different shapes of things around them. For example, show them differently shaped tables; one table can be rectangular and the other one square. The house they live in can be round but their neighbour's can be square. Some roofs are shaped like a triangle and others can be flat. Show them a round plate and point to a full moon.



The parent/caregiver can also cut out pictures of the different shapes and ask the young child to identify them.

Help the child to read pictures

Parents/caregivers can help children read pictures in magazines and also in their surroundings. There are guessing games a parent/caregiver can play such as asking the child to identify a specific flower in their immediate environment.

Use pictures of a garden from a magazine to ask a child to identify an apple or a particular vegetable or fruit. Use pictures in books or magazines to tell a story and then ask the young child questions about the picture or story.

Nature and pictures in the home and in books and magazines can also be used to help teach the child to identify colours and shapes.

Help the child to listen

Now it is important to help babies and young children use their ears. Words often sound similar, e.g. 'hat', 'had', 'sat' and 'sad'. Say each word to them, ask them repeat the words, and then highlight the differences between each word.

Children also learn to listen when parents/caregivers sing or say rhymes to them. They will try to sing or recite along with their parents/caregivers, and so they will learn new words and sounds. When it is appropriate, parents/caregivers can also clap their hands and stamp their feet while they sing a song, and the child will copy them.

Listen to the radio with your child and talk to them about what you hear. Tell your child a story and ask her to repeat the story or parts of it to see how well she has listened. Remember, learning must be fun at all times.

Help the child to use her hands and eyes

Babies and young children use their eyes, ears and hands when they learn. It is important for their hands and eyes to work in coordination. Parents/caregivers can teach them this from an early age by encouraging them to draw on a piece of paper or colour in a picture that the parent or somebody else has drawn.

Other ways to teach children good eye-hand coordination is by letting them make different shapes with clay. Even sweeping teaches young children good eye-hand coordination. Children can also use sticks to draw in the sand, or their fingers to point to birds flying in the air, and they should also play with toys such as balls.



- *Remember, learning must be fun at all times.*

Help the child to guess

Playing guessing games with a young child helps them make the connection between an object and its label. Start the game by asking the child to guess what you are thinking about. If it is a ball, do not tell the child but give her clues such as: it is made of rubber and it is round and maybe it's lying in the corner of the bedroom!

Do not make it too difficult; if the child is unable to guess the object, give them the answer and another chance to guess at a new object. The guessing game can be played everywhere and it is a wonderful way of making time pass while having fun with your child.

Help the child to remember things

Babies and young children need to be taught to remember things. Remembering is a basic aspect of the learning process and developing intellectually. Do this by playing the same games over and over with babies and young children. Ask younger children what they remember about games they have played. Ask them to recall what they ate for dinner or lunch or what clothes they wore yesterday.

Talking to babies or young children, asking them questions, listening to them and making sure they are listening when you talk to them are among the most important things parents/caregivers can do to develop and stimulate intellectual and language development.

- *Babies and young children need to be taught to remember things.*

6. THE IMPORTANCE OF STORIES, RHYMES AND MUSIC TO BABIES AND YOUNG CHILDREN

Reading must be a fun experience for adults and babies and young children. Parents/caregivers should make the story, rhyme or song that they sing interesting. Use noises and sounds, or rhymes and songs to accompany the story; also try to change the voices of different characters.

Parents/caregivers should repeat words in the story as this will help the baby and young child remember them. The younger the child, the shorter and more simple the story should be because younger children's recall is limited to shorter periods than those a little older.

Parents/caregivers can also draw pictures and use their voices to make stories interesting. This will encourage the young child to participate in the story-telling experience.

- *Parents/caregivers should repeat words in the story as this will help the baby and young child remember them.*

Parents/caregivers can develop a 'toolkit' for language development. A toolkit could include the following:

- A poster on 'What I can do to help my baby's language development'.
- Ten important tips on what to remember about the first month of my child's life.
- A song and/or rhyme about ways to make sure I have a healthy baby.
- A game to play with my baby/my toddler/pre-schooler that will make them want to learn more!
- A home-made book: My child and all those who love him (or her).

This is just an example of what a toolkit could consist of. It can contain anything that is important to the parent/caregiver and which could help raise the baby and the young child.

7. MILESTONES IN LANGUAGE AND INTELLECTUAL DEVELOPMENT

Babies and young children develop at their own pace, and some are slower while others are faster in their development. The following are guidelines of what a child should be able to do at certain ages.

Before a child is one year old

A baby of one month watches the person who is speaking to them and smiles at people they know. They will also follow a moving person with their eyes. When babies are about four months old, they look at the mother's breast or at the cup they are fed from, or at a toy that they often see. At about five months, babies smile at their reflections in mirrors, and at six months they will start laughing out loud at funny faces or when something amuses them. At seven months, babies start to respond to their names, and at eight months they respond to 'no', and they can reach for toys.

From nine months onwards, babies clearly start to show their likes and dislikes for certain things such as having their faces or noses wiped, or for certain foods and toys. Babies also start to understand some words and at ten months they will stick out an arm or leg for dressing. At eleven or twelve months, babies will wave goodbye. They also love to play and perform when parents/caregivers and others laugh at them. They may kiss when asked and might even understand 'Where is...?' questions.



Between one year and two years

When babies are about fifteen months old, they ask for objects by pointing to them and they will also want to start feeding themselves. Eighteen-month-old babies point to objects and people when they are asked, for example: 'Where is Granny?' At around two years, young children will be able to name objects they recognise, for instance a chair, a boat, a cup, or a pot. They will be able to play *alongside* other children (not so much *with* them). They love drawing with crayons and playing with sand and mud.



Between two and three years

At two and a half years, the young child will be able to name several objects and they will also take an interest in their sex organs. They will be able to put away things after they have played with them. At this age they will frequently use the word 'no' as a sign that they are establishing their own will and are trying to test the limits set by their parents/caregivers. At three years old they are able to count (sometimes up to ten); they can draw pictures of a house or a person; they can dress or undress a doll; they can play with other children and are able to tell the adult what has happened using simple language.

Between three and four years

Between three and four years, young children start making up their own stories and pretending to read and write. At four years they might be able to recognise certain words.

Between four and five years

At about five, they can draw shapes and write letters and numbers. They will be able to tell longer stories and will know the difference between real-life and make-believe stories. They ask many questions and the meanings of words at this age.



8. GUIDELINES FOR CHOOSING BOOKS AND STORIES FOR BABIES AND YOUNG CHILDREN

Children as well as parents/caregivers learn a great deal from books, stories, rhymes and songs. Pictures and stories provide children with ideas and stimulate their imaginations so we must make sure that we choose appropriate books and stories. Stories should make children feel good about themselves and be fun to hear. Try to give children

- *Children as well as parents/caregivers learn a great deal from books, stories, rhymes and songs.*

the opportunity to choose the books they want you to read to them. Parents/caregivers should try to read and tell a range of different stories so their children can make up their own minds when they get to choose a book to read.

Here are a few guidelines on the kinds of books that are appropriate for different ages. It has been provided by S. Desmond (date unknown) from the Family Literacy Project:

**Before a child is one year old**

- clear pictures in bright colours
- rhymes

Between one and two years

- clear pictures in bright colours
- rhymes
- themes rather than stories

Between two and three years

- pictures in colour
- rhymes
- short, simple stories

Between three and four years

- pictures in colour and with more detail
- fantasy stories
- longer rhymes and familiar rhymes with some changes

Between four and five years

- pictures in colour with a lot of detail
- longer stories
- fact as well as fantasy
- stories about feelings, e.g. happiness, sadness, fear, etc.

NOTES

session 8

CHILD SAFETY AND PROTECTION



SESSION 8: CHILD SAFETY AND PROTECTION

Learning outcomes

By the end of the session the participants will:

- Be able to create a safe environment at home in order to protect their babies and young children from potentially dangerous objects, substances and childhood injuries.
- Be more able to protect their babies and young children from neglect and abuse.

Preparation required for this session

Read through the background information.

Materials required for this session

- Newsprint
- Koki pens
- 'Accident and prevention' game
- Crayons
- Plain paper
- Glue
- Magazines
- Handout 1: *Course outline*
- Handout 7: *Safety at home*
- Attendance register

Time

This session will probably take you three hours to complete. This is meant to be a guideline only; use your own judgment and do not stop a discussion if important issues are being raised or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to the session.

Ask participants to talk about how they enjoyed looking at the discussion pages with their children. Ask participants to describe the responses of their children. If they say their children were happy or bored, ask them to say how they could tell that their children felt this way.

KEEPING CHILDREN SAFE

Preparation required for this activity

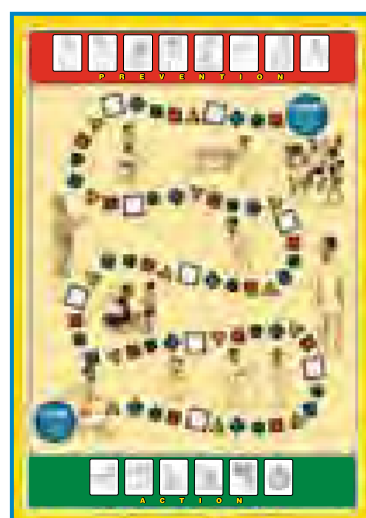
Make four copies of the 'Accident and prevention' game.

Explanation of the activity

- (a) The 'Accident and prevention game' will be explained to the whole group.
- (b) If there are enough copies, groups will play the game.
- (c) If there is only one copy, one set of participants will play while others watch.

Implementation of the activity

- (a) Demonstrate how to play the 'Accident and prevention game' to the whole group.
- (b) Hand out copies of the game to groups.
- (c) Participants play the game.
- (d) All participants discuss the game and look at the cards once again so that every message is clear to them.



WHO PROTECTS OUR CHILDREN FROM ABUSE?

Explanation of the activity

- (a) All participants will discuss what forms of abuse affect children.
- (b) The trainer will tell stories that illustrate different forms of abuse.
- (c) Participants will discuss how they would help each of the children in the stories below.



Implementation of the activity

- (a) Ask participants to help you draw up a list of the different forms of abuse. They should identify the following kinds of abuse:
- Sexual abuse
 - Physical abuse
 - Emotional abuse
 - Neglect
- (b) This may take quite a long time as participants discuss all the different kinds of abuse. With participants, decide on a symbol or picture that can be used to remind people of each of the different forms of abuse.

Note: If you have teenagers or children in your group, you will not use all these stories. Select stories that will give the impression that you are being critical of their situation. Teenagers or children may be experiencing emotional abuse or neglect because there are no adults in the home. Make sure that you support the children and teenagers to help them do the best that they can, and to feel confident that they are not neglecting their younger brothers and sisters.



Story 1: *You often hear children screaming and crying in your neighbour's house. When you see the children playing outside you see a lot of bruises on these children.*

Identify what kind of abuse could be happening. Discuss what you would do in this situation.

Story 2: *In your community, there is a family in which three children under the age of five are left alone all day. Their mother died some time ago and their grandmother is selling sweets at the nearby school to make money. The children are very hungry and ask you for food. The youngest child is a baby and you have seen her drink sugar water from her bottle.*

Identify what kind of abuse could be happening. Discuss what you would do in this situation.

Story 3: *A four-year-old boy and his two-year-old sister are always playing outside and you hardly ever see their parents with them. Sometimes you hear their mother shouting at them to come inside, or that they are stupid and messy and she doesn't want them around her.*

Identify what kind of abuse could be happening. Discuss what you would do in this situation.

Story 4: *Your four-year-old daughter attends pre-school. She walks home alone or with children from the primary school. She is usually very happy and then you notice that she has changed and often cries and wakes up screaming in the night. She is suddenly very afraid of boys and men and will not go near them.*

Identify what kind of abuse could be happening. Discuss what you would do in this situation.

- (c) Remind the participants of the matrix you drew in Session 2 in which you identified who could help children. These same people could also help adults when they notice child abuse. It is often a better idea to talk to a clinic sister about something you are worried about rather than discussing it with all your friends.



ENERGISER: FRUIT SALAD

The discussions in this session may have been difficult for many people. To make it easier to carry on with the session, play a game that gets everyone moving around and laughing.

- (a) Stand in front of the group and remove your chair from the circle. Go around the group telling the first person they are an apple, the second is a banana, the third is an orange, the fourth is an apple, the fifth is a banana and so on.
- (b) When you call out 'apples', all the 'apples' must get up and sit on each other's chairs. You can also try and get to one of the open seats. This means that one of the participants will be left standing; that participant must then call out the name of another fruit and those people will change chairs. She can try and sit down and one person will be left standing.
- (c) Continue playing the game to get everyone moving around. To bring the game to an end, call out 'fruit salad' and all participants have to move around.

SUMMARY

Go through the key messages from this session. If you have children or teenagers in your group, they may need extra advice on how to make their homes safe.



Key messages

- Carefully watch over children to make sure that they are safe at all times and do not get hurt.
- Young children should be kept away from dangerous areas.
- Objects that could be dangerous to young children should be kept out of their reach.
- A first aid box must be kept in the home and be updated from time to time.
- If your child is injured, the child should be taken to the nearest clinic as soon as possible.
- Protect children from abuse and neglect and give them loving care so that they can grow and develop.
- When a child has been abused, comfort the child and take the child to the nearest clinic or crisis centre.
- Use 'universal precautions' to prevent the spread of diseases.

CLOSURE

Give out Handout 7: *Safety at home* for participants to take home and discuss with their families. Participants can also colour in Session 8 on Handout 1: *Course outline*.



HANDOUT 7: SAFETY AT HOME



BACKGROUND DOCUMENT

1. INTRODUCTION

Babies and young children are normally very interested in the world they live in. It is important to look after our children and to make sure that they are safe at all times while they explore their environment.

2. CREATING A SAFE HOME ENVIRONMENT FOR BABIES AND YOUNG CHILDREN

Creating a safe home environment is something all parents/caregivers should do for their children. One of the most important things is to make sure that dangerous liquids such as paraffin, poisons and all medicines are stored out of reach of babies and young children. This is especially important when babies start to move around the house. Babies stick all kinds of objects into their mouths; this is their way of exploring the world they live in but it is potentially very harmful.

Young children will use a chair to open cupboards in which poisons, medicines, paraffin, candles and matches could be stored. Young children love playing with fire and matches which is of course very dangerous, but they do not realise this yet. The only thing they are aware of is the 'magic' of flames when they light a fire, stick or candle. They tend to be clumsy because they are still very young and do not have much control over their muscles, so a fire can easily start accidentally.

Parents/caregivers must make sure they protect their babies and young ones from these kinds of disasters. It is also important to put all dangerous objects (including sharp objects such as knives and scissors) out of the reach of children.



3. TAKING CARE OF BABIES AND YOUNG CHILDREN AT HOME

There is an old saying: Prevention is better than cure. This means that parents/caregivers must try to prevent their babies and young children from getting hurt rather than have to get medical help in an emergency – sometimes it can be too late.

Cuts, grazes and burns can be prevented. Parents/caregivers must make sure that bottles and broken glass do not lie around the area

where children, especially babies and young children, play. Rusty old food cans must be safely thrown away.

Remember to ensure that children do not play near open fires. Check that pots and pans being used for cooking are kept out of reach of babies and young children because they do not realise that hot food and water can burn them.

Lamps and candles must be kept out of the reach of babies and young children as they can accidentally pull them over and start a fire or burn themselves. Parents/caregivers must never smoke in bed because they can fall asleep and set the mattress alight. When parents/caregivers throw away cigarette stubs, babies and young children can burn themselves or they may even try to eat them and could get nicotine poisoning. Rather throw them away in a bucket which contains sand, or put out cigarettes in ashtrays. Also remember that parents/caregivers should never smoke in the presence of babies and young children because it is harmful to breathe in second-hand smoke.

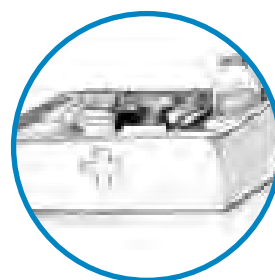
Bath water must be tested because hot water can seriously burn a baby or young child. Test water with your elbow; if the water feels too hot, then it will probably burn your baby or young child.

Burns are serious and extremely painful, and can sometimes cause death if they are very serious.

4. FIRST AID AND THE FIRST AID BOX

Parents/caregivers must be prepared for small injuries when there are babies and young children in the home; therefore it is useful to have a basic first aid kit available. First aid kits do not have to be expensive. Use a container such as a cardboard box (e.g. an old shoe box) or a plastic container (e.g. a 2 litre ice-cream box) in which to store first aid supplies.

Important items that should be kept in your first aid box are: cotton wool, plasters, antiseptic cream or solution (to clean small cuts, scratches and grazes), medicine to relieve pain or fevers and gauze dressings. Also keep a pair of small scissors to cut plasters and/or bandages. It is also a good idea to store any medicines family members take regularly for chronic diseases in the first aid box so that you always know where they are. Make sure to store your first aid box in a safe place where young children cannot get at it.



An example of a first aid box*(Department of Social Development, 2006:83)*

- 2 litre ice-cream container
- Scrap cotton for dressings
- Scrap cotton for bandages
- Scrap cotton triangular bandages
- Small pieces of scrap material for nose wipes
- Scrap material for face cloths
- Plastic bags to substitute for rubber gloves
- Litre container (to make re-hydration drink)
- Cardboard and padding for rigid splints

5. PROTECTING BABIES AND YOUNG CHILDREN FROM HARMFUL BEHAVIOUR

Parents/caregivers need to protect babies and children from physical and emotional harm that they might receive from older children, the children's friends or adults. Harming a baby or child can negatively affect their health and emotional development.

Ideally, parents/caregivers should love and enjoy taking care of their babies and young children, as well as their older children, but sometimes they have to cope with difficult problems themselves and tend to neglect their responsibilities. Exhaustion, the lack of money, illness and depression are examples of the problems parents/caregivers sometimes experience. However, even when parents/caregivers are going through these kinds of difficulties, the physical and emotional well-being of their babies and children must always be protected.

A parent/caregiver who is struggling because of poverty, illness, etc. should try to find someone they trust to talk to and to ask for help and support. Parents/caregivers must not feel ashamed of asking for help because it is the responsible thing to do.

Remember – babies and children are precious and must always be protected from harmful behaviour.



- *Parents/caregivers must not feel ashamed of asking for help because it is the responsible thing to do.*

6. WHAT IS HARMFUL BEHAVIOUR TOWARDS CHILDREN?

Abuse is any harmful behaviour. There are different kinds of harmful behaviour that can be done to a baby and young child. Sometimes the abuse is intentional, but at other times the parents/caregivers do not deliberately mean to harm their babies or children. Harmful behaviour includes the following:

Physical abuse

In these situations, a parent/caregiver hurts a baby or young child with physical force. It can be a severe hiding, slap or blow to a part of the body that sometimes leaves a mark. The mark may appear immediately on the body, but at other times the mark appears only later.

Emotional abuse

Babies and children can also be harmed when parents/caregivers use hurtful words and language. This kind of behaviour results in children feeling unsure of themselves. It can destroy their self-esteem causing the child to feel she has no value. Emotional abuse also makes the child feel unsafe in her environment. It is not only adults who can inflict emotional abuse on a baby or young child; they can also be bullied by children of the same age or by older children. It can happen in families as well as in playgroups.

Physical neglect

Sometimes parents/caregivers do not care properly for the physical needs of their babies and young children resulting in them always being sick and in poor health. Sometimes the neglect even puts the lives of their babies and young children in danger. Physically neglected babies and young children will, for instance, not be dressed properly when it is cold, or they will cry because they are hungry, or they do not receive proper medical care when they need it. When a baby or young child is left in dirty clothes or babies' dirty nappies are not changed, they are being physically neglected. Leaving babies and children alone at home, or letting young children play near open fires and alongside rivers, dams, etc. without responsible adult supervision are further examples of physical neglect.



Emotional neglect

Emotional neglect is when a parent/caregiver does not show their baby or young child any love and attention, or they constantly ignore them when they are crying for attention. New mothers often experience this kind of behaviour about three days after they have given birth, but this is not emotional neglect. It is called postnatal depression and it is caused by hormones in the mother's body which are trying to adjust to the body having given birth. The new mother must understand that this is a stage and it will pass with the necessary support from the father and family members.

Sexual abuse

Sexual abuse is any sexual activity ranging from making sexual suggestions towards a baby or young child, to having intercourse with a baby or young child. This kind of abuse, like all kinds of abuse, is very serious. The abuser can be someone the baby or child knows well, or it can be a stranger. Sexual abuse can happen in the home where the baby or young child lives, or at a playgroup, or in the playground among their friends.

7. HOW CAN ADULTS PROTECT THEIR BABIES AND YOUNG CHILDREN?

Parents/caregivers can do the following to ensure they do their best to care for their babies and young children.

- Parents/caregivers must make sure they build a trusting and loving relationship with their baby or young child.
- Parents/caregivers must try to bond with their baby from birth. New parents, especially new mothers, should rest as much as possible when their babies and young children rest, as this will help them cope when these busy little people are awake.
- When parents/caregivers are unable to look after their own children, they must find someone they trust to take responsibility for them.
- When choosing a playgroup or day care, parents/caregivers should choose one that has a good reputation in the community. Find out by chatting with other parents who send their children to the playgroup or day care you might be interested in sending your child to.



- Parents/caregivers must talk to their young children about what has happened during the day to establish that they have not been exposed to any harmful behaviour.
- Parents/caregivers should make use of extended family support. They must ask for help when they feel they cannot cope with taking care of their baby or young child.
- Parents/caregivers must comfort and care of their babies and young children when they are sick, and take them to the nearest clinic or crisis centre if they suspect they have been abused.

NOTES

session 9

POSITIVE DISCIPLINE



SESSION 9: POSITIVE DISCIPLINE

Learning outcomes

By the end of the session the participants will:

- Understand the difference between punishment and discipline.
- Know more about positive ways to discipline babies and young children.
- Be able to demonstrate positive ways of disciplining babies and young children.

Preparation required for this session

Read through the background information.



Materials required for this session

- Flipchart
- Newsprint
- Koki pens
- Shape puzzle: *Protecting children from abuse*
- Crayons
- Plain paper
- Glue
- Magazines
- Handout 1: *Course outline*
- Handout 8: *Guidelines on discipline*
- Attendance register



Time

This session will probably take you three hours to complete. This is meant to be a guideline only; use your own judgment and do not stop a discussion if important issues are being raised or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to this session.

Ask the participants these questions: *Did you change anything in your home after the last session? Did you learn anything that helped you make your home a safer place for babies and young children?*

If you have children or teenagers in your group, ask them if they need extra help now that they know more about keeping young children safe.



RULES IN THE HOME



Explanation of the activity

Participants will work together as a large group.

Implementation of the activity

- (a) Participants will work together in the large group to answer the following question:

Do most of us have rules in our homes? For example: always put away your clothes; make your own bed; eat all the food you are given, etc.

- (b) If the answer from most participants is 'Yes', ask them this question: *Why do we have these rules?*
- (c) Once participants have discussed and answered the question, ask them to give examples of rules they have in their own home or that they know other people have in their homes.
- (b) When you have written up about ten rules, ask participants if you can stop there and carry on with the rest of the activity. Go through the rules and read them one by one and ask these three questions about each rule:
- *What is this rule trying to prevent?* For example, the rule about eating all the food you are served is trying to prevent the waste of food.
 - *Will this rule work with young children?*
 - *Do you think this is a good rule?*
- (c) If most of the group thinks it is *not* a good rule, cross it off the list.
- (d) You will only be able to do the following with a group of adult participants. You will read through the remaining rules and ask participants to think about each rule as you read it:

- *Was this a rule when you were a child?*
- *Is this rule still relevant today?*

If the rule is no longer relevant, cross it off the list.

You now have a list of rules that may be possible to use in most homes.

WHAT DOES 'NAUGHTY' MEAN?



Explanation of the activity

- In pairs, the participants will brainstorm what they think 'naughty' means.
- All participants will share what they think the word 'naughty' means.
- Participants will discuss if the actions we often label as 'naughty', really are naughty.

Implementation of the activity

- Ask participants to turn to the person next to them and work in pairs. They can share how they would explain the meaning of the word 'naughty'. They can also give some examples of naughty behaviour.
- The whole group discusses what the word 'naughty' means.
- Draw a chart on newsprint.
- In the first column, write the different ages of children. In the second column, leave enough space to write down actions that are seen to be 'naughty' for that particular age.
- As participants call out 'naughty' actions for you to add to the chart, ask them to think about whether the action *really* is naughty. For example, some people think a baby is naughty because she cries a lot. Is this really being naughty, or is she trying to tell them something? When participants agree that a particular action is definitely naughty, they must add it to the chart.
- The third and fourth columns will be completed later in the session.

Ages	'Naughty' actions		
0-1 year			
1-3 years			
3-5 years			
5-7 years			

(g) Now move on to the next part of the session.

HOW TO DEAL WITH UNACCEPTABLE BEHAVIOUR



Explanation of the activity

- (a) Participants will look at how to avoid situations that lead to children misbehaving.
- (b) Participants will discuss some guidelines about discipline.

Implementation of the activity

- (a) Read through Handout 8: *Guidelines on discipline*, point by point. Encourage participants to discuss each point to see if they agree.
- (b) Now go back to the chart and discuss what you would put in the third column: How to avoid the situation.
- (c) If participants feel the suggestion given in the third column would probably not work, how would you show the child that their behaviour is unacceptable? In other words, how do you discipline a child so that they understand that what they did was wrong? Add participants' ideas to the fourth column: Discipline.
- (d) If you have children or teenagers in your group, you may need more time to discuss how their siblings see them. Do they have respect and authority in their homes? How can a child help the child or teenage caregiver when they are close in age?



Ages	Naughty	How to avoid the situation	Discipline
0-1 year			
1-3 years			
3-5 years			
5-7 years			

THE WAY TO DISCIPLINE YOUNG CHILDREN



Explanation of the activity

- (a) Use the Shape puzzle (*Protecting children from abuse*) to start a discussion of acceptable ways to discipline children.
- (b) Role play ways to discipline children.
- (c) Talk about how to behave once the discipline is over.

Implementation of the activity

- (a) Use the Shape puzzle to start a discussion about acceptable ways to discipline children. The main puzzle picture shows a loving adult with children. The smaller puzzle picture shows an adult looking angry and hitting a small child on the hand. Ask participants to think about hitting children: is this an acceptable way to discipline a child?
- (b) If you have children or teenagers in the group, ask them how they see their role. Do they see themselves as the loving adult in the puzzle, or do they sometimes see themselves as the angry adult? They may need time to share their feelings about having to be the 'strong' person in their family.
- (c) How do we show a child that we are angry with what she has done? How do we show her that she is not a bad person? How do we show her that not everything she does is naughty, only *this* action, *this* time?
- (d) Ask for volunteers from the participants to act in two role plays.
 - A child plays with a ball inside the house and knocks over a pile of clean washing onto the floor. The mother comes in and tells the child that she is a bad, naughty girl and that she is always doing something to upset the family.
 - A child plays with a ball inside the house and knocks over a pile of clean washing onto the floor. The mother comes in and asks the child what happened. Why was she playing inside with a ball and what can she do about what has happened?
- (e) Discuss the two role plays and remind participants that children should never be hurt when they are being disciplined. We do not have the right to hurt anyone, especially children.
- (f) Close by talking about how to behave when discipline has taken place. The caregiver must let the child know she is still loved and that she has been forgiven for anything that she did that was not right.



SUMMARY

Discipline is not an easy topic to discuss. As you summarise this session, take time to emphasise the positive aspects of discipline, i.e. that children need boundaries and they also need love, and that caregivers may dislike the behaviour, but they should never reject the child who is behaving badly.

Key messages

- Discipline is about caregivers teaching young children that there are boundaries in life.
 - Caregivers are role models and should always act with compassion and love.
 - Positive discipline makes children feel good about themselves.
 - Rules help children solve problems and learn to take responsibility.
 - Rules help children make choices.
 - Caregivers can be upset by actions but they never stop showing the child love; you may hate the action but never the child.
 - Discipline can never hurt a child.
-

CLOSURE

To take away any tension that may have surfaced because of the topic, an ideal way to close would be a song with actions, or a song with a fast rhythm.

Colour in Session 9 on Handout 1: *Course outline*.

HANDOUT 8: GUIDELINES ON DISCIPLINE

Never frighten or humiliate children.		Do not smack a child.	
Keep calm when your child is being difficult.		Distract children who are doing something you consider naughty.	
Explain the rule. Is it to keep the child safe from danger?		Reward good behaviour with hugs, a story or time together.	
Make sure the rule is age-appropriate. Does the child understand what you are saying?		Set limits and be consistent. Don't keep changing your mind.	

BACKGROUND DOCUMENT

1. INTRODUCTION

Discipline is not a single act or statement but a process. The word *process* refers to something that we do over time and keep on doing. The goal of discipline is to teach babies and young children self-discipline. There are various methods we can use to discipline our babies and young children in a positive way. Some of these methods cannot be used for disciplining babies because they are too young to understand.

2. WHAT IS DISCIPLINE?

When babies and children misbehave, we use discipline to help them choose a better way to behave. Discipline is teaching the baby or young child many skills. It is important that when we discipline, we are *patient*, stay *respectful* and be *consistent*. There is a difference between discipline and punishment. Punishment is unacceptable and includes spanking, withholding food, name-calling and so on. (See the handouts for this session for the differences between punishment and discipline.)



2.1 How can I discipline my baby or young child?

There are many positive and respectful ways to discipline. It is extremely important that you consider the age and the stage of development of your baby or young child when you discipline. Babies are too young to understand the consequences of their behaviour. Here are some suggestions on how to discipline your baby or child; it is not an exhaustive list but it will hopefully encourage you to think of alternatives to punishing your baby or child (Dinkmeyer et al, 1997:94 & Desmond, 6).

2.1.1 Distract the child

Distraction works especially well with babies. For example, if your baby pulls your ear, or plays with something dangerous, give her something else to play with. If two siblings are fighting over a toy, try distracting them by offering one child another toy.



2.1.2 *Ignore misbehaviour*

Ignoring the behaviour is a helpful skill that can be used to respond to behaviours such as showing off, sulking, whining, mild crying, temper tantrums, power plays, interrupting, begging for treats and insulting people. However, we cannot ignore behaviour in which children are hurting others or putting themselves in danger.



2.1.3 *Structure the environment*

Removing particular items will help the child forget about them. Childproofing or baby-proofing the environment will help to make your home safer and then you will not have to say “No” so frequently to your baby or young child. Having routines such as regular bedtimes and mealtimes are another way to structure the environment. Basic rules in the house will help the child understand *what* needs to be done, as well as *when* and *how*. Examples of rules are: No playing with a ball in the house; Toys must be picked up when we finish playing with them; No sweets before meal times as this will spoil your appetite.

2.1.4 *Control the situation, not the child*

You do this by giving choices; for example, a three year old is given the choice between two sets of clothing to wear. Instead of giving orders, set limits; for example, the child is free to explore and touch, but if she breaks something or does something dangerous, you distract her or remove the item. Use a door or gate so the child has boundaries. If necessary, remove the child altogether from the situation.

2.1.5 *Involve the child*

By giving young children choices, we involve them in the discipline process. For example: “I will help you when you ask me nicely”; “If you are not dressed within ten minutes, you will go to crèche in your pyjamas.”

2.1.6 *Plan time for loving*

It is important to spend special time every day with your baby or young child. Read to your baby or child, and play, cuddle and enjoy being with each other. You and your child need this time together to develop a healthy relationship; it can also help prevent behaviour problems.



2.1.7 *Let go*

Sometimes we need to let go and be less controlling (e.g. let a child play on his own). But of course we should protect them if necessary, but being overprotective is unhealthy for the baby or child because it will limit their confidence.

2.1.8 *Increase your consistency*

You need to always treat the same behaviour in the same way, no matter where or when it occurs. Being consistent in public (e.g. at the shops) is not always easy but it will ensure that your discipline is more effective. Do not worry about what other people might think; being consistent will show your child that your limits are consistent.

2.1.9 *Notice positive behaviour*

When you acknowledge positive behaviour in your child, it is good for their self-esteem and it will encourage more positive behaviour in the future. For example, say something like: “Sbongile, it looks like you and Kagiso are enjoying playing together.”

2.1.10 *Excuse the child with a time-out*

Time-out can help a young child regain self-control because it gives a child time to calm down. But only use time-out as a *last resort*. Time-out should be used for very disruptive behaviour such as temper tantrums, constant interruptions, hitting or biting. Time-out should last for no longer than one minute for each year of a child’s age, e.g. a four-year-old child’s time-out will never last more than four minutes. Young children need to know the rules of the time-out. Take the opportunity to talk about time-out before a problem arises. You might say: “When your behaviour tells me you are not ready to be with other people, I will know you need a time-out.”

Choose a safe place for the time-out and do not lock the door. If you have chosen a room and the child comes out before the time is up, you firmly but kindly return the child to the room. It is okay if the child plays during time-out because this shows that the child has regained some control. Remember, it is a time-out and not a punishment; it is intended to give you and your young child some quiet space. Tell your child that they may come out when they are ready to calm down; in this way, your young child will be developing self-control.

When a time-out is over, it is over. Do not discuss the time-out because that will draw attention to the behaviour you wanted to stop in the first place. However, you should expect your child to apologise for their unacceptable behaviour.

- *Time-out should be used for very disruptive behaviour such as temper tantrums, constant interruptions, hitting or biting.*

2.1.11 Cause and effect

Your child also has to learn to take responsibility for what she does. You will need to help her understand the consequences of her actions. For example, if your five-year-old child plays with a pot and leaves it outside, say to her that mommy cannot cook food for her because she does not have the pot she needs; ask her to bring the pot inside so you can cook food for her.

2.2 Natural consequences

A consequence is the result of a child's choice of action.

We can also discipline our children by using natural consequences. Natural consequences are those things that happen in response to your child's behaviour, i.e. they will happen without the interference of the parents/caregivers. For example, if a five-year-old child refuses to eat dinner, then the natural consequence will be that he feels hungry; if a child refuses to wear a jersey, he will get cold.

You must always consider the age of your baby or young child before using natural consequences. Some natural consequences are also not safe, for example we cannot let a child run into the street in order to learn that he could be in danger of being hit by a car.

- *You must always consider the age of your baby or young child before using natural consequences.*

2.3 Logical consequences

Logical consequences are different to natural consequences because the parent/caregiver creates the logical consequence. The consequence should be directly related to the unacceptable behaviour. For example, if your child skips a chore, instead of taking away TV privileges, make her do an extra chore. Another example is when your child leaves a mess; instead of grounding her for a week, make her clean two rooms. Age of course is very important – you cannot expect a three year old to clean two rooms; the logical consequence would be that if she does not put away her toys, she will not be allowed to play with them the following day.

You can give positive and negative consequences:

Positive consequences are the things your children like. For example: "After you have cleaned your room, we can play outside."

Negative consequences are things your child does not like. For example: "If you don't change out of your good clothes, you are not allowed to play outside."

The following advice comes from Dinkmeyer et al (1997:100)

Accept the choice: When your child decides, let the decision stand for the time being. For example, if a five year old leaves crumbs all over in the family room after she has had a snack, the next time she has to eat her snack in the kitchen and not in the family room.

Add time for repeated misbehaviour: Each time the same misbehaviour occurs, increase the amount of time for the consequence. For example, if the same child leaves a mess again in the family room, she may now not eat in the family room for the next two snack times.

Use respectful words: For example: “You must please settle down, or you will have to leave the room. You must decide”, or “You may play with the baby if you don’t pinch him.”

Respect the choice: Your child may choose some consequences as a way to test you. Simply say: “I see you have decided. You can try again tomorrow.”

Talk less, act more: When you use consequences, talk as little as possible as you follow through with action because children tend to stop listening when adults talk too much.

Stay calm: Yelling, nagging or making threats will turn a consequence into punishment. Practise keeping calm in front of a mirror and carefully listen to the tone of your voice.

2.4 Parents’/caregivers’ behaviour when they discipline their children

It is very important to maintain a matter-of-fact facial expression and tone of voice. Do not yell, shout or get angry and instead stay calm. firm and always kind. Show respect for yourself and your young child. Use positive disciplining methods and never use punishment (see Handouts 11, 12 and 13). Punishment lowers our children’s self-esteem and teaches them to resent and fear us which will harm the kind of relationships we want with our children. These are the reasons why we do not use punishment but rather choose positive discipline.

In conclusion, positive discipline teaches young children how to discipline themselves and to understand that there are consequences for their behaviour.

- *Do not yell, shout or get angry and instead stay calm and firm, and always kind.*

NOTES



session 10

GRIEF AND BEREAVEMENT

SESSION 10: GRIEF AND BEREAVEMENT

Learning outcomes

By the end of the session the participants will:

- Understand that the way babies and young children grieve and experience bereavement is related to their ages.
- Be able to give practical examples on how to deal with grief and bereavement within the context of their community and culture.

Preparation required for this session

Read through the background information.

Materials required for this session

- Flipchart
- Newsprint
- Koki pens
- Crayons
- Plain paper
- Glue
- Magazines
- Handout 1: *Course outline*
- Attendance register

Time

This session will probably take you three hours to complete. Times are given as guidelines but use your own judgment; do not stop a discussion if important issues are being raised, or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to this session. Thank them for coming so regularly and point out that this is the second last session.

HOW SHOULD WE RESPOND TO THE DEATH OF A FAMILY MEMBER?



Explanation of the activity

- (a) In small groups, participants will discuss how death is dealt with in their families or communities.
- (b) Some points from the discussion will be shared with the whole group.
- (c) In small groups, participants will discuss their understanding of how young children are affected by the death of a close family member.
- (d) Points from this discussion will be shared with all the participants.

Implementation of the activity

- (a) Ask the participants to break into groups of four or five. They will be discussing how a family deals with the death of a close family member. If participants have never experienced this, or they do not want to discuss the topic, they can talk about how people in general respond to the death of a family member.
- (b) Ask participants to talk about any rituals that take place.
- (c) Ask participants if anyone would like to share what they discussed in their small group. This is more of a report back and not another discussion.
- (d) When participants are reporting on the rituals around death, ask them if young children take part in any of the rituals. If you have teenagers and children in the group, ask them where they were when an older person in their family died.
- (e) If the participants are only children or teenagers, you may want to change this activity and let them talk about their own experiences. You will need to be prepared to use your counselling skills as there is a strong possibility that children may become very upset while recalling the death of their parents.



- (f) This will lead on to a discussion about whether or not the participants think that young children grieve, or if they should be part of the grieving of the rest of the family.
- (g) You should point out, if necessary, that young children do grieve. You will find this information in the background documents.
- (h) Use this opportunity to help any children and teenagers in your group who may still be grieving.



WHY DO WE NEED TO TALK ABOUT HOW DEATH AFFECTS YOUNG CHILDREN?



Explanation of the activity (*Note: for adults only*)

If there are any teenagers or children in your group, go directly to the memory box activity.

- (a) Participants will discuss this question: *Have children in your community lost any close family members?*
- (b) Small groups should discuss some of the behaviour observed in young children who have lost a close family member.
- (c) Everyone can contribute to a discussion on some of the stages a child may go through after the death of a close family member.
- (d) Small groups should discuss how caregivers can help a child who has lost a close family member.



Implementation of activity (*Note: for adults only*)

- (a) State the question clearly to the group: *Have children in your community lost any close family members?* If you need to prompt the discussion, ask how many families in their community have recently lost members, due to illness, accidents or violence.
- (b) Ask participants to break into groups of between four and five. Ask them to share what kinds of behaviour they have observed in children who have lost a close family member. Ask them to think about babies and young children of different ages.
- (c) Ask participants to report on their discussions. Introduce the stages of grief that babies and young children may go through:
 - Protest and denial
 - Despair and disorganisation
 - Reorganisation

Do not use these specific words. Rather read through the background document before the session and come up with a way of explaining each of these stages, for example:

- **Protest and denial:** pretending that nothing has happened; refusing to listen when you try to tell them someone has died.
 - **Despair and disorganisation:** feeling very sad and not able to do ordinary everyday things.
 - **Reorganisation:** starting to get back into their regular daily routines.
- (d) Ask the participants if they want to work in small groups or stay as a large group to look at each stage, and discuss how caregivers can support children through these stages.
- (e) If they have worked in small groups, bring them back together to share their ideas.
- (f) Using what you have learnt from the background document, provide additional ideas, for example:
- Children need someone they can depend on.
 - Children need someone to listen to them and to take them seriously.
 - Children need to draw, act out, play with dolls, etc. to find ways of expressing their grief.
 - Children need to be allowed to enjoy themselves during the times when they are not feeling so sad.
 - Children need to have things to help them remember the person who has died.

MAKING A MEMORY BOX



Explanation of the activity

- (a) Participants will be introduced to the idea of a memory box.
- (b) Participants will discuss what they would like to put in a memory box.
- (c) Participants will draw what they would put in their own memory box.

Implementation of the activity

- (a) Introduce the idea of a memory box to the participants, if they have not heard of this idea before. Every child needs a memory

box, not only those children who have a family member who is very ill or who has died. All children like to have a few special things that they can keep and look at.

- (b) Ask participants to think of a particular child in their care and what they would like to put in a memory box for them, e.g. a photo of the caregiver, a scarf belonging to the caregiver, a drawing by the child, a drawing by the caregiver, drawings by the child of a special event, etc.
- (c) Give each participant a piece of paper and crayons, and ask them to draw some of the items that they think would be suitable items for a good memory box for one of the children in their family.
- (d) Explain that if a child were to lose someone close to them, then this memory box would be a very helpful reminder of the good things that they shared with that person.
- (e) If you are working with teenagers or children, be prepared for tears. Allow these younger participants to cry and offer them comfort. Make sure the others do not laugh at whoever is crying.
- (f) End the activity by making sure that teenagers and children, as well as adults, think of ways to cope with things that upset them such as resting, reading or talking to someone. This will help the younger participants realise they do have some coping strategies.



SUMMARY

Summarise some of the key messages in this session.

Key messages

- There are stages that most babies and young children go through when they have lost a close family member. People don't all go through these stages in the same way.
- Children and young babies need the love and support of a person who will listen to them and cuddle them when they are sad.
- Children and young babies need someone to talk to about the person who has died, to remind them of the happy times and to help them think about the future.
- Children should be part of the family's grieving process in whatever way the whole family feels appropriate.
- Memory boxes are for all children, but they are particularly important for children who have lost a close family member.

Children and young babies need the love and support of a person who will listen to them and cuddle them when they are sad.

CLOSURE

This session may make participants feel quite sad. Close the session by asking the group if they would like to pray, remain silent, think of children who are unhappy, or sing a song together.

Colour in Session 10 on Handout 1: *Course outline*.



BACKGROUND DOCUMENT

1. INTRODUCTION

Grief has to do with the inner emotions of a person and does not always show in how they behave. Bereavement, on the other hand, has to do with the inner emotions feelings, attitudes and reactions of the person experiencing the loss.

Parents/caregivers frequently believe that babies and young children do not understand loss or death in the family, and that they will easily forget the person who has died or not even notice they are no longer around. This is not true; like adults, babies and young children experience loss and separation. In the early stages of grief and bereavement, children struggle to deal with a range of emotional issues as a result of their loss. Each baby and young child has their own particular way of grieving. When babies and young children grieve, they are often labelled 'difficult' and 'not satisfied' because, for example, they experience great sadness and can also be very aggressive at the same time.

The loss does not have to be only due to the death of a parent or sibling, or of any other family member who cared for them. Adults and children also grieve over the death and loss of pets which can be very traumatic. Children also feel grief and loss when parents get divorced or when a parent/caregiver is absent due to work responsibilities. Whatever the reason, it is important to understand the reality that babies and young children do experience loss in many different circumstances, and their grief can be very complex. The healing process starts with stable relationships with parents/caregivers who love and care for them.

- *In the early stages of grief and bereavement, children struggle to deal with a range of emotional issues as a result of their loss.*

2. STAGES IN THE GRIEVING PROCESS FOR BABIES AND YOUNG CHILDREN

Babies and young children grieve in the same way as adults. Although each human has their own way of grieving, there are usually three stages involved in the process of grieving:

- **STAGE 1 Protest and denial:** This is when the baby or young child does not want to accept the fact that the person they are grieving for is not there anymore. They may show protest and denial in their behaviour by crying, being sad and sometimes having angry outbursts for no reason.



- **STAGE 2 Despair and disorganisation:** During this stage, the baby or young child will not follow his normal routine, and may even go back to previous physical developmental stages. For example, if a baby has been sleeping through, he may start to wake up at night again for no apparent reason; or a young child who was able to sleep without wetting the bed, may start to wet his bed again; or a young child may stop talking although he had been able to say certain words.
- **STAGE 3 Reorganisation:** During this period, the baby or young child begins to have less emotional stress and returns to his usual routines and regains the skills he lost for a while. For example, the baby may start sleeping through the night again after a period of waking up for no reason; or he will wake up when he needs to use the potty instead of wetting the bed; or he may regain the language abilities he previously had.

3. HOW TO RECOGNISE THE DETACHED BABY AND YOUNG CHILD

Detached: the feeling of isolation and being alone or not part of the family due to grief.

It is important to understand that babies and very young children experience grief. The grief can be their own, or it can be that of their parents/caregivers. The parents/caregivers need to take the time and make the effort to recognise that their baby or the young child is grieving; they will not be able to recognise this if they do not know the child well.

Parents/caregivers can choose how they are going to react to situations that cause grief, but babies and young children do not have that choice. When they grieve, all they know is that they have a feeling that they do not like. This often leads to a baby and young child seeming to moan and nag for no particular reason.

Parents/caregivers need to recognise abnormal and unusual behaviour in their babies or children in order to be able to recognise grief and bereavement. Parents/caregivers need to be sensitive to any possible circumstances that might be affecting their babies or young children. Often parents/caregivers do not realise that their feelings and moods or events such as moving house can affect the feelings and behaviour of their baby or young child.



- *Parents/caregivers need to recognise abnormal and unusual behaviour in their babies or children in order to be able to recognise grief and bereavement.*

4. WAYS PARENTS/CAREGIVERS CAN HELP THEIR BABIES AND YOUNG CHILDREN DURING THE GRIEVING PROCESS

There are many ways to deal with a grieving baby or young child. The most important thing for parents/caregivers to know is what makes their baby or young child feel safe and secure when they are in strange situations. They should also make very sure that the baby or young child is not uncomfortable or does not have a physical problem, i.e. is she well fed? is she lying down with a wet nappy? or is she hurt in any way?

The first step in helping a baby or young child cope with grieving is to calm down the baby or young child if they are screaming or crying. Try to talk about the things that scare them or make them feel uncomfortable. Parents/caregivers must act in a loving and caring manner to help the baby or young child feel safe and secure. Try to get them to play with a toy, or in the case of a baby, with something such as the parent's/caregiver's finger. Anything that will soothe them can be used as long as it does not hurt them or endanger them in any way.

During the second step parent/caregivers must make sure that their baby's or young child's trust has not been damaged and to maintain their self-esteem or restore it. It is a good idea to get the routine of the baby or young child back on track. The parent/caregiver must also make sure that they are there for the baby or the young child; they must not make promises they cannot keep. Always talk to the baby or the young child in a loving and caring manner.

Babies and young child can also grieve to such an extent that nothing will calm them. In these cases they tend to cut themselves off from reality and withdraw from those who want to comfort and care for them. They very often struggle to cope with relationships; it is then that they need the constant and regular care, love and comfort of their parent/caregiver.

When a child becomes detached, it can become a serious issue and the parent/caregiver needs to seek professional help. The behaviour of a detached baby or young child could include the following characteristics: showing no emotions at all; banging their head against their cot or the wall; rocking; excessive sucking; excessive masturbating and tantrums, etc. It could be any behaviour that the parent/caregiver recognises as unusual or abnormal for their baby or young child, i.e. behaviour the parent/caregiver has not seen before in their child.



- *Always talk to the baby or the young child in a loving and caring manner.*

Tips on how to discuss grief with a young child:

- Before moving house, explain to children that their family (or the child) is moving away to a new home, or town, etc. Talk about the change as though it is a great adventure and something to look forward to.
- Give young children the opportunity to talk about their sadness about leaving a place, friends, and other parents/caregivers, whatever the situation might be.
- In the case of a death in the family or a divorce, give children an opportunity to express how they feel, and once again try to encourage the child to look forward to the forthcoming change.
- Talk with children about who in their family or circle of friends will be able to help them cope with the grief they are experiencing.
- Help young children make sense of their grief by drawing pictures with them and discussing what they draw.
- Refer the child to the clinic if their behaviour persists.

5. CONCLUSION

In conclusion, when babies and young children feel loved and cared for, and safe and secure, they will flourish in all areas of their development. Parents/caregivers need to be sensitive to their babies' and children's needs and preferences; when they know their children well, they are able to support them during times of grief. Parents/caregivers must also remember that the way they deal with grief will be an example to their children; through their good examples, they will teach their babies and young children how to deal with loss and separation.

- *Parents/caregivers need to be sensitive to their babies' and children's needs and preferences; when they know their children well, they are able to support them during times of grief.*

NOTES

session 11

CHILDREN'S RIGHTS AND COURSE REVIEW

SESSION 11: CHILDREN'S RIGHTS AND COURSE REVIEW

Learning outcomes

By the end of the session the participants will:

- Have reviewed the course.
- Learnt more about the rights of children.

Preparation required for this session

Read through the background information.

Materials required for this session

- Flipchart
- Newsprint
- One puzzle paper
- Koki pens
- Handout 1: *Course outline*
- Handout 9: *Rights of children*
- Attendance register

Time

This session will probably take you three hours to complete. Times are given as guidelines but use your own judgment; do not stop a discussion if important issues are being raised, or if there are questions that must be answered.



INTRODUCTION

Welcome everyone to this last session. Thank them for coming so regularly.

CHILDREN'S RIGHTS

Explanation of the activity

- (a) In small groups, the participants will make a collage of what they think children need when they are growing up.
- (b) The collages will be displayed and discussed by the whole group.

Implementation of the activity

- (a) Ask the participants to break into groups of four or five.
- (b) Give each group a sheet of newsprint and some magazines.
- (c) Ask each group to think of what children need while they are growing up.
- (d) Ask them to choose pictures from the magazines to illustrate their ideas. If they cannot find pictures, they can draw something.
- (e) When the collages have been made, display them around the room.
- (f) Invite everyone to walk around and look at all the collages.
- (g) With participants, come up with a list of what children need. Write up their ideas on the flipchart so that you remember them.

WHAT WE HAVE LEARNT ABOUT CHILDREN'S RIGHTS

Explanation of the activity

- (a) Each participant will be given Handout 9: *Rights of children*.
- (b) These children's rights will be matched to the sessions covered in this course.
- (c) The gaps or overlaps will be discussed.

Implementation of the activity

- (a) Ask the participants to work in the same groups as they did for the first activity in this session.
- (b) Distribute Handout 9: *Rights of children*.



- (c) Hand out one puzzle paper to each group and ask the participants to match the illustrations of children's rights with the sessions covered in this course.
- (d) Ask the participants to call out the matching pairs. Discuss where there are differences among the suggestions groups make.



PROTECTING CHILDREN'S RIGHTS



Explanation of the activity

- (a) The whole group will discuss who protects the rights of children.
- (b) Rights come with responsibilities and these also need to be discussed.

Implementation of the activity

- (a) Ask participants to think about one right at a time. Discuss who protects this right, i.e. is it the caregiver, or does the caregiver need the help of someone else, for example a government department, church, community or family member.
- (b) Ask participants to look again at the illustrated list of children's rights. Ask them to suggest the links between each responsibility and right.

COURSE REVIEW

Ask everyone to get out Handout 1: *Course outline*. This will help them remember everything that they have covered in the eleven sessions.

Hand out two sheets of paper to each participant. Ask each person to draw one thing on each piece of paper that they learnt from the course.

Display these around the room and let everyone take time to walk around and look at them.

Keep these pieces of paper as they will be an evaluation of your course and will help the Department design future interventions.

CLOSURE

Close the session and course with a song or prayer – i.e. in whatever way the group would like to end this time together.

HANDOUT 9: RIGHTS OF CHILDREN

- *Children have the right to:*

Session 1: Introduction and Me, the caregiver	A person with whom to form an attachment	
Session 2: Healthy family relationships	A person who can understand and respond to their signals	
Session 3: Health and nutrition	Adequate nutrition and health care	
Session 4: Play and creativity	Daily opportunities to play with a variety of objects; opportunities to explore their world; things to look at, touch, hear, smell and taste	
Session 5: Physical development	Opportunities to develop motor skills	
Session 6: Social development, emotional development and confidence building	A person with whom to form an attachment; opportunities to take responsibility and make choices	
Session 7: Intellectual and language stimulation	Appropriate language stimulation	
Session 8: Child safety and protection	Protection from physical danger	
Session 9: Positive discipline	Help in learning how to control their own behaviour	
Session 10: Grief and bereavement	A person with whom to form an attachment	
Session 11: Children's rights and responsibilities	Support for their own sense of self worth	

BACKGROUND INFORMATION: CHILDREN'S RIGHTS

Young children 0-3 years have the right to:

- Protection from physical danger
- Adequate nutrition and health care
- Appropriate immunisations
- An adult with whom to form an attachment
- An adult who can understand and respond to their signals
- Opportunities to look at, touch, hear, smell and taste
- Opportunities to explore their world
- Appropriate language stimulation
- Support in acquiring new motor, language and thinking skills
- A chance to develop some independence
- Help in learning how to control their own behaviour
- Opportunities to learn to care for themselves
- Daily opportunities to play with a variety of objects

Children 3-5 years also have the right to:

- Opportunities to develop fine motor skills
- Encouragement of language through talking, being read to and singing
- Activities that will develop a sense of mastery
- Experimentation with pre-writing and pre-reading skills
- Hands-on exploration for learning through action
- Opportunities for taking responsibility and making choices
- Encouragement to develop self-control, cooperation and persistence in completing projects
- Support for their sense of self worth

NOTES

NOTES

NOTES

CONTACT DETAILS OF THE PROVINCIAL DEPARTMENTS OF SOCIAL DEVELOPMENT

EASTERN CAPE PROVINCE

The Head of the Department
Department of Social Development
Private Bag X0039
BISHO
5605
Telephone: (040) 609 3739/3740/3468
Fax: (040) 639 1687

GAUTENG PROVINCE

The Head of the Department
Department of Social Development
Private Bag X35
JOHANNESBURG
2000
Telephone: (011) 355 7600
Fax: (011) 492 1094

FREE STATE PROVINCE

The Head of the Department
Department of Social Development
Private Bag X20616
BLOEMFONTEIN
9300
Telephone: (051) 409 0555
Fax: (051) 407 0753

MPUMALANGA PROVINCE

The Head of the Department
Department of Health & Social Services,
Population & Development
Private Bag X11285
NELSPRUIT
1200
Telephone: (013) 766 3119/3429/3430
Fax: (013) 766 3455

LIMPOPO PROVINCE

The Head of the Department
Department of Health & Social Development
Private Bag X9302
POLOKWANE
0700
Telephone: (015) 293 6000/290 9113
Fax: (015) 293 6211/6220

NORTHERN CAPE OFFICE

The Head of the Department
Department of Social Services and Population
Development
Private Bag X5042
KIMBERLEY
8300
Telephone: (053) 874 9100
Fax: (053) 871 2441

KWAZULU-NATAL PROVINCE

The Head of the Department
Department of Social Welfare and Population
Development
Private Bag X27
ULUNDI
3838
Telephone: (035) 874 3249
Fax: (035) 874 3710
Toll free number: 0800 0030 90

NORTH WEST PROVINCE

The Head of the Department
Department of Social Development, Culture
and Sport
Private Bag X6
MMABATHO
2735
Telephone: (018) 387 0100
Fax: (018) 384 5967

WESTERN CAPE PROVINCE

The Head of the Department
Department of Social Services and Poverty
Alleviation
Private Bag X9112
CAPE TOWN
8000
Telephone: (053) 874 9100
Fax: (053) 871 2441
Toll free number: 0800 2202 50

February 2008

**Private Bag X901, Pretoria, 0001
134 Pretorius Street, HSRC Building, Pretoria
Tel: (012) 312 7500 or (012) 312 7545
Toll free line: 0800 60 10 11
www.dsd.gov.za**