

PARENTAL/PRIMARY CAREGIVER CAPACITY BUILDING TRAINING PACKAGE

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



social development

Department:
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EXECUTIVE SUMMARY

This training package was developed to enable trainers to train parents/caregivers who take care of babies and young children from birth to five years old. It is acknowledged that parents/caregivers possess a wealth of experience, knowledge and skills and the training programme uses this as the starting point. New ideas will also be shared with the participants. Trainers of this programme should be familiar with adult learning principles, have completed the 'Train the Trainers' workshop and should be in possession of a NQF 4 or equivalent qualification at least. Trainers should preferably have a solid knowledge of all the resources in the community where the training is conducted.

The training package consists of 11 sessions. The topics focus on essential skills, knowledge and attitudes that are important in raising babies and young children up to five years old.

The following topics are covered:

- Health and nutrition
- Play and creativity
- Physical development
- Social development, emotional development and confidence building
- Intellectual and language stimulation
- Child safety and protection
- Healthy family relationships
- Positive discipline
- Grief and bereavement
- Me, the parent/caregiver

Each session of the training package consists of the following components:

- A training manual to direct the training
- Background document(s) containing important information that serves as the foundation for the training manual
- Handout(s) for participants as reminders of specific sessions
- Various annexures that support the training manual
- A list of references
- A PowerPoint presentation to conclude each session; if a multimedia projector is not available, an overhead projector or alternative can be used.

- *Trainers of this programme should be familiar with adult learning principles, have completed the 'Train the Trainers' workshop and should be in possession of a NQF 4 or equivalent qualification at least.*

The training package is designed in a flexible way, i.e. sessions can be trained in a time block or the training can be spread over a few weeks during which one session per week is trained, for example. Each session will take more or less three hours to complete. The programme was tested in different settings before it was finalised. The results of the programme evaluation were incorporated into the final version of the training package.

The training package provides the bridge or link between the Community Component of the Integrated Management of Childhood Illness Strategy (IMCI) and the Key Family Practices (KFP) as published and promoted by the Department of Health. The Key Family Practices are included in this training package.

The training material is developed in English and it is recognised that this will pose particular challenges in a country such as South Africa which has such a rich linguistic diversity. Until the time when this manual is translated, trainers should adapt the training material to local conditions.

- *The training package provides the bridge or link between the Community Component of the Integrated Management of Childhood Illness Strategy (IMCI) and the Key Family Practices (KFP) as published and promoted by the Department of Health.*

INTRODUCTION

1. WELCOME

The purpose of this document is to give trainers an overview of the training programme and to guide them in the process of training. The purpose of the training programme is to train parents/caregivers who take care of babies and young children from birth to five years old. Parents/caregivers possess a wealth of experience, knowledge and skills, and the training programme will use this as the starting point. The training programme will also share new ideas with the participants.

The training package consists of 11 sessions. The training programme is designed for flexibility of presentation, e.g. the sessions can be trained in a time block, or the training can be spread over a few weeks during which one session per week is trained. Each session will take about three hours to complete.

It is important that the trainer understands the concept and methodology of adult training and, most importantly, has studied the training package thoroughly because this forms the foundation of the training. This trainer manual starts with an orientation section that provides guidance, information and notes to guide the trainer's general planning and orientation. It is important that the trainer reads this thoroughly. It is recommended that people with experience in adult training are used to facilitate this training.

- *Parents/caregivers possess a wealth of experience, knowledge and skills, and the training programme will use this as the starting point.*

1.1 Each session consists of the following components:

- A training manual
- Background documents
- Handouts
- Annexures (for some sessions)
- PowerPoint presentations
- Reference lists

1.2 This training manual consists of the following components:

- Learning outcomes
- Time needed to complete the session
- Preparation work for the trainer
- Handouts
- Introduction

- Two or three activities
- Presentation
- Self assessment
- Closure
- Trainer hints

Each of these components will be explained, in more detail, in this document.

2. TRAINER ORIENTATION

This section provides the trainer with a general orientation to the programme. Please read through this information carefully and use it in your preparation for the training.

Remember: The quality of your training will impact on the lives of families, young children and communities.

2.1 Training methodology

The trainer trains parents and other primary caregivers who already have specific skills and knowledge that they can use to strengthen and support the training programme.

It is important that each trainer be exposed to a 'Train the Trainers' workshop prior to conducting any training in the field.

2.2 Preparation

This training expands the knowledge and understanding of parents and other primary caregivers who take care of children from birth to five years old. The intention is not to train parents/caregivers to become teachers in the Early Childhood Development field. It is important that the trainer understands this and also makes it clear to all participants attending the course.

Each trainer should study and understand all 11 sessions of the training package thoroughly prior to the commencement of this training.

2.3 Link with the Community Component of the Integrated Management of Childhood Illness Strategy and Key Family Practices

The parental/primary caregiver training package provides the link between the IMCI and KPF as published and promoted by the

- *The quality of your training will impact on the lives of families, young children and communities.*

Department of Health. The KFP will be included in the training of the parents/caregivers and it is also indicated in the relevant sessions.

2.4 Resources in the training venue

Each session clearly indicates the resources that you will need to successfully achieve the learning outcomes for particular sessions. Please refer to this in preparation for each session.

The standard resources that you need for this training are as follows:

- **Flipchart and flipchart paper:** Please ensure that there are enough of these for each session as both the trainer and the participants will need them.
- **Pens and markers:** Have a variety of colours available (darker colours like red, blue, green, black, purple, etc. are the most useful).
- **Attendance register:** A template for a standard attendance register is attached (see Annexure B).
- **Handouts:** Each session has a handout which needs to be given to the participants at the end of the training. Ensure that you have enough copies of these.
- **Prestik:** This is important as you sometimes need it to display work and flipchart paper on the wall.
- **Name tags:** These are important for the trainer and participants to learn each others names quickly. Clearly write the names in large letters on the name tags so that they can be easily read at a distance of two or three meters.
- **Other resources:** magazines, newspapers and pictures.

2.5 Understanding the sessions

As has been stated, the trainer needs to know these sessions very well, as well as the relevant sections from the IMCI document. Questions may arise in one session of training that will be answered later by another session; therefore the trainer needs to know the complete training manual from the onset of the training.

- **Learning outcomes:** These indicate the specific learning outcomes that need to be achieved on completion of a particular session.
- **Preparation work:** This section indicates the preparation work that the trainer needs to read before the training.
- **Handouts:** These need to be given to participants at the end of each training session.

- *As has been stated, the trainer needs to know these sessions very well, as well as the relevant sections from the IMCI document.*

- **Introduction:** The trainer needs to welcome all participants at the beginning of each session and ensure that they are comfortable.
- **Activities:** Each session has two or three activities. These activities are designed in such a way that the trainer starts with the knowledge and experience that the parents already have.
- **Presentation:** The trainer needs to do a short presentation to summarise the discussions of the session. If you do not have the resources to do a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it on flipchart paper or A4 card.
- **Key messages:** These are the critical aspects that parents should remember about each topic of each session.
- **Self assessment:** At the end of each session there is a self-assessment activity that the participants need to do to evaluate whether the learning outcomes were achieved or not. This is not a test. It should be facilitated in a non-threatening and empowering manner.
- **Icons:** Throughout each session there are icons to assist the trainer to swiftly recognise what needs to be done. Please see the icon page that follows this section. It is a good idea to memorise the icons as they will assist you throughout the training.
- **Trainer hints:** Use the space provided to write yourself a few hints, i.e. ideas that you would like to remember next time you do the training.

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 target group is unknown and the trainer therefore needs to prepare the training in such a way that even illiterate participants will not feel threatened and also gain from the training.

If a specific audience does not have basic literacy skills, the trainer is welcome to adjust the content and methodology of this training manual to a level that will be understood. The aim however is to always achieve the learning outcomes. Different training methodologies can be used to achieve the same learning outcomes.

The training material is developed in English and it is recognised that this will pose particular challenges in a country such as South Africa

- *The literacy level of the target group is unknown and the trainer therefore needs to prepare the training in such a way that even illiterate participants will not feel threatened and also gain from the training.*

which has such a rich linguistic diversity. Until such time that this manual is translated, trainers should adapt the training material to local conditions (see 2.10).

The training is designed for a group of between 15 and 20 people. If there are less than ten people attending, some exercises might not work and will need to be adjusted; if more than 20 people attend, some exercises will also need to be adjusted or another trainer involved. The timeframe will also need to be adjusted.

When trainers become aware that there are serious issues worrying the participants, they need to be able to handle some of these immediately as well as be able to refer the more difficult situations to experts. Sessions such as 'Healthy family relationships' and 'Grief and bereavement', etc. can evoke emotions that the trainer needs to deal with straight away. Trainers must take into consideration the *confidentiality* of each group session.

2.7 Activities and the power of role plays

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

The specific needs and experiences of a group must be taken into consideration when role plays are used as a substitute for activities. Role plays are extremely important in group activities and can be used as alternatives to the activities offered in the sessions. Role plays reinforce behaviour that needs to be stressed when parental guidance is offered and they are an excellent way of practising specific skills.

- *The specific needs and experiences of a group must be taken into consideration when role plays are used as a substitute for activities.*

2.8 Essential trainer skills

Facilitating adult learning requires the trainer to know about adult learning principles. Please study Annexure A regarding these essential skills.

2.9 Knowledge of community resources

It is very important that the trainer has a thorough knowledge of the resources available in the community where the training is being conducted. The trainer should list these resources (e.g. social workers, clinics, health care workers, etc.) and their contact details in order to refer participants if necessary; each trainer can compile their

own resource book of referrals. The trainers therefore need to do a community survey to identify these resources ahead of time.

2.10 Language

The training manual is in English. This does not mean that the training should be presented in English as well. The trainer is welcome to conduct the training in any language relevant to local circumstances and needs. However, this will require intense preparation to ensure that the messages in the manual are accurately conveyed by the trainer and correctly understood by the participants.

2.11 Tea and lunch breaks

The manual does not indicate when tea and lunch time breaks should take place. The trainer and participants should decide together when these will be scheduled because each group has its own level of concentration.

2.12 Icons

The followings 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 this session



Activity



2.13 The sessions

The course consists of 11 sessions. You will therefore need 11 sessions to complete the whole course. The duration of each session is about three hours. Remember, however, that the indicated duration (i.e. three hours) is just a guide and you might need more time depending on the specific group you are training.

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

Session 1 (3 hours and 20 minutes): Introduction

Session 2 (3 hours): Health and nutrition

Session 3 (3 hours): Play and creativity

Session 4 (3 hours): Physical development

Session 5 (3 hours): Social development, emotional development and confidence building

Session 6 (3 hours): Intellectual and language stimulation

Session 7 (3 hours): Child safety and protection

Session 8 (3 hours): Healthy family relationships

Session 9 (3 hours): Positive discipline

Session 10 (3 hours): Grief and bereavement

Session 11 (3 hours): Me, the parent/caregiver

2.14 Reflection

Each time you start a new session, you need to spend about 10-15 minutes asking participants to highlight some of the most important aspects they can remember from the previous session. This implies that before you start Session 2, participants will reflect on Session 1, and before you start Session 3, they will reflect on Session 2 and so on.

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

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

LIST OF ACRONYMS, ABBREVIATIONS AND DEFINITIONS

AFASS	Acceptable, Feasible, Affordable, Safe and Sustainable.
AIDS	Acquired Immune Deficiency Syndrome.
Baby/infant	A child from 0 to 18 months.
Confidence	The belief in your ability to achieve your potential and to act accordingly.
ECD	Early Childhood Development is the process of emotional, mental, spiritual, moral, physical and social development of children from birth to nine years.
Family	Individuals who live together (either through birth or by agreement) and provide care, nurturing and socialisation for one another.
FAS	Foetal Alcohol Syndrome.
HIV	The Human Immunodeficiency Virus attacks the immune system of the body.
IMCI	Community Component of the Integrated Management of Childhood Illness Strategy.
KFP	Key Family Practices.
Primary caregiver	A person who cares for, nurtures, loves and looks after one or more children; role is similar to that of a parent.
Rights of children	The rights of young children must be protected; they are established in the United Nations Convention, African Charter on the Rights and Welfare of the African Child and the South African Constitution must be protected.

ANNEXURE A: ESSENTIAL SKILLS FOR TRAINERS OF PARENTS

(Adapted from the UNICEF CD Parenting Education Toolkit: Working with families to support young children.)

The following section offers some principles and guidelines to consider when training parent education groups:

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 can direct their own learning

Parents/caregivers come to a course willing and eager to learn. They can usually identify what they want to learn and how they want to learn it. Parents/caregivers attending a course may be at different stages of development. Some will be better at directing their own learning, while others will need more direction and involvement and will possibly request the support of the facilitator. In addition, they will look towards a facilitator as an important role model.

When this occurs, it is important to assume a teacher or leader role 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 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 become aware that they can help each other; they see themselves as good resources; group unity is enhanced and their own learning is solidified.

1.2 Parents/caregivers need to share their experiences

Both facilitators and parents/caregivers need to share their parenting experiences with each other. Learning is most relevant when the subject matter is closely related to the parents'/caregivers' own immediate experiences.

Share your own experiences where appropriate: rely on the parents'/caregivers' experiences first, and then offer your own insights if you

- *Parents/caregivers attending a course may be at different stages of development. Some will be better at directing their own learning, while others will need more direction and involvement and will possibly request the support of the facilitator.*

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 these 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 the behaviour before the next training session. At the next session, ask how it went and how the information was used. Point out specific behaviours that relate to the information covered.

1.5 Assumptions underlying parenting/caregiving education

- Parenting can be improved through learning: being a parent/caregiver requires continuing adjustments to changing circumstances.
- Parents/caregivers need to share their emotional reactions with each other and receive acceptance from their peers.
- Focusing on the needs of children and parents/caregivers is essential.
- Parents/caregivers can help each other tremendously if the group is well structured and 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 children's level of development when parenting, trainers need to consider the groups' 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 participants will like them. The trainer needs to constantly encourage participants during the first sessions. Try to promote a

- *Share your own experiences where appropriate: rely on the parents'/caregivers' experiences first, and then offer your own insights if you have had an experience that the parents/caregivers have not yet encountered.*

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

In the middle phase (after the first few sessions), the participants are able to express their emotions more openly and take more responsibility for their group. Sometimes in the middle phase a 'storming' phase can occur in which 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 facilitators do not give them a chance to respond.

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

- *Try to promote a great deal of discussion and involve every participant in a sensitive, supportive way.*

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 groups' awareness by asking: "Who else has ...?" or "It seems like many of us are concerned about...".

3.3 Linking

Linking refers to the identification of common and different themes in members' comments. This skill requires careful 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 probably 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 sessions and to 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 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.

- *Participants need to learn how to discuss issues with each other and not just with the trainer.*

- *Encouragement is the most important facilitation skill.*

4. MANAGING PROBLEMS WITH DIFFICULT GROUP MEMBERS

4.1 A group member dominates the discussion

Sometimes one group member talks too much or tries to 'take over'; you probably will not be able to count on group members to interrupt the person dominating the discussion. 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 the 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 the case is. Privately taking such a person aside might be one way of finding out. Raising the issue directly may also 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 time 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.

- *Allowing verbal abuse of any sort undermines the entire group's feelings of safety.*

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 say something like: "Sibongile 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 trying to 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 person who is interrupting: “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 truly 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. Dealing with this is not too difficult for a leader. 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. If you sense that this group member changes the subject because they find the topic under discussion uncomfortable or embarrassing, then you might want to talk to them privately before or after the group session. This will allow you to explore what that person thinks about the topics the group is discussing.

4.7 A member brings up serious concerns

A person may talk about concerns regarding his intimate relations with a spouse or partner, or bring up issues relating to a family member or their own problem with substance abuse, accommodation, etc. These are very significant concerns, but they are beyond the scope of your capabilities and the course. You will not want to ignore these concerns; however, you may also not want to discuss them with the whole group. Tell the participant that you will discuss these matters privately when the session has ended. You may need to refer the person to an organisation or someone who can give them the necessary help.

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

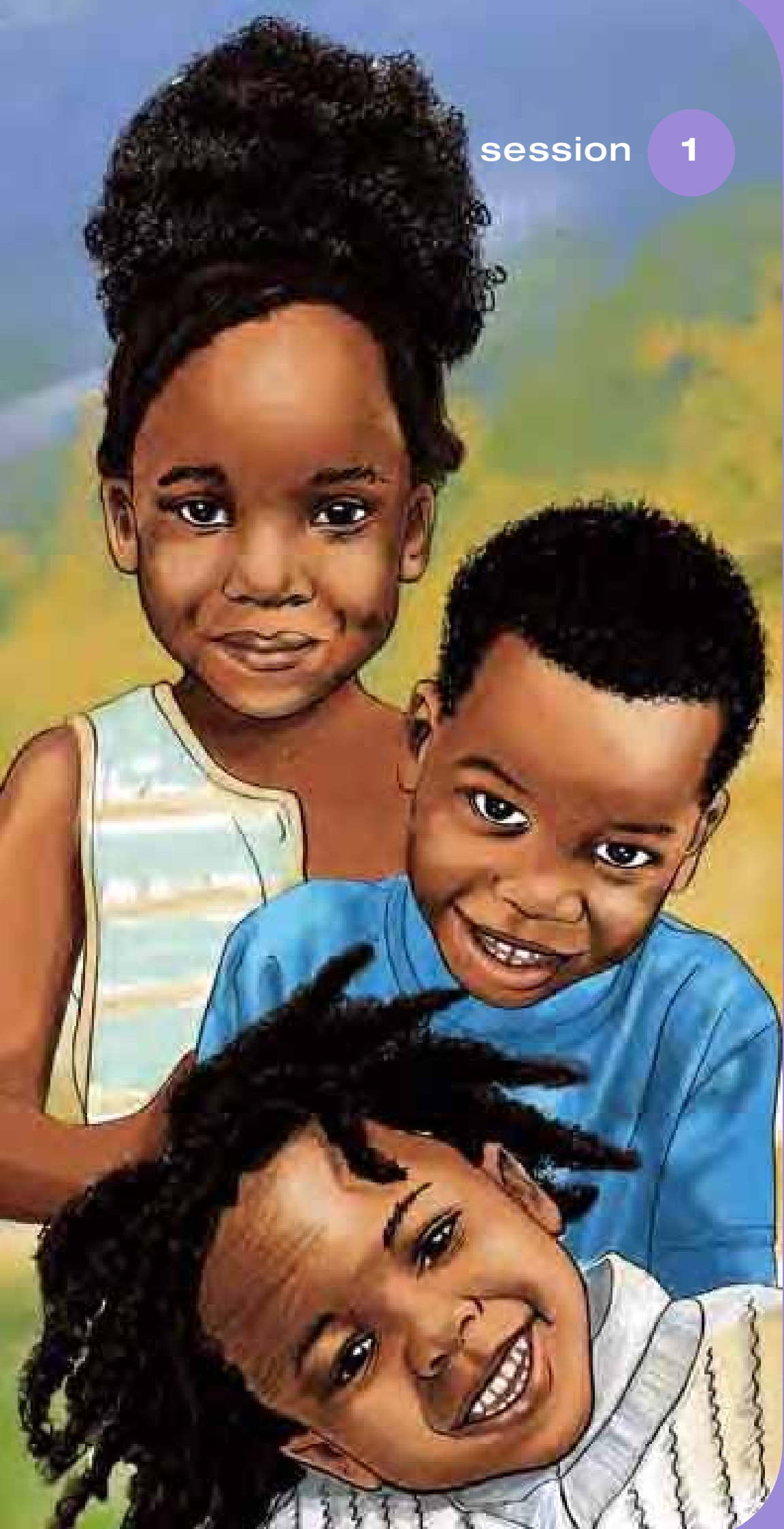
ANNEXURE B: ATTENDANCE LIST

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
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		Email	

NOTES



session 1

COURSE OUTLINE

SESSION 1: COURSE OUTLINE

Learning outcomes

On completion of this session, participants should be able to:

- Identify the trainer and the other participants.
- Give an overview of the whole training programme.
- Understand the rights and responsibilities of babies and young children.
- Understand the rights and responsibilities of parents and other caregivers.

The estimated time for this session is approximately three hours and 20 minutes. The time it should take to complete each activity is indicated. Please use this as a guide to help you complete the session in the estimated time.



Preparation work for the trainer

In preparation for training this session, you need to read through the following:

- The introduction to this training manual.
- All 11 sessions. Each of these sessions consists of various documents: the training manual, the background document, the handout(s) and the presentation, and in some instances the annexures.
- The IMCI manual.



Resources and materials needed for this session

You will need some resources and materials that will help you to do the training of this session and all the sessions. Below is a list of equipment that you will use in the training. This equipment needs to be obtained before you start the training. In each of the activities there is an explanation on how to use the following equipment:

- Flipchart and flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Cardboard
- Attendance register

Handouts for this session

Two handouts will be used in this session. Handout 1: *Course outline* is a puzzle which provides an overview for the complete training package. Handout 2 is about the rights and responsibilities of babies and young children. This handout will be used during the activity on children's rights and responsibilities. Ensure that you have enough copies for each participant.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can copy or print the presentation onto transparencies, or you can write it out on transparencies. If these facilities are unavailable, write out the information with colourful pens on flipchart paper or a piece of A2 card.



INTRODUCTION



10

Welcome

Organise the room so 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 indicate where the restrooms are. Ask all participants to switch off their cellphones.

Explain to the participants that in this session they will get to know each other and also get a clear idea of what the training entails.

Getting to know each other



10

Ask each participant to introduce themselves in the following manner:

- Introduce themselves by first name and then surname.
- Parents can tell everybody how many children they have, and caregivers can share how many children they care for. If caregivers are part of your group, ask them to tell everybody where they work.

Overview of the training

The trainer provides a short overview of the complete training package. Explain to participants that the training will focus on babies and young children from birth to five years old. Give each participant a copy of Handout 1: *Course outline*. Use this handout to explain the training to them.



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- (a) The training consists of the following sessions:

Session 1: Introduction

Session 2: Health and nutrition

Session 3: Play and creativity

Session 4: Physical development

Session 5: Social development, emotional development and confidence building

Session 6: Intellectual and language stimulation

Session 7: Child safety and protection

Session 8: Healthy family relationships

Session 9: Positive discipline

Session 10: Grief and bereavement

Session 11: Me, the parent/caregiver

- (b) After they have completed each session, they need to colour in the relevant piece of the puzzle. They will need to bring Handout 1 to each session.
- (c) Indicate that each session will be trained over three hours.
- (d) Give participants the dates for each of the forthcoming training sessions (i.e. Sessions 2-11).
- (e) Explain to participants that the intention of the training is to share knowledge and experience with each other, and to obtain additional knowledge and skills that will be useful to them as a parents or caregivers.
- (f) Make sure they understand that the purpose of this training is to expand their own skills and knowledge as parents/caregivers and not to become teachers in early childhood education.
- (g) Explain that the training consists of different ways of learning. It uses presentations by the trainer, work in small groups, work in larger groups, role plays, some creative activities, etc.
- (h) Explain that participants will each receive handouts at the end of every training session. These handouts will remind them of the important aspects of specific sessions and also enable them to share their new knowledge and skills with their neighbours and other members of the community.

ACTIVITY: EXPECTATIONS

30

Purpose of activity

This activity will allow the participants to share the expectations they have for this training with each other.

Explanation of activity

- (a) Explain to the participants that they will be divided into four smaller groups.
- (b) Each group needs to discuss the expectations they have for this training with each other.
- (c) Each group needs to decide on a spokesperson who will give feedback to the rest of the participants.
- (d) Each group needs to write down their expectations on a flipchart to present to everyone.

Implementation of activity

Divide them into four smaller groups of equal numbers.

- (a) Allow them ten minutes to complete their discussion and to write their expectations on a piece of flipchart paper.
- (b) Each group needs to give feedback to the rest of the participants by presenting the main points of their group discussion on their flipchart. Allow five minutes per group.
- (c) Carefully review all the expectations with participants and indicate to them 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 and that some of their expectations may be beyond the content of this training, but you as trainer are glad that they raised a variety of expectations as now you and the department are aware of other needs that exist.
- (e) Put the flipcharts up against the wall of the training room. These should remain there for the duration of the training as they will allow you to refer back to the expectations raised.

Note: Often in training, expectations are raised that are beyond that of the purpose of the training. This is normal and often provides the trainer with an understanding of the need for training in the field. It is however important to be honest with the participants about which expectations can be realistically met in this training and which cannot be met.

- *It is important to be honest with the participants about which expectations can be realistically met in this training and which cannot be met.*

Ground rules

Ground rules are important for any training as they establish common understanding among participants and the trainer so that everyone knows what to expect of each other during the training.

Ask participants to indicate what they think should be the ground rules for the training; list their suggestions on the flipchart. Be careful not to have too many ground rules – between five and ten are more than enough. Go through the ground rules and make sure that all participants agree to each of them. As the trainer, you can also mention some ground rules; the following are some that you must ensure are on the list:

- Be on time
- Cellphones off
- Respect each other's opinions
- Stay for the whole training session
- Participate in the discussions

After the ground rules are decided upon, list them on flipchart paper and display them in the training room.

ACTIVITY: CHILD RIGHTS

Purpose of activity

To give participants the opportunity to share and gain knowledge on the rights and responsibilities of babies and young children.

Note: This activity deals with the rights and responsibilities of babies and young children. Session 11 addresses the rights and responsibilities of parents/caregivers.

Preparation work

- Read the background document.
- Handout 2: *Children's rights and responsibilities*.

Explanation of activity

- Explain to the participants that they will brainstorm the rights of babies and young children.
- After this brainstorm session they will be divided into three groups.



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- (c) Each group will receive a cartoon about the rights and responsibilities of babies and young children. They need to match each right with the appropriate responsibility.

Implementation of activity

- (a) Use flipchart paper and write the heading: *Rights of babies and young children*.
 - (b) Ask the participants to identify any rights of babies and young children. They might struggle in the beginning and the trainer can start by giving an example; use the information in the background document to guide you. Encourage the participants to come up with any ideas and try not to be critical at this point – this is the beginning of the training and you want to demonstrate acceptance of all their ideas.
 - (c) Write down participants' ideas on the flipchart paper.
 - (d) After ten minutes, divide them into three groups.
 - (e) Give each group the cartoon about the rights and responsibilities of babies and young children. Before you give the cartoon to the groups, you need to cut it into pieces as indicated (see Handout 2).
 - (f) Ask the groups to match up each right with the appropriate responsibility.
 - (g) After they have completed this task, ask each group to give feedback on how they have matched the rights with the responsibilities. Once again, be sensitive and supportive when they give feedback. If there are serious inaccuracies and omissions, handle them constructively.
 - (h) Introduce participants to the parenting programme. Explain to them that parenting is about teaching children their rights and responsibilities. Each one of the sessions will discuss the rights and responsibilities of babies and young children. Use the information provided below to discuss how the sessions link with rights and responsibilities.
- *Be sensitive and supportive when they give feedback.*

PRESENTATION



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Explain to the participants that you are going to do a short presentation that explains how the activity on the rights and responsibilities of babies and young children is linked to the whole training programme.

Present the PowerPoint presentation: *Rights and responsibilities*. During the presentation, make sure you link its messages to the participants' discussions, feedback and activities.

Conclude this session by explaining that everything that they will learn in the various sessions links clearly with the rights and responsibilities of babies and young children.

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

SELF ASSESSMENT



15

Write the following questions on flipchart paper and ask the participants to answer them on a piece of paper. You might want to write the questions in the participants' mother tongue. Explain to the participants that this is not a test and you will not be taking in their answer papers.

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

- (a) Babies and young children have the right to eat good, healthy food. TRUE or FALSE
- (b) Babies and young children have the right to be taken to the clinic for immunisations. TRUE or FALSE
- (c) Babies and young children have the right to be protected from dangerous situations. TRUE or FALSE
- (d) Babies and young children have the right to be loved and cared for by loving adults. TRUE or FALSE
- (e) Young children have the responsibility to take care of their toys or other household equipment given to them to play with. TRUE or FALSE
- (f) Babies and young children have rights *and* responsibilities. TRUE or FALSE
- (g) Parents and caregivers have rights *and* responsibilities. TRUE or FALSE



- (h) Babies and young children have the right to play in a safe environment. TRUE or FALSE
- (i) The training consists of 11 sessions. TRUE or FALSE
- (j) Babies and young children have the right to be read to and talked to. TRUE or FALSE



Now repeat these questions and identify the correct answers as indicated in brackets [].

- (a) Babies and young children have the right to eat good, healthy food. [TRUE]
- (b) Babies and young children have the right to be taken to the clinic for immunisations. [TRUE]
- (c) Babies and young children have the right to be protected from dangerous situations. [TRUE]
- (d) Babies and young children have the right to be loved and cared for by loving adults. [TRUE]
- (e) Young children have the responsibility to take care of their toys or other household equipment given to them to play with. [TRUE]
- (f) Babies and young children have rights *and* responsibilities. [TRUE]
- (g) Parents and caregivers also have rights *and* responsibilities. [TRUE]
- (h) Babies and young children have the right to play in a safe environment. [TRUE]
- (i) The training consists of 11 sessions. [TRUE]
- (j) Babies and young children have the right to be read to and talked to. [TRUE]



CLOSURE

You are at the end of Session 1, the course outline. Remind participants that this session provided them with an overview of the complete training, as well as the rights and responsibilities of babies and young children. They also got to know the trainer and each other.

It is important that they apply what they have learnt today when they go back home, and also share their knowledge with their neighbours.

Ask the following question: *Which resources in my community can I use to help me meet the rights and responsibilities of my baby or*



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young child? Allow the participants to share a few answers and write their suggestions on a flipchart if you want to. Indicate to them that it is important to use the resources in their community to help them raise their babies and young children.

Indicate to the participants the date and time for the training session for Session 2.

Thank the participants for their involvement in this session. Make sure that everybody has two handouts. The first handout is the puzzle in which the complete training package is outlined. The second handout is the cartoon with the rights and responsibilities; give them another copy of this handout because you have cut the original handout into pieces for the activity on rights and responsibilities.



TRAINER HINTS

Write down some notes about any lessons you learnt or other interesting discoveries you made while training of this session. You may wish to member these the next time you train this session.

THE HANDOUTS

Note: Ask participants to complete the puzzle Handout 1:

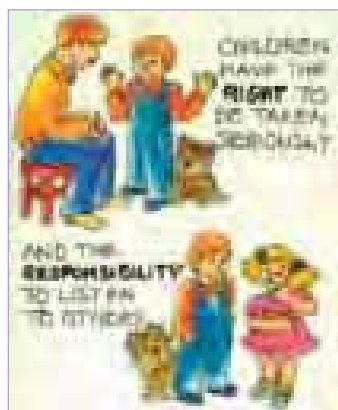
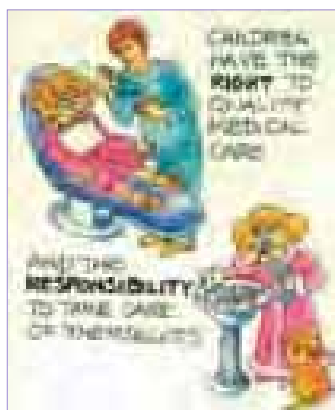
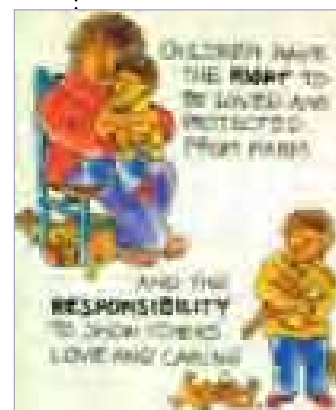
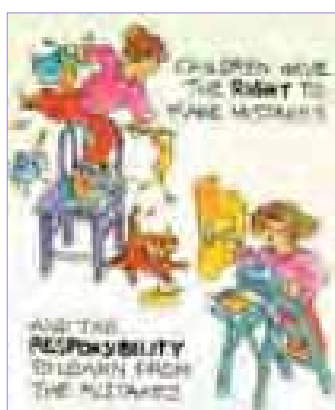
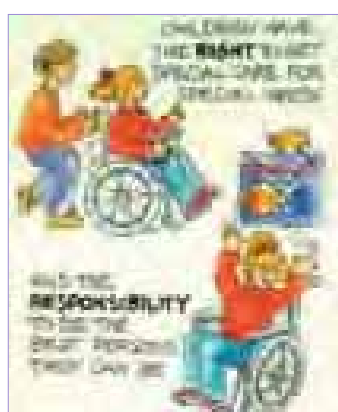
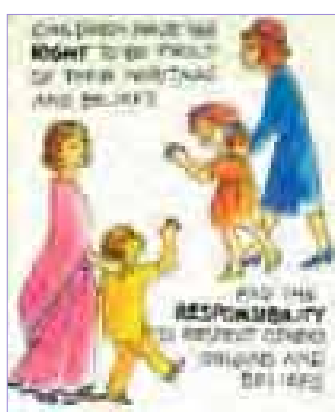
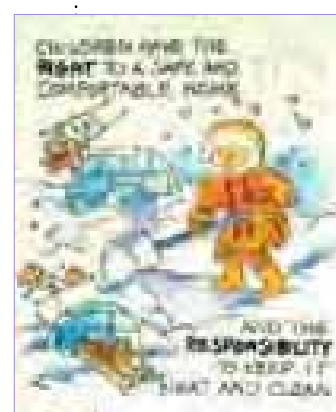
Course outline on the following page by shading in the relevant puzzle piece with a pencil after completing each session. By the end of the 11 sessions of training, the complete puzzle should be completely coloured in.

Note: Make three copies of Handout 2: *Children's rights and responsibilities*. Paste each copy on a piece of card. Cut out the nine blocks. Then take each block and cut it into two sections: one section will include the rights and the other section will include the responsibilities. You need three sets of the cartoon for the three groups for the activity on the rights and responsibilities of babies and young children. Read through that activity beforehand to familiarise yourself with it. Also make enough copies of the complete cartoon to give to each participant at the end of the training.

HANDOUT 1: COURSE OUTLINE



HANDOUT 2: CHILDREN'S RIGHTS AND RESPONSIBILITIES



Source: National Children's Rights Committee (NCRC)

BACKGROUND DOCUMENT: 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.
- Things 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 to learn how to control their own behaviour.
- Opportunities to learn how 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 skills through talking, being read to, singing.
- Activities that will develop a sense of mastery.
- Experimentation with pre-writing and pre-reading skills.
- Hands-on exploration by learning through action.
- Opportunities for taking responsibility and making choices.
- Encouragement to develop self-control, cooperation and persistence in completing projects.
- Support for the development of self worth.

(Adapted from the Guidelines for Early Childhood Development Services, Department of Social Development, February 2005.)

BACKGROUND DOCUMENT: 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 apply to all children. However, it was felt that a special background document about children with disabilities needed to be included during the course. Please carefully read the following information prior to starting any training in order to be sure that you understand the issues and are able to integrate them into your training where necessary.

The information provided is based on the social model of disability in which the environment (i.e. care, attitudes and resources) is responsible for enabling people who are born different. (Of course children can also 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.

Play is important for children with disabilities

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

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

When a 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.

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

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



Allow a child the freedom to sing and dance to give them the opportunity to develop a sense of rhythm and movement. Clap your hands and smile to show the child you recognise and support their efforts. This is good stimulation for them and it is a way to give 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 be kept in the house and be overprotected; they need to play outside and participate in activities with other children, while all the time taking into consideration 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 not need assistive devices to do this. It is, however, important that they are protected from hurting themselves.

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. However, 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 down and couples divorce when a child with a severe disability is born, and women are left to take care of the child. Those who do not have the means and resources sometimes abandon their children or run away from hospitals after the child is born.

Children with disabilities are sometimes exposed to all kinds of abuse due to the anger and frustrations of parents or caregivers because they don't know how to cope with their children's special needs. Children with mental disabilities may be hyperactive resulting in the caregiver being exhausted, and this may lead to neglect. Parents may be tempted to restrain their children in one way or another. Some children may not be able to show attachment or respond to stimulation which may cause some frustrations among parents and caregivers.

Most parents love their children with a disability as much as they do their children who are not disabled. These parents use their resources and time to care for their children with disabilities, and consequently

- *Children with disabilities need to play outside and participate in activities with other children, while all the time taking into consideration their special needs.*

these children benefit a great deal from growing up in a loving environment and eventually they become independent.

Parents of children with disabilities need support

Pregnant mothers must be made aware and educated about what to expect should they give birth to a baby with a disability, but they should not be 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 if the mother gives birth to a baby with a disability. Where accessible and available, counselling services should also be used. The health care practitioners at hospitals or local clinics can provide the necessary information and support.

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

The extended family can be a wonderful source of support to parents with children with disabilities. Relatives can offer to take care of the child, thus providing the mother and father with a break from full-time caring and an opportunity to renew their energy.

Important points to remember

- Children and adults who are born with disabilities do not view themselves as being disabled, although they do realise they are different.
- They have a definite need to prove they can do whatever everyone else can, but they will need your support and assistance.
- Spend more time with children who have a disability in order to understand them.
- Eye contact is critical as it assists with stimulation of children with disabilities.
- Body touch is important, i.e. touching of hands, shoulders and feet to make children with disabilities feel comfortable and connected to those around them.
- It is very important to involve siblings and openly communicate with them about the condition of the child who has the disability. Answer their questions and help siblings understand the situation.
- Children with disabilities should be treated with great care if they have severe disabilities.

- *Pregnant mothers must be made aware and educated about what to expect should they give birth to a baby with a disability, but they should not be made to feel guilty and scared.*

- Those who have mild to moderate disabilities should be given roles and responsibilities in the family in order to develop their social skills.
- When they have fairly well-developed social skills, they will understand the difference between right and wrong.
- When children with disabilities behave in an unacceptable manner, they need to be appropriately disciplined.

Conclusion

All children are gifts. Some are born with congenital absences (birth defects) or inherited disorders (genetic disorders). Others are born with physical and intellectual challenges, but each of them has something to contribute to society if they grow up in a nurturing environment. It is the responsibility of the family to provide opportunities and create a nurturing environment for them. Children with disabilities also have rights and responsibilities; if they are respected, then these children will eventually be able to make a positive contribution to 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; if they are respected, then these children will eventually be able to make a positive contribution to 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.*

A detailed 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 green and yellow. The overall style is a blend of realistic shading and bold black outlines, giving it a hand-drawn feel.

session 2

HEALTH AND NUTRITION

SESSION 2: HEALTH AND NUTRITION

Learning outcomes

On completion of this session, participants should be able to:

- Understand key family practices for babies and young children.
- Understand key nutrition practices for babies and young children.

The estimated time for this session is approximately three hours. The time it should take to complete each activity is indicated. Please use this as a guide to help you complete the session in the estimated time.



Preparation work for the trainer

You need to do some preparation to train for this session. Read through the relevant background documents as they will provide you with key knowledge on this subject. These will also enable you to guide the training and to answer questions that may arise. You do not share or hand out these preparation documents during the training; they are for your own use only. A separate handout is available for the participants.



The following documents are available at the end of this session:

- Background document for Session 1
- Annexure A
- Annexure B
- Handout 3: *IMCI Family Booklet for Child Health*
- IMCI manual
- List of references

The trainer needs to focus in particular on the following Key Family Practices (KFP) in the IMCI manual:

- KFP 1: Breastfeeding (p. 22)
- KFP 2: Nutrition (p. 33)
- KFP 3: Nutrition (p. 39)
- KFP 5: Disease Prevention (p. 53)
- KFP 8: HIV and AIDS (p. 63)
- KFP 9: Sick children (p. 79)

- KFP 10: Sick children (p. 81)
- KFP 12: Immunisation (p. 91)
- KFP 13: Sick children (p. 95)
- KFP 14: Sick children (p. 99)

Resources and material needed for this session:

You will need resources and materials to help you do the training of this session. Below is a list of equipment that you will use. The equipment needs to be obtained before you start the training. In each of the activities there is an explanation on how to use the following equipment:

- Flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Attendance register

Handouts for this session

Handout 3: *IMCI Family Booklet for Child Health*. Make sure that there are enough copies for each participant. Also remember that participants will need their copies of Handout 1: *Course outline* for them to colour in the relevant block when they have completed this session.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can print the presentation on transparencies, or you can write it out on transparencies. If these facilities are unavailable, write it out with colourful pens on flipchart paper or A2 card.



INTRODUCTION

Welcome

Organise the room so 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 indicate where the restrooms are. Ask all participants to switch off their cellphones.

Ask the participants to reflect on the highlights of the previous session. This will involve recalling the most important aspects of Session 1.

Explain to participants that this session will deal with the health and nutrition of babies and young children.



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ACTIVITY: NUTRITION

Purpose of the activity

This activity will give participants the opportunity to share and gain knowledge about good nutrition and feeding practices for the baby and the young child.



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Preparation work

- (a) See Annexure A for the five nutrition message cards that will be used for this exercise.
- (b) Make copies of the five cards on a piece of paper.
- (c) Cut out each card.



Explanation of the activity

- (a) Explain to participants that they will be divided into five groups.
- (b) Each group will discuss a specific theme on nutrition and feeding practices.
- (c) The discussion should be based on their own knowledge and experience.
- (d) They will be provided with a message card as a resource for their discussions.

Implementation of the activity

- (a) Divide them into five groups. Give each group one of the following to discuss:
 - Group 1: Feeding 0-6 months
 - Group 2: Feeding 6-2 months
 - Group 3: Feeding 12-4 months
 - Group 4: Feeding 2 years and older
 - Group 5: Vitamins and minerals
- (b) Explain to groups that they should discuss feeding practices for the age group allocated to them, except for Group 5 which should discuss the vitamins and minerals needed for the growth and development of babies and children.
- (c) Groups have 20 minutes to discuss their topic.
- (d) They should write down the main points of their discussions on a piece of flipchart paper to present to the rest of the participants during the feedback.
- (e) After the group discussions, give each group no more than five minutes for their feedback.
- (f) Compare each group's feedback to the background information you have on the topic. If there are serious inaccuracies and omissions, correct them during the discussions in a supportive and constructive manner.
- (g) Also include some information on the dangers of using alcohol while pregnant and breastfeeding (see background document).
- (h) Conclude by highlighting the importance of good and nutritious feeding for babies and young children.



ACTIVITY: HEALTH PRACTICES

Purpose of the activity

To give participants the opportunity to share and gain knowledge about good health practices for babies and young children.

Preparation work

- (a) See Annexure B for the eight health message cards that will be used for this activity.
- (b) Make a copy of the eight cards on a piece of paper.
- (c) Cut out each card.



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Explanation of the activity

- (a) Explain to participants that they will be divided into at least eight pairs.
- (b) One of the pairs will take on the role of a health care worker at their local clinic, and the other one will assume the role of a parent/caregiver.
- (c) Explain to participants that a role play is like a small drama and what people will present does not necessarily represent or reflect their own lives. This exercise will help them learn more about good health practices for their babies and young children.

Implementation of the activity

- (a) Divide the group into pairs. If there are more than 14 participants, the additional people should be added to the pairs; then there will be two parents/caregivers and one health care worker. If there are less than 14 participants, some pairs will get two cards to prepare role plays for.
- (b) Give each pair one of the health message cards which they will use to prepare their role plays.
- (c) Explain to each group that they should use the content of the card as the basis for their role play. They must use the statements on the card to think of questions that the parent can ask the health care worker, and the health care worker should use the content to answer or explain to the parent/caregiver the particular health care message. Try not to deviate too much from the content of the card.
- (d) Explain to pairs that they should decide who is going to be the parent(s) and who will be the health care worker.
- (e) They need 15 minutes to prepare their role plays which they will then perform in front of the rest of all the participants.
- (f) After 15 minutes, ask pairs to stop working and come back to their places.
- (g) Let them take turns to present their role plays in the following order:
 - Water and sanitation
 - Malaria
 - HIV and AIDS
 - Home care for sick children
 - When to take your child urgently to the clinic

- After you have been to the clinic
 - Immunisation
 - Pregnancy
- (h) Watch each role play. Compare the information on the message card with the information being conveyed in the role play. If there are serious errors and omissions, correct them during the discussion time in a supportive and informative manner. For this reason, it is necessary for you to prepare by reading the background document.
- (i) Allow two or three questions or a short discussion after each role play.
- (j) When all the role plays have been performed, conclude by emphasising the importance of good health practices in families caring for babies and young children.

ACTIVITY: HIV AND AIDS



Purpose of the activity

The purpose of this activity is to enforce problem-solving methods that participants can use in their daily lives when they are dealing with health or other issues. This activity, however, should only be done if time allows.

Explanation of the activity

- (a) Explain to participants that you will read a short case study to them.
- (b) They need to apply basic problem-solving methods to this case study by answering four questions.
- (c) Explain that you will write down their responses on a flipchart.

Implementation of the activity

- (a) Write the following four questions on a flipchart:
 - *What is happening?*
 - *What is causing this?*
 - *What are the effects?*
 - *How can I solve this problem?*
- (b) Read the case study in Annexure D to the participants.

- (c) Facilitate a discussion on each of the four questions and write down participants' main ideas on the flipchart.
- (d) Conclude this activity by explaining to the participants that they have used basic problem-solving principles and that these skills can be used in their daily lives.

PRESENTATION



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

Present the PowerPoint presentation: *Health and Nutrition*. Be sure to link the messages in the presentation with the issues raised by participants in their discussions, feedback and role plays.

At the end of the presentation, 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 children when they are sick and also offer them more fluids.
- Give sick children appropriate home treatment for illness.
- Take children to complete the full course of immunisation as scheduled.
- Recognise when sick children need treatment outside the home and take them to the appropriate providers for health care.

- Follow recommendations given by health workers in relation to treatment, follow-ups and referrals.
- Ensure that every pregnant woman receives the five antenatal visits, the recommended doses of tetanus toxoid vaccination and that she is supported by her family and the community when she needs appropriate care, especially delivery time 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 too.
- Good health care and nutrition will ensure that a child is happy and healthy.

SELF ASSESSMENT

Write the following questions on a piece of flipchart paper and ask the participants to write their answer to them on a piece of paper. You might want to write the questions in participants' home language. Explain to the participants that this is not a test and that you will not take in their answer papers. Explain that they are doing this activity 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
- A child must be taken to the clinic when they have diarrhoea and sunken eyes. TRUE or FALSE
- You should always give your child the full course of medicine even if your child appears to be getting better. TRUE or FALSE
- HIV-positive children have the same rights and needs as other children. TRUE or FALSE

Now repeat the questions, but this time give the answers as indicated in brackets [].

The participants should check their own answers and assess how they have done.

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



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- (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 than other children. [TRUE]

CLOSURE

You are at the end of Session 2. Remind participants that this session provided them with some key information on health and nutrition practices that are important for babies and young children at home.

It is important that they apply what they have learnt today to what happens at home. They should also share their knowledge with their neighbours.

Ask participants this question: *If you want further guidance and advice on the health and nutrition of your baby and young child, where will you go?* Allow a few participants to share their answers and write them on a flipchart, if you want. Remind them that it is important to use the resources in their communities to help their children grow up healthy and strong. Also remind participants about the date and time for the next training session for Session 3.

Thank everyone for their participation in this session's activities and give them Handout 3: *Family Booklet for Child Health*.



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- *It is important that they apply what they have learnt today to what happens at home. They should also share their knowledge with their neighbours.*



TRAINER HINTS

Write some notes on the lessons you learnt or other interesting discoveries you made during the training of this session. You may wish to recall these the next time you train this session.

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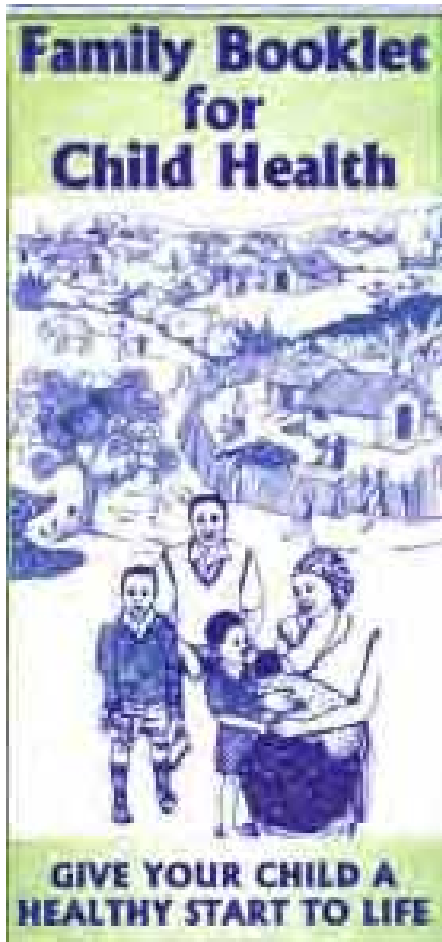
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HANDOUT 3:
IMCI FAMILY BOOKLET FOR CHILD HEALTH



Available from the Department of Health or UNICEF

**ANNEXURE A:
FIVE NUTRITION MESSAGE CARDS**

- *These five nutrition message cards are for use in Activity: Nutrition. Make copies of the five cards on a piece of paper. Cut out each card. Each group receives one of the cards to discuss.*

Feeding 0-6 months

**Feeding 12-24
months**

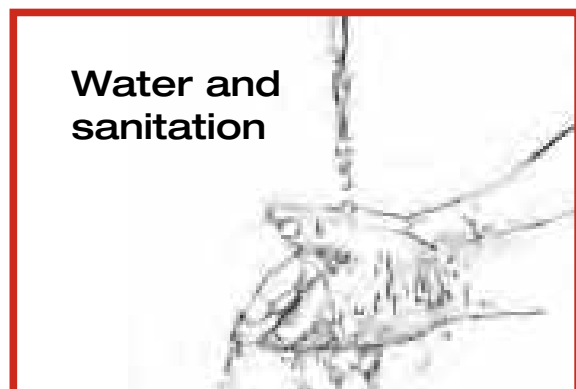
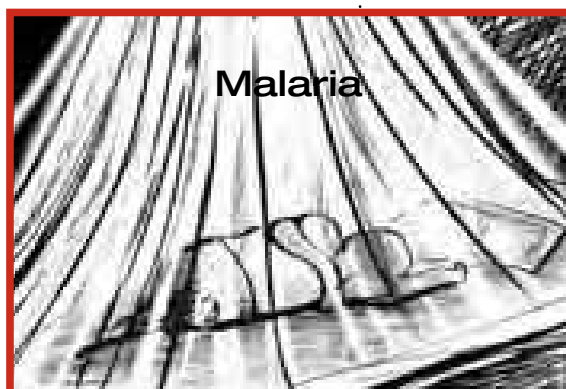
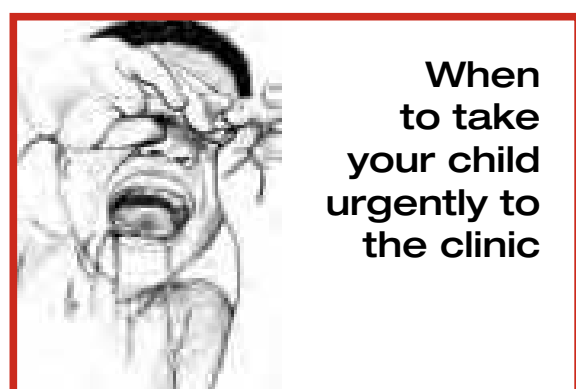
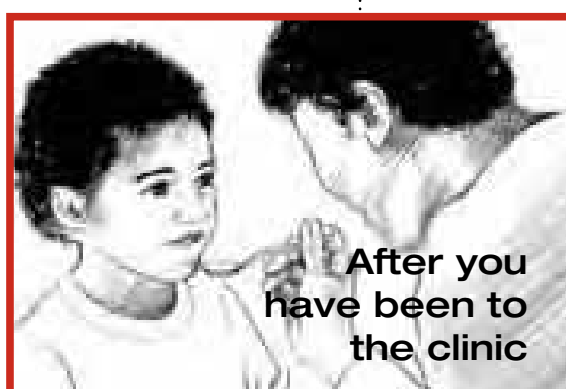
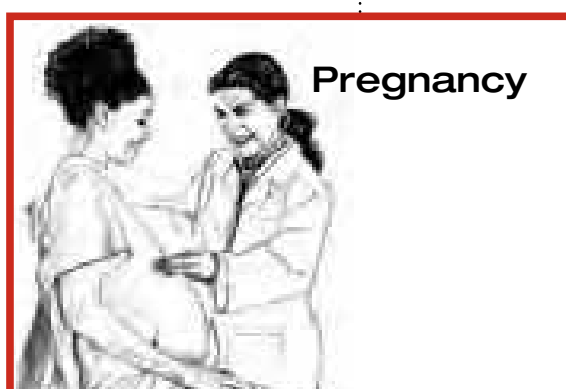
**Vitamins and
minerals**

**Feeding 6-12
months**

Feeding 2-5 years

ANNEXURE B: EIGHT HEALTH MESSAGE CARDS

- *These eight health message cards are for use in Activity: Health practices. Make copies of the eight cards on a piece of paper. Cut out each card. Each pair receives one of the cards for discussion purposes. Adapted from the Family Booklet for Child Health. Give your child a healthy start to life (IMCI).*



ANNEXURE C: IMMUNISATION SCHEDULE

AT BIRTH

BCG	Prevents serious TB infection
Polio 0	Prevents polio infection

6 WEEKS

DTP 1	Prevents diphtheria, tetanus and whooping cough
Hib 1	Prevents serious Haemophilus infection (meningitis or pneumonia)
Hep B 1	Prevents infection of liver with Hepatitis B

10 WEEKS

DTP 2	Prevents diphtheria, tetanus and whooping cough
Hib 2	Prevents serious Haemophilus infection (meningitis or pneumonia)
Hep B 2	Prevents infection of liver with Hepatitis B

14 WEEKS

Polio 3	
DTP 3	Prevents diphtheria, tetanus and whooping cough
Hib 3	Prevents serious Haemophilus infection (meningitis or pneumonia)
Hep B 3	Prevents infection of liver with Hepatitis B

9 MONTHS OLD

Measles 1	Prevents measles
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18 MONTHS OLD (BOOSTERS)

Polio 4	
DTP 4	
Measles 2	

5 YEARS OLD

Polio 5	Booster
DT 1	Prevents diphtheria and tetanus

(Do not give whooping cough immunisation after two years)

SUPPLEMENTATION: EVERY 6 MONTHS AFTER 6 MONTHS OF AGE

Vit A	Prevents infection and assists good growth
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ANNEXURE D: CASE STUDY ON HIV AND AIDS AND FEEDING ISSUES

Zukile, a 35-year-old single mother, lives in your community. She has three children aged five and three years, as well as a baby of four months. Zukile has been struggling with her health since before the birth of her baby. Her health has been deteriorating and the clinic sister suggested she comes for a thorough medical check-up. Zukile gave her permission to be tested for HIV and AIDS and she has just received the results – she is HIV positive.

Zukile is devastated as she is the only provider for her children and struggles financially. Her mother also lives far away in a deep rural area. The father of the three children was a diagnosed AIDS sufferer and died almost a year ago. Zukile is very concerned about the future of her children and doesn't want to transfer the virus to her children. The clinic sister prescribed anti-retroviral medicine and explained to Zukile that it wasn't a cure for HIV but it could control HIV infection. The clinic sister also explained to her that once she started on anti-retrovirals, she had to take them correctly everyday. Zukile asked the sister for advice on how to feed her baby because she was breastfeeding. The sister suggested that Zukile, as an HIV-positive mother, could choose from the following options:

Option 1: *She can continue to exclusively breastfeed her baby for the first six months of his life without supplementing the feeding. The sister explained the importance of not giving any supplementary feeding such as formula milk, water or solids to the baby as this can influence the transmission of HIV to the baby.*

Option 2: *Her second option is to feed the baby only commercial infant formula milk with a cup and not a bottle. She should use a cup and not a bottle because when bottles are not cleaned properly (or sterilised) it can lead to health problems such as diarrhoea.*

Ask participants the following questions:

- *What is happening here?*
- *What has caused this?*
- *What are the effects?*
- *How can Zukile resolve the issue of feeding her baby?*

Note: When participants discuss question 4, the trainer needs to highlight the feeding issues. If Zukile chooses breastfeeding, then it is extremely important that she *only* breastfeeds and never gives the baby formula or other milk, water or any solids until the baby is six months old. Point out that HIV-positive mothers sometimes feel too embarrassed to admit that they are HIV positive and will breastfeed their babies when they are in the company of other people because of the assumption that only HIV-positive mothers bottle feed. Be aware that this is a culturally sensitive issue and treat it with the necessary respect. It is important to stress that only one option should be chosen and kept to because mixed feeding (i.e. using both breast and formula) actually dramatically increases the chances of HIV transmission to babies. The reason for this is that mixed feeding affects the baby's gut which makes it vulnerable to the transmission of HIV.

- *It is important to stress that only one option should be chosen and kept to because mixed feeding (i.e. using both breast and formula) actually dramatically increases the chances of HIV transmission to babies.*

BACKGROUND INFORMATION: HEALTH AND NUTRITION

1. BREASTFEEDING

Good nutrition is very important for the newborn baby and the development of the young child. Exclusive breast feeding for the first six months of life is recommended for all mothers who are HIV negative, for mothers whose HIV status is unknown and for HIV-positive mothers who choose to breastfeed exclusively for the first six months. This means that the mother should only give the child breastmilk and no other fluids, 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 help her make an informed decision about the different feeding options to choose from 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) actually dramatically increases the chances of transmission of HIV 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. Correct positioning also ensures



- *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.*

the flow of the milk and prevents breast conditions such as cracked nipples and breast engorgement which are both very painful.

Breastfeeding also provides the mother and baby 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 baby in a place where the mother feels calm and relaxed. It is important to make eye contact with the baby (if the baby's eyes are open) while breastfeeding and to gently talk to the baby or to softly sing/hum while breastfeeding. The baby finds comfort and security in the voice of the mother.

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

2. FEEDING

The provision of sufficient 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 baby or child. It is also important that the baby or child is fed in a relaxed atmosphere.

When children start to eat small pieces of finger food, it is necessary to wipe their hands before food is placed in them. Young children must be taught to wash their hands before every meal.

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

*** Study the KFP 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 be slowly introduced. Start feeding the baby enriched 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



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

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 foods five times a day with a spoon and plate (i.e. not share the plate with others in order for the parent/caregiver to see how much the child has eaten).

2.3 Feeding 2 years and older

Children should now be given their own serving of family foods three times a day. In addition, give them 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 them against illness like measles. Parents are usually informed at the birth of their child about the necessary immunisation. Immunisation is provided at the local Primary Health Care Clinic in the community and it is free. Babies will get a Road to Health Card to help the parent/caregiver and the clinic through a timetable to ensure that they get all the necessary immunisations.

Immunisation is the use of specially prepared medicine/drugs that will 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 immunisations last for life.

Immunisation is important because it ensures a healthy child. It is the best way to ensure that a child does not get life-threatening diseases such as measles, polio, etc. 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 because it ensures a healthy child. 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 the child need 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 KFP 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 they stay in such an area or not. The local Primary Health Care Clinic can provide information on this. People, who do not stay in a malaria-risk area, do not need to worry about mosquito bites. However, if they visit friends and family in areas that are malaria endemic, they will need to take precautions.

When you stay in a malaria area or have visited a malaria area, immediately take children with a fever 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 that children's faeces are safely disposed of in the toilet or in a covered pit. This will prevent the spread of diseases because germs in faeces can pass 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 KFP 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 sick child and immediately take him to a clinic if any of the ten danger signs appear. (These danger signs are indicated on p. 95 of the IMCI manual.)

Parents/caregivers should continue to feed the sick child and if the sick child 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, even when he appears to be getting better. The child needs to be taken back to the clinic he is getting sicker, or even if he appears to be getting better if a follow-up visit was scheduled. The child must be taken to hospital if the health worker requests this.

Looking after a sick child is very exhausting. 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 to their household chores; this can create frustration, tiredness and a lack of energy in the parent/caregiver.

Observation of the baby and young child is essential to be able to see changes in behaviour that might indicate illness.

***Study KFP 10 and 13 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 he appears to be getting better.*

7. HIV AND AIDS

Suffering from HIV and AIDS does not automatically mean sickness 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 the infection in men and women. For the sake of your 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 are a growing number of orphaned and vulnerable children in our country, and many young children are living with ill and dying parents/caregivers. In our communities, the extended family and other traditional support structures continue to care for most of the orphaned and vulnerable children.

*** Study KFP 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

Alcohol is a socially accepted drug in most communities, in some communities more than others. But it is dangerous to use alcohol during pregnancy and during breastfeeding. 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 means that they can develop at a slower pace and will not reach their milestones (see Sessions 4, 5 and 6). These health impairments can be a strain on families and caregivers.

- *It is dangerous to use alcohol during pregnancy and during breastfeeding.*

REFERENCE LIST

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NOTES

session 3

PLAY AND CREATIVITY



SESSION 3: PLAY AND CREATIVITY

Learning outcomes

On completion of this session, participants should be able to:

- Understand the importance of play in the care and development of babies and young children.
- Facilitate play as an integral part of raising babies and young children.

The estimated time for this session is approximately three hours. Guidelines are given for the time you should spend on each activity. Please use these to help you complete the session in the estimated time.



Preparation work for the trainer

You need to do some preparation to train this session. Read through the background document which provides you with key knowledge for this session. The document guides you on how to answer questions that may arise during the training. You do not share or hand out these preparation documents during the training; they are for the trainer's own use only. Handout 4: *Play and creativity* is available for the participants.



The following documents can be found at the end of this session:

- Background document
- List of references
- Handout 4: *Play and creativity*

Resources and materials needed for this session

You will need resources and materials to help you do the training of this session. Below is a list of equipment that you will use. The equipment needs to be obtained before you start the training. The different activities explain how to use the following:

- Flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Attendance registers

Handouts for this session

Handout 4: *Play and creativity* is to be given to each participant at the end of the training session. Remember that participants will also need their copies of Handout 1: *Course outline* to colour in Session 3 when they have completed it.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to do a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it out on transparencies. If neither of these facilities is available, write it out with colourful pens on flipchart paper or on a piece of A2 card.



INTRODUCTION



10

Welcome

Organise the room so that all the participants can see each other and feel comfortable.

Introduce yourself as the trainer and welcome all participants.

Make sure that everyone is comfortable and indicate where the restrooms are. Ask all participants to switch off their cellphones.

Ask participants to recall the highlights of the previous session.

Explain to participants that this session will deal with the importance of play and creativity to babies and young children.

ACTIVITY: WHY IS PLAY IMPORTANT?



60

Purpose of the activity

This activity gives participants the opportunity to share and gain knowledge on the importance of play to babies and young children.

Preparation work



- (a) Read the background document.

Explanation of the activity

- (a) Explain to participants that they will be divided into groups.
- (b) Explain that they need to discuss the importance of play to babies and young children.

- (c) Ask them to share their own knowledge on why play is important to babies and young children with their group.
- (d) Tell groups they need to appoint a spokesperson who will give feedback to the rest of the participants. The main points of the feedback must be outlined on flipchart paper.

Implementation of the activity

- (a) Divide participants into groups of five or six participants.
Ensure that the groups consist of more or less equal numbers.
Remember to give each group Koki pens and a piece of flipchart paper on which to record the main points of their discussion.
- (b) Ask each group to discuss this topic: *The importance of play to babies and young children.*
- (c) The group discussion should not take more than 15 minutes.
- (d) After 15 minutes, ask everyone to come back to their places, and each group can take turns to use the notes they wrote on the flipchart paper to present their feedback.
- (e) Each group's feedback should not take more than five minutes.
- (f) After all the groups have given their feedback, the trainer concludes by relating important aspects mentioned by the groups to the issues outlined in the background document.

ACTIVITY: THE FACILITATION OF PLAY

Purpose of the activity

To help the participants identify various types of play that will lead to the physical, social and intellectual development of babies and young children in the following four age groups:

- 0-6 months
- 6-12 months
- 12-24 months
- 2-5 years

Preparation work

- (a) Read the background document.



60



Explanation of the activity

- (a) Explain to participants that they will be divided into four groups.
- (b) Each group will discuss a different age group, i.e. Group 1: 0-6 months; Group 2: 6-12 months; Group 3: 12- 24 months; Group 4: 2-5 years.
- (c) Each of the groups needs to identify different types of play activities that could contribute to the following:
 - A healthy body.
 - Understanding people and what happens in the world. (The trainer must remind the group that this aspect refers to ‘make-believe play’ as discussed in the background document; make-believe play only develops from two years onwards, and that the first three groups i.e. those groups who are discussing 0-24 months, will not be able to make suggestions about this kind of play.)
 - Thinking and solving problems.

Implementation of the activity

- (a) Divide the participants into four groups of equal numbers.
- (b) Write these headings on the flipchart:
 - A healthy body.
 - Understanding people and what happens in the world (i.e. make-believe play).
 - Thinking and solving problems.
- (c) Group 1 provides examples of various types of play and activities for the age group 0-6 months that contribute to the three headings on the flipchart.

Group 2 provides examples of various types of play and activities for the age group 6-12 months that contribute to the three headings on the flipchart.

Group 3 provides examples of various types of play and activities for the age group 12-24 months that contribute to the three headings on the flipchart.

Group 4 provides examples of various types of play and activities for the age group 2-5 years that contribute to the three topics headings on the flipchart.

- (d) Groups should not take more than 15 minutes to prepare their feedback.

- (e) After 15 minutes of group discussion, learners can come back to their places and listen to each group take turns giving their feedback.
- (f) Each group has five minutes to give their feedback.
- (g) After all the groups have given their feedback, the trainer concludes by relating important aspects mentioned in the group feedback to the background document.

ALTERNATIVE ACTIVITY: TRADITIONAL GAMES AND HOME-MADE TOYS



Purpose of the activity

This activity can replace either the first or second activity. The purpose of this alternative activity is to give participants the opportunity to practise playing as some parents/caregivers do not know how to play and therefore do not realise the importance of play to the child.

Preparation work



- (a) Read the background document.

Explanation of activity to the group:

- (a) Explain to participants that they will be divided into three groups.
- (b) Each group needs to introduce either a traditional game they are familiar with, or a toy that can be made from material available in their homes.
- (c) Mention to them that everyone will have a chance to select one of the traditional games to play during the session.



Implementation of the activity

- (a) Divide the participants into three groups.
- (b) Each group needs to introduce either:
 - A traditional game
 - or
 - A toy that can be made from material obtained in their immediate environment
- (c) Allow time for groups to give feedback to the rest of the participants.

- (d) Ask participants to select one of the traditional games that was introduced by one of the groups, and everyone can join in playing this game.
- (e) Once the game has ended, let participants discuss how they feel about playing the game. Also introduce the importance of educational toys and how they stimulate different areas of the child's development. Encourage parents not to buy toys that are associated with violence such as guns, knives, etc.

- *Encourage parents not to buy toys that are associated with violence such as guns, knives, etc.*

PRESENTATION

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

Present the PowerPoint presentation: *Play and Creativity*.

During the presentation make sure that you link the key messages to the activities and group discussions. This way the background document, the key messages and the group discussions will form a coherent body of knowledge and skills for the participants.

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

Key messages

- Play helps with the physical development of babies and young children.
- Play helps to make babies and young children feel safe and secure.
- Play helps babies and young children communicate and get on with others.
- Play teaches babies and young children to think and solve problems.
- Babies and young children need to play with other children.
- Parents/caregivers need to play with their babies and children and even set aside special times to do this.
- Babies and young children should be provided with a variety of materials to play with.
- Make-believe play is very important to young children.



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SELF ASSESSMENT

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Write the following questions on flipchart paper and ask the participants to answer their answers on a piece of paper. You might want to rewrite these questions in participants' first language. Explain to the participants that this is not a test but a way to see for themselves how much they have learnt during the session. The participants therefore keep the papers on which they have written their answers.

- (a) Play helps babies and young children learn through doing, exploring and experimenting. TRUE or FALSE
- (b) Play helps babies and young children identify and deal with their feelings. TRUE or FALSE
- (c) Play helps babies and young children communicate and get on with others. TRUE or FALSE
- (d) Play helps babies and young children learn to use their bodies. TRUE or FALSE
- (e) Play helps babies and young children learn about rules. TRUE or FALSE
- (f) Babies and young children learn about adults and work. TRUE or FALSE
- (g) Babies and young children learn to think and solve problems. TRUE or FALSE
- (h) Make-believe play is very important. TRUE or FALSE
- (i) Parents/caregivers can help babies and young children by giving them things to play with. TRUE or FALSE
- (j) It is important to provide time and opportunities for play. TRUE or FALSE

(Questions adapted from: *Parents and young children. Parents can help their children learn.* Family Literacy Project)

Now repeat the questions, but this time give the answers as indicated in brackets [].

The participants should check their own answers and assess how they have done.

- (a) Play helps babies and young children learn through doing, exploring and experimenting. [TRUE]
- (b) Play helps babies and young children identify and deal with their feelings. [TRUE]

- (c) Play helps babies and young children communicate and get on with others. [TRUE]
- (d) Play helps babies and young children learn to use their bodies. [TRUE]
- (e) Play helps babies and young children learn about rules. [TRUE]
- (f) Babies and young children learn about adults and work. [TRUE]
- (g) Babies and young children learn to think and solve problems. [TRUE]
- (h) Make-believe play is very important. [TRUE]
- (i) Parents/caregivers can help babies and young children by giving them things to play with. [TRUE]
- (j) It is important to provide time and opportunities for play. [TRUE]

CLOSURE

You are at the end of Session 3. Remind participants that this session provided them with key information on play and how they can stimulate creativity in babies and young children at home.

It is important that they apply what they have learnt when they go back home. This information can also be shared with their neighbours.

To conclude this session, ask the following question: *In your community, where will you get more information on play activities that you can use in the home to stimulate your baby and young child?*

Allow the participants to share a few answers with you and write them on a flipchart. Ensure that participants suggest community resources such as clinics, playgroups, pre-schools and crèches. Remind them that it is important to use the resources in their community to help their children grow up healthy and strong.

Remind the participants of the date and time for the training of Session 4.

Thank the participants for their involvement in this session and give them Handout 4: *Play and creativity*.

TRAINER HINTS

Write some notes on the lessons you learnt or other interesting discoveries you made during the training of this session. You may wish to remember these the next time you train this session.



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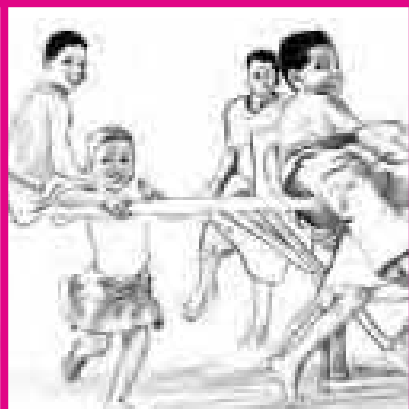
HANDOUT 4: PLAY AND CREATIVITY



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.

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

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.

- 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.



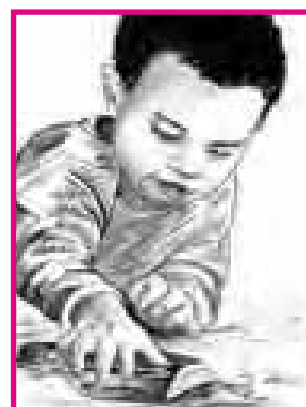
4.4 Twelve to eighteen months

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.



REFERENCE LIST

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Lerner, C. & Greenip, S. 2004. *The Power of Play – Learning Through Play from Birth to Three*. Zero to Three. Available on the Internet at: <http://www.zerotothree.org>

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Stoppard, M. 2001. *First-time Parents – the Essential Guide for All New Mothers and Fathers*. London: Dorling Kindersley.

UNICEF. *Early Childhood Resource Pack: Young Child Survival, Growth and Development* (CD): Session 3.13. *Importance Of Play in Early Childhood*.

Woolfson, R. 2002. *Understand and Stimulate Your Child's Development*. Cape Town: Struik Publishers.

A young boy with dark skin and curly hair is climbing a thick, braided rope. He is wearing a white t-shirt and blue shorts. He is looking up and to the right with a focused expression. The background is a soft-focus green, suggesting an outdoor setting with trees. The illustration has a painterly style with visible brushstrokes and a vibrant color palette.

session

4

PHYSICAL DEVELOPMENT

SESSION 4: PHYSICAL DEVELOPMENT

Learning outcomes

On completion of this session, participants should be able to:

- Understand the physical development of babies and young children.
- Support their baby's and young child's physical development.

The estimated time for this session is approximately three hours. Guidelines are given for the time you should spend on each activity. Please use these to help you complete the session in the estimated time.



Preparation work for the trainer

You need to do some preparation. Read through the background documents which provide key knowledge that you need on the subject. They will enable you to guide the training and to answer questions that may arise. You do not share or hand out these preparation documents during the training; they are for your own use only. A separate handout is available for the participants.



The following documents are provided at the end of this session:

- Background document
- Reference list
- Handout 5: *Physical development of babies and young children*

Resources and materials needed for this session

You will need resources and materials to help you do the training of this session. Below is a list of equipment that you will use in the training. The equipment needs to be obtained before you start the training. The different activities explain how to use the following:

- Flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Magazines, newspapers, books
- Scissors
- Glue
- Attendance register

Handouts for this session

Handout 5: *Physical development of babies and young children* should be given to all participants at the end of the session.

Make sure that there are enough copies for each participant. Also remember that participants will need their copies of Handout 1: *Course outline* on which they will colour in the session when they have completed it.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it on transparencies. If these facilities are unavailable, write it out with colourful pens on flipchart paper or a piece of A2 card.



INTRODUCTION



10

Welcome

Organise the room so 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 indicate where the restrooms are. Ask all participants to switch off their cellphones.

Ask participants to recall the main points of the previous session. They should remember the most important aspects of Session 3.

Explain to participants that this session will deal with the physical development of babies and young children. Explain to them that the term 'physical development' refers to the body of the baby and the young child.

ACTIVITY: MILESTONES IN PHYSICAL DEVELOPMENT



60

Purpose of the activity

This activity will allow the participants to share and gain knowledge about the physical development of babies and young children. This activity will create awareness regarding milestones that babies and young children will reach.

Preparation work



- (a) Read the background document.
- (b) Collect the old magazines, pictures, glue, Koki pens, scissors and flipchart paper needed for this activity.

Explanation of the activity

- (a) Explain to the participants that they will be divided into four groups of equal numbers.
- (b) Each group will focus on one of the following age groups:
 - Group 1: 0-6 months
 - Group 2: 6-12 months
 - Group 3: 12-24 months
 - Group 4: 2-5 years

Write these categories on the flipchart.

- (c) Write this question on the flipchart and explain to the participants that each group needs to answer it by focusing only on the age group their group was assigned: *Imagine you were giving advice to a neighbour or friend about their baby's or child's physical development. What milestones does your neighbour or friend need to look for?*
- (d) Explain to the groups that they now have to make a poster to represent their group discussion. They can cut out pictures from magazines or draw pictures to illustrate what babies and children in that particular age group look like.
- (e) At the end of the group discussions, the posters will be put on the training-room wall and groups will take turns to present and explain their posters to the participants.

Implementation of the activity

- (a) Divide participants into four groups of equal numbers. Each group needs to be assigned an age group on which to focus their discussion:
 - Group 1: 0-6 months
 - Group 2: 6-12 months
 - Group 3: 12-24 months
 - Group 4: 2-5 years
- (b) Each group discusses the following question that you have written on the flipchart: *Imagine you were giving advice to*

a neighbour or friend about their baby's or child's physical development. What milestones does your neighbour or friend need to look for?

- (c) When the group has discussed this question, they need to make a poster illustrating the physical development of a baby or young child. Each poster focuses only on the specific age group that they have discussed.
- (d) Allow 30 minutes for the discussions and the poster making.
- (e) When the 30 minutes are up, groups take turns to present their posters to everyone.
- (f) Check the information on their posters against the background document you have on this topic. Correct any incorrect information they may have included during the discussions in a supportive and constructive manner.
- (g) Conclude by asking participants the following question (write the question on a flipchart): *What should I do if my baby or young child doesn't reach their milestones?* Link the discussion to the issue of identifying early disability (see background document for more information). Once again, check the participants' answers/discussion against the background document.

ACTIVITY: ACTIVITIES TO SUPPORT PHYSICAL DEVELOPMENT

Purpose of the activity

To give participants the opportunity to share and gain knowledge on activities and games they can play with their babies and young children to support their physical development.

Preparation work

- (a) Read the background document.

Explanation of the activity

- (a) Explain to the participants that they will be divided into four groups.
- (b) Each group will focus on one of the following age groups:
 - Group 1: 0-6 months
 - Group 2: 6-12 months



60



- Group 3: 12-24 months
- Group 4: 2-5 years

Write these categories on the flipchart.

- (c) Each group then discusses various games and activities they can play with their baby or young child to support their physical development at the particular age.
- (d) Groups then decide on one of these games or activities to demonstrate to all the participants.
- (e) Ask participants to think of games and activities that will support the following aspects of the baby's or young child's development:
 - Large muscle development
 - Small muscles development
 - Feeding (healthy food supports physical development)

Implementation of the activity

- (a) Divide participants into four groups of equal numbers and allocate particular age groups to participants.
- (b) Give groups 30 minutes to discuss various activities and games they can play with their baby or young child to support their physical development. The groups then need to decide which game or activity they will demonstrate to all the participants.
- (c) Stress to groups that the game or activity that they choose must be appropriate for the specific age group they are focusing on.
- (d) Give each group five minutes to demonstrate their game or activity to all the participants.
- (e) After each game or activity, ask participants to identify how the game will support a baby's or child's physical development. Use the information from the background document to highlight aspects such as the large muscles (e.g. kicking a ball) and small muscles (e.g. writing with a pen). Also remind them that healthy food supports physical development.
- (f) When all the groups have demonstrated their games or activities, remind participants that playing is very important to the physical development of babies and children.

PRESENTATION



20

Explain to the participants that you are going to do a short presentation to summarise the work in this session, and that the summary will include important messages to remember regarding the physical development of babies and young children.

Present to the participants the PowerPoint presentation: *Physical development of babies and young children*.

Make sure to link the presentation with the issues raised in the discussions, feedback and games and activities.

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

Key messages

- There are milestones in the physical development of babies and young children. These milestones should not be treated as absolute but rather as guidelines.
- Parents/caregivers can stimulate their babies' and children's physical development in a variety of ways.
- The awareness and monitoring of milestones can assist parents/caregivers to identify possible physical disabilities at an early stage.
- Play is important for a baby's or child's large and small muscle development.
- Adequate nutrition is important for the physical development of babies and children.
- Take your baby and child to the clinic or doctor regularly to have their growth monitored.

SELF ASSESSMENT



15

Write the following questions on flipchart paper and ask the participants to write their answers on a piece of paper. You might want to rewrite the questions in participants' home language so they understand them better. Explain to the participants that this is not a test and that you will not take in the papers on which they have written the answers. Explain to them that they are doing this activity to see for themselves how much they have learnt during the session.

- (a) All babies and young children develop at the same pace. TRUE or FALSE

- (b) Milestones are an indication of the types of things a baby or young child should be able to do at a certain age. TRUE or FALSE
- (c) These milestones are only guidelines because babies and young children develop at their own pace. TRUE or FALSE
- (d) Parents/caregivers can stimulate their baby's or child's physical development in a variety of ways. TRUE or FALSE
- (e) Awareness of milestones can assist adults to identify possible physical disabilities at an early stage. TRUE or FALSE
- (f) Play is important for the small muscle development of a baby or child. TRUE or FALSE
- (g) Healthy food is important for the physical development of a baby or a young child. TRUE or FALSE
- (h) You need to regularly take your baby or child to the clinic or a doctor to check his physical development. TRUE or FALSE

Now repeat the questions, but this time give the answers as indicated in brackets [].

The participants should check their own answers and assess how they have done.

- (a) All babies and young children develop at the same pace. [FALSE]
- (b) Milestones are an indication of the types of things 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 their own pace. [TRUE]
- (d) Parents/caregivers can stimulate their babies' and children's physical development in a variety of ways. [TRUE]
- (e) Awareness of milestones can assist adults to identify possible physical disabilities at an early stage. [TRUE]
- (f) Play is important for the physical development of a baby or child. [TRUE]
- (g) Healthy food is important for the physical development of a baby or a young child. [TRUE]
- (h) You need to regularly take your baby or child to the clinic or a doctor to check his physical development. [TRUE]

CLOSURE

You are at the end of Session 4. Remind participants that this session provided them with some key information on the physical development of babies and young children and what adults can do to stimulate this.

It is important that they apply what they have learnt today when they go back home and also share the information with their neighbours.

Ask participants the following questions:

- If you want further guidance and advice on the physical development of your baby or young child, and how to support it, where will you go to in your community?
- If you notice that one of your neighbour's children is behind in their physical development, where will you advise them to go?

Allow a few participants to share their answers and write them on a flipchart, if you want to. Explain to participants that it is important to use the resources in their community to help their children grow up healthy and strong.

Tell the participants the date and time for the training of Session 5.

Thank the participants for their involvement in this session and give them Handout 5: *Physical development of babies and young children*.

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TRAINER HINTS

Write down some notes on the lessons you learnt or other interesting discoveries you made during the training of this session. You may wish to remember these the next time you train this session.

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HANDOUT 5: PHYSICAL DEVELOPMENT OF BABIES AND YOUNG CHILDREN

		
Adults can do a lot to stimulate the physical development of their baby from birth.	At two months, your baby can raise his chest and head by pushing upwards with their arms. They can hold their head steady.	Between three and five months your baby can fix their eyes on an object shown to them.
		
At five months your baby can sit upright if supported with cushions.	At seven months your baby can sit without any support.	At eight months your baby starts crawling and is able to stand when supported by an adult.
		
At 11 months your baby can stand alone.	Between 13 and 15 months your baby will begin to take his first steps.	At two years your child will start attempting climbing stairs, walking backwards, running and jumping.
		
At between four and five years, your child will jump, hop, skip, run and this will develop their large muscles.	Children can develop their small muscles by tearing up paper or cutting out with scissors.	Healthy foods support physical development; letting children feed themselves will help develop children's self-esteem.

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.

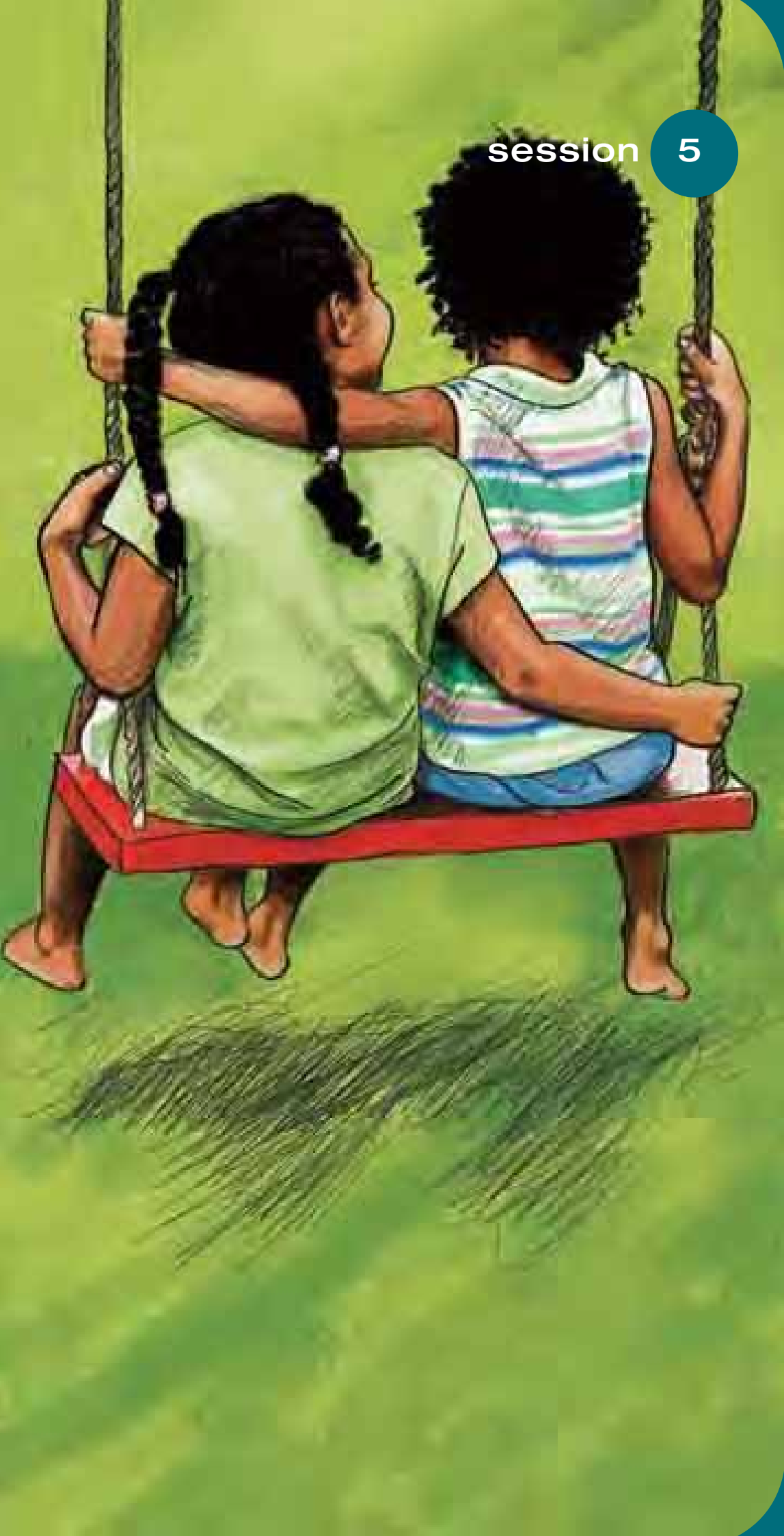
Communities should be more supportive of children and people with disabilities, as well as of their families. Physically-disabled people should be treated with respect and dignity; they have as much right to live in a community as any one else. Children with special needs should continue to be stimulated 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.*

REFERENCE LIST

Louw, D.A. & Edwards, D.J.A. 1993. *Psychology, an Introduction for Students in Southern Africa*. Johannesburg: Lexicon Publishers.

UNICEF. 2004. CD: *Early Childhood Resource Pack – Young Child Survival, Growth and Development*. Session 3.1d: *Milestones in Early Childhood*. New York: UNICEF.



session 5

SOCIAL DEVELOPMENT, EMOTIONAL DEVELOPMENT AND CONFIDENCE BUILDING

SESSION 5: SOCIAL DEVELOPMENT, EMOTIONAL DEVELOPMENT AND CONFIDENCE BUILDING

Learning outcomes

On completion of this session, participants should be able to:

- Understand the social and emotional development of babies and young children.
- Demonstrate skills to support the social and emotional development of babies and young children.

The estimated time for this session is approximately three hours. Guidelines are given for the time you should spend on each activity. Please use these to help you complete the session in the estimated time.



Preparation work for the trainer

In preparation for training on this session, you must read through the background documents. They will provide you with key knowledge on this topic and help you guide the training and answer any questions that may arise. You do not share or hand out these preparation documents during the training; they are for your own use only. A separate handout is available for the participants.



The following documents are attached:

- Background document
- Annexure A
- Handout 6: *Social and emotional development*

Resources and materials needed for this session

You will need resources and materials to help you do the training of this session. Below is a list of equipment that you will use. The equipment needs to be obtained before you start. The different activities explain how to use the following:

- Flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Attendance register

Handouts for this session

Handout 6: *Social and emotional development and confidence building* is given to each participant at the end of the session. Make sure that there are enough copies. Participants will also need their copies of Handout 1: *Course outline* on which to colour in Session 5 to show they have completed it.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it on transparencies. If these facilities are not available, write it out with colourful pens on flipchart paper or A2 card.



INTRODUCTION



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Welcome

Organise the room so 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 indicate where the restrooms are. Ask all participants to switch off their cellphones.

Ask the participants to reflect on the highlights of the previous session. This will require recalling the most important aspects of Session 4.

Explain to the participants that this session will deal with social and emotional development, as well as confidence building in babies and young children.

ACTIVITY: JARGON BUSTER



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Purpose of the activity

This activity gives participants the opportunity to share and gain knowledge on the emotional and social development of babies and young children, as well as the importance of confidence building.

Preparation work

- (a) Read the background document.



Explanation of the activity

- (a) Explain to participants that they will brainstorm their understanding of these three concepts: emotional development; social development; and confidence building.
- (b) Explain to participants that these terms may seem complicated to them, but because they are parents they probably already have a good idea what they mean. Create a supportive environment in which participants feel comfortable and at ease; it will encourage them to participate.

- *Create a supportive environment in which participants feel comfortable and at ease; it will encourage them to participate.*

Implementation of the activity

- (a) Take three flipcharts. On the first flipchart write: *Emotional development*; on the second flipchart write: *Social development*; on the third flipchart write: *Confidence building*.
- (b) Use the first flipchart and ask the participants what their understanding of this concept is. The trainer needs to write all participants' suggestions on this flipchart. Check their suggestions against the background document to ensure that all the key concepts relating to *emotional development* have been mentioned. Write up any additional concepts, if necessary.
- (c) Continue with the second flipchart. Ask participants what they understand by the concept: *Social development*. Write down all their ideas on this flipchart. Check their suggestions against the background document to ensure that all the information is covered. Add any concepts that participants did not mention.
- (d) Finally, ask participants for their understanding of the third concept and write down all their suggestions on the flipchart. Check this information against the background document to ensure that all of it has been included. Add any missing concepts to the flipchart.

ACTIVITY: SOCIAL AND EMOTIONAL MILESTONES

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Purpose of the activity

To give participants the opportunity to share and gain knowledge about the social and emotional milestones of babies and young children.

Preparation work

- (a) Read the background document.
- (b) See the milestone cards in Annexure A that will be used for this exercise.
- (c) Make copies of the cards.
- (d) Cut out each card.
- (e) Use four pieces of newsprint flipchart and write the following ages on them (i.e. one age group per flipchart):
 - 0-6 months
 - 6-12 months
 - 12-24 months
 - 2-5 years
- (f) Use Prestik to display these four pieces of newsprint on the wall.

Explanation of the activity

- (a) Explain that each participant will receive one card and that they need to assign their card to the appropriate age category.
- (b) Explain to participants that the cards they will be receiving describe the social and emotional milestones of various age groups.

Implementation of the activity

- (a) Give each participant one of the cards (from Annexure A) and ask them to stick these cards on the appropriate flipchart.
- (b) The trainer then discusses each of the cards and explains to participants why it fits/does not fit in a particular age group. The information in the background document will help you give reasons to participants.

ACTIVITY: TIPS ON HOW TO BRING UP CONFIDENT CHILDREN



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Purpose of the activity

This activity gives participants the opportunity to share and gain knowledge on how to raise children who have a positive self-concept.

Preparation work

- (a) Read the background document.



Explanation of the activity

- (a) Explain to participants that they will be divided into groups of between two and three.
- (b) Each group will brainstorm tips for parents/caregivers on how to encourage confident children.
- (c) The groups need to write down their tips on pieces of newsprint and their spokesperson will present these to the rest of the participants.

Implementation of the activity

- (a) Divide participants into groups of between two and three members.
- (b) Tell groups that they should decide what tips they would give to parents to build their children's confidence.
- (c) Groups need about 20 minutes for their discussion.
- (d) After the discussions, allow each group five minutes to give feedback.
- (e) Check the feedback against the background information you have on this topic. If there are serious inaccuracies and omissions, correct them during the discussions in a supportive and constructive manner.
- (f) Conclude by highlighting the importance of confidence building in babies and young children and suggest what parents can do to enhance this.

PRESENTATION

Explain to the participants that you are going to do a short presentation to summarise the discussions of the session. It will include important messages to remember regarding social development, emotional development and confidence building.

Present to the participants the PowerPoint presentation: *Social development, emotional development and confidence building*.

Make sure that the presentation links the groups' discussions, feedback and activities.

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

Key messages

- Babies and young children need to learn and understand how they fit in the world.
- Social development helps babies and young children to understand the people they live with in their community.
- Caregivers/parents need to help babies and young children understand and manage their emotions.
- Babies and young children have different ways in which they develop socially and emotionally, and they should be allowed to safely experiment with new behaviours.
- Play is important in building confidence and self-esteem in babies and young children.
- Play has an important role in the social and emotional development of babies and children.
- Friendships and playing with other children and adults is important for the social and emotional development of babies and young children.
- Babies and young children learn social and emotional behaviour from watching the behaviour of adults and other children.

SELF ASSESSMENT

Write the following questions on flipchart paper and ask the participants to answer the questions on a piece of paper. You might want to write the questions in a language participants are more familiar with. Explain to the participants that this is not a test and that you will not take in their answer papers.



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

- (a) Parents/caregivers need to help babies and young children understand their emotions. TRUE OR FALSE
- (b) Tantrums should be seen as normal ways in which babies and young children behave. TRUE OR FALSE
- (c) Play can be used to build the confidence and self-esteem of babies and young children. TRUE OR FALSE
- (d) Play forms an important part of the social and emotional development of babies and children. TRUE OR FALSE
- (e) Friendships and playing with other children and parents/caregivers is important for the social and emotional development of babies and young children. TRUE OR FALSE
- (f) Babies and young children copy the social and emotional behaviour of parents/caregivers and other children. TRUE OR FALSE

Now repeat the questions, but this time give the answers as indicated in brackets []. The participants should check their own answers and assess how they have done.

- (a) Parents/caregivers need to help babies and young children understand their emotions. [TRUE]
- (b) Tantrums should be seen as normal ways in which babies and young children behave. [TRUE]
- (c) Play can be used to build the confidence and self-esteem of babies and young children. [TRUE]
- (d) Play forms an important part of the social and emotional development of babies and children. [TRUE]
- (e) Friendships and playing with other children and parents/caregivers is important for the social and emotional development of babies and young children. [TRUE]
- (f) Babies and young children copy the social and emotional behaviour of parents/caregivers and other children. [TRUE]

ANNEXURE A: MILESTONE CARDS

- *The answers to this activity appear on the following page.*

Begins to smile for other people for the first time.	Starts to show <i>some</i> facial expression.
Understands the difference between fantasy and reality.	Extends arm or leg to help when being dressed.
Is shy or anxious with strangers.	Copies <i>some</i> movements and facial expressions.
Cries when mother or father leaves.	Thinks that unfamiliar things may be monsters.
Prefers mother and/or regular caregiver over all others.	Understands words like 'mine' and 'his' or 'hers'.
Finger-feeds himself.	Takes turns in games.
Has trouble telling the difference between make-believe and reality.	Shows a wide variety of emotions (e.g. sadness, happiness, anger, etc).
Often cries if they cannot do what they want.	Often lives in a world of fantasy, creating fantasy playmates.
Has tantrums.	Says own name.
Identifies themselves in the mirror.	Likes to help the adult with small tasks.

ANSWERS

0-6 months

- Begins to smile for other people for the first time.
- Starts to show some facial expression.
- Copies some movements and facial expressions.

6-12 months

- Is shy or anxious with strangers.
- Cries when mother or father leaves.
- Prefers mother and/or regular caregiver over all others.
- Finger-feeds himself.
- Extends arm or leg to help when being dressed.

12-24 months

- Often cries if they cannot do what they want.
- Says own name.
- Identifies themselves in the mirror.
- Likes to help adults with small tasks.

2-5 years

- Understands the difference between fantasy and reality.
- Likes to help the adult with small tasks.
- Has trouble telling the difference between make-believe and reality.
- Often lives in a world of fantasy, creating fantasy playmates.
- Shows a wide variety of emotions (sadness, happiness, anger, etc).
- Takes turns in games.
- Understands words like 'mine' and 'his' or 'hers'.
- Thinks that unfamiliar things may be monsters.
- Has tantrums.

HANDOUT 6: SOCIAL AND EMOTIONAL DEVELOPMENT AND CONFIDENCE BUILDING



Babies and young children need to learn and understand how they fit into the world.	Social development helps babies and young children make meaning of the community of people they live in.
Caregivers/parents need to guide and support babies and young children to understand and manage their own emotions.	Babies and young children have different ways in which they develop socially and emotionally. They should be allowed to safely experiment with new behaviours.
Play is important in building confidence and self-esteem in babies and young children.	Play forms an important part of the social and emotional development of babies and children.
Friendships and playing with other children and adults is important for the social and emotional development of babies and young children.	Babies and young children learn social and emotional behaviour from watching how adults and other children behave.

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.*

REFERENCE LIST

UNICEF *Early Childhood Resource Pack: Young Child Survival, Growth and Development* (CD): Support Material 3.1d. Session 3.1 *Milestones in Early Childhood*. Basic text – Background Reading for the Facilitator.

Abe Development Services Trust and Early Learning Resources Unit (ELRU). Date unknown. *Parents and Young Children. Parents Can Help Their Children Learn*. Durban North: Family Literacy Project.

Hook, D, Watts, J. & Cockcroft, K. 2002. *Developmental Psychology*. Cape Town: UCT Press.

NOTES

session 6

INTELLECTUAL AND LANGUAGE STIMULATION



SESSION 6: INTELLECTUAL AND LANGUAGE STIMULATION

Learning outcomes

On completion of this session, participants should be able to:

- Use skills and knowledge to stimulate the intellectual development of their babies and young children.
- Describe how to guide language development and early literacy in their babies and young children.

The estimated time for this session is approximately three hours. Guidelines are given for the time you should spend on each activity. Please use these to help you complete the session in the estimated time.



Preparation work for the trainer

You need to do some preparation for this session. You must read through the background documents as they will provide you with key knowledge on the topic. This will help you to guide the training as well as answer questions that may arise. You do not share or hand out these preparation documents during the training; they are for your own use only. A separate handout is available for the participants.



The following documents are attached:

- Background document
- Annexure A: Capacity to communicate
- Reference list
- Handout 7: *Intellectual and language stimulation*

Resources and materials needed for this session

You will need resources and materials to help you do the training. Below is a list of equipment that you will use. The equipment needs to be obtained before you start. The different activities explain how to use the following:

- Flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Magazines, newspapers, glue, paper, scissors, wool, punch, etc. (see alternative activity)
- Attendance register

It is recommended that the trainer provides a variety of different books so participants can get an idea of what books are appropriate for particular age groups.

Handouts for this session

Handout 7: *Intellectual and language stimulation* should be given to all participants at the end of the session. Make sure that there are enough copies for each participant. Participants will also need their copies of Handout 1: *Course outline* to colour in Session 6 when they have completed it.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it on transparencies. If these facilities are unavailable, write it out with colourful pens on flipchart paper or A2 card.



INTRODUCTION



10

Welcome

Organise the room so 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 indicate where the restrooms are. Ask all participants to switch off their cellphones.

Ask the participants to reflect on the highlights of the previous session. This will require recalling the most important aspects of Session 5.

Indicate to the participants that this session will deal with the intellectual and language stimulation of babies and young children.

ACTIVITY: HOW TO DEVELOP YOUR BABY'S OR YOUNG CHILD'S BRAIN



60

Purpose of the activity

This activity gives participants the opportunity to share and gain knowledge about the intellectual development of babies and young children.

Preparation work

- (a) Read the background document and Annexure A.



Explanation of the activity

- (a) Explain to participants that they will be divided into five groups.
- (b) Each group discusses activities that they can do at home to help their baby or child identify different shapes and colours, count items, distinguish between big and small, and identify small differences between objects.
- (c) The groups then need to discuss the following question: *How do you think the various activities help to develop your baby's or young child's brain (i.e. intellect)?*
- (d) After the group discussions, each group has five minutes to report back.

Implementation of the activity

- (a) Divide participants into five groups.
- (b) Ask groups to discuss activities that they can do at home to help their child do the following tasks:
 - identify different shapes
 - identify different colours
 - count items
 - distinguish between big and small
 - identify small differences between objects.
- (c) Write the following question on a flipchart and ask groups to discuss it: *How do you think the various activities help to develop your baby's or young child's brain (i.e. intellect)?* Groups can write ideas for activities on a piece of flipchart paper.
- (d) Allow 20 minutes for group discussions.

- (e) After the discussions, each group has five minutes to give feedback to the rest of the participants.
- (f) After each group gives their feedback, the trainer links the feedback with the information in the background document.

ACTIVITY: STIMULATION OF LANGUAGE DEVELOPMENT



60

Purpose of the activity

To give participants the opportunity to share and gain knowledge about how they can stimulate the language development of their baby or young child.

Preparation work

- (a) Read the background document and Annexure A.



Explanation of the activity

- (a) Explain that all participants will discuss the topic.
- (b) Participants are required to provide ideas on how they can stimulate the language development of their baby or young child.
- (c) After this discussion, the trainer will read out a few statements and questions and they will need to decide whether each of these is true or false.

Implementation of the activity

- (a) Ask participants to suggest ideas for stimulating the language development of their baby or young child.
- (b) Start the discussion by giving an appropriate example, e.g. talking and singing to your baby.
- (c) Write down suggestions on a flipchart.
- (d) After 20 minutes read the following statements and ask participants to decide if they are TRUE or FALSE:
 - You should sing a song to your newborn baby because they learn the words. TRUE or FALSE (correct answer is TRUE)
 - Story telling teaches children new words and different ways of life. TRUE or FALSE (correct answer is TRUE)
 - Children who hear stories early in life like to read later in life. TRUE or FALSE (correct answer is TRUE)

- Children pick up new words when they listen to adults. TRUE or FALSE (correct answer is TRUE).
- Children with hearing disabilities should learn sign language. TRUE or FALSE (correct answer is TRUE)
- When you read a story, you should ask the child to retell it to you and help her when she forgets. TRUE or FALSE (correct answer is TRUE)
- We can help young children love books if we show them how much we enjoy reading and telling stories. TRUE or FALSE (correct answer is TRUE)

ALTERNATIVE ACTIVITY: MAKING A BOOK



60

Purpose of the activity

This alternative activity can be used to replace any one of the previous activities in this session.

Preparation work



- Read the background document and Annexure A.

Explanation of the activity

- Explain to participants that they will be given the opportunity to make their own 'book' that they can read to their babies or children.
- Tell participants that their book can be on any topic.
- Explain to them that drawings or pictures from magazines can be used to illustrate their story.
- Mention the importance of colourful pictures and drawings.

Implementation of the activity

- Provide the paper, magazines, glue, scissors, Koki pens, paper punch (to make holes) and wool (to bind the book). Give participants sufficient time to make their own books.
- Stress that their stories should convey a message and that their completed books do not need to be perfect.
- The pictures should tell a story which has a beginning and an end.

- (d) Encourage the participants to show and/or read their books to their babies or children.
- (e) The book is a reminder of the training of this specific session, as well as of the importance of language and language stimulation for babies and young children.

PRESENTATION

Explain to the participants that you are going to do a short presentation to summarise the discussions of the session. It will include important messages they should remember regarding intellectual and language stimulation.

Present to the participants the PowerPoint presentation: *Intellectual and language stimulation*.

Ensure that the presentation links the content of the group discussions, feedback and activities.

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

Key messages

- Stories, rhymes and songs are important in developing babies' and young children's language and communication skills.
- Babies and young children can understand simple adult communication/language before they can talk, and they need to be exposed to this kind of language in order to learn language and express themselves.
- Communication is the process through which babies and young children and their parents bond; it is one of the foundation blocks for the overall development of babies and young children.
- Parents must spend time helping babies' and children's language development – do not rush the process.
- Each baby and young child is unique and will develop language and communication levels at their own pace.
- The milestones that babies and children have to reach at certain ages are only guidelines. Children are unique and each child develops at their own pace.
- A child starts talking using just words and moves onto combining a few words and then onto making short sentences. Most children are able to communicate quite complex ideas by the age of three.



20

- To be able to learn how to communicate, parents/caregivers should listen and talk to their babies and children.
- Communication consists of the spoken language as well as non-spoken features such as eye contact and hand gestures.
- When intellectual development takes place, it contributes to language and memory development, thinking, reasoning and problem solving.

SELF ASSESSMENT



15

Write the following questions on a piece of flipchart paper and ask the participants to answer them on a piece of paper. You might want to write these questions in participants' home language. Explain to the participants that this is not a test and that you will not take in their answer papers.

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

- Stories, rhymes and songs help to develop the language skills of babies and young children. TRUE or FALSE
- Babies and young children can understand simple adult communication and language long before they can talk. TRUE or FALSE
- Each baby and young child is unique and will develop their language and communication skills at their own pace. TRUE or FALSE
- The milestones that children reach are only guidelines because each child is unique and develops at their own pace. TRUE or FALSE
- In order to learn how to communicate, parents/caregivers should talk and listen to their babies and children. TRUE or FALSE
- Communication consists of the spoken language as well as non-spoken features such as eye contact and hand gestures. TRUE or FALSE

Now repeat the questions, but this time give the answers as indicated in brackets [].

The participants should check their own answers and assess how they have done.

- (a) Stories, rhymes and songs help to develop the language skills of babies and young children. [TRUE]
- (b) Babies and young children can understand simple adult communication and language long before they can talk. [TRUE]
- (c) Each baby and young child is unique and will develop their language and communication skills at their own pace. [TRUE]
- (d) The milestones that children reach are only guidelines because each child is unique and develops at their own pace. [TRUE]
- (e) In order to learn how to communicate, parents/caregivers should talk and listen to their babies and children. [TRUE]
- (f) Communication consists of the spoken language as well as non-spoken features such as eye contact and hand gestures. [TRUE]

CLOSURE

You are at the end of Session 6. Explain to the participants that this session provided them with some key information on the intellectual and language development of babies and young children.

It is important that participants apply what they have learnt when they go back home, and they should also share what they have learned with their neighbours.

Ask the following question: *If you want further guidance and advice on the intellectual and language stimulation of your baby or young child, where will you go to?* Allow a few participants to share their answers and write them on a flipchart if you want to. Remind them that it is important to use the resources in their community to help them develop their children's intellectual and language development.

Remind participants of the date and time for the training of Session 7.

Thank the participants for their involvement in this session and give them Handout 7: *Intellectual and language stimulation*.

TRAINER HINTS

Write down some notes to yourself about any lessons you learnt or any other interesting discoveries you made during the training of this session; you may wish to recall these the next time you train this session.



15



HANDOUT 7: INTELLECTUAL AND LANGUAGE STIMULATION



Stories, rhymes and songs are important to the development of the language and communication skills in babies and young children.



Babies can understand simple adult communication/language long before they can talk. They need to this in order to be able to use language themselves.



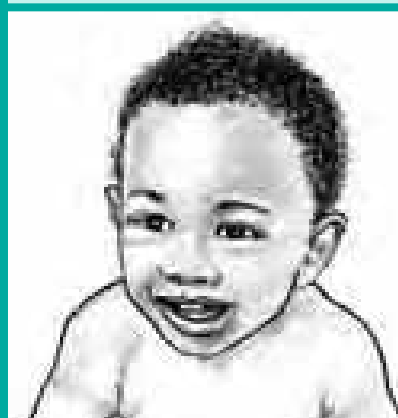
Babies and young children and parents bond through communication. It is one of the foundation blocks for their development in other areas.



Parents/caregivers must spend time and effort encouraging their children's language development; do not rush the process.

Each baby and young child is unique and will develop language and communication skills at their own pace.

Parents/caregivers are encouraged to engage in conversation rather than 'baby talk'. Parents/caregivers must also ask open-ended questions.



Children start using single words and then combine a few words, then short sentences. Most are able to communicate quite complex ideas by the age of three.



Communication with children involves talking and listening to them.



Communication consists of spoken language and non-spoken features such as eye contact and hand gestures.



When intellectual development takes place it helps language and memory development, thinking, reasoning and problem solving.

ANNEXURE A: CAPACITY TO COMMUNICATE

This document was adapted from an article found on the internet on: <http://www.zerotothree.com/tips/communic.htm>. It is part of the Tips Series of Zero to three.

Capacity to communicate means having both the ability and the desire to exchange ideas and feelings with others.

Most children learn to communicate in order to fulfil a need or to establish and maintain social contact. Babies communicate from the day they are born, through sounds (e.g. crying, cooing, squealing), facial expressions (e.g. eye contact, smiling, grimacing) and gestures and body movements (e.g. moving limbs in excitement or distress). Babies continue to develop their communication capacities when their efforts are rewarded by appropriate and timely responses from adults. This course offers ways to help facilitate language development and the desire to communicate by paying special attention to the quality of interaction with our babies and children.

Talk *with* and listen *to* your child. When you talk with her, give her time to respond. Make eye contact on her level. This will communicate your desire to hear what she has to say. She will then value herself as a good communicator and be encouraged to continue developing these skills.

Communicate acceptance and validate feelings. Children are far more likely to share their ideas and feelings if they know they will not be judged or criticised. You can empathise with how a child feels while at the same time disapprove of the way they behave. For example: “I know you’re scared to sleep alone, but you need to stay in bed. Would you like some quiet music on?” or, “I know you’re angry but you can’t throw the blocks. Here’s a pillow you can punch instead.”

Help your child develop a ‘feelings’ vocabulary. Provide the words for her experience, for example: “You’re sad because Daddy drove away.” Keep in mind that feelings are not good or bad, they just are. Sometimes parents are afraid that articulating a particular feeling will escalate it; however, the validation of feelings often leads to their resolution and the child moving on.

Integrate conversation into daily activities. Talk with your baby during diapering, meals and bedtime. With verbal toddlers, you can create a ritual where each member shares something in his day that he felt sad, mad, scared and/or happy about; or ask the toddler

- *Capacity to communicate means having both the ability and the desire to exchange ideas and feelings with others.*



questions about his day. Everyone can also share something they learned.

Read, read, read! Cuddle together for quiet times with a book. Encourage your older baby to turn the pages and to point to what she sees. Ask your older toddler how the characters might be feeling and wonder together what will happen next. Let your child choose the books. The more interested she is in the book, the more attentive and enjoyable the activity is likely to be. And reading with your child teaches much more than academics. She is learning that you value her interests and choices, and that you love her and enjoy being close to her. Studies show that lifelong readers are those who as children simply found reading a pleasurable experience, with actual content being a less important factor.

Narrate what you do as you go through your daily routines as this will help your child connect words to the objects and actions he experiences in his world. For example: “I’m washing the dishes. I’m squeezing the yellow dish soap into the warm water.” Narrate while you play together, for example: “You picked up the blue block. Plunk! You dropped it into the bucket.” Or, talk about what you’re doing as you care for your child, for example: “Here we go into the bathtub. Your arms, legs and tummy are getting all wet. Rubber Ducky is having a bath too.”

Label your child’s activities. For example: “You’re brushing your dolly’s hair. Her hair is black. Now you’re putting her to bed.” This provides language for her actions. Your interest in what she does also tells her how important she is to you. As she becomes more verbal, expand on what your child says. For example, when she says: “My blocks fell down”, you can respond by saying: “The blocks fell down with a loud crash.”

Encourage pretend play. Children often express feelings more freely when they are pretending. It may feel safer to talk about teddy bear’s emotions than one’s own. They can also talk on toy telephones to people they are missing or when you’re talking on the phone and they want to imitate you.

Make your requests clear, simple and appropriate for your child’s age and ability. For a one year old you can give one-step directions like: “Go get the ball.” For an 18 month old you can give two-step commands like: “Please go to your room and get your shoes.” First be sure you have your child’s attention by calling his name or gently

- *Read, read, read!
Cuddle together for
quiet times with a
book.*



touching him and looking directly at him on his eye level. You can ask an older child to repeat the request to make sure he heard and understood the communication.

Respond to your baby's gestures, looks and sounds. When he puts his arms out to you, pick him up, kiss him and use simple phrases such as: "You want up." When he coos, coo back. When he gazes at you, make eye contact and talk with him. These immediate and attuned responses tell your baby that his communications are important and effective. This will encourage him to continue developing these skills.

Be a good role model. Your child is watching you very carefully. If you talk to others with kindness and respect, your child is likely to follow your lead and adopt your manner and tone as he becomes more verbal. And when you expect this kind of respectful communication from others, you will be modelling how he should expect to be treated as well.



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 CHILDREN 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'.

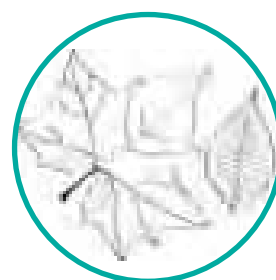
There are ways of helping babies and young children recognise differences for example, by looking at pictures together. In one picture, there could be two dolls both wearing green dresses and in another picture, two dolls wearing yellow dresses. Or the differences could be in the number of objects in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

REFERENCE LIST

Desmond, S. Year unknown. *Prepare Your Child to Read*. Family Literacy Project. Media in Education Trust and the Print Media SA.

UNICEF. *Parenting Education Toolkit: Working With Families to Support Young Children*. Section on “Suggested Media Guidelines for Parent Education”.

UNICEF. *Early Childhood Resource Pack: Young Child Survival, Growth and Development* (CD)

<http://www.zerotothree.com/tips/communic.htm>. *Capacity to Communicate*. Part of the Tip Series. Zero to three.

session 7

CHILD SAFETY AND PROTECTION



SESSION 7: CHILD SAFETY AND PROTECTION

Learning outcomes

On completion of this session, participants should be able to:

- Create a safe environment at home to protect their babies and young children against potentially dangerous objects, substances and childhood injuries.
- Protect their babies and young children from neglect and abuse.

The estimated time for this session is approximately three hours. Guidelines are given for the time you should spend on each activity. Please use these to help you complete the session in the estimated time.



Preparation work for the trainer

You need to do some preparation. You must read through the background documents as they will provide you with key knowledge on the subject. This will enable you to guide the training and to answer questions that may arise. You do not share or hand out these preparation documents during the training – they are for your own use only. A separate handout is available for the participants.



The following documents are attached:

- Background document
- Handout 8: *Child safety and protection*
- Reference list
- The IMCI manual. The trainer needs to focus in particular on the following KFP in the IMCI manual:
 - KFP 7: Prevent child abuse/neglect and take corrective action when it has occurred (p. 59)
 - KFP 11: Take appropriate action to prevent and manage child injuries and accidents (p. 89)

Resources and materials needed for this session

You will need resources and materials to help you do the training of this session. Below is a list of equipment that you will use. The equipment needs to be obtained before you start the training. The different activities explain how to use the following:

- Flipchart paper
- Koki pens

- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Magazines, newspapers and books
- Scissors
- Glue
- Attendance register

Handouts for this session

Handout 8: *Child safety and protection* and Handout 9: *Universal precautions* are given to all participants at the end of the session. Make sure that there are enough copies for each participant. Participants will also need their own copies of Handout 1: *Course outline* to colour in Session 7 on completion.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it on transparencies. If these facilities are unavailable, write it out with colourful pens on flipchart paper or A2 card.



INTRODUCTION



10

Welcome

Organise the room so that 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 indicate where the restrooms are. Ask all participants to switch off their cellphones.

Ask participants to reflect on the highlights of the previous session. This will entail recalling the most important aspects of Session 6.

Point out to the participants that this session will deal with child safety and protection.

ACTIVITY: DANGEROUS OBJECTS IN AND AROUND THE HOUSE



60

Purpose of the activity

This activity gives participants the opportunity to share and gain knowledge on how to create a safe home environment for babies and young children.

Preparation work



- (a) Read the background document and KFP 11.

Explanation of the activity

- (a) Explain to participants that they will be divided into five groups.
- (b) Each group needs to make a poster about objects in and around the home which could be dangerous to babies and young children. They may cut out pictures from magazines or do their own drawings.
- (c) Each group then does a short presentation about their poster to the other groups.

Implementation of the activity

- (a) Divide the participants into five groups equal in number.
- (b) Tell groups that they should look through the old magazines to find pictures of potentially dangerous objects/situations in the home. In the absence of old magazines, groups can do their own drawings.
- (c) The groups need to paste these pictures on a flipchart in order to make a poster, or alternatively they can draw directly onto the flipchart.
- (d) Allow groups 20 minutes to compile their posters.
- (e) Each group then presents their poster to the rest of the participants (each group five minutes).
- (f) Check the posters against the list of dangerous objects on p. 90 of the IMCI manual, and identify those objects not mentioned in the posters.
- (g) Conclude by reminding participants about the importance of creating a safe environment for babies and young children in and around the home.

- (h) Also highlight the Universal Precautions (see Handout 9). These are the procedures which must be followed to prevent the spread of diseases transmitted by blood and other body fluids.

ACTIVITY: CHILD NEGLECT AND ABUSE



60

Purpose of the activity

To give participants the opportunity to share and gain knowledge on the prevention of child neglect and abuse.

Preparation work



- (a) Read the background document and KFP 7.

Explanation of the activity

- (a) Explain to the participants that you will read out four scenarios (a scenario is a short description of a situation).
- (b) At the end of each scenario you will ask them what they, as parents, would do in such a situation.

Implementation of the activity

- (a) Read the first scenario: *You often hear children screaming and crying in your neighbour's house. When these children come to play with your children, you see are covered in bruises.*

Ask the following question: *What will you, as a parent, do in such a situation?* After the group give their feedback, link it with a discussion on child abuse. See the background document and p. 60 in the IMCI manual for more information.

- (b) Read the second scenario: *In your community there is a family where three children under the age of five years are left alone for most of the day. Their mother is deceased and the grandmother, who takes care of the children, is selling fruit at the station. The children are usually very hungry and beg the neighbours for something to eat. You have often seen the oldest child (five years) give the baby (nine months) bottles of sugar water to drink.*

Ask the following question: *What will you, as a parent and community member, do in such a situation?*

Link group feedback to a discussion on child neglect. See the background document and p. 60 of the IMCI manual for more information.

(c) Read the third scenario: *A four-year-old boy and his two-year-old sister knock at your door and ask for something to eat. The boy says that his mother is at home but doesn't want to give him any food. You have often seen these children wandering in the streets, and even when it is bitterly cold they are wearing very few clothes. You know that the children's father is working and earns good money and would definitely want the basic needs of his children met. It seems that the mother doesn't care about her children and that they probably irritate her.*

Ask the following question: *What will you, as a parent and community member, do in such a situation?*

Link the groups' feedback with a discussion on the issue of emotional abuse. See p. 60 of the IMCI manual.

(d) Read the fourth scenario: *Your four-year-old daughter attends pre-school daily. She is a very happy child. Her family really loves her and takes good care of her. For the last few weeks you have noticed a change in her behaviour. She often cries for no reason; she has nightmares and doesn't want to go to preschool anymore. One night, she suddenly asks you a question about a penis – the type of question that you would definitely not expect from a four year old.*

Ask the following question: *What will you, as the parent of this girl, do?*

Link the groups' feedback to a discussion on sexual abuse. See p. 60 of the IMCI manual.

(e) To conclude, ask participants these questions:

- What can parents do to protect their babies and young children from abuse and neglect?
- How should parents react if their children tell them things that make them (i.e. the parents) feel uncomfortable?

PRESENTATION



20

Explain to the participants that you are going to do a short presentation to summarise the discussions that have taken place in this session. It will include important messages regarding child safety and protection.

Present the PowerPoint Presentation called: *Child safety and protection*.

During the presentation, make sure that you link the messages in the presentations to the groups' discussions and feedback.

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

Key messages

- Watch over children carefully to make sure that they are safe at all times and do not get hurt.
- Young children should be kept away from dangerous areas.
- Potentially dangerous objects should be kept out of reach of children.
- A first aid box must be kept in the house 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 develop and grow.
- Comfort an abused child; take the child to the nearest clinic or crisis centre.
- Use the Universal Precautions to prevent the spread of diseases.

SELF ASSESSMENT



15

Ask the participants to identify all possible danger points in their homes now that they have completed the training. Each participant can make their own list and take it home.

CLOSURE



15

You are at the end of Session 7. Remind participants that this session provided them with some key information on child safety and the protection of babies and young children.

Ask the following question: *Who will they contact in their community if they suspect child abuse or neglect?* Allow the participants to share a few answers and write them on a flipchart if you want to. Remind them that it is important to use the resources in their community to help their children grow up healthy and strong.

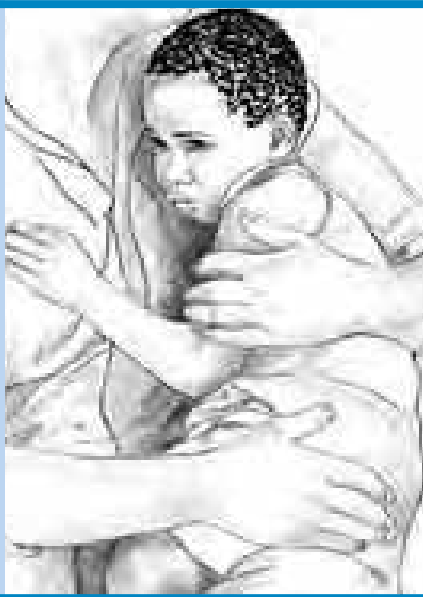
Thank the participants for their involvement in this session and give them Handout 8: *Child safety and protection* and Handout 9: *Universal precautions*.



Write down some notes about lessons you learnt or other interesting discoveries you made during the training of this session; you may wish to remember these the next time you train this session.

[illegible]

HANDOUT 8: CHILD SAFETY AND PROTECTION

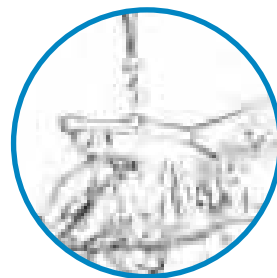
<p>Carefully watch over children to make sure they are safe at all times and do not get hurt.</p>		<p>Young children should be kept away from danger.</p>	
<p>Potentially dangerous objects should be kept out of children's reach.</p>		<p>A first aid box must be kept in the home and be updated from time to time.</p>	
<p>An injured child should be taken to the nearest clinic as soon as possible.</p>		<p>Protect children from abuse and neglect. An abused child must be comforted and taken to the nearest clinic or crisis centre.</p>	

HANDOUT 9: UNIVERSAL PRECAUTIONS

(Adapted from the *Guidelines for Early Childhood Development Services*, Department of Social Development.)

Universal precautions are the procedures we must follow if someone has been grazed or cut. The safest approach is to treat all blood or body fluids containing blood as if they were infected with HIV or HBV (Hepatitis B).

- Hand washing with soap and water is the simplest and most effective precaution that parents/caregivers and children can take.
- Use latex gloves or plastic bags to cover hands when contact with blood is a possibility, e.g. when dealing with bleeding injuries, open sores, skin lesions, broken skin, cleaning up blood spills or handling of blood-soiled items.
- Keep gloves, plastic bags and absorbent paper in a specific area of the home so that they can be easily accessed when needed, but out of children's reach.
- From a very young age, children must be taught never to touch other people's blood or body fluids.
- Children should be trained to manage their own bleeding, e.g. nosebleeds, minor cuts and grazes.
- An injured child should not be moved until the bleeding is under control in order to keep the blood spill in one area.
- The blood-stained area must be sprayed with a disinfected solution and followed with normal cleaning.
- Gloves or plastic bags must be worn when bloodstained items such as clothing, linen, carpets, etc. are handled.



BACKGROUND DOCUMENT

1. INTRODUCTION

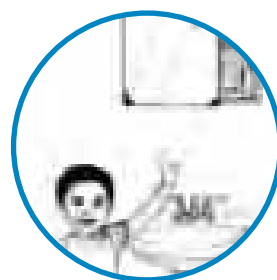
Babies and young children are normally very interested in the world they live in. It is important to look after our children and to make sure that they are safe at all times while they explore their environment.

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.

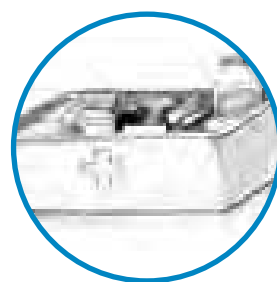
Bath water must be tested because hot water can seriously burn a baby or young child. Test water with your elbow; if the water feels too hot, then it will probably burn your baby or young child.

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.

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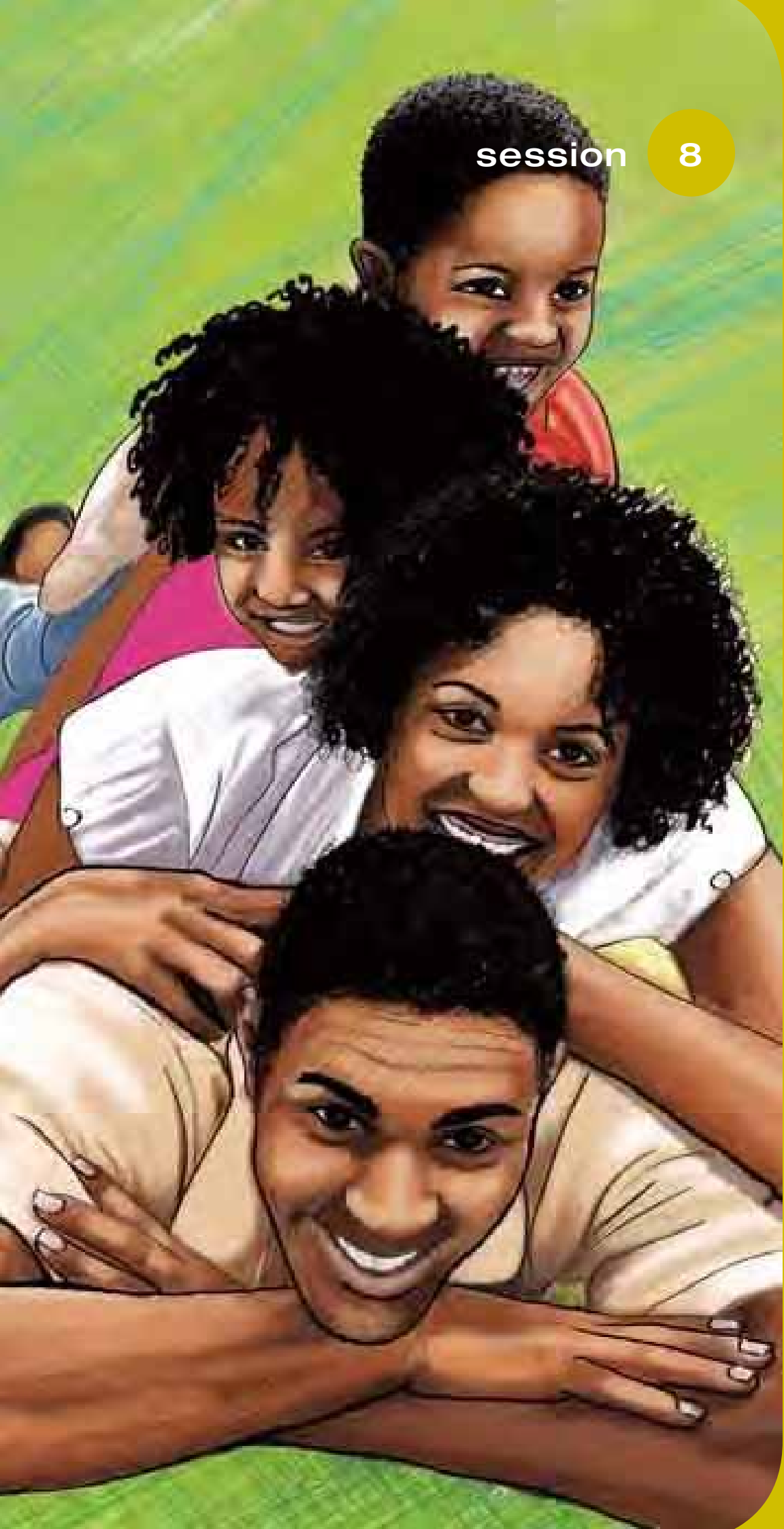
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The Teddy Bear Clinic for Abused Children. 2001. *Intermediary Certification Course*. Johannesburg.

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NOTES

An illustration of a family of four. In the foreground, a man with short dark hair and a wide smile is lying on his stomach, resting his chin on his hands. Behind him, a woman with curly dark hair is smiling and hugging him from behind. To the left, a young girl with curly hair is smiling and hugging the woman. In the background, a young boy is smiling and hugging the girl. The family is outdoors on a green lawn. The illustration style is soft and painterly.

session

8

HEALTHY FAMILY RELATIONSHIP8S

SESSION 8: HEALTHY FAMILY RELATIONSHIPS

Learning outcomes

On completion of this session participants will be able to:

- understand the importance of healthy relationships in bringing up babies and young children.
- foster healthy relationships with their babies and young children in the family and community.

The estimated time for this session is approximately three hours. Guidelines are given for the time you should spend on each activity. Please use these to help you complete the session in the estimated time.



Preparation work for the trainer

The trainer needs to do some preparation for this session. Read through the background document as it will provide you with key knowledge on the subject to help you to guide the training and to answer questions that may arise. You do not share or hand out the background document during the training – it is for your own use only. A separate handout is available for the participants.



The following documents are attached:

- Background document
- Reference list
- Handout 10: *Healthy family relationships*

Resources and materials needed for this session

You will need resources and materials to help you do the training of this session. Below is a list of equipment that you will use in the training. The equipment needs to be obtained before you start the training. The different activities explain how to use the following:

- Flipchart
- Flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Attendance register

Handouts for this session

Copies of Handout 10: *Healthy family relationships* is given to all participants at the end of the session. Make sure there are enough copies for each participant. Participants will also need their copies of Handout 1: *Course outline*; at the end of this session they can colour in Session 8.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it on transparencies. If these facilities are unavailable, write it out with colourful pens on flipchart paper or A2 card.



INTRODUCTION



10

Welcome

Organise the room so 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 indicate where the restrooms are. Ask all participants to switch off their cellphones.

Ask the participants to reflect on the highlights of the previous session. This will require recalling the most important aspects of Session 7.

Remind participants that this session deals with healthy family relationships.

ACTIVITY: RELATIONSHIPS IN THE LIFE OF A BABY OR YOUNG CHILD



60

Purpose of the activity

This activity gives participants the opportunity to share and gain knowledge on important relationships they had when they were young.

Preparation work

- (a) Read the background document.
- (b) The trainer needs to be aware that this activity might give rise to emotions and sensitivities among participants that will need to be dealt with.
- (c) Therefore, make sure you know what resources (e.g. social workers, psychologists, etc.) there are in your community and be prepared to refer participants to them.



Explanation of the activity

- (a) Explain to the participants that they are going to look at important relationships in the life of a baby and young child. They will start by looking at their own relationships when they were young.

Implementation of the activity

- (a) Draw a child in the middle of a flipchart.
- (b) Ask this question: *With whom did you have important relationships when you were a young child?* When participants give an answer, they must also give reasons why particular relationships were important to them.
- (c) Draw lines from the picture of the child (in the middle of the flipchart) and indicate all the important people in the child's life, using participants' suggestions.
- (d) Use this activity to introduce all the important people in a child's life and why healthy relationships are important. Base your discussion on the background document. When the participants give suggestions, encourage them to talk about the importance of time, devotion, nurturing contact, communication, socialising and play in a relationship (see information in the background document).



ACTIVITY: RELATIONSHIPS WITH SPECIFIC PEOPLE (SIGNIFICANT OTHERS)



60

Purpose of the activity

To give participants the opportunity to share and gain knowledge about relationships between specific people such as grandparents, fathers, mothers, brothers and sisters and babies and young children.

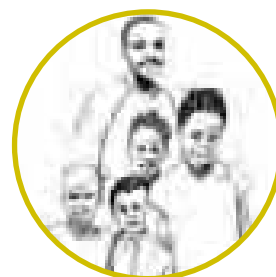
Preparation work

- (a) Read the background document. The trainer needs to be aware that this activity might give rise to emotions and sensitivities among participants that will need to be dealt with. Therefore, make sure you know what resources (e.g. social workers, psychologists, etc.) there are in your community and be prepared to refer participants to them.



Explanation of the activity

- (a) Explain to the participants that they will be divided into four groups.
- (b) Each group needs to give advice to someone about how they can build a healthy relationship with a baby or child.
- (c) Group 1 will give advice to grandparents; Group 2 will give advice to fathers; Group 3 will give advice to mothers; Group 4 will give advice to brothers and sisters.
- (d) In the advice that the four groups offer, they need to focus on these three age groups: Babies, two-year olds and four-year olds.
- (e) Each group must decide on a spokesperson who will give feedback to the rest of the participants. The feedback needs to be outlined on a piece of flipchart paper.



Implementation of the activity

- (a) Divide participants into four groups.
- (b) Give the groups the following instruction: *Give advice to the following people on how to build healthy relationships with babies and children.*

Group 1 gives advice to grandparents.

Group 2 gives advice to fathers.

Group 3 gives advice to mothers.

Group 4 gives advice to brothers and sisters.

- (c) Each of the four groups needs to give advice to grandparents, or fathers, or mothers, or brothers and sisters on how they can build healthy relationships with:
- babies
 - two-year olds
 - four-year olds
- (d) When the groups give advice on how people can build healthy relationships, they will probably make these kinds of suggestions:

grannies can read to babies and young children, brothers and sisters can play with their younger siblings, etc.

- (e) Groups have 20 minutes to think of advice.
- (f) They should write down their advice on a flipchart to present to everyone.
- (g) After the group discussions, give each group no longer than five minutes to give their feedback.
- (h) Compare the groups' feedback to the background information on this topic. If gender stereotypes are evident in the groups, discuss these in a sensitive way.
- (i) End this activity by highlighting the importance of healthy relationships in families.



PRESENTATION

Explain to the participants that you are going to do a short presentation summarising the discussions of the session. It will include important messages to remember regarding healthy family relationships.

Present the PowerPoint presentation to the participants called: *Healthy family relationships*.

During the presentation, make sure you link the key messages, discussions and group feedback to the PowerPoint presentation.

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



20

Key messages

- Children grow up in different types of families.
- Families provide babies and young children with the environment and experiences that will help them to understand their world.
- Children need a stable family environment to provide them with a sense of belonging.
- Parents/caregivers are important in the lives of their babies and young children and their love needs to be consistent.
- Brothers and sisters also contribute towards the love, attachments and sense of belonging a baby and young child experiences.
- Grandparents and elders in the community are key to encouraging solid family values, culture, loving support and socialising skills. Grandparents can be a great support system in the caring of babies and young children.



SELF ASSESSMENT

15

Write the following task on a piece of flipchart paper and ask the participants to write down their responses on a piece of paper: Write down the three most important things that you will do when you get back home to build a strong healthy relationship with your baby or young child.

You might want to write down the task in the participants' mother tongue. Explain to the participants that this is not a test and that you will not take in their answer papers.

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

CLOSURE

15

You are at the end of Session 8. Remind participants that this session provided them with some key information on healthy relationships and reasons why healthy relationships are important for babies and young children.

It is important that they apply what they have learnt today when they go back home. They should also share this information with their neighbours.

Ask participants the following question: *If you want further guidance and advice on building strong relationships with your baby or young child, where can you find more information?* Allow a few participants to share their answers and write them on a piece of flipchart paper, if you want to. Remind them that it is important to use the resources in their community to help them form strong family relations.

Tell participants the date and time for the training session for Session 9.

Thank the participants for their involvement in this session and give them Handout 10: *Healthy family relationships*.

**TRAINER HINTS**

Write down notes about some of the lessons you learnt or any other interesting discoveries you made during the training of this session. You may wish to recall these the next time you train this session.

HANDOUT 10: HEALTHY FAMILY RELATIONSHIPS

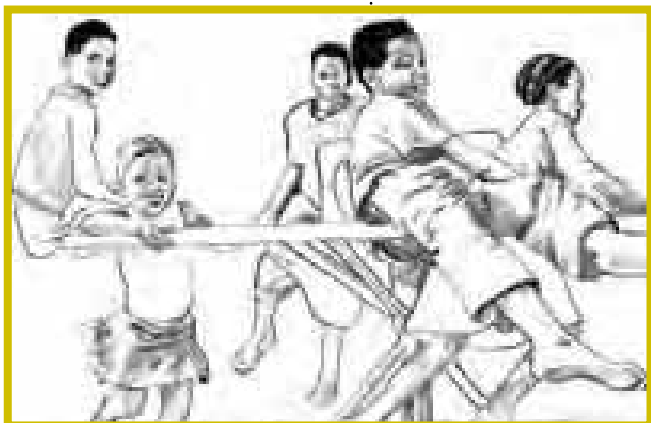
Children grow up in different types of families.



Families provide babies and young children with the environment and experiences they need to help them understand the world. Children need a stable family environment to provide them with a sense of belonging.



Brothers and sisters contribute towards the love and sense of belonging babies and young children need to feel.



Grandparents and elders in the community are key to maintaining values and culture, and to providing loving support and encouraging social skills in the family. Grandparents can be a great support system in the caring of babies and young children.



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.*

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NOTES

session 9

POSITIVE DISCIPLINE



SESSION 9: POSITIVE DISCIPLINE

Learning outcomes

On completion of this session, participants should be able to:

- Understand the difference between punishment and discipline.
- Understand positive ways to discipline babies and young children.
- Practically demonstrate positive ways to discipline babies and young children.

The estimated time for this session is approximately three hours. Guidelines are given for the time you should spend on each activity. Please use these to help you complete the session in the estimated time.



Preparation work for the trainer

Prepare for this session by reading the background document as it will provide you with the key knowledge on this subject. This will enable you to guide the training and to answer questions that may arise. You do not share or hand out the background document during the training – it is for your own use only. Separate handouts are available for the participants.



The following documents are attached:

- Background document
- Annexure A
- Reference list
- Handout 11: *The difference between discipline and punishment*
- Handout 12: *Points to remember*
- Handout 13: *Discipline and punishment activity*

Resources and materials needed for this session

You will need resources and materials to help you do the training for this session. Below is a list of equipment that you will use in the training. The equipment needs to be obtained before you start the training. The different activities explain how to use the following:

- Flipchart
- Flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Attendance register

Handouts for this session

Three handouts will be used for this session. Make sure that there are enough copies for each participant. Participants will also need Handout 1: *Course outline* on which they will colour Session 9 when they have completed it.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it on transparencies. If these facilities are unavailable, use colourful pens to write it on flipchart paper or on a piece of A2 card.



INTRODUCTION



10

Welcome

Organise the room so 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 indicate where the restrooms are. Ask all participants to switch off their cellphones.

Ask the participants to reflect on the highlights of the previous session. This will involve recalling the most important aspects of Session 8.

Explain to the participants that this session deals with positive discipline of babies and young children.

ACTIVITY: PUNISHMENT AND DISCIPLINE



40

Purpose of the activity

This activity will give participants the opportunity to share and gain knowledge of the concepts *punishment* and *discipline*, as well as the difference between these two concepts.

Preparation work



- (a) Read the background document and Handouts 11, 12 and 13.

Explanation of the activity

- (a) Explain to participants that they will brainstorm the terms *punishment* and *discipline*, as well as decide what the differences are between the two concepts.
- (b) After this brainstorming session, the trainer will give a short information session on the meaning of these two concepts.

Implementation of the activity

- (a) Use a flipchart and divide it into two columns.
- (b) At the top of the left-hand column, write *punishment*, and at the top of the right-hand column, write *discipline*.
- (c) Ask the following questions: *What do you understand by each of these terms? What do you think are the differences between these two concepts?*
- (d) This brainstorming session should be no longer than 20 minutes.
- (e) After brainstorming, explain the differences between punishment and discipline in a short information session. Refer to the information in the background document.
- (f) Give participants Handout 11: *The difference between discipline and punishment* and link it to your short information session.
- (g) Also give the participants Handout 12: *Points to remember* and link the various points also to your information session.
- (h) Give participants copies of Handout 13: *Discipline and punishment activity*. Ask them to read each situation and indicate the response that represents discipline instead of punishment. Tell participants that this is not a test but rather an activity to assess their knowledge. Discuss the correct answers with participants.



Note: These are the correct answers. Only read out these to the participants after they have completed the activity.

Correct answers for Handout 13:

- 1. b
- 2. a
- 3. b
- 4. a

- (i) Conclude this activity by reminding participants about the value of using positive discipline and why punishment is not an option in raising babies and young children. For this part of the session,

use the information in the background document. Also highlight the importance of choosing disciplining methods appropriate to your baby's or child's age and stage of development. Ensure that you highlight the differences between punishment and discipline and emphasise why parents should only use discipline.

ACTIVITY: NATURAL AND LOGICAL CONSEQUENCES



40

Purpose of the activity

To allow the participants to share and gain knowledge on the natural and logical consequences in discipline.

Preparation work



Read the background document and Annexure A.

Explanation of the activity

- (a) Tell participants that you are going to explain what is meant by *natural consequences*. Outline a few situations that explain how we can use natural consequences in disciplining our babies and young children.
- (b) Then you are going to repeat (a), except this time you will discuss *logical consequences* in disciplining young children.

Implementation of the activity

First part of activity: Explain to the group what is meant by the concept *natural consequences*. Use the information in the background document in your discussion.

- (a) Point out to participants that many natural consequences are unsafe, e.g. you cannot let a young child play with matches because the natural consequence is that the child could burn himself.
- (b) Read each of the four situations from Annexure A to participants and ask them to identify which of the three answers reflects natural consequences.
- (c) Ask participants to identify things their babies and children have done (e.g. child leaves toys outside) where they could have applied natural consequences.

Second part of activity: Explain to participants what is meant by the concept *logical consequences*. Refer to the information in the background document in the discussion.

- (a) Read each of the four situations from Annexure A to participants and ask them to indicate which of the three answers reflects *logical consequences*.
- (b) Ask the participants to describe things that their babies and young children have done (e.g. a child refuses to eat lunch and gets hungry) where they could have applied logical consequences. It is of course necessary to consider the age and stage of development of your baby and young child when deciding whether or not to use logical consequences because babies are too young to understand this method.

ACTIVITY: PRACTICE MAKES PERFECT



40

Purpose of the activity

This activity will give participants the opportunity to share how they already apply logical and consequences in their homes; parents automatically do this without recognising it.

Preparation work

Read the background document and Annexure A.



Explanation of the activity

- (a) Explain to participants that they will be divided into five groups.
- (b) Each group will discuss how they have used logical and natural consequences in their homes.
- (c) Each group also needs to discuss how they can discipline differently in future by using logical and natural consequences.

Implementation of the activity

- (a) Divide participants into five groups. Group members will discuss:
 - how they have used logical and natural consequences in their homes, maybe without even realising it.
 - how they will discipline their babies and children differently in the future using logical and natural consequences.
- (b) Groups have 20 minutes for their discussions.

- (c) Groups should write down a few of their ideas on a flipchart to present to the rest of the participants.
- (d) After the group discussions, each group can have five minutes to give their feedback.
- (e) Check groups' feedback against the background information you have on this topic. Correct any serious inaccuracies, etc. in a supportive and constructive manner.
- (f) Conclude by highlighting the importance of logical and natural consequences in disciplining babies and young children. Emphasise how the baby's or young child's age and stage of development is important when considering the use of logical and natural consequences.

PRESENTATION

Explain to the participants that you are going to do a short presentation to summarise the discussions of the session. It will include important messages to remember regarding positive discipline.

Present the PowerPoint Presentation: *Positive discipline*.

Make sure that you link the messages of the presentation with the participants' discussions and feedback, as well as with the information you gave them.

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

Key messages

- Discipline is about parents/caregivers teaching the young child that there are boundaries in life.
- Parents/caregivers set important examples for their children. Children are samples of our examples.
- The effective use of logical and natural consequences allows children to learn and grow.
- Effective discipline results in children who are in control of themselves, i.e. they have self-discipline.
- Positive discipline makes children feel good about themselves.
- Discipline helps children solve problems and learn responsibility.
- Positive discipline encourages young children to make choices.



20

SELF ASSESSMENT

15

Write the following questions on flipchart paper and ask the participants to write down their responses on a piece of paper. You might want to write the questions in their home language. Explain to the participants that this is not a test and that you will not take in their answer papers.

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

- (a) Natural consequences just happen. For example, a child who refuses to eat lunch gets hungry. TRUE or FALSE
- (b) Logical consequences don't just happen. Parents create logical consequences. TRUE or FALSE
- (c) Punishment teaches children to resent and fear us. TRUE or FALSE
- (d) Noticing positive behaviour is a way of disciplining your child. TRUE or FALSE
- (e) Ignoring misbehaviour is a way of disciplining your child. TRUE or FALSE
- (f) The baby's or young child's age should be taken into consideration when deciding on an appropriate disciplining method. TRUE or FALSE

Now repeat the questions, but this time give the answers as indicated in brackets [].

The participants should check their own answers and assess how they have done.

- (a) Natural consequences just happen. For example, a child who refuses to eat lunch gets hungry. [TRUE]
- (b) Logical consequences don't just happen. Parents create logical consequences. [TRUE]
- (c) Punishment teaches children to resent and fear us. [TRUE]
- (d) Noticing positive behaviour is a way of disciplining your child. [TRUE]
- (e) Ignoring misbehaviour is a way of disciplining your child. [TRUE]
- (f) The baby's or young child's age should be taken into consideration when deciding on an appropriate disciplining method. [TRUE]

ANNEXURE A: FOUR SITUATIONS

(Adapted from <http://www1.dshs.wa.gov/ca/fosterparents/training/discpun/dp02.htm>)

Read the following four situations to participants for the first part of the second activity (i.e. natural consequences). Ask them to identify which one of the three answers illustrates *natural consequences*.

Situation 1:

Tshenolo leaves her toy outside:

- (a) You leave the toy outside and tell Tshenolo, "If you leave your toy outside it will get rusty/get stolen."
- (b) You pick up the toy and put it in the toy box.
- (c) You tell Tshenolo, "If you don't bring that toy in, I'm going to be very unhappy with you."

Situation 2:

Kgomotso refuses to wear a jersey outside even though it is very cold and rainy:

- (a) You say, "Don't be naughty!" and put the jersey on him.
- (b) You slap him and yell: "I'm tired of arguing with you over every little thing. Put that jersey on now!"
- (c) You allow him to go outside without his jersey.

Situation 3:

Sbongile refuses to do her homework:

- (a) You send her to bed without dinner.
- (b) You don't interfere.
- (c) You say, "Let me help you with that. It looks pretty hard, but I bet we can figure it out."

Situation 4:

Five-year-old Letlhogonolo refuses to eat his lunch:

- (a) You say, "You are not allowed to leave this table until you have finished all the food on your plate."
- (b) You put him to bed early.
- (c) You say, "I see are not hungry. Our next meal will be tonight." Then you excuse him from the table and don't offer him anything else to eat.

Read the following four situations to the participants for the second part of the second activity (i.e. logical consequences). Ask them to identify which one of the three answers illustrates *logical consequences*.

Situation 1:

Tshenolo leaves her toy outside:

- (a) You leave the toy outside and tell Tshenolo: "If you leave your toy outside it will get rusty/will be stolen."
- (b) You pick up the toy and put it in the toy box.
- (c) You tell Tshenolo, "If you don't bring that toy in, you will not be allowed to use it tomorrow."

Situation 2:

Kgomotso refuses to wear a jersey outside even though it is very cold and rainy:

- (a) You say, "Don't be naughty!" and put the jersey on him.
- (b) You say, "If you won't put your jersey on, you will have to play indoors."
- (c) You allow him to go outside without his jersey.

Situation 3:

Merriam leaves dirty plates with old food in her room:

- (a) You make her eat the mouldy old food.
- (b) You don't interfere.
- (c) You say, "I have already washed the dishes tonight so you will now have to wash these plates yourself."

Situation 4:

Joseph, sixteen years old, forgets to make his bed:

- (a) You say, "You never do any work around here and I'm sick and tired of it! You're not allowed to play with your friends for a week!"
- (b) You make his bed and don't say anything to him.
- (c) You say, "You are not allowed to leave this house today before you have made your bed."

Correct answers for the the first part of the activity:

Situation 1: c

Situation 2: b

Situation 3: c

Situation 4: c

Correct answers for the second part of the activity:

Situation 1: a

Situation 2: c

Situation 3: b

Situation 4: c

HANDOUT 11: THE DIFFERENCES BETWEEN DISCIPLINE AND PUNISHMENT

Punishment includes:

- Inflicting pain, such as spanking, slapping or hitting.
- Withholding food.
- Enforcing penalties that are not related to the unacceptable behaviour, such as grounding for a week for spilling a glass of milk.
- Personal or emotional attacks like name-calling and insults (e.g. you are a 'bad' child).



Discipline includes:

- Teaching your children what to do and not just what not to do.
- Teaching your children how to solve problems in order to meet their needs.
- Teaching your children how to interact appropriately with adults and others.
- Promoting growth in the first five areas of development (i.e. physical, intellectual, social, emotional and moral).
- Enhancing healthy self-concept.
- Helping your children to become self-disciplined.



The wrong reasons for punishing their baby and young child:

- The misbehaviour often stops immediately.
- Children often show remorse during punishment.
- The parent gets to 'blow off steam'.
- The parent feels in control.
- The parent has not let the child 'get away with it'.
- The parent was raised that way.

HANDOUT 12: POINTS TO REMEMBER

1. Discipline and punishment are not the same thing.
2. When you choose how you are going to discipline, you need to consider your baby's or child's age and stage of development.
3. Choose from these methods of discipline:
 - Distract the child
 - Ignore misbehaviour
 - Structure the environment
 - Control the situation, not the child
 - Involve the child
 - Plan time for loving
 - Let go
 - Increase your consistency
 - Notice positive behaviour
 - Excuse the child with a time-out
4. Instead of giving orders, set limits and give choices. Limits give you some control; choices give your child some control.
5. A consequence is what happens because of a choice the child makes. Consequences are a way to set limits and give choices.
 - They show respect for you and your child
 - They are appropriate to the misbehaviour
 - They are for bad choices, not bad children
 - They are about now, not the past
 - They are firm and friendly
 - They allow choices
6. Guidelines for using consequences are:
 - Accept the choice
 - Add time for repeated misbehaviour
 - Use respectful words
 - Respect the choice
 - Talk less, act more
 - Make it clear when there isn't a choice
 - Stay calm
7. Your child needs to have special time with you every day. This is good for your relationship and it can help prevent behaviour problems.
8. Use a time-out as a last resort when other methods haven't worked. The purpose of a time-out is to help your child and you gain control.
9. Choose a relaxed time to teach skills and make the learning fun.

(Courtesy Dinkmeyer, et al 1997:109)

HANDOUT 13: DISCIPLINE AND PUNISHMENT ACTIVITY

(Adapted from <http://www1.dshs.wa.gov/ca/fosterparents/training/discpun/dp02.htm>)

Test your knowledge

Choose a response to each situation below using discipline instead of punishment.

1. Seven-year-old Nancy leaves a mess in the kitchen.
 - (a) Send her to bed a half hour early.
 - (b) Call her into the kitchen to clean up her mess.
2. Eleven-year-old Tshepo's teacher informs you that he is not completing his homework.
 - (a) Draw up a study time table for school nights.
 - (b) Take away his pocket money for a month.
3. Four-year-old Emily calls you unpleasant names when you say, "No more cookies until after dinner".
 - (a) Call her the same names and send her to the corner for 30 minutes.
 - (b) Say, "No name calling" and initiate a four-minute time-out. After the four-minute time-out, expect her to apologise.
4. Sixteen-year-old Sgongile throws a glass against the wall in a fit of anger.
 - (a) Wait until everyone is calm and decide together on the appropriate action.
 - (b) Immediately yell: "You always break things in this house, and we don't like you anymore."

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.*

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NOTES



session

10

GRIEF AND BEREAVEMENT

SESSION 10: GRIEF AND BEREAVEMENT

Learning outcomes

On completion of this session, participants should be able to:

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

The estimated time for this session is approximately three hours. Guidelines are given for the time you should spend on each activity. Please use this as a guide as it will help you to complete the session in the estimated time.



Preparation work for the trainer

You must prepare for this session by reading through the background document as it will provide you with key knowledge on the subject. This will enable you to guide the training and to answer questions that may arise. You do not share or hand out the background document during the training – it is for your own use only. A separate handout is available for the participants.



The following documents are attached:

- Background document
- Reference list
- Handout 14: *Grief and bereavement*

Resources and materials needed for this session

You will need resources and materials to help you do the training of this session. Below is a list of equipment that you will use in the training. The equipment needs to be obtained before you start the training. The different activities explain how to use the following:

- Flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Attendance register

Handouts for this session

Handout 14: *Grief and bereavement* is given to all participants at the end of the session. Make sure there are enough copies for each participant. Participants will also need their copies of Handout 1: *Course outline*; at the end of this unit they will colour in Session 10.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it on the transparencies. If these facilities are unavailable, write it out with colourful pens on flipchart paper or A2 card.



INTRODUCTION



10

Welcome

Organise the room so 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 indicate where the restrooms are. Ask participants to switch off their cellphones.

Ask participants to reflect on the highlights of the previous session. They will need to recall the most important aspects of Session 10.

Point out to the participants that this session deals with the grief and bereavement of babies and young children.

ACTIVITY: GRIEF AND BEREAVEMENT



60

Purpose of the activity

This activity will give participants an opportunity to share and gain knowledge on how babies and young children experience grief and bereavement.

Preparation work



- (a) Read the background document and the handout.

- (b) The trainer needs to be aware that some participants may find this session an emotionally difficult one and they will need your support in dealing with their emotions. Have a list of community resources available in order to refer participants if necessary.

Explanation of the activity

- (a) Explain to participants that they will be divided into three groups.
- (b) Each group will discuss the signs that a baby or young child is grieving. Group one will discuss babies; Group two will discuss 2-3 year olds; Group three will discuss 4-5 year olds.
- (c) Discussion should be based on the participants' own knowledge and experience.
- (d) Each group needs to write down the main points of their discussion on a piece of flipchart paper and then give a report back to the rest of the participants.

Implementation of the activity

- (a) Divide participants into three groups of equal size.
- (b) Write the following on a flipchart: *Imagine that the father/mother/sibling of a baby or young child in your community has died. How will you know that the baby or young child is grieving?*
- (c) Group one must focus on grief in babies; Group two on 2-3 year olds; Group three on 4-5 year olds.
- (d) Groups have 20 minutes for their group discussions.
- (e) Groups should write down the main points of their discussions on a piece of flipchart paper to present to the rest of the participants afterwards.
- (f) After the group discussions, each group has five minutes to give feedback.
- (g) Compare groups' feedback to the background information you have on this topic. If there are serious omissions and inaccuracies, correct these during the discussions in a supportive and constructive manner.
- (h) Explain to participants that there are several phases in the grieving and bereavement process, but that people do not necessarily go through these phases in the same order. (The phases of grief and bereavement are discussed in the background document.)

- *The trainer needs to be aware that some participants may find this session an emotionally difficult one and they will need your support in dealing with their emotions.*

- (i) Conclude by emphasising that both babies and young children can experience grief and bereavement despite adults often considering that they are too 'young' to know what is happening.

ACTIVITY: PRACTICAL ADVICE ON GRIEF AND BEREAVEMENT



60

Purpose of the activity

To give participants the opportunity to suggest practical advice for parents on how to deal with grief and bereavement affecting their baby or young child.

Preparation work

Read the background document and Handout 14: *Grief and bereavement*.



Explanation of the activity

- (a) Explain to the participants that they will be divided into three groups of equal size.
- (b) Each group suggests practical advice to parents on how to help their baby or young child cope with grief and bereavement.
- (c) Each group focuses on a different age group: Group 1 will focus on babies; Group 2 on two year olds; Group 3 on four year olds.
- (d) Each group must choose a spokesperson who will give feedback to the rest of the participants.
- (e) Each group's suggestions must be written on a piece of flipchart paper for the feedback session.

Implementation of the activity

- (a) Divide participants into three groups.
- (b) Explain to the groups that they should suggest practical (i.e. simple, basic) advice that they can give to parents on how to help their baby or young child deal with grief and bereavement.
- (c) Group 1 will focus on babies; Group 2 will focus on two year olds; Group 3 will focus on four year olds.
- (d) Groups have 20 minutes for their discussions.

- (e) They should write down their advice on flipchart paper to present to the rest of the participants afterwards.
- (f) After the group discussions, give each group no longer than five minutes to give feedback to the rest of the class.
- (g) Compare each group's feedback to the background information you have on this topic. If there are serious inaccuracies and omissions, correct these during the discussions in a supportive and constructive manner.
- (h) Conclude by pointing out that the way in which parents deal with their own grief and bereavement influences how their babies and young children will deal with their grief and bereavement.

PRESENTATION

Explain to the participants that you are going to do a short presentation to summarise the discussions in this session. It will include important messages to remember regarding grief and bereavement of babies and young children.

Present the PowerPoint Presentation to the participants: *Grief and bereavement*.

During the presentation, link the main points of the discussions and the feedback from the groups.

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

Key messages

- Grief and bereavement is a process which has various stages that babies and young children go through.
- Each baby and young child experiences it in a unique way.
- The manner in which parents/caregivers deal with their own grief and bereavement influences how their babies and young children will deal with grief and bereavement.
- Children should consider grief and bereavement as a natural part of life.
- Babies and young children should participate in the family's grief and bereavement process when there is a death in the family.



20

SELF ASSESSMENT



15

Write the following questions on flipchart paper and ask the participants to write down their answers on a piece of paper. You might want to write the statements in the participants' home language. Explain to the participants that this is not a test and that you will not take in their answer papers. Explain to them that they are doing this to see for themselves how much they have learnt during the session.

- (a) Babies do grieve. TRUE or FALSE
- (b) Each child experiences grief in their own way. TRUE or FALSE
- (c) A consistent person is the most important support for grieving babies and young children. TRUE or FALSE
- (d) Death is a natural part of life. TRUE or FALSE
- (e) The way in which adults deal with grief and bereavement influences how their babies and young children will deal with grief and bereavement. TRUE or FALSE

Now repeat the questions, but this time give participants the answers as indicated in brackets [].

The participants should check their own answers and assess how they have done.

- (a) Babies do grieve. [TRUE]
- (b) Each child experiences grief in their own way. [TRUE]
- (c) A consistent person is the most important support for grieving babies and young children. [TRUE]
- (d) Death is a natural part of life. [TRUE]
- (e) The way in which adults deal with grief and bereavement influences how their babies and young children deal with grief and bereavement. [TRUE]

You are at the end of Session 10. Remind participants that this session provided them with some key information on how babies and young children experience grief and bereavement.

Ask this question: *If you want further guidance and advice on the way that your (or someone else's) baby or young child grieves and experiences bereavement, where will you go?* Allow the participants to share a few answers and write them on a flipchart. Point out how important it is to use the resources in their community to help their children deal with loss and grief.



Write down some notes about lessons you learnt or any other interesting discoveries you made during the training of this session. You may wish to remember these the next time you train this session.

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

HANDOUT 14: GRIEF AND BEREAVEMENT



A child is able to feel loss from the time they are born. Each child has their own way of dealing with grief.

Grief is a process. Each baby and child goes through the various stages of grief in their own unique way.

The way in which parents deal with difficult situations such as grief and bereavement influences how their babies and young children will deal with their own grief and bereavement.

Children should experience grief and bereavement as a natural part of life.

Babies and young children should be actively part of the grief and bereavement process in the family when there is a death.

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.*

REFERENCE LIST

- Batty, D. 1987. *Working With Children. Practice Papers. Practice Series 13*. London: British Agencies for Adoption and Fostering.
- Munson, C.E. 1980. *Social Work With Families. Theories and Practices*. New York: Free Press.
- UNICEF. *Early Childhood Resource Pack: Young Child Survival, Growth and Development* (CD).

NOTES

session 11

ME, THE PARENT/CAREGIVER



SESSION 11: ME, THE PARENT/CAREGIVER

Learning outcomes

On completion of this session, participants should be able to:

- Appreciate their own skills and knowledge as caregivers of their babies and young children.
- Identify the challenges and opportunities in raising babies and young children.
- Identify how to tap into resources in their community.
- Assess their own growth after attending the training course.

The estimated time for this session is approximately three hours. Guidelines are given for the time you should spend on each activity. Please use these to help you complete the session in the estimated time.



Preparation work for the trainer

The trainer needs to do some preparation for this session by reading through the background document which will provide you with key knowledge needed to guide the training and to answer questions that may arise. You do not share or hand out these preparation documents during the training – they are for your own use only. A separate handout is available for the participants.



The following documents are attached:

- Background document
- Handout 15: *Me, the parent/caregiver*

Resources and materials needed for this session

You will need resources and materials to help you train this session. Below is a list of equipment that you will use. The equipment needs to be obtained before you start the training. The different activities explain how to use the following:

- Flipchart paper
- Koki pens
- Prestik
- Multi-media projector/overhead projector or alternative
- Name tags
- Attendance register

Handouts for this session

Handout 15: *Me, the parent/caregiver* is given to all participants at the end of the session. Make sure there are enough copies for each participant. Participants will also need their copies of Handout 1: *Course outline*; they will colour in Session 11 on completion.



Presentation for this session

The presentation is developed in PowerPoint. If you do not have the resources to use a PowerPoint presentation, you can copy or print the presentation on transparencies, or you can write it on the transparencies. If these facilities are unavailable, write it out with colourful pens on flipchart paper or piece of A2 card.



INTRODUCTION



10

Welcome

Organise the room so 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 indicate where the restrooms are. Ask participants to switch off their cellphones.

Ask the participants to reflect on the highlights of the previous session. They should recall the most important aspects of Session 10.

Remind participants that this session deals with their role as the parent/caregiver.

ACTIVITY: PARENTAL CHALLENGES



60

Purpose of the activity

This activity gives participants the opportunity to share and gain knowledge about the challenges of caring for babies and young children these days.

Preparation work



Read the background document and the handout.

Explanation of the activity

- (a) Explain to participants that they will brainstorm all the kinds of challenges parents/caregivers of babies and young children have these days.

Implementation of the activity

- (a) Use a flipchart and draw a picture of a parent/caregiver in the middle of the paper. Do not be concerned about how your picture looks – a stick figure will do.
- (b) Ask participants to suggest any challenges that parents/caregivers of babies and young children experience these days.
- (c) Write these ideas on the flipchart. You can draw lines from the drawing of the parent/caregiver and write their suggestions using a few words or phrases next to the lines. Alternatively, write the words and phrases anywhere on the flipchart. Make the flipchart colourful by using a variety of Koki pens, if these are available.
- (d) Allow 40 minutes for this part of the activity.

ACTIVITY: MY BEST SKILLS AS A PARENT/CAREGIVER



60

Purpose of the activity

To give participants the opportunity to share their best skills as parents/caregivers with participants. We can all learn from one another on how to raise our children.

Preparation work



- (a) Explain to the group that they need to write what they consider to be their best skills as parents/caregivers on a piece of paper, or they can draw a picture to show these skills.
- (b) They need to do this individually and then fold and wrap it up with a piece of paper (i.e. as if it were a gift) and give this gift to another participant.

Implementation of the activity

- (a) Give each participant a piece of paper.
- (b) Ask them to spend 10 minutes identifying what they consider to be their best skills as parents/caregivers and to write these down on the piece of paper.

- (c) They then need to fold and wrap up this piece of paper in another piece of paper and give this 'gift' to somebody else.
- (d) Ask each participant to open their 'gift' and read it out to the rest of the group.
- (e) Conclude the activity by explaining that we can all learn from one another. We also can help one another to raise our children.

- *We can all learn from one another. We also can help one another to raise our children.*

PRESENTATION

Explain to the participants that you are going to do a short presentation to summarise the discussions of this session. It will include important messages to remember regarding their role as parents/caregivers.

Present the PowerPoint Presentation to the participants: *Me, the parent/caregiver*.

During the presentation, ensure that you combine the main points of the discussions and participants' feedback.

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

Key messages

- Parents/caregivers play an important role in the development of their babies and young children.
- The child's well-being is dependent on the wellness of the parents/caregivers.
- Parents learn with their children as they grow and develop.
- Parenting/caregiving is both a privilege and a challenge.
- Parents/caregivers are children's guides into the world.
- A parent is anyone who is primarily responsible for the care of children – fathers, mothers, grandparents, uncles, aunts, brother, sisters.
- All parents/caregivers need support; parents/caregivers with children who have special needs need extra support.
- Parents/caregivers are not perfect but they raise their children to the best of their ability.
- A child's first teacher is their parent/caregiver.

SELF ASSESSMENT OF WHOLE COURSE

Explain to the participants that they have come to the end of all the sessions and that they will now assess themselves on the whole course.



20



15

Ask them to use a piece of paper and divide it into six blocks, each as large as a brick. They then need to cut or tear the paper in order to have six individual 'bricks'. On each brick they must write responses to each of the following questions:

- What important changes am I going to make to my parenting/caregiving skills?
- What did I learn from this course?
- What did I change as a result of this course?
- What are new parenting/caregiving skills that I have learnt and applied?

When they are finished writing on the bricks, they can use Prestik to stick them up on the wall. All the participants need to contribute to the 'wall of bricks'.

CLOSURE

You are at the end of Session 11, and this is also the end of the whole course. Session 11 provided participants with key information on their skills as parents/caregivers and how they can apply these skills to raising babies and young children.

It is important that they apply what they have learnt today (and the rest of the course when they go back home). They should also share their knowledge with their neighbours.

Ask the following question: *If necessary, where can I find guidance and support in my community to raise my baby and young child?*

Allow the participants to share a few answers and write them on a flipchart. Indicate the importance of using community resources in raising our babies and young children.

Thank the participants for their involvement in this session and give them copies of Handout 15: *Me, the parent/caregiver*. Participants can also colour in Session 11 on their copies of Handout 1: *Course outline*. Conclude by thanking them for their involvement in the whole course and allow each participant to say a few words on what the course meant for them.



15



TRAINER HINTS

Write down some notes of lessons learnt or other interesting discoveries made during the training of this session; you may wish to remember these the next time you train this session.

HANDOUT 15: ME, THE PARENT/CAREGIVER



Parents/caregivers play an important role in the development of their babies and young children.



The child's well-being is dependent on that of the parents/caregivers. Parenting/caregiving is both a privilege and a challenge. Parents/caregivers are children's guides into the world.



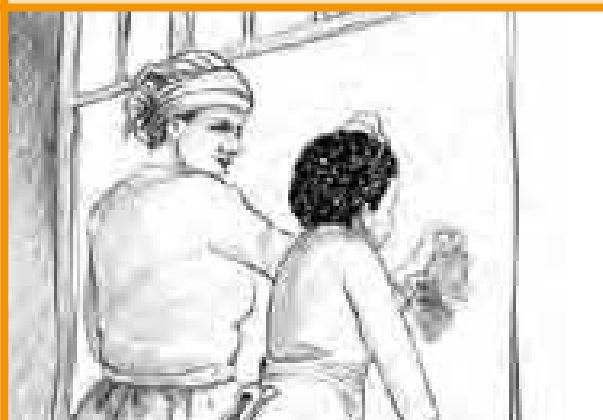
Parents/caregivers learn with their children as they grow and develop.



Anyone who is primarily responsible for the care of children is a parent/caregiver. Fathers, mothers, grandparents, uncles, aunts, brothers and sisters are all caregivers.



All parents/caregivers need support, but parents/caregivers of children with special needs require additional support.



Parents/caregivers are their babies' and children's first teachers.

BACKGROUND DOCUMENT

1. INTRODUCTION

Session 11 is the conclusion of the complete programme and the culmination of everything parents/caregivers have learnt during the course. During this final session, the trainer linked the activities and information which combined all the themes of the previous sessions. The trainer needs to refer participants to the 'puzzle' in Handout 1 that was distributed during the first session; reread it with participants.

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 was 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



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

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 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.

- *Parents/caregivers are never too old to learn. We learn things daily from our children as well.*

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

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. As part of bringing this course to an end, trainers need to reflect on available community resources with participants (see 'Closure' in the training manual).

NOTES

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