

NATIONAL PARENTING SUPPORT PROGRAMME FOR CHILDREN FROM BIRTH TO FIVE YEARS

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



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

unicef 
for every child

You can find a copy of this manual by scanning the QR code or visiting <https://www.education.gov.za/Programmes/NationalParentingSupportProgramme.aspx>.



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**NATIONAL PARENTING SUPPORT
PROGRAMME FOR CHILDREN FROM
BIRTH TO FIVE YEARS**

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FOREWORD

It is with great pride that I present the revised manual, *National Parenting Support Programme for Children from Birth to Five Years*. Parents and primary caregivers are a child's first and most important teachers. The love, guidance and support they provide lay the foundation for lifelong learning, well-being and success.

This programme represents a renewed commitment to empowering parents and caregivers with the knowledge, skills and confidence needed to nurture children's growth and development during the critical early years. The updated content draws on current evidence, practitioner experience and South African policy frameworks in early childhood development.

I wish to acknowledge the invaluable contributions of the Department of Basic Education, United Nations Children's Fund South Africa and our many partners in government, civil society and communities who have worked tirelessly to bring this resource to life.

Together, we are building a strong foundation for the future of our children and for our nation. I encourage all who use this training package to embrace its guidance, adapt it to their context and share its lessons widely. In so doing, we strengthen families, communities and South Africa as a whole.

Siviwe Gwarube (Member of Parliament)
Minister of Basic Education

INTRODUCTION

1. BACKGROUND

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 at least an NQF 4 or equivalent qualification. Where suitably qualified trainers are limited, provinces may use a phased capacity-building approach, provided that all facilitators complete accredited orientation, supervision and mentoring, and meet the minimum competency standard within a defined period. 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:

- Children's rights and inclusion
- Me, the parent/caregiver
- Healthy family relationships
- Positive discipline
- Loss and trauma
- Health and nutrition
- Play and creativity
- Physical development
- Social and emotional development and confidence building
- Brain development and language stimulation
- Child safety and protection

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

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.

2. WELCOME

The purpose of this 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 programme consists of 11 sessions. It is designed for flexibility of presentation; for example, 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.

2.1 Session components

- A training plan with activities
- Background document/s
- Handout/s
- Annexures (for some sessions)
- PowerPoint presentation
- Reference list

2.2 Information provided for each session

- Learning outcomes
 - Time needed to complete the session
 - Preparation work for the trainer
 - Handout/s
 - Guidance on introducing the training session
 - Two or three activities
 - Presentation
 - Self-assessment activity for participants
 - Closure
-

3. 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 have an impact on the lives of families, young children and communities.

3.1 Training methodology

The trainer trains parents and other 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.

3.2 Preparation

This training expands the knowledge and understanding of parents and other 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.

3.3 Link with the *Road to Health* booklet

This parent/caregiver training package includes information from the *Road to Health* booklet (RTHB), which is widely used and promoted by the Department of Health.

3.4 Resources in the training venue

The following resources are needed to successfully achieve the learning outcomes for all sessions:

- **Attendance register:** A template for a standard attendance register is included (see Appendix 1).
- **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 metres.
- **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 (koki pens):** Have a variety of colours available (darker colours like red, blue, green, black, purple, etc. are the most useful).
- **Prestik:** This is important as you sometimes need it to display work and flipchart paper on the wall.
- **Multi-media projector and laptop.**
- **Handouts:** Each session has at least one handout that needs to be given to the participants at the end of the training. Ensure you have enough copies of these. Alternatively, the handouts can be accessed using the QR code on page 9.

In addition to the above resources, some sessions require additional resources. Where applicable, these are indicated in 'Preparation work for the trainer' in the relevant session.

3.5 Understanding the sessions

As has been stated, the trainer needs to know these sessions very well. 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.
- **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/caregivers 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 use a PowerPoint presentation, you can print out the presentation or you can write out the information with colourful pens on flipchart paper or a piece of A2 card.
- **Key messages:** These are the critical aspects that parents/caregivers 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 section 3.12. It is a good idea to memorise the icons as they will assist you throughout the training.
- **Notes:** 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.

3.6 Target group for training

The training programme is designed to reach parents and 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 will 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 has been developed in English. Until such time that this manual has been translated, trainers should adapt the training material to local conditions.

The training is designed for a group of between 15 and 20 people. If there are fewer than 10 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 'Loss and trauma', etc. can evoke emotions that the trainer needs to deal with straight away. Trainers must take into consideration the *confidentiality* of each group session.

3.7 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 fewer 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.

3.8 Essential trainer skills

Facilitating adult learning requires the trainer to know about adult learning principles. Please study Appendix 2 regarding these essential skills.

3.9 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 make a list of these resources (for example, social workers, clinics, healthcare workers) and their contact details in order to refer participants if necessary; each trainer

can compile their own resource book of referrals. Trainers therefore need to do a community survey to identify these resources ahead of time. A list of recommended organisations and service providers is provided in Appendix 3.

3.10 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.

3.11 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.

3.12 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 the session



Activity



3.13 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 is only 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): Introduction: Children's rights and inclusion

Session 2 (3 hours): Me, the parent/caregiver

Session 3 (3 hours): Healthy family relationships

Session 4 (3 hours): Positive discipline

Session 5 (3 hours): Loss and trauma

Session 6 (3 hours): Health and nutrition

Session 7 (3 hours): Play and creativity

Session 8 (3 hours): Physical development

Session 9 (3 hours): Social and emotional development and confidence building

Session 10 (3 hours): Brain development and language stimulation

Session 11 (3¼ hours): Child safety and protection

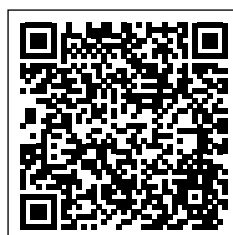
3.14 Reflection

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!

3.15 The handouts

You can use the following QR code to download the handouts in this manual:



ABBREVIATIONS AND ACRONYMS

ADHD	attention deficit hyperactivity disorder
AIDS	acquired immune deficiency syndrome
ASD	autism spectrum disorder
CP	cerebral palsy
CwD	children with disability
ECD	early childhood development
FAS	foetal alcohol syndrome
HIV	human immunodeficiency virus
RTHB	<i>Road to Health</i> booklet

DEFINITIONS

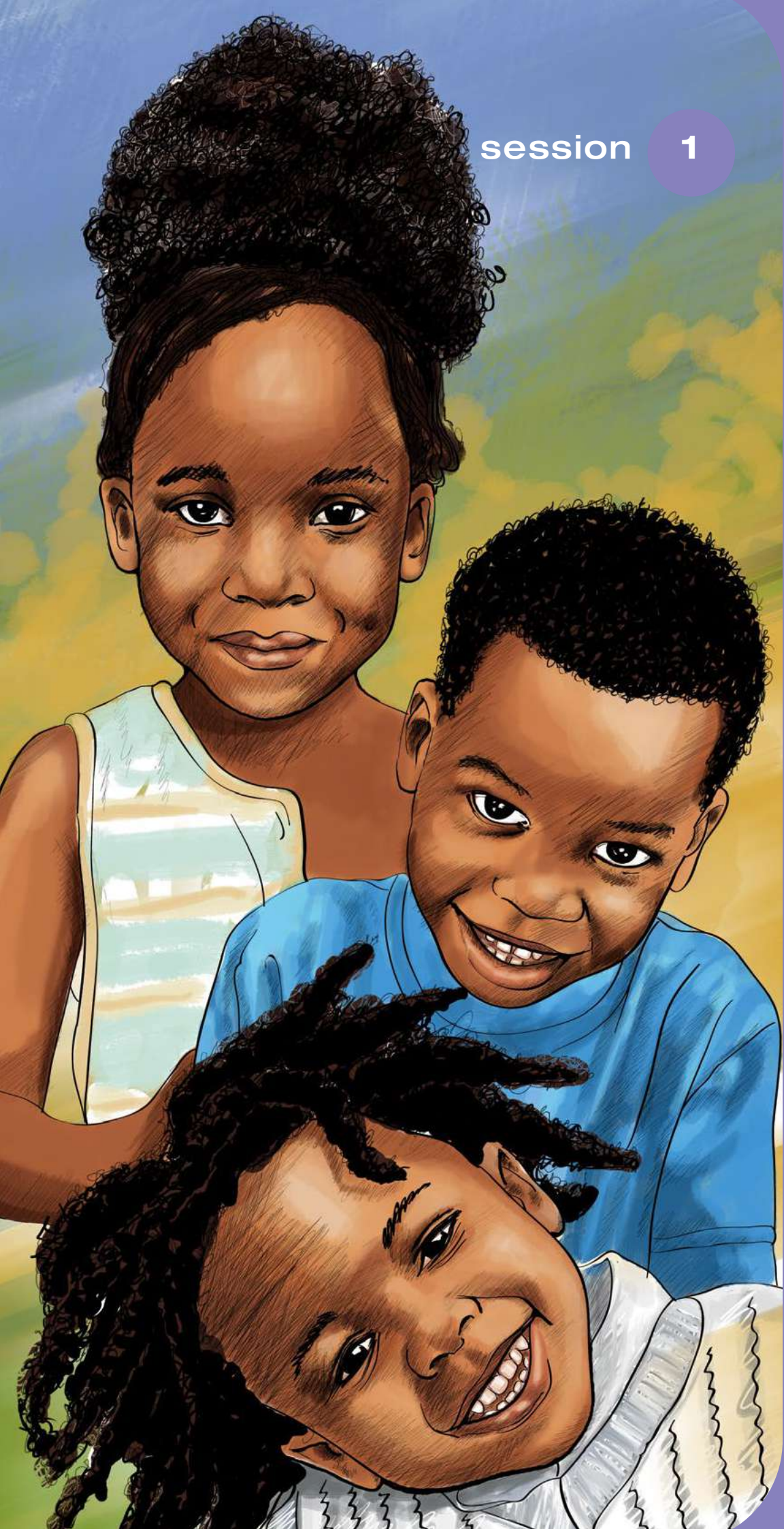
Baby/infant	A child from birth to 18 months
Barriers to learning	Obstacles, caused by several factors, including cognitive, environmental, social and personal factors, which make it difficult for some children to fully engage in the learning process and achieve their full potential
Caregiver	A person who cares for, nurtures, loves and looks after one or more children; role is similar to that of a parent
Confidence	The belief in your ability to achieve your potential and to act accordingly
Developmental difficulties	Includes conditions that place a child at risk of sub-optimal development or that cause a child to have a developmental delay, disorder or disability
Disability	Long-term physical, cognitive or sensory impairments which, when combined with various barriers, may impede a person's (including a young child's) full and effective participation in society on an equal basis with others
Early childhood development (ECD)	Process of emotional, cognitive, spiritual, moral, physical and social development of children from birth to nine years of age

ECD programme	A programme providing one or more forms of daily care, development, early learning opportunities and support to children from birth until the year before they enter formal school, for example, an early learning programme or parent support programme
Early childhood development practitioner	A person who provides early childhood development services through formal early childhood development programmes, family services and playgroups and training, as well as those providing management support services to these workers
Early intervention	Experiences and opportunities afforded to infants and young children with disabilities or developmental delays, or to those at risk of developmental difficulties (vulnerable children), by primary caregivers and/or professional practitioners that are intended to promote children's behavioural competencies and enable them to participate meaningfully in their home and community environments
Early learning programme	An ECD programme design attended by children on a part-time or full-time basis, in a range of spaces, and which provides early learning and development opportunities, for example, an ECD centre, playgroup, day mother, mobile ECD programme, daycare centre, childminder, toy library or parent support programme
Family	A group of persons linked through marriage, blood relations, adoption or cohabitation, typically sharing a common residence or household; members interact and communicate with one another within their respective familial roles, maintain a common culture and are governed by established family norms and rules
Foetal alcohol syndrome	A condition that happens when an unborn baby is exposed to alcohol in the womb, affecting the physical, cognitive (including learning) and emotional development of babies and children

Human immunodeficiency virus (HIV)	A virus that attacks the immune system of the body
Inclusion	The process of providing meaningful opportunities for all children to participate in their learning; it comes from a belief that all children can learn together, with everyone participating on an equal basis; as children are given opportunities to explore and get involved in activities, their brains are stimulated; in this way, all children are given the opportunity to learn and develop, and reach their full potential
Parent	A biological, foster or adoptive mother and/or father responsible for the care and protection of a young child, who is stable in the child's life and who loves and wants to protect the child
Parental support	A broad range of programmes and interventions to support one or more aspects of parenting; these are provided to a parent or primary caregiver
Rights of children	The rights of young children established in the United Nations Convention, African Charter on the Rights and Welfare of the African Child and the South African Constitution, which must be protected

[illegible]

Write reminders of important points from the Introduction here.

An illustration of three Black children. In the background, a girl with a high, curly bun and a light blue tank top looks forward with a gentle smile. In the middle, a boy with short curly hair and a blue t-shirt smiles broadly, showing his teeth. In the foreground, a girl with long braids and a white shirt with a ruffled collar is tilted back, smiling widely. The background is a soft-focus landscape with green hills and a blue sky.

session 1

INTRODUCTION: CHILDREN'S RIGHTS AND INCLUSION

SESSION 1: INTRODUCTION: CHILDREN'S RIGHTS AND INCLUSION

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.
- Identify children's rights.
- Understand policies and legislation related to children's rights.
- Understand inclusion in relation to disability.

Session 1 includes presentations and activities that focus on:

- Setting the tone of the training course.
- A course overview.
- Children's rights.
- Disability and inclusion.

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.



3 hours

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 plan, the background document(s), the handout(s) and the presentation, and in some instances the annexures.

The following documents are included:

- Handout 1.1: *Course outline*
- Handout 1.2: *Information on disability and tips for support*
- Annexure A: *Children's rights*
- Background document: *Understanding the influences on children's development*
- Background document: *Young children with disabilities*
- Reference list

Refer to the general list of resources needed for all training sessions on p. 5. In addition to these resources, you will need cardboard and the cards in Annexure A for this session.



Handouts for this session

Two handouts will be used in this session. Handout 1.1: *Course outline* is a wheel that provides an overview for the complete training course. Handout 1.2 *Information on disability and tips for support* provides guidance on understanding and supporting children with cerebral palsy, Down syndrome, autism spectrum disorder and attention deficit hyperactivity disorder.



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 out the presentation or you can write out the information with colourful pens on flipchart paper or a piece of 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 put their cellphones on silent mode.

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

Ask each participant to introduce themselves in the following manner:

- Introduce themselves by first name and then surname.
- Participants can tell everybody how many children they have or caregivers can share how many children they care for.

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.



40 minutes

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 on silent mode.
- 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.

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 1.1: *Course outline*. Use this handout to explain the training to them.



(a) The training consists of the following sessions:

Session 1: Introduction: Children's rights and inclusion

Session 2: Me, the parent/caregiver

Session 3: Healthy family relationships

Session 4: Positive discipline

Session 5: Loss and trauma

Session 6: Health and nutrition

Session 7: Play and creativity

Session 8: Physical development

Session 9: Social and emotional development and confidence building

Session 10: Brain development and language stimulation

Session 11: Child safety and protection

(b) After they have completed each session, they need to colour in the relevant section of the wheel. They will need to bring Handout 1.1 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 parents/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

Purpose of the activity

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

Explanation of the 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 the 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.



30 minutes

- (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.

Be honest with the participants about which expectations can be realistically met in this training and which cannot be met.

ACTIVITY: CHILD RIGHTS

Purpose of the activity

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

Note: This activity deals with the rights of babies and young children. All children hold rights at all times. Adults (parents, caregivers, communities and the state) have a primary duty to respect, protect and fulfil these rights. As children grow, they can be guided to practise age-appropriate responsibilities such as respect, care and participation.

Preparation work

- (a) Read the background document.
- (b) Make five copies of Annexure A and cut out the cards.

Explanation of the activity

- (a) Explain to the participants that they will brainstorm the rights of babies and young children.



1 hour



- (b) After this brainstorm session they will be divided into four groups.
- (c) Each group will receive cards containing the rights of babies and young children and their responsibilities as they grow older. They should discuss each child right and identify (i) adult responsibilities necessary to uphold the right and (ii) related age-appropriate behaviours children can learn over time.

Implementation of the 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 four groups.
- (e) Give each group cards containing the rights of babies and young children and their responsibilities as they grow older.
- (f) Ask the groups to match up each right with the appropriate responsibility.
- (g) After they have completed this task, go around to each group and note how they have completed the task. Then display a set of correctly matched rights and responsibilities cards on the flipchart.

Answers

- Children have the right to be taken seriously. Children have the responsibility to learn to listen to others.
- Children have the right to quality medical care. Children have the responsibility to learn to take care of themselves.
- Children have the right to be loved and protected from harm. Children have the responsibility to learn to show others love and caring.
- Children have the right to be well fed. Children have the responsibility to learn to not waste food.
- Children have the right to make mistakes. Children have the responsibility to learn from their mistakes over time.

Be sensitive and supportive when participants give feedback.



- Children have the right to a good education. Children have the responsibility to learn to study and respect their teachers.
- Children have the right to get special care for specific needs. Children have the responsibility to learn to be the best persons they can be.
- Children have the right to be proud of their heritage and beliefs. Children have the responsibility to learn to respect the heritage and beliefs of others.
- Children have the right to a safe and comfortable home. Children have the responsibility to learn to keep their home neat and clean.

Go through the cards, allowing for discussion with the participants.

- (h) Introduce participants to the parenting programme. Explain to them that parenting is about teaching children their rights and helping them to take age-appropriate responsibility. Each one of the sessions will discuss the rights of babies and young children and how they can be guided to practise age-appropriate responsibility. Use the information provided below to discuss how the sessions link with rights and responsibilities.

PRESENTATION

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

Present the PowerPoint presentation: *Children's rights*. 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 of babies and young children and how they can be guided to practise age-appropriate responsibility.

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

SELF ASSESSMENT

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



20 minutes



15 minutes

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) Parents/caregivers have the responsibility to help children learn, over time, how to take age-appropriate care of their toys or other household equipment given to them to play with. TRUE or FALSE
- (f) Babies and young children have rights at all times. 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) Parents/caregivers have the responsibility to help children learn, over time, how to take age-appropriate care of their toys or other household equipment given to them to play with. [TRUE]
- (f) Babies and young children have rights at all times. [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]



15 minutes

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, the rights of babies and young children and their age-appropriate responsibilities, and child development. 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.

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

Ask participants to complete the wheel in Handout 1.1: *Course outline* (p. 24) by shading in the relevant section with a pencil after completing each session. By the end of the 11 sessions of training, the wheel should be completely coloured in.

Give each participant a copy of Handout 1.2: *Information on disability and tips for support*.

Thank the participants for their involvement in this session.

HANDOUT 1.1: COURSE OUTLINE



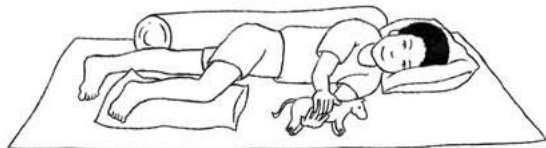
HANDOUT 1.2: INFORMATION ON DISABILITY AND TIPS FOR SUPPORT

1. CEREBRAL PALSY

Cerebral palsy (or CP) is caused by damage to part of the brain which results in problems with movement and/or posture. People with cerebral palsy have difficulty moving and some – but not all – may also have difficulty with other parts of their bodies. On other words, people with cerebral palsy may have multiple difficulties. Each person is unique – no two people with cerebral palsy are the same and their 'cerebral palsy' condition can range from mild to severe.

1.1 Physical development

I can have difficulty moving, sitting, standing and walking. Positioning is critical to ensure that I can learn and participate. Lying on my side is the best position for me to rest in. I can also play in this position with my arm on top. Bring my arms forwards so I am not lying on my shoulder or arms.



TIP: Always put something – such as a rolled-up towel – in between my legs and underneath my head. Sitting or standing in a device is the best way for me to learn and participate.

I need to be stretched daily for 30 seconds or longer to prevent contractures. This is when my muscles shorten and harden.

I may have difficulty seeing and/or hearing. Depending on where the damage in my brain is, I may not be able to see or hear.

I need to feel objects and experience learning through touch and sound.

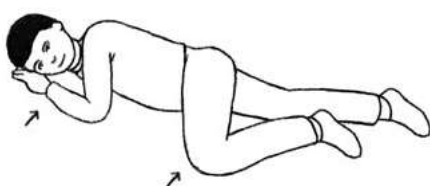
It is important to have my vision and my hearing checked at the hospital.

1.2 Cognitive (intellectual)

I can have difficulty thinking and learning. I love to participate in learning activities. Use the hand-over-hand method to make sure I

am engaged. I can join in most activities if you help me. Try to make activities tactile and feely. This stimulates my brain and helps me learn.

I may have epilepsy. Epilepsy can cause further cognitive and physical impairment. If I have an epileptic seizure, urgent access to my medication is essential. My medication needs to be taken at the same time daily. I will need my medication reviewed to ensure it supports me as I grow and develop. Write down any seizures and how long they lasted and let my parent/caregiver know. If my seizure lasts for longer than two minutes, call for an ambulance to take me to hospital. Help me by putting me in the recovery position. Do not put anything in my mouth, as that can make me choke.



1.3 Language and communication

I can have difficulty talking and communicating. Many children with cerebral palsy learn to speak, although it may not be clear. It is very important to provide other ways to communicate. Give me choices of what I want to play with. I may point with my eyes or move my arm or foot towards the object. I can also vocalise (use sounds) to show my preferences.

1.4 Eating and drinking

I can have difficulty eating and drinking. My food may need to be soft as I cannot control my swallowing. I need to eat slowly and in the correct position (not lying down) to ensure that my food or drink does not go into my lungs. This is very **dangerous** for me and can cause **aspiration**. This is when my lungs fill with liquid instead of air.

I will show you that I am having difficulty. I push my head back, my eyes water and I cough, choke or vomit. I often sound chesty and have an acidic smell on my breath. If any of these signs occur, seek urgent medical advice.

1.5 Social and emotional

I can have difficulty interacting with others. I like it when you tell me what is going to happen next or when you want to move me. A sense of belonging is important to me. Include me in the morning ring. You

can position me in between your legs and help keep my feet flat. In this position I can interact with others and be involved.



For more information and support, call Malamulele Onward on 011 484 9456 or visit their website: <<https://www.cpchildren.org/>>.

2. DOWN SYNDROME

Down syndrome is a genetic condition that is characterised by certain typical features. It is caused by an abnormality in genetic or chromosomal material and affects all races and economic groups equally. Babies with Down syndrome appear slightly different to other babies and so are generally identified at birth.

2.1 Physical

I can learn to sit, stand, walk and run. I may reach these milestones later than my peers do. I need extra activities to develop my stomach muscles. Balancing on a tree trunk or large ball, or leaning me from side to side, allows me to use and strengthen my stomach muscles to stay balanced.



I need extra activities to develop my fine motor skills.

I may have heart problems because of my condition. Please take me to be checked by a doctor to make sure that my heart is monitored and I get healthcare that supports me.

2.2 Cognitive (intellectual)

I have difficulty thinking and learning. Give me time to respond. Make sure that activities you plan have different levels of difficulty so that I can participate. Set goals for me in areas of development that are challenging for me.

Repetition helps me learn and I love to sing familiar songs and say rhymes. Help me to complete any actions or pre-empt words in songs.

2.3 Language and communication

I can learn to speak. I love to learn and copy my peers. This helps me learn language more quickly.

I may have difficulties with my hearing. Please take me to the clinic or hospital for a hearing screening. If I cannot hear properly, this will affect me learning to speak. Then I can learn to sign or use pictures to communicate.

I may have difficulties with my vision. Children older than six months with a squint should be taken to an eye doctor, otherwise they may only use one eye. Some children need an operation or prescribed glasses. Take me to be checked to see if I have problems with my vision.

2.4 Social and emotional

I can learn to go to the toilet. I need a set routine at school and at home to ensure that I understand what to do.

I love people and interact well with others. Sometimes I need help to behave appropriately. Give me clear boundaries so I know what to do.

Outdated and offensive labels have historically been used for people with Down syndrome. These terms are discriminatory and must never be used.

Research has shown that children with Down syndrome benefit and make better progress in a mainstream school environment.

For more information and support, call Down Syndrome South Africa (DSSA) on 012 001 2441 or 072 652 2377 or visit their website: <<https://www.downsyndrome.org.za/>>.

3. INVISIBLE DISABILITIES

Some disabilities are not easily seen or noticed and are sometimes referred to as 'invisible'. Autism spectrum disorder and attention deficit hyperactivity disorder are examples of invisible difficulties.

Children with invisible disabilities do not show any physical signs, but their difficulties still impact their day-to-day lives. Children with invisible disabilities can have difficulty in more than one area of development. These can include concentration, learning, being understood, making friends, remembering things and accepting routine changes. Sometimes these children are labelled as 'naughty'. Instead, they need to be better understood to ensure that they can participate in learning and be supported to reach their full potential.

4. AUTISM SPECTRUM DISORDER

Autism spectrum disorder (or ASD) is a neurodevelopmental disability caused by differences in the brain. People with autism spectrum disorder may communicate, interact, behave and learn in ways that are different to what is typically expected. There is often nothing about how they look that sets them apart from other people. Since autism is a spectrum, some people with autism spectrum disorder need high support (a lot of help and intensive intervention) while others need low support (less help and less intensive intervention). No one person affected with autism spectrum disorder is the same.



4.1 Physical

I can sit, stand, walk and run.

I have difficulty with my senses of touch, taste, sight, hearing and/or smell. These may be heightened or lowered for me. This means I need help to regulate my sensory input every day. I need time daily to do sensory activities that help me. This might be swinging outside regularly or being wrapped in a towel tightly. Find out what I like and what calms me and build this into my day to help me.

TIP: The brain processes sensory experiences differently from person to person. Your brain has a lot of work to do every day to sort through information and can either be over-responsive or under-responsive. Extreme responses interfere with everyday life.

To support these responses, we need to address children's sensory processing needs by changing activities, our instructions, the environment and our teaching practice. For example, for children with sensitivity to noise, noise-cancelling ear buds or headphones are helpful. Auditory-seeking children may hum or like having music on while they work. Change the environment to suit the child!

I have difficulty with fine motor activities. Give me opportunities to use the small muscles in my hands, such as placing stones in a cup or bottle, squeezing and rolling playdough or stirring when pretend-cooking. Think of some fun ways I can strengthen and practise my fine motor development.

4.2 Cognitive (intellectual)

I need help to focus and complete an activity. Find out what I like and reward me when I complete an activity you have given me to do.

TIP: Children use behaviour to tell us things. Imagine you have no verbal means of communicating your wants and needs and the only way you can get attention or try to communicate is by doing something that will get a response – and this could be a negative or positive response. We need to try to understand what children are communicating.

4.3 Language and communication

I have difficulty communicating with others. I may be non-verbal (no talking) and not make eye contact with you. I may act as if I cannot hear and I may not react to what you are saying to me.

Talk to me calmly and in simple, clear sentences. Help me to communicate using single words, signs or pictures. I can be given a choice between two activities.



TIP: When a child presents with a speech delay, it is important to find out whether the child has a hearing impairment as this will have a significant impact on their speech development.

The cause of language difficulties in children with autism spectrum disorder is that we are unable to respond appropriately even though we can hear adequately.

4.4 Social and emotional

I have difficulty adjusting to changes in routine or to places I do not know. Help me by giving me a daily routine so I know what to expect. Warn me when things are going to be different.

I have difficulty playing with others. Give me opportunities to interact with others and praise me for participating.

For more information and support, call Autism South Africa on 076 656 8127 or 082 448 0544, email them on info@autismsouthafrica.org or visit their website: <https://www.aut2know.co.za/>.

5. ATTENTION DEFICIT HYPERACTIVITY DISORDER

Attention deficit hyperactivity disorder (or ADHD) is a neurodevelopmental disorder and is described as a 'persistent' or ongoing pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Individuals with ADHD may also have difficulties with maintaining attention, executive function (or the brain's ability to begin an activity, organise itself and manage tasks) and working memory. These difficulties usually begin before the person is seven years old.

5.1 Physical

I can be continuously active or hyperactive, engaging and excitable.

I frequently seek extra sensory input. Create opportunities for moving throughout the day. Build into my day activities that help me regulate my behaviour and give me the movement that I need, such as climbing activities in the outdoor play area, songs that require actions (for example, 'Head, shoulders, knees and toes') and jumping activities.

I can be very inactive and dreamy, seem uninterested and not notice what is going on around me. I need an increase in sensory input. Help me by giving me activities such as these to do: stretching for something out of reach; high knee stepping, walking quickly for 20 steps, then stopping, repeating this a few times (and incorporating abrupt changes of direction); running on the spot and jumping on the spot.

5.2 Cognitive (intellectual)

I have difficulty paying attention. I have difficulty concentrating on certain activities, especially ones with a lot of thinking or that I don't find interesting.

Help me to concentrate for short periods of time. You can use hand-over-hand to help me stay focused on what I am doing. Create opportunities for me to finish short and familiar tasks like a two-piece puzzle by myself. Shorten tasks or break them into smaller parts for me. Praise me for participating and finishing activities. Make tasks fun so that I want to do them. Find out what I like and reward me for doing activities that push me to grow and learn.

Help me by limiting distractions – for example, seat me near you, seat me away from noisy places and seat me next to well-behaved children.

5.3 Language and communication

I appear not to listen. Help me by keeping instructions short and simple.

Help me to follow instructions. Start with one step, then increase to two, then three and challenge me to follow through with what has been asked of me. For example, tell me to fetch the blue cup and give it to Thabo. Ask me to repeat instructions aloud and then to myself. Say phrases like “this is important” and “listen carefully”. I like visual aids such as charts and pictures. They help me learn.



5.4 Social and emotional

I sometimes do not think before I act. I need help to understand what is safe and unsafe, and what is appropriate and inappropriate. Keep the guidelines for me clear and firm so I know what is expected of me.

I have difficulty waiting my turn. Create opportunities with other children where I need to wait my turn. Support me to do this by giving me clear instructions on how to behave while waiting.

I have difficulty organising things. Help me to keep my belongings safe in my bag in the same place in the learning area.

I may have difficulty building relationships with others. Help me to listen to others and not to shout out or disturb those around me.

For more information and support, email Adhasa (Attention Deficit Hyperactivity Support Group of South Africa) on rudiger05061997@gmail.com or visit their Facebook page or website: <https://www.facebook.com/ADHASA.ADHD>, <https://adhasa.co.za/>.

ANNEXURE A: CHILDREN'S RIGHTS



Children have the **right** to be taken seriously.



Children have the **responsibility** to learn to listen to others.



Children have the **right** to quality medical care.



Children have the **responsibility** to learn to take care of themselves age appropriately.



Children have the **right** to be loved and protected from harm.



Children have the **responsibility** to learn to show others love and caring.



Children have the **right** to be well fed.



Children have the **responsibility** to learn to not waste food.



Children have the **right** to make mistakes.



Adapted from: National Children's Rights Committee (NCRC)

BACKGROUND DOCUMENT: UNDERSTANDING THE INFLUENCES ON CHILDREN'S DEVELOPMENT

1. POLICIES

As you set the tone for the training, explain to participants that this parenting training is guided by the policies and legislation of South Africa.

- The Constitution of the Republic of South Africa (1996): The highest law of South Africa, that includes a focus on the rights of children.
- Children's Act 38 of 2005 (2005): A law that gives effect to the rights of children as contained in the Constitution, focuses on parental responsibilities and rights and determines the principles and guidelines for the protection of children and the promotion of their well-being.
- Nurturing Care Framework (2018): A framework and roadmap for action that draws on state-of-the-art evidence to help children to survive and thrive to transform health and human capital.
- National Early Learning Developmental Standards for Children Birth to Four Years (NELDS) (2009): A curriculum-related policy initiative focusing primarily on the early learning needs of children from birth to four years of age.
- The South African National Curriculum Framework for Children from Birth to Four Years (2015): Activities aimed at improving the quality of basic education by laying a solid foundation in the early years for children from birth to four years of age.
- National Integrated Early Childhood Development Policy 2015 (2015): A policy that establishes a comprehensive, multisectoral framework for ECD services for children from birth up to the year before compulsory schooling.

2. CHILDREN'S RIGHTS

Young children 0–3 years have the right to:

- Protection from physical danger.
- Adequate nutrition and healthcare.
- 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.

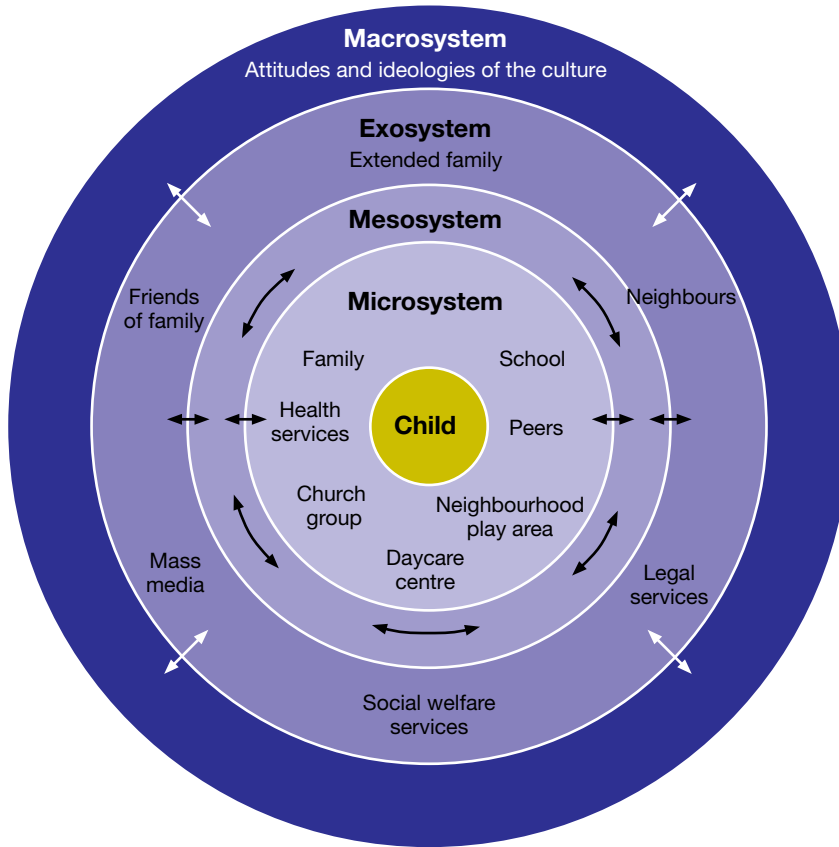
3. UNDERSTANDING CHILDREN BETTER: BRONFENBRENNER'S THEORETICAL FRAMEWORK

Understanding the biopsychosocial make-up of a child is very important for this training course.

Urie Bronfenbrenner, a psychologist, developed the bioecological systems theory to show how different types of environment systems influence human behaviour. Bronfenbrenner's theory defines complex layers of the environment that collectively influence a child's development. The theory suggests that children's biological makeup is a fundamental part of their developmental environment. It examines the key systems that shape how children grow and operate.

- The **microsystem** includes the child within her/his immediate environment. Children have multiple microsystems, including their family and their school.
- The **mesosystem** includes the child's home, school and community. The focus here is the form of reciprocal interaction between microsystems.
- The **exosystem** includes social settings, both formal and informal. The influence of socioeconomic and cultural systems is important here – for example, the effect of poverty.

- The **macrosystem** refers to the larger, holistic influences, such as cultures and subcultures, and values and ideologies.



Bronfenbrenner's four ecological settings for development change

Bronfenbrenner's theoretical framework shows that ECD comprises several interwoven systems, which all have an impact on children's development and learning.

Changes or conflict in any one layer of children's development, according to Bronfenbrenner, will ripple through other layers. For example, a lack of proper nutrition may result in a child not doing well at an early learning programme, or a sudden change in a child's behaviour may be caused by abuse and/or trauma.

4. INCLUSION

Parents and caregivers of children living with disabilities face particular challenges. However, they can also experience joy through caring for their children.

The activities and background information in this training course apply to all children. However, it was felt that a special focus on

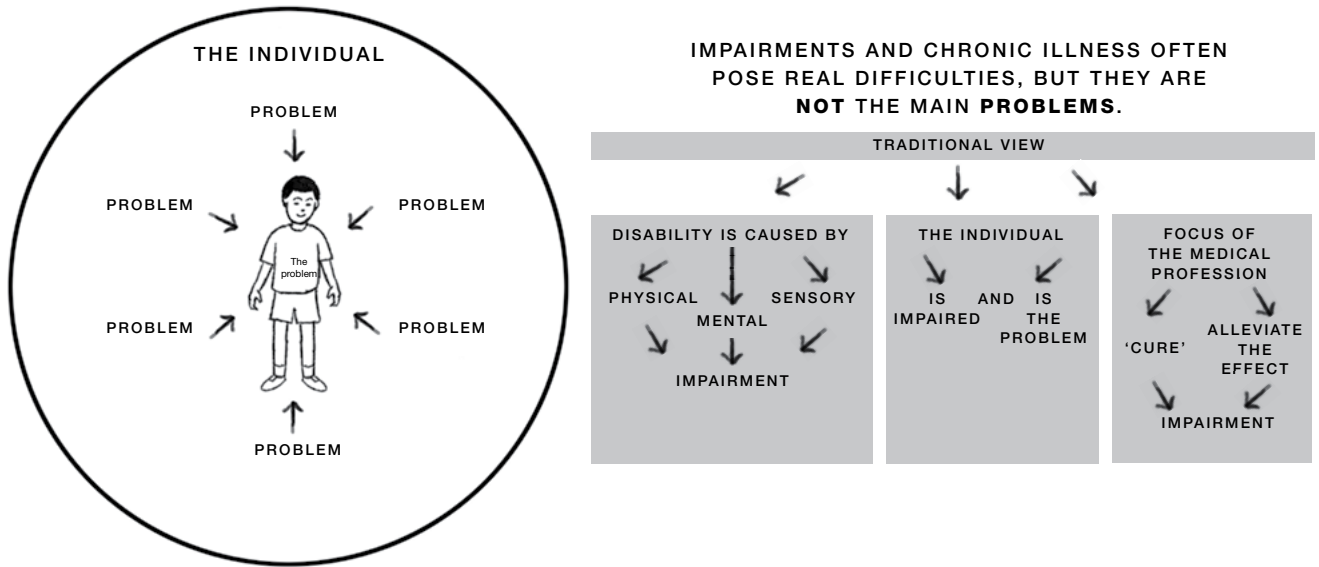
children living with disabilities was necessary. Understanding the issues related to disability and inclusion will enable you to integrate them into your training.

4.1 Three models of disability

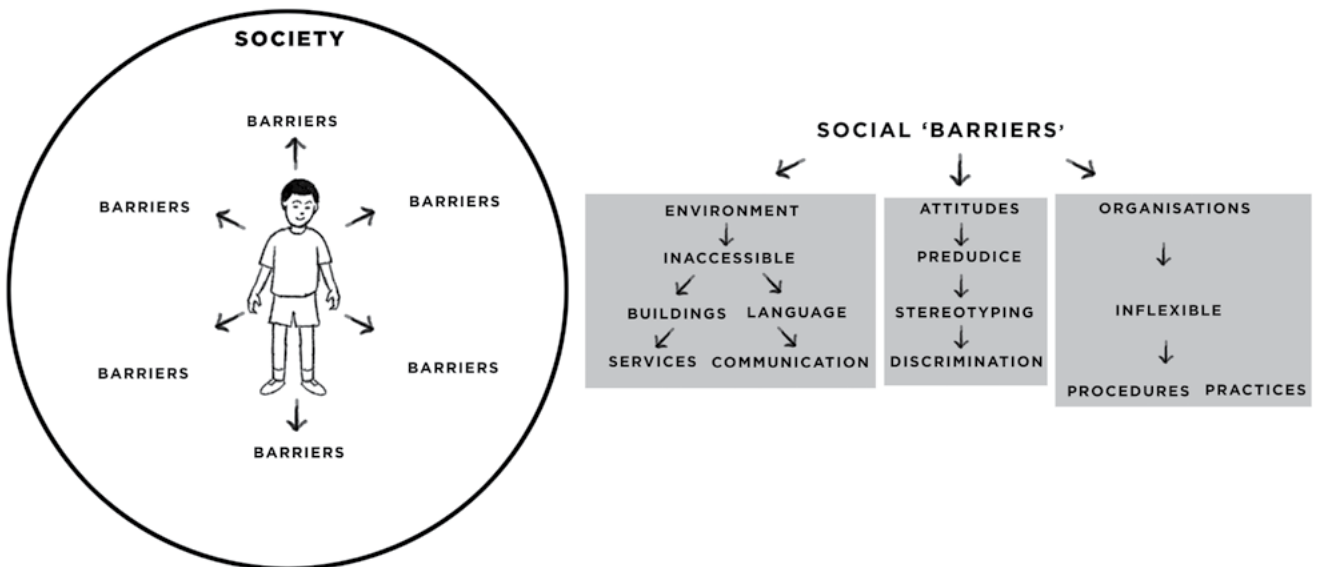
The most important understandings that need challenging are how children living with disabilities and barriers to learning are viewed. There are three models of understanding disability.

- **Moral model:** In the moral model, disability is seen as having meaning about the person's or the family's character, deeds, thoughts and karma. From this perspective, disability can carry stigma, shame and blame, particularly if the disability is seen as a mark of wrongdoing. Alternatively, disability can be seen as a sign of honour, faith or strength. For example, someone who is religious may believe they (or their family member) were chosen to have a disability due to God's faith in them. Disability may also be perceived as a positive reminder of having survived a life challenge, for example, a polio epidemic or stepping on a landmine.
- **Medical model:** The reason why there is so much anxiety and fear around children with disabilities is because we still use the medical model to guide us in what to do with 'these' children. The medical model tells us that there is something wrong with the child, that we must fix what is wrong and, if we cannot fix what is wrong, then there is nothing more that can be done. In the medical model, children living with disabilities present many problems and the child is the main problem.
- **Social model:** The social model, on the other hand, says that disability is created by the ways in which society is organised, rather than by a child's impairment or difference. Children living with disabilities can participate in the world and become their own best versions, however, barriers (problems or challenges) in the world around them make this harder for them to achieve. The social model focuses less on the deficits (things a person cannot do) of children living with disabilities, believing that if we do, discrimination, prejudice (judging), barriers to learning and unequal rights to education, work and other life choices are the result. The social model does not ignore the real physical and/or neurological challenges children may face, but it 'sees' the person first and then the challenges.

THE MEDICAL MODEL OF DISABILITY



THE SOCIAL MODEL OF DISABILITY



This is why we do not refer to 'a disabled child', but rather 'a child living with a disability' or 'a child with a disability' and why we refer to 'specific needs', rather than 'special needs'.

Because we value every child and we understand that we are all created equal, just differently, we are using the social model to guide us in becoming inclusive.

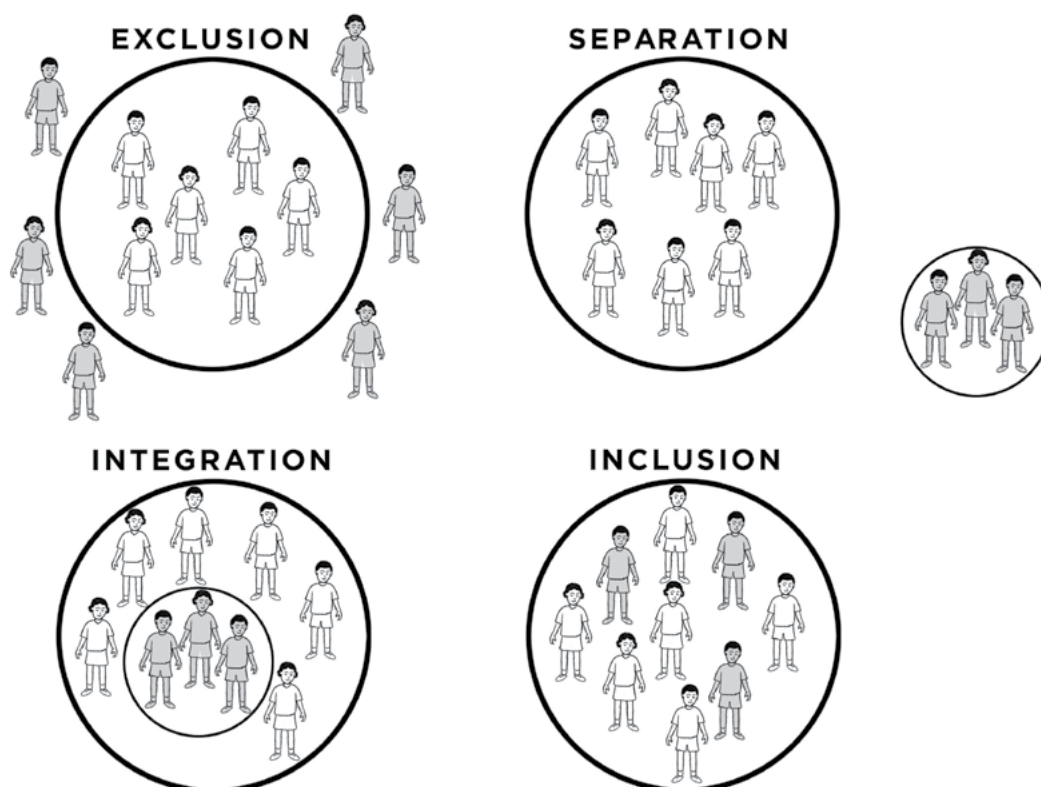
4.2 Exclusion, integration and inclusion

Exclusion can be extremely damaging to the children who are being excluded and their families. It can leave a child without support and

with limited or no access to learning and development. The first diagram below shows how children have been completely excluded – they are removed from the circle. These children and their families do not have the support that they urgently need from society. Sometimes children with disabilities are grouped together and kept separate from other children who are developing at the pace society expects. This separation promotes exclusion.

Integration occurs when children are all in the same learning environment but are grouped according to ability (what the children are able or not able to do). Integration creates opportunities for non-differently-abled children to learn from their peers with disabilities – for example, learning the values of compassion and patience.

Inclusion is creating meaningful opportunities for all children to participate in their learning. It comes from the belief that all children can learn together, with everyone participating on an equal basis. As children are given opportunities to explore in the learning environment and to get involved in activities, their brains are stimulated. In this way, every child is given the opportunity to learn, develop and reach their full potential.



BACKGROUND DOCUMENT: YOUNG CHILDREN WITH DISABILITIES

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

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

When a child is deaf or has a cognitive 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.

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 specific 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/caregivers because they don't know how to cope with their children's specific needs. Children with mental disabilities may be hyperactive resulting in the caregiver being exhausted, and this may lead to neglect. Parents/caregivers 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 non-differently-abled. These parents use their resources and time to care for their children with disabilities, and consequently 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 healthcare 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.

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.
- 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 cognitive 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; 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.

REFERENCE LIST

- Ashiabi, G.S. and K.K. O'Neal (2015). 'Child Social Development in Context: An examination of some propositions in Bronfenbrenner's bioecological theory'. *SAGE Open*, vol. 5, no. 2, pp. 1–14.
- Department of Social Development (2006). *Guidelines for Early Childhood Development Services*. Pretoria: Republic of South Africa and United Nations Children's Fund.
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- Ettekal, A.V. and J.L. Mahoney (2017). 'Ecological Systems Theory' in Peppler, K. (ed), *The SAGE Encyclopaedia of Out-of-School Learning*. Thousand Oaks: Sage Publications Inc.
- Olkin, R. (2002). 'Could You Hold the Door for Me? Including disability in diversity'. *Cultural Diversity and Ethnic Minority Psychology*, vol. 8, no. 2, pp. 130–137.
- Republic of South Africa (2006). 'Children's Act No. 38, 2005'. *Government Gazette*, vol. 492, no. 28944, 19 June 2006.

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 in Two Community Groups in Peri-Urban Cape Town', MSc. dissertation, Department of Physiotherapy, University of the Western Cape.
- Kartz, B. (1995). *Disability and the Family: Community Based Intervention*.
- Krige, M.U. (1998). *Determinants of Undernutrition in One- to Two-Year-old Children*.
- Lloyd, G. (2001). 'The Role of the Community in the Rehabilitation of the Disabled: A study of medical, psychological and social factors in the effective management of the pre-school English-speaking, hearing-impaired child in Gauteng', PhD. thesis, Department of Surgery, University of the Witwatersrand.
- Shiphams, E. and C. Meyer (2002). 'The Value of Community-based Rehabilitation to Mothers with Children with Disability in Winterville', *South African Journal of Occupational Therapy*, vol. 32, no. 2, pp. 6–10.

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This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

session

2



ME, THE PARENT/CAREGIVER

SESSION 2: 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 their rights and responsibilities as parents/caregivers.
- Better manage stress.

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 this preparation document during the training – it is for your own use only. A separate handout is available for the participants.

The following documents are included:

- Handout 2.1: *Me, the parent/caregiver*
- Background document: *Being a parent/caregiver*
- Reference list

Refer to the general list of resources needed for all training sessions on p. 5.



3 hours



Handouts for this session

Handout 2.1: *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 1.1: *Course outline*; they will colour in Session 2 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 print out the presentation or you can write it out with colourful pens on flipchart paper or piece of A2 card.



INTRODUCTION

Welcome

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

Make sure that everyone is comfortable and indicate where the restrooms are. Ask participants to put their cellphones on silent mode.

Ask the participants to reflect on the highlights of the previous session. They should recall the most important aspects of Session 1.

Remind participants that this session deals with their role as the parent/caregiver while also equipping them with skills and knowledge as individuals. The work parents and caregivers do is invaluable and their physical and mental health are essential for their personal well-being and that of their families and their communities.



10 minutes

ACTIVITY: PARENTAL CHALLENGES

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. It also highlights instances that involve navigating the rights and responsibilities of parents/caregivers.



1 hour

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, including how these relate to navigating the rights and responsibilities of parents/caregivers.
- (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.

ACTIVITY: MY BEST SKILLS AS A PARENT/CAREGIVER

Purpose of the activity

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



1 hour

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 can also 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: *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/caregiver is anyone who is primarily responsible for the care of children – fathers, mothers, grandparents, uncles, aunts, brothers and sisters.
- All parents/caregivers need support; parents/caregivers of children with disabilities 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.



20 minutes



- It is normal for parents/caregivers to feel stressed or overwhelmed sometimes. However, they should know how to manage these feelings.
- Creating time for yourself ('me time') does not mean that you are neglecting your children. It is self-care.

SELF ASSESSMENT

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.

- All parents/caregivers have a variety of skills that they use to raise their children. TRUE or FALSE
- Parents have the same rights and responsibilities as caregivers. TRUE or FALSE
- Mothers have full rights and responsibilities for children even if they are not married. TRUE or FALSE
- You need to stop caring for yourself once you have a child or look after a child. TRUE or FALSE
- Seeking professional help when you feel stressed or overwhelmed is a sign of weakness. TRUE or FALSE

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

- All parents/caregivers have a variety of skills that they use to raise their children. [TRUE]
- Parents have the same rights and responsibilities as caregivers. [FALSE]
- Mothers have full rights and responsibilities for children even if they are not married. [TRUE]
- You need to stop caring for yourself once you have a child or look after a child. [FALSE]
- Seeking professional help when you feel stressed or overwhelmed is a sign of weakness. [FALSE]



15 minutes

CLOSURE

You are at the end of Session 2. This session 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 in 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 2.1: *Me, the parent/caregiver*. Participants can also colour in Session 2 on their copies of Handout 1.1: *Course outline*.



15 minutes



HANDOUT 2.1: 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 disabilities require additional support.



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

BACKGROUND DOCUMENT: BEING A PARENT/CAREGIVER

1. INTRODUCTION

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



2. PARENTING/CAREGIVING

The term 'parents/caregivers' refers to anyone who is responsible for caring and raising 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/caregivers. If parents/caregivers feel good about themselves and believe that they are trying to be the best parents/caregivers they can possibly be, this will automatically have a positive impact on their children.

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

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

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

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

In our communities, parents/caregivers should stand together. We need to support one another and help one another raise our babies and children. Some families may have babies and young children with disabilities, including hearing, intellectual, physical, communication or developmental disabilities. Families may need additional support to meet their children's specific needs..

Parents/caregivers need to be involved in the children's day-to-day routines or what happens the ECD centre, playgroup or daycare 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.



3. PARENT/CAREGIVER RIGHTS AND RESPONSIBILITIES

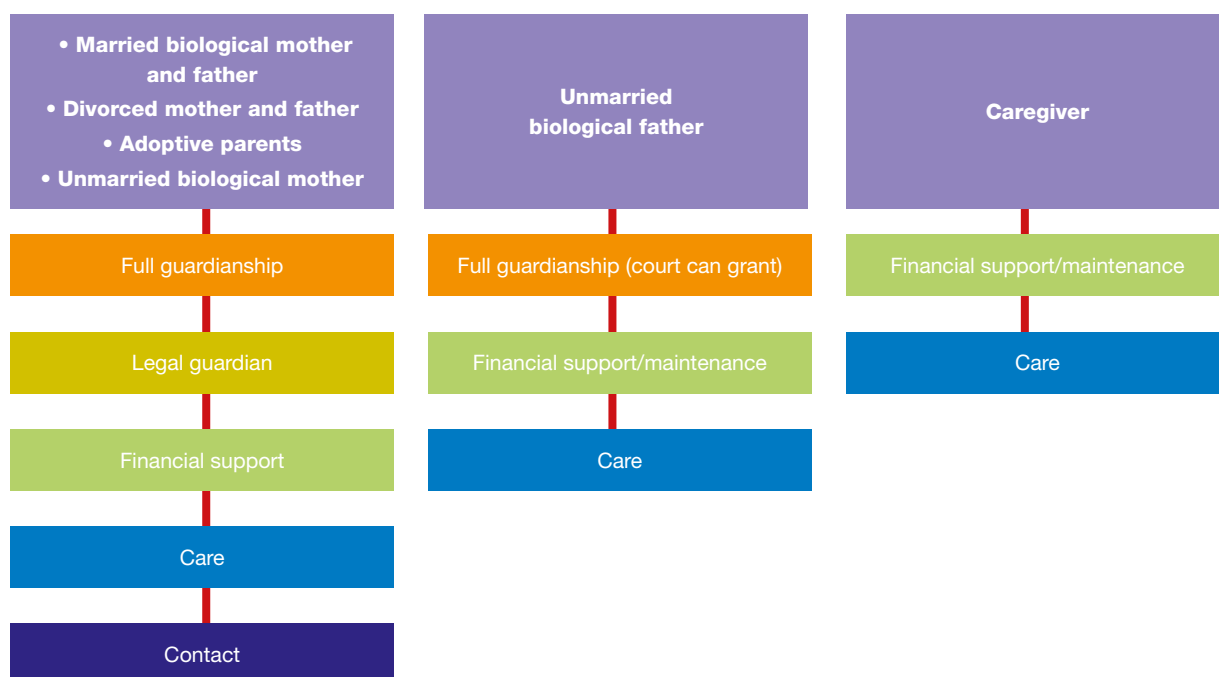
Being a parent comes with many challenges and difficulties along the way. The extracts below, from Chapter 3 of the Children's Act No. 38, 2005, focus on parental responsibilities and rights. It was important for this to be included in order to teach and equip parents and caregivers with an understanding of the rights and responsibilities associated with caring for their children.

When a person has a child, she/he becomes a parent and, according to the Act, has to take care of and is responsible for the child. The Act refers to parental rights and responsibilities and says that:

- Parents must take care of their child, maintain contact with the child, be the guardian of the child and make sure that the child has financial support. This means that both parents must provide for their child's needs.
- Parents or guardians are also expected to look after the property of a child and give or refuse consent if the child wants to sell property, such as a house. They should also act for their child when doing anything official like entering into a contract or when their child needs to go to court. They are required to agree or say 'no' if their child asks for permission to get married, be adopted, leave South Africa or get a passport.

Although all parents have rights and responsibilities, they do not all have the same rights and responsibilities because these differ according to the family situation. For example, some mothers and fathers are married and are raising their children together. Some parents are single mothers and single fathers, either because they were never married or because they are divorced. Caregivers are people who take care of children in the place of parents and/or people who take care of children for a short period of time.

3.1 Summary of rights and responsibilities given to parents/caregivers



- **Guardianship** refers to the administrative part of taking care of a child. Married parents have both natural and legal guardianship. After divorce, both parents have equal guardianship over any children born during the marriage. A legal guardian is chosen to be a guardian either in a will or by a court. Sometimes biological parents are called the natural guardians. Guardians act as administrators. They must agree to a child's removal to another country and only a legal court can decide otherwise.
- **Care** refers to providing for a child's daily needs, such as providing a safe home, food, education and love. Responsibility for a child's development also forms part of care. A caregiver who takes care of a child occasionally or for a defined period, may not have any parental responsibilities for a child but should still safeguard the child's health, well-being and development. The caregiver should also protect the child from maltreatment, abuse, neglect, filth, discrimination, exploitation and any other physical, emotional or mental harm.
- **Contact** refers to keeping in touch even when a parent is not living in the same home as the child. It is about talking to and/or seeing the child often enough to develop a relationship.

4. SELF-CARE

Self-care is very important for parents/caregivers because it promotes overall physical and mental well-being, enhances resilience to stress and prevents burnout.

4.1 Five self-care steps

These are steps for parents/caregivers to follow when they feel overwhelmed by the parenting role or in other areas of their lives. It is important for parents/caregivers to recognise that these steps are about caring for themselves, not their children. When parents/caregivers take responsibility for their own well-being, they are better placed to care for their children.

4.1.1 *Consider your condition*

We all deal differently with trauma, loss, grief, adversity or setbacks. What is essential is to be aware that something is not right and to know when we are not coping. Then we must seek support from a family member, colleague, neighbour, friend or a professional.

4.1.2 *Communicate and connect*

It is important to be aware of our feelings and thoughts, and to communicate and connect with others to make us feel and get better. We must choose who we confide in and link with carefully. Not everyone has our best interests at heart or wants to see us survive and thrive. Not everyone will be able to keep private what we tell them.

4.1.3 *Compassion and contribution*

Compassion and contribution are two beautiful ways to put life's ups and downs into perspective. No matter how difficult things get for us, there is always someone going through a worse time. Reaching out to someone in a less fortunate situation and finding some small way to assist them makes us feel valued and helps us to appreciate what there is to be thankful for. Reaching out is a gesture that does not have to cost us much in time, money or effort. It could be sharing a meal or an item of clothing, a kind word, or a simple hug or smile.

4.1.4 *Care for yourself*

Caring for ourselves (self-care) is about how we protect and preserve ourselves in good times and bad. It is how we revitalise, rejuvenate, recharge and reboot our thoughts, feelings, actions and habits. It is about regularly and routinely caring for ourselves in small and big



ways and going that extra mile when we need a special boost. It is about asking, “What can I do? Why, when and where? How, how much and how often?” Caring for ourselves does not have to be complicated, expensive or lengthy. There are any number of simple, affordable and quick activities we can do or tools we can utilise effectively and routinely.

4.1.5 Contact a professional

Although there are many things we can do to improve our physical wellness and mental and spiritual well-being, we also need to be able to identify when it is time to seek professional help and to act on it. When we call out for help, it is not a sign of weakness or something of which to be ashamed. If anything, it is a sign of profound courage and deep strength to acknowledge we cannot – and should not – continue alone. Continuing alone might be fatal and could also harm others, including children in our care.

Whatever we do, we should ensure that we set aside dedicated, focused ‘me time’ even if only for a few minutes, each day. Caring for yourself is not silly, useless or selfish. It is essential to a well-lived life. When we fill our own cups first, we can better meet life’s challenges and give to others more reliably and sincerely.

4.2 Additional self-care tools

4.2.1 Deep breathing

Deep breathing involves taking in a lot of air through the nostrils, holding it in the lungs, relaxing and slowly releasing it through the mouth. Deep breathing is different to normal breathing, which is relatively shallow and does not use the full capacity of the lungs.

Deep breathing helps us to:

- Slow down our heart rate by allowing more air to flow into our bodies.
- Improve our mental and physical health by reducing our stress and anxiety.
- Relax and improve the quality (and quantity) of our sleep.
- Increase our attention span and alertness.

Let's practice

- Sit in a relaxed, comfortable position. Keep your back upright but not tense. Rest your hands wherever they are comfortable. Keep your tongue on the roof of your mouth or wherever it is comfortable. Once you are relaxed and comfortable, softly close your eyes or you can choose to simply lower your head.
- Be aware of and relax your body. Notice the shape of your body and its weight. Allow yourself to relax. Become curious about your body – the sensations your body experiences, the touch and the connection with the floor or the chair. Relax any remaining areas of tightness or tension.
- Now start to control your breathing. Breathe in through your nostrils, slowly counting to 8 (1, 2, 3, 4, 5, 6, 7, 8). Hold your breath for 6 counts (1, 2, 3, 4, 5, 6). Slowly, breathe out for 4 counts (1, 2, 3, 4). Repeat this three times.
- If your mind wanders to something else as you are doing this, do not try and force it back onto your breathing. Rather, acknowledge what you are thinking about and then try and turn your attention back to your breathing.

4.2.2 Affirmations

An affirmation is a sentence or sentences of positive, powerful words to motivate, challenge and push us to reach our full potential in life. Affirmations are written in the present tense as if they are already happening. We can use them for almost anything – improving wellness and well-being, overcoming adversity and achieving happiness.

Affirmations work best with daily practice. When we start repeatedly saying positive affirmations to ourselves, even though they may not be true, they embed into our subconscious mind. Eventually they become believable to us and in time, they become a reality. The negative beliefs we hold fade and are replaced with positive, affirming thoughts.

Affirmations help us to:

- Decrease our stress levels.
- Improve our overall physical and mental health.
- Cope with threats from people and events.
- Work harder at work and learning.
- Achieve our fitness, weight and other goals.
- Eat better.

- Be more confident and perform better.
- Change for the better.

Let's practice

Here are some affirmations to use:

- I am worthy of the time and care it takes to make myself feel loved.
- I deserve time to rest and be alone with my thoughts.
- My body is strong and healthy.
- I accept the past. I have a bright and happy future.

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' on p. 54).

REFERENCE LIST

National Early Childhood Development Alliance (2022). 'Steps to Self-care'.

Republic of South Africa (2006). 'Children's Act, 2005', Act no. 38 of 2005. *Government Gazette*, vol. 492, no. 28944, 19 June 2006.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Write notes on the lessons you learnt or other interesting discoveries you made during the training of this session. Include anything that you wish to remember next time you train this session and points that were raised during the session that need addressing in the session/s that follow.



session

3

HEALTHY FAMILY RELATIONSHIPS

SESSION 3: HEALTHY FAMILY RELATIONSHIPS

Learning outcomes

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

- Understand the importance of healthy relationships in bringing up babies and young children.
- Recognise different types of family composition and understand that all families play a critical role in children's development.
- Identify the roles and responsibilities of family members in relation to children's development and lives.
- 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.



3 hours

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. Separate handouts are available for the participants.



The following documents are included:

- Handout 3.1: *Five love languages*
- Background document: *Families and family relationships*
- Reference list

Refer to the general list of resources needed for all training sessions on p. 5.

Handouts for this session

Copies of Handout 3.1: *Five love languages* are 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 1.1: *Course outline*; at the end of this session they can colour in Session 3.



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 out the presentation or you can 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.

Make sure that everyone is comfortable and indicate where the restrooms are. Ask all participants to put their cellphones on silent mode.

Ask the participants to reflect on the highlights of the previous session. This will require recalling the most important aspects of Session 2.

Remind participants that this session deals with healthy family relationships.



10 minutes

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

Purpose of the activity

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



1 hour

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 (for example, social workers, psychologists) 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)

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.



1 hour

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 (for example, social workers, psychologists) 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 parents (fathers and mothers); Group 3 will give advice to aunts and uncles; 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 parents (fathers and mothers).

Group 3 gives advice to aunts and uncles.

Group 4 gives advice to brothers and sisters.

- (c) Each of the four groups needs to give advice to grandparents, or parents, or aunts and uncles, 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: *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.

Key messages

- Children grow up in different types of families.
- A healthy family is one that loves, cares, nurtures and supports the children who are part of it.
- 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.



20 minutes



- 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 care of babies and young children.
- Family members should allow parents the space to parent their child, while still being supportive of them.
- The role of a biological parent remains important in any child's life.

SELF ASSESSMENT

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.



15 minutes

CLOSURE

You are at the end of Session 3. 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 4.

Thank the participants for their involvement in this session and give them Handout 3.1: *Five love languages*.



15 minutes



HANDOUT 3.1: FIVE LOVE LANGUAGES

LOVE LANGUAGE	HOW TO COMMUNICATE	ACTIONS TO TAKE	THINGS TO AVOID
 WORDS OF AFFIRMATION	Encourage, affirm, appreciate, empathise, compliment, listen actively.	Say, "I love you." Write notes saying you are proud of them. Praise them in front of others. Be specific in your praise.	Non-constructive criticism, not recognising or appreciating effort.
 PHYSICAL TOUCH	Non-verbal: use body language and touch to emphasise love.	Hold hands. Give hugs and pats on the back. Read stories together. Have family group hugs.	Physical neglect and abuse of any kind.
 GIFT RECEIVING	Gifts and gestures show that they are known, loved and cared for.	Give thoughtful gifts and gestures. Small things matter in a big way. Express gratitude when receiving a gift.	Forgetting special occasions, unenthusiastic gift giving.
 QUALITY TIME	Provide uninterrupted and focused one-on-one time. Give undivided attention. Watch as they play.	Create special moments together. Make eye contact. Pay attention to details. Eat together as a family.	Distractions when spending time together, long stints without one-on-one time.
 ACTS OF SERVICE	Use action phrases, such as, "I'll help ...". They want to know that you are with them and there to help.	Do chores together. Work on projects together. Pick them up on time.	Making the requests of others a higher priority, lacking follow-through on tasks big and small.

Adapted from: Chapman, G., *The Five Love Languages: The secret to love that lasts*, Northfield Publishing, 2015.

BACKGROUND DOCUMENT: FAMILIES AND FAMILY RELATIONSHIPS

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 raise 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.



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

Children grow up in different types of families.

Nuclear families consist of two parents and their children living together.



Extended families include relatives beyond the nuclear family, such as grandparents, uncles, aunts and cousins, and can include multiple generations living together or in close proximity.



Single-parent families are families headed by one parent who raises the children. The parent may be single due to divorce, separation, death of a spouse or the choice to raise children independently.



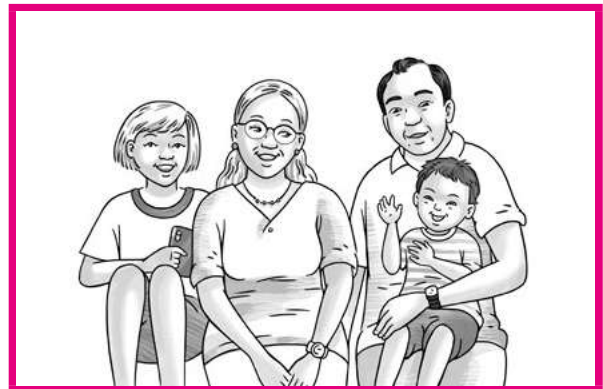
Child-headed households occur when a child takes on the role of caregiver for younger siblings, often due to the death or absence of adult family members.



Cohabitation is where couples live together without formal marriage. This arrangement can include same-sex partnerships and reflects changing social norms regarding relationships and family formation.



Blended or reconstituted families are formed when individuals with children from previous relationships come together through marriage or cohabitation.



Grandparent-headed families are households in which the grandparents take on the role of primary caregiver for their grandchildren.



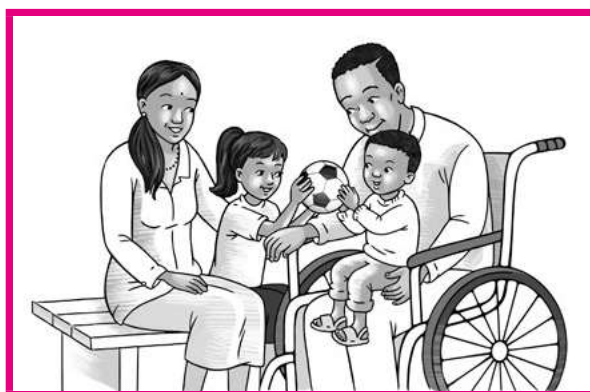
Polygamous families are family units in which an adult is married to more than one spouse at the same time, as part of a cultural and/or religious tradition.



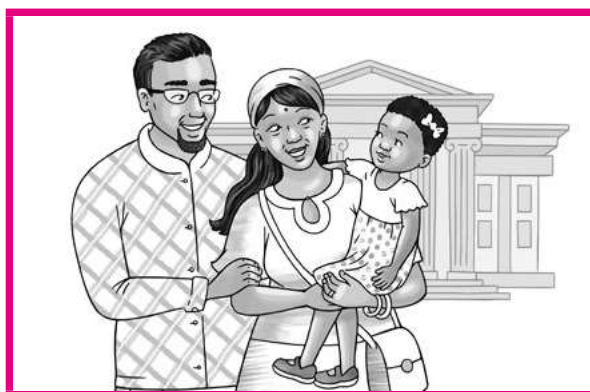
Same-sex parent families are formed by same-sex couples.



Bi-racial or multi-racial families are family units with parents from different racial backgrounds.



Adoptive families are family units in which one or more children have been legally adopted and are raised by non-biological parents. When a child is adopted, it means that the court agrees to give the child permanently to other parent/s who are able to take care of the child. The child who is adopted may be regarded as the natural child of the adoptive parent/s.



Foster families are families approved for the temporary care of foster children.



All the above types of families may include parents/caregivers and/or children with disabilities. Parents/caregivers with disabilities are as capable as non-differently-abled parents/caregivers of raising their children and making informed decisions pertaining to them.

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 babies are born, do they really begin to learn about touch. The sense of touch helps babies to form relationships during the early stages of their lives.

During the first year of life, the following will be experienced:

- Once babies are born, the sense of touch is truly awakened.
- Babies experience the sensation of being held and touched.
- Babies feel a sense of well-being and security when they are held and touched.
- Parents/caregivers must stimulate their babies' senses of sight and hearing, as well as touch.
- When a parent/caregiver gently touches their baby's skin, it helps to reduce the baby's stress. Reduced stress will improve the baby's well-being and health. The baby's breathing and blood circulation improve. Touch can even improve a 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 parents/caregivers handle their babies sensitively, 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.



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. HEALTHY FAMILY RELATIONSHIPS

Healthy family relationships are formed through communication. As soon as babies are born, they start learning about the joy of close relationships. Their 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 to Session 6; it focuses on how play helps build positive relationships). It is important to remember that each baby and young child is unique and has her/his own specific 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 the person 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 eighteen months	Points to something and then looks over to share her/his 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 what your child has discovered. Help your child to see/smell/touch the object. If it is safe, offer your child 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 self-control, 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". You will probably need to give reminders. Always acknowledge when a child shows self-control: "You remembered to bring your milk to the table. Good job."

Parents/caregivers must remember these are only 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 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/caregivers 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/caregivers 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.

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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 challenges and strengths of children with disabilities, and to include them in their games and activities.

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This image shows a full page of a notebook or worksheet. It features approximately 28 horizontal dotted lines spaced evenly down the page, providing a guide for handwriting practice. The background is plain white, and there are no margins, text, or other markings present.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

session 4

POSITIVE DISCIPLINE



SESSION 4: 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.



3 hours

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 included:

- Handout 4.1: *The difference between discipline and punishment*
- Handout 4.2: *Points to remember*
- Handout 4.3: *Discipline and punishment activity*
- Annexure A: *Four situations*
- Background document: *Positive discipline*
- Reference list

Refer to the general list of resources needed for all training sessions on p. 5.

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 1.1: *Course outline* on which they will colour Session 4 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 print out the presentation or you can use colourful pens to write it on flipchart paper or on a piece of A2 card.



INTRODUCTION

Welcome

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

Make sure that everyone is comfortable and indicate where the restrooms are. Ask all participants to put their cellphones on silent mode.

Ask the participants to reflect on the highlights of the previous session. This will involve recalling the most important aspects of Session 3.

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



10 minutes

ACTIVITY: PUNISHMENT AND DISCIPLINE

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.



40 minutes

Preparation work

(a) Read the background document and Handouts 4.1, 4.2 and 4.3.



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 4.1: *The difference between discipline and punishment* and link it to your short information session.
- (g) Also give the participants Handout 4.2: *Points to remember* and link the various points also to your information session.
- (h) Give participants copies of Handout 4.3: *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 4.3:

- 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

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; for example, you cannot let young children play with matches because the natural consequence is that they could burn themselves.
- (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 (for example, a child leaves toys outside) where they could have applied natural consequences.



40 minutes



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 (for example, 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

Purpose of the activity

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

Preparation work

Read the background document.

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.



40 minutes



- (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 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 minutes



SELF ASSESSMENT

15 minutes

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]

CLOSURE

You are at the end of Session 4. Remind participants that this session provided them with some key information on positive discipline that is 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 it with their neighbours.

Ask participants the following question: *Who in my community can provide further advice and guidance on the positive disciplining of my baby and young child?* 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 their children grow up to be disciplined adults.

Thank the participants for their involvement in this session and ensure that all of them received the three handouts.



15 minutes



HANDOUT 4.1: 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 (for example, you are a 'bad' child).



Discipline includes:

- Teaching your children what to do and not only 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, cognitive, 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/caregiver gets to 'blow off steam'.
- The parent/caregiver feels in control.
- The parent/caregiver has not let the child 'get away with it'.
- The parent/caregiver was raised that way.

HANDOUT 4.2: 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: McKay et al., 2008)



HANDOUT 4.3: DISCIPLINE AND PUNISHMENT ACTIVITY

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 timetable 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."

ANNEXURE A: FOUR SCENARIOS

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 you 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: a

Situation 2: c

Situation 3: b

Situation 4: c

Correct answers for the second part of the activity:

Situation 1: c

Situation 2: b

Situation 3: c

Situation 4: c

BACKGROUND DOCUMENT: POSITIVE DISCIPLINE

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 about teaching the baby or young child many skills. It is important that when we discipline, we are *patient*, stay *respectful* and are *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 (McKay et al., 2008; Desmond, 2005).

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/him 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 have finished playing with them; No sweets before mealtimes 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, children are free to explore and touch, but if they do something dangerous, you distract them or remove the item. Use a door or gate so children have boundaries. If necessary, remove them 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 playgroup 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 (for example, let children play on their own). Of course we should protect them if necessary, but being overprotective is unhealthy for babies or children 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 (for example, 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; for example, 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.

2.1.11 Cause and effect

Your children also have to learn to take responsibility for what they do. You will need to help them understand the consequences of their actions. For example, if your children play with a pot and leave it outside, explain that you cannot cook food for them because you do not have the pot you need; ask them to bring the pot inside so you can cook food for them.

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 she/he feels hungry; if a child refuses to wear a jersey, she/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 children run into the street in order to learn that they could be in danger of being hit by a car.

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 children skip a chore, instead of taking away television-watching privileges, have them do extra chores. Another example is when your children leave a mess; instead of grounding them for a week, have them 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 they do not put away their toys, they 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 McKay et al., 2008

Accept the choice: When your child decides, let the decision stand for the time being. For example, if your five-year-old daughter leaves crumbs all over 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. Instead, stay calm and firm and always be kind. Show respect for yourself and your young child. Use positive disciplining methods and never use punishment (see Handouts 4.1, 4.2 and 4.3). 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.

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session 5

LOSS AND TRAUMA



SESSION 5: LOSS AND TRAUMA

Learning outcomes

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

- Understand that babies, toddlers and young children can experience loss and trauma.
- Understand that loss and trauma might look different across different age groups.
- Provide parents/caregivers with strategies to support babies, toddlers and children to cope with loss and/or trauma.

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.



3 hours

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 included:

- Handout 5.1: *Loss and trauma*
- Background document: *Loss and trauma*
- Reference list

Refer to the general list of resources needed for all training sessions on p. 5.

Handouts for this session

Handout 5.1: *Loss and trauma* 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 1.1: *Course outline*; at the end of this unit they will colour in Session 5.

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 out the presentation or you can write it out with colourful pens on flipchart paper or A2 card.



INTRODUCTION

Welcome

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

Make sure that everyone is comfortable and indicate where the restrooms are. Ask participants to put their cellphones on silent mode.

Ask participants to reflect on the highlights of the previous session. They will need to recall the most important aspects of Session 4.

Point out to the participants that this session deals with the loss and trauma experienced by babies, toddlers and young children.

Consider starting the session with a fun and/or movement icebreaker so that participants feel relaxed before exploring topics that may be emotionally challenging and/or triggering for them.



10 minutes

ACTIVITY: LOSS AND TRAUMA

Purpose of the activity

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

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



1 hour



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 four groups.
- (b) Each group will discuss the signs that babies and young children of different ages are experiencing loss and how parents/caregivers can support them – group one: birth to 6 months, group two: 6–12 months, group three: 1–2 years and group four: 3–5 years.
- (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 four groups of equal size.
- (b) Each group must focus on loss in children of different age groups – group one: birth to 6 months, group two: 6–12 months, group three: 1–2 years and group four: 3–5 years.
- (c) Write the following on a flipchart: *What are the key indications or signs that a baby/young child has experienced a loss, such as parents' divorce, loss of a home, death of a family member?*
- (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 the way that loss presents in children depends on their stage of development.
- (i) Conclude by emphasising that both babies and young children can experience loss and trauma despite adults often thinking that they are too 'young' to know what is happening.

Be aware that some participants may find this session an emotionally difficult one and they will need your support in dealing with their emotions.

ACTIVITY: PRACTICAL ADVICE ON LOSS AND TRAUMA**Purpose of the activity**

To give participants the opportunity to suggest practical advice for parents/caregivers on how to deal with loss and trauma affecting their baby or young child.

Preparation work

Read the background document and Handout 5.1: *Loss and trauma*.

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/caregivers on how to help their baby or young child cope with loss and trauma.
- (c) Each group focuses on a different age group – group one: birth to 6 months, group two: 6–12 months, group three: 1–2 years and group four: 3–5 years.
- (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/caregivers on how to help their baby or young child deal with loss and trauma.
- (c) Each group focuses on a different age group – group one: birth to 6 months, group two: 6–12 months, group three: 1–2 years and group four: 3–5 years.
- (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



1 hour



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

- (h) Conclude by pointing out that the way in which parents/ caregivers deal with their own loss and/or trauma influences how their babies and young children will deal with their loss and trauma.

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 loss and trauma as experienced by babies and young children.

Present the PowerPoint presentation: *Loss and trauma*.

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

- Each baby and young child experiences loss in a unique way.
- The manner in which parents/caregivers deal with their own loss and/or trauma influences how their babies and young children will deal with loss and trauma.
- Children should understand loss to be a natural part of life.

SELF ASSESSMENT

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 experience loss. TRUE or FALSE
- (b) Each child experiences loss in their own way. TRUE or FALSE
- (c) A consistent person is the most important support for babies and young children experiencing a loss. TRUE or FALSE



20 minutes



15 minutes

- (d) Loss is a natural part of life. TRUE or FALSE
- (e) The way in which adults deal with their own loss and trauma influences how their babies and young children will deal with loss and trauma. 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 experience loss. [TRUE]
- (b) Each child experiences loss in their own way. [TRUE]
- (c) A consistent person is the most important support for babies and young children experiencing a loss. [TRUE]
- (d) Loss is a natural part of life. [TRUE]
- (e) The way in which adults deal with their own loss and trauma influences how their babies and young children will deal with loss and trauma. [TRUE]

CLOSURE

You are at the end of Session 5. Remind participants that this session provided them with some key information on how babies and young children experience loss and trauma.

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

Ask this question: *If you want further guidance and advice on the way that your (or someone else's) baby or young child experiences loss, 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 trauma.

Remind participants about the date and time for the training of Session 6.

Thank the participants for their involvement in this session and give them the Handout 5.1: *Loss and trauma*.



15 minutes



**HANDOUT 5.1:
LOSS AND TRAUMA**

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

**Dealing with loss is a process. Each baby and child goes
through the various stages of experiencing loss in their
own unique way.**

**The way in which parents/caregivers deal with difficult
situations such as loss and trauma influences how their
babies and young children will deal with their own losses
and traumas.**

Children should experience loss as a natural part of life.

BACKGROUND DOCUMENT: LOSS AND TRAUMA

1. INTRODUCTION

Parents/caregivers frequently believe that babies and young children are not affected by loss, but children struggle to deal with a range of emotional issues as a result of their loss.

Loss refers to the experience of being deprived of someone or something significant. In childhood, this can include the death of a loved one, such as a parent, sibling or caregiver, as well as other forms of separation or absence, such as parental divorce, abandonment or placement in foster care. Loss in childhood can evoke feelings of grief, sadness, confusion and abandonment. It can have a significant impact on a child's emotional and psychological well-being.

2. TYPES OF LOSSES IN CHILDREN

- **Death of a loved one:** The death of a parent, sibling, grandparent, or other significant caregiver or family member is one of the most profound losses a child can experience. This type of loss can evoke intense feelings of grief, sadness, confusion and fear of abandonment, and may lead to difficulties in understanding and coping with death.
- **Divorce or separation:** The divorce or separation of parents can be a major loss for children, as it disrupts the family structure and may lead to changes in living arrangements, routines and relationships with parents and siblings. Children may experience feelings of confusion, sadness, anger and loyalty conflicts, and may struggle to adjust to the changes in their family dynamics.
- **Loss of home or stability:** Children who experience homelessness, displacement due to natural disasters or frequent moves may face the loss of home and stability, which can disrupt their sense of safety, security and belonging. This type of loss can lead to feelings of insecurity, anxiety and uncertainty about the future.
- **Loss of relationships:** Children may experience loss through the end of friendships, peer rejection or estrangement from family members or caregivers. This type of loss can evoke feelings of loneliness, sadness and rejection, and may impact children's self-esteem and social development.

- **Loss of pets:** The death or loss of a beloved pet can be a significant loss for children as pets often play an important role in their lives as companions, confidants and sources of comfort and support. Children may experience feelings of grief, sadness and loneliness following the loss of a pet and may struggle to understand and cope with their emotions.
- **Loss of abilities or health:** Children who experience illness, injury or disability may face the loss of physical abilities, independence or health. This type of loss can have profound effects on children's self-esteem, identity and sense of control, and may lead to feelings of frustration, anger and grief.
- **Loss of culture or identity:** Children who are adopted or who grow up in culturally diverse or transnational families may experience loss related to their cultural heritage, language or identity. This type of loss can lead to feelings of confusion, identity crisis and a sense of not belonging, particularly if children are disconnected from their cultural roots or experience discrimination or prejudice.
- **Loss of innocence:** Children who experience trauma, abuse or exposure to violence may lose their sense of innocence and trust in the world. This type of loss can have profound effects on children's emotional and psychological well-being, leading to feelings of fear, helplessness and vulnerability, and may impact their ability to form healthy relationships and navigate the world safely.

3. THE IMPORTANCE OF ADDRESSING LOSS IN CHILDREN

Addressing loss in children is essential for supporting their healthy development, academic success, social and emotional skills development and mental health. It is necessary to resolve behavioural challenges, prevent revictimization and promote positive long-term outcomes. Addressing loss requires a compassionate and holistic approach that recognises the unique needs and experiences of each child and provides them with the support and resources they need to heal and thrive.

- **Healthy development:** Children's brains and emotional regulation systems are still developing, making them particularly vulnerable to the effects of trauma and loss. Untreated trauma can disrupt normal development, leading to difficulties in emotional regulation, cognition and behaviour. Addressing loss and trauma

early can help mitigate these negative effects and support healthy development.

- **Academic success:** Trauma and loss can significantly impact children's ability to learn and succeed academically. Children who have experienced trauma may struggle with attention, concentration and memory, leading to academic difficulties and underachievement. By addressing their experiences of trauma and loss and providing appropriate support, we can help children overcome these challenges and reach their full academic potential.
- **Social and emotional skills:** Trauma and loss can disrupt children's social and emotional development, leading to difficulties in forming relationships, regulating emotions and solving problems. Addressing their experiences of trauma and loss can help them develop coping skills, resilience and healthy ways of relating to others, enhancing their social and emotional well-being.
- **Mental health:** Untreated trauma and loss can have long-lasting effects on children's mental health, increasing their risk of developing anxiety, depression, post-traumatic stress disorder and other mental health disorders later in life. By addressing their experiences of trauma and loss early and providing appropriate interventions, mental health professionals can help prevent or mitigate the development of these disorders and promote children's overall well-being.
- **Behavioural challenges:** Children who have experienced trauma or loss may exhibit a range of behavioural challenges, including aggression, withdrawal and acting out. Addressing the underlying trauma can help reduce these behavioural challenges and support more positive coping strategies and interactions with others.

4. IMPACT OF LOSS ON BABIES, TODDLERS AND CHILDREN

- **Infancy (0–2 years):** Infants may not have a cognitive understanding of loss, but they are still affected by disruptions in their relationship with a primary caregiver. Loss of a primary caregiver or separation from caregivers due to death, illness or for other reasons can lead to attachment issues, separation anxiety and difficulties in forming secure attachment with new caregivers. Infants may exhibit changes in sleep patterns, appetite and mood in response to loss and they may become more clingy or irritable.



- **Early childhood (2–6 years):** Children in early childhood may have a limited understanding of death and may view it as temporary or reversible. Loss of a parent, sibling or other significant caregiver can lead to feelings of abandonment, fear and confusion. Young children may express their grief during play, drawing or imaginative activities and they may exhibit regression in behaviour, such as bedwetting or tantrums. Children in this age group may benefit from simple and concrete explanations of death and consistent reassurance and support from caregivers.



Babies and young children experiencing loss may have a feeling that they do not like. This often leads to them seeming to moan, nag or act in a manner that is atypical (unusual) for no apparent reason. Parents/caregivers need to recognise abnormal and unusual behaviour in their babies or children in order to be able to recognise that they are experiencing loss and/or trauma.

5. HOW CHILDREN RESPOND TO LOSS

Emotional responses

- **Sadness:** Children may express sadness through tears, moodiness, or withdrawal.
- **Anger:** Children may feel angry about the loss, expressing frustration, resentment or irritability.
- **Fear:** Children may experience fear related to the loss, such as fear of abandonment or fear of death.
- **Guilt:** Children may experience feelings of guilt or responsibility for the loss, even if they are not directly responsible.

Behavioural responses

- **Regression:** Children may exhibit behaviours typical of younger ages, such as bedwetting, clinging to caregivers or seeking comfort objects.
- **Changes in appetite and sleep:** Children may experience changes in eating and sleeping patterns, such as loss of appetite or difficulty falling asleep.
- **Withdrawal:** Children may withdraw from social activities or interactions, preferring to spend time alone or with trusted caregivers.
- **Acting out:** Children may exhibit challenging behaviours, such as aggression, defiance or attention-seeking, as a way of expressing their emotions or seeking attention.

Cognitive responses

- **Confusion:** Children may have difficulty understanding the concept of death and may struggle to make sense of the loss.
- **Questions:** Children may ask questions about death, the deceased and what happens after death as they try to process their feelings and thoughts.
- **Magical thinking:** Younger children may engage in magical thinking, believing that their thoughts or actions caused the loss or that the deceased will return.

Physical responses

- **Somatic symptoms:** Children may experience physical symptoms, such as headaches, stomach aches or fatigue, which can be manifestations of emotional distress.
- **Changes in energy level:** Children may exhibit changes in energy level, ranging from lethargy and fatigue to restlessness and hyperactivity.
- **Psychosomatic illness:** Children may develop psychosomatic illnesses, where emotional distress manifests as physical symptoms without an underlying medical cause.

Social responses

- **Seeking support:** Children may seek support from trusted caregivers, friends or other family members, expressing their feelings and seeking comfort.
- **Isolation:** Children may withdraw from social interactions or activities, preferring to grieve privately or avoid reminders of the loss.
- **Peer relationships:** Children may struggle to navigate peer relationships, feeling different or isolated from their peers who have not experienced a similar loss.

6. HOW TO SUPPORT CHILDREN THROUGH LOSS

- **Create a safe and supportive environment:** Provide children with a safe and nurturing environment where they feel comfortable expressing their feelings and seeking support. Encourage open communication and reassure children that it's okay to talk about their emotions and experiences.

- **Validate their feelings:** Validate children's feelings and experiences by acknowledging their emotions and offering empathy and understanding. Let children know that their feelings are normal and natural responses to loss and trauma. Reassure them that it is okay to grieve in their own way and at their own pace.
- **Listen and be present:** Take the time to listen to children's thoughts, feelings and concerns without judgment or interruption. Be fully present and attentive during conversations and offer your undivided attention and support.
- **Provide age-appropriate information:** Offer children age-appropriate information about loss and trauma, using simple and concrete language that they can understand. Answer their questions honestly and provide reassurance and comfort as needed.
- **Maintain routines and structure:** Maintain regular routines and structure in children's lives to provide a sense of stability and predictability during times of upheaval. Stick to familiar routines as much as possible and provide consistent support and caregiving to help children feel safe and secure.
- **Encourage expression and coping strategies:** Encourage children to express their feelings and cope with their emotions in healthy ways. Offer a variety of coping strategies, such as talking, writing, drawing, playing or engaging in relaxation techniques. Support children in finding the strategies that work best for them.
- **Offer practical support:** Offer practical support to help children navigate the challenges of loss and trauma, such as providing assistance with daily tasks, accessing resources and services, and addressing any practical needs or concerns.
- **Seek professional help, if needed:** If children are struggling to cope with loss and trauma or experiencing significant emotional distress, consider seeking professional help from a mental health professional who specialises in working with children and trauma. A therapist can provide individualised support and interventions to help children heal and recover.
- **Encourage self-care for caregivers:** Support caregivers in taking care of themselves and managing their own stress and emotions. Encourage self-care practices, such as exercise.



7. TRAUMA

What is trauma?

- Trauma is the exposure to actual or threatened death, serious injury or sexual violence.
- It also includes experiences of direct trauma exposure, witnessing trauma or learning about trauma experienced by a close friend or relative.
- *Examples of trauma in children six years and younger:* motor vehicle accidents, bullying, terrorism, exposure to war, child maltreatment (physical, sexual and emotional abuse, and/or neglect) and exposure to domestic and community violence.

Symptoms of trauma

- Re-experiencing symptoms, such as having flashbacks, bad dreams and frightening thoughts.
- Avoidance symptoms, such as staying away from places, objects and people that are reminders of the traumatic event.
- Arousal and reactivity symptoms, such as being easily startled, feeling tense or on edge, having difficulty sleeping, having temper tantrums, uncontrollable crying and intense anger reactions.
- Mood symptoms, such as feelings of guilt and blame, and loss of interest in joyful activities.

Refer a child to a healthcare clinic, if the symptoms persist.

Impact of trauma

Exposure to childhood trauma leads to an increased level in cortisol, which is a hormone the body releases to protect itself from harm, it regulates the stress response. Young children who experience trauma:

- May experience health issues, such as respiratory diseases, fever, diarrhoea, anaemia, growth delays, rapid breathing and coughing.
- May have delayed or regressed language skills and behavioural problems.
- May experience feelings of isolation, hopelessness or worthlessness, nightmares and low self-esteem.
- Are at risk for social-emotional difficulties and delayed cognitive development.

8. THERAPEUTIC ACTIVITIES FOR CHILDREN SUFFERING FROM LOSS AND TRAUMA

- **Art therapy:** Encourage children to express their feelings through art, such as drawing, painting or sculpting. Provide a variety of art materials and let them create whatever comes to mind. Art can be a powerful way for children to communicate and process their emotions.
- **Journaling:** Provide children with journals or notebooks where they can write or draw their thoughts and feelings about their experiences. Journaling can help children externalise their emotions, gain insight into their feelings and track their progress over time.
- **Storytelling:** Use storytelling as a therapeutic tool to help children make sense of their experiences and emotions. Read or create stories together that address themes of loss, resilience and healing. Encourage children to share their own stories or create their own narratives.
- **Play therapy:** Play therapy allows children to express themselves and work through their feelings in a safe and non-threatening way. Provide children with a variety of toys, games and activities, and let them play freely while observing and participating in their play.
- **Memory box or scrapbook:** Help children create a memory box or scrapbook to honour and remember people or pets they have lost. Encourage them to include photos, mementos, drawings and written memories that hold special meaning for them.
- **Music and movement:** Use music and movement as a therapeutic outlet for children to express their emotions. Play calming or uplifting music and encourage children to dance, move or sing along. Music can help regulate emotions and provide comfort during difficult times.
- **Nature exploration:** Spend time outdoors in nature, engaging in activities such as walking, hiking, gardening or simply sitting and observing. Nature can have a calming and grounding effect on children, providing a peaceful space for reflection and healing.
- **Mindfulness and relaxation techniques:** Teach children mindfulness and relaxation techniques to help them manage stress and anxiety. Practice deep breathing exercises, guided imagery or progressive muscle relaxation together to promote relaxation and emotional regulation.
- **Puppet play:** Use puppets or stuffed animals to facilitate play and storytelling about loss and trauma. Children can use puppets



to act out their feelings and experiences, giving them a sense of control and distance from their emotions.

- **Therapeutic games and activities:** Use board games, card games or therapeutic activities specifically designed to help children cope with loss and trauma. These activities may include memory games, emotion cards or grief workbooks that provide prompts and exercises for self-reflection and expression.

9. 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 loss and/or trauma. Parents/caregivers must also remember that the way they deal with loss and trauma 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 trauma.

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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 wears a white top with a delicate floral pattern. The background is a soft, warm-toned sketch. The entire illustration is framed within a rounded rectangle on the left side of the page.

session 6

HEALTH AND NUTRITION

SESSION 6: HEALTH AND NUTRITION

Learning outcomes

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

- Understand RTHB messages for babies and young children.
- Understand pillars of the RTHB 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.



3 hours

Preparation work for the trainer

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



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

- Handout 6.1: *Immunisation schedule*
- Handout 6.2: *Danger signs*
- Annexure A: *Five nutrition message cards*
- Annexure B: *RTHB pillar cards*
- Background document: *Health and nutrition*
- Reference list

The trainer needs to focus in particular on the following in the RTHB:

- Pillar 1: Nutrition (p. 4)
- Pillar 2: Love (p. 22)
- Pillar 3: Protection (p. 26)
- Pillar 4: Healthcare (p. 30)
- Pillar 5: Extra care (p. 40)

Refer to the general list of resources needed for all training sessions on p. 5.

Handouts for this session

Two handouts are provided in this session: Handout 6.1: *Immunisation schedule* and Handout 6.2: *Danger signs*. Make sure that there are enough copies for each participant. Also remember that participants will need their copies of Handout 1.1: *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 out the presentation or you can 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.

Make sure that everyone is comfortable and indicate where the restrooms are. Ask all participants to put their cellphones on silent mode.

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

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



10 minutes

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 (RTHB, Pillar 1).



1 hour

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.

Implementation of the activity

- (a) Divide them into five groups. Give each group one of the following to discuss:
 - Group 1: Feeding birth to 6 months
 - Group 2: Feeding 6–12 months
 - Group 3: Feeding 1–2 years
 - Group 4: Feeding 3–5 years
 - 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, who 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 the other four RTHB pillars for babies and young children.

Preparation work

- (a) See Annexure B for the pillar cards that will be used for this activity.
- (b) Make enough copies of the card so that there is one card for each pair of participants.
- (c) Cut out the cards.

Explanation of the activity

- (a) Explain to participants that they will be divided into pairs.
- (b) One participant in each pair will take on the role of a healthcare 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.
- (b) Give each pair one of the pillar cards which they will use to prepare their role play.
- (c) Explain to each pair that they should focus their role play on the 'pillar' topic on the card they have been given.
- (d) Explain to the participants that they should decide who is going to be the parent/caregiver and who will be the healthcare worker.
- (e) They need 15 minutes to prepare their role plays which they will then perform for the rest of the participants.
- (f) After 15 minutes, ask pairs to stop working and come back to their places.



1 hour



Note that although the RTHB has five pillars, this activity focuses on the four pillars of love, protection, healthcare and extra care because the health and nutrition pillar has already been covered.

- (g) Let them take turns to present their role plays in the following order:
- Pillar: Love
 - Pillar: Protection
 - Pillar: Healthcare
 - Pillar: Extra care
- (h) Watch each role play. Comment on the information 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 and RTHB.
- (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.

PRESENTATION

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

Road to Health booklet

- Every child receives a RTHB at birth. The booklet is provided to every mother upon the child's birth to record the child's medical history, health, growth and development from birth to the age of five.
- The RTHB gives advice on how to raise a happy, healthy child. It covers all aspects necessary for children to grow and develop.
- It covers every child's need for: (i) good nutrition, (ii) lots of love, playing and talking, (iii) protection from disease and injury,



20 minutes

(iv) healthcare when they are sick or injured and (v) extra care and support, where necessary.

Nutrition

- Good nutrition is important for mothers and their children so that children can grow and be healthy.
- Good nutrition starts with breastfeeding. Babies only need breastmilk and nothing else during the first six months of life. This is called exclusive breastfeeding.
- Children should be fed enough, good quality food from 6 months of age and breastfeeding should continue until they are at least 2 years old.
- Use a mid-upper arm circumference (or, MUAC) tape to identify and refer children with malnutrition.



Love

- Children learn from looking at their parents/caregivers when they hold their children close, offer them love and play with and talk to them.
- Help children develop and learn by (i) being responsive to their needs and likes/dislikes, (ii) holding, hugging, singing and talking to them, (iii) telling stories and reading to them and (iv) identifying possible developmental delays in their children and seeking professional support with this.



Protection

- Children can be protected from disease and injury by getting immunised and by playing in safe places.
- Protect children from preventable disease and injury by (i) making sure they are immunised, (ii) ensuring they receive routine treatments (Vitamin A and deworming), (iii) promoting handwashing and (iv) maintaining a healthy environment.
- Many serious injuries can be prevented if you look after your child carefully and keep their environment safe.
- Children should not be left alone, unattended or unsupervised. Parents/caregivers should ensure that there is always a responsible adult taking care of their children. They should know where their children are at all times.



Healthcare

- Children need help from their parents/caregivers and/or a health worker when they are sick or injured.

- Ensure that sick children receive the necessary healthcare by (i) knowing what the danger signs are and what to do if a child exhibits any of these signs, (ii) identifying and referring a child who displays any of the danger signs and (iii) using an oral rehydration solution (or ORS) when a child has diarrhoea.
- Look out for the danger signs and take children to the nearest clinic immediately if you see any of the signs.
- Parents/caregivers who are HIV positive, should make sure that they get the treatment that they and their children need to stay healthy. If they are unsure of their status, they can approach a health worker for HIV counselling and testing.
- Tuberculosis (TB) infection is common. Parents/caregivers should go to their nearest clinic if they have a cough lasting longer than two weeks, weight loss or night sweats, or if someone else in their household has TB. If there is, babies should receive medicine for six months to prevent TB.

Extra care

- Children may need special care or support and knowing what to do and where to go will help both them and their parents/caregivers.
- Provide extra care by making sure that (i) all children have a birth certificate, (ii) children receive the child-support grant and other support and (iii) children with long-term health conditions (including HIV infection) get the right care and treatment.
- Children with mental and physical disabilities need extra care. Parents/caregivers who have children with disabilities will need extra support with caring for and protecting their children. They should ask a health worker to refer them to a social worker for parenting support. Joining a support group allows parents/caregivers to share their experiences.

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.



15 minutes

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

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

CLOSURE

You are at the end of Session 6. 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 7.

Thank everyone for their participation in this session's activities and give them copies of both handouts.



15 minutes



HANDOUT 6.1: IMMUNISATION SCHEDULE

Age of child	Vaccines needed	How and where it is given
At birth	BCG: bacille Calmette-Guérin	Right arm
	OPV (0): oral polio vaccine	Drops by mouth
6 weeks	OPV (1): oral polio vaccine	Drops by mouth
	RV (1): rotavirus vaccine	Liquid by mouth
	DTaP-IPV-Hib-HBV (1): diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and <i>Haemophilus influenzae type B</i> and hepatitis B combined	Intramuscular/left thigh
	PCV (1): pneumococcal conjugate vaccine	Intramuscular/right thigh
10 weeks	DTaP-IPV-Hib-HBV (2): diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and <i>Haemophilus influenzae type B</i> and hepatitis B combined	Intramuscular/left thigh
14 weeks	RV (2): rotavirus vaccine*	Liquid by mouth
	DTaP-IPV-Hib-HBV (3): diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and <i>Haemophilus influenzae type B</i> and hepatitis B combined	Intramuscular/left thigh
	PCV (2): pneumococcal conjugate vaccine	Intramuscular/right thigh
6 months	Measles rubella vaccine (1)**	Subcutaneous/left thigh
9 months	PCV (3): pneumococcal conjugate vaccine	Intramuscular/right thigh
12 months	Measles rubella vaccine (2)	Subcutaneous/right arm
18 months	DTaP-IPV-Hib-HBV (4): diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and <i>Haemophilus influenzae type B</i> and hepatitis B combined	Intramuscular/left arm
6 years (both boys and girls)	Tdap: tetanus, reduced strength diphtheria and acellular pertussis vaccine	Intramuscular/left arm
12 years (both boys and girls)	Tdap: tetanus, reduced strength diphtheria and acellular pertussis vaccine	Intramuscular/left arm

* Rotavirus vaccine should NOT be administered after 24 weeks.

**Do not administer with any other vaccine unless the child is 9 months or older.

Source: Department of Health, *Expanded Programme on Immunisation: EPI (SA) Revised Childhood Immunisation schedule from January 2024*

**HANDOUT 6.2:
DANGER SIGNS**

DANGER SIGNS

Take your child to the nearest clinic if you see any of the following:



1 Child is coughing and breathing fast (more than 50 breaths per minute).



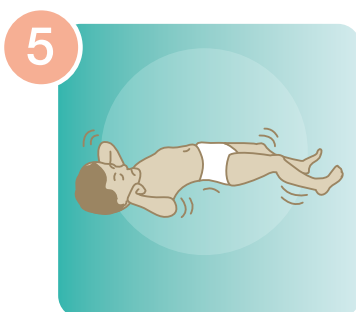
2 Child under 2 months old has a fever and is not feeding.



3 Child is vomiting everything.



4 Child has diarrhoea, sunken eyes and a sunken fontanelle.



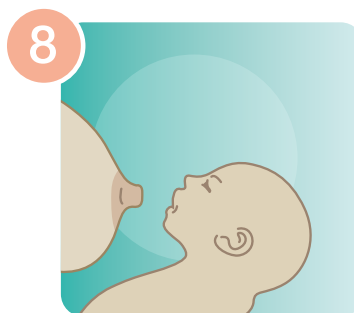
5 Child is shaking (convulsions).



6 Child has signs of malnutrition (swollen ankles and feet).



7 Child is not moving or does not wake up.



8 Child is unable to breastfeed.

**ANNEXURE A:
NUTRITION MESSAGE CARDS**

**Feeding birth to
6 months**

Feeding 6–12 months

Feeding 1–2 years

**Vitamins and
minerals**

Feeding 3–5 years

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.

ANNEXURE B: RTHB PILLAR CARDS

These four health pillar cards are for use in Activity: Health practices. Make copies of the cards on a piece of paper. Cut out each card. Each pair receives one of the cards for discussion purposes.



Adapted from: Department of Health, *Road to Health*, Pretoria, Republic of South Africa, 2018.

BACKGROUND DOCUMENT: HEALTH AND NUTRITION

1. IMMUNISATION

The immunisation of babies and young children is very important because it protects them against illness. Immunisation is the use of specially prepared medicine/drugs that help protect a 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.

Parents are usually informed at the birth of their child about the necessary immunisation. Immunisation is free and is available at local primary healthcare clinics. Babies receive a RTHB to help their parents/caregivers and the clinic through the immunisation timetable to ensure that babies and children get all the necessary immunisations.



2. TAKING CARE OF SICK CHILDREN

Observation of babies and young children is essential to be able to see changes in behaviour that might indicate illness.

It is important that parents/caregivers pay close attention to children who are sick. They should be taken to a clinic immediately if they display any of the eight danger signs in the RTHB.

Parents/caregivers should continue to feed sick children. If a sick child is breastfed, breastfeeding should take place more often. If a 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 for children, they need to receive the full course, even when they appear to be getting better. Children should be taken back to the clinic if they are getting sicker. If a follow-up visit was scheduled, children must be taken to the clinic – even if they appear to be getting better.

Children must be taken to hospital if the health worker requests this.

Looking after sick children is very tiring. They need more love, attention, care and patience than healthy children.



3. EFFECT OF ALCOHOL USE WHILE PREGNANT AND BREASTFEEDING

Alcohol is a socially accepted drug in many communities. However, it is dangerous to use alcohol during pregnancy and during breastfeeding. The use of alcohol during pregnancy can lead to babies being born with foetal alcohol syndrome (FAS). These babies are born with health impairments and have intellectual and physical disabilities. This means that they will develop at a slower pace and may not reach their milestones. These health impairments can be a strain on families and caregivers.

4. HYGIENE PRACTICES

Babies and young children are especially vulnerable and poor hygiene can lead to diseases such as diarrhoea and cholera.

It is important that children's faeces are safely disposed of in a toilet or in a covered pit. This prevents 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 after contact with faeces. They should also wash their hands before preparing meals and feeding children.



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session 7

PLAY AND CREATIVITY



SESSION 7: PLAY AND CREATIVITY

Learning outcomes

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

- Understand the importance of play and how it contributes to children's development.
- Recognise the stages of play.
- Identify suitable guidelines on screen time for 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.



3 hours

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. This document guides you on how to answer questions that may arise during the training. You do not share or hand it out during the training; it is for the trainer's own use only. A handout is available for the participants.



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

- Handout 7.1: *Play and creativity*
- Background document: *Play and screen time*
- Reference list

Refer to the general list of resources needed for all training sessions on p. 5.

Handouts for this session

Handout 7.1: *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 1.1: *Course outline* to colour in Session 7 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 print out the presentation or you can write it out with colourful pens on flipchart paper or on a piece of A2 card.



INTRODUCTION

Welcome

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

Make sure that everyone is comfortable and indicate where the restrooms are. Ask all participants to put their cellphones on silent mode.

Ask participants to recall the highlights of the previous session. This will require recalling the most important aspects of Session 6.

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



10 minutes

ACTIVITY: WHY IS PLAY IMPORTANT?

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.



1 hour

Preparation work

(a) Read the background document.



Explanation of the activity

- (a) Explain to the participants that this activity is a whole-group discussion in which they are going to think about the importance of play.
- (b) Participants will discuss a set of questions in order to reflect on the nature and role of play.
- (c) Participants should draw on their own experience and understanding to answer the questions.

Implementation of the activity

- (a) Use flipchart paper and write the heading: *The importance of play*.
- (b) Ask participants the following questions, allowing time for discussion after each question:
 - What is your understanding of play?
 - Why is play important for babies and young children?
 - Do you think children should play with their peers or parents/ caregivers or both? Explain your answer.
 - Do children learn when they play alone?
 - Do you think allowing children to play in times of crisis is important?
 - How much screen time should babies and young children have each day?
- (c) Encourage participants to draw on their own experience and understanding to answer the questions.

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 cognitive 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.



1 hour



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 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 play.

Preparation work

- (a) Read the background document.

Explanation of the activity

- (a) Explain to participants that they will be divided into three groups.
- (b) Each group needs to introduce either a traditional game, using stones, chairs, clothes or groceries, 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.



1 hour



- (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 to avoid buying toys 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.

SELF ASSESSMENT

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 these questions in participants' first language. Explain to the participants that this is not a test but rather a way to see for themselves how much they have learnt during the session. The



20 minutes



15 minutes

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) Learning happens even when a child plays alone. TRUE or FALSE
- (f) Excessive or inappropriate use of digital media negatively affects the health and development of babies and young children. TRUE or FALSE
- (g) Babies and young children learn to think and solve problems while they play. 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: ABET Development Services Trust, Early Learning Resources Unit and Family Literacy Project, *Parents and Young Children: Parents can help their children learn*, 2005.)

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) Learning happens even when a child plays alone. [TRUE]

- (f) Excessive or inappropriate use of digital media negatively affects the health and development of babies and young children. [TRUE]
- (g) Babies and young children learn to think and solve problems while they play. [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 7. 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 and ECD programmes. 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 8.

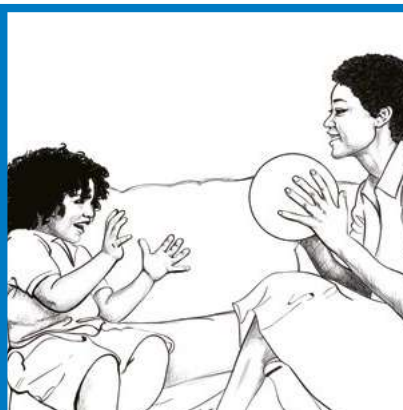
Thank the participants for their involvement in this session and give them Handout 7.1: *Play and creativity*.



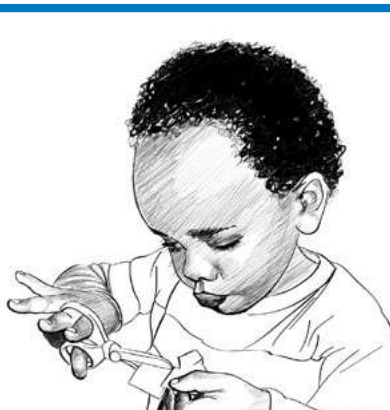
15 minutes



HANDOUT 7.1: PLAY AND CREATIVITY



When children run, swim, climb or kick a ball, they use their large muscles.



When children cut 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: PLAY AND SCREEN TIME

1. IMPORTANCE OF LEARNING THROUGH PLAY

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 (session 8), social and emotional development (session 9), and brain development and language stimulation (session 10).

Much can be discovered about children 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.

Children are considered the experts on play – an empowering experience that allows for learning and development in an enjoyable way. Play happens when children respond to the brain's need for multi-sensory, multi-modal experiences in making contact. It therefore should include social, complex and challenging developmental experiences in which children assimilate information from the environment.

Healthy play experiences are considered imperative for the general adjustment of children to their ever-changing sociocultural environment. Play therapy can be used in crisis situations to encourage children to express themselves and work through their feelings in a safe and non-threatening environment.



2. PLAY AS A TOOL FOR LEARNING

Play has been recognised as critical in supporting children's learning, development and well-being. From birth, children possess a natural, inherent drive to learn. According to social learning theorists, children:

- Learn by observing and imitating the most relevant social models around them.
- Adopt new behaviours through imitating or modelling.
- Learn by making mental notes of what they see, then later recalling these mental representations to reproduce the behaviour of these social models.

From this, it becomes clear that learning through observation is a form of cognitive learning. Children's inherent 'drive to learn' comes from the brain's biology.

Continuous exposure to playful experiences helps children to positively develop life skills that are essential for later life.

3. 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.

4. STAGES OF PLAY

Young children and babies play on their own. As they grow older, they will want to play more with other children. The stages of play describe how children's play develops over time.

- **Unoccupied play (0–3 months):** This type of play occurs during infancy. Babies make movements with their bodies and make sounds. They are exploring and learning about their environment.
- **Solitary play (0–2 years):** The child plays alone and is not interested in playing with others. This is the stage the child is not really aware of others.
- **Onlooker play (2 years):** The child watches other children playing, asking questions about or commenting on how the other children are playing.

- **Parallel play (2+ years):** The child plays alongside other children but without talking to them very much.
- **Associate play (3–4 years):** The child plays together with other children. They take on different roles in the group in make-believe games.
- **Co-operative play (4+ years):** The child plays with others and displays interest in both the activity and the other children involved in the playing.

It is important to remember that the above are the broad stages that have been identified. Because each child is unique, individual children may do things earlier or later than the identified ages or do things differently. Experts use these stages as a general tool with which to track a child's development.

5. HOW DOES PLAY DEVELOP BETWEEN BIRTH AND FIVE YEARS?

Children learn differently at particular ages. How children play develops over time and it is a process. Here is an outline of this process:

1–4 months

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



4–8 months

Babies start to involve objects and people outside their bodies. For example, the baby 'coos' (i.e., makes sounds with rounded lips), the mother smiles and this makes the baby feel good. The baby wants her/his mother to stay with her/him, so she/he 'coos' again.



8–12 months

Babies start to do two or more actions to solve new challenges. They 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.



1-1½ years

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

**1½-2 years**

Babies understand that, for example, when a ball rolls out of sight, they can follow it and see where it has gone.

**2-4 years**

Children use an object such as a broomstick to represent a horse, or pretend that a piece of wood is a little car. Children are also able to identify and name things that they play with, as well as other things that are not in their immediate environment.

**5 years**

Children are 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.).

6. 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.)

7. 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 children continually exaggerate, it can be an indication of low self-esteem: their fantasy stories are making them 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/his self-esteem. Give more attention and approval to your child's real strengths and abilities while taking less notice of her/his make-believe stories. Do this in such a way that your child does not even realise you are diverting attention away from the exaggerated story she/he was telling you.

If, however, the child is actually telling a lie rather than adding to a 'comfortable fantasy', you should make it clear that you know that what is being said 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 you 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: United Nations Children's Fund, 'Session 3.1d: Milestones in early childhood' in *Early Childhood Resource Pack: Young child survival, growth and development*, CD-ROM, 2004.)

8. WHAT HAPPENS TO CHILDREN WHEN THEY PLAY?

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

Many different things happen to children when they play. Children learn to handle how they feel about particular things happening to them during 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.



9. A GUIDE TO PLAY FOR CHILDREN IN TIMES OF CRISES

Children in crisis situations benefit the most from play if it is freely chosen, personally directed, intrinsically motivated and done in a secure environment. Play manages emotions and promotes resilience in the face of adversity.

Here are some activity ideas:

- **Clay work:** Playing with clay offers children a sensory experience. It is an effective tool to support children in unblocking feelings in a non-verbal way. Children can roll, flatten, pull, wrap, tear and pinch the clay or make a hole through it. Note, however, that some children may perceive clay as 'messy' or 'slimy' and not want to play with it. Rather than pushing them to do so, gradually introduce them to it by using dry clay first.
- **Sand play:** Sand play allows children to use symbols within a defined space to tell their story. While telling their story, children are able to recreate in the sand imaginative events and situations experienced in the past and present.
- **Toy animal play:** Playing with toy animals can stimulate rich discussions of family life when culturally customised to reflect the familiar roles and relationships of people in children's lives.
- **Music and movement:** Music can be soothing and relaxing. It is a universal experience and offers children opportunities for creative expression. The range of sounds and rhythms in music facilitate connection with deep emotions.

10. 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.



- It is important for babies and young children to sometimes play outside and run, climb, etc.
- 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.
- 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 cognitive development because they learn to take turns, to identify shapes and colours, etc.
- 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.
- Parents/caregivers who have children with disabilities are encouraged to use play as a stimulus 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.

11. RECOMMENDED SCREEN TIME

Play offers children the opportunities they need to develop the skills critical to being able to navigate the digital world of the 21st century. Because many parents/caregivers do not realise this, the phenomenon of children spending too much time engaging with screens, such as a cellphone, tablet, laptop or television, is growing significantly. Research suggests that this is having a detrimental effect on children's development.

To assist parents/caregivers, the World Health Organization has developed guidelines on screen time for children of different ages.

Children under 1½ years old

- **Guideline:** Zero screen time.
- For optimal brain development, babies and toddlers require quality interactions with their environment. Screen time can hinder the real-world engagements vital to their growth.
- **Impact of screen time on children in this age group:**
Excessive or inappropriate use of digital media can negatively affect the health and development of babies and toddlers. This includes the following problems that manifest later in life in early learning programmes and at primary school:
 - Delayed physical and language development;
 - Reduced social skills;
 - Attention problems, including shortened attention spans;
 - Aggression; and
 - Difficulty regulating emotions and behaviour.

Children aged 1½–2 years

- **Guideline:** Zero unsupervised screen time.
- Young children struggle to comprehend speech on screens without adult supervision until age 2. This is why they learn more from real-life experiences than screens and are less likely to retain information obtained from screens.
- Watching limited age-appropriate educational content together with a parent/caregiver may be of some benefit to children in this age group, although more research is needed to confirm this.

- **Impact of screen time on children in this age group:**
Unsupervised screen time, engagement with inappropriate content and background viewing can negatively affect children's:
 - Attention capacity;
 - Executive functions;
 - Physical and language development;
 - School readiness; and
 - Interactions with their parents/caregivers.

Children aged 2–5 years

- **Guideline:** Less than 1 hour on weekdays and 3 hours over weekends should be spent on high-quality programming (programmes that focus on educational content, encourage active participation and have been developed by child development specialists to promote language, problem-solving, and social and emotional skills).
- **Impact of excessive screen time on children in this age group:** High screen use is linked to:
 - Lack of sleep (resulting from blue-light exposure);
 - Body weight issues (being overweight or obese);
 - Social difficulties;
 - Delays in language development;
 - Decreased learning abilities; and
 - Changes in patterns of thinking.

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This image shows a full page of a notebook or worksheet. It features approximately 20 evenly spaced horizontal dotted lines across its entire width, providing a guide for handwriting practice. The background is plain white, and there are no margins, text, or other markings present.

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A stylized illustration of a young boy with curly brown hair, wearing a white t-shirt and blue shorts, climbing a thick, braided rope. He is looking up with a determined expression. The background is a vibrant, textured green, suggesting foliage. The illustration is done in a sketchy, painterly style with bold outlines and visible brushstrokes.

session

8

PHYSICAL DEVELOPMENT

SESSION 8: 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.



3 hours

Preparation work for the trainer

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



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

- Handout 8.1: *Physical development of babies and young children*
- Background document: *Physical development*
- Reference list

In addition to the resources listed on p. 5, you will also need the following resources for this session:

- Magazines, newspapers, books
- Scissors
- Glue

Handouts for this session

Handout 8.1: *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 1.1: *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 print out the presentation or you can write it out with colourful pens on flipchart paper or a piece of A2 card.



INTRODUCTION

Welcome

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

Make sure that everyone is comfortable and indicate where the restrooms are. Ask all participants to put their cellphones on silent mode.

Ask participants to recall the main points of the previous session. They should remember the most important aspects of Session 7.

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.



10 minutes

ACTIVITY: MILESTONES IN PHYSICAL DEVELOPMENT

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.



1 hour



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 of 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



1 hour



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

Write these categories on the flipchart.

- 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.
- Groups then decide on one of these games or activities to demonstrate to all the participants.
- 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

- Divide participants into four groups of equal numbers and allocate particular age groups to participants.
- 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.
- Stress to groups that the game or activity that they choose must be appropriate for the specific age group they are focusing on.
- Give each group five minutes to demonstrate their game or activity to all the participants.
- 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 (for example, kicking a ball) and small muscles (for example, writing with a pen). Also remind them that healthy food supports physical development.
- 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

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 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

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



20 minutes



15 minutes

- (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 young child. TRUE or FALSE
- (h) You need to regularly take your baby or child to the clinic or a doctor to check her/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 baby's or child'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 small muscle development of a baby or child. [TRUE]
- (g) Healthy food is important for the physical development of a baby or young child. [TRUE]
- (h) You need to regularly take your baby or child to the clinic or a doctor to check her/his physical development. [TRUE]

CLOSURE

You are at the end of Session 8. 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 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 9.

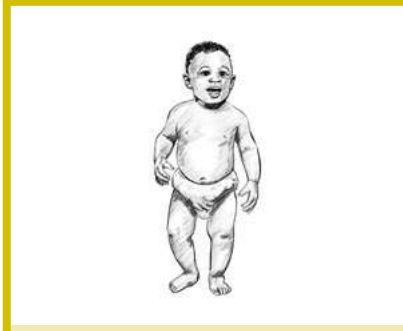
Thank the participants for their involvement in this session and give them Handout 8.1: *Physical development of babies and young children*.



15 minutes



HANDOUT 8.1: 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, babies can raise their chests and heads by pushing upwards with their arms. They can hold their heads 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 babies begin to take their 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 their self-esteem.

BACKGROUND DOCUMENT: PHYSICAL DEVELOPMENT

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 BABIES (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 her/his whole weight, although you should never try this).
- Rooting reflex (when the baby's cheek is stroked, she/he will turn towards your finger, open her/his mouth and be ready to suck).
- Stepping reflex (babies will perform a walking action when supported under the shoulders in an upright position, feet touching a firm surface).
- Startle reflex (babies stretch out their arms and legs out when they think they are falling).

2 months

- Babies raise their chests by pushing upwards with their arms. They can hold their heads steady.

3–5 months

- Babies are able to focus their eyes.



5 months

- Babies can sit upright if they are supported.

6 months

- Babies can identify colour the same way adults can.

6–14 months

- Babies start to develop depth perception. This protects them against dangerous situations such as falling down stairs.

7 months

- Babies can get into a sitting position on their own.

8 months

- Babies start crawling and are able to stand when supported by an adult.

11 months

- Babies stand alone.

13–15 months

- Babies begin to take their first steps.

End of second year

- Babies attempt to climb stairs, walk backwards, run and jump.

**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.

Around five months of age, babies' back muscles are well developed enough for babies to sit if supported. Seating babies between two cushions (placed behind them) helps babies to 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 a baby's back muscles are strong enough, they will help the baby into the next phase of physical development, i.e., the crawling phase. Babies show they want to start crawling 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 cognitively 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, colours 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.

5. THE MILESTONES OF THE PHYSICAL DEVELOPMENT FOR EARLY CHILDHOOD (2-5 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 aged 2-5 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 cannot 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 parents/caregivers are excited about something new that their child has tried (for example, jumping, drawing), this will encourage the child to continue trying out new activities. The parents/caregivers can show their excitement by clapping their hands and praising the child. The joy on the parents'/caregivers' faces will also encourage the child to continue with the new behaviour.
- All children try their best and should not be pushed to try harder than they can. Children must not try to over-perform but should rather just try their best.
- Parents/caregivers, however, can make sure that their children have the opportunity to try out new behaviours, 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 that fire can burn and rivers are for grown-ups who are strong enough to swim.
- Parents/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 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 only 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 only watch from the sidelines, 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 food 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. GUIDANCE ON PHYSICAL DEVELOPMENT AIDS

In South Africa and around the world, equipment such as baby walkers and jumpers are often used for infants aged 6 months to 1 year to assist them in standing, walking and jumping within confined spaces. While their use may be based on the personal and cultural beliefs of a baby's parents/caregivers, they are mostly bought to keep babies entertained while parents/caregivers do chores. Similarly, some parents/caregivers strap their babies on their backs using a towel or blanket. This is an ancient practice still widely practised in many parts of the world in different contexts and is used for a variety of reasons, including for safety and security and for hands-free convenience that enables mothers to work in the fields, do household chores or carry items as well as their babies.



While parents/caregivers benefit from using these aids, research suggests that using them for long stretches of time each day has negative impacts:

- There may be a significant delay in the time it takes for parents/caregivers to respond to their baby's needs, including not feeding on demand.
- Babies risk hurting themselves if they fall out of a jumper or use a walker to access dangerous items.
- Babies are not able to explore their environment, which is essential to learning.
- Babies may develop poor muscle tone in their legs and upper bodies.
- Developmental delays can result, most notably in (i) locomotor function (rolling, balancing, sliding, jogging, running, leaping, jumping, hopping, dodging, galloping and skipping), because babies are not able to move around freely; (ii) cognition, because babies are not given opportunities to develop an understanding of cause and effect through playing with objects; and (iii) visual

processing, because babies do not develop the skill of recognising objects that are near and far.

- Bonding time is reduced.

It is important to recognise that in order to develop and learn, children need space and time to play and move around unassisted by physical aids.

10. 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 one-year-old baby does not seem to hear any noises or voices, or cannot sit unsupported.

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 has a disability. 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. People with physical disabilities should be treated with respect and dignity; they have as much right to live in a community as anyone else. Children with disabilities 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.

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[illegible]

Write notes on the lessons you learnt or other interesting discoveries you made during the training of this session. Include anything that you wish to remember next time you train this session and points that were raised during the session that need addressing in the session/s that follow.



session

9

SOCIAL AND EMOTIONAL DEVELOPMENT AND CONFIDENCE BUILDING

SESSION 9: SOCIAL AND 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.



3 hours

Preparation work for the trainer

In preparation for training on this session, you must read through the background document. It 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 this preparation document during the training; it is for your own use only. A separate handout is available for the participants.



The following documents are included:

- Handout 9.1: *Social and emotional development and confidence building*
- Annexure A: Milestone cards
- Annexure B: Activity answers
- Background document: *Social and emotional development*
- Reference list

Refer to the general list of resources needed for all training sessions on p. 5.

Handouts for this session

Handout 9.1: *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 1.1: *Course outline* on which to colour in Session 9 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 print out the presentation or you can 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.

Make sure that everyone is comfortable and indicate where the restrooms are. Ask all participants to put their cellphones on silent mode.

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

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



10 minutes

ACTIVITY: JARGON BUSTER

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.



40 minutes

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

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.



40 minutes



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 flipchart paper and write the following ages on them (i.e., one age group per flipchart page):
 - 0–6 months
 - 6–12 months
 - 12–24 months
 - 2–5 years
- (f) Use Prestik to display these four pieces of paper 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.
- (c) The correct answers for the activity task are in Annexure B.

ACTIVITY: TIPS ON HOW TO RAISE CONFIDENT CHILDREN

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.



40 minutes

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 confidence in children.
- (c) The groups need to write down their tips on flipchart paper 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 the PowerPoint presentation: *Social and emotional development and confidence building*.



20 minutes

Make sure that the presentation links to 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.
- Parents/caregivers 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 are 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.

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

- Parents/caregivers need to help babies and young children understand their emotions. TRUE OR FALSE
- Tantrums should be seen as normal ways in which babies and young children behave. TRUE OR FALSE
- Play can be used to build the confidence and self-esteem of babies and young children. TRUE OR FALSE



15 minutes

- (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]

CLOSURE

You are at the end of Session 9. Remind participants that this session provided them with some key information on social and emotional development. Also explain how these link to confidence building in babies and young children.

It is important that participants apply what they have learnt in this session when they go back home. They should also share it with their neighbours.

Ask the following question: *If you want further guidance and advice on the social and emotional development of your baby and young child, where will you go in your community?* Allow a few participants



15 minutes

to share their answers and write them on a flipchart, if you want to. Tell them 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 10.

Thank the participants for their involvement in this session and give each of them a copy of Handout 9.1: *Social and emotional development and confidence building*.



HANDOUT 9.1: 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
Parents/caregivers 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

ANNEXURE A: MILESTONE CARDS

The answers to this activity appear in Annexure B.

Begins to smile at 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 herself/himself	Takes turns in games
Has trouble telling the difference between make-believe and reality	Shows a wide variety of emotions (for example, sadness, happiness, anger)
Often cries if they cannot do what they want	Often lives in a world of fantasy, creating imaginary friends
Has tantrums	Says own name
Identify themselves in the mirror	Likes to help the adult with small tasks

ANNEXURE B: ACTIVITY ANSWERS

0–6 months

- Begins to smile at 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 herself/himself
- Extends arm or leg to help when being dressed

1–2 years

- 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
- Has trouble telling the difference between make-believe and reality
- Often lives in a world of fantasy, creating imaginary friends
- Shows a wide variety of emotions (for example, sadness, happiness, anger)
- Takes turns in games
- Understands words like ‘mine’ and ‘his’ or ‘hers’
- Thinks that unfamiliar things may be monsters
- Has tantrums

BACKGROUND DOCUMENT: SOCIAL AND EMOTIONAL DEVELOPMENT

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.

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 at 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 herself/himself
- Extends arm or leg to help when being dressed

1–2 years

- Often cries if they cannot do what they want
- Likes to play with other children
- Says own name (around 18 months)
- Identify themselves in the mirror
- Likes to help adults 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 (for example, likes to dress and feed herself/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 friends
- Shows clearly that they like familiar friends



- Takes turns in games
- Understands words like 'mine' and 'his' or '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 imaginary friends
- 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: United Nations Children's Fund, 'Session 3.13: Importance of play in early childhood' in *Early Childhood Resource Pack: Young child survival, growth and development*, CD-ROM, 2004.)

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 in to 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 she/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 ECD programme the child attends, 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 behaviours 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 she/he cries or asks for it; sometimes they will want to play with a 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. Babies and young children watch how their 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; for example, a fire burns and hurts and boiling water can burn.
- 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 (for example, to dress themselves).
- Allow the baby and young child to making decisions, where appropriate, for example, 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 babies react 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 (usually between 6–8 months and 1½–2 years), young children are clearly attached to the parent/caregiver who cares for them. 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 young children begin developing language skills (about 1½–2 years). They also start to understand the things that influence their emotions. For instance, a 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 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 (for example, 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.

REFERENCE LIST

- ABET Development Services Trust, Early Learning Resources Unit and Family Literacy Project (2005). *Parents and Young Children: Parents can help their children learn*. Durban: Family Literacy Project.
- Hook, D., J. Watts and K. Cockcroft (2002). *Developmental Psychology*. Cape Town: UCT Press.
- United Nations Children's Fund (2004). 'Session 3.1d: Milestones in early childhood' in *Early Childhood Resource Pack: Young child survival, growth and development*, CD-ROM.
- United Nations Children's Fund (2004). 'Session 3.13: Importance of play in early childhood' in *Early Childhood Resource Pack: Young child survival, growth and development*, CD-ROM.

This image shows a full page of a handwriting practice worksheet. It consists of approximately 20 horizontal rows. Each row is defined by two parallel dotted lines, creating a series of uniform gaps for letter height. The entire page is otherwise blank, with no margins, text, or other markings.

Write notes on the lessons you learnt or other interesting discoveries you made during the training of this session. Include anything that you wish to remember next time you train this session and points that were raised during the session that need addressing in the session/s that follow.

session

10



BRAIN DEVELOPMENT AND LANGUAGE STIMULATION

SESSION 10: BRAIN DEVELOPMENT AND LANGUAGE STIMULATION

Learning outcomes

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

- Understand brain development and how it relates to child development.
- Use skills and knowledge to stimulate the cognitive 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 document as it 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 this preparation document during the training; it is for your own use only. A separate handout is available for the participants.

The following documents are included:

- Handout 10.1: *Brain development and language stimulation*
- Handout 10.2: *Books for sharing with babies young children*
- Annexure A: *Capacity to communicate*
- Background document: *Brain development and language stimulation*
- Reference list

In addition to the resources listed on p. 5, if you are doing the alternative activity, you will also need the following resources for this session:

- Magazines and newspapers
- Paper
- Scissors



3 hours



- Glue
- Wool
- A paper punch

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 10.1: *Brain development and language stimulation* and Handout 10.2: *Books for sharing with babies young children* 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 1.1: *Course outline* to colour in Session 10 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 print out the presentation or you can 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.

Make sure that everyone is comfortable and indicate where the restrooms are. Ask all participants to put their cellphones on silent mode.

Ask the participants to reflect on the highlights of the previous session. This will require recalling the most important aspects of Session 9.

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



10 minutes

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

Purpose of the activity

This activity gives participants the opportunity to share and gain knowledge about the cognitive 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 four groups. Each group will focus on a different age group – group one: birth to 6 months, group two: 6–12 months, group three: 1–2 years and group four: 3–5 years.
- (b) Each group discusses activities that they can do at home to help their baby or child identify different shapes, patterns 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?*
- (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 a child in their assigned age group do the following tasks:
- Identify different shapes and patterns.
 - 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?* Groups can write ideas for activities on a piece of flipchart paper.



1 hour



- (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

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, like 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)
 - Storytelling teaches children new words and different ways of life. TRUE or FALSE (correct answer is TRUE)



1 hour



- 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 children to retell it to you and help them when they forget. 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

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.



1 hour



- (c) 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 cognitive and language stimulation.

Present the PowerPoint presentation: *Brain development 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

- Babies' learning begins at conception.
- The first 1000 days of life – from conception to a child's second birthday – is an important phase for brain development, therefore providing stimulation for children during this phase is important.
- Brain development requires stimulation of all developmental domains (emotional, social, cognitive, physical and spiritual).
- Learning starts at home, not when children enrol at an ECD centre.
- Playing different games with children is crucial for their overall development. It fosters essential skills in cognitive, physical, social and emotional domains, as well as strengthening the relationship between child and parent/caregiver.
- You can read a book or tell stories to babies (from conception). Sharing stories helps with children's memory development and language, thinking and visualisation skills.
- 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



20 minutes



be exposed to this kind of language in order to learn language and express themselves.

- 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. Babies and children can learn more than one language.
- A child starts talking using only 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.
- 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 brain development takes place, it contributes to language and memory development, thinking, reasoning and problem solving.

SELF ASSESSMENT

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
- The first 1000 days (from conception until two years of age) of a child's life are important for brain development. TRUE or FALSE
- Babies and young children (from birth to two years of age) can hear when they are spoken to and learn from any age-appropriate activity done with them. 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



15 minutes

- (f) In order to learn how to communicate, parents/caregivers should talk and listen to their babies and children. TRUE or FALSE
- (g) 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) The first 1000 days (from conception until two years of age) of a child's life are important for brain development. [TRUE]
- (c) Babies and young children (from birth to two years of age) can hear when they are spoken to and learn from any age-appropriate activity done with them. [TRUE]
- (d) Each baby and young child is unique and will develop their language and communication skills at their own pace. [TRUE]
- (e) The milestones that children reach are only guidelines because each child is unique and develops at their own pace. [TRUE]
- (f) In order to learn how to communicate, parents/caregivers should talk and listen to their babies and children. [TRUE]
- (g) 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 10. Explain to the participants that this session provided them with some key information on the brain 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 learnt with their neighbours.

Ask the following question: *If you want further guidance and advice on the brain development and language stimulation of your baby or young child, where will you go?* Allow a few participants to share their answers and write them on a flipchart if you want to. Remind them



15 minutes

that it is important to use the resources in their community to help them support their children's cognitive and language development.

Remind participants of the date and time for the training of Session 11.

Thank the participants for their involvement in this session and give them Handout 10.1: *Brain development and language stimulation* and Handout 10.2: *Books for sharing with babies young children*.



HANDOUT 10.1: BRAIN DEVELOPMENT 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. This communication teaches them how to use language.



Babies and young children and parents/caregivers 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.

All babies and young children are 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 should 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 brain development takes place it helps language and memory development, thinking, reasoning and problem solving.

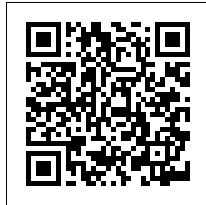
HANDOUT 10.2: STORYBOOKS TO SHARE WITH CHILDREN

Use the QR code below to find stories written for children of different ages. After scanning the QR code, remember to click 'load more' to see all the age groups.



Enjoy more stories with these wordless picture books. Let your imagination run wild and create your story with your child.

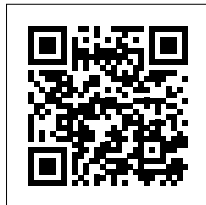
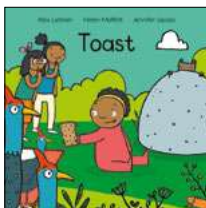
Where's the cat?



An unexpected adventure



Toast



Springloaded



Remember, even though these are written in English, you can always use your own language.

ANNEXURE A: CAPACITY TO COMMUNICATE

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 (for example, crying, cooing, squealing), facial expressions (for example, eye contact, smiling, grimacing) and gestures and body movements (for example, 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 children. When you talk with them, give them time to respond. Make eye contact on their level. This will communicate your desire to hear what they have to say. They will then value themselves as good communicators.

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 disapproving 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 children develop a ‘feelings’ vocabulary. Provide the words for their experiences, 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 you all share something in your day that made you feel sad, mad, scared and/or happy; or ask the toddler questions about her/his day. Everyone can also share something they learnt.

Read, read, read! Cuddle together for quiet times with a book. Encourage older babies to turn the pages and to point to what they



see. Ask older toddlers how the characters might be feeling and wonder together what will happen next. Let your children choose the books. The more interested they are in a book, the more attentive and enjoyable the activity is likely to be. And reading with your children teaches much more than academics. They are learning that you value their interests and choices, and that you love them and enjoy being close to them.

Narrate what you do as you go through your daily routines. This helps children connect words to the objects and actions they experience in their 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 children’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 their actions. Your interest in what they do also tells them how important they are to you. As they become more verbal, expand on what they say. For example, if your child says, “My blocks fell down”, you can respond by saying, “The blocks fell down with a loud crash.”

Encourage make-believe play. Children often express feelings more freely when they are pretending. It may feel safer to talk about teddy bear’s emotions than their 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 children’s age and ability. For one-year-olds you can give one-step directions like, “Go get the ball.” For 18-month-olds you can give two-step commands like, “Please go to your room and get your shoes.” First be sure you have your children’s attention by calling their name or gently touching them and looking directly at them at their eye level. You can ask older children to repeat the requests to make sure they heard and understood the communication.

Respond to babies’ gestures, looks and sounds. When they put their arms out to you, pick them up, kiss them and use simple phrases such as, “You want up.” When they coo, coo back.



When they gaze at you, make eye contact and talk with them. These immediate and attuned responses tell babies that their communications are important and effective. This will encourage them to continue developing these skills.

Be a good role model. Children watch their parents/caregivers very carefully. If you talk to others with kindness and respect, your children are likely to follow your lead and adopt your manner and tone as they become more verbal. And when you expect this kind of respectful communication from others, you will be modelling how they should expect to be treated as well.



BACKGROUND DOCUMENT: BRAIN DEVELOPMENT AND LANGUAGE STIMULATION

1. INTRODUCTION

When a baby and young child develop cognitively, it happens in stages and not 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 cognitively, they should try to make it fun because children learn through play; they will start to associate fun with learning new things.



2. BRAIN DEVELOPMENT

In humans, the period from conception to 2 years of age is characterised by rapid and dynamic brain development and plays an important role in cognitive development.

In young children, neurons form new connections at the astounding rate of 700 to 1000 per second. By 3 years of age, the brain has made 1000 trillion connections. Between birth and 3 years, the brain increases in size to 80 per cent of its adult size and, by 5 years of age, to 90 per cent of adult size. This means that children's brains possess an unlimited capacity for learning.

Brain development after 2 years of age is characterised by plasticity, flexibility and the re-modelling of connections that have already been established. The brain's flexibility allows young children to adapt to a wide range of environments.

When a child's brain fails to get what it expects and needs – especially during the most sensitive and rapid period of development early in life – the amount of effort required to get it back on track later in life is enormous and optimal outcomes are far less likely. The extent and severity of problems in later life arising from early deprivation are best remediated by early intervention.



Why the early years matter

Play is central for brain development. From birth, the child's young brain craves stimulation, which the brain self-administers as a reward following the successful mastering of a task or learning of a skill. Between birth and the age of 2 years, as children play and are exposed to loving relationships with adults, the pathways of the brain develop. These pathways help to deepen positive socio-emotional development, health and well-being, language acquisition, early cognition, the mechanisms of reading and mathematical thinking. For these pathways to develop, it is important to provide children with good health and nutrition, and a safe and caring environment. Regularly exposing children to varied activities – for example, reading, singing, talking, going outside, memory games, task-orientated activities, physical activities, construction play and make-believe play – encourages stronger connections to form in the brain. These connections provide the basic 'hardware' for children to develop the skills and abilities they need for success at school and in life. Remember: you can use resources you have at home to provide interesting activities for children.

3. 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.



4. HOW ADULTS CAN HELP BABIES AND YOUNG CHILDREN TALK/COMMUNICATE

Watch and listen to your baby. Babies respond to our words, facial expressions and sounds of laughter by babbling and crying. When parents/caregivers react to their babies' babbles and cries, babies begin to learn about the consequences of conversation. They will start saying their first words at the stage when they are also trying to understand what people are saying to them. In 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.



5. 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; for example, say 'chair'. 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 – encouragement is all they need to try harder to succeed.

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

There are certain skills a parent/caregiver needs to make sure the child has acquired before they can start to teach the 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 you think your child has eyesight problems, take her/him to the nearest clinic.

Help children 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 young children cannot distinguish between the two, then they will have difficulty recognising particular words. Consider the simple word 'dog'; children will read 'bog' instead of 'dog' if they 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 children 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 children to read pictures

Parents/caregivers can help children read pictures in magazines and books, as well as 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 children to listen

Now it is important to help babies and young children use their ears. Words often sound similar, for example, 'hat', 'had', 'sat' and 'sad'. Say each word to them, ask them to 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 children and talk to them about what you hear. Tell your children a story and ask them to repeat the story or parts of it to see how well they have listened. Remember, learning must be fun at all times.



Help children to use their 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/caregiver 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.

Help children to guess

Playing guessing games with young children helps them make the connection between an object and its label. Start the game by asking your children to guess what you are thinking about. Do not tell them what it is, but give them clues, for example, if the object you are thinking of is a ball, say, “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 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 children to remember things

Remembering is a basic aspect of the learning process and developing cognitively. Babies and young children need to be taught to remember things. 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 cognitive and language development.

Tips for reading books with children

Getting to know books

- Help babies and young children turn the pages.
- Give children time to explore and enjoy the pictures.
- Children may want to page forwards and backwards depending on what interests them. Follow their lead.
- Remember that you do not have to read a book from cover to cover.

Make reading fun

- Use a lively voice. This makes it fun and will keep children interested.
- Make the sounds of animals or cars in the book.
- Stop when the child is tired or loses interest. It’s important that children learn to enjoy reading and sharing books, so we mustn’t force them.

Point and name for babies

- When babies point at a picture, talk about what interests them. Say the words for the things babies point to.

- You can also point to something and say the word for it.
- When babies know a word, ask them to show you the object. For example, say, “Where’s the ball?”
- If the baby knows how to say a word, point to a picture and ask, “What is that?”

Make links to familiar things

- Link words in the book to familiar things. For example, point at a nose in the book, and say, “Baby’s nose”; then point at the child’s nose, and say, “Your nose”; then point at your own nose and say, “My nose.”
- Do actions to link the book to real life. If the child in the book is having their hair brushed, pretend to brush your child’s hair in real life.

Talk about feelings

- Use the tone of your voice to convey feelings the characters are experiencing (for example, a sad voice) and explain why they are feeling that way. Say, “Look. Nandipha is crying. She is feeling sad because she cannot find her dog.”
- Link the character’s feelings to your child’s experience of their own feelings (for example, “That baby is crying because she is tired; just like you cry sometimes when you need to sleep.”).

After you read the story

- Ask children, “What did you like about the story? What didn’t you like? What was your best part? What questions do you have about the story?” Encourage them to share their thoughts and listen to others.
- Talk about how the characters felt and link the feelings in the book to children’s own experiences.
- Ask children if they can remember some new words from the story. If they speak a different language to the language of the story, ask them how to say a word in their own language.
- If there is time, ask children to draw a picture about the story or act it out.

7. 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 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. Information was provided by S. Desmond (2005):



Babies from birth to 12 months

- Clear pictures in bright colours
- Rhymes

Children aged 1–2 years

- Clear pictures in bright colours
- Rhymes
- Themes rather than stories

Children aged 2–3 years

- Pictures in colour
- Rhymes
- Short, simple stories

Children aged 3–4 years

- Pictures in colour and with more detail
- Fantasy stories
- Longer rhymes and familiar rhymes with some changes

Children aged 4–5 years

- Pictures in colour with a lot of detail
- Longer stories
- Fact as well as fantasy
- Stories about feelings (for example, happiness, sadness, fear)

8. 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 storytelling experience.

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/toddler/young child that will make her/him want to learn more!
- A home-made book: My child and all those who love her/him.

This is 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.

9. MILESTONES IN LANGUAGE AND BRAIN 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.

Babies from birth to 12 months

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

dressings. 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.

Children aged 1-2 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.

Children aged 2-3 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.

Children aged 3-4 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.

Children aged 4-5 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.



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This image shows a full page of a handwriting practice worksheet. It consists of approximately 20 horizontal rows. Each row is defined by two parallel dotted lines, creating a series of uniform gaps for letter height. The entire page is otherwise blank, with no margins, text, or other markings.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

session

11

CHILD SAFETY AND PROTECTION



SESSION 11: 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-and-a-quarter 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.



3¼ hours

Preparation work for the trainer

You need to do some preparation. You must read through the background document and the RTHB 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. Two separate handouts are available for the participants.



The following documents are included:

- Handout 11.1: *Child safety and protection*
- Handout 11.2: *Universal precautions*
- Background document: *Child safety and protection*
- Reference list

In addition to the resources listed on p. 5, you will also need the following resources for this session:

- Magazines, newspapers and books
- Scissors
- Glue

Handouts for this session

Handout 11.1: *Child safety and protection* and Handout 11.2: *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 1.1: *Course outline* to 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 print out the presentation or you can write it out with colourful pens on flipchart paper or A2 card.



INTRODUCTION

Welcome

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

Make sure that everyone is comfortable and indicate where the restrooms are. Ask all participants to put their cellphones on silent mode.

Ask participants to reflect on the highlights of the previous session. This will require recalling the most important aspects of Session 10.

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



10 minutes

ACTIVITY: DANGEROUS OBJECTS IN AND AROUND THE HOUSE

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.



1 hour

Preparation work

(a) Read the background document and the RTHB.



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 (give each group five minutes).
- (f) Conclude by reminding participants about the importance of creating a safe environment for babies and young children in and around the home.
- (g) Also highlight the Universal precautions (see Handout 11.2). 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

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.



1 hour



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 they are covered in bruises.*
Ask the following question: *What will you, as a parent/caregiver, do in such a situation?* After the group give their feedback, link it with a discussion on child abuse. See the background document.
- (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/caregiver and community member, do in such a situation?*
Link group feedback to a discussion on child neglect. See the background document 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/caregiver and community member, do in such a situation?*
Link the groups' feedback with a discussion on the issue of emotional abuse.
- (d) Read the fourth scenario: *Your four-year-old daughter attends an ECD centre 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 the ECD centre 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.

(e) To conclude, ask participants these questions:

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

PRESENTATION

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: *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.



20 minutes



- 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

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.



15 minutes

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.

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'.



15 minutes

CLOSURE

You are at the end of Session 11 and this is also the end of the whole course. Remind participants that this session provided them with some key information on child safety and the protection of babies and young children.

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

Ask the following question: *Who will they contact in their community if they suspect child abuse or neglect?* Allow the participants to share



15 minutes

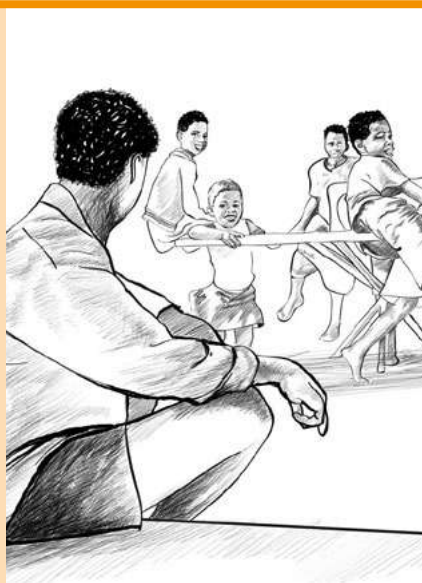
a few answers and write them on a flipchart if you want to. Remind them that it is important to use the resources in their community to help their children grow up healthy and strong.

Thank the participants for their involvement in this session and give them Handout 11.1: *Child safety and protection* and Handout 11.2: *Universal precautions*. 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 to them.



HANDOUT 11.1: CHILD SAFETY AND PROTECTION

Carefully watch over children to make sure they are safe at all times and do not get hurt.



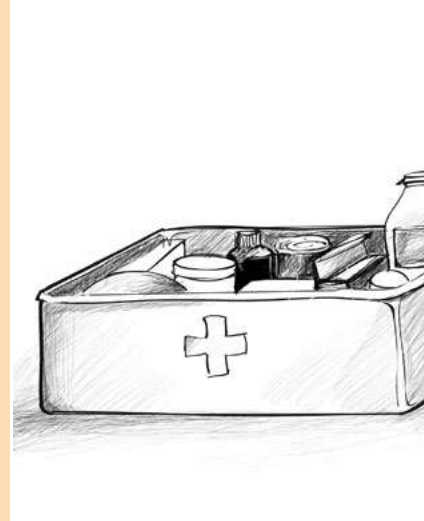
Young children should be kept away from danger.



Potentially dangerous objects should be kept out of children's reach.



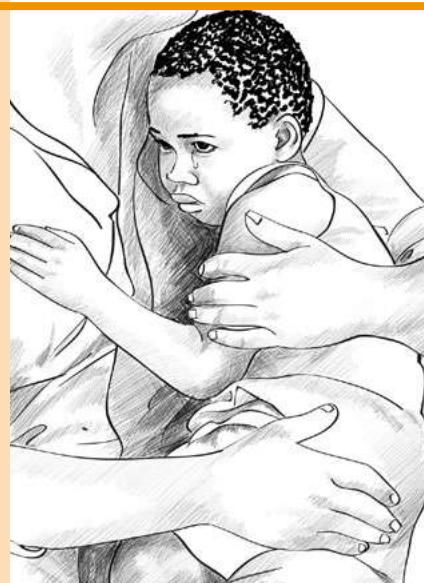
A first aid box must be kept in the home and be updated from time to time.



An injured child should be taken to the nearest clinic as soon as possible.



Protect children from abuse and neglect. An abused child must be comforted and taken to the nearest clinic or crisis centre.



HANDOUT 11.2: 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).

- Handwashing 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, for example, 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, for example, 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 bloodstained 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: CHILD SAFETY AND PROTECTION

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 children 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.

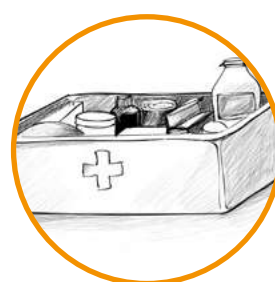
Bath water must be tested because hot water can seriously burn a baby or young child. Test water with your elbow; if the water feels too hot, then it will probably burn your baby or young child.

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 boxes do not have to be expensive. Use a container such as a cardboard box (for example, an old shoe box) or a plastic container (for example, 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 to 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 rehydration 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.

6. WHAT IS HARMFUL BEHAVIOUR TOWARDS CHILDREN?

Abuse refers to any kind of 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 them to feel they have no value. Emotional abuse also makes children feel unsafe in their environment. It is not only adults who can inflict emotional abuse on babies and young children; they can also be bullied by children of the same age or by older children. It can happen in families as well as in early learning programmes, including at ECD centres and 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, at the ECD programme your child attends or in the playground among their friends.

Reporting of an abused or neglected child, or a child in need of care and protection: According to section 110(2) of the Children's Act 38 of 2005, any person, who on reasonable grounds, believes that a child is in need of care and protection may report that belief to the provincial department of social development, a designated child protection organisation, or a police official.

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 an ECD centre, playgroup or daycare facility, parents/caregivers should choose one that is registered and has a good reputation in the community. Find out by chatting with other parents who send their children to the ECD centre, playgroup or daycare facility you are 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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NOTES

Write notes on the lessons you learnt or other interesting discoveries you made during the training of this session. Include anything that you wish to remember next time you train this session and points that were raised during the session that need addressing in the session/s that follow.

APPENDIX 1: ATTENDANCE REGISTER



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

TRAINING ATTENDANCE REGISTER

Name of organisation: _____ Parent group details:

Date: from _____ to _____ Trainer's name: _____

Targeted area: _____ Local municipality: _____ Province: _____

PARENT/CAREGIVER AND CHILD DETAILS								PARENT/CAREGIVER SIGNATURE										
Name and surname	Contact no.	Gender* M/F/NB/NA	Age of parent* (see categories below)	Employed* Y/N	No. of children under 5 years	No. of children attending ELP*	No. of children not attending ELP*	Introduction: Children's rights and inclusion	Me, the parent/caregiver	Healthy family relationships	Positive discipline	Loss and trauma	Health and nutrition	Play and creativity	Physical development	Social and emotional development and confidence building	Brain development and language stimulation	Child safety and protection
1																		
2																		
3																		
4																		
5																		
6																		
7																		

PARENT/CAREGIVER AND CHILD DETAILS								PARENT/CAREGIVER SIGNATURE											
Name and surname		Contact no.	Gender* M/F/NB/NA	Age of parent* (see categories below)	Employed* Y/N	No. of children under 5 years	No. of children attending ELP*	No. of children not attending ELP*	Introduction: Children's rights and inclusion	Me, the parent/caregiver	Healthy family relationships	Positive discipline	Loss and trauma	Health and nutrition	Play and creativity	Physical development	Social and emotional development and confidence building	Brain development and language stimulation	Child safety and protection
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PARENT/CAREGIVER AND CHILD DETAILS								PARENT/CAREGIVER SIGNATURE											
Name and surname		Contact no.	Gender* M/F/NB/NA	Age of parent* (see categories below)	Employed* Y/N	No. of children under 5 years	No. of children attending ELP*	No. of children not attending ELP*	Introduction: Children's rights and inclusion	Me, the parent/caregiver	Healthy family relationships	Positive discipline	Loss and trauma	Health and nutrition	Play and creativity	Physical development	Social and emotional development and confidence building	Brain development and language stimulation	Child safety and protection
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			

***Notes:**

Gender: Participant chooses from male (M), female (F), non-binary (NB) or prefer not to say (NA).

Age of parent: Participant chooses 10–15 years (A), 16–20 years (B), 21–35 years (C), 36–49 years (D) or 50 years or older (E).

Employed: Participant chooses yes (Y) or no (N).

ELP = early learning programme

APPENDIX 2: ESSENTIAL SKILLS FOR TRAINERS OF PARENTS

(Adapted from: United Nations Children's Fund, *Parenting Education Toolkit: Working with families to Support Young Children*, n.d.)

The following section offers some principles and guidelines to consider when training parent/caregiver 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 trainer. In addition, they will look towards a trainer as an important role model.

When this occurs, it is important to assume a teacher or leader role in subtle ways. Assume that participants 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 the trainer 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

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 learnt

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 trainer does 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 only 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 learnt. 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 learnt 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.

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 they have 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.

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 simply 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 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.

APPENDIX 3: RECOMMENDED ORGANISATIONS AND SERVICE PROVIDERS

Childline South Africa (toll free): 116

Department of Home Affairs Hotline: 0800 601 190

Gender-Based Violence Command Centre: 0800 428 428
or SMS *120*7867

LifeLine South Africa (toll free): 0861 322 322

Mental Health Helpline (toll free): 0800 456 789 or SMS 31393

Poisons Information Helpline: 0861 555 777

This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

CONTACT DETAILS OF THE PROVINCIAL DEPARTMENTS OF EDUCATION

Eastern Cape Provincial Education Department

T Osmond Street
Wilsonia
East London
5247
Phone: 040 6084200

Free State Provincial Education Department

N8 Gateway Office Park
C/O Rudolf Greyling and AW Louw Avenue
Estoire
Bloemfontein
9300
Phone: 051 4044440

Gauteng Provincial Education Department

6 Hollard Street
Marshalltown
Johannesburg
2000
Phone: 011 3550000

KwaZulu-Natal Provincial Education Department

228 Pietermaritzburg Street
Office 313/317
Pietermaritzburg
3200
Phone: 033 8465532

Limpopo Provincial Education Department

113 Bicard Street
Block A Office A24
Polokwane
0699
Phone: 015 2909382

Mpumalanga Provincial Education Department

Siyaphambili Building
Naldekoker Singel Street
Portion 7
Erf 915 Riverside Park
Extension 24
Phone: 013 7665946

North West Provincial Education Department

681 Modiri Molema Road
Old Boetsanape Hostels
Montshiwa
Mmabatho
2735
Phone: 018 3883819

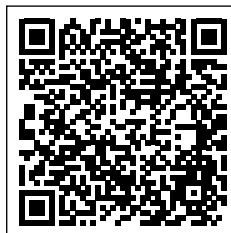
Northern Cape Provincial Education Department

Legal Passage
IK Nkoane Building
156 Barkley Road
Homestead
Kimberly
8300
Phone: 053 8396500

Western Cape Provincial Education Department

2 Lower Loop Street
ENS Building
Cape Town
8000
Phone: 021 4672714

You can find the summary
booklet of this manual,
*Giving Your Child a Good
Start in Life*, by scanning
the QR code.



Department of Basic Education
222 Struben Street
Private Bag X 895
Pretoria, 0001

Telephone: 012 357 3000

Website: www.education.gov.za Email: ecd@dbe.gov.za