



CARE FOR CHILD DEVELOPMENT

Adapted for the Latin American
and Caribbean Region

Participant Manual

Care for Child Development. Adapted for the Latin America and the Caribbean Region

Contents: Participant manual – Facilitator notes – Guide for clinical practice – Framework for monitoring and evaluation.

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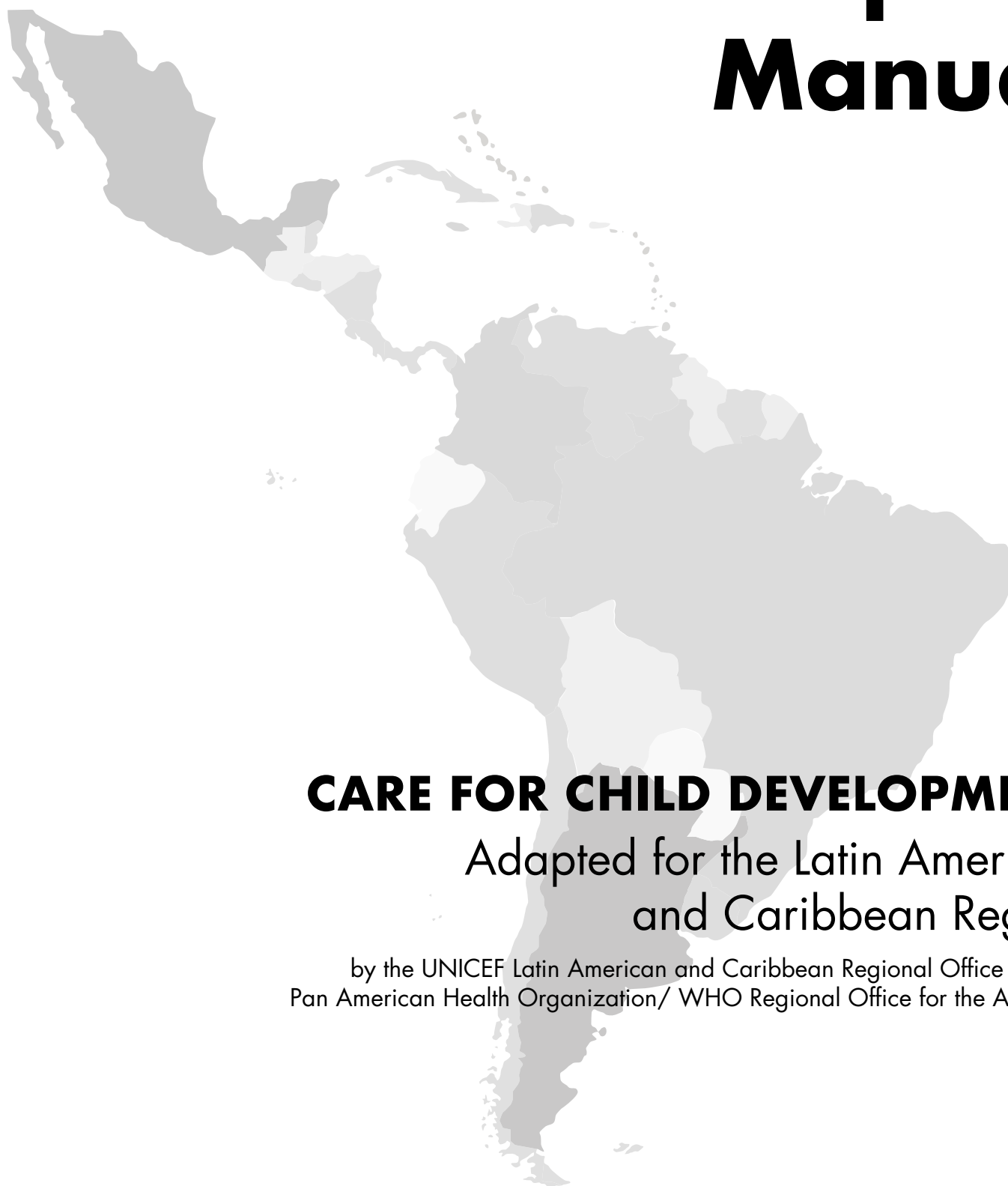
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Participant Manual



CARE FOR CHILD DEVELOPMENT

Adapted for the Latin American
and Caribbean Region

by the UNICEF Latin American and Caribbean Regional Office and the
Pan American Health Organization/ WHO Regional Office for the Americas

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INTRODUCTION

Young children need good care. Their survival and development through childhood depends on mothers, fathers and others who notice when they are hungry or sick, and are able to meet their rights and needs.

Good care also means keeping children safe from harm, and giving them love, attention, and many opportunities to learn. From birth, children build ties to special adults – their parents, other family members and other caregivers. Children look to them to learn important skills. What children learn from these relationships helps to prepare them for life. Governments also have the obligation to

assist children to reach their full potential. This requires a commitment and actions to prepare caregivers to meet this challenge.

This course on Counsel the Family on Care for Child Development (CCD) supports the efforts of families and others in your community who are trying to raise healthy, happy children. They may live in poverty and face many other challenges. The children they raise may be their own. Or they may have accepted the task of raising other children in their family or community. You can help them be better able to care for their children and to provide a

loving and stimulating environment, even under difficult conditions. The recommendations in this manual are important for all young children and their families, but especially for children most at risk – those who face poverty, live in conflict or emergency situations, or have a disability.

Most families are trying to do the best they can for their children.

Help families feel confident, capable, and good about giving care, and enjoy time with their children.

Course objectives

At the end of the course on Counsel the Family on Care for Development, you will be able to:

- Observe the interaction between a child and a parent or other person – the primary caregiver – who most directly takes care of the child and provides a safe and learning environment.
- Counsel the family on activities to strengthen the relationship between the child and the caregiver.
- Advise the family on appropriate play and communication activities to stimulate the child's growth and healthy development.
- Guide the family or other caregivers to solve problems with care at home and to create safe and stimulating conditions for learning.

As you learn these tasks, you will focus on observing caregivers with their children.

Using good communication skills, you will counsel the family.

INTRODUCTION

Other materials

The facilitator will use videotapes and other materials to introduce and review the counselling tasks. You will have several opportunities to practise what you are learning: in discussion, exercises, games, and role plays in the classroom; and skill practise with caregivers and their children.

Using the checklist and the counselling cards, you will counsel caregivers at home, in clinics, or in other settings:

- **Look, ask and listen:** find out how the caregivers and children interact, and how caregivers play and communicate with their children.
- **Praise:** encourage caregivers and build their confidence to continue doing specific activities with their children and, in general, their good efforts.
- **Advise:** suggest ways to improve what caregivers do with their children, if necessary. Discuss how they can improve the home environment for safety and learning.
- **Solve problems:** identify any difficulties the caregivers might have, and help them solve problems.
- **Check understanding:** find out what the caregivers understand and remember, in order to be sure that they will be able to improve the child's care at home.

Some participants may have taken a course in Integrated Management of Childhood Illness (IMCI). IMCI-trained health workers work in primary care services. The CCD guidelines could be integrated as part of the well baby check-ups, the vaccination, nutrition, or other services.

Even mildly sick children can benefit from the CCD messages.

Other counsellors can use the CCD guidelines in a wide variety of settings (child care centers, home visits, education, etc.).

Children with significant developmental delay or disability may be identified when counselling families. These conditions indicate a need for follow-up services. Where these services are available and support family-based care, your facilitator will provide additional information for how families can access them. Also, in countries where health, ECD and community-based rehabilitation (CBR) actions include family-based childhood disability actions, additional information and guides will be provided for initial orientation and follow-up.

WHO IS THE CAREGIVER?



The caregiver is the most important person for the young child. The caregiver feeds and watches over the child, gives the child affection, plays and communicates with the child, makes sure the child is safe, and responds to the child's needs. If the child is sick or is not developing and learning as other children their age, the caregiver is usually the person who takes the child to a health-care provider. Parents and other caregivers are those most important to guarantee the rights of these young children.

Who are caregivers in your community? Often the caregiver is the child's mother. The mother is the primary – most important – caregiver to a young infant who is breastfeeding.

The primary caregiver may also be the father or another family member. When both parents are sick or absent, the child's caregiver may be a relative or neighbor.

In many communities, children have several caregivers. A grandmother, an aunt, an older sister or brother, and a neighbor may share the tasks of caring for a child. Also, child-care and ECD centres may have several caregivers who take care of and provide a learning environment for children a few hours each day. In this training, the primary caregivers are considered the child's family.

You may meet and assist these caregivers in different settings. You may be working or volunteering, for example, in an ECD centre, at a feeding programme, in a health centre or hospital, in the home or at a community health fair. Wherever you are called on to counsel or assist families, your efforts will help them raise healthier and more capable children.



TIP

Greet caregivers in a friendly way whenever and wherever you see them – and praise them whenever possible about their efforts to help their child grow and learn.

By building good relationships with caregivers, you will be able to improve the lives of children in your community.

CARING FOR THE CHILD'S DEVELOPMENT

Children arrive to this world, ready to learn and to become more capable as they grow older. They learn to organize their eating and sleeping. They learn to communicate through crying and making sounds. Overtime, they learn to rollover, sit, talk, walk, and run. They learn to think and solve problems.

This early learning helps children to be prepared for pre and primary school. They will learn more and do better in school. When they grow up, they will contribute to their families and communities. These changes are examples of the development of the child.

The recommendations on **Care for Child Development (CCD)** are for all children. They describe what mothers and fathers, and others who care for the young child, can do to help the child learn. Feeding, dressing and other daily routines provide many opportunities for adults to play and communicate with their children.



The recommendations also help children grow. For this reason, the recommendations are especially important for low-weight newborns and malnourished children. Studies have found that extra attention through play and communication, as well as through responsive feeding, stimulates the growth of low-weight babies and poorly nourished children.

Low-weight babies and children who are poorly nourished have difficulty learning. They may be timid and easily upset, harder to feed, and less likely to play and communicate. Since these children are less active, they may be less able to get the attention of the adults who care for them. As a result, over time mothers, fathers, and other caregivers are less likely to feed, cuddle, play or communicate frequently with them. They may often leave them alone.

Children who are poorly nourished, sick, or with developmental delays or disabilities have the same rights and requirements as all children. But they often have additional needs for care. Their families may also require help to better understand how their children communicate their hunger, discomfort, and needs; and how best to respond and prepare their child's environment for learning.

CARING FOR THE CHILD'S DEVELOPMENT

The recommendations for play and communication can also help caregivers. After giving birth, for example, some mothers find it difficult to become active and involved in caring for their newborn babies. They may be sick or overwhelmed with their responsibilities. They appear sad and tired. They are uninterested in other people and do not join other family activities. Paying close attention to their babies, talking and playing with them, and seeing how their babies respond to the attention helps these caregivers become more active and happier. The recommended play and communication activities help caregivers feel more important in the lives of their young children. The activities help both the child and the caregiver.



Fathers also need to be active caregivers. They need to be prepared and included from before the child's birth. This helps them care for the child and help the child's mother through the child's early years.

All children will grow healthier and develop with the extra attention during play and communication activities, and they will be better able to learn. Their families will be happy to see how their children grow and learn new skills. And parents and other caregivers will be better able to provide additional support if their child has signs of delays, disability or other special needs.

CARING FOR THE CHILD'S DEVELOPMENT

What is care for child development?

Each child is unique at birth, and the differences among children affect how they learn. Their early care also affects their learning. Experiences during the first years with their families and other caregivers greatly shape the kind of adults children will become. “The child’s development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).”

Families give their children special care for development by giving them love, attention, and many opportunities to learn. By playing and communicating with their children, families help their children grow healthier and stronger. Children learn to communicate their needs, solve problems, and help others. From a very young age, children learn social and emotional skills that will prepare them for life.

Much of what children learn, they learn when they are very young

The brain develops most rapidly before birth and during the first three years of life. Good nutrition and good health are especially important during this time. Breast milk plays a special role in the development of the brain. Breast milk also helps young children stay free from illness so that they are strong and can explore and learn.

Children can see and hear at birth. Starting when they are very young, children need opportunities to use their eyes and ears, in addition to good nutrition. For their brains to develop, children also need to move, to have things to touch and explore, and to play with others. They rely on caregivers to provide opportunities for learning. Children also need love and affection. They need to have their mother, father and other caregivers respond to them when they are hungry, tired, sick and happy. All these experiences help the brain to develop.



From birth, babies can see and hear.

The mother’s face is the favourite thing the young baby wants to look at. The baby sees the mother’s face and loves to respond to her smiles and sounds.

A mother and father should begin to talk to their child from birth – and even before birth.

CARING FOR THE CHILD'S DEVELOPMENT

Children need a safe environment as they learn

Children are always exploring new things and learning new skills. They need a clean, safe, and protected physical environment to be safe from injuries and accidents while they are playing and learning.

Children also should be protected from violence and strong anger aimed at them and around them. Adults need to protect young children from physical harm and harsh criticism, in order to help children gain confidence to explore and learn.

When children are young, they often explore by putting things into their sensitive mouths. With their mouths, as well as with their hands, children learn what is soft and hard, hot and cold, dry and moist, and rough and smooth.

Families must be sure that the things that young children put into their mouths are large enough so that they cannot swallow them. Also, they should not let children put long, thin, or sharp objects into their mouths.

Any object a child plays with should be clean. Putting the child on a clean blanket or mat helps to keep playthings clean.



When a child wants to play with something that is not safe or not clean, the caregiver may have to gently say “no”. While the child is learning, it is helpful to exchange the object for something that is safe and clean. Children can be easily distracted from things they should not do by drawing their interest towards other activities.

As a child grows, families can prepare a secure and interesting environment where their child can explore, play and learn more on his or her own with safe, clean, interesting household items and other toys. Play spaces should be near adults doing their daily home tasks so that they can watch over a young child.

For children with developmental delays or disabilities, more adult support is required to select the appropriate activity and to respond during play. These children may need more repetition. The surrounding environment and play items will need to be more accessible for the child to play more independently as the child grows.

Children need consistent loving attention from at least one person

To feel safe and secure, young children need to have a special relationship with at least one person who can give them love and attention, and respond to their needs. The sense that they belong to a family will help them get along well with others. It will also give them confidence to learn.

CARING FOR THE CHILD'S DEVELOPMENT

Children naturally want to communicate with another person from birth. They become especially close to the caregivers who feed them, spend time communicating with them, and give them love and affection.

One special time is during breastfeeding, when a baby and mother are very close. They communicate by responding to the slightest movement and sound, even smell, of the other person. This special responsiveness is like a dance. Babies become “attached” to the persons who consistently hold them, love them, and help them feel safe. This connection or bond lasts a lifetime.

Sometimes the mother and baby have difficulty developing this special connection. You can help caregivers understand what their babies are trying to do and say as they begin to communicate. Babies and young children communicate with body movements, sounds and facial expressions – not just by crying. Mothers, fathers and other caregivers can encourage their children's efforts by responding to their children's words, actions and interests with sounds, gestures, gentle touches and words. They can help their children develop into happy, healthy people by looking at and talking about the attempts of young children to do new things, to make sounds and to talk, even when the children are not yet able to speak.

Families often require more assistance when a child has a delay, disability or special health condition. The child may not communicate like other children. The child might be quiet and not initiate interactions – or might cry a lot. The child needs to be held and talked with often, and not be left alone.

Children learn by playing and trying things out, and by observing and copying what others do

Children are curious. They want to find out how they can change and affect people and things around them, even from the first months of age.

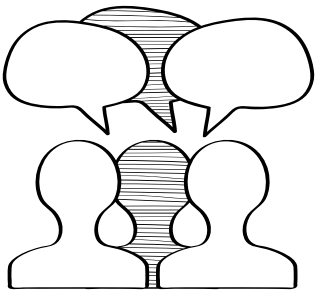
Play is like children's “work”. Play gives children many opportunities to think and solve problems. Children are the first scientists.

Children can learn by playing with pots and pans, cups and spoons, and other clean household items. They learn by banging, dropping, and putting things in and taking things out of containers. Children learn by stacking things up and watching things fall, and testing the sounds of different objects by hitting them together. Children learn a lot from doing things themselves. Learning to use an eating tool without spilling, for example, helps to develop physical skills.

Children also learn by copying what others do. For example, if a mother wants her child to eat a different food, she needs to show the child by eating the food herself. For a child to learn to be polite and respectful, a father needs to be polite and respectful to his child.



CARING FOR THE CHILD'S DEVELOPMENT



Discussion: Care for Child Development

Decide whether each of the statements below is true or false.
Your training facilitator may lead the group discussion using a card for each statement.

- 1 A mother does a better job when she feels confident about her abilities to provide care. TRUE FALSE
- 2 The brain develops more rapidly when the child first enters school than at any other age. TRUE FALSE
- 3 Young children learn more by trying things out and copying others than by being told what to do. TRUE FALSE
- 4 A father should talk to his child, even before the child can speak. TRUE FALSE
- 5 Before a child speaks, the only way she communicates is by crying. TRUE FALSE
- 6 A baby can hear at birth. TRUE FALSE
- 7 A baby cannot see at birth. TRUE FALSE
- 8 A child should be scolded when he puts something into his mouth. TRUE FALSE
- 9 A child drops things just to annoy his father and mother. TRUE FALSE
- 10 A child begins to play when he is old enough to play with other children. TRUE FALSE
- 11 Children can learn by playing with pots and pans, cups, and spoons. TRUE FALSE
- 12 Talk to your child, but do not talk to a child while breastfeeding. It will distract the child from eating. TRUE FALSE
- 13 When a baby cries, let her cry – you should not spoil her. TRUE FALSE
- 14 A child with a disability does not learn like other children. Wait for a specialist to guide you. TRUE FALSE
- 15 All young children need their fathers to be involved. Therefore, fathers need training and support just like mothers. TRUE FALSE

RECOMMENDATIONS FOR CARE FOR CHILD DEVELOPMENT

The **Counselling Card** recommends play and communication activities to encourage and stimulate the child's physical, social-emotional, communication, and cognitive (intellectual) development. Some examples of new skills the young child is developing are:

Physical (or motor)

Learning to reach and grab for an object, to manipulate small objects (fine motor), and to rollover, sit, stand and walk (gross motor).

Communication

Learning to communicate what is needed, to understand what others say, and to use words to talk to another person to express herself or himself.

Cognitive

Learning to think and solve problems, to compare and organize sizes and shapes, and to recognize people and things.

Social-Emotional

Learning to calm oneself when upset (self-regulation), be patient when learning a new skill, to make and keep relationships, understand what others feel, be happy, and make others happy.

Discuss with the facilitator:

A caregiver helps a child learn to stack cups of different sizes. What are some skills that the child is learning?

- *Physical (or motor) skills*
- *Communication skills*
- *Cognitive skills*
- *Social - Emotional skills*

Some approaches to promoting child development focus on what the child does or should be able to do at a particular age. This is an emerging approach in many LAC countries used to promote child development. The recommendations on the CCD counselling card focus more on the care the child receives. They suggest play and communication activities to help families and other caregivers stimulate the development of the child's skills. At different ages, a child needs opportunities to learn new skills. The recommendations for play and communication change and become more complex as the child grows older. (See the six age groups on the **Counselling Cards with Recommendations for Care for Child Development**).

In certain LAC country cases, children with developmental delays or disabilities can be referred or receive additional assistance through early intervention, family-based support, and educational activities for the child. This is a growing concern as part of the Zika response and in line with the Convention on the Rights of Persons with Disabilities.

RECOMMENDATIONS

The recommended activities also help mothers, fathers and other caregivers learn how to care for their young child. Through play and communication with the child from birth, caregivers learn to be more sensitive to the child's needs, to respond appropriately to the child's attempts to communicate, and to prepare a stimulating environment for the child's development.

The **basic caregiving skills – sensitivity and responsiveness** – help the mother, father, and other caregivers provide better care for a child. They contribute to the child's survival, as well as to the child's healthy growth and development. The skills strengthen the child's relationship with the primary caregiver, and the child feels more secure and loved.

A **sensitive** caregiver is aware of the child and recognizes what a child is trying to communicate, for example, hunger, pain and discomfort, interest in something, or affection. A **responsive** caregiver then acts immediately and appropriately to what the child is trying to communicate.

A sensitive and responsive caregiver would, for example, have the interest and skills to be able to see their child's signs of discomfort, recognize that the child is hungry, and feed her. These skills help the caregiver be aware when the child may be in danger and then move quickly to protect him. These skills also help the caregiver feel when the child is in distress, and respond appropriately to give comfort. The skills help a caregiver recognize when a child is sick and needs medical care. A sensitive caregiver can see when the child is happy, active and wanting to communicate and be affectionate or play. The caregiver then responds by following the child's lead. This teaches the child to communicate and affect her environment.

As a health or ECD worker, you need to **understand** all the care recommendations for children from birth up to age five years. But you do not need to memorize them. Instead, you will refer to the **Counselling Cards** when you meet with caregivers. The recommendations for play and communication can help to strengthen learning in the home, and help solve common problems in care.

Also, you will not need to explain all the recommendations to caregivers. During this course you will learn to select the recommendations that are appropriate for the child's **age** and for the **problems with care** that you identify. But first we will discuss recommendations on play and communication for all children according to their age group.

- **Select recommended activities appropriate for the child's age**

There are play and communication recommendations for children in six age groups. If the child is almost at the end of an age group, however, you might discuss the recommendations for the next age group. For example, a child who is almost 12 months old could learn activities recommended for children age 12 months up to 2 years.

- **Select recommended activities appropriate for the child's skill**

If a child is able to do an activity recommended for his or her age, then introduce an activity for the next older age group. Or you might start with an earlier age group, so that success will be possible – for both the child and caregiver. Your decision will depend on what you observe when you are with the child and caregiver.

- **Select recommended activities appropriate for the problems in caregiver–child interactions that you identify**

For example, a caregiver might have difficulty responding to a child. Recommend an activity to help the caregiver pay close attention to what the child does and respond to it. A game to copy what the child does can help the caregiver learn to pay attention and respond more closely to what the child is doing. If more than one problem is identified, identify with the caregiver what would be the problem to solve first. Always praise the caregiver for taking steps to solve problems.

The discussion on recommendations for play and communication for each age group follows.

RECOMMENDATIONS

For the newborn, from birth up to 1 week

Your baby learns from birth



PLAY

Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.



COMMUNICATE

Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.

Play: Healthy babies can see, hear, and smell at birth. Right away they begin to recognize their mothers, who in most situations are their first and primary caregivers. Babies soon start to smile when people smile at them. Faces are particularly interesting.

At this age, learning is through seeing, hearing, feeling, and moving. The child's face should not be covered for long periods of time because children need to see in order for their eyesight to develop. They should not be kept in a dark room, away from people or kept in a crib for long periods of time.

Wrapping the newborn tightly – swaddling – is common in some places. Newborns should not be tightly bound in clothing for long periods because they need to be able to move and touch people and things.

Instead, encourage the mother and father to hold their child closely. They can gently stroke the child's skin. By gently soothing an upset child, they also help the child learn to soothe herself or himself.

Communicate: Encourage families to talk to their children from birth – even before. When a mother looks at her child's eyes, and smiles in response to the child's smiles, the child learns to communicate. And the mother begins to see her child respond to her. Encourage the father also to communicate with the newborn.

Children communicate their needs. They learn to trust that someone will pay attention to their movements, sounds, and cries, and will respond. Breastfeeding on demand strengthens this interaction and the growing trust.

Children show interest in breastfeeding by becoming fussy, sucking their hand, or moving their heads toward the breast. Using these cues, a mother can learn to recognize that a child is hungry before the child starts to cry.

By looking into his newborn's eyes, the father communicates with his child. He enjoys being involved in the child's life from the very beginning.



RECOMMENDATIONS

For the infant, from 1 week up to 6 months



PLAY

Provide ways for your child to see, hear, feel, move freely, and touch you.

Slowly move colourful things for your child to see and reach for. *Sample toys: shaker rattle, big ring on a string.*



COMMUNICATE

Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.

Play: Infants at this age like to reach for and grab fingers and objects. They look at their hands and feet, as if they are just discovering them. They put things into their mouths because their mouths are sensitive. The mouth helps them learn warm and cool, and soft and hard, by taste and touch. Just make sure that what the child puts into his mouth is clean, not hot or with sharp edges, and is large enough that the child won't choke on it.

Help the child follow an object. For example, ask the caregiver to show a colourful cup, pompom, small cloth, or rubber ball to the child, just out of reach. When she is sure the child sees the object, ask her to move it slowly from one side to the other and up and down, in front of the child. Then, to move the object closer. Encourage the child to reach for and grab the object.



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Clean, safe, and colourful things of different textures from the household, such as a wooden spoon or plastic bowl, can be given to the child to reach for and touch. A simple, homemade toy, like a shaker rattle, can attract the child's interest by the sounds it makes. Ask the caregiver to introduce one toy object at a time so the child can focus on each one. See which object she likes the best.

Children this age also continue to love to see people and faces. Encourage family members to hold and carry the child.

Communicate: Children enjoy making new sounds, like squeals and laughs. They respond to someone's voice with more sounds, and they copy sounds they hear. They start to learn about how to make a conversation with another person before they can say words.

RECOMMENDATIONS

All family members can smile, laugh, sing and talk to the child. They can “coo” and copy the child’s sounds. Copying the child’s sounds and movements helps the people who care for the child pay close attention to the child. They learn to understand what the child is communicating, and respond to the interests and needs of the child. Encourage caregivers to talk with the child and listen to the child’s response, even while they are doing other tasks.

These are important caregiving skills – being sensitive to the child’s signs and responding appropriately to them. These caregiving skills help family members notice when the child is hungry, or sick, or unhappy, or at risk of getting hurt. They are better able to respond to the child’s needs.

For the child, this practice in communicating helps the child prepare for talking later. The family will also enjoy the reactions they get from the child and the attempts at communicating.

If the child does not respond to the caregiver’s communications and/or play activities during the observation time or in the home environment, try the recommended activity for checking of hearing and seeing as indicated in the **Counselling Card**, while observing the child’s physical movements and hand coordination.



Copying the child’s sounds and gestures starts a good communication game.

It helps the mother learn to look closely at the child, be sensitive to the child’s sounds and movements, and follow – respond to – the child’s lead.



And even before the child is able to speak, he delights in being able to communicate through his sounds and movements.

RECOMMENDATIONS

For the child, from 6 months up to 9 months



PLAY

Give your child clean, safe household things to handle, bang, and drop.

Sample toys: containers with lids, metal pot and spoon.



COMMUNICATE

Respond to your child's sounds and interests. Call the child's name, and see your child respond.

Play: Children enjoy making noises by hitting or banging with a cup and other objects. They may pass things from hand to hand and to other family members, dropping them to see where they fall, what sounds they make, or if someone will pick them up.

This may be frustrating for busy mothers and fathers. Caregivers can be more patient if you help them understand that their child is learning through this play. "Your child is being a little scientist. She is experimenting with how objects fall, how to make a noise, how the force of her arm sends the object across the table."

Children now begin to copy others around them. Their play with toys is more complex. They use objects and see that they can make things happen.

Communicate: : Even before children say words, they learn from what family members say to them, and can understand a lot. They notice when people express strong anger, and may be upset by it.

Children copy the sounds and actions of older brothers and sisters and adults. Children like other people to respond to the sounds they are making and to show an interest in the new things they notice.

A child can recognize his name before he can say it. Hearing his name helps him know that he is a special person in the family. When he hears his name, he will look to see who is saying it. He will reach out to the person who kindly calls his name.

As children become more active and explore on their own, they need a safe environment. Caregivers need to prepare safe spaces with objects interesting to explore. For children with developmental delays or a disability, guide caregivers to place appropriate toys nearer the child so that he or she can manipulate them.

RECOMMENDATIONS

For the child, from 9 months up to 12 months



PLAY

Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.



COMMUNICATE

Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye".

Sample toy: doll with face.

Play: Play continues to be a time for children to explore and learn about themselves, the people around them, and the world. As children discover their toes, they may find them as interesting to touch as a toy. When a box disappears under a cloth, where does it go? Is it still there? Can they find it?

Children also enjoy playing peek-a-boo and hide-and-seek games. When the father disappears behind a tree, they laugh as father reappears. They enjoy hiding under a cloth and giggle when the father "finds" them. This game helps children learn to feel secure that a mother or father will return.

In play, children will do things over and over again, while they try to figure out how things work.

Communicate: Even though children cannot yet speak, they show that they understand what the family members say. They hear the name of things, and delight in knowing what they are. They begin to connect the word bird to the bird in the tree, and the word nose to their nose. All members of the family can enjoy sharing new things with the young child. They can play simple hand games together, like "bye-bye", and clap to the beat of music.



***"Where is your nose?"
Nora does not yet speak – but she can show you where her nose is. She is also learning the names of people and things.***

RECOMMENDATIONS

A child may become afraid on losing sight of a familiar caregiver. The adult helps the child feel safe, responds when she cries or is hungry, and calms her by his presence and the sound of his voice. Encourage the caregiver to tell his child when he is leaving and to reassure his child that he will soon return. He can leave a safe, comfortable object with the child – one that reminds the child of the caregiver and assures the child that he will return. Playing games like hide-and-seek can help the child learn about family members going away and then returning



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“Bye bye”

RECOMMENDATIONS

For the child, from 12 months up to 2 years



PLAY

Give your child things to stack up, and to put into containers and take out.

Sample toys: Nesting and stacking objects, container and clothes clips.



COMMUNICATE

Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.

Play: If children this age are healthy and well nourished, they become more active. They move around and want to explore their surrounding environment.

They enjoy playing with simple things from the household or from nature, objects that help children learn – that are just as good as store-bought toys. They like to put things into cans and boxes, and then take them out. Children like to stack things up until they fall down. Families can use safe household items to play with their children. Give them different objects from the home, and observe what they like and how they use them.

Children need encouragement as they try to walk, play new games, and learn new skills. Fathers and other family members can play an important role in helping their children learn through playing inside the home and outdoors.

Families can encourage their children to learn by watching what they do and naming it: “You are filling the boxes.” Adults should play with the children and offer help: “Let's do it together. Here are more stones to put into your box.”

When children learn a new game or skill, they repeat it over and over again. These discoveries make them happy and more confident. They are especially happy when they see that they are making the adults around them happy, too. Encourage family members to notice and praise their young children for what they are learning to do.

In the home, caregivers should try to make the environment as safe as possible. They can guide the child away from unsafe situations or unacceptable actions – in order to avoid saying “no” all the time. The young child is still learning about what is safe and acceptable.

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Paul has learned a new game from his mother. He puts clothes clips into the bowl, dumps them out, and puts them in again – over and over again.

RECOMMENDATIONS

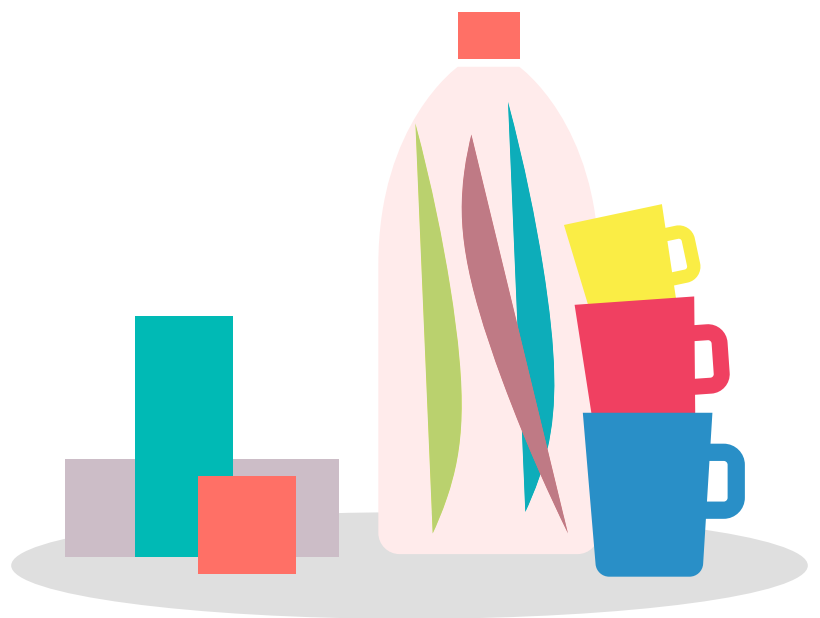
Communicate: At this age, children learn to understand words and begin to speak. Mothers and fathers should use every opportunity to have conversations with the child, when feeding and bathing the child, and when working near the child. Brothers and sisters can also be active helpers with the youngest members of the family.

Children are beginning to understand what others are saying and can follow simple directions. They often can say some words, such as “water” or “ball”. Family members should try to understand the child's words and check to see whether they understand what the child says: “Would you like some water?” “Do you want to play with the ball?”

Families can play simple word games, and ask simple questions: “Where is your toe?” or “Where is the bird?” Together they can look at pictures and talk about what they see.

Adults should use kind words to soothe a hurt child and praise the child's efforts.

A child enjoys playing with homemade toys, and will learn by grabbing, shaking, banging, and stacking them.



RECOMMENDATIONS

For the child, 2 years and older



PLAY

Help your child count, name and compare things. Make simple toys for your child. *Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.*



COMMUNICATE

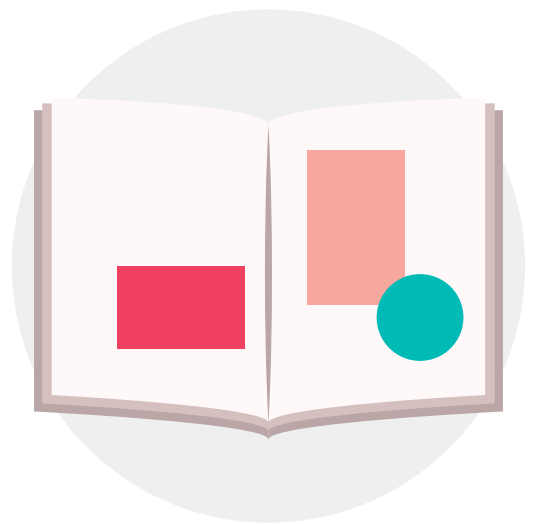
Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. *Sample toy: book with pictures.*

Play: Children 2 years and older learn to name things and to count. Caregivers can help their child to learn to count by asking “how many” and counting things together. Children make mistakes at first, but learn from repeating the games many times.

Children still enjoy playing with simple, but interesting homemade toys. They learn the same skills from household items as they would learn with store-bought toys. They can learn to draw with chalk on a stone or with a stick in the sand. Picture puzzles can be made by cutting magazine pictures or simple drawings into large pieces.

Parents and other family members can begin to “pretend play” with their young child. Pretend play encourages creativity and builds warm relationships within the family.

For fathers, this is an excellent time to play with their children outdoors and take walks to explore the neighborhood.



Children can learn to match colours, shapes, and sizes with simple objects, such as bottle caps. They can compare and sort circles and other shapes cut from coloured paper.



RECOMMENDATIONS

Communicate: By age 2 years, children can listen and understand. Asking simple questions and listening to the answers encourages children to talk: “What is this?” “Where is your brother?” “Which ball is bigger?” “Would you like the red cup?”

Looking at picture books and reading stories to children prepares them for reading. Stories, songs, and games also help children improve how they speak.

Answering a child's questions encourages the child to explore the world. Family members should try – with patience – to answer a young child's many questions.

Children who are learning to talk make many mistakes. Correcting them, however, will discourage talking. They will learn to speak correctly by copying – by listening to others who speak correctly.

Children this age can understand what is right and wrong. Traditional stories, songs, and games help teach children how to behave. Children also copy their older brothers and sisters and other family members as they learn what is right and wrong.

Children learn better when they are taught how to behave well instead of being scolded for behaving badly. They should be corrected gently so that they do not feel ashamed.

Throughout the activity, encourage caregivers to help their children learn. Some good advice for the caregiver, no matter what the child's age:

- Give your child affection and show your love.
- Be aware of your child's interests and respond to them.
- Praise your child for trying to learn new skills.

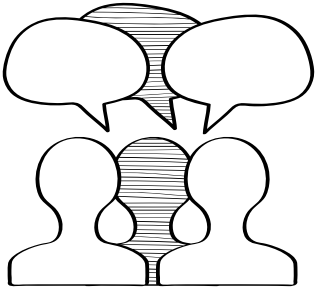
RECOMMENDATIONS

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With his mother's guidance, John puts together a homemade picture puzzle.

RECOMMENDATIONS



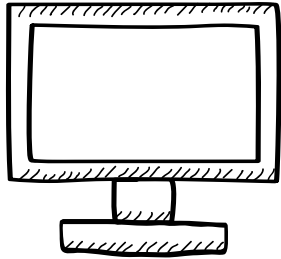
Discussion: Using the Counselling Card

This exercise will help you use the **Counselling Card** to identify a recommended play and communication activity for a child.

Your facilitator will give a different child to each participant. Use the recommendations on the **Counselling Cards** to suggest **one play and one communication activity** for the caregiver to do with the child.

- 1 A newborn baby, 1 day old.
- 2 A 4-week-old baby.
- 3 A 5-month-old child.
- 4 A 6-month-old child.
- 5 A 13-month-old child.
- 8 A 28-month-old child.
- 9 A 10-month-old child who does not yet speak.
- 10 A 3-year-old child who cannot see.
- 11 An 8-month-old child who drops all her toys.
- 12 A 4-year-old child who knows how to count.

RECOMMENDATIONS



Video Exercise: Recommendations for play and communication

In this video exercise, you will review the recommendations for care for the child’s development. During the video, list the play and communication activities you see in the spaces below. After the video, be prepared to discuss the recommended age group for each activity.

1

What examples of **play activities** did you see? For which age group? (Refer to the recommendations on the **Counselling Cards**).

Play activities

Recommended for which **age group?**

2

What examples of **communication activities** did you see? For which age group? (Refer to the recommendations on the **Counselling Cards**).

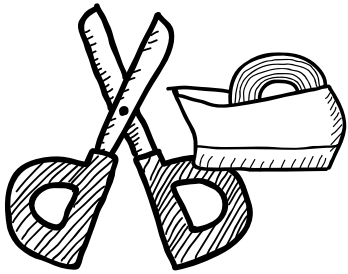
Communication activities

Recommended for which **age group?**

3

Discussion: What “toys” did you see?

RECOMMENDATIONS



Exercise: Making toys

Demonstration

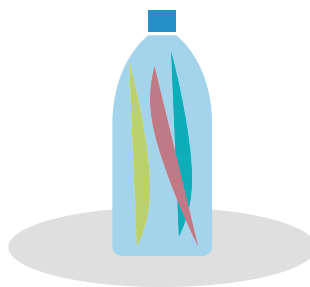
Your facilitator will show you some homemade toys and other household objects that children might play with. For each item, consider:

1. How attractive is it (colour, size, and sound) for a young child?
2. How easily could the young child hold and use?
3. How does the size, and whether it is sharp or dull, or edible, affect its safety? How safe is it for children in different age groups? Refer to the age groups on the **Counselling Cards**.
4. What age child would most like it? Note that the same toys may be attractive to children of different ages. A young child might enjoy dropping stones in a plastic bottle. An older child might use the same stones to count as she drops the stones in the plastic bottle.
5. What skills might the child learn by using the item? Consider physical (or motor), communication, cognitive, social, and emotional skills.
6. How could playing with the toy affect the interaction between the caregiver and child? Also, how might the caregiver use the toy with a child with a developmental delay or disability (e.g. with cerebral palsy or unable to see)?

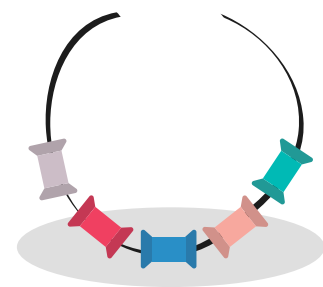
With the facilitator also discuss: (1) the usefulness of homemade toys and other household objects compared to commercial, store-bought toys; and (2) what might be the advantage of using household items, rather than store-bought toys, when advising the family.

Optional exercise

Use the materials on the table to make appropriate toys for different age groups. Here are some examples of simple toys made from items around the household.



Plastic strips in plastic bottle (to grab and hold, to shake)

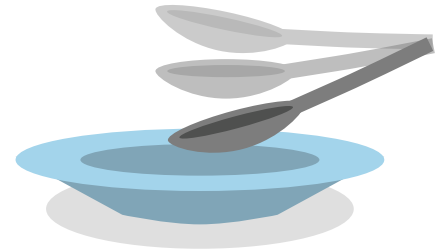


Thread spools and other objects on a string (to grab and hold, to shake)

RECOMMENDATIONS



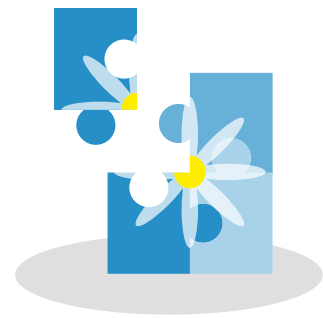
Colourful cups (to grab and hold, to bang and drop, to stack)



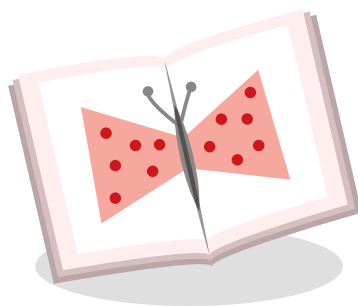
Food tin and large wooden spoon (to bang and drop)



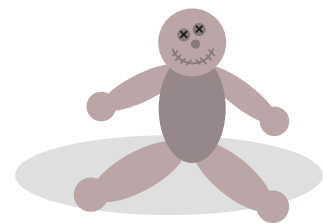
Plastic jar with stones (to put in and take out, and to count)



Picture drawn or pasted on cardboard (to put together a puzzle)



Book with drawings or magazine pictures (to hold, to discuss)



Stuffed doll with sewn or painted face (to learn about eyes and nose, to tell stories, to hold)

COUNSEL THE FAMILY ON CARE FOR CHILD DEVELOPMENT

Now we are ready to use these recommendations for play and communication to counsel a caregiver. We will also learn to observe the caregivers with their children in order to observe patterns of sensitive and responsive caregiving. The Checklist will guide us as we counsel the family.

Greet the caregiver and child

You will see caregivers in a home, hospital, health clinic, or ECD centre or in another place where families gather. Before starting the counselling process, arrange a space for sitting, counselling, playing, and writing. Greet the caregiver and invite the caregiver to sit with the child in a comfortable place while you ask some questions. Sit close, talk softly, and look directly at the caregiver and child. Communicate clearly and warmly throughout the meeting. If there are multiple caregivers, try to include all, but focus on the primary caregiver.

Ask questions to gather information on the child and the caregiver. Listen carefully to the caregiver's answers. The answers will help you counsel the caregiver about how to encourage the child's development.

You will focus the counselling on what the child needs. To identify the child's needs, observe how the caregiver and child interact. Ask the caregiver questions about the child's care.

The **Checklist for Counselling on Care for Child Development** guides you as you learn this information and counsel the family. It helps you understand how the caregiver responds to the child. It helps you provide appropriate advice, focused on the child's age and specific developmental needs.

To begin, look at the top of the checklist on the top of the next page. What do you know about the child in the sample?

COUNSEL THE FAMILY

Discuss with the facilitator:

- When did the counsellor see the child and the caregiver?
- What is the name of the health or ECD worker (counsellor)?
- What is the child's name?
- How old is the child?
- Is the child a boy or a girl?
- What is the caregiver's name?
- What is the relationship of the caregiver to the child?
- Where do they live?

CHECKLIST for Counselling on Care for Child Development

Date 24 | 11 | 2016 Completed by JT
(DAY) (MONTH) (YEAR)

Child's name: First Karen Family Thomas Age: 2 Years/ ___ Months Boy / Girl

Caregiver's name: Elizabeth Thomas Relationship: Mother / Father / Other: _____

Address, Community: Monroe St. House #5

The **Checklist** is for you. It is to help you identify and remember the child and the child's needs. Provide only the information you need on the caregiver and the address in order to locate the child. (If the completed checklist is used for record keeping, it can be adapted to meet additional requirements.)

The required information on the checklist may differ to take into consideration existing observations, reporting processes and the need for programme information. A long form to gather more detailed information on the child and his or her immediate environment is presented in the Counselling Card - Long form. It includes information on conditions that may influence the child's development, such as whether there is a significant health condition or disability in the family.

COUNSEL THE FAMILY



Exercise: Identify the child and caregiver

Child 1. Comfort

Complete the top of the **Checklist** below for a child you are seeing today. Fill in today's date and your name as the person who is counselling the caregiver.

The child's name is Comfort Nantu. Comfort is a 2-year-old boy. His aunt Maggie Nantu takes care of Comfort, and you are seeing them at their home. They are your neighbours on Paper Mill Road, in the village of Tanga.

CHECKLIST for Counselling on Care for Child Development

Date _____ | _____ | _____ Completed by _____
(DAY) (MONTH) (YEAR)

Child's name: First _____ Family _____ Age: ___ Years/ ___ Months Boy / Girl

Caregiver's name: _____ Relationship: Mother / Father / Other: _____

Address, Community: _____

Child 2.

Your facilitator will now ask one of the participants to provide information on their child, or on a child they know. Complete the top of the **Checklist** below with the information.

CHECKLIST for Counselling on Care for Child Development

Date _____ | _____ | _____ Completed by _____
(DAY) (MONTH) (YEAR)

Child's name: First _____ Family _____ Age: ___ Years/ ___ Months Boy / Girl

Caregiver's name: _____ Relationship: Mother / Father / Other: _____

Address, Community: _____

LOOK, ASK, AND LISTEN: IDENTIFY CARE PRACTICES

The next section of the Checklist provides questions to find out how the caregiver and child interact, and how the caregiver stimulates the child's development through play and communication activities.

The questions are in three sections from the top of the table to the bottom.

- Top: For **all children**
- Middle: For the **child age less than 6 months**
- Bottom: For the **child age 6 months and older**

(IMPORTANT: If the child appears to be very weak and sick, then refer the child immediately to the closest health facility – hospital or clinic. Do not take time now to counsel the caregiver on **Care for Child Development**).

Listen carefully for the caregiver's answers to the questions. You may look at the **Recommendations for Caring for Your Child's Development** for the child's age, as you listen. If an answer is unclear, ask another question.

Record the answer where there is a blank. Write a brief answer, for example:

- How does the caregiver show he or she is aware of the child's movements?
Looks at child, shifts and holds child closer
- How does caregiver comfort the child?
Puts child's head on shoulder and pats back

For all children

First, look at the caregiver and child. You can observe them from the moment you first see them.

- **Look: How does the caregiver show he or she is aware of the child's movements?**

Many caregivers are unaware that they are reacting to the child, her moods, and her movements. But, as the child moves, the caregiver's hand feels the child turn. The caregiver might look at a child who walks away to be reassured that the child is okay.

If the child fusses, a gentle hand taps the child's back to soothe her. You are often able to see this strong connection between a caregiver and child. It usually develops when the child is very young, even in the first days of life.

LOOK, ASK, AND LISTEN



Sometimes, however, you do not see this connection. There may be many reasons. The mother may be sick. She and her infant may have been separated at birth, at an important time for forming this connection. Fathers who have not had a chance to play with and care for their newborn may have difficulty developing this connection.

- **Look: How does the caregiver comfort the child and show love?**

A young child expresses his discomfort by fussing, crying, and wiggling. Observe whether the child who is awake follows his mother or other caregiver's sounds and movements. Notice also how the caregiver responds when the child reaches for her or looks to her for comfort.

The caregiver comforts her child by gently talking to him. A child who hurts his knee wants to know that his mother feels it too. The caregiver might draw the child more closely to comfort and protect him.

Children who are afraid of new people, places, and sounds may need to be held until they know that their mother and father feel safe too. Children learn how to calm themselves by the reaction they get from others. A loud or threatening noise further upsets them. A calm voice helps to calm them.

- **Look: How does the caregiver correct the child?**

While young children explore the world and try new things, they make mistakes. They grab an object that is breakable or dirty. They move too close to a danger like a fire or street. They reach for things that are not theirs to play with. They also fall and get hurt, or become frightened.

When children are young, they are easily distracted. Their parent can substitute a safe object for one that they should not touch. They can be distracted by interesting objects to play with in a safe place. Later they will be able to better understand the reasons for what they should or should not do. There is no need to harshly scold or punish the child. Instead, the caregiver can help the child learn what can be played with and where.



LOOK, ASK, AND LISTEN

Discuss with the facilitator the notes the health or ECD worker wrote on the Checklist:

Child 1.
Age 2 years
and 6 months

Look	
All children	How does caregiver show he or she is aware of child's movements? <i>Touches child, pulls child closer</i>
	How does caregiver comfort the child and show love? <i>Holds child, rocks child, breastfeeds</i>
	How does caregiver correct the child? <i>Distracts child with her scarf</i>

What did the health or ECD worker see in the interaction between the caregiver and the child?

How would these interactions affect the child's survival? Why?

How would these interactions affect the child's learning? Why?

Child 2.
Age 3 years
and 1 month

Look	
All children	How does caregiver show he or she is aware of child's movements? <i>Looks at child</i>
	How does caregiver comfort the child and show love? <i>Tells child to stop crying</i>
	How does caregiver correct the child? <i>Grabs objects, scolds child</i>

What did the health or ECD worker see in the interaction between the caregiver and the child?

How would these interactions affect the child's survival? Why?

How would these interactions affect the child's learning? Why?

LOOK, ASK, AND LISTEN

For children by age (less than 6 months or 6 months and older)

- **Ask and listen: How do you play with your child?**

It might be difficult for a caregiver to understand this question. Some think that the child is too young to play. Or that children only play with other children. You will need to ask about play by using words that the caregiver can understand.

- **Ask and listen: How do you talk with your child?**

It might also be difficult for a caregiver to understand what you mean by talking with the child. Some think that the child is too young to talk to, especially before the child knows how to speak. If you see the caregiver cooing or talking softly to calm the child, point out that the caregiver is talking to the child.

- **Ask and listen: How do you get your child to smile?**

Many caregivers have been making faces and funny sounds to get their child to smile, almost from the child's birth. They have seen that the child responds to big movements, funny faces, and repetitive sounds. The child's responses encourage the caregiver to continue to find ways to get the child to smile.

Other caregivers do not know how to gently encourage the child to smile. Instead, they may try to force a smile, even by pressing the child's cheeks to form a smile. A caregiver who does not attempt to draw out a child's smile probably has difficulty responding easily, naturally, and with delight to the child's attempts to communicate.

It is helpful to give the caregiver an activity that is appropriate for the child's age. See how the child enjoys it and will smile naturally from the pleasure of playing with the caregiver.

- **Ask and listen: How do you think your child is learning or developing?**

Most caregivers are aware if their child is having difficulty learning or developing. They recognize when the child appears slow compared to other children in the family or community. They might be relieved that someone asked and is willing to help. If there are services for children who have difficulties or disability, refer the child to a service where the child can be further assessed and the family can receive additional help.

Many minor difficulties can be first addressed by more frequent follow-up visits to encourage play and other learning activities. When a significant delay or disability is observed, emphasize to caregivers that all children – including their child – can learn. They require the same love and encouragement as other children. They should be included in family activities, not isolated. They should continue to receive their regular health check-ups and other child services. Knowing where and how to use more specialized services, if they exist, can be a significant help for parents and other caregivers.

LOOK, ASK, AND LISTEN

Discuss with the facilitator the notes the counsellor wrote on the checklist:

**Child 1.
Age 2 months**

Ask and listen	
Child age less than 6 months	How do you play with your baby? <i>Does not play – too young</i>
	How do you talk to your baby? <i>Does not talk to baby</i>
	How do you get your baby to smile? <i>uses fingers to press mouth to a smile</i>

What did the counsellor learn about the interaction between the caregiver and the child?

How would these interactions affect the child's survival? Why?

How would these interactions affect the child's learning? Why?

**Child 2.
Age 2 years and 6 months**

Ask and listen	
Child age 6 months and older	How do you play with your child? <i>Does not – child too young to play</i>
	How do you talk to your child? <i>Tells child about things</i>
	How do you get your child to smile? <i>Looks at child. "coos" tickles gently</i>
	How do you think your child is learning? <i>well, "he knows how to do lots of things"</i>

What did the health or ECD worker learn about the interaction between the caregiver and the child?

How would these interactions affect the child's survival? Why?

How would these interactions affect the child's learning? Why?

PRAISE AND ADVISE: IMPROVE CARE PRACTICES

With the information you learn from the caregiver, you are able to give specific praise to encourage the family to play and communicate with the child, and to strengthen their basic caregiving skills. You also can identify possible problems. With the recommendations on the Counselling Cards, you can focus your advice on how to improve the child's care.

Note: The CCD package includes an expanded checklist and counselling card (long forms). They provide additional recommendations in cases where specific problems are identified. The additional recommendations also provide guidance for repeated visits.

Praise the caregiver

Most families try to do their best for their children. Praise recognizes this effort. Praise for the effort to play and communicate with children from birth encourages families to continue doing what is best for their children. Praise also builds confidence. Confidence will help the family learn new activities to try with their child.

The **Checklist** identifies some behaviors to praise. You might praise the caregiver for holding her child closely, and talking and playing with her child.

Praise shows the caregiver that you see the good effort. Praise can also show how the child praises the caregiver's good effort.

For example, when caregivers look at their children and talk softly to them, help them notice the good reaction they get from their children. For example: "Notice how your baby responds when he hears his name. He turns to you. He recognizes and loves your voice."

Discuss with the facilitator:

A mother gently massages her newborn. She stretches out her baby's arms and legs, and pushes them back again.

How would you praise the mother?

PRAISE AND ADVISE

Advise the caregiver

When you advise a family, you have an opportunity to strengthen the skills of the people who care for young children.

They may not know why their child does not respond to them as they wish. They may not know that you should talk to a small child, even before he or she can speak. Sometimes families think that play is only for children. When the child is old enough, she will play with her bigger brothers and sisters. They do not know that adults who play with their young infants and children are helping them to learn, and they do not know what kind of play is appropriate for the child.

The **Checklist** identifies some common problems and what you can suggest to help families in caring for their children. You will guide the caregiver and child in practicing the play and communication activities with you. For example:

- **To help a caregiver respond to the child**

You might find that a caregiver does not move easily with her child and does not know how to comfort her child. You do not see the close connection between what the child does and how the caregiver responds.

This poor interaction can happen for many reasons. It may happen between caregivers and children who have developmental difficulties, disabilities or other challenging health conditions. It might happen if the caregiver is separated from the child at an early age.



This connection is the basis for sensitive and responsive caregiving. Where it is missing, you can help the caregiver learn to look closely at what a young child is doing and to respond directly to it. Ask the caregiver to:

1. Look into the child's face until their eyes meet.
2. Notice the child's every movement and sound.
3. Copy the child's movements and sounds.

Soon, most young children also begin to copy the caregiver.

One time is not enough. Encourage the caregiver and child to play this communication game every day. Help the caregiver see how the child enjoys it. Notice how satisfied the caregiver is with the attention the child gives her or him.

During counselling, it is important that you not do the activities directly with the child. Connecting with you will interfere with the child making the connection with the caregiver.

Instead, teach or coach the caregiver through the activity with the child. Stay with the activity until the child responds, and the activity is repeated several times.

It is important that the caregiver understands, remembers and feels capable to do the new activities at home. The child's response encourages the caregiver to repeat and enjoy the activity.

PRAISE AND ADVISE

- **To help a caregiver speak less harshly to a child**

Sometimes children annoy adults as they try new skills. Adults may think that children should be able to act better than they are able to act at their age. They may think the child is acting against the adult's rules on purpose.

For example, a father might think his child is misbehaving when he drops things again and again. He scolds his child and perhaps spansks him.

You can help both parents see what the child might be thinking in a more positive way: "See what I can do. I can make it fall, and it makes a noise. The harder I push, the farther it goes. I am strong. When I drop it near Daddy, I am asking him to play with me, and we laugh and have fun together. He loves me very much."

- **To introduce a new play or communication activity**

In general, introduce a play or communication activity on the **Counselling Cards** by following these steps:

- 1. Get the child's attention**

Before you start, help the caregiver get the child's attention. She can look into the child's eyes, smile, and make sounds until the child begins to respond to her. She can also move a container or other object in front of the child until the child reaches for it.

- 2. Respond to the child**

Help the caregiver follow the child's lead. She can copy the child's sounds, or respond to the child's hand or leg movements. Often the child will then repeat the activity, in order to get the caregiver to respond again. This increases the child's attempts to make sounds and move, and the caregiver's pleasure. Both are important to help the child learn. Children with developmental difficulties or disabilities may be slower to initiate movements or sounds. Inform caregivers about this potential situation and help them see the small ways that the child might seek the parent's response—a blink, a raised finger, a grunt.

- 3. Introduce a play or communication activity recommended on the Counselling Cards**

When the caregiver and child are responding together, it is now easier to introduce a new activity.

For example, give stones (large enough not to swallow) and a plastic jar to a caregiver who takes care of her 14-month-old grandson. Ask her to try to teach her grandchild to put the stones into the jar. Help her get started, if necessary. Point out any success, and help her find ways to show her grandchild that she is pleased.

Also, help her see how much her grandchild seems to enjoy playing with her. Often children want to repeat this activity many times, once they have learned it.

Note again that it is important that, as the counsellor, you not do this activity directly with the child. Instead help – or coach – the caregiver to do the activity with the child. Only model the activity if major problems exist for the caregiver. And model it directly with the caregiver, not with the child. However, the activities on the Counselling Card are usually easy enough for the caregiver to succeed, with coaching.

- 4. Then, state the recommendations on play or communication for the child**

Recommend that the caregiver continue this activity at home to help her child learn: "Give your child things to put into containers and take out, and to stack up. This will help your child learn new skills. This will help him grow and be ready for school."

If the child is almost at the end of an age group – or the child already knows how to do the activities for her age group – you may introduce the recommendations for the next, older age group.

- 5. Check understanding**

Before the caregiver and child leave, be sure you have seen them do the recommended play or communication activities. This will show you that the caregiver is able to do the activity. Encourage the caregiver to continue the activities at home.

PRAISE AND ADVISE

Also, ask the caregiver questions about how he will do the activity at home. For example, “What do you have at home to use to teach your boy how to stack things?” “What would you like your child to learn to name?” “When is a good time to read or talk about pictures and things with your child?”

Finally, explain to the caregiver the importance of stimulating the child's development. One of the following reasons might be important to the child's family:

- Play and communication, as well as good feeding, will help your child grow healthy and learn. These activities are especially important in the first years of life. For all children, being responsive is important for a child to feel loved and secure, and to learn.
- Play and communication activities help the brain to grow and make your child smart and happy.
- Good care for the child's development will help your child be ready to go to school and to contribute one day to the family and community.
- Playing and communicating with your child will help build a strong relationship with your child for life.
- Play and communication activities will also help the child with developmental difficulties or disabilities learn – even though it might take more time and repetition.
- Providing a responsive, safe, loving, learning environment for the child is a right. It helps the child survive, be healthy, and reach her or his potential.
- For all children, being responsive is important for the child to feel loved and secure, and to learn.

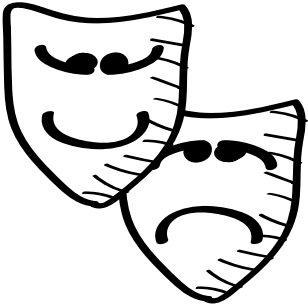
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Help the caregiver understand how important it is to help her young child learn.

Build the caregiver's confidence to care for her child at home by helping her practise playing and communicating with her child.

PRAISE AND ADVISE



Role play exercise: Advise the caregiver

The facilitator will divide the participants into groups of four participants each. Participants should set up a space with four chairs, in order to do a role play. In the small group, decide who will be the caregiver (mother or father), the child, the counsellor, and the observer. The roles to play are:

Caregiver (mother or father):

You have a 3-year-old child. You want your child to be smart and able to do many things. You are very interested in what the counsellor is saying about how to help your child.

Child:

You will act as though you are a 3-year-old child. You are a bit shy. But do not act silly (we want the counsellor to have a good practice). You enjoy your mother and father's attention.

Health or ECD worker (in a counselling role):

Welcome the caregiver and child. Select a play or communication activity appropriate for the child's age.

1. Help the caregiver get the child's attention.
2. Help the caregiver respond to the child.
3. Introduce a play or communication activity recommended on the Counselling Cards for the child's age. Help the caregiver practise the activity with the child.
4. Then, state the recommendations on play or communication for the child. Identify the benefits for the child and for the family.
5. Check the caregiver's understanding. For example, what items could she use to play with her child at home? How will she use them?

Observer:

Observe the discussion between the counsellor and the caregiver. At the end of the role play, provide feedback:

1. How welcoming was the counsellor?
2. How appropriate for the child's age was the activity the counsellor recommended?
3. How well did the counsellor introduce the caregiver to the activity?
4. Did the counsellor do the activity with the child, or help the caregiver do the activity?
5. How well did the counsellor praise the caregiver? Was the praise specific? Did the praise provide information on the benefit to the child?
6. How did the counsellor help the caregiver see how the child responded?

When you finish, change roles. Ask the child to be a child from a different age group. Continue to change roles until each participant has played each role.

HELP SOLVE PROBLEMS

After you introduce a caregiver to recommended play and communication activities for the child, you need to ask: “What difficulties might you have doing these activities at home with your child?”. Then you can help the caregiver identify solutions that are appropriate for the family.

Refer to the section of the **Counselling Cards** on **Counsel the Family about Problems in Caring for the Child’s Development**. This section lists common problems families face in caring for their children.

If the mother cannot breastfeed, counsel the mother to:

- Hold the child close when feeding, look at the child, and talk or sing to the child.
- Even though breastfeeding is best for children, many children have grown and done well without breast milk. If the mother cannot breastfeed, help her understand the importance of responding when the child shows she is hungry. Hold the child during feeding. For the child to feel safe and secure, it is important to feed the child with a cup in a loving way, keeping the child close to the body, and looking into the child's eyes.

If the caregiver does not know what the child does to play or communicate:

- Remind the caregiver that children play and communicate from birth.
- Demonstrate how the child responds to the caregiver's activities and effort.
- To encourage learning, caregivers need to recognize play and communication, and understand that they are important for learning. Explain that play is one important way children learn and develop.

If a child looks or smiles at the caregiver, remind him that this is how the child communicates. If the child makes a sound or gesture, encourage the caregiver to imitate it. Often the child will repeat it with delight. Help the caregiver guess what the child might be trying to communicate. “My daddy heard me!”, “I can make my daddy laugh!” or “Daddy makes such a funny face with me!”

Finally, select another activity for the child's age from the **Recommendations for Care for Child Development**. Then help the caregiver try the activity with the child and see how the child responds.

HELP SOLVE PROBLEMS

If the caregiver feels that she is too burdened or stressed to play and communicate with the child:

- Listen to her feelings.
- Help her identify a key person who can share her feelings and help her with her child.
- Build her confidence by demonstrating her ability to carry out a simple activity. Offer praise and encourage her to practise the activity with her child.
- Encourage fathers also to get involved by caring for the child and helping mothers with household chores. This can be complemented by recommending how all family members can help prepare a stimulating environment for their child so that he or she can practice emerging skills while playing alone, near caregivers.
- Refer the caregiver to a local service, for additional counselling support, if it is available.

If caregivers feel that they do not have time to play and communicate with the child:

- Encourage them to combine play and communication activities with other care for the child (for example, feeding, bathing, and dressing).
- Ask other family members to help care for the child or help with the parents' chores.
- Explain how they can arrange the child's environment to play, communicate and learn near them while they work at home.

Caregivers may feel that they do not have additional time to actively feed, play, or communicate with their children. Ask the caregiver what she thinks she could do to get more time. If she needs help to find time, discuss some of these ideas:

- Do play and communication activities while doing household chores or caring for the child. She can

talk, sing, and play while bathing, feeding, and dressing the child, or while house cleaning.

- Identify others in the family who might help her do some of her work, to give her more time with the young child.
- Identify others, including the father and older brothers and sisters, who can spend time playing and talking with the child.

If the caregiver has no toys for her child to play with, counsel her to:

- Use any household objects that are clean and safe.
- Make simple toys.
- Play with her child. The child will learn by playing with her and other people.



Young children do not need bought toys. Often children find their own toys in the house or outside. Help the caregiver identify safe items at home.

For example, for the caregiver of a child age 7 months, ask: “What do you have at home that your child could safely handle, bang and drop?” For a child age 12 months up to 2 years, ask,

“What kinds of empty containers do you have at home that your child could put small things into?”. Or ask the caregiver what her child plays with now. Check to make sure that she understands what is safe for her child to play with.

Families can also make simple, inexpensive toys. A block of wood with painted wheels becomes a cart. A child can sort circles cut from coloured cardboard to match colours. A picture can be pasted onto cardboard and cut into three pieces to make a simple picture puzzle. Children can also play with natural objects, such as seedpods or seashells that are clean and are not sharp.

HELP SOLVE PROBLEMS

Children also need people to play with. They learn from playing with fathers, brothers and sisters, and friends. Identify ways that others can talk to the child, and play counting, naming, or other games recommended for the child's age.

If the child is not responding, or seems “slow”:

- Encourage the family to do extra play and communication activities with the child. Observe what the child can do and what is difficult. Build new skills on what the child can do.
- Check to see whether the child is able to see and to hear (see box). Also, observe whether the child has any physical difficulty grabbing, holding and manipulating objects, or sitting, standing and walking.
- Refer the child with difficulties for further assessment and special services, if available.
- Encourage the mother, father and other family members to provide love, security and special care to the child with delays or disabilities. If the child cannot see or hear, find ways to communicate with touch and movement.
- Help mothers, fathers and other family members prepare a stimulating environment close to the child, who might have seeing, hearing and motor problems, and provide more direct and continuous opportunities to explore and learn.
- Remind the caregivers that, even though the child receives special services, the child needs to continue with their regular health check-ups.

Most children learn to walk, say a few words, and feed themselves by the end of their second year. Children, however, are very different from each other in how shy or active they are, and in how fast they learn. A child who is poorly nourished, for example, may be slow to learn new skills.

It is sometimes helpful to ask the caregiver: “How do you think your child is learning?” or “Do you have any concerns about how your child is growing or learning?” A parent may be concerned that her child is slow, compared to other children.

For the child age 6 months and older who may be having difficulty learning

Ask the caregiver these questions:

Hearing

- Does your child turn his head to see someone behind him when the person speaks?
- Does your child show any reactions to strong or loud sounds?
- Does your child make a lot of different sounds (tata, dada, and baba)?

Seeing

- Does your child look at your eyes?
- Does your child follow a moving object with the head and eyes?
- Does your child recognize familiar people (like mother, father, brother, or sister)?
- Is your child able to grab an object?

If the caregiver does not know an answer, ask to find out. For example, she can make a noise behind the child's head. She can see if the child's head and eyes will follow a moving pencil. For the caregiver to check the child's hearing and seeing, the child should be calm and not very sick.

If any of the answers to these questions is “no,” the child may have difficulties hearing or seeing. If special services for children are available in your area, refer the child for further assessment.

HELP SOLVE PROBLEMS

You can help the caregiver give the special attention her child may need. Demonstrate how she could respond more to her child's attempts to communicate. If the child smiles or makes a sound, have her smile or repeat the sound to see if her child responds. Ask what the child plays with, and help the mother identify other safe and clean household objects for the child to use.

The caregiver needs to spend more time and patience feeding the child who is developing slowly. She needs to provide more attention to the child through play and communication. With special attention, all children can learn, even if slowly. However, as with adults, there will be differences in what is learned and when.

A child who is slow to learn, however, may have special hearing, seeing, motor or cognitive (intellectual) difficulties. If the child is six months or older, ask the caregiver to check the child's hearing and seeing, using the questions in the box. For possible motor and cognitive delays, ask the caregiver what the child does at home. Observe the child's movements and responses during the consultation. If you suspect significant disabilities, refer the child and family to existing intervention services (health, rehabilitation or special education). Most LAC countries have these services, at least in the main cities.

Whether or not the child can be referred, encourage the family to play and communicate often with the child as they would have done with other children. Children can learn from many situations and sources: by touch, taste, smell, and body movements, as well as seeing and hearing. Most activities on the counselling card can be modified for a child with disabilities. More time will be needed. Discuss adults in the community who could spend time with the child to help the primary caregivers. Identify family organizations, if available, that provide peer support for parents of children with disabilities.

The Convention on the Rights of the Child (CRC) and the more recent Convention on the Rights of Persons with Disabilities (CRPD) recognize that children with

significant developmental delays or other disabilities have the same rights as all children, including to health, education, and child protection.

If the mother or father has to leave the child with someone else for a period of time:

- Identify at least one person who can care for the child regularly, and give the child love and attention. The person needs to be committed and able to respond to the child's needs in a timely and affectionate way.
- Get the child used to being with the new person gradually.
- Encourage the mother and father to spend time with the child when possible.

A child may also lose a parent from illness or another reason. Expect that, with good care, the child can recover from the loss of a parent. Children often go through a period of sadness if they lose or rarely see their mothers or fathers. However, with time they learn to love other people, and most can recover from their sadness. Help identify one special person who will give the child love and extra attention as soon as possible after a loss.

If it seems that the child is being treated harshly:

Recommend better ways of dealing with the child.

- Encourage the family to always look for opportunities to praise the child for good behaviour. Advise them to provide activities that the child can accomplish in a short time, then introduce more complex activities.
- Respect the child's feelings. Try to understand why the child is sad or angry.
- Give the child choices about what to do, instead of saying "don't".

HELP SOLVE PROBLEMS

Children make mistakes as they explore and try new things to do. They may look like they are misbehaving or are trying to annoy the busy adults around them. Their caregivers may believe punishing children is the best way to help them learn what is right and wrong. They might treat their children harshly. Parents need guidance on age-appropriate discipline for their children. Discipline with physical or emotional punishment is abusive, not acceptable and not required.

While a caregiver plays and communicates with his child is a good time to demonstrate better ways of dealing with the child. Encourage the caregiver to see and praise his child for his good efforts. Help him interpret what the child might be seeing, thinking, and trying to do. If the child becomes upset, help the caregiver try to find out what is making the child upset. If the child takes something that is not his or in other ways misbehaves, help the caregiver find another, appropriate object to play with. Help distract the child with another activity. It takes time for the child to gain skills to know what is acceptable, and parents can support this process by substituting an acceptable activity.

When you are done counselling the caregiver, complete the **Checklist**. Tick [✓] the boxes to indicate the advice you gave and the problems you discussed with the caregiver. See the example on the next page.

Discuss with the facilitator:

*What do you know about Carlos and his caregiver, Miss Sanchez? See the top of the checklist.
For what did the health or ECD worker praise Miss Sanchez?
What advice did the health or ECD worker give Miss Sanchez?*

CHECKLIST for Counselling on Care for Child Development

Date 24 | 11 | 2016
(DAY) (MONTH) (YEAR)

Completed by JT

Child's name: First Charles Family Reynolds Age: 2 Years/ ___ Months Boy / Girl

Caregiver's name: Zidane Reynolds Relationship: Mother / Father / Other: _____

Address, Community: 21 Old Centre Road, Red Market

1. Identify practices to support the child's development and counsel the caregiver

	Look	Praise the caregiver if caregiver:	Advise the caregiver and solve problem if caregiver:
All children	How does the caregiver show he or she is aware of child's movement? <i>Looks at child</i>	<input checked="" type="checkbox"/> Moves towards and with child, and talks to or makes sounds with child.	<input type="checkbox"/> Does not move with child, or controls child's movement: Ask caregiver to copy child's movements, to follow child's lead.
	How does the caregiver comfort the child and show love? <i>Tells child to stop crying (does not work)</i>	<input type="checkbox"/> Looks into child eyes and talk softly to child, gently touches child or hold child closely...	<input checked="" type="checkbox"/> Is not able to comfort child, and child does not look to caregiver comfort: Help caregiver look into child eyes, gently talk to child and hold child.
	How does the caregiver correct the child? <i>Grabs object away from child, scolds</i>	<input type="checkbox"/> Distracts child from unwanted actions with appropriate toy or activity.	<input checked="" type="checkbox"/> Scolds child: Help caregiver distract child from unwanted actions by giving alternative toy or activity.
Child age less than 6 months	How do you play with your baby?	<input type="checkbox"/> Moves the baby's arms and legs, or gently strokes the baby <input type="checkbox"/> Gets the baby's attention with a shaker toy or other object	<input type="checkbox"/> Does not play with baby: Discuss ways to help baby see, hear, feel, and move appropriate for baby's age
	How do you talk with your baby?	<input type="checkbox"/> Looks into baby's eyes and talks softly to baby	<input type="checkbox"/> Does not talk with baby: Ask caregiver to look into baby's eyes and talks to baby
	How do you get your baby to smile?	<input type="checkbox"/> Responds to baby's sounds and gestures to get baby smile	<input type="checkbox"/> Tries to force smile or is not responsive to baby: Ask caregiver to make large gestures and cooling sounds; copy baby's sounds and gestures, and see baby response
Child age 6 months and older	How do you play with your child? <i>She does not play with Carlos, sister (5 yrs) does</i>	<input type="checkbox"/> Plays word games or with toy objects, appropriate for age.	<input checked="" type="checkbox"/> Does not play with child: Ask caregiver to play or communication activity, appropriate for age
	How do you talk with your child? <i>Talks about what to do/ not to do</i>	<input type="checkbox"/> Looks into child's eyes and talks softly to child, asks question	<input checked="" type="checkbox"/> Does not talk with child, or talks harshly to child: Give caregiver and child an activity to do together. Help caregiver interpret what child is doing and thinking and see child respond and smile
	How do you get your child to smile? <i>Does not. Child smiles on her own</i>	<input type="checkbox"/> Draws smile out from child	
	How do you think your child is learning? <i>Misbehaves a lot but does not seem slow</i>	<input checked="" type="checkbox"/> Says the child is learning well	<input type="checkbox"/> Says the child is slow to learn: Encourage more activity with the child, check hearing and seeing. Refer child with difficulties

2. Ask to see child again in one week, if needed (circle day):

Monday

Tuesday

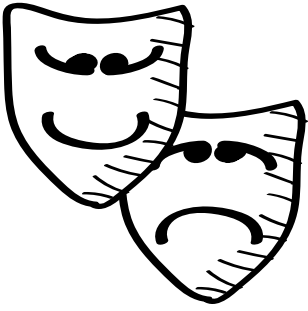
Wednesday

Thursday

Friday

Weekend

HELP SOLVE PROBLEMS



Role play exercise: Help to solve problems

The facilitator will divide the group into groups of three participants each. Set up a space with three chairs each, in order to do a role play. In the group, decide who will be the counsellor, the caregiver (mother or father), and the observer. For the child, give a doll or other object (e.g. folded towel) to the caregiver. The roles to play are:

Health or ECD worker (in a counselling role):

Welcome the caregiver and child. Ask the caregiver if she or he will have any problems playing and communicating with their child at home. Help the caregiver solve any problems that he or she might have.

Caregiver (mother or father):

The health or ECD worker has recommended to activities for you do with your child. However, it will be difficult for you to follow the advice for one of the reasons below. Select one of the problems to discuss with the health or ECD worker.

1. I don't have time. I have to walk a long distance – one hour to the river and one hour back – to get water in the morning. By the time I return I have many household chores to do.
2. We don't have any toys at home. We need the cups and plates and other items for ourselves.
3. My child does not like to play. He just throws his things on the ground and is very annoying.
4. My child is very slow. She does not seem to be learning like the other children.

Observer:

Observe the discussion between the health or ECD worker and the caregiver. At the end of the role play, provide feedback:

1. How welcoming was the health or ECD worker?
2. How well did the health or ECD worker show concern for the caregiver's problem? What else could the health or ECD worker have done?
3. How well did the health or ECD worker help the caregiver find a solution? Was it a good solution for the family?

Change roles three times, so that each participant performs each role once. The caregiver should select a different problem from the list of four problems.

CAREGIVER AND CHILD FOLLOW-UP

You can help caregivers try new activities by asking to see them again. Knowing that they will see you again helps them start the new activities right away. When they return, they will be proud to show you what they have learned to do and how their children enjoy the activities with them.

Ask the caregiver to bring the child back for follow-up in one or two weeks, if you think that they need this additional support. The follow-up visit is most important when caregivers are just learning to interact well with their children or if developmental delays or other disabilities are identified.

In countries that have established growth and development monitoring as part of well-baby services or IMCI strategies, efforts should be made to integrate this care for child development to strengthen existing family services.

On the bottom of the short form checklist, circle the day of the planned follow-up visit as a reminder. (See the sample [Checklist](#) for Charles Reynolds, on page 48).

When using the long checklist form, write the date of the next follow-up visit and circle the day of the planned appointment, to help remind the caregiver. If a significant developmental delay or disability is observed and requires referral to special services, indicate in the corresponding boxes the date of referral and the type and name of special service.

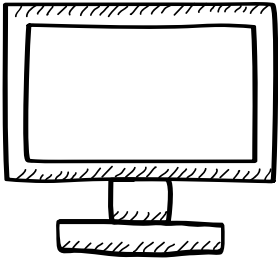
During the follow-up visit, ask the caregiver to show you what they have been doing with their child at home. Praise them for their efforts. Advise them on additional activities to encourage their interest.

Finally, help the caregiver see how the child enjoys doing the activities with him or her.

Short Form

2. Ask to see child again in one week, if needed (circle day):	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
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CAREGIVER AND CHILD FOLLOW-UP



Video Exercise: Identify and help solve problems

This video shows a mother and her child. Together the group will complete the Checklist for Counselling on Care for Child Development for the caregiver and child after the video.

For discussion after the video:

1. What praise could you give the mother?
2. What advice could you give? Select a play and communication activity for the caregiver to give to the child.
3. How could you help the mother solve problems in caring for her child?
4. When would you see the caregiver and child for follow-up?
5. What would you look for during follow-up?

For additional discussion:

This caregiver and child have a very common difficulty in connecting.

1. What did you notice about how the caregiver and child interact with each other?
2. How does the child respond to the caregiver's movements?
3. How does the caregiver respond to the child's movements?
4. What difficulties might this create for the survival of a child?
5. What difficulties might this create for helping the child learn?
6. How might the recommended play and communication activities help this child?



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