



# **TRAINERS GUIDE**

**General Child Care Course  
For  
Careers in Child Care Giving**



**National Child Protection Authority**

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For  
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(NVQ Level 4)



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## Forward from the Chairman

Providing protection to children and ensuring their safety is an inescapable responsibility of the adults of any society. It can be observed that even animals take on this responsibility towards their young.

However, caring for children is not a simple or an easy task. Causing some physical or mental harassment to a child with the view to correcting the child may result in that child developing into an adult with personality traits that are completely outside the expectations of the parents of that child. It is very possible that a child who has been subjected to such harassment will perceive punishment as the best and the only method of correcting an individual. It can be clearly observed that parents, teachers, parties in charge of daycare centers and children's homes and those who work at various places related to childcare rely heavily on punishment (harmful approach) for disciplining children. Most of the complaints that the child helpline 1929 operated by the National Child Protection Authority receive relate to cruelty against children.

This is not a recently created situation. There is mention of such cruelty in a verse written in Sinhala by the great poet Rapiel Tennakoon that reads as follows:

*Risi de igena gannata maga kiyaa no dee  
Bata de namuth kala kala de yai wera dee  
Kevite balen enava nam nuwana a dee  
Merate gonun padidun wanu atha langa dee*

The message given through this verse is that punishment is a completely failure as a means of disciplining. Further, no research that has been carried out in the world has shown that a positive experience or change in the personality of the child can be caused by way of disciplining a child through punishment.

However, the belief and the practical way of the conventional caretakers of children seem to have formed on the basis that cruelty is effective. No, it is not at all effective.

These guidelines will certainly help develop the knowledge, skills and attitudes of those engaged in professions related to childcare and of child caretakers, and will help them in taking care of children adopting constructive methodologies.

I believe that the full commitment and contribution of the Psychosocial Unit of the National Child Protection Authority pushed the initiative for effort. Also, the contribution of the experts in this field is commendable. We would like to extend our gratitude to all those who made such commitment.

Finally, if this effort contributes towards brightening and strengthening the future of the children in Sri Lanka, that is our greatest happiness and satisfaction. I would like to express my gratitude to all those who contributed towards successful completion of this task.

H.M. Abayaratne  
Attorney-at-Law  
Chairman  
National Child Protection Authority





## ACKNOWLEDGEMENT

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We also wish to convey our gratitude to the National Commissioner, Department of Probation and Child Care Service, the Director of Child Secretariat, and the staff members from both Departments who provided us with their kind cooperation in this combined effort.

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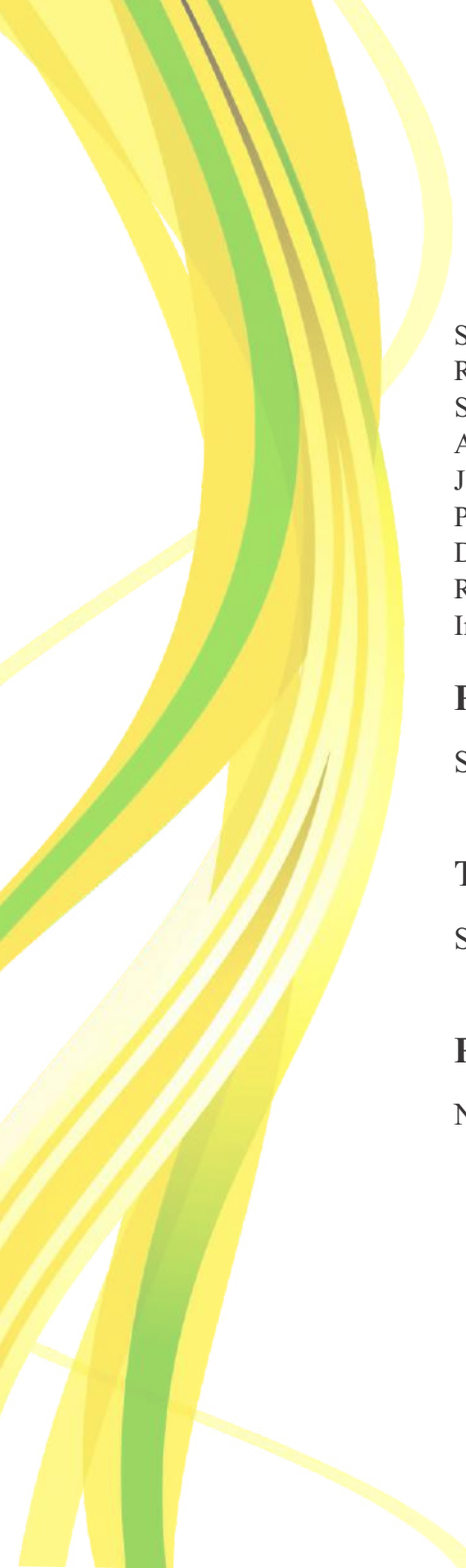
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# Trainers Guide Module No. 1

**Occupation** : Child Care Giver  
**Competency Area** : Basic knowledge and understanding about the child’s holistic development

**Module Title** : Introduction to Child Development

**Performance Objective** : After completion of this module the trainee will be able to perform age and developmentally appropriate tasks to assist children in their holistic development.

**Tasks to be performed:**

	<b>Outcome</b>	<b>Sub- Outcome</b>	<b>Notes to Trainer / Facilitator</b>
<b>1.1</b>	<b>Examine stages of child development</b>	1.1 understand the difference between growth and development 1.2 Explore a typical lifespan development of a human being 1.3 Understand the pre-natal development of a human being	1.1 Explain the terms Development and growth. Draw attention to the fact that development is more than just physical growth. 1.2 Explain lifespan from conception to old age. 1.3 Draw attention to the stages of prenatal development and factors contributing to the healthy development of the foetus and factors that hinder healthy development (stress, environment, nutrition, drug and alcohol abuse etc) <b>Tasks</b> : Poster on Lifespan or Prenatal developmental
<b>1.2</b>	<b>Support Physical Development</b>	2.1 Understand typical developmental milestones from birth to adolescence 2.2 Support gross motor and fine motor development 2.3 Use daily routines to assist physical development and independence in children	2.1 Provide students with typical physical development milestones (Appendix 1) 2.2 Explain the terms Gross motor (Large muscle) and Fine motor (finger muscle) development.



		<p>2.4 Monitor and assist physical development from infancy to adolescence</p> <p>2.5 Support children to take increasing responsibility for their own health and wellbeing through adequate nutrition and good hygiene habits</p>	<p><b>Task</b>- classify which activities can be done to promote both types of development</p> <p>2.3 Design a daily routine that includes sufficient activities, play, eating, sleep/rest times (Appendix 2)</p> <p>2.4 Filling necessary paperwork of the centre</p> <p>2.5 Difference between encouragement and praise (Appendix 3) Encouraging children in their achievements to develop their autonomy. Teach self help skills such as feeding, hand washing, dressing, cleaning up etc.</p> <p>Teaching them good hygiene habits (bathing, brushing teeth, washing hands) Teach them about a balanced diet and making healthy food choices. (Appendix 4)</p>
1.3	<b>Support Emotional Development</b>	<p>3.1 Assist emotional development in children through activities and interactions</p> <p>3.2 Ensure children experience pride and confidence in their achievements and daily tasks</p> <p>3.3 Assist the child to manage and experience frustration, anger and encourage children to see mistakes as an opportunity to learn</p> <p>3.4 Encourage children to express and manage feelings in a appropriate manner</p> <p>3.5 Support children's efforts, assisting and encouraging as appropriate</p> <p>3.6 Motivate and encourage children to persevere with challenges and build resilience</p>	<p>3.1 Teach them to identify emotions through storytelling, discussions, art and craft, music, emotion faces (Appendix 5)</p> <p><b>Task</b> – Consider how people might make you feel sad/hurt/angry and how they would make you feel happy/accepted/loved/safe</p> <p>3.2 identify and encourage to build their pride and confidence in themselves which will result in the development of their self esteem (Appendix 6)</p> <p>3.3 / 3.4 Teach children to identify how they feel and <b>Collaboratively</b> (work together) develop strategies to develop coping and managing mechanisms (eg: sit in a corner and count to 10 when they are angry, talking through etc.)</p>

			<p>3.5 Teach and train children not to give up even if they do not succeed in the task at hand the first time.</p> <p><b>Resilience</b> - the ability to recover from or adjust to misfortune or change</p>
1.4	<b>Support Social Development</b>	<p>4.1 Role model ideal social interactions through interactions with children, families and colleagues</p> <p>4.2 Support children to understand and accept responsibility for their own actions appropriate to their level of understanding</p> <p>4.3 Assist children to develop trusting relationships with educators and other adults</p> <p>4.4 Encourage children to respect and regard each other's individual differences</p>	<p><b>4.1 Role model</b> - a person whose behavior, example, or success is or can be copied/imitated by others, especially by younger people. Emphasis the importance of being a good role model in all situation and interactions with others.</p> <p>4.2 teach children to take responsibility and accountability  <b>(Accountability</b> is a accepting responsibility, an individual has accountability for acts and behaviors and admitting you made a mistake)</p> <p><b>Task</b> – How to build a trusting relationship with others?          Keeping your word, fulfilling responsibilities, being emotionally stable etc.</p> <p>4.4 draw attention to children's similarities (all children, have feelings etc.) and their differences (race, gender, ethnicity, religion, socio economic status, family structure etc. ) and assist them to not discriminate and respect all people and things. Role modeling is very important here. (Appendix 7)</p>

1.5	<b>Support Cognitive Development</b>	<p>5.1 Provide children with a range of experiences for intellectual development</p> <p>5.2 Identify multiple intelligences and talents in children and cater to them</p> <p>5.3 Assist children’s intellectual development through Scaffolding</p>	<p>5.1 provide hands on learning experiences to explore different concepts.</p> <p>5.2 Howard Gardner Multiple Intelligences theory – Appendix 8</p> <p>5.3 Scaffolding - <b>Scaffolding</b> is breaking up the learning into chunks and then providing a tool, or structure, with each chunk. When scaffolding reading, for example, you might preview the text and discuss key Vocabulary, or chunk the text and read and discuss as you go.</p>
1.6	<b>Support Language Development</b>	<p>6.1 Value the child’s linguistic heritage and encourage the use and acquisition of the child’s mother tongue</p> <p>6.2 Talk and engage with the child in sustained conversations</p> <p>6.3 Answer Questions and explain concepts to the child</p> <p>6.4 Select, read and tell developmentally appropriate stories using appropriate teaching aids</p> <p>6.5 encourage two-way communication through questions and careful listening</p> <p>6.6 Create opportunities for group discussions and exchange of views between children</p>	<p>6.1 <b>Important:</b> Child’s mother tongue is important; Do not discount the importance of the child’s mother tongue/home language.</p> <p>6.2 Sustained conversation Appendix 9</p> <p>6.3 Children are full of questions as they are exploring and getting to know the world around them. Therefore their questions should be taken seriously and answers should be given. They should not be disrespected, made fun of or ignored. If the caregiver is not able to answer due to lack of time or lack of knowledge, explain to the child that the caregiver is busy at the moment but will make time later to answer the question or that they do not know the answer but they will check and let them know. It is better to be truthful.</p> <p>Children are very curious and hungry for knowledge, and will appreciate new concepts being explained to them.</p> <p>6.5 encourage good communication skills in children by role modelling and listening to children (Appendix 10)</p>

			<p>Explain the term verbal communication and non-verbal communication.</p> <p>6.6 encourage group discussion during circle time and when making decisions about the routine/set up/activity of the childcare centre. Facilitates children learning taking turns. Ensure that the suggestions and decisions made during these discussions are carried out.</p>
<b>1.7</b>	<b>Integration of all development areas</b>	<p>7.1 Understand all domains of child development are integrated</p> <p>7;2 Perform activities to promote the child’s holistic development</p>	Task; design activities that integrates all areas

**Appendix**

**Appendix 1 - Development milestones and possible effects of maltreatment**

[http://www.rsd.k12.pa.us/Downloads/Development\\_Chart\\_for\\_Booklet.pdf](http://www.rsd.k12.pa.us/Downloads/Development_Chart_for_Booklet.pdf)

**Appendix 2 - Daily routines for infant, toddlers, preschoolers and school aged children**

[http://www.purchaseadd.org/files/pdf/childcare/t9-37 rp 3 01 sh daily schedules inf tod pre sa.pdf](http://www.purchaseadd.org/files/pdf/childcare/t9-37_rp_3_01_sh_daily_schedules_inf_tod_pre_sa.pdf)

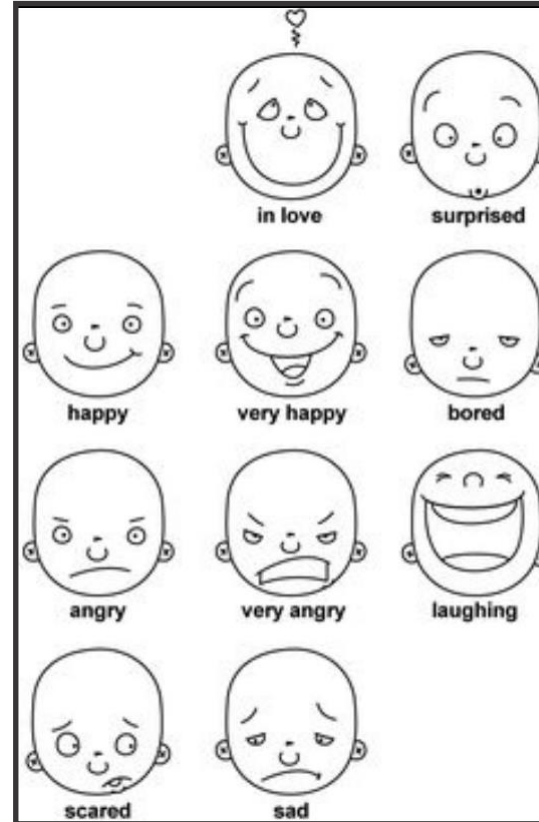
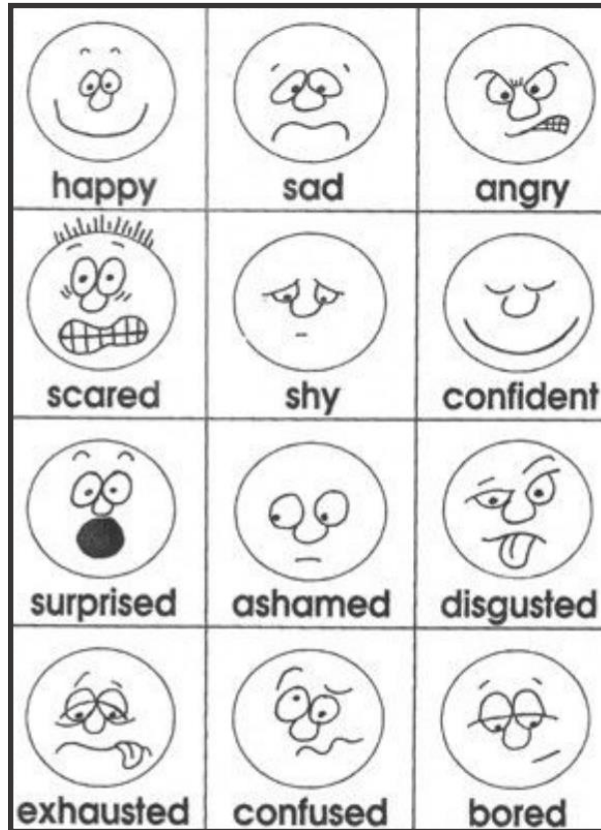
**Appendix 3 - Praise and encouragement**

[https://www.positivediscipline.com/sites/default/files/praise\\_and\\_encouragement.pdf](https://www.positivediscipline.com/sites/default/files/praise_and_encouragement.pdf)

**Appendix 4 - Food based Dietary Guidelines for Sri Lankans by the Ministry of Health**

- a) English - <http://203.94.76.60/departmnt/NutritionDivision/Nutrition%20Guidelines/FBDG-English.pdf>
- b) Sinhala - <http://www.fao.org/3/b-as886o.pdf>
- c) Tamil - <http://www.fao.org/3/a-as886o.pdf>

**Appendix 5 - Emotional Faces**



**Appendix 6 - Children's Self Esteem**

<http://www.parenting-ed.org/handouts/self%20esteem.pdf>

**Appendix 7 - Teaching children to respect diversity**

- a) Tips for Teaching Kids to Respect and Enjoy Diversity - <http://www.easternflorida.edu/community-resources/child-development-centers/parent-resource-library/documents/teach-kids-to-respect-and-enjoy-diversity.pdf>
- b) Cultural diversity and children's wellbeing - [https://www.kidsmatter.edu.au/sites/default/files/public/KMP\\_C1\\_CDCW\\_CulturalDiversityAndChildrensWellbeing.pdf](https://www.kidsmatter.edu.au/sites/default/files/public/KMP_C1_CDCW_CulturalDiversityAndChildrensWellbeing.pdf)

**Appendix 8 - Howard Gardner's theory of Multiple Intelligences**

[http://www.niu.edu/facdev/pdf/guide/learning/howard\\_gardner\\_theory\\_multiple\\_intelligences.pdf](http://www.niu.edu/facdev/pdf/guide/learning/howard_gardner_theory_multiple_intelligences.pdf)

**Appendix 9 - Sustained Conversations with Children**

[http://www.earlychildhoodaustralia.org.au/nqsplp/wp-content/uploads/2012/09/NQS\\_PLP\\_E-Newsletter\\_No43.pdf](http://www.earlychildhoodaustralia.org.au/nqsplp/wp-content/uploads/2012/09/NQS_PLP_E-Newsletter_No43.pdf)

**Appendix 10 - Communicating with children - Principles and Practices to Nurture, Inspire, Excite, Educate and Heal UNICEF**

[https://www.unicef.org/cwc/files/CwC\\_Final\\_Nov-2011\(1\).pdf](https://www.unicef.org/cwc/files/CwC_Final_Nov-2011(1).pdf)

## Trainers Guide

## Module No. 2

<b>Occupation</b>	<b>: Child Care Giver</b>
<b>Competency Area</b>	<b>: Knowledge and skills to provide care for babies and toddlers</b>
<b>Module Title</b>	<b>: Provide Care for Babies and Toddlers</b>
<b>Performance Objective</b>	<b>: After completion of this module the trainee will be able to provide care for infants and toddlers by understanding their cues and responding to the hygiene, nutrition and rest needs appropriately.</b>

### Tasks to be performed:

	<b>Outcome</b>	<b>Sub- Outcome</b>	<b>Notes</b>
<b>2.1</b>	<b>Respond to infants and toddlers appropriately</b>	1.1 Respond to babies/infants in an unhurried, gentle and sensitive way to promote a relationship of trust 1.2 Closely monitor babies/infants for signs of hunger, distress, pain and tiredness 1.3 Provide babies/infants with physical comfort as appropriate 1.4 Meet needs of babies/infants for consistent and secure care, in a timely manner 1.5 Respect and fulfil rituals of babies/infants 1.6 Engage in appropriate play activities with babies and toddlers	1.1 Ensure responses are unhurried and not rushed. Build a relationship of trust with the infants. Build an attachment – Appendix 1 1.2 Respond to children correctly by monitoring their sounds, language, facial expressions, body language, gaze and gestures. Depending on how the infant is communicating, respond correctly. 1.3 providing physical comfort in the forms of hugs and cuddles contributes to the infant’s wellbeing and contributes to them building an attachment with the caregiver. 1.4 Respond to infants consistently. This allows them to trust the world around them – Appendix 2 Erik Ericson theory 1.5 Appropriate plat resources and activities for children – Appendix 3



<p><b>2.2</b></p>	<p><b>Practice safe sleeping practices</b></p>	<p>2.1 Put babies to sleep and lay to rest in a safe manner</p> <p>2.2 Check that cots, bedding and equipment are safe</p> <p>2.3 Arrange the environment in a manner that is conducive to rest</p> <p>2.4 Ensure bedding is clean, using appropriate hygiene practices</p>	<p>Follow safe sleeping practices to avoid sudden infant death syndrome – Appendix 4 SIDS</p> <p>2.3 Ensure the environment is quite and dim to facilitate sleep and rest</p> <p>2.4 Ensure bedding is routinely washed and cleaned to maintain hygiene standards.</p>
<p><b>2.3</b></p>	<p><b>Provide babies and toddlers with appropriate nutrition</b></p>	<p>3.1 Prepare Formula in the correct procedure</p> <p>3.2 Prepare cereal or baby food in the correct manner</p> <p>3.3 Clean and sterilise feeding equipment in a appropriate manner</p> <p>3.4 Create a supportive environment for mothers to breastfeed</p>	<p>3.1 Appendix 5</p> <p>3.2 Follow packet instruction</p> <p>3.3 Appendix 6</p> <p>3.4 Ensure that an area with sufficient privacy and comfort is arranged for mother’s to breastfeed. Caregivers should welcoming and respectful of mother’s coming to breastfeed.</p> <p>Draw attention to how to actually feed the baby the bottle by holding them in arms or while in the cot. Discuss feeding food to children on a high chair</p>
<p><b>2.4</b></p>	<p><b>Perform safe hygienic practices</b></p>	<p>4.1 Nappy changing using the appropriate hygienic procedure</p> <p>4.2 Bath and sponge bath babies and toddlers in a safe manner</p> <p>4.3 Perform hygienic work tasks in a respectful and positive manner</p> <p>4.4 Support children and families to toilet train</p>	<p>4.1 Diapers - Appendix 7 Cloth nappies – demonstration</p> <p>4.2 Practical demonstration</p> <p>4.3 Do not embarrass the child or make faces when performing hygiene tasks. All tasks should be carried out in a respectful manner without scolding the child or making them feel bad. Deal with toileting accidents in a sensitive and respectful manner.</p> <p>4.4 As children grow up they will have to be toilet trained. Work with the family to toilet train the child</p>

## Appendix

### Appendix 1 - Attachment theory

[http://www.health.wa.gov.au/docreg/Education/Population/Child\\_Health/Emotions\\_and\\_Behaviour/HP8880\\_attachment.pdf](http://www.health.wa.gov.au/docreg/Education/Population/Child_Health/Emotions_and_Behaviour/HP8880_attachment.pdf)

### Appendix 2 - Erik Erikson Theory

#### 1. Trust vs. Mistrust

Is the world a safe place or is it full of unpredictable events and accidents waiting to happen? Erikson's first psychosocial crisis occurs during the first year or so of life. The crisis is one of trust vs. mistrust.

During this stage the infant is uncertain about the world in which they live. To resolve these feelings of uncertainty the infant looks towards their primary caregiver for stability and consistency of care.

If the care the infant receives is consistent, predictable and reliable, they will develop a sense of trust which will carry with them to other relationships, and they will be able to feel secure even when threatened.

Success in this stage will lead to the virtue of **hope**. By developing a sense of trust, the infant can have hope that as new crises arise, there is a real possibility that other people will be there as a source of support. Failing to acquire the virtue of hope will lead to the development of fear. For example, if the care has been harsh or inconsistent, unpredictable and unreliable, then the infant will develop a sense of mistrust and will not have confidence in the world around them or in their abilities to influence events.

This infant will carry the basic sense of mistrust with them to other relationships. It may result in anxiety, heightened insecurities, and an overall feeling of mistrust in the world around them.

the quality of the early experience of attachment can affect relationships with others in later life.

## 2. Autonomy vs. Shame and Doubt

The child is developing physically and becoming more mobile. Between the ages of 18 months and three, children begin to assert their independence, by walking away from their mother, picking which toy to play with, and making choices about what they like to wear, to eat, etc. The child is discovering that he or she has many skills and abilities, such as putting on clothes and shoes, playing with toys, etc. Such skills illustrate the child's growing sense of independence and autonomy. Erikson states it is critical that parents allow their children to explore the limits of their abilities within an encouraging environment which is tolerant of failure.

For example, rather than put on a child's clothes a supportive parent should have the patience to allow the child to try until they succeed or ask for assistance. So, the parents need to encourage the child to becoming more independent whilst at the same time protecting the child so that constant failure is avoided.

A delicate balance is required from the parent. They must try not to do everything for the child but if the child fails at a particular task they must not criticize the child for failures and accidents (particularly when toilet training); The aim has to be "self control without a loss of self-esteem" (Gross, 1992). Success in this stage will lead to the virtue of **will**.

If children in this stage are encouraged and supported in their increased independence, they become more confident and secure in their own ability to survive in the world.

If children are criticized, overly controlled, or not given the opportunity to assert themselves, they begin to feel inadequate in their ability to survive, and may then become overly dependent upon others, lack self-esteem, and feel a sense of shame or doubt in their own abilities.

## 3. Initiative vs. Guilt

Around age three and continuing to age five, children assert themselves more frequently. These are particularly lively, rapid -developing years in a child's life; According to Bee (1992) it is a "time of vigor of action and of behaviors that the parents may see as aggressive";

During this period the primary feature involves the child regularly interacting with other children at school. Central to this stage is play, as it provides children with the opportunity to explore their interpersonal skills through initiating activities.

Children begin to plan activities, make up games, and initiate activities with others. If given this opportunity, children develop a sense of initiative, and feel secure in their ability to lead others and make decisions.

Conversely, if this tendency is squelched, either through criticism or control, children develop a sense of guilt. They may feel like a nuisance to others and will therefore remain followers, lacking in self-initiative.

The child takes initiatives which the parents will often try to stop in order to protect the child. The child will often overstep the mark in his forcefulness and the danger is that the parents will tend to punish the child and restrict his initiatives too much.

It is at this stage that the child will begin to ask many questions as his thirst for knowledge grows. If the parents treat the child's questions as trivial, a nuisance or embarrassing or other aspects of their behavior as threatening then the child may have feelings of guilt for "being a nuisance";

Too much guilt can make the child slow to interact with others and may inhibit their creativity. Some guilt is, of course, necessary, otherwise the child would not know how to exercise self control or have a conscience.

A healthy balance between initiative and guilt is important. Success in this stage will lead to the virtue of **purpose**.

#### **4. Industry (competence) vs. Inferiority**

Children are at the stage (aged 5 to 12 yrs) where they will be learning to read and write, to do sums, to do things on their own. Teachers begin to take an important role in the child's life as they teach the child specific skills;

It is at this stage that the child's peer group will gain greater significance and will become a major source of the child's self esteem; The child now feels the need to win approval by demonstrating specific competencies that are valued by society, and begin to develop a sense of pride in their accomplishments.

If children are encouraged and reinforced for their initiative, they begin to feel industrious and feel confident in their ability to achieve goals. If this initiative is not encouraged, if it is restricted by parents or teacher, then the child begins to feel inferior, doubting his own abilities and therefore may not reach his or her potential.

If the child cannot develop the specific skill they feel society is demanding (e.g. being athletic) then they may develop a sense of inferiority. Some failure may be necessary so that the child can develop some modesty. Yet again, a balance between competence and modesty is necessary. Success in this stage will lead to the virtue of **competence**.

**Appendix 3 - Infant and toddler play and material guide**

<http://www.sc-ccrr.org/media/733/infanttoddler-materials.pdf>

**Appendix 4 - Sudden Infant Death Syndrome**

<http://www.healthychildcare.org/pdf/sidschildcaresafesleep.pdf>

**Appendix 5 - Preparing Formula**

1. Wash your hands with soap and water first and dry them well.
2. Fill the kettle with fresh tap water. Let it boil and cool down until it is lukewarm, or around room temperature.
3. Wipe down the area where you are going to make the formula with a clean cloth.
4. Pour the right amount of cooled, boiled water into the bottle.
5. Add the right number of scoops to the water. Use a clean knife to level off the powder on each scoop (turn the knife upside down and use the flat edge).
6. Put the cap and disc on the top of the bottle.
7. Shake the bottle well to mix the powder.
8. Always check the temperature of the formula before you feed it to your baby

**Appendix 6 - Cleaning and sterilizing bottles**

Always clean AND sterilize the bottles, teats, and all feeding equipment. You will need:

A bottle brush (to clean the inside of the bottle well).

For boiling: a large saucepan OR 2. For steaming: An electric or microwave steam sterilising unit

The first step is cleaning.

Step 1: Cleaning after a feed > Wash your hands with soap and water and dry them well. > Rinse the bottle and teat with cold water from the tap straight after feeding. > Then wash the bottle and teat well with hot water and detergent. > Use a bottle brush to clean all the bits of milk off the inside of the bottle. > Turn the teat inside out to clean off bits of milk, and squirt water through the holes. > Rinse the bottle and teat well in clean water (no detergent).

After cleaning, the next step is sterilizing.

Step 2: Sterilising > All equipment used to make up your baby's feeds needs to be sterilised, including bottles, teats, caps, lids, discs, knives (to level off the powder), and any jugs or containers. > Clean the equipment first (see Step 1 above). > You can sterilise the equipment 2 different ways (see 'Different ways of sterilising' below); > After the equipment is sterilised, take it out with clean hands, put the lids back on the bottles, and store everything in a covered, clean place (e.g. a plastic container).

> If you do not use the equipment within 24 hours, you will need to sterilise it again before you use it.

Different ways of sterilizing

1. Boiling > Put bottles, teats and other equipment into a large saucepan. > Cover with cold tap water. > Make sure the equipment is completely covered with water and there are no air bubbles. > Put a lid on the pan, bring it to the boil, and boil for 5 minutes. > Let the water cool before taking the equipment out. > Shake off excess water, put the lids on the bottles, and store everything in a clean, dry place.

2. Steam Sterilizer > You can buy electric steam sterilising kits or ones for the microwave. > Follow the product instructions carefully. > Glass bottles or metals (such as knives) must not be put in a microwave steriliser. Metal knives can be sterilised by boiling (see above). > Once you are finished, clean out the unit as per the instructions. Put the lids on the bottles, and store everything in a clean, dry place.

### **Appendix 7 - Diaper Changing**

1. Wash hands.
2. Place paper towel on the nappy change mat.
3. Put on gloves.
4. Remove the nappy and place in the nappy bin.
5. Remove any soiled or wet clothing.
6. Clean the child's bottom;
7. Remove the paper towel and put it in the nappybin.
8. Put the gloves in the nappy bin.
9. Remove the gloves, peeling them back from the wrist and turning them inside out as they are removed.
10. If a child requires specific cream, place a clean paper towel under the child's bottom; Put on clean gloves; Place a suitable amount of cream on the glove and spread onto the child's bottom; Remove the paper towel and place it in the nappy bin. Remove the gloves and place in nappy bin.
11. Dress the child.
- 12 Wash and dry their hands.



## Trainers Guide

## Module No. 3

**Occupation/Sector** : Child Care Giver

**Competency Area** : General Child care – responding to children

**Module Title** : Recognize and responding to Children’s need

**Learning Objective/s** : This unit aims to assist care givers to understand the different types of child’s needs; In addition this module focuses on the emotional and behavioral difficulties of different Child. Other specific objectives are to learn,

1. Individual difference of children
2. Strengths and difficulties of children
3. Physiological, psychological and sociological needs of infancy and childhood
4. Adequate intervention of care giver for fulfilling Child’s needs

Task No.	Task	Standards	Notes to trainer/ Facilitator
3.1	understand the milestones of child development  Theory-3h Pacticals-1h	Student is able to identify Children’s age differentiated needs (Infancy, pre - school level, primary school level)	Using a chart explain the unique way of babies growing. (reference is given below)  Discuss and sharing the experience of care givers regarding developmental milestones of children (1. Gross motor skills, such as crawling and walking 2. Fine motor skills, such as stacking blocks or coloring 3. Language skills, including speech and comprehension 4. Thinking skills 5. Social interaction)

<p>3.2</p>	<p>Understand different types of needs in relevant ages ( Infancy &amp; Childhood)</p> <p>Theory-3h Pacticals-1h</p>	<p>Student is able to understand and list down or present as a group activity about the basic needs and secondary needs</p>	<p>Discuss the different types of needs using personal experience and book resources</p> <ol style="list-style-type: none"> <li>1. Basic biological needs</li> <li>2. Other Physical needs</li> <li>3. Secondary needs</li> </ol> <p>Provide suitable definitions using resource and reference given below</p>
<p>3.3</p>	<p>Recognize the different emotions (moods) of Children</p> <p>Theory-4h Pacticals-2h</p>	<p>Student is able to recognize the pictures/slides with different emotions</p> <p>And student is able to understand how to develop emotionally safe environment to a child</p> <p>And student is able to develop their professional skills</p>	<p>Discuss and provide suitable definitions</p> <ol style="list-style-type: none"> <li>1. What are the feelings and emotions?</li> <li>2. What make children feel and the way they express their feelings?</li> <li>3. Teach different Emotions (Sad, Happy, angry, lonely, lazy, greedy, sick, worried, nervous, puzzled)</li> <li>4. Teach how to develop emotionally safe environment to a child</li> <li>5. How to develop skills to manage emotions of care giver (Empathy, impulse control, Capacity to build trust)</li> </ol> <p>Show the video of different types of emotions Give a Classroom activity to draw and identify different emotions</p>

3.4	Understand the importance of social interaction needs of children Theory-2h	Student is able to Recognize and list the social interaction needs  And student is able to develop skills to communicate children in good manner	Explain and discuss 1. What are the social interaction needs  2. How to develop communicating skills with children
3.5	Identify the patterns attachment between child and care giver  Theory-3h Pacticals-2h	Student is able to describe the patterns of parenting and attachment ,  Identify the most appropriate style of parenting,  Discuss the strategies to keep a good attachment with a child,  To understand the impact of attachment failures	Teach the attachment patterns (ex: Secure attachment, Ambivalent attachment, Avoidant attachment, Disorganized attachment)  Show a video (Harry Harlow Experiment) to understand the importance of attachment  Very simply explain the basics of Attachment theory of John Bowlby and Mary Ainsworth)  Discuss the impact of attachment failure to a Childs' personality and problems in trusting and in relationship  Teach how to develop secure attachment with child

<p>3.6</p>	<p>Learn the influence of attachment figures and peers</p> <p>Theory-2h Pacticals-1h</p>	<p>Student is able to describe the impotence of attachment figures,</p> <p>identify the influence social learning and imitating</p> <p>Make a plan to reduce peer problems in the day care centre</p>	<p>Discuss how children observe attachment figures (Parents/care giver) and respond (ex: imitating)</p> <p>Teach the importance of peer relationships for developing Social skills</p> <p>(ex: Emotional Regulation, Turn taking, Self control, effective communication, Team work, Play...)</p>
<p>3.7</p>	<p>Identify common emotional problems</p> <p>Theory-2h Pacticals-1h</p>	<p>Student is able to identify common emotional problems among children</p> <p>And share trainees experience among them</p>	<p>Explain what are the emotional problems and give definitions (ex: separation anxiety, fear, worry, jealousy, Anger ...)</p> <p>Discuss negative impact of emotional problems</p> <p>Discuss how to support children to regulate emotions</p>
<p>3.8</p>	<p>Identify common behavioral problems</p> <p>Theory-3h Pacticals-1h</p>	<p>Student is able to Identify different types of behavioral problems using several case studies (Their hands on experiences)</p> <p>Student is able to understand the individual difference of child.</p>	<p>Introduce common behavioral problems (ex: Temper tantrums, Moody, Excessive crying, bed wetting, Peer problems, lying , steeling and other physical disabilities&lt;)</p> <p>Discuss how to identify behavioral problems Discuss what are the specific emotional and behavioral disabilities [Give a general idea to recognize children with Hyperactivity, Social communication difficulties, Autism, Developmental delays</p>

			(walking and talking), Anxiety, and Depression...] Ask trainees what are the experiences of working with children like that.
3.9	Develop the strategies of managing emotional and behavioral issues  Theory-3h Pacticals-2h	Student is able to develop their capacity to  describe how to manage their emotional and behavioural issues,  Expand a helping network,  And regulate their emotions well	Teach simple strategies to modify inappropriate behaviors of a child. (eg: Star rewarding system, rewards, Tokens, appreciate appropriate behaviors...)  Discuss the occasions if someone needs to inform about child's difficulty (Parents/ psychologist/ Psychiatrist/ General Physician...)  Develop helping network of multidisciplinary professionals  Develop skill to observe children's behavior in a regular basis  Develop skills to keep a good relationship with parents  Teach coping strategies to trainees
3.10	Demonstrate the role of care giver when children are needy (Practical session) Pacticals-4h	Student is able to develop professional skills towards personal skills	Practical based session  Using role plays act the role of care giver

		<p>Student is able to get a clear understanding of the importance and of a responsibilities care giver role</p>	<p>Ex: A kid is excessive crying after his/her mother’s leaving; So how would you manage this situation?...</p> <p>(Managing cry, provide food and beverages, provide security, Keep a good attachment with a child... )</p> <p>Discuss how to show empathy, warmth acceptance, Active listening... and role plays</p>
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**Reference**

**Task 3.1**

Development milestones: What to expect from birth to age 3 ( <http://www.babycentre.co.uk/a6474/milestone-chart>)

**Task 3.2**

Basic biological needs of Children ( [http://www.kidsbiology.com/biology\\_basics/needs\\_living\\_things/energy2.php](http://www.kidsbiology.com/biology_basics/needs_living_things/energy2.php))

Physiological needs of Children ( <https://www.reference.com/family/physical-development-needs-children-ed6616910f6e6448>)

Paul D. Steinhauer (1996) The Primary Needs of Children: A Blueprint for Effective health Promotion at the Community Level , The Caledon Institute of Social Policy ( <http://www.caledoninst.org/Publications/PDF/12ENG.pdf>)

**Task 3.3**

Teaching your child to identify and express emotions, The Center on the social and emotional foundation for early learning, Vanderbilt University ( [http://csefel.vanderbilt.edu/familytools/teaching\\_emotions.pdf](http://csefel.vanderbilt.edu/familytools/teaching_emotions.pdf))

Developing children’s social and emotional skills ( [https://www.kidsmatter.edu.au/sites/default/files/public/FrameworkBook\\_Component2.pdf](https://www.kidsmatter.edu.au/sites/default/files/public/FrameworkBook_Component2.pdf) )

Erlauer, Laura (2003) Brain compatible classroom –Chapter 2 (Emotional wellness and safe environment), The association for supervision and curriculum development (ASCD) (<http://www.ascd.org/publications/books/101269/chapters/Emotional-Wellness-and-a-Safe-Environment.aspx>)

How to draw different emotions (Video) (<https://www.youtube.com/watch?v=4za5eEmkcCM>)

Caregiver skills (<https://www.mymajors.com/career/childcare-workers/skills/>)

#### **Task 3.4**

Importance of social Interaction (<http://www.stancoe.org/cfs/handouts/specialnds/pdf/importanceofsocialinteractions.pdf>)

#### **Task 3.5**

Harry Harlows' Experiment (Video) (<https://www.youtube.com/watch?v=O60TYAlgC4>)

Attachment styles of Mary Ainsworth (<http://www.simplypsychology.org/mary-ainsworth.html>)

Maternal deprivation theory of John Bowlby (<http://www.simplypsychology.org/bowlby.html>)

How to develop secure attachment with a child (<http://www.helpguide.org/articles/secure-attachment/how-to-build-a-secure-attachment-bond-with-your-baby.htm>)

#### **Task 3.6**

How to help kids learn to control their emotions  
(<http://www.ahaparenting.com/blog/How-Kids-Learn-to-Control-Their-Emotions>)



**Task 3.7**

Overview of emotional and behavioural disorders (<http://www.proedinc.com/downloads/12762ch01.pdf>)

**Task 3.8**

Specific behavioural problems of children

(<http://www.pitt.edu/ppcl/Publications/Gardner%20%20Shaw%20full%20draft%20chapter.pdf> )

Emotional and behavioural disorders (<http://www.kidsmentalhealth.org/childrens-behavioral-and-emotional-disorders/>)

**Task 3.9**

How to set up a reward system for children ( <http://www.wikihow.com/Set-up-a-Reward-System-for-Children>)

Developing positive coping strategies ([https://au.reachout.com/-/.../pdf/.../reachout\\_a4factsheet\\_developingpositivecopingstr..](https://au.reachout.com/-/.../pdf/.../reachout_a4factsheet_developingpositivecopingstr..))

## Trainers Guide

## Module No. 4

Occupation/Sector : Child Care Giver

Competency Area : Working with Adolescents

Module Title : Awareness of the diversity of Adolescent development

Learning Objective/s : Upon completing this module, participants should be able to

1. Identify and define the basic biological, physical and psychological changes of adolescence
2. Outline the basic differences of normal and abnormal adolescent development
3. To clearly outline culturally relevant developmental concerns specific to this group
4. Understand the broad difficulties faced by this group

### Tasks to be performed

No.	Task	Standards	Notes to Trainer/ Facilitator	Activity	Resources / material needed
4. 1	Identify normal/typical developmental changes in adolescence	<ul style="list-style-type: none"> <li>● Is familiar with basic biology of puberty and reproduction</li> <li>● Recognizes the normal physical changes of puberty</li> <li>● Recognizes the normal psychological changes of puberty</li> <li>● Identifies changes in</li> </ul>	<ol style="list-style-type: none"> <li>1. Question trainees on existing knowledge of adolescence</li> <li>2. Show the trainees the <b>video</b></li> <li>● <b>Emphasize on the brain development and corresponding changes in the</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Classroom discussion</b> following video to compare existing knowledge with information from the video</li> <li>2. <b>Group activity</b> – make three groups for <i>physical changes, psychological changes</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Whiteboard and markers</li> <li>2. Use the genderbread man to illustrate emerging sexual and gender orientation differences</li> <li>3. <a href="http://www.mindmatters.edu.au/explore-modules/adolescent-development-students">http://www.mindmatters.edu.au/explore-modules/adolescent-development-students</a></li> </ol>

		<p>sexual behavior and thought</p> <ul style="list-style-type: none"> <li>Recognizes key points of moral development</li> </ul>	<p>physical, psychological and sexual categories.</p> <ul style="list-style-type: none"> <li><b>Emphasize</b> diversity of emerging sexuality (sexual and gender orientation development)</li> <li>Place the stage of adolescence on the developmental continuum &amp; <b>emphasize</b> that these individuals are neither children (any longer) nor adults yet; that at this stage they show qualities and tendencies of both (link to traits unique to adolescence – eg: impulsiveness, rapidly changing mind, egocentric ideas etc)</li> <li>Introduce moral development as a transition into adulthood</li> </ul>	<p>and <i>sexual changes</i>. Get trainees to generate a list of the respective changes (on whiteboard)</p> <ol style="list-style-type: none"> <li><b>Non graded quiz / crossword puzzle</b> if required</li> <li><b>Graded quiz</b> at end of subsection</li> </ol>	<ol style="list-style-type: none"> <li>..\Resources\~IMP~ Adolescent Development APA.pdf</li> <li>..\Resources\~IMP~ mm_module2_1s-teacherguide.pdf</li> <li><u>recommended reading –Baron – introduction to psychology (chapter on adolescence)</u></li> </ol>
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4. 2	<b>Typical Developmental concerns in adolescence</b>	<ul style="list-style-type: none"> <li>● Understands the unique need for independence and dependence</li> <li>● Identifies unhelpful peer relationships</li> <li>● Assists in concerns of personal hygiene especially for girls during menstruation</li> <li>● Identifies concerns regarding school and studies</li> <li>● Identifies concerns about changing body (image)</li> </ul>	<ul style="list-style-type: none"> <li>● Have trainees discuss their own experiences of adolescence under the following headings: <ul style="list-style-type: none"> <li>- sense of independence</li> <li>- friendships</li> <li>- school &amp; studies,</li> <li>- changing physical appearance (eg: secondary sexual characteristics)</li> </ul> </li> <li>● Emphasize personal hygiene in context of own experiences of menstruation, responsible disposing and address any misconceptions trainees may have (old wives tales about "growing up")</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Group activity</b> – empathy building exercise (to understand the concerns of adolescence)</li> <li>2. Short <b>role plays</b> to identify typical scenarios of adolescent concerns</li> <li>3. Classroom <b>lecture</b> – Importance of personal hygiene in a developing adolescent</li> <li>4. <b>Group activity</b> – in groups of 5 generate innovative and effective ways of teaching personal hygiene to their prospective trainees</li> <li>5. <b>Graded quiz</b> at end of subsection</li> </ol>	<ol style="list-style-type: none"> <li>1. Handout of lectures</li> <li>2. Whiteboard and markers</li> <li>3. Short animated video to illustrate changes in physical (body) image</li> <li>4. Recommended reading material  <ul style="list-style-type: none"> <li>..\Resources\~IMP~ Adolescent Development APA.pdf</li> <li>..\Resources\~IMP~ mm_module2_1s-teacherguide.pdf</li> </ul> </li> </ol>
4. 3	<b>Difficulties which affect normal developmental</b>	<ul style="list-style-type: none"> <li>● Identifies broad areas of distress (at home in relation to family members and</li> </ul>	<ul style="list-style-type: none"> <li>● Link difficulties to normal developmental changes in adolescence</li> </ul>	<ul style="list-style-type: none"> <li>● Classroom based <b>lectures</b> to introduce trainees to identify signs of distressed adolescent,</li> </ul>	<ul style="list-style-type: none"> <li>● Handout of lectures</li> <li>● Whiteboard &amp; markers</li> <li>● Recommended /supplementary</li> </ul>

	<p><b>transitions during adolescence.</b></p>	<p>independence – dependence struggle, in relation to academics, in relation to peers mainly need to fit in, bullying, use of substances)</p> <ul style="list-style-type: none"> <li>● Recognizes a distressed / struggling adolescent</li> <li>● Recognizes challenging behaviors of adolescent</li> <li>● Recognizes cultural variations of adolescent distress</li> <li>● Recognizes importance of positive discipline</li> </ul>	<ul style="list-style-type: none"> <li>● Emphasize the variability of these presentations (due to changes in brain)</li> <li>● Emphasize the importance of environment (including family members) and its impact on difficulties</li> <li>● Clearly differentiates between positive discipline and punishment (negative discipline)</li> <li>● Emphasize efficacy of positive discipline through the focus on expected behavioral outcomes</li> </ul>	<p>challenging behaviors, and other difficulties.</p> <ul style="list-style-type: none"> <li>● <b>Group discussion</b> – identify cultural variations of adolescent distress</li> <li>● Classroom based <b>lectures</b> – principals of positive discipline, types of positive discipline, differences between positive and negative discipline, expected behavioral outcomes of positive discipline</li> <li>● <b>Non-graded quizzes</b></li> <li>● <b>Role plays</b> (group based) – generate hypothetical scenarios and challenges in adolescence that would benefit from positive discipline</li> <li>● <b>Graded quiz</b> at end of subsection</li> </ul>	<p>reading material –</p> <ul style="list-style-type: none"> <li>● APA publication on Adolescent Development ..\Resources\~IMP~ Adolescent Development APA.pdf</li> </ul>
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**Competencies**

1. Identifies normal developmental changes in adolescence
2. Identifies normal developmental concerns of teenagers
3. Recognizes specific difficulties that affect normal developmental changes within a broader cultural framework
4. Knows specific strategies of positive discipline

**Required Knowledge**

- Knowledge of basic developmental milestones in adolescence
- Awareness of basic mental health problems of adolescents
- Knowledge of overall positive discipline strategies

**Expected Learning Outcomes /**

- Participants will be able to clearly identify normal physical, psychological and sexual changes during puberty / adolescence
- Participants will demonstrate basic knowledge of abnormal development during adolescence
- Participants will be able to identify specific developmental difficulties during adolescence within a cultural framework
- Participants can outline strategies of positive discipline

**Major Learning Activities**

1. Classroom lectures
2. Creative activities and exercises
3. Group work
4. Practical (field work)
5. Recommended reading materials
6. Crossword puzzles (to recall facts and concepts)
7. Handouts /worksheets with fill in the blanks
8. Simple role plays

**Sample Questions for Assessing Knowledge**

1. How would you identify the period of adolescence?
2. List the main physical and psychological changes seen during this period.
3. Briefly describe abnormal adolescent development

### **Methods of assessment**

1. Simple MCQs
2. Direct open ended questions (short descriptions)
3. Fill in the blank questions
4. Graded quizzes
5. Informal techniques (not graded)
  - a. classroom assessment techniques (CATs)
  - b. non graded quizzes
  - c. Student generated questions

### **List of tools, equipment, teaching and learning material required**

- Flipcharts & markers
- Text book / reading material
- Multimedia projectors
- Miscellaneous task specific material

### **Practical Applications**

- Participants should be able to clearly translate theoretical knowledge to practical / field situations during placement

**Pre requisites :** Knowledge of basic physical and mental changes from childhood to adulthood will be helpful.

**Target Time** : Theory- 15 Practical - 15

## Trainers Guide

## Module No. 5

- Occupation** : General Child Care
- Competency Area** : Assist child with disabilities in their daily activities and promoting their social interaction
- Module Title** : Provide care for Child with disabilities
- Performance Objective** : After completion of this module the trainee will be able to understand the concept of disability, establish and maintain a positive relationship with children with disabilities, provide appropriate assistance to children with disabilities.

Out come	Sub - Outcome	Notes to trainer
1] Developing broad positive perception of children with disabilities and intervention measures.	<ul style="list-style-type: none"> <li>● Functional definition</li> <li>● Distinction among impairment, disability and handicap</li> <li>● Causes of disability</li> <li>● Basic type of disabilities</li> </ul>	<p>1.1. Acquire basic understanding of disability</p> <p>1.2. Recognize that non-acceptance and exclusion turns impairment into disability</p> <p>1.3. Reasons in three stages of pregnancy (pre-natal, at the time of delivery,</p> <p>1.4. Spastic children, Cerebral palsy, Autism, Down syndrome, Attention Deficit Hyperactive disorder, Learning difficulties children etc</p>
2] Understanding the needs of children with disabilities and handling techniques	<ul style="list-style-type: none"> <li>● Physio – medical needs</li> <li>● Educational needs</li> <li>● Social rehabilitation needs</li> <li>● Vocational needs</li> <li>● Empowerment needs</li> </ul>	<p>2.1. Provide assistance to children with poor motor control. Collect require equipment (walking aids, wheel chair etc) from the Physio therapist. Prepare the reports of children’s Medical, discuss with parents and identify possible emergencies that could arise (epilepsy, drowsiness, vomiting, toileting etc)</p> <p>2.2. Obtain the I.Q report and direct them for the special education</p>



		<p>2.3. Assist and encourage their movement in safe indoor and outdoor play areas and interaction with other children</p> <p>2.4. Encourage children with disabilities to develop skills and confidence to communicate with others Ensure confidentiality of their issues and conditions and privacy.</p> <p>2.5. Provide assistance to children’s personal care, use of wash rooms and dressing , respect their privacy, choices and feelings</p>
3] Intervention measure and legislative frame work	<ul style="list-style-type: none"> <li>● Early intervention structures, child right and human rights</li> <li>● Un declaration on the rights of disable persons</li> <li>● Persons with disabilities equal opportunities protection of right and full participation</li> <li>● National trust act( for the welfare of persons with Autism, cerebral palsy, mental retardation and multiple disabilities)</li> </ul>	<p>3.1. written papers are given have a touch with every year resolution Act by Srilanka</p>
4] Appropriate assistances to children with disabilities	<ul style="list-style-type: none"> <li>● Assignment and how to plan IEP methods</li> <li>● Motor skill development – large scale motor skills, fine motor skills</li> <li>● Daily living skills – feeding, eating, toilet training, individual care hygiene , dressing etc</li> </ul>	<p>4.1. Prepare the Individual Educational Plan with support of special educator</p> <p>4.2. Brain gym and other excises stimulate them to engage.</p> <p>4.3. Encourage and support them to develop skills and confidence to perform activities of daily living skills</p>

	<ul style="list-style-type: none"> <li>● Emergency preparedness Behavioral modification tecqncs</li> <li>● Speech and language development</li> <li>● Cognitive development</li> <li>● Social development</li> </ul>	<p>4.4. Have contact numbers of persons, and be aware of suitable action to be taken at the time of emergency</p> <p>4.5. Identify possible behavioral issues, triggers for behavioral difficulties or distress and in consultation with parents and supervisor identify and ways to manage challenging behavioral/stresses of children Stimulate toung rotations, 4.6. encourage the sounds and speech can improve with the relative word and activity</p> <p>4.6. Be familiar with handling of assistive devices. Prepare the flash cards for teaching skills(colors, numbers, letters, animals, birds etc)</p> <p>4.7. Help the children to interact with others and social events like birthday parties, visiting temples, shopping, outing etc</p>
<p>5] Role of family and community</p>	<ul style="list-style-type: none"> <li>● Understanding their feelings and situation</li> <li>● Community mapping</li> <li>● Mobilizing community resources</li> <li>● Formation of self –help groups.</li> </ul>	<p>5.1. Parental counseling Prepare a list of all those resources in the community This can be mobilized to promote the education of children with disabilities.</p> <p>5.2. Getting admission for their disabled wards in a neighboring school</p> <p>5.3. Taking turns to take a few children with disability to school every day and bringing them back</p> <p>5.4. Organizing evening coaches Organizing appropriate recreational activities</p>

### **For Reference**

#### Appendix – 1

1. Ashman, A & Elikns,J(Eds) (1994) *Educating children with special needs*, Prentice Hall, New York
2. Hallahan, D.P & Kauffman, J.M(1991) *Exceptional Children: Introduction to Special Education*, Allyn & Bacon, Boston

#### Appendix - 2

1. R.S. Pandey and Lal Advani – *Perspective in Disability and Rehabilitation*

#### Appendix – 3

1. Ray.D. (1987) *Human Rights and Education an overview*. In Tarrow, N.B. (Ed.) *Human Rights and Education*.
2. *Rehabilitation Council of India Act, 1992*
3. *Person with Disability Act 1995*
4. *National Trust 1999*
5. *Current circular notice from Sri Lankan Act*

#### Appendix – 4

1. *Preparation of Individual Educational Plan (IEP) was showed and explained.*
2. *Brain gym demonstration done along with trainers*
3. *Teaching skills are demonstrated with Occupational therapeutic materials.*
4. *Handbook on Disability Rehabilitation. New Delhi*

#### Appendix -5

1. *Perspective in Disability – in rehabilitative R.S.Pandney and Lal Advani 1994, Vikas Publisher, Disabled village children*

## Trainers Guide

## Module No. 6

**Occupation/Sector** : Child Care Giver

**Competency Area** : Skills in communicating with children

**Module Title** : Communicating with Children

**Learning Objective/s** : Explore with teachers the concept and ways of preparing themselves for effective communicating with children. Develop skills in creative management and utilization of materials methods and tools in Communicating with children Re-imagine the teacher child communication it's self as a powerful conduit and medium of communication and modeling

### Tasks to be performed

Task No.	Task	Standards	Notes to trainer /Facilitator
6.1	<p>Identifying ways in which children begin to use language</p> <p>Identify ways in which children use demonstration rather than words to articulate their thoughts</p> <p>Demonstrate the ways in which children use toys and play to communicate different messages</p>	<p>The ability to relate at different levels according to the age and cognitive level of the child</p> <p>The ability to identify characteristics of children's communication what children use to communicate and express themselves</p>	<p>Introduction: Define Communication &amp;</p> <p>Discuss: The varied forms &amp; modes of communication with Children</p> <p>Key features:</p> <ul style="list-style-type: none"> <li>● Language: Using an example of toddler show how language is first acquired, words, phrases, sentences</li> </ul>

	<p>Describe Non-verbal ( body language) children display in communicating</p>		<ul style="list-style-type: none"> <li>● Toys and other objects: show through examples, videos( see resources below) or pictures how children use toys to communicate</li> <li>● Non-verbal language: how children’s posture, expressions, movements</li> </ul> <p><b>Group task:</b> groups are made and given one of the above 3 features of children’s communication                  Group 1: language,                  Group 2: Objects,                  Group 3: Actions (non verbal )</p> <p>Groups to present a scenario ( role play) of communication between a child, and his/her carer. Illustrating how children use these features in communication</p> <p>A narrator could also be used in the group to comment on the features of communication</p>
<p>6.2</p>	<p>Identifying What children find interesting:</p> <p>Using Colours, shapes figures                  Textures                  Smells</p>	<p>Developing a sensitivity to and appreciation of what children find interesting and attractive what appeals to them</p>	<p><b>Discuss:</b></p> <ul style="list-style-type: none"> <li>● why children find somethings more attractive than others. Sensory stimulation and communication.</li> <li>● How to use the different senses when communicating with children with physical impairments.</li> </ul>

	Sounds rhythm Movement	How to use sensory stimulation in communicating with children  Sensory stimulation & Communicating with Children who have physical impairments	<b>Demonstrate</b> how a story can be related by highlighting & using all senses so that the child experiences the story rather than just listens to it.eg: using all the sounds textures of things in the story, including objects I the story, even tastes & smells as far as possible which are in the story,  <b>Group work:</b> Create a story which incorporates at least 4 senses. Relate the story highlighting what would be done differently for children with specific disabilities.
6.3	Using Characters, ( people or animals) and Stories in communicating with children	Understanding the use of symbolism and improvisation when communicating with children.  Exploring the different uses of pictures objects and characters, pictures to create meaning and messages  Using a third voice – An external expression of an internal voice.  Eg: Animal characters Dolls / Cartoon / animation characters	<b>Define &amp; discuss:</b> What is symbolism. How do children use it. What are some of the ways children use their toy characters, cartoon characters, pictures or whole stories to communicate messages, feelings, thoughts, fears, desires. Why children use a third voice ( a talking toy character)  <b>Responding:</b> How adults can & should recognize respond to children’s use of improvisation and symbolism by perceptively listening and asking questions appreciating and encouraging. How adults can use and respond to a third voice.  Use case study to role play how improvisation and symbolism are used (objects, characters, toys pictures) to communicate & how adults can respond appropriately and effectively also highlighting mistakes adults make when children communicate using

<p>6.4</p>	<p>Using Technology with children: Moving pictures, videos, games, devices and social media</p>	<p>The ability to know when, how and how far technology can be used to enhance communication with children, how children interact with technology and identifying risks involved.</p>	<p><b>Discussion &amp; demonstration:</b> what are some forms of technology / devices commonly used by children. How are they used ? what common packages programmes ? FB, WOTSAP, Viber, Video games, Instagram why adults need to be conversant with what technology children are using. Discuss and demonstrate by using them in class to become familiar</p> <p>what is appealing / attractive about them. What are the benefits and the dangers ? How to develop a conversation with young children about the uses/ abuses of technology</p> <p><b>Group work:</b> <b>Write a realistic dialogue</b> between a 13-15 year old and a parent or teacher about the use of technology it should contain : Genuine appreciation of the benefits of tech use &amp; why the child</p> <p><b>Discuss and present</b> (using any form of presentation) ways in which adults can communicate to children who are heavy users of tech devices helping them to have a balanced approach to technology and</p>
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6.5	<p><b>The use of tools</b> and activities to gain self awareness and understand ones situation better.</p> <p><b>Developing meaningful conversations</b></p> <ol style="list-style-type: none"> <li>1. The tree of life</li> <li>2. the river of life</li> <li>3. The shield</li> </ol>	The ability to select and use specific tools and activities as guided communication	<p><b>Self -awareness exercises :</b></p> <p>The trainees explore the use of these tools by personally applying them in class.</p> <p>Trainees present their tools to each other exploring and discussing:</p> <ul style="list-style-type: none"> <li>● What did I learn about my self</li> <li>● What did I learn about others</li> <li>● How can I use this tool with children</li> <li>● What must I remember when using this tool with children</li> </ul> <p><b>Individual task:</b></p> <p>Each trainee is required to take a tool of choice and apply it with a group of children in the coming week record observations and share them with colleagues</p>
6.6	<p>Using creative expression – An external expression of internal reality</p> <p>Creative arts:</p> <p>Drawing and painting, Sculpting, play dough ( clay) Writing poetry Performing arts: Dance drama singing</p>	<p>Understanding the importance of and being able to use a variety of creative expressions with children</p> <p>Gain an appreciation for the role of different artistic expressions in communicating with children</p>	<p><b>Discuss :</b></p> <p>How does creativity help in communication? what happens within a person while in the process of creating some thing?</p> <p>How do such creations help in understanding a person and his/her life or the messages she/he is communicating?</p>



			<p><b>Workshop:</b>  <b>Using art with children</b>                  Practically engaging in learning and exploring through different artistic forms:                  How children communicate                  How adults can respond to these communications                  How adults can foster and provide for these opportunities                  what we learn about our selves, others and the world through art forms</p>
6.7	Describe different ways in which children demonstrate / or communicate their distress	<p>listening to and making sense of the messages of children: words, silence, body language, acting out, play, and other communication Attending and understanding children’s expressions                  Gaining skills in observation, attending listening and understanding children’s expressions</p>	<p><b>Discuss:</b> Expressions of distress in Children                  what distresses children ?How do they show distress?                  Role plays to capture the different forms of expression of distress can be used.</p> <p><b>Group work:</b> Responding to children’s distress:                  Identify key comfort messages children need to hear from adults when children are in distress.</p> <p><b>Present by role playing:</b>                  ways in which adults can respond reassuringly comfortably to children in distress.</p>

## KEY PRINCIPLES IN COMMUNICATING WITH GROUPS OF CHILDREN

- Give enough time for children to feel comfortable with you as a facilitator and with each other in the group.
- Use a style of talking to the children that is clear, simple, age appropriate, friendly and authentic.
- Create an environment in which children feel safe and free to express their thoughts and feelings giving respect & encouraging children to respect each others views and feelings. Model acceptance and respect so children will follow.
- Children should not feel forced or “put on the spot” to communicate or made to feel embarrassed if they don’t speak
- Be sensitive to those who may have difficulties expressing, by creating space for them to do so as and when appropriate or necessary.
  - Those with speech or hearing impairments
  - Those who have learning difficulties & developmental disorders
  - Those with traumatic experiences
  - Those with any other special difficulty engaging with other people
- Methods / activities selected should be accessible to all and not leave out any child due to any impairment/disability

### Notes on The use of tools ( Further notes will be attached )

Activities to gain self awareness and understand ones situation better. E.G: developing meaningful conversations using

### The tree of life

For age 12 onwards An exercise in self-awareness/ discovery and sharing.

Paper and colours are given out and children are asked to think about their families, homes friends anything and anyone significant and all that is apart of their life. They are asked to thoughtfully draw themselves as a tree adding the different parts of their life as parts of the tree, labelling them as they draw. Children are then encouraged to share whatever they wish to share about themselves using this tree. The teacher models how to give positive affirmation and encouragement, and sensitive responding to what each child shares.

### **The river of life**

For children over 12 An exercise to gain an appreciation of significant events and history of a young child

The child is encouraged to draw his/her life as a river, with the starting point as ones birthday and illustrate the different key events and miles stones and other important significant events in his/her life using symbols from the natural world such as the different kind s of terrain a river might flow thorough.

Eg: Down hill (smooth easy period in life)  
Waterfall (a sudden change )  
Going under a bridge/ or through a tunnel (a scary time)  
Through a sunny field (a happy time)  
Flowing around big rocks (obstacles and hurdles)

Children may create and use their own symbols but present a key of these symbols on the same page as they draw the river. Children are encouraged ro share what they wish to only and sensitive encouraging responding is modelled by the teacher.

#### **References:**

Communicating with Children and Young People: Making a Difference  
Michelle Lefevre 2010

#### **Resources:**

1. Communicating with children  
Communicating with Kids Stephanie Davies-Arai 2014  
<https://www.youtube.com/watch?v=Jb8kuzLtBEI> (engaging and getting children to respond to you)  
<https://www.youtube.com/watch?v=S0-3i9c4Ns> (Being patient and going at the child's pace)  
<https://www.youtube.com/watch?v=n3oKwCk5k3w> (giving affirmation )
2. Communicating in sad and difficult times  
<http://www.compassionbooks.com/store/index.php>
3. Communicating with children who have speech disorders  
<http://www.asha.org/public/Speech-Disorders/>  
<https://www.questia.com/library/119650522/children-with-emotional-and-behavioural-difficulties>

## Trainers Guide

## Module No. 7

**Occupation/Sector** : Child Care Giver

**Competency Area** : Facilitating Age Appropriate Stimulating Activities for Children and Adolescents inclusive of Diversity

**Module Title** : Fostering stimulating and inclusive environments for children and adolescents

**Learning Objective/s** : The aim of this module is to introduce the many areas in which children can be supported to learn and develop and the ways in which care providers can facilitate opportunities to achieve this.

7.1 Designing and conducting stimulating activities for children

7.2 Identifies age appropriate stimulating toys/play materials for children

7.3 Facilitating inclusive spaces for creative activities

### Tasks to be performed

Task no	Task	Standards/ Competencies	Notes to Trainer/ Facilitator
7.1	Plans and facilitates stimulating activities for children  5 hrs theory 10 hr practical	<ul style="list-style-type: none"> <li>Plans activities which stimulate <b>physical</b> developmental abilities (fine motor skills, gross motor skills, balance and movement)</li> <li>Facilitates activities which create opportunities for <b>social</b> interactions (eg: singing, storytelling, eating together, listening attentively and responding to children, teaching social skills, dramatic play, playing with shared resources)</li> <li>Uses activities to foster <b>emotional</b> development which encourage children to take turns, share resources</li> </ul>	<p><b>Introduce</b> Task 7.1 by explaining the role of play in learning and development in childhood particularly in early childhood. Children learn using the 5 senses and activities stimulating the 5 senses is therefore required for these abilities to develop.</p> <p><b>Discuss</b> the harm caused by narrowing learning and development to one or two senses such as cognitive tasks alone. (Eg: Nicolopoulou, 2010; Miller &amp; Almon 2009)</p> <p><b>Provide</b> definitions where appropriate (some provided below in resources and references)</p>

		<ul style="list-style-type: none"> <li>● Identifies areas of <b>cognitive</b> developmental across different age groups which promote 'learning by doing' and exploring new objects and experiences,</li> <li>● Stimulates curiosity and provides new experiences/ objects /books to explore</li> <li>● Asks open ended questions and encourages problem solving skills during activities</li> <li>● Fosters <b>creativity</b> by inviting children to use their imaginations and to think in different ways during activities</li> <li>● Facilitates <b>communication</b> and sharing ideas, experiences through multiple modalities. (eg: reading stories, creative expressions such as art, drama and music, verbal expression - asking questions and providing explanation).</li> </ul>	<p><b>Discuss</b> each competency for each developmental domain (Physical, Social, Emotional, Cognitive, Communication as well as creativity). Ask trainees what kinds of behavior and abilities result from each competency. Link these to tasks, functions and abilities which they will use in later life, school, peers, adulthood, relationships, workplace, and their families. <b>Discuss</b> activities which foster each of these competencies in a day care environment. The trainer may need to be prepared with some examples as well.</p> <p><b>Class room or Home work Task</b>  <b>Group Work:</b> Get trainees to work in small groups (3-4) and identify one activity which they can facilitate in their placement for each developmental domain. The objective of the activity is to stimulate activity which leads to development of each developmental domain. The group should come up with 3 activities for 3 different age groups (early and middle childhood and adolescent). Once the class shares their activities there will be at least one example for each domain;</p>
7.2	Identifies appropriate play materials for children of different age groups	<ul style="list-style-type: none"> <li>● Identifies play materials, toys and educational materials which are safe to be handled by young children (below 6 yrs)</li> <li>● Identifies toys, play materials and recyclables which are safe and interesting for children of middle childhood years ( 6-12 yrs)</li> </ul>	<p><b>Introduce</b> this Task as a competency required by child care workers and early childhood educators who will sometimes need to improvise in order to work with available materials and resources and budgets.</p> <p><b>Explain</b> basic considerations when choosing materials: Eg age of the target audience and</p>

	3 hrs theory 6 hrs practical	<ul style="list-style-type: none"> <li>Identifies materials which are appropriate and interesting for adolescents (13-18 yrs.)</li> <li>Identifies the developmental domain (Task 7.1) stimulated by using different materials</li> </ul>	<p>functional abilities, the purpose that materials are meant to serve in terms of learning, stimulation and safety relevant to the age group</p> <p><b>Group Work/ Homework</b> Work in small groups of 3-4 and research ideas and identify 1 set of materials for 3 different age groups mentioned in 7.2 which can be used to stimulate a developmental domain from 7.1</p>
7.3	<p>Creating inclusive environments which foster creativity</p> <p>3 hrs theory 3 hrs practical</p>	<ul style="list-style-type: none"> <li>Identifies and facilitate opportunities to value and appreciate difference among children and staff</li> <li>Sensitively responds to children who have difficulties with normal functioning (disabilities)</li> <li>Plans and creates opportunities to include children with disabilities in activities within their appropriate age group</li> <li>Shows appreciation for each child's work individually without comparison</li> <li>Responds in ways that value diversity in participation and performances based on children's effort, interest and capacity rather their achievement</li> <li>Identifies a variety of materials (recyclables are best) for children to use as raw materials for creative work</li> <li>Allows space and time for children to engage in free play and creative activities</li> </ul>	<p><b>Sensitise trainees to the concept of diversity:</b> <b>Suggestion:</b> Start the session with a simple team activity (which would be used for children in a day care centre):</p> <p><b>Invite</b> volunteers to experience what it feels like to have a 'difference' in their functional abilities: eg:</p> <ul style="list-style-type: none"> <li>a wheelchair user who must remain seated;</li> <li>someone unable to use speech to communicate.</li> <li>Someone who has difficulty understanding or focusing attention to verbal instructions (take them out of the room while the instructions are given and bring them in when the activity starts. They have to participate).</li> </ul> <p><b>Ask for feedback</b> on the <b>experience</b> of those who participated in the activity with different functional abilities.</p> <p>How did they <b>feel</b>? How did the others perceive them as <b>participants</b> and <b>teammates</b> in the activity? Did they want them on their team? <b>Discuss</b> various "Differences" which day care</p>

		<p>service users might have. (encourage trainees to consider differences other than disabilities)</p> <p><b>Discuss</b> what responses and statements can promote inclusion, tolerance and respect for difference in children of different age groups.</p> <p><b>Discuss</b> what behaviours, statements and attitudes adults must examine in themselves when they are working with children who are different</p> <p><b>Do a field based observation</b> of children in a day care setting with different functional abilities due to a delay or disability. How to their environments cater to their needs to include them in activities and interactions as much as possible?</p> <p><b>Make a list</b> of barriers which differently abled children may encounter in their day care environment. If they were to include them how would they re-arrange one space, or re-design one activity.</p> <p><b>Identify</b> praise responses which recognise their capabilities rather than a measure of comparison or performance. Write down one response which you would give a child to <u>encourage</u> them to improve an existing skill without including a comparison or your own expectation.</p> <p><b>Provide</b> input on how free time and recreation can be essential of wellbeing and creativity</p>
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## References

### Standard 7.1

1. Nicolopoulou A. (2010) The Alarming Disappearance of Play from Early Childhood Education. Human Development [Online]: Vol. 53, No. 1,p.1–4 (March); Available from: <http://www.karger.com/Article/Pdf/268135> . [Accessed: 12/07/2016].
2. Isenberg, J.P, & Quisenberry, N. (2002) A Position Paper of the Association for Childhood Education International PLAY: Essential for all Children, Childhood Education, 79:1, 33-39, <http://dx.doi.org/10.1080/00094056.2002.10522763>
3. Miller, E., & Almon, J. (2009). Crisis in the kindergarten: Why children need to play in school. College Park: Alliance for Childhood. <http://www.imaginationplayground.com/images/content/2/9/2963/crisis-in-kindergarten.pdf>
4. Theories of Child Development Stages - A Summary of the Different Stages of Child Development <https://www.verywell.com/child-development-stages-2795066>

### Some Definitions

5. Johnston, J. and Nahmad-Williams, L. (2009). Early childhood studies. Harlow, England; Pearson Education Limited.

**Gross motor skills** are the skills that incorporate the large movements and use big muscles in the body, such as whole limb movement. Gross motor skills develop from top down (e.g. head), inwards – outwards (body then fingers). Eg: throwing, catching balancing, rhythm.(Johnston & Nahmad-Williams, 2009).

**Fine motor skills.** The term ‘fine motor’ means ‘small muscles’; Fine motor skills involve the ability to use and control the small muscles in the fingers, hand and arm to manipulate, control and use tools and resources. Fine motor control is not just connected to the hands and arms, fine motor skills also are required for hand-eye coordination with vision. Unlike other areas of development, fine motor development is dependent on growth. The hand, wrist, ankle and foot have fewer bones at birth than in adulthood; therefore, fine motor development develops at a slightly different time to that of gross motor development (Johnston & Nahmad-Williams, 2009). Eg: hand for scribbling, colouring, drawing, writing cutting, construction skills (blocks and puzzles), tying shoelaces, opening lunch boxes)



Approximate Age	Gross motor skills	Fine motor skills
2 months	Holding head up	Reaching and grabbing
3 months	Rolling over	Helping to hold rattle, joining in finger plays
6 months	Sitting with support, then without support. Standing and bearing weight. Sometimes starts crawling	Grasping toys in hand independently. Picking things up by raking the object into the palm of the hand (palmer grasp).
12–15 months	Shuffles on bottom, crawling with proficiency, may be walking, and may stand.	Making marks on paper, banging things, holding own cup, points at objects s/he finds interesting
15–18 months	Walking unsteady to proficient. Pushing large toys or push toys,	Enjoying holding pencils in a grasp and pre-writing
18 -24 months	Throwing, jumping, beginning to kick, walks on tiptoe	Holding crayons and pens, often whole arm movement when drawing. Picking up small objects with pincer grasp.
4-5 year olds	Walking, running and changing direction and with speed, climbing, climbs stairs with alternative feet	Writing, drawing, threading small beads.

*Adapted from Berk (2012); Johnston and Nahmad-Williams (2009); Raising Children Network (2013)*

**Standard 7.2**

6. Choosing play materials and toys for younger children  
<http://articles.extension.org/pages/25990/age-appropriate-toy-ideas-for-child-care>  
<http://articles.extension.org/pages/25868/toy-safety-in-child-care>  
<http://www.health.gov.bc.ca/library/publications/year/2003/com021.pdf> (Chapter C)  
[http://www.highscope.org/file/NewsandInformation/Extensions/ExtVol25No5\\_low.pdf](http://www.highscope.org/file/NewsandInformation/Extensions/ExtVol25No5_low.pdf)
  
7. Gainsley, S. Look, Listen, Touch, Feel, Taste: The Importance of Sensory Play, Highscope. Volume 25, No. 5  
[http://www.highscope.org/file/NewsandInformation/Extensions/ExtVol25No5\\_low.pdf](http://www.highscope.org/file/NewsandInformation/Extensions/ExtVol25No5_low.pdf)
  
8. Games and Activities resources  
<http://health.act.gov.au/healthy-living/kids-play/active-play-everyday/additional-games-and-activities>  
[http://www.earlychildhoodnews.com/earlychildhood/article\\_view.aspx?ArticleID=222](http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=222)

**Standard 7.3**

9. Diversity and inclusion; Disability and accessibility  
<http://articles.extension.org/pages/61602/what-is-inclusive-child-care>  
<http://articles.extension.org/pages/61687/child-care-for-children-with-special-needs>  
<http://articles.extension.org/pages/61358/adapting-the-child-care-environment-for-children-with-special-needs>

## Trainers Guide

## Module No. 8

**Occupation/Sector** : Child Care Giver

**Competency Area** : Facilitating to acquire age appropriate health and nutrition requirement of children  
: Enhance understanding on child protection

**Module Title** : Introduction to health and nutrition requirement of children and adolescents  
Introduction to child protection

**Learning Objective/s:** The aim of this module is to introduce many areas in which children can be supported to be healthy and nutritious and the ways in which care providers can facilitate opportunities to achieve this.

1. To provide a basic knowledge on age appropriate nutrition and health requirement of children and adolescent
2. To provide basic understanding on personal hygiene and sanitation practices
3. To provide basic knowledge on responding health related emergencies and first aid
4. To understand the key concepts of child protection
5. To recognize the behaviours and indicators that might constitute abuse
6. To provide a basic knowledge and application of how to talk to a child who has faced abuse

### Tasks to be performed

Task no	Task	Standards/ Competencies	Notes to Trainer/ Facilitator
8.1	Provide age appropriate nutrition and health requirement of children	<ul style="list-style-type: none"> <li>● Demonstrate understanding on the key concepts of basic nutrition. (age appropriate nutritional requirement of children, common nutritional deficiencies/ macro and micro nutrient deficiencies, food groups and balance diet)</li> </ul>	<p><b>Introduce</b> task 8.1 as proving age appropriate nutrition and health is a competency required by child care workers.</p> <p>Highlight the term ‘proper nutrition’ and ask what this means and what is needed to achieve good nutrition.</p>

	6 hrs theory	<ul style="list-style-type: none"> <li>● Ability to facilitate age appropriate feeding practices. (feeding of infants/toddlers and older children)</li> <li>● Ability to encourage parents to bring nutritious foods for their children according to the given meal plan</li> <li>● Ability to measure and record height and weight of children individually, read and understating children's' Growth and Development Record (CHDR).</li> <li>● Demonstrate understanding on children's immunization schedule; promoting and maintaining records</li> <li>● Ability to identify and differentiate nutrition status of children individually.</li> <li>● Demonstrate understanding on sings and symbols of common childhood illness (persistent cough, cold, fever, diarrhea, rash, eye infectious and other infectious diseases).</li> </ul>	<p>Ask trainees to discuss about the term "malnutrition"</p> <p>Discuss the causes and effects of malnutrition and ask which ones do trainees see in their communities? (use reference section 8.1.1)</p> <p>Ask trainees what is the current malnutrition situation in Sri Lanka. (use reference section 8.1.2)</p> <ol style="list-style-type: none"> <li>1. Protein-energy malnutrition</li> <li>2. Iron deficiency anaemia</li> <li>3. Iodine deficiency</li> <li>4. Vitamin A deficiency</li> </ol> <p>Highlight that stunting is common in Sri Lanka, it is caused by poor nutrition during a person's first few years.</p> <p>Discuss the main food groups, what foods belongs to each food groups and main functions of each food group. (use reference section 8.1.3)</p> <p>Discuss when to introduce complementary foods and steps need to follow when introducing complementary feeding.</p> <p>After 6<sup>th</sup> month breast milk alone cannot fulfill child's total nutrient demand; Therefore complementary food should be introduced to provide extra nutrition requirement to fill up the gap between supply and demand.</p> <p>At the end of each part discuss with trainees whether they think that they could follow every</p>
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			<p>step. Further discuss when and how to introduce complementary food.</p> <p>Discuss about the psychological and physical development of a child.</p> <p>Physical growth mental development occurs during the first 5 years of life determines the future and undetectable growth retardation occurs before getting underweight. It is a special responsibility of parents as well as care takers to pay more attention during that period .</p> <p>Explain the importance of Child Health Development Record- Refer the immunization chart in Child Health and Development Record for further details.</p> <p>Discuss about the importance of immunization.</p> <ul style="list-style-type: none"> <li>✓ Immunization provides protection for number of dangerous diseases.</li> <li>✓ Vaccines will be given orally or inject directly to the body.</li> </ul> <p>Discuss what are the common illness among children and sings/symbols of diarrhea, cold and fever</p> <p><b>Diarrhoea-</b> Diarrhea is defined by the as having three or more loose or liquid stools per day, or as having more stools than is normal for that person.</p> <p><b>Respiratory Infections-</b> The first sign of a common</p>
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			<p>cold or flu is a sore throat (irritation at the back of throat) and/or runny nose, sometimes a slight fever and headache may also be present. Increased nasal discharge may occur, followed by a cough.</p> <p>Conduct a discussion by sharing experiences in looking after a child suffering from a cough and cold. Discuss how to feed children during illness.</p> <ul style="list-style-type: none"> <li>✓ To improve appetite prepares food in an attractive way and Provide with a variety of food ( colour, Odor, taste)</li> <li>✓ Easily digestible semi solid food should be given. ( Yougurt, Thick soup, Milk, Jelly, mashed fruits and fruit juices, Kanji)</li> <li>✓ Increase the number of meals as they possess a small stomach capacity and give energy dense food</li> <li>✓ Avoid force feeding when the child not feeling hungry and if diarrhoea occurs, give a sufficient amount of water and liquids.</li> <li>✓ Solid food should be given according to the type of illness and spend more time, pay more attention and show him your affection while involve with some thing that interesting to them.</li> <li>✓ Provide with extra meal when the child at the recovery stage until he/she acquire normal growth curve.</li> </ul>
8.2	Provide basic understanding on personal hygiene	<ul style="list-style-type: none"> <li>● Demonstrate understanding on correct hand washing procedures</li> </ul>	<b>Introduce</b> task 8.2 as a competency required by child care workers to establish healthy environment.

	<p>and sanitation</p> <p>2hrs theory 1hr practice</p>	<ul style="list-style-type: none"> <li>● Ability to encourage children to follow simple rules of hygiene such as hand washing, hygienic toileting and basic dental care.</li> <li>● Ensuring equipment and toys are regularly cleaned/washed and are well maintained.</li> </ul>	<p>Good hygiene in childcare service is essential for reducing the risk of cross infection between children and adults and helps children to develop hygiene habits that they will use throughout their lives. Discuss following topics explaining them about importance of each topics.</p> <ul style="list-style-type: none"> <li>● Use clean utensils for food preparation.</li> <li>● Keep the kitchen clean and away from pests, farm animals and insects.</li> <li>● Wash hands with soap.</li> <li>● Sanitary latrines</li> </ul>
8.3	<p>Provide basic knowledge on responding health related emergencies and first aid.</p> <p>2hrs theory 2hrs practical</p>	<ul style="list-style-type: none"> <li>● Demonstrate understanding on basic emergency and evacuation procedures</li> <li>● Demonstrate understanding on basic first aid requirement of children</li> </ul>	<p>Introduce task 8.3 as understanding on basic emergency, evacuation procedures and basic first aid requirement are essential for child care workers. Disasters and emergencies can strike at any moment. Natural, technological or man-made disasters and other emergencies are common in Sri Lanka now. When emergencies occur, children are most vulnerable and children who are in child care setting and separated from their parents are mostly vulnerable than other children.</p> <p>Major standards require child care centers providers are as follows:</p> <ul style="list-style-type: none"> <li>✓ Develop and maintain a written emergency plan that includes policies and procedures to help ensure children’s safety and protection;</li> <li>✓ Maintain the information needed to protect children’s and staff’s health and safety during emergencies</li> </ul>

			<ul style="list-style-type: none"> <li>✓ Develop and implement plans and procedures and backup plans and procedures for communicating with families before, during and after emergencies and for reuniting children with their families.</li> <li>✓ Be prepared to evacuate the children in child care centers.</li> <li>✓ Have and maintain the equipment, supplies and materials needed to care for children and staff during emergencies, evacuate children and staff, and communicate with parents, staff members and community agencies during an emergency.</li> </ul> <p>(refer the manual “Protecting Children in Child Care During Emergencies)</p> <p><b>First aid</b> is the assistance given to any person suffering a sudden <u>illness</u> or <u>injury</u> with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. Prompt First Aid can often help someone recover completely without the need for medical intervention at all and instant and appropriate care must be given immediately.</p> <p>Explain basic first aid requirement of children to trainees using “Every Day First Aid Training Manual”</p> <p><a href="http://www.everydaylearning.com.au/dl/Everyday%20Learning%20First%20Aid%20Sample.pdf">http://www.everydaylearning.com.au/dl/Everyday%20Learning%20First%20Aid%20Sample.pdf</a></p>
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<p>8.4</p>	<p>Provide basic understanding on the key concepts of child protection</p> <p>1 hrs theory 2 hr practical</p>	<p>Demonstrate understanding on the key concepts of child protection</p> <p>Ability to differentiate between abuse, neglect, exploitation and violence</p> <p>Demonstrate understanding on prevention measures that can be taken to protect a child from abuse</p>	<p><b>Introduce</b> <i>Task 8.1 Definition of abuse</i></p> <p>Explain to the participants the definition of abuse as per the CRC. Define the different forms of abuse such as physical abuse, emotional or psychological abuse, sexual abuse, neglect, exploitation, and violence.</p> <p><b>Discuss</b> the harm caused to children who face different types of abuse and identify the impact to children facing abuse.</p> <p><b>Provide</b> definitions where appropriate (some provided below in resources and references)</p> <p><b>Group exercise:</b> Ask all the group to stand on one side of the room and read out CP statements. If the participants agree with the statement ask the participants to stand on one side of the room and if they disagree stand on the opposite side of the room. Encourage participants not to stand in the middle of the room. (they need to take a stand on the statement). Ask individual members on one side to state why they stood where they did and their arguments for taking this view. Next ask individual members on the other side of the room to explain why they stood on that side. At the end of the discussion ask participants if they would like to move from their stand to the other side after hearing the discussions.</p> <p>List available on separate document</p>
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			<p><b>Group work</b></p> <p>Get trainees to work in small groups (3-4) on a case study related to CP. Ask them to present their discussions to the wider group.</p>
8.5	<p>The caregiver is able to recognize an abused child and is able to identify the impact of abusive behavior</p> <p>½ hour – theory 1.5 hours - practical</p>	<p>Demonstrate understanding of the behaviors of a child when identifying an abused child</p> <p>Ability to recognize a child's difficult behavior towards other children that would help identify a child who has been abused</p> <p>Demonstrate understanding of the indicators that would help determine if a child has experienced abuse</p>	<p><b>Introduce</b> 8.2 Identifying the impact of abusive behavior and</p> <p>Explain to participants the impact of abusive behavior on children.</p> <p><b>Discuss</b> discuss the impact to children of abusive behavior. List available in different document.</p> <p><b>Group Work</b></p> <ol style="list-style-type: none"> <li>1. Get trainees to work in small group (3-4) to identify behaviours to children that might constitute abuse and indicators of this form of abuse. Share the information with each other and agree on the final indicators and behaviours.</li> <li>2. Give trainees a case study on how to respond to a child who reveals abuse to the teacher. Discuss this among the group and agree on suitable methods to respond to a child which includes sensitivity and empathy.</li> </ol>

**References**

**Standard 8.1**

**Reference 8.1.1**

Causes of Malnutrition	Effects of Malnutrition
<ul style="list-style-type: none"> <li>✓ Bottle feeding &amp; feeding water, milk and other liquids to infants without/with breastfeeding them</li> <li>✓ Diarrhoea &amp; Respiratory illness – loss of nutrients Frequent illness – loss of appetite</li> <li>✓ Inadequate care of children, mothers and adolescent girls</li> <li>✓ Inadequate diets in general and during pregnancy and illness</li> <li>✓ Iodine, iron and vitamin deficiencies</li> <li>✓ Lack of access to adequate quantity/quality of food and preference for commercial foods</li> <li>✓ Lack of emotional support from parents/teachers/family members</li> <li>✓ Lack of access to basic health services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Malnourished children are lethargic and not curious and do not take part in creative activities.</li> <li>✓ Psychosocial adaptation collapses due to lack of interaction between the child and the environment.</li> <li>✓ Vitamin A deficiency weakens the immunity and makes vulnerable to infections. Vitamin A deficiency also causes blindness.</li> <li>✓ Lowered attention span and drop in school attendance.</li> <li>✓ Childhood iron deficiency effect on physical and intellectual development.</li> </ul>

**Reference 8.1.2**

**Protein- Energy Malnutrition**

- Protein energy malnutrition is defined as impediment to growth due to insufficient intake of energy giving foods (carbohydrates and fats) and body building foods.
- Insufficient intake of foods recommended for particular age and frequent infections are the main causative factors of protein energy malnutrition.
- This condition will leads to physical growth retardation and impairment of cognitive functions.

**Indicators of protein energy malnutrition in children**

**3 main indicators of protein energy malnutrition in children <5yrs;**

- Inadequate height for age – Stunting
- Inadequate weight for height – Wasting
- Inadequate weight for age – Underweight

- ✓ Refer the Preschool Teachers Manual on child nutrition published by Nutrition Coordination Division for further details of protein energy malnutrition and micro nutrient deficiencies (causes and effects).

### Reference 8.1.3

Six (6) main Food groups, foods in each food group and their main functions are given in below table.

Grains and yams	Fruits	Vegetables	Fish, meat, eggs, seeds and legumes	Milk and milk products	Oil containing nuts and seeds
<p>Rice, wheat, kurakkan, maize, rice flour and wheat flour based products.</p> <p>Yams – Sweet potatoes, manioc Innala, Kiri ala, potato</p> <p><b>This food group provides energy for your day to day activities.</b></p>	<p>Banana, Mango, Papaya, Pineapple, Orange, Guava, Avocado, etc.</p> <p><b>This food group provides protection from diseases.</b></p>	<p>Green leafy vegetables- Kankun, Spinach, Gotukola, Mugunuwena, Saarana, kathurumurunga and drumstick leaves (Murunga)</p> <p>Fruit vegetables and tubers – Snake gourd Brinjal, Alu kehel (Ash plantain)ladies Fingers, tomato, carrot, Beet, Bitter gourd</p> <p><b>This food group prevents you from diseases.</b></p>	<p>Fish – marine fish inlad fish, sprats, Dry fish prawns crabs.</p> <p>Meat – Chicken, beef, pork, lamb and animal organs such as liver</p> <p>Eggs – Hen eggs, duck eggs</p> <p>Legumes and seeds- chick pea, green gram, cowpea, dhal, soya &amp; beans.</p> <p><b>This food group helps for growth and repair</b></p>	<p>Milk, curd, yogurt, cheese.</p> <p><b>Involved in growth and repair of teeth and bones.</b></p>	<p>Coconut, cashew, kottan, pumpkin seeds</p> <p>Coconut milk, coconut oil, gingerly oil, palm oil, vegetable oil</p> <p>Butter, margarine, fat spread and ghee.</p> <p><b>This food group provides energy for day to day activities.</b></p> <p><b>Essential for metabolic activities of the body</b></p>

**Reference 8.1.4**

**Introduction of complementary foods**

<b>Why complementary food should introduce</b>	<b>By giving complementary food</b>	<b>Important facts on complementary foods</b>
<p>Primary development occurs gradually within the first 5 years of life. During the 1<sup>st</sup> year there is an accelerated growth.</p> <p>All nutrient needs are fulfilled by breast milk during the first 6 months.</p> <p>Physical as well as metabolic activities increase with the age.</p> <p>More energy, protein, and micro nutrients are required after the 6<sup>th</sup> month for the child's growth;</p>	<ul style="list-style-type: none"> <li>● Train child for the family meal</li> <li>● Can introduce different tastes</li> <li>● Helps to convert from liquid diet to solid diet</li> <li>● Train kids for chew foods. ( From mashed food to solid adult food)</li> <li>● Train your child to eat alone after 2 years of age by introducing the feeding practices at appropriate age.</li> </ul>	<ul style="list-style-type: none"> <li>● Starts at the correct age</li> <li>● Introduce quality foods</li> <li>● Healthy and hygienic</li> <li>● Correct serving size, number of meals, and appropriate texture of food to be considered</li> <li>● Follow responsive feeding practices</li> </ul>

**Appropriate quantity and texture of complementary foods**

- ✓ Refer the Manual for Preschool Teachers on child nutrition published by Nutrition Coordination Division for further details of complementary foods.

**8.1.5 How to relieve the symptoms of Respiratory Infections**

To assist a child suffering from a cough, cold, or fever

- Keep them warm - avoid hot environments and tight fitting clothes
- Clean their nose frequently to assist their breathing, especially prior to putting to sleep or breast feeding
- Place in a well-ventilated room – open the doors and windows 2-3 times a day but ensure that the child is not lying or sitting in a direct draft (air flow).
- Continue feeding, give more drinks and easy to digest food
- To assist their breathing get them to inhale clean steam from a vessel filled with warm, but not boiling, water
- Avoid smoky environments, a child living in an environment polluted with kitchen or cigarette smoke is more susceptible to pneumonia

### References Standard 8.4

<http://www.unicef.org/violencestudy/pdf/CP%20Manual%20-%20Introduction.pdf>

<http://resourcecentre.savethechildren.se/sites/default/files/documents/5403.pdf>

### Some Definitions

#### What is Abuse?

Abuse is a deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well - being, dignity and development. It includes all forms of physical, sexual, psychological and emotional ill treat -ment. Abuse is often divided up into four different types:

Abuse	Neglect	Exploitation	Violence
<p><b>1. Physical Abuse</b> involves the use of violent physical force so as to cause actual or likely physical injury or suffering (e.g. Hitting, shaking, burning, female genital mutilation, torture).</p> <p><b>2. Emotional or psychological abuse</b> includes humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.</p>	<p><b>Neglect:</b> Deliberately, or through carelessness or negligence, failing to provide for, or secure for a child, their rights to physical safety and development. Neglect is sometimes called the 'passive' form of abuse in that it relates to the failure to carry out some key aspect of the care and protection of children which results in the significant impairment of the child's health or development including a</p>	<p><b>Exploitation</b> refers to the use of children for someone else's advantage, gratification or profit often re-sulting in unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child's physical or mental health, education, moral or social-emotional development. This covers manipulation, misuse, abuse, victimization, oppression or ill-treatment.</p>	<p><b>Violence</b> From Article 19 UNCRC, "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse;"</p>

<p><b>3. Sexual abuse</b> includes all forms of sexual violence including incest, early and forced marriage, rape, involvement in pornography and sexual slavery. Child sexual abuse may also include indecent touching or ex-posure, using sexually explicit language towards a child and showing children pornographic material</p>	<p>failure to thrive emotion-ally and socially.</p>		
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**Violence**

From Article 19 UNCRC, “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse;”

According to the World Health Organisation (2002): “the intentional use of physical force or power,threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity;”

**Is this abuse? 8.4 Group exercise**

Is it abuse when... :

1. A mother locks a 4 year old in his room for an hour for wetting his pants
2. A baby is shaken by his or her mother?
3. A father sleeps in the same bed as his 7 year old daughter?
4. Parents walk around the house naked in front of children?
5. A mother continually criticises and shouts at her 3 year old child who has a learning disability?
6. A 12 year old boy forces a 7 year old girl to masturbate him?
7. A 14 year old boy and his girl friend (also 14) sleep together?
8. Parents encourage a 10 year old girl to steal groceries to eat at home?
9. Hitting children always constitutes child abuse
10. Sexual abuse is not really a problem in Sri Lanka– if it happens, it happens only very rarely

11. Physical discipline is socially and culturally acceptable in Sri Lanka, so it is OK to use it as a way of controlling children, at home and in school
12. Reporting abuse is likely to make things worse for the child so it is better not to do anything
13. Levels of poverty across Sri Lanka mean that many children could be defined as suffering 'neglect', so this is not a helpful concept
14. Disabled children are less likely to be abused than other children
15. Most parents do not want to hit their children – they just don't know what else to do
16. Some children are very difficult and get criticized/shouted at a lot – that doesn't mean they are emotionally abused
17. There are no services to support children who are abused and their families, so what is the point in reporting
18. Staff employed to work with children, like teachers, are unlikely to abuse them
19. Children often lie about being abused

#### Standard 8.5

Forms of abuse	Behavior towards children that might constitute an abuse	Indicators of this form of abuse
<b>Physical</b>	Hitting, pushing, forcing children to do heavy work, pulling a child's hair;	Bruises, aggressiveness, anxiety, becoming introvert, broken joints and bones.
<b>Neglect</b>	Ignorance , lack of care (food, clothes) disrespect of needs/interests of child	Unhappy, not talkative, isolated, school drop-out, bad health.
<b>Emotional</b>	Shouting, constant criticizing (without praising), planning, ignorance, using of abuse words.	Apathy , depression, nervous, low self esteem, lack of initiative, hard to express, not sociable him/herself
<b>Sexual</b>	Rape, pornography, name calling, innuendos, sexual harassment, prostitution	Isolation, anxiety, depression, avoiding communication, bruises pregnancy of young girls



### Responding to abuse

1. You see or suspect abuse /exploitation / neglect
2. An allegation of abuse/ ex-ploitation is made or situation of neglect brought to your notice by the parent or another
3. A child discloses abuse/ ex-ploitation/neglect by relating the incidence to you or to someone you know

You are the Class 6 teacher. You are considered very approachable, friendly, and social and many children like sharing their problems with you. You have just returned from a training by Child Fund where you have been taught about child protection risks for children including sexual abuse of girls in schools . Young Kamala, a class 5 girl, who is usually quiet comes up to you and amidst tears shares her problem. What emerges is that the child's uncle has been sexually abusing Kamala and she is feeling unwell. She is vomiting and feels sick in the morning. Be realistic and practical in addressing the questions provided.

- (a) What can you do about this case? ,
- (b) Who must know about it and what should be done?
- (c) What are the likely consequences of your actions?
- (d) What can you do to deal with them?

### Standard 8.6

#### How to talk to a child who's reporting an abuse

- ✓ If a child tells you or wants to talk to you about an abuse:
- ✓ Stay calm and be reassuring
- ✓ Find a quiet place to talk
- ✓ Believe in what you are being told
- ✓ Listen, but do not press the child for information
- ✓ Say that you are glad that the child told you
- ✓ Say that you will do your best to protect and support the child
- ✓ If necessary, seek medical help and contact the police as soon as possible
- ✓ If your child has told another adult, such as another teacher, contact them. Their advice may make it easier to help your child
- ✓ Determine if this incident may affect how your child reacts at school; It may be advisable to liaise with your child's teacher or head teacher depending on the issue

- ✓ Acknowledge that your child may have angry, sad or even guilty feelings about what happened, but stress that the abuse was not the child's fault;
- ✓ Seek counseling for yourself and your child where possible

Do	Don't
<p>Believe the child.                      Create a rapport with the child                      Show a measure of trust.                      Show a measure of accessibility and reliability                      Assure the child of confidentiality which is reason- able                      Ensure privacy is obtained to enable the child to talk in confidence                      Be patient: let the child go on at her/his own pace. Changing behaviour is difficult and calls for a lot of patience. You should listen carefully, patiently and with understanding.                      Accept the child the way she is.                      Relaxed atmosphere: The room should also be comfortable where possible and the atmosphere relaxing                      Commitment:                      You must show a high degree of commitment. When you agree to offers to assist, you have to be committed. If you are not able to be committed then it is not useful for you to offer any assistance.</p>	<p>Do not ask accusing questions                      Do not be overly formal.                      Do not be judgmental                      Do not miss appointments keep promises                      Do not read, talk on the phone etc when the child is talking to you                      Do not give information about the child unless professionally required                      Do not assure the child about matters you have no control over                      Do not interview in open space where there is likely to be interruptions and eavesdroppers                      Do not pressure the child to speak.                      Do not rush the child                      Do not go to a place where the child feels uncomfortable or the need to leave as soon as possible.</p>

**This section provides the specific information that can be used towards the training for child protection.**

**Some Definitions**

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8. Parents encourage a 10 year old girl to steal groceries to eat at home?
9. Hitting children always constitutes child abuse
- 10;.Sexual abuse is not really a problem in Sri Lanka– if it happens, it happens only very rarely
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14. Disabled children are less likely to be abused than other children
15. Most parents do not want to hit their children – they just don’t know what else to do
16. Some children are very difficult and get criticized/shouted at a lot – that doesn’t mean they are emotionally abused
17. There are no services to support children who are abused and their families, so what is the point in reporting
18. .Staff employed to work with children, like teachers, are unlikely to abuse them
19. Children often lie about being abused

**Standard 8.2**

Forms of abuse	Behavior towards children that might constitute an abuse	Indicators of this form of abuse
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Be realistic and practical in addressing the questions provided.

- (a) What can you do about this case?
- (b) Who must know about it and what should be done?
- (c) What are the likely consequences of your actions?
- (d) What can you do to deal with them?

### **Standard 8.3**

#### How to talk to a child who's reporting an abuse

If a child tells you or wants to talk to you about an abuse:

Stay calm and be reassuring

Find a quiet place to talk

Believe in what you are being told

Listen, but do not press the child for information

Say that you are glad that the child told you

Say that you will do your best to protect and support the child

If necessary, seek medical help and contact the police as soon as possible

If your child has told another adult, such as another teacher, contact them. Their advice may make it easier to help your child

Determine if this incident may affect how your child reacts at school; It may be advisable to liaise with your child's teacher or head teacher depending on the issue

Acknowledge that your child may have angry, sad or even guilty feelings about what happened, but stress that the abuse was not the child's fault;

Seek counselling for yourself and your child where possible

**DO**

Believe the child.  
Create a rapport with the child.  
Show a measure of trust.  
Show a measure of accessibility and reliability.  
Assure the child of confidentiality which is reasonable.

Be realistic and explain circumstances as they are likely to happen.

Ensure privacy is obtained to enable the child to talk in confidence.

Be patient: let the child go on at her/his own pace. Changing behaviour is difficult and calls for a lot of patience. You should listen carefully, patiently and with understanding.

Accept the child the way she is.

Relaxed atmosphere: The room should also be comfortable where possible and the atmosphere relaxing.

Commitment: You must show a high degree of commitment.

When you agree to offers to assist, you have to be committed. If you are not able to be committed then it is not useful for you to offer any assistance.

**DON'T**

Do not ask accusing questions.

Do not be overly formal.

Do not be judgmental.

Do not read, talk on the phone etc when the child is talking to you. Do not give information about the child unless professionally required.

Do not assure the child about matters you have no control over.

Do not interview in open space where there is likely to be interruptions and eavesdroppers.

Do not pressure the child to speak. Do not rush the child.

Do not go to a place where the child feels uncomfortable or the need to leave as soon as possible.

## Trainers Guide

## Module No. 9

**Occupation/Sector** : Child Care Giver

**Competency Area** : Basic understanding of child rights and maintaining ethical standards in child care

**Module Title Learning** : Child Rights and Professional Ethics of Childcare

### Objective/s:

- To provide a basic understanding of child rights as enshrined in the UNCRC, with special focus on the overarching principles and rights that require particular attention in care settings such as participation, freedom of expression, survival and development, best interests of the child, non-discrimination, rights of children with disabilities, adequate standard of living, protection from violence and abuse, practice of language and religion, and relaxation and play.
- To develop skills to enable the application of child rights in practice, especially those referred to above.
- To provide a basic knowledge and application of professional ethics in childcare including measures for child safeguarding. Available/ applicable organisational codes of ethics and child safeguarding policies will be discussed and reviewed.
- To develop an understanding of the importance of referral, relevant processes and services

### Tasks to be performed

ask no	Task	Standards/ Competencies	Notes to Trainer/ Facilitator
9.1	Understanding and application of child rights and CRC	<ul style="list-style-type: none"> <li>• Has awareness of the historical development of child rights</li> <li>• Ability to explain the concept of child rights</li> <li>• Recognize what constitutes of child rights and how rights differ from needs</li> <li>• Understand the universality of child rights and perception of child rights in Sri Lankan settings</li> </ul>	<p>Introduce the concept of child rights and how child rights have been perceived and applied since the Declaration on the Rights of the Child (1924)</p> <p>Introduce the UN Convention on the Rights of the Child, and Sri Lanka's obligations to implement the convention as a ratified State party in 1991. Discuss the 4 overarching</p>



		<p>interconnections and inter-dependencies between rights and the need to respect child rights in child care settings</p> <ul style="list-style-type: none"> <li>● Demonstrate understanding of methods and means by which caregivers can respect child rights within child care settings</li> <li>● Ability to adopt child rights based approaches to address issues</li> </ul>	<p>principles and the 4 key components of the rights within the convention. Reflect on the inter-relationships among the 4 overarching principles and take examples from the rights in the UNCRC to show how one may be interrelated with another.</p> <p>Explain how child rights are universally accepted and applied. Stress the difference between the focus on rights of all children which is an obligation of the State and society to fulfill, and focus on needs of individuals or groups of children, which may or may not be addressed by State or society.</p> <p>Discuss how child rights are perceived in Sri Lanka. In groups, ask trainees to reflect on their childhood, and instances where they felt that adults did not uphold their rights or ignored their best interests.</p> <p>Identify how child rights can be practically fulfilled, respected and upheld in care settings. Provide case scenarios for groups which focus on child rights issues in care settings and ask groups to discuss and present how these will be addressed.</p>
9.2	Professional ethics of working with children and	<ul style="list-style-type: none"> <li>● Ability to explain the concept of ethics and professionalism</li> <li>● Demonstrate understanding of the key elements</li> </ul>	<p>Introduce the concept of ethics. Introduce the concept of professionalism. Discuss what ethics mean to the trainees and the relationship</p>

<p>boundaries of care giver's role</p>	<p>of ethical behavior and engagement based on accepted code of ethics or code of conduct</p> <ul style="list-style-type: none"> <li>● Recognise the importance of an ethical approach for the safety of both children and caregivers</li> <li>● Understand ethical considerations and concerns in working with children</li> <li>● Ability to explain what constitutes as ethical behaviors and unethical behaviours</li> <li>● Recognise available mechanisms to monitor and report child safeguarding concerns</li> <li>● Ability to explain the concept of child safeguarding and key elements in child safeguarding</li> <li>● Demonstrate understanding of boundaries within the role of child caregiver and management of ethical dilemmas</li> <li>● Recognise how to enable positive experiences for children through ethical conduct, methods to safeguard children from harm</li> <li>● Demonstrate understanding of a recognized code of ethics and/or child safeguarding policy</li> </ul>	<p>between ethics and professionalism.</p> <p>Explore samples codes of ethics of child care organisations and guidelines provided by professional bodies on professional conduct of child care workers. Within the codes of conduct and guidelines, identify key values, ideals and principles that underpin professional and ethical conduct</p> <p>Introduce the concept of child safeguarding and how this is different from child protection. Discuss key elements of child safeguarding by exploring child safeguarding policies of child focused organisations.</p> <p>Discuss, in groups, the potential risks to children from care workers or anybody else involved in the process or providing care. The risks may not be limited to protection risks; they could include negligence, discrimination, favouritism, breach of confidentiality etc. Discuss how to identify such risks, what circumstances might raise child safeguarding concerns – e.g. attitudes of care workers, physical safety of children within and outside the care centers, procedures to ensure confidentiality of information etc. Using the child safeguarding principles, discuss methods trainees can practically use to safeguard children from harm</p>
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			<p>Explore how to address ethical dilemmas in the context of a care giving facility, through case scenarios. Encourage trainees to identify ethical approaches to addressing the dilemmas.</p> <p>Discuss how ethical conduct will enable positive experiences for children and ensure the best interests of the child are prioritized at all times.</p> <p>Explain the current State systems and mechanisms of child protection and how care workers can report incidents of violence or harm against children.</p>
9.3	Making referrals for health, child protection	<ul style="list-style-type: none"> <li>● Explain the process of identification of children with child protection concerns or health concerns who require referral</li> <li>● Identify the process of making a referral to relevant service providers or authorities</li> <li>● Recognise children at risk/ child protection concerns that warrant referral/ health concerns that warrant referral</li> <li>● Ability to explain the role of care givers in initiating case management</li> <li>● Demonstrate understanding of the process to be followed in making referrals to service providers or child protection and health authorities</li> <li>● Identify local service providers which referrals can be made to and authorities responsible for</li> </ul>	<p>Introduce the concept of referrals; identify the role and responsibility of care workers to identify child protection and health concerns that require referral.</p> <p>Discuss key signs and symptoms of child abuse, neglect, mental health and other health concerns. Explore the types of State and non-state services which children may need to be referred to. E.g. MoH as well as counselling services for children who may require mental health and psychosocial support.</p> <p>Exercise: Individually, ask the trainees to map out service providers (both State and nonstate) in their localities where referrals can be made. Trainees can share their findings to confirm and clarify the roles of commonly identified institutions/ service providers who can support</p>

			<p>children.</p> <p>Explain the concept of individual casework in ensuring the safety, protection and wellbeing of children at risk. Identify how care givers, through referrals to appropriate government services such as the Social Care unit at the Divisional Secretariats can initiate case work and case management.</p>
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## References

### Standard 1:

10. Definition of child rights, its history and the fundamental children's rights: <http://www.humanium.org/en/child-rights/>
11. Full text of the UN Convention on the Rights of the Child: <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>
12. Simplified version of the UNCRC in Sinhala and Tamil languages:
13. Ministry of Education (2014) 'Protect Rights for a Peaceful Tomorrow', Colombo: Department of Educational Publications; Available from: [https://srilanka.savethechildren.net/sites/srilanka.savethechildren.net/files/library/English\\_final\\_1.pdf](https://srilanka.savethechildren.net/sites/srilanka.savethechildren.net/files/library/English_final_1.pdf) (English)  
[https://srilanka.savethechildren.net/sites/srilanka.savethechildren.net/files/library/Sinhala\\_final\\_1.pdf](https://srilanka.savethechildren.net/sites/srilanka.savethechildren.net/files/library/Sinhala_final_1.pdf) (Sinhala)  
[https://srilanka.savethechildren.net/sites/srilanka.savethechildren.net/files/library/Tamil\\_final\\_1.pdf](https://srilanka.savethechildren.net/sites/srilanka.savethechildren.net/files/library/Tamil_final_1.pdf) (Tamil)
14. McCallin, M; (2008) 'Children's Needs or Children's Rights? The Convention on the Rights of the Child as a framework for implementing psychosocial programmes', *Intervention*, Vol 6, No. 1, p154-161; Available from <http://ourmediaourselves.com/archives/62pdf/mccallin.pdf> [Accessed: 13/09/2016]

### Standard 2:

1. Association for Child and Youth Care Practice (1995) 'Ethics of Child and Youth Care Professionals', Wisconsin: ACYCP; Available from: <https://nspn.memberclicks.net/assets/docs/NSPN/child%20%20youth%20care%20ethics.pdf> [Accessed: 13.09.2016]

2. National Association for the Education of Young Children (2005) 'Code of Ethical Conduct and Statement of Commitment: A Position Paper', Washington, D,C: NAEYC; Available from: <https://www.naeyc.org/files/naeyc/file/positions/PSETH05.pdf> [Accessed: 13/09/2016]
3. Early Childhood Australia (2016) 'Early Childhood Australia's Code of Ethics' Available from [http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2016/07/ECA-COE-Brochure\\_2016.pdf](http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2016/07/ECA-COE-Brochure_2016.pdf) [Accessed: 13/09/2016]
4. Association of Childhood Professionals (2013) 'Association of Childhood Professionals Code of Ethics', Cork City: Association of Childhood Professionals. Available from: [http://www.acpireland.com/uploads/1/5/3/7/15370432/acp\\_code\\_of\\_ethics\\_2013.pdf](http://www.acpireland.com/uploads/1/5/3/7/15370432/acp_code_of_ethics_2013.pdf) [Accessed: 13/09/2016]
5. Keeping Children Safe (2014) 'Child Safeguarding Standards and How to Implement Them', London: Keeping Children Safe; Available from: [http://www.keepingchildrensafe.org.uk/sites/default/files/resource-http://www.keepingchildrensafe.org.uk/sites/default/files/resource\\_uploads/KCS\\_STANDARDS\\_2014.pdf](http://www.keepingchildrensafe.org.uk/sites/default/files/resource-http://www.keepingchildrensafe.org.uk/sites/default/files/resource_uploads/KCS_STANDARDS_2014.pdf) [Accessed: 13/09/2016]
6. Save the Children (2012) 'Save the Children's Child Safeguarding Policy: Rules for Keeping Children Safe', London: Save the Children. Available from <http://resourcecentre.savethechildren.se/library/save-childrens-child-safeguarding-policy-rules-keeping-children-safe> [Accessed: 13/09/2016]

**Standard 3:**

1. Definitions and types of child abuse: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>
2. Identification of signs and symptoms of mental health problems: <http://www.mindhealthconnect.org.au/signs-mental-health-issue> and <http://www.mind.org.uk/information-support/types-of-mental-health-problems/>
3. Basic components of case management: <http://www.community.nsw.gov.au/kts/case-management/elements>

## Trainers Guide

## Module No. 10

**Occupation/Sector** : Child Care Giver

**Competency Area** : Creating a safe appropriate physical environment of child care facility

**Module Title** : Physical environment of child care facility

### Learning Objective/s:

- 9.1. Understand the different kinds of areas of (indoor and outdoor) physical environment of a child care facility.
- 9.2. Understanding the importance of providing a risk free child care environment to children and identifying risks to children at the physical environment of child care facility
- 9.3. Identifying and adoption of minimum standards of safe physical environment of child care facilities – guidelines for day care/child care facilities
- 9.4. Organizing and managing the physical environment in a manner that is risk -free to children of every age group.

### Tasks to be performed

Task no	Task	Standards/ Competencies	Notes to Trainer/ Faciltator
10.1	<ul style="list-style-type: none"> <li>● Cleaning and arranging indoor environment in a safe manner on daily basis or/and periodically. Proper maintenance of the following:</li> <li>● an area where caregivers can take breaks away from the children</li> </ul>	<p>As appropriate for children and their age:</p> <ol style="list-style-type: none"> <li>1. properly cleaning the floor of all the areas and the equipment in those areas using detergents, germicides etc.</li> <li>2. daily cleaning with germicides the toys that children use.</li> <li>3. disposing waste according to a proper standard.</li> </ol>	<p><b>Introduction</b> – Raise awareness on the need accountability of the care provider to maintain cleanliness and safety of the child care facility.</p> <p><b>Brain storming Discussion.</b> Divide them in to groups and get them to Identifying the different areas (indoor &amp; outdoor) available in the physical environment of the daycare center and identifying your professional responsibility in maintaining those areas</p>

<ul style="list-style-type: none"> <li>● bathrooms and hand-washing areas for both children and adults.</li> <li>● children's activity rooms</li> <li>● eating area</li> <li>● sleeping area</li> <li>● hallways</li> <li>● janitorial closets (lockable)</li> <li>● kitchen and food storage area</li> <li>● laundry area</li> <li>● management and administrative area</li> <li>● room for large motor activities</li> <li>● Storage for individual children's possessions</li> <li>● storage for equipment and materials for adult use</li> <li>● reception area</li> </ul>	<ol style="list-style-type: none"> <li>4. keeping in a safe place materials, objects, equipment, medicine and chemicals that can be harmful to children so that children will not easily find them or reach them.</li> <li>5. Identifying the equipment, objects and toys that become damaged or changes in nature and removing them from use.</li> <li>6. If expired, removing the materials such as liquids, colours and clay that are given for the use of children.</li> <li>7. drying and cleaning the pillows and mattresses.</li> <li>8. cleaning the areas that get wet so that mosses, ooze or fungi would not grow.</li> <li>9. providing with proper ventilation the areas where children spend time.</li> <li>10. keeping a dust free environment.</li> <li>11. taking measures to keep in a safe manner the flights of stairs and drawers and doors that can be opened and closed.</li> <li>12. keeping food and beverages properly stored.</li> <li>13. preventing breeding of harmful insects such as flies and cockroaches.</li> <li>14. doing the daily, monthly, quarterly and annual cleaning according to a proper timetable.</li> </ol>	<p>in a manner that is safe for children. Gave time to <b>present</b> those with other groups.</p> <p><b>Classroom &amp; Homework activity.</b></p> <p><b>Group work:</b></p> <p>As a preliminary step to these activities, It is appropriate if the trainees have the opportunity familiarize with work at a day care facility</p> <ol style="list-style-type: none"> <li>1. Identify separately the different areas available indoors and outdoors of a daycare centre and prepare a booklet describing the possible risk conditions related to those areas and short-term and long-term measures that can be taken to minimize them.</li> <li>2. Identify the different areas, equipment, and objects in the indoor and outdoor environments of the daycare centre that should be cleaned daily, monthly, quarterly and annually, and prepare a timetable to clean them.</li> </ol> <p>4 hrs theory 12 hrs practical</p>
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10.2	<p>Cleaning and arranging outdoor environment in a safe manner on a daily and / or periodically</p> <ul style="list-style-type: none"> <li>• Play area</li> <li>• Vehicle parking area</li> <li>• Water tank</li> <li>• Drains</li> <li>• Gutters</li> <li>• Building structures</li> <li>• Roof</li> </ul>	<p>As appropriate for children and their age:</p> <ol style="list-style-type: none"> <li>1. properly cleaning all the areas, the floor and equipment.</li> <li>2. making unsuitable areas inaccessible to children, keeping unsafe objects away from children or making safety precautions in place (such as places where vehicles are parked, coconut trees, wells, pits and flights of stairs etc.).</li> <li>3. disposing waste matter according to a proper standard.</li> <li>4. identifying the outdoor playthings that become damaged or changes in nature and removing them from use or repairing them.</li> <li>5. cleaning the areas that get wet so that mosses, ooze or fungi would not grow.</li> <li>6. keeping the gates properly closed.</li> <li>7. doing the daily, monthly, quarterly and annual cleaning according to a proper timetable.</li> </ol>	
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10.3	Properly maintaining furniture and materials such as swings, play areas, and toys	<ol style="list-style-type: none"> <li>1. Maintaining them in a condition that is safe to use and not harmful.</li> <li>2. Informing the management of the necessary repairs in time.</li> <li>3. Doing the daily, monthly, quarterly and annual cleaning according to a proper timetable.</li> </ol>	
10.4	<p>Identifying risks that can be caused by the following and taking necessary precautions immediately or as soon as possible,</p> <ul style="list-style-type: none"> <li>z Fire</li> <li>z Water</li> <li>z Electricity</li> <li>z Stairs</li> <li>z Gates</li> <li>z Vehicles</li> <li>z Chemicals</li> <li>z Plug points</li> <li>z Pets/Stray Animals (Dogs, Cats &amp; Monkeys ect.)</li> <li>z Insects (Bees, Hornets, ants &amp; these mosquitos ect) Visitors</li> <li>z Abusive behaviors (children or adults) etc</li> </ul>	<ol style="list-style-type: none"> <li>1. Being aware of the damages that each of these items could cause.</li> <li>2. Being aware of the action that should be taken in case of any danger.</li> <li>3. Being aware of the precautionary measures that can be taken and implementing them</li> </ol>	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>● Introduce possible accidents that could occur when using the listed items</li> <li>● Discuss natural disasters that have a prevalence in the area and possible damages these could cause</li> </ul> <p><b>01 Class room Group work</b></p> <p>Groups discuss risks listed in section 4 and steps that could be taken to prevent these. They can ask questions as given in the examples and answer these.</p> <p>Fire:</p> <ul style="list-style-type: none"> <li>● Where and how can accidents involving fire happen?</li> <li>● What measures can be taken to prevent these</li> </ul> <p>Visitors:</p> <ul style="list-style-type: none"> <li>● What are the risks posed by visitors</li> <li>● What measures can be taken to prevent these</li> </ul>

10.5	<p>Having Basic Emergency preparedness plan</p> <ul style="list-style-type: none"> <li>● Accidents (which mention in Task No.4)</li> <li>● Natural disaster</li> </ul>	<ol style="list-style-type: none"> <li>1. Being aware of various forms of natural disasters and dangers that children are exposed to.</li> <li>2. Being aware of immediate action that should be taken in such situations.</li> <li>3. Knowing telephone numbers of ambulances, hospitals, doctors and other relevant services.</li> </ol>	<p>When accidents occur, what responses can be taken? Can some of these be learned through first aid training?</p> <ul style="list-style-type: none"> <li>● Discuss, using videos &amp; group discussions</li> <li>● Disaster (Natural /man made) patterns in the last ten years.</li> <li>● Listing disasters prevalent in the area</li> <li>● Discuss what needs to be done to mitigate harm from these</li> <li>● Preventative measures</li> <li>● Accessing information on linking with contact persons and essential services in the event of a emergencies/crises.</li> </ul> <p>5 hrs theory 5 hrs practical</p>
10.6	<p>Keep boundaries to the children &amp; adults when there using physical environment.</p>	<ol style="list-style-type: none"> <li>1. Imposing restrictions for children about how to maintain their behaviors so as to suit their age and to ensure cleanliness and safety in their environment.</li> <li>2. Being aware of your limitations as a caregiver and following them</li> </ol>	<p>Introduce – The importance of children and adults maintaining age appropriate behavioural standards so as to ensure children’s safety and cleanliness</p> <p><b>Brain storming Group work</b></p> <p>As a group activity, prepare a set of basic rules and regulations (Code of conducts) that can be practically followed by adults and children belonging to all age groups in order to create a safe and clean physical environment within the daycare centre. This can be written as lists of Dos &amp; Don’ts</p> <p>1 hrs theory 5 hrs practical</p>

## References

### Standard 1, 2 & 3

#### Safe Day care facility

<https://www.childcarelink.gov.sg/ccls/docs/BP03-PhyEnvironment.pdf>

[http://www.human.cornell.edu/dea/outreach/upload/Physical\\_Environment\\_of\\_a\\_Child\\_Care\\_Center.pdf](http://www.human.cornell.edu/dea/outreach/upload/Physical_Environment_of_a_Child_Care_Center.pdf)

#### Tips for Injuries free

[www.injuryfree.org/resources/Daycare\\_Safety\\_Presentation.ppt](http://www.injuryfree.org/resources/Daycare_Safety_Presentation.ppt)

#### Safety check lists

##### Indoor

<http://iowaccrr.org/resources/files/Consultant/indoorsafetychecklist.pdf>

<http://www.childhealthonline.org/Indoor%20Safety%20Check.pdf>

##### Out door

<http://www.dhhs.nh.gov/oos/cclu/documents/playgroundchecklist.pdf>

<https://www.iidc.indiana.edu/styles/iidc/defiles/ECC/CCR-PlaygroundSafetyChecklist.pdf>

<http://health.hawaii.gov/cshcn/files/2013/05/HealthandSafetyFacilityChecklistforChildCareCentersJune2014.pdf>

#### Annual check list Annex 01

### Standard 4 & 5,

#### Definitions

<https://www.ccohs.ca/oshanswers/hsprograms/planning.html>

[searchdisasterrecovery.techtarget.com/ definition/emergency-management-plan](http://searchdisasterrecovery.techtarget.com/definition/emergency-management-plan)

#### Hazard preparedness plans

<http://www.education.vic.gov.au/school/students/beyond/Pages/hazidentify.aspx>

[https://emilms.fema.gov/is36/assets/EAP\\_Sample.pdf](https://emilms.fema.gov/is36/assets/EAP_Sample.pdf)

**Standard 6**

**Definitions**

[https://en.wikipedia.org/wiki/Code\\_of\\_conduct](https://en.wikipedia.org/wiki/Code_of_conduct)

**Sample code of conduct for adults**

<http://lowhallnurseryschool.org.uk/wordpress/wp-content/uploads/2014/11/Childcare-Code-of-Conduct.pdf>

**Reading materials**

[https://www.uws.edu.au/\\_data/assets/pdf\\_file/0020/12917/12917\\_Hazard\\_Identification,\\_Risk\\_Assessment\\_and\\_control\\_Procedure.pdf](https://www.uws.edu.au/_data/assets/pdf_file/0020/12917/12917_Hazard_Identification,_Risk_Assessment_and_control_Procedure.pdf)

## Trainers Guide

## Module No. 11

**Occupation/Sector** : Child Care Giver

**Competency Area** : Working with parents and service providers

**Module Title** : Establishing positive relationships with parents and service providers

**Learning Objective/s** : Upon completing this module, participants should be able to

1. Demonstrate awareness of the importance of bi-directional positive child centered communication when working with parents / caregivers and service providers
2. Indicate positive parenting practices
3. Demonstrates awareness of protocols when links children and their parents to relevant governmental support services and authorities where necessary

### Tasks to be performed

Task No.	Task	Standards	Notes to Trainer/ Facilitator
11.1	Communicating about child's progress and areas for improvement	<ul style="list-style-type: none"> <li>● Facilitates bi-directional child centered positive communication</li> <li>● Uses simple, clear and collaborative language</li> <li>● Maintains routine (once a month) scheduled communication with parents</li> <li>● Uses a variety of communication methods (eg: telephone, letters, log book, email)</li> <li>● Is able to maintain consistency across environments</li> </ul>	<ul style="list-style-type: none"> <li>● stimulates a classroom discussion / group activity on identifying the importance of bi-directional child centered positive communication</li> <li>● <b>Lecture</b> on effective communicational strategies and <b>role plays / demonstrations</b> to complement theoretical knowledge</li> <li>● <b>Group activity</b> - get trainees to generate templates for effective communications across different modalities (eg: telephone</li> </ul>

		<ul style="list-style-type: none"> <li>● Establishes mutually agreeable specific and measurable short term, intermediate, &amp; long term goals</li> <li>● Timely identification of areas for improvement</li> </ul>	<p>script, letter, page of a log book, email etiquette)</p> <ul style="list-style-type: none"> <li>● Introduce effective goal setting through a <b>lecture</b></li> <li>● <b>Group activity / individual activity/ homework assignment</b> – provide hypothetical scenarios and have participants generate their own short term, intermediate and long term SMART goals.</li> <li>● To generate a detailed list of child's / adolescent's developmental areas that need periodic monitoring</li> </ul>
11.2	Promoting Positive Parenting Practices	<ul style="list-style-type: none"> <li>● Clearly differentiates between positive discipline &amp; punishment</li> <li>● Is sensitive to child's / adolescent's changing emotional needs &amp; need for security</li> <li>● Is able to provide parents with a clear understanding of healthy attachment</li> <li>● Is able to recognize when there are issues of attachment (unhealthy)</li> </ul>	<p>refer module 4 section 4.3 for differentiation between positive discipline and punishment</p> <ul style="list-style-type: none"> <li>● Have a <b>graded quiz</b> to assess trainees knowledge of changing emotional needs in childhood / adolescence (previously learned material mostly from Module 4)</li> <li>● Present trainees with a <b>classroom exercise</b> to clearly differentiate between healthy and unhealthy attachment</li> <li>● <b>Identify</b> the impact of unhealthy / negative attachment styles on overall development of child / adolescent</li> <li>● <b>Emphasize</b> role of positive parenting and attachment in the overall development of the child / adolescent</li> </ul>

11.3	Demonstrating awareness of protocols when liaising with state authorities and community services	<ul style="list-style-type: none"> <li>● Actively seeks out information about available government and other community support services and resources available to children and their families community</li> <li>● Is able to provide parents with appropriate information about available support services and resources for children</li> <li>● Is aware of and able to follow protocols to connect parents with support service if required</li> <li>● Is able to develop good working relationships and communicate appropriately with government authorities and services</li> </ul>	<ul style="list-style-type: none"> <li>● Is able to <b>model</b> positive parenting practices within the classroom</li> <li>● <b>Identify</b> and introduce trainees to the key state authorities and services for children; (Eg: Ministry of Women &amp; Child Affairs, Dept. of Probation and Child Care services, Ministry of Social Empowerment and Welfare, National Child Protection Authority</li> <li>● <b>Task</b> trainees with <b>homework assignment</b> to research each of these organization and identifying what services and resources they offer.</li> <li>● Arrange for students to make one <b>field visit</b> to a state and non-state organization</li> <li>● <b>Present scenarios</b> about a child with difficulties/ special needs and use <b>role plays</b> to help trainees to practice how they will communicate with parents, other specialist services and professionals (eg: speech therapist, special needs teacher, psychologist, to work collaboratively towards a common positive outcome for the child.</li> <li>● Be prepared to <b>demonstrate good communication skills</b> and how to raise difficult issues and concerns with parents or other stakeholders in respectful and sensitive manner Identify unhelpful attitudes and risks of working alone and dismissing all other services and professional as incompetent/ not understanding the child etc.</li> </ul>
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## References

Directory of Mental Health and Psychosocial Service Providers in Sri Lanka (2013). Consortium of Humanitarian Agencies, Colombo

Raising Children Network (2014) Professionals communicating with parents: the basics

[http://raisingchildren.net.au/articles/communicating\\_with\\_parents\\_the\\_basics.html/context/531](http://raisingchildren.net.au/articles/communicating_with_parents_the_basics.html/context/531)

Montana Department of Health and Human Services (2009) Keys to Building Partnerships with Families; Child Care plus+: The Center on Inclusion in Early Childhood Tip Sheet #24, <http://ri.umt.edu/ccplus/TipSheets/TipSheet24.pdf>



## Trainers Guide

## Module No. 12

- Occupation/Sector** : Child Care Giver
- Competency Area** : Working with parents and service providers
- Module title** : Self care, Self awareness and Professional development (Module 10)
- Number of Hours** : 20 (12 hours classroom teaching + 8 hours for field based learning and assessment)
- Module Objectives** : To prepare the trainees to attend to their own psychological and social needs and develop as a professional in the industry

**Learning outcomes:**

1. To recognise your own physical, social and psychological needs
2. To identify and evaluate your strengths and weakness in caring for children
3. To create a professional development plan

No	Theme	Sub topics
12.1	Self care	1. Identifying self care- Physical, Psychological & social
		2. Coping with needs
		3. Developing a coping strategy-key components
		4. Integrating self care into a daily routine
		5. Creating a personal self care plan

12.2	Self awareness (4 hours)	1. Being aware of your feelings and thoughts
		2. Identifying stress and distress
		3. Self monitoring and self reflection as skills
		4. Seeking help, accepting help and applying the 4Ws
12.3	Professional development 4 hours	1. Exploring advanced professional skills
		2. Planning the future within the sector
		3. Developing a professional network with colleagues/supervisors

Tasks/Topics	Standards/Competencies	Notes to the Trainer/Facilitator	Method of Assessment
<b>Self Care needs and coping</b>			
1.1 To facilitate student to identifying self care needs- Physical, Psychological & social  1.5 hour	<b>Identify and Recognise</b> ● their own physical, social and psychological needs	30 minutes - small group discussion on the topic 'what are basic needs of humans' + Creative presentation of those needs to the class  + 1 hour Lecture + Large group discussion on differentiating between different types of human needs (Maslow's hierarchy of needs) and how they increase or decrease within the childcare profession	<ul style="list-style-type: none"> <li>● Exam question (Theory)</li> <li>● Field work- (Homework) write down situations where needs of a day care assistant in their own work setting/ how do they differ/</li> </ul>
1.2 Coping with needs	<b>Identify</b> coping needs and mechanisms involved	30 minutes – small group discussion-Scenario based	<ul style="list-style-type: none"> <li>● Filed work/Home work Make a chart – list situations</li> </ul>

<p>1.5 hour</p>		<p>(provide an example situation – hypothetical-related to their work setting) + 1 hour Lecture on ‘Stress &amp; coping, types of coping (Cognitive view by Lazarus &amp; Folkman,1984)</p>	<p>&amp; ways that you and your colleagues used when faced with these difficult situations at work</p> <ul style="list-style-type: none"> <li>● Differentiate the list of ways of coping into main types of coping the student (emotion/or problem solving focused)</li> </ul>
<p>1.3 Developing a coping strategy-key components 30 minute activity</p>	<p><b>Evaluate</b> the key components of an adaptive coping strategy</p>	<p>Group discussion on key components of a coping strategy that is effective</p>	<p>Write a case report (500 words)</p> <ul style="list-style-type: none"> <li>● About a situation that you didn’t have prior knowledge/skills to handle &amp; how it was solved</li> </ul>
<p>1.4 Integrating self care into a daily routine  30 minute activity</p>	<p><b>Analyze</b> how needs can be incorporated into their daily routine</p>	<p>Field learning</p> <ul style="list-style-type: none"> <li>● Identify key tasks in your daily routine and how is ‘taking care of yourself’ managed within that. If needed how to modify the routine</li> </ul>	<p>Fieldwork report</p> <ul style="list-style-type: none"> <li>● Assess on the critical analysis of the current routine and whether modifications are realistic to be implemented</li> </ul>
<p>1.5 Creating a personal self care plan Home work/field work</p>	<p><b>Create a self care plan</b> - including strategies to attend to yourself care needs</p>	<p>Guiding the student to write/create a self care plan for themselves</p> <ul style="list-style-type: none"> <li>● Provide feedback on improving it (use SMART goal strategy to modify these plans/goals they have created)</li> </ul>	<p>Group work</p> <ul style="list-style-type: none"> <li>● Creating a sample self care plan as a group and getting feedback at discussion so they can write one for themselves</li> </ul>

<b>Theme 2: Self Awareness &amp; Reflective practice</b> <b>Lectures + discussions large or small group work</b>			
2.1 Being aware of your feelings and thoughts	Recognise your feelings and thoughts	1 hour Lecture + small group discussion+ presentation to the class <ul style="list-style-type: none"> <li>• Differentiate between thoughts (cognitive) and feelings (emotions), types of emotions depending on situations</li> <li>• Whether these emotions and thoughts are changing (state theory) or stable (trait theory)</li> </ul>	Group work <ul style="list-style-type: none"> <li>• As a class assessment, ask them to identify a situation they have faced and list thoughts and feelings/emotions they experienced and their behaviours</li> </ul>
2.2 Identifying stress and distress	<ul style="list-style-type: none"> <li>• Identifying the concept of stress &amp; burnout Evaluate the difference between different types of stresses</li> </ul>	1 hour Lecture + discussion <ul style="list-style-type: none"> <li>• Extend on the knowledge of stress theory they learned previously and introduce the concept of 'burnout'</li> </ul>	Class presentation <ul style="list-style-type: none"> <li>• Reviewing a case and discussing the issues related to stressful situations in child care</li> </ul>
2.3 Self monitoring and self reflection as skills	<ul style="list-style-type: none"> <li>z Recognizing the thoughts, emotions and behaviors in a routine</li> <li>• Identifying reactions to stressful situations through self monitoring/reflection</li> </ul>	1 hour Lecture + discussion <ul style="list-style-type: none"> <li>• Assisting the student to learning self monitoring skills, how to write them and organize them in a journal/log book/diary</li> <li>• Being attentive to physical and psychological warning signs of stress, burnout</li> </ul>	Field based assessment <ul style="list-style-type: none"> <li>• Writing a daily self reflective dairy/log book/chart</li> <li>z Maintaining it for course duration to be marked and added towards the final mark (5% of the total module marks)</li> </ul>

<p>2.4 Seeking help, accepting applying the 4Ws</p>	<ul style="list-style-type: none"> <li>● Evaluating a situation identifying if help is required</li> <li>● Applying the 4Ws in relevant situations</li> </ul>	<p>1 hour Lecture + discussion</p> <ul style="list-style-type: none"> <li>● Differentiate between seeking help and accepting help when required</li> <li>● Applicability of 4Ws (When to seek help, Where to seek help, What methods to use, Who is to be contacted)</li> <li>● Explore with the students about methods of stress elimination that they have found useful in long-term</li> </ul>	<p>Case report</p> <ul style="list-style-type: none"> <li>● Writing a case report and demonstrating the relevance/applicability of 4Ws</li> <li>● Group work Identify and make a list of services that are available for assistance when required in detail</li> </ul>
<p><b>Theme 3: Continuous Professional Development (CPD) &amp; Building a network</b>  <b>4 hours (Seminar+ discussions - large group discussion to facilitate network building/choosing reps)</b></p>			
<p>3.1 Exploring advanced professional skills</p>	<p>Analyzing the training needs and knowledge gaps</p>	<p>1 hour -Large group discussion</p> <ul style="list-style-type: none"> <li>● Facilitating the group to identify what areas they need improvements(e.g. working with special needs children or with specific medical conditions/ religious/cultural norms/ethnic diversity within S.L. families)</li> </ul>	<p>Writing an Individual plan</p> <ul style="list-style-type: none"> <li>● Writing a plan to meet training needs with support from the supervisor/s at work</li> </ul>
<p>3.2 Planning the future within the sector</p>	<ul style="list-style-type: none"> <li>● Identifying available opportunities in the sector</li> <li>● Creating a personal goal setting plan</li> </ul>	<p>2 hour Seminar (Organised with the relevant authorities)</p> <ul style="list-style-type: none"> <li>● Experienced professionals (30 minutes x 4 professionals) from each identifiable/significant sector talking about their career and how they reached their targets (educational, vocational or special training)</li> </ul>	

		<ul style="list-style-type: none"> <li>● Allowing a Q &amp; A session, the list of professionals are informed at a earlier date for the student to formulate questions</li> </ul>	
3.3 Developing a professional network with colleagues	Facilitating the group to identify the importance of a organized network of supervision/assistance	<p>1 hour discussion (with supervisors, relevant authorities who will facilitate the maintenance of the network)</p> <ul style="list-style-type: none"> <li>● Facilitate group members to appoint a committee &amp; identify supervisors/advisors for regular meetings (monthly- local, quarterly - regional &amp; one annual general meeting for all)</li> <li>● Identifying a trained counselor/s to support the network when required</li> </ul>	

## **References**

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# **TRAINERS GUIDE**

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