Appendix A1: Ethical Clearance Certificate

Appendix A2: Information Sheet and Permission Letter from Residential Care Facility Managers

INFORMATION SHEET FOR MANAGERS

Good Day!

I am Lyndsay Koch from Thusanani Children's Foundation and I am registered at the University of the Witwatersrand in the Occupational Therapy Master's programme.

I am currently investigating the effectiveness of Thusanani's training programme within children's homes and whether this training has an effect on the way the children resident in these homes spend their time. I would like to invite your facility to participate in this work.

Why am I doing this study?

Research has shown that children living in children's homes spend more time alone and less time interacting with others and playing than children growing up in families. This can lead to developmental delays where the children are just not growing and learning as well as they should. Thusanani Children's Foundation has developed a training programme for care-givers and managers working in children's homes that aims to teach about the importance of play and stimulation and spending time with the children within the limits of each home. I would like to see whether this training programme is really helping at homes and would like to invite your facility to participate in this study.

What will we expect from participating facilities?

I will not be expecting you to do anything new or different from your everyday routine. If you agree to participate, I will come and visit your facility for a few days from about

8am to 5pm and spend time watching the children going about their normal daily routine. I will not be interfering with your work at all and will only be noting down what the children are doing.

I will be visiting facilities that have already received training from Thusanani Children's Foundation as well as facilities that have not. I want to compare what I see children doing at these facilities with each other to see if there is any difference.

If you agree to participate, I will ask you to inform your staff that I will be coming to observe the children, so that they are aware of who I am, but not to tell them about the specific purpose of this study. This is to ensure that I get an as realistic picture of your daily routine as possible. Please note that this is NOT an evaluation of your facility, but an evaluation of whether Thusanani's training programme is making any difference.

Please note that you may withdraw from the study at anytime without having to give a reason. This will not jeopardise your opportunity to receive input from Thusanani Children's Foundation.

Confidentiality

No records will be made of the names of children or care-givers participating in the study and they will only be identified as child1, child2, etc, so that participants can remain anonymous.

Facilities will also only be referred to by means of codes. Only the researcher (myself) will have a list of the names of the facilities and codes that will link information gathered to a specific facility. This information will be kept in a locked cupboard in a locked office. Facilities will remain anonymous during all presentations of this study.

If you have any further questions, please feel free to contact me:

Telephone: 011 484 3128

Cell phone: 082 509 4406

Fax: 011-2945147

E-mail: lyndsay.koch@gmail.com

If you are happy to take part in this study, please read and sign the attached consent form.

Thank you very much for your time.

Lyndsay Koch

CONSENT FORM - FACILITIES

I agree to allow my facility to participate in the study: "**The Effect Of Care-Giver Training On Time-Use Of Children Living In Residential Care Facilities**"as outlined in the information sheet.

Name of Facility: _____

Manager: _____ Signature: _____

Date: _____

Appendix A3: Information Sheet and Informed Consent for Caregivers

INFORMATION SHEET FOR CARE WORKERS

Dear Care worker

I am Lyndsay Koch from Thusanani Children's Foundation and I am registered at the University of the Witwatersrand in the Occupational Therapy Master's programme.

I am currently trying to find out whether Thusanani's training programme in children's homes is working or not. Your manager / house mother has already given me permission to do this research at your facility. I would like to ask you as a care worker to participate.

Why am I doing this study?

Research has shown that children living in children's homes spend more time alone and less time interacting with others and playing than children growing up in families. This can lead to developmental delays where the children are just not growing and learning as well as they should. Thusanani Children's Foundation has developed a training programme for care-givers and managers working in children's homes that aims to teach about the importance of play and stimulation and spending time with the children within the limits of each home. I would like to see whether this training programme is really helping at homes and would like to invite you to participate in this study.

What will happen while I am around?

I do not want you to do anything new or different from your everyday routine. I will be coming to your facility for a few days from about 8am to 5pm to watch the children

going about their normal daily routine. I will not be interfering with your work at all and will only be noting down what the children are doing.

I will be visiting facilities that have already received training from Thusanani Children's Foundation as well as facilities that have not. I want to compare what I see children doing at these facilities with each other to see if there is any difference.

Please note that this is not an evaluation of you as a care-worker. Your name will not be written down anywhere, and I will not be giving feedback to managers about specific care-workers. This is merely for me to be able to see how children in children's homes spend their time.

Please note that you may withdraw from the study at anytime without having to give a reason. This will not jeopardise your opportunity to receive input from Thusanani Children's Foundation.

Confidentiality

No records will be made of the names of children or care-givers participating in the study and they will only be identified as child1, child2, etc, so that participants can remain anonymous.

Facilities will also only be referred to by means of codes. Only the researcher (myself) will have a list of the names of the facilities and codes that will link information gathered to a specific facility. This information will be kept in a locked cupboard in a locked office. Facilities will remain anonymous during all presentations of this study.

If you have any further questions, please feel free to contact me:

Telephone: 011 484 3128

Cell phone: 082 509 4406

Fax: 011-2945147

E-mail: lyndsay.koch@gmail.com

If you are happy to take part in this study, please read and sign the attached consent form.

Thank you very much for your time.

Lyndsay Koch

CONSENT FORM - CAREWORKERS

I agree to participate in the study: "The Effect Of Care-Giver Training On Time-Use Of Children Living In Residential Care Facilities"as outlined in the information sheet and explained to me by my manager and Lyndsay Koch, the researcher.

Name: _____ Signature: _____

Date: _____

Appendix B: Thusanani Caregiver Training Programme – Caregiver Handouts

INTRODUCTION TO DEVELOPMENT AND PLAY

What is development ?

•Growth of a child

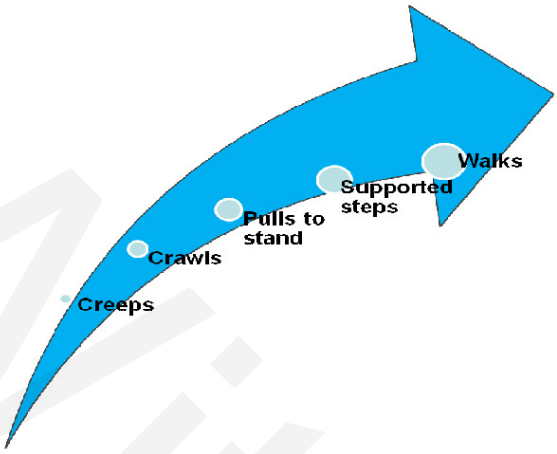
–Physical (Body)
–Mental (Mind)
–Social (Communication and relating to others)
–Emotional (Bonding and Behaviour)

•Baby starts off helpless and eventually grows into an independent adult!

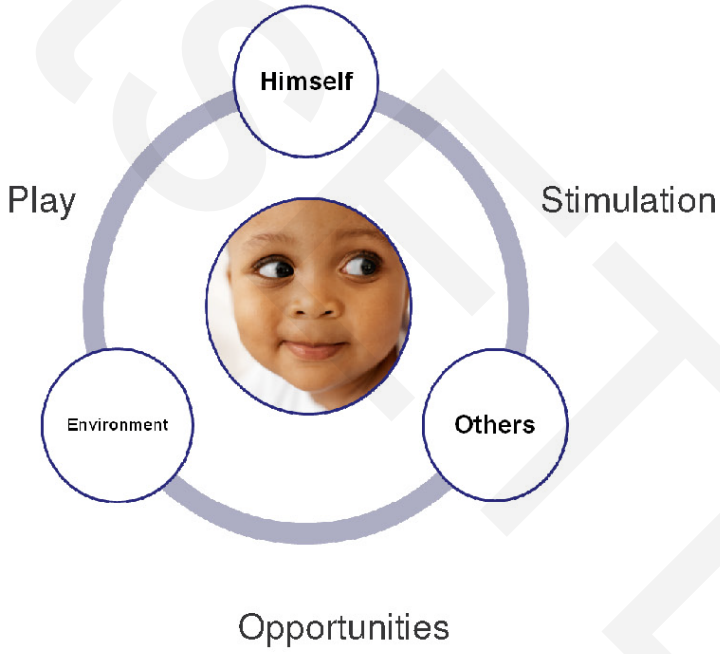
How do children develop?

The development of children is like building blocks…it's important to lay down the foundations of each developmental stage as these assist in development of later milestones.

Development happens one step at a time!



The Importance of Play and Stimulation in Development



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Why should I stimulate a child?

•"Use it or lose it"

•Subjective observations by pediatricians who specialize in adopted children suggested there is a one month delay for every 4-5 months spent in an orphanage.

(Jenista, 1997 in Glennen, 2002)

•If you don't, who will?

•Poor development as a baby can result in difficulties throughout life

How should I stimulate a child?

Provide opportunities for play!

Play is:

- a child's work, business, or "job"
- a child's way of learning
- Purposeful
- FUN

Play develops many things

1. Gross motor co-ordination (big muscles)
2. Fine motor co-ordination (small muscles)
3. Cognition (the mind and thinking)
4. Language and communication
5. Socialisation
6. The senses: seeing, hearing, youch, taste, smell
7. Activities of daily Living (dressing, brushing teeth etc)
8. Expression of feelings

DEVELOPMENTAL MILESTONES (0 – 1 YEARS)

ON THE TUMMY (PRONE)

2 Months

3 Months

4 Months

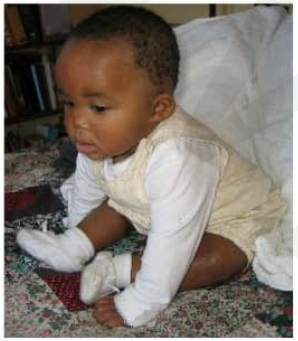
6 Months

7 Months

9 Months

11 Months

SITTING



5 Months

7 Months

9 Months

ON THE BACK

2 Months

3 Months

5 Months

7 Months

5

STANDING AND WALKING

11 Months

12 Months

15 Months

Name: _____

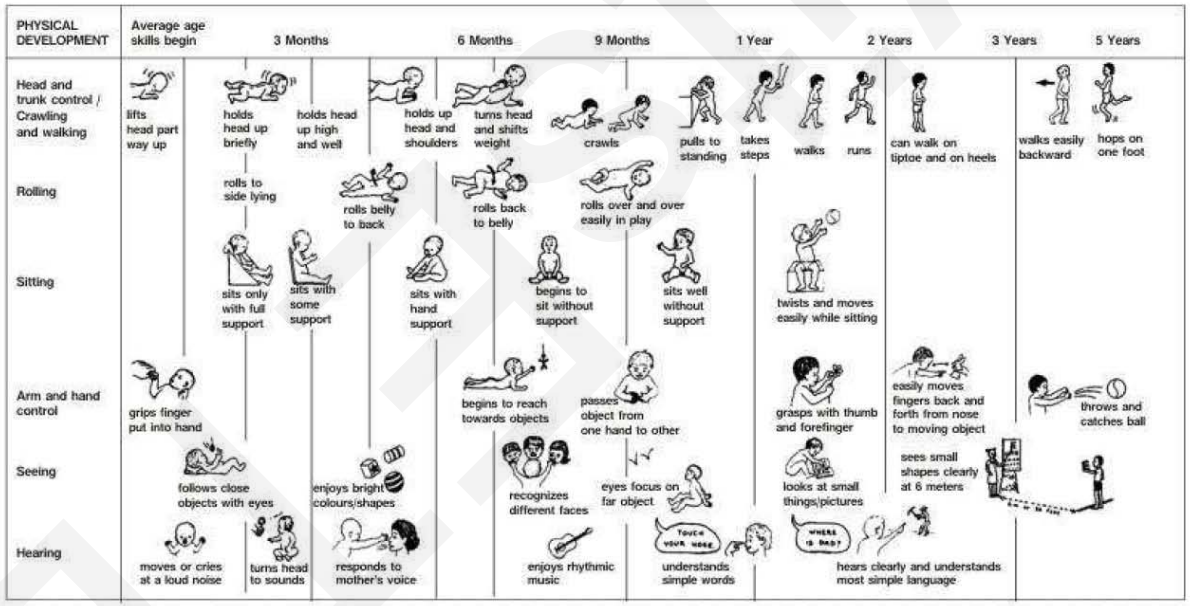
Birth Date: _____

Date: _____

EVALUATION OF CHILD'S LEVEL OF PHYSICAL DEVELOPMENT

Note: Although on these guides physical and mental skills are separated, the two are often closely interrelated.

These charts show roughly the average age that a normal child develops different skills. But there is great variation within what is normal.



thusanani
childrens foundation
011 484 3128
www.thusanani.org.za

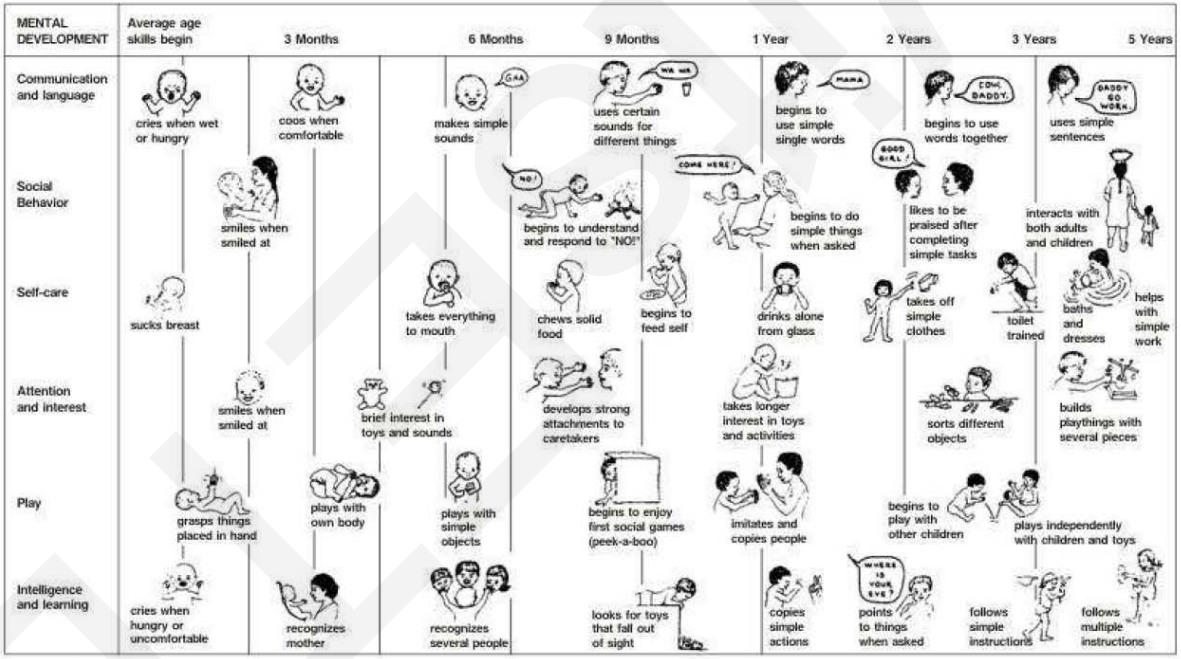
Sourced from reference:
"Disabled Village Children"

Name: _____

Birth Date: _____

Date: _____

EVALUATION OF CHILD'S LEVEL OF MENTAL AND SOCIAL DEVELOPMENT



Put a (circle) around the level of development that the child is now at in each area.

Put a [square] around the skill to the right of the one you circled, and focus training on that skill.

If the child has reached an age and has not mastered the corresponding level of skill, special training may be needed.

Stimulation Ideas for the infant

What affects development ?

•Medical

–Illness (e.g. HIV, epilepsy, TB, etc)
–Prolonged Hospitalisation
–Problems at Birth
–Disability
•Blind / visual impairment
•Deaf / hearing impairment
•Mental retardation
•Slow learner
•Cerebral palsy
•Down's Syndrome

•Environmental and Social

–Lack of stimulation
•Lack of resources
•Lack of time
•Lack of knowledge
•No dedicated time in routine for stimulation or play
–Lack primary care-giver
–Social History (abuse, neglect, malnutrition)
–Results in – continued time spent lying in cots without any stimuli

= INSTITUTIONALISATION

Normal Development

The 2 year old

Form: Can fit circle and square correctly in shape puzzle
Colour: Basic matching
Sorts white and black
Number: Rote counts to 3
Body Concept: Points to 4-5 body parts when asked
names 3 basic body parts such as head, eyes, nose
Speech: Uses 2-3 word sentences "I am hungry"
Learns simple rhymes and songs
Self Care: Simple undressing
Drinks from a cup, eats with a fork but makes a mess
Begins to remain clean during the day
Motor: Runs, climbs stairs holding onto rail
Jumps down a step with 2 feet

The 3 year old

Form: Matches basic shapes
Builds a 3-10 piece puzzle
Colour: Matches basic colours
Names 1 colour
Number: Rote counts to 5, object counts 2
Body Concept: Identifies parts of face and 6-8 body parts on self
names basic parts such as head, legs, arms
Speech: Talks a lot, asks a lot of questions
Gives full name, age and gender
Daily Activities: Dress and undress self with supervision
Feeds self well with fork or spoon
Toilet trained
Motor: Runs, walks and climbs well, Jumps with 2 feet together

Incorporating Play Into The Daily Routine

Bath Time

- Bright shiny mobiles above the bath
- Bright coloured toys in the bath
- Messy exploration – time for splashing and playing with soap.
- Counting
- Straws for blowing bubbles, plastic ducks
- Syringes
- Naming body parts
- Listen to music while in the bath
- Chase the soap
- Wash own hair
- Use nail brush
- Allow children to dry themselves
- Play with animal bath mitts

Changing Time

- Mobile above nappy area
- Coloured pictures on wall
- Older children –
    - Discuss colour of their clothes
    - Talk to the child i.e. "Put head through, left arm, etc"
    - Give independence in allowing them to dress themselves
- Pom poms for mobiles

Feeding Time

- Placemats with colours, pictures and concepts on them
- Younger children – allow them to feel the textures of the food
- When learning to sit on a small stool, encourage them to sit at a table to learn eat independently.

Free Play Time

- Water play
- Jelly
- Painting
- Sand
- Grass
- Mirrors at the bottom of the wall
- Mobiles
- Put toys out and allow the children to play
- Paper for colouring and tearing

Stimulation ideas for 2-3 year olds

Normal Development

The 4 year old

Form:	Identifies 6 basic shapes
	Builds a 15-25 piece puzzle
Colour:	Identifies basic colours, Names 2-3 colours
Number:	Rote counts to 10, object counts 3-4
Body Concept:	Identifies and names most body parts on himself
	Gives basic functions of body parts
Speech:	Gives address and usually age. Lots of how and why questions
	Longer conversations
Self Care:	Dresses self, difficulty with laces, ties buttons at the back
	Pours from a jug to a cup without spilling
	Brushes teeth, independent toileting
Motor:	Walks down stairs, 1 foot to a step, Catches a ball

The 5 year old

Form:	Names basic shapes
	Builds a 25-50 piece puzzle
Colour:	Names 5-6 colours
Number:	Rote counts to 13, object counts 10
Body Concept:	Identifies body parts on self and others
	Gives all basic functions
Speech:	Uses 5-6 word sentences
	Likes singing and nursery rhymes
Daily Activities:	Dresses self, beginning to tie shoelaces
	Uses cutlery, Cleans self after using toilet
Gross Motor:	Hops on one leg and can skip, plays ball games well
Fine Motor:	Can write own name if taught how to

The 6 year old

Form:	Can name and identify all basic shapes
Colour:	Names all basic colours
Number:	Rote counts to 30
	Does basic sums with numbers up to 10
Body Concept:	Knows all body parts and their position (eg. My head is on my neck)
Speech:	Names weekdays and familiar streets
	Can tell a long story
Self Care:	Ties shoelaces
	Goes to bed independently
	Brushes teeth
	Independent toileting
Gross Motor:	Is able to hop on either leg
	Bounces a tennis ball
Fine Motor:	Threads beads on a string
	Able to write own name

Stimulation ideas for the 4-6 year old

Gross motor stimulation ideas

GROSS MOTOR SKILLS: large body movement skills (using the big muscles)

- Wheelbarrow walks / races – Hold the child's legs off up off the ground and let him walk on his hands. The child must keep his head up and looking forward and his arms must be straight. This helps to improve strength in the arms, neck and back.
- Musical statues – Allow the child to move to music, shaking arms and legs, jumping, hopping and running. Stop the music and the child must freeze like a statue
- Animal walks – Play a game where you have to be different animals:
  Crab walks – move forward, backward and side to side
  Bear walks – walk with arms and legs straight
  Donkey kicks – Kick legs up off the ground while pushing through straight arms
- Stepping stones – Spread out beanbags / hoola hoops on the floor and encourage the child to walk on them as if crossing a river
- Walking with bean bag on head – walk around the house or garden with bean bag balancing on head. Try this when walking on knees and tip toes too.
- Jumping – Practice different kinds of jumps like, star, scissor, twisting or soldier jumps using both feet. Marching is also good for using the two sides of the body together.
- Creeping or crawling on tummy using mostly the arms to move across the floor over blankets cushions or uneven surfaces (outside)
- Tug of war
- Sit ups – Head must come up first, then the shoulders, then the tummy. When sitting up get them to catch a ball and throw it back to you before lying down again.

- Foot basket ball – Child must lie on back with a ball or bean bag between their feet. Lift feet over their head and put ball in a bucket or hoola hoop behind their head.
- Wall push-ups – place the child's hands flat against the wall while standing and bend and straighten the arms.

Fine motor stimulation ideas

FINE MOTOR SKILLS – small body movement skills (using small muscles)

- Play dough – good strengthening of the hands
  Roll dough into sausages with both hands to make a snake or an octopus
  Make a pizza or pancakes: roll the dough into a big ball, then press it out using the palm of the hand. Roll smaller bits and balls to make the cheese, tomato, toppings etc
- Cut strips of play dough or modelling clay
- Threading activities:
  Large beads on a string
  Get the child to punch holes around the top of a paper plate and thread wool through it to make the hair.
- Make a collage with different seeds, sand, grass, glitter, tissue paper balls, cotton wool and squeezy glue.
- Drawings and paintings
  Using thick and thin pens / crayons
  Finger painting
  Hand prints
  Can be done on paper placed on the wall (vertical surface)
- Tearing paper into trips and small pieces.

PLAY DOUGH RECIPE

Ingredients:

2 Cups Flour

1 Cup salt

1 Cup Water

Food colourants to add colour

Method:

- Mix all the ingredients together to make a dough.
- Keep in a plastic bag in a cool dry place
- The dough should last up to 3 weeks

SALT DOUGH RECIPE

Ingredients:

1 Cup Flour

1 Cup salt

¾ Cup Water

1 teaspoon oil

1 teaspoon dry wall paper paste powder

Method:

- Mix all the ingredients together and knead until you have a thick dough.
- If the dough is too crumbly add a little more water…if the dough is sticky, add a little more flour.
- The dough should have the same consistency as play-dough bought in the shops.
- Roll out the dough with a rolling pin, or use your hands to press it down. You can use cookie cutters or play-dough cutters to cut out your shapes.

Drying Process:

1. **Air Drying:**
   You can leave the shapes to dry in the air. This takes about 10 days.

2. **Oven Drying:**
   You can dry the shapes in the oven. Bake at about 90 – 100°C for 6 hours until the shapes are hard and a uniform colour. Leave them in the oven to cool.

Finger Paint Recipe (Cooked)

Ingredients:

1 cup sugar
1 cup cake flour
1 cup cold water
1 cup hot water
Powder paint (for colour)

Method:

Mix the sugar, flour and cold water to form a paste.
Add the hot water.
Bring to the boil and boil for 2 to 3 minutes. (It will become transparent)
Leave the mix to cool.
Add the powder paint.

Evaluating Toys and Playthings

•What did you play with as a child?

•How important was play to you when you were a child?

•What would your life have been like without play?

Why Do We Need Toys Or Playthings?

•Toys or playthings stimulate children when playing by themselves or with others

•Toys can be:

–Bought from the shops (expensive)

–Simple things found in the environment eg: pots, pans, wooden spoons, keys, boxes, pebbles, etc

–Home made toys

What To Look At When Choosing A Toy

•Colours

•Texture

•Shape

•Number

•Noise

•What area of development does this toy stimulate (one – many)

•What age-group can use the toy

•Different toys

–Shop bought

–Household

–Home made

•Precautions

–Sharp things

–Small things

–Poisonous things

–Rusted things

–Breakable things e.g. glass

Institutionalisation

•What is institutionalisation?

–Institutions vs family home

–Large groups of children

–Maladaptive behaviour and poor development

•Remember development

–Baby born helpless

–Cry, grasp, suck

–Learns that he\she CAN influence environment

–6-9 months forms attachment to primary care-giver

–Security to explore

•Why do children become institutionalised?

–Poor individual attention

–Very rigid structure

–Lack of opportunity for relationship with care-giver (touch, eye gazing, cuddling)

–Lack of stimulation

–Limited experience of the world outside of the children's home

•Typical signs

–Rocking

–Weak muscles

–Inability to bond (very clingy to strangers)

–Interaction consists of wiggling and grabbing

–Difficulty playing independently or knowing how to play

–Lack of interest in the environment

–Abnormal response to different sensations

–Learned helplessness (cry nothing happens, so shut down when distressed)

- **What are the consequences?**

–Affection for everybody and anybody

–Extremely demanding or attention-seeking behaviour + hyperactivity

–Autistic-like behaviour

–Aggression

–Temper tantrums

–No cause-effect thinking

–Poor self concept / self esteem

–Impulsive

- **How do we avoid institutionalisation?**

–Developmental stimulation and play

–Normal childhood experiences

–Playing outside

–Outings (e.g.. Visiting the shops, playground, going for walks, social interaction outside of the home)

–NOT going to the hospital or visiting the doctor

–Responding to individual needs

Sensory Development

•Our bodies and the environment send our brains information through our senses. We process and organize this information so that we feel comfortable and secure. We are then able to respond appropriately to particular situations and environmental demands.

•*Children learn through what they see, hear, taste, smell and touch; as well as how they move their bodies against gravity.*

Sensory Systems

•Tactile sense (Touch)

•Vestibular sense (Movement)

•Proprioception (Deep pressure)

•Vision

•Auditory senses (hearing)

•Smell

•Taste

Sensory Integration

1. Sensory Registration
   "something is touching me"
2. Orientation
   "something is touching my arm"
3. Interpretation
   I am being lightly touched by a
   piece of silk fabric on my arm"
4. Organisation of a response
   fright, flight, fight
5. Execution of a response
   Dependant on previous components

Sensory Integration Dysfunction

•Inability to process information received through the senses.
•Difficulties with touch, movement and body position are telling symptoms
•Oversensitive child seeks less stimulation
•Under sensitive child seeks more stimulation
Possible Causes
•A genetic or hereditary predisposition
•Prenatal circumstances: including medications, or toxins absorbed by the foetus, mother's drug or alcohol abuse, and pregnancy complications such as a virus, a chronic illness or great stress
•Prematurity
•Birth trauma e.g. Emergency CS, lack of oxygen, surgery soon after birth
•Postnatal circumstances
•NB reduced or excessive sensory stimulation after birth, lengthy hospitalization or institutionalization or lack of normal sensory experiences may interfere with neurological development.

GROUP INTERACTION AND FEEDBACK

•What could contribute to institutionalisation in your home?
•What can you do practically to try and avoid institutionalisation
–Financial constraints
–Care-worker rotation
–Number of children
–Etc.

Sense	Calming	*How?*	Stimulating	*How?*
Touch	Deep Touch Pressure Touch to the back Neutral warmth Smooth and soft textures	*Swaddle* *Cover with blankets* *Handle firmly* *Deep hugs* *In clothing and food temperature* *Initially use smooth textures of food* *Soft bedding and clothing*	Light touch Unpredictable touch Touch on the front of the body and face Extreme temperatures Mixed textures in food	*Tickle* *Blowing* *Touch without warning* *Food or environment*
Proprioception	Sustained positions Resisted movements	*Swaddle* *Holding baby*	Changes in body position Quick movements of limbs	*Roughhousing*
Smell	Neutral smells Smells associated with positive experiences	*Lavender* *Chamomile* *Mother smell* *Baby smell*	Strong pungent smells Noxious	*Perfume* *Tobacco Smoke* *Chemicals* *Fabric softener* *Citrus* *Cinnamon*
Sight	Dim lights Faces Calming colours	*Light dimmer* *Block out lining* *Pale colours*	Bright light Contrasting colours Very bright colours	*Fluorescent light* *Flashing lights* *Red and pink*
Sound	White noise Familiar sounds Rhythmical sounds Low pitch	*Static* *Background noise* *Heartbeat* *Lullabies*	Unpredictable noises High or fluctuating pitch Loud noises	*Excited voices* *Loud sounds* *Varied pitch and tone* *Irregular beat*

Table taken from Baby Sense, Metz 2002

25

How to Swaddle a Baby

1. Fold one corner of your blanket down. (A receiving blanket works well.) Place your baby in the middle of the fold with his head above the edge.

2. Pull the left side of the blanket snuggly across your baby's chest, making sure his right arm is wrapped close to his body. Then lift your baby's left arm and securely tuck the blanket under his body.

The baby should be able to touch his two hands together and reach his mouth with his hands

3. Bring the bottom of the blanket up and either fold the edge back or tuck it into the first swathe. Then pull the last corner of the blanket across your baby's chest, securing his left arm near his body.

4. Tuck the blanket under your baby's back as far as it will go. Keep your baby snuggly wrapped as you pick him up.

TIP: Don't be alarmed if the baby wiggles his arms out while he sleeps. Some babies don't like having their arms confined. If he does this, try keeping his arms outside the blanket while you wrap it. The baby might prefer this more natural position.

Baby Massage

Foot Massage

Start with the baby's feet.
Begin under the feet, using firm gentle strokes going from the heel to the toe.
You can massage both feet at once, or do one at a time.
Tell the baby that you are massaging their feet and that these are at the bottom of their body.

Leg Massage

Continue from the baby's feet, up the legs using long, smooth strokes.
You can massage both legs at once, or do one at a time.
Massage from the babies ankle, up to the thigh and over the hip.
Tell the baby about the body parts you are working with

Shoulders to chest Massage

Start by placing your hands on the baby's shoulders.
Gently stroke the baby from the shoulder towards the chest.
Remember to talk to the baby and tell them what you are doing

Arm Massage

Start at the baby's shoulders and gently stroke down towards the wrist.
When reaching the hands, tell the baby that this is the end of their arm and then touch their nose with their hand.

Circular Tummy Massage

Use circular, clockwise movements. This encourages digestion and helps to get rid of any air bubbles trapped in the baby's stomach.
If the baby starts to cry or appears uncomfortable, their stomach may be full and the massage should then be stopped.

Face Massage

Use fingertips to gently stroke from the middle of the baby's forehead, down the outside of the face and then in towards the cheeks.
Remember to tell the baby what you are doing and point out the different body parts that you are massaging.

Back Massage

If the baby still looks relaxed, turn the baby over onto the tummy.
Massage the back by using long, smooth strokes from the head to the toes.

Enjoy this time with the babies you care for !

Reference: "Your Baby" Issue 138, September 2007
Understanding Disability

28

What is Disability?

•What do you think Disability is?

•Some children have impairment

–Physical

–Mental

When this affects their ability to do things and live life like other children = **DISABILITY**

•Role of

- Disabled child
- Adults involved with child
- Society

Identifying children with problems

You may see these problems in some children:

• Their appearance may be different

•Weak muscles/ child appears floppy

•Stiff muscles

•Child doesn't reach age appropriate milestones

•Child doesn't move well or easily

•Activity levels are increased or reduced

•Poor concentration

•Limited speech and language skills

•Abnormal responses to sensory input

Common diagnoses/ medical problems resulting in Disability

•Developmental delay

•Blind/Visual impairment

•Deaf/Hearing impairment

•Mental Retardation

•Slow Learners, learning disabilities

•Cerebral palsy (CP)

•Foetal Alcohol Syndrome

•Downs Syndrome

•Autism

•HIV/AIDS

Visual Impairment

Look out for the following:

•Eyes that look dull, wrinkled, or cloudy, or have sores or other obvious problems
•By 3 months of age the child's eyes still do not follow an object or light that is moved in front of them
•By 3 months the child does not recah for things held in front of him, unless the things make a sound or touch him
•Child squints (half shuts his eyes) or tips head to look at things
•Child is slower to begin using his hands, move about or walk than other children and often bumps into things or seems clumsy
•Child takes little interest in brightly coloured objects or books or puts them very close to her face

Early Stimulation

•Since baby cannot see her own body, help her to feel, taste, smell and explore her hands and feet
•Use noisy playthings to attract the baby's attention
•Talk to the child as you are doing things eg housework – tell them what is making the sound they are hearing
•Sing to the child and encourage them to move to music
•Play games and do exercises that will help the child gain confidence in moving and using their body
•Protect the child from hurting themselves but *do not protect them too much*

Hearing impairment

•*How will you know if a child has a hearing problem?*

- Child is not using words that they should be using
- They may not understand what you are saying
- Their speech might not be clear
- They may get dizzy or have problems with balance
- Child rubs ears or complains of sore ears
- Child has smelly or runny ears
- Child only responds to loud sounds
- Child does not respond when called from another room
- Child does not listen to you, he daydreams
- Child is withdrawn and avoids other children

•How do you work with a child who has a hearing problem?

- Get the child's attention before you start
- Speak loudly and clearly
- Use simple words and short sentences
- Always check that the child has heard your instructions
- If he has a hearing aid, check that it is on and working
- Use gestures when you talk
- Combine the senses of sight, smell, touch and hearing, allowing him to look at, smell and feel objects
- Refer to speech and language therapist.

Cerebral Palsy

•This affects the child's brain.

•The child can get CP before, during or after birth.

•The damage to the brain affects the child's ability to control his muscles.

•CP can affect children in different ways:

–Diplegia: Legs affected

–Quadriplegia: Legs and arms affected

–Hemiplegia: The leg and arm of one side are affected

May be mild or severe

All of these children will have problems with movement

Their muscles might be very stiff or very floppy

They may also have movements they can't control

HIV / AIDS

•Do you think this is a Disability?

•Remember the role of society and those of us who work with children

What can we do?

- Infected vs affected

•Summary

–How we treat them

–Environment

–Handling

–Stimulation and play

»*Play is ACTIVE*

»Boredom vs Challenge

»Appropriate toys and activities

»Focus on CAN vs CAN'T

Attachment and bonding

- Baby needs primary care-giver to form meaningful relationship
- Forms definitively between 6 – 9 months
- Teaches child
  - What to expect from relationships
  - Develop identity, sense of self
  - Security for exploration
- NB for emotional development and behaviour
- NB for physical development
- NB for later relationships
- Ambivalent Attachment
  - Inconsistent or sporadic interaction
  - Become overly dependent
  - Always trying to please
  - Clingy/fearful/anxious children

Appendix C1: Description of Data Codes

DATA CODES SHEET

WHO	**Determined by the immediate presence of an adult and whether the target child is engaged with that person**	
ALONE	Not engaged in any interactions **NB** Sitting in caregivers lap, facing away from them while caregiver is doing something else (e.g. speaking to another caregiver) = still "alone"	A1
WITH CAREGIVER	Child actively engaged with primary caregiver	A2
WITH ANOTHER ADULT	Child actively engaged with an adult Adult is **NOT** primary caregiver e.g. doctor, volunteer	A3
WITH ANOTHER CHILD	Child actively engaged with another child **NB** Not parallel play	A4
WHAT	**Refers to activity that the child is engaged in**	
ACTIVITIES OF DAILY LIVING (ADL)	Include: feeding changing toileting dressing transitions from one activity to another	B1
MEANINGFUL / PURPOSEFUL ACTIVITY (PLAY)	Developmentally appropriate tasks or learning-based tasks	B2
NON-MEANINGFUL ACTIVITY	Developmentally inappropriate activities: e.g.: wandering around the room inappropriate sucking or banging of toys repetitive movements (e.g. rocking)	B3
SLEEP	Child is asleep	B4
ADULT ROLE	**Refers to the supervisory structure**	
NO MONITOR	No adult in the room	C1
MONITOR	Adult in the room Not actively engaged with target child Not actively engaged with other children in the room	C2
ADULT LEAD	Adult in the room Leading an activity or engaged with children	C3
ONE-ON-ONE	Adult in the room Providing one-on-one attention to target child	C4

COMMUNICATION	**Refers to whether target child is speaking or being spoken to, as well as general language in the room**	
ADULT LANGUAGE	Adult speaking to target child	D1
	Adult speaking to group of children	D2
	Adult speaking to another adult	D3
	Adult not speaking at all	D4
CHILD LANGUAGE	Target child talking/ cooing/ babbling to an adult	E1
	Target child talking/ cooing/ babbling to himself or toy	E2
	Target child speaking to another child	E3
	Target child quiet	E4
NO LANGUAGE	No language observed at all	F1

Appendix C2: Data Collection Sheet

Child Code: _____ Institution code: _____ Date: _____

Time	Who	What	Adult Role	Comm		
				Adult	Child	No Lang
8:00						
8:30						
9:00						
9:30						
10:00						
10:30						
11:00						
11:30						
12:00						
12:30						
13:00						
13:30						
14:00						
14:30						
15:00						
15:30						
16:00						
16:30						
17:00						

Info for the day:

No. of caregivers present: _____

No. of children present: _____

Caregiver-child ratio: _____

Average age of caregivers: _____

Average level of education: _____

Sheet number: _____

Appendix C3: Data Analysis Sheet.

CODE	WHO				WHAT				ADULT ROLE				COMM							
													ADULT				CHILD			
	A1	A2	A3	A4	B1	B2	B3	B4	C1	C2	C3	C3	D1	D2	D3	D4	E1	E2	E3	E4
8:00																				
8:30																				
9:00																				
9:30																				
10:00																				
10:30																				
11:00																				
11:30																				
12:00																				
12:30																				
13:00																				
13:30																				
14:00																				
14:30																				
15:00																				
15:30																				
16:00																				
16:30																				
17:00																				
TOTAL																				
PERCENTAGE																				

Appendix D: Example of Raw Data Tables

Average time use per group with sleep excluded:

NO CAREGIVER TRAINING - INFANTS

	AGE	WHO				WHAT				ADULT ROLE				COMM							
														ADULT				CHILD			
		A1	A2	A3	A4	B1	B2	B3	B4	C1	C2	C3	C4	D1	D2	D3	D4	E1	E2	E3	E4
006	4	78.6	21.4	0.0	0.0	40.0	14.3	42.9		7.1	57.1	28.6	14.3	7.1	21.4	21.4	50.0	0.0	0.0	0.0	100.0
024	4	57.1	21.4	21.4	0.0	21.4	35.7	42.9		0.0	28.6	28.6	42.9	28.6	21.4	0.0	50.0	0.0	0.0	0.0	100.0
014	5	85.7	14.3	0.0	0.0	21.4	35.7	42.9		21.4	42.9	21.4	14.3	0.0	21.4	28.6	46.7	0.0	0.0	0.0	100.0
002	6	100.0	0.0	0.0	0.0	6.3	50.0	43.8		18.8	68.8	12.5	0.0	0.0	0.0	6.3	93.8	0.0	0.0	0.0	100.0
019	7	76.9	23.1	0.0	0.0	23.1	38.5	38.5		15.4	53.8	7.7	23.1	7.7	7.7	30.8	53.8	0.0	0.0	0.0	100.0
001	8	70.6	0.0	5.9	23.5	23.5	41.2	35.3		29.4	35.3	29.4	5.9	11.8	0.0	11.8	76.5	11.8	5.9	11.8	70.6
008	8	93.8	6.3	0.0	0.0	12.5	43.8	43.8		6.3	68.8	18.8	6.3	12.5	0.0	6.3	81.3	0.0	0.0	0.0	100.0
020	8	60.0	20.0	0.0	20.0	20.0	53.3	26.7		20.0	33.3	26.7	20.0	20.0	0.0	20.0	60.0	0.0	33.3	20.0	46.7
022	8	60.0	26.7	13.3	0.0	13.3	46.7	40.0		6.7	33.3	20.0	40.0	33.3	13.3	0.0	53.3	20.0	0.0	0.0	80.0
023	8	42.9	35.7	14.3	0.0	21.4	50.0	28.6		0.0	21.4	28.6	50.0	35.7	21.4	0.0	42.9	14.3	7.1	0.0	78.6
012	10	100.0	0.0	0.0	0.0	20.0	33.3	46.7		33.3	46.7	20.0	0.0	0.0	20.0	13.3	66.7	0.0	6.7	0.0	93.3
021	10	64.3	35.7	0.0	0.0	21.4	35.7	42.9		7.1	35.7	21.4	35.7	28.6	21.4	14.3	35.7	0.0	0.0	0.0	100.0
015	11	92.3	7.7	0.0	0.0	23.1	30.8	46.2		23.1	69.2	15.4	15.4	0.0	7.7	30.8	61.5	0.0	15.4	0.0	84.6
025	11	60.0	26.7	6.7	6.7	26.7	60.0	13.3		0.0	40.0	26.7	33.3	20.0	20.0	13.3	46.7	20.0	6.7	0.0	73.3
AVE		74.4	17.1	4.4	3.6	21.0	40.6	38.1		13.5	45.4	21.8	21.5	14.7	12.6	14.1	58.5	4.7	5.4	2.3	87.7

NO CAREGIVER TRAINING - TODDLERS

	AGE	WHO				WHAT				ADULT ROLE				COMM							
														ADULT				CHILD			
		A1	A2	A3	A4	B1	B2	B3	B4	C1	C2	C3	C4	D1	D2	D3	D4	E1	E2	E3	E4
009	13	43.8	18.8	12.5	25.0	25.0	62.5	12.5		12.5	37.5	18.8	31.3	6.3	6.3	12.5	75.0	6.3	12.5	25.0	56.3
018	13	46.2	23.1	15.4	15.4	30.8	53.8	15.4		23.1	15.4	23.1	38.5	15.4	7.7	23.1	53.8	15.4	7.7	15.4	61.5
026	13	50.0	28.6	14.3	7.1	28.6	57.1	14.3		7.1	21.4	28.6	42.9	21.4	21.4	7.1	50.0	14.3	7.1	7.1	78.6
005	14	43.8	18.8	12.5	25.0	25.0	62.5	12.5		12.5	37.5	18.8	31.3	6.3	6.3	12.5	81.3	6.3	12.5	25.0	56.3
017	14	43.8	18.8	12.5	25.0	25.0	56.3	18.8		12.5	37.5	18.8	31.3	6.3	6.3	12.5	75.0	6.3	12.5	25.0	56.3
030	14	46.7	33.3	0.0	6.7	26.7	46.7	26.7		6.7	33.3	26.7	33.3	26.7	13.3	6.7	46.7	13.3	6.7	6.7	73.3
003	15	81.3	6.3	12.5	0.0	12.5	56.3	31.3		12.5	50.0	18.8	18.8	18.8	12.5	6.3	62.5	0.0	0.0	0.0	100.0
029	15	53.3	20.0	13.3	6.7	33.3	53.3	13.3		6.7	26.7	26.7	40.0	40.0	13.3	6.7	40.0	13.3	6.7	6.7	73.3
010	16	60.0	20.0	6.7	13.3	20.0	53.3	26.7		20.0	33.3	26.7	20.0	20.0	0.0	20.0	60.0	6.7	40.0	0.0	53.3
004	17	66.7	13.3	6.7	13.3	20.0	73.3	6.7		20.0	33.3	26.7	20.0	20.0	0.0	20.0	60.0	6.7	40.0	0.0	53.3
011	17	66.7	6.6	0.0	26.7	20.0	40.0	40.0		26.7	40.0	33.3	6.7	0.0	20.0	33.3	46.7	0.0	0.0	13.3	86.7
013	18	60.0	20.0	6.7	13.3	20.0	53.3	26.7		20.0	46.7	26.7	20.0	20.0	0.0	20.0	60.0	6.7	40.0	0.0	53.3
028	18	40.0	20.0	20.0	20.0	26.7	53.3	20.0		0.0	33.3	26.7	40.0	33.3	13.3	6.7	46.7	13.3	13.3	20.0	53.3
007	21	53.3	33.3	0.0	13.3	33.3	40.0	26.7		13.3	33.3	26.7	26.7	13.3	20.0	20.0	53.3	6.7	26.7	13.3	53.3
016	23	46.7	33.3	0.0	20.0	33.3	46.7	20.0		20.0	33.3	13.3	33.3	20.0	13.3	13.3	53.3	13.3	20.0	20.0	46.7
027	23	31.3	25.0	18.8	25.0	31.3	56.3	12.5		6.3	31.3	18.8	43.8	37.5	18.8	6.3	37.5	18.8	6.3	25.0	56.3
AVE		52.1	21.2	9.5	16.0	25.7	54.0	20.2		13.7	34.0	23.7	29.8	19.1	10.8	14.2	56.4	9.2	15.7	12.7	63.2

RECEIVED CAREGIVER TRAINING - INFANTS

	AGE	WHO				WHAT				ADULT ROLE				COMM							
														ADULT				CHILD			
		A1	A2	A3	A4	B1	B2	B3	B4	C1	C2	C3	C4	D1	D2	D3	D4	E1	E2	E3	E4
035	3	42.9	50.0	7.1	0.0	25.0	35.7	35.7		0.0	14.3	28.6	57.1	50.0	21.4	0.0	28.6	7.1	7.1	0.0	85.7
046	3	78.6	21.4	0.0	0.0	21.4	21.4	57.1		21.4	28.6	28.6	21.4	14.3	21.4	14.3	50.0	0.0	0.0	0.0	100.0
056	4	76.9	23.1	0.0	0.0	23.1	23.1	53.8		23.1	23.1	30.8	23.1	15.4	23.1	15.4	46.2	0.0	0.0	0.0	100.0
041	5	57.1	42.9	0.0	0.0	35.7	42.9	21.4		7.1	28.6	21.4	42.9	28.6	14.3	14.3	35.7	0.0	0.0	0.0	100.0
051	5	53.8	46.2	0.0	0.0	38.5	30.8	30.8		15.4	23.1	15.4	38.5	30.8	15.4	15.4	38.5	0.0	0.0	0.0	100.0
032	7	50.0	42.9	7.1	0.0	35.7	35.7	28.6		0.0	21.4	28.6	50.0	35.7	21.4	14.3	14.3	28.6	7.1	0.0	64.3
052	7	60.0	26.7	0.0	13.3	33.3	60.0	6.7		13.3	33.3	26.7	26.7	20.0	26.7	13.3	40.0	13.3	6.7	13.3	66.7
053	7	73.3	26.7	0.0	0.0	13.3	46.7	40.0		6.7	40.0	26.7	26.7	20.0	20.0	6.7	53.3	13.3	20.0	0.0	66.7
039	8	60.0	33.3	6.7	0.0	26.7	46.7	26.7		0.0	26.7	33.3	40.0	33.3	26.7	13.3	26.7	13.3	20.0	0.0	66.7
043	8	73.3	26.7	0.0	0.0	13.3	46.7	40.0		6.7	33.3	26.7	26.7	20.0	20.0	6.7	53.3	13.3	20.0	0.0	66.7
036	9	50.0	42.9	7.1	0.0	28.6	50.0	21.4		0.0	21.4	28.6	50.0	42.9	21.4	7.1	28.6	21.4	14.3	0.0	64.3
044	9	52.9	29.4	0.0	17.6	23.5	47.1	29.4		5.9	47.1	23.5	23.5	23.5	23.5	11.8	41.2	17.6	0.0	17.6	64.7
057	9	57.1	35.7	0.0	7.1	21.4	50.0	28.6		14.3	28.6	21.4	35.7	28.6	14.3	7.1	50.0	21.4	0.0	7.1	71.4
047	11	35.7	28.6	21.4	7.1	21.4	50.0	28.6		14.3	14.3	21.4	50.0	42.9	14.3	7.1	35.7	21.4	0.0	7.1	71.4
040	12	35.7	35.7	21.4	7.1	21.4	57.1	21.4		0.0	21.4	35.7	42.9	42.9	35.7	7.1	21.4	28.6	7.1	7.1	57.1
AVE		57.2	34.1	4.7	3.5	25.5	42.9	31.3		8.5	27.0	26.5	37.0	29.9	21.3	10.3	37.6	13.3	6.8	3.5	76.4

RECEIVED CAREGIVER TRAINING - TODDLERS

	AGE	WHO				WHAT				ADULT ROLE				COMM							
														ADULT				CHILD			
		A1	A2	A3	A4	B1	B2	B3	B4	C1	C2	C3	C4	D1	D2	D3	D4	E1	E2	E3	E4
037	14	33.3	26.7	20.0	20.0	20.0	60.0	20.0		13.3	33.3	26.7	26.7	26.7	33.3	13.3	26.7	33.3	6.7	13.3	46.7
033	15	33.3	40.0	20.0	6.7	20.0	60.0	13.3		6.7	33.3	20.0	40.0	40.0	26.7	13.3	20.0	33.3	6.7	13.3	46.7
050	15	50.0	37.5	0.0	12.5	31.3	43.8	25.0		12.5	31.3	18.8	37.5	31.3	18.8	6.3	43.8	12.5	6.3	12.5	68.8
060	15	50.0	37.5	0.0	12.5	31.3	43.8	12.5		12.5	31.3	18.8	37.5	31.3	18.8	6.3	43.8	12.5	6.3	12.5	68.8
045	16	33.3	33.3	13.3	20.0	26.7	66.7	6.7		0.0	33.3	20.0	46.7	33.3	13.3	13.3	40.0	20.0	13.3	20.0	46.7
055	16	46.7	33.3	0.0	20.0	26.7	66.7	6.7		0.0	40.0	26.7	33.3	20.0	13.3	20.0	46.7	13.3	13.3	20.0	53.3
042	17	40.0	26.7	20.0	13.3	33.3	60.0	6.7		6.7	26.7	20.0	46.7	40.0	20.0	6.7	33.3	26.7	6.7	13.3	53.3
049	17	40.0	33.3	0.0	26.7	26.7	53.3	20.0		6.7	40.0	20.0	33.3	26.7	20.0	0.0	53.3	13.3	6.7	13.3	66.7
034	18	33.3	40.0	13.3	13.3	26.7	46.7	20.0		6.7	26.7	33.3	33.3	33.3	40.0	6.7	20.0	33.3	6.7	20.0	40.0
048	18	53.3	26.7	0.0	20.0	26.7	46.7	26.7		20.0	40.0	13.3	26.7	26.7	20.0	13.3	46.7	13.3	0.0	20.0	66.7
058	18	53.3	26.7	0.0	20.0	26.7	46.7	26.7		20.0	40.0	13.3	26.7	26.7	20.0	6.7	46.7	13.3	0.0	20.0	66.7
059	18	40.0	33.3	0.0	26.7	26.7	53.3	20.0		6.7	40.0	20.0	33.3	26.7	20.0	0.0	53.3	13.3	6.7	13.3	66.7
054	19	52.9	29.4	0.0	17.6	23.5	47.1	29.4		5.9	47.1	23.5	23.5	23.5	23.5	11.8	41.2	17.6	0.0	17.6	64.7
031	20	31.3	50.0	12.5	6.3	31.3	50.0	18.8		12.5	25.0	18.8	43.8	50.0	12.5	6.3	31.3	31.3	12.5	6.3	50.0
038	20	33.3	33.3	13.3	20.0	26.7	60.0	13.3		6.7	33.3	33.3	26.7	26.7	42.9	6.7	26.7	20.0	0.0	33.3	46.7
AVE		41.6	33.8	7.5	17.0	26.9	53.6	17.7		9.1	34.7	21.8	34.4	30.8	22.9	8.7	38.2	20.5	6.1	16.6	56.8