

THE CURRICULUM

for

Parents Are Teachers at Home

A PILOT PARENTING PROGRAMME

**For Beneficiaries Registered on the PATH Programme
of the Ministry of Labour and Social Security**

MARCH 2014

Revision April 17, 2014

**Submitted in partial fulfilment of MLSS
Contract # ISPL-CONS-IC-COMP 2 – 001**

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INTRODUCTION

This curriculum has been developed specifically for the population of PATH recipients with children between the ages of two and six years old. It is part of an experimental pilot programme that will be evaluated for its impact on participants, its efficacy in delivering its objectives, and its replicability for rolling out to the total population of PATH recipients with young children.

The curriculum materials which follow are the product of:

- research of best practices internationally and from the Caribbean, with particular reference to engaging similarly “at-risk” populations;
- review of existing curriculum materials appropriate for this age group in use in Jamaica;
- consultations with PATH beneficiaries on preferred topics and modes of delivery;
- interviews and group discussions with stakeholders with a range of technical expertise;
- guidance from a senior team of PATH administrators and PATH’s Project Technical Advisory Committee.

What research tells us about the context of child-rearing in Jamaica

Decades of research have provided considerable detail on child-rearing practices within different contexts of Jamaican life. Most research has been conducted among lower-income African-Jamaican populations, thus allowing for generalizations primarily about that majority population. While we must always be cautious about generalizing about an entire sub-group of the country’s population, there are some common realities that not only are found broadly in Jamaica but also throughout other Caribbean populations. meeting in 2006¹:

- Parents are uncertain about Some of these common generalisations were summarized after a Caribbean researchers the benefits of play. Some practices in relation to play and discipline are changing to more developmentally supportive behaviours.
- There is little in the way of two-way verbal exchanges between parents and children.
- There are low levels of parent-child stimulation.
- Parenting styles are a mixture of authoritarian/punitive control and affection.
- Physical punishment is pervasive.
- Children suffer dire consequences as a result of serial migration.

¹ *Child Rearing in the Caribbean: Emerging Issues 2006. Summary*, Caribbean Child Support Initiative.

This same summary pointed out, however, that Caribbean research on childhood and family life (of which the bulk is still generated in Jamaica) has too often operated from a deficits perspective—describing negative economic and environmental conditions, multiple mating patterns, poor performance outcomes, etc., with insufficient attention given to resiliency factors, to the strengths of Jamaican families and their support networks that often despite negative circumstances manage to produce healthy, strong children. This PATH parenting programme will be a major effort by the Government of Jamaica to build on the existing personal and cultural strengths of many of the most vulnerable families in the country, those who must resort to and manage to live on the cash transfer payments within the PATH programme because of conditions of poverty, under- or un-employment, and illness. Despite the fact that these parents—like virtually all parents—want the best outcomes for their children, their children are at greater risk than their more economically advantaged peers--of under-nutrition, under-stimulation, and eventual under-performance when they begin attending school.

A recent qualitative study commissioned by UNICEF² provides a stark picture of some of these risk factors described by parents, children and other stakeholders in its executive summary (following). It also points to systemic needs and opportunities, some of which are now being addressed within this proposed PATH parenting programme.

Existing Scenarios:

- a) Parenting stated as being a “very hard” task/job – *especially* in current-day environment
- b) Insufficient quality time spent with children
- c) Harsh disciplinary practices
- d) Insufficient expression of “love” by parents (especially younger, and/or lower-income)
- e) High levels of interpersonal hostilities and failed communication e.g. inter-parent/intra-family
- f) Important differences to perceptions/approaches/solutions: (i) older vs. younger; (ii) males vs. females; (iii) parents vs. children; (iii) institutional vis-à-vis individuals/families/ communities
- g) Acknowledged need to improve parent/child communication, especially with recognized deficits

Influencers:

- a) Single parenting (esp. mothers without regularly available and/or contributing fathers)
- b) Insufficient financial resources to meet child rearing requirements/demands

² Chambers, Claudia (2012) *Key Issues from Qualitative Research on social and behavioral factors influencing parenting practices in Jamaica* for the Ministry of Education/UNICEF project. Draft One, unpublished.

- c) High unemployment amongst lower-income/poor
- d) High employment demands amongst middle-income
- e) High levels of parental stress/frustration/depression
- f) Religion
- g) Influence/impact of children's behaviour: variably referred to as e.g. daring, fearless, intimidating
- h) Peer pressure (impacting parents *and* children)
- i) Influence of media and "powerful persons" in society
- j) Absence of community-based/organizational support, *incl.* equitable assessments, attention
- k) Retained desire by most, to assure/ensure children's adequate growth and development

Knowledge Needs:

- a) Coping strategies/actions to effectively manage parenting challenges
- b) How (best) to communicate with children
- c) Parenting information and strategies: *incl.* re sexual and reproductive health
- d) Alternatives/options to current harsh disciplinary practices
- e) Prevention of child abuse

THE THEORETICAL BASES AND METHODOLOGICAL PRINCIPLES UNDERLYING THE CURRICULUM

Very briefly, the theories which underpin the curriculum are the same as those which informed the development of the Early Childhood Commission's curriculum for children within early childhood settings. While nodding to the important contributions of a few of the earlier child development theorists such as Arnold Gesell (testing and measuring children's developmental domains), Sigmund Freud and Erik Erikson (who provided psychosocial explanations for the ways children travel through different stages from birth through to old age) and the behaviourists B. F. Skinner and Albert Bandura (who focused on the powerful socialising influences of the family and community on the behaviour and learning of the young child), the ECC curriculum draws more heavily on the theories of Piaget and Vygotsky. These theorists have placed the child at the centre of his/her own learning, developing cognitively as well as socially and emotionally in interactions with a variety of environments. Play significantly features in young children's learning in these cognitive/constructivist ways of understanding child development.

Vygotsky perhaps more than any other theorist holds sway in current thinking about early child development, believing that children are helped through social interaction with others to achieve higher levels of intellectual functioning. In the early childhood classroom, as well as in the home with parents, children can be assisted to move beyond

what they can learn independently when assisted strategically by a caring adult. Within the curriculum materials which follow, this thread of assisting children to reach their optimum potential will be central to the discussions about the parents' role as their children's most important teachers. This will also imply assisting parents themselves to gain confidence and skills to play this role more ably with their young children.

The parenting programme also rests on some organising principles which are reflected in its design and content. These principles are supported by the literature review as important for effective implementation of "broad brush" parenting programmes. The term "broad brush" in this case refers to the fact that the content is not specific to a particular critical-issue population, e.g. parents of autistic children, or malnourished children, or parents with drug addictions, etc. Although the entire PATH population can be said to be "at risk", i.e. they are living in conditions of poverty and hardship, their levels of education, skills and specific parenting needs will be wide and varied. The programme will draw on their range of experiences as part of the learning content, and will address parenting issues that are common not only to them but to most parents.

The principles underlying the parenting programme are the following:

1. Any group of persons will have different learning styles; therefore the sessions will use a variety of hands-on activities, demonstrations, audio-visual materials and presentations to engage persons in the ways they learn best. Sessions will be highly participatory, with the facilitator's role key in ensuring that the planned activities and materials are appropriate and relevant for ensuring that all participants have opportunity to contribute and reflect on their experiences.
2. The whole programme is a "strengths-based" one, starting with the assumption that each parent has strengths and skills, having reached this point in his or her life's development that can be shared with other parents for mutual learning and benefit. This is in contrast with some programmes which are designed with a "deficits" perspective—with a focus that is primarily on the problems perceived and/or presented. The choice of a focus on parent strengths does not negate the reality of problems among the parent population to be served. But the difference is largely in approach and programme design. Instead of seeing parents as persons "in need of information about a problem", and then designing a largely one-way transmission of that information, an assets- or strengths-based approach sees the group as an opportunity to engage parents for collective problem-sharing and problem-solving, with a facilitator assisting the process by guiding the discussion, adding information as needed, and ensuring opportunities for all who wish to participate. The affirmation of strengths in parenting, despite apparent deficits, helps build parents' confidence to continue to commit to improvements in their capacities as parents.

3. The sessions rest on the conviction that real change in attitudes and behaviour come from reflection and practice. Reflection involves thinking about one's past experiences and their influence on the present; it involves self-examination of the effectiveness of one's present practices; it involves resolving to make a change if the reflections suggest a change is necessary. Practice suggests that neither change nor positive outcomes from that change are immediate—they take testing and trying again, reflection on what happened, and more practice, until new habits are learned and better outcomes evident.
4. Finally, the programme must be grounded in sub-cultural realities and experiences if it is to be relevant and effective in the long-term. Many persons living in conditions of poverty in fact know what many of the “shoulds” of parenting are. Virtually all these parents want the best for their children. But the circumstances which lead parents to become PATH participants—however varied—often result in clouding or damaging their resolve or their capacity to do what they believe they should do to help their children achieve and prosper. The programme must respect where persons are coming from if they are to help them move to a more competent space, and to feel greater personal efficacy despite difficult circumstances. The programme, and its facilitators, home visitors and mobilisers, must remain non-judgmental of parents' situations and their efforts to parent their children, while assisting them to reflect and practice child-rearing practices in these contexts that may result in better outcomes for their children.

Key Local Guidance and Resources

The curriculum draws from a number of resources in pulling together a curriculum to meet as closely as possible the expressed needs of PATH beneficiaries and stakeholders consulted. It was important to ensure that specific content is in keeping with the Early Childhood Commission's Curriculum for children from birth to three and four to six³. The ECC's curriculum was recently revised within the past five years to reflect the primary child outcomes agreed in a Caribbean-wide curriculum workshop which has guided the revision of several curricula for young children around the region.⁴ When the Early Childhood Commission sought in 2010 to establish standards for parenting programmes within early childhood institutions, the following 11 criteria were agreed in relation to programme design:

³ Available on Early Childhood Commission Website: www.ecc.gov.jm

⁴ Learning Outcomes for Early Childhood Development in the Caribbean: A Handbook for Practitioners, 2010, Caribbean Child Development Centre, UWI

1. *The programme respects and builds on parent strengths.*
2. *Target group participants contribute to programme design.*
3. *The programme has written goals and objectives.*
4. *The programme has written outlines for all group sessions.*
5. *There are at least 20 contact hours within a one-year-period.*
6. *The participant to facilitator ratio does not exceed 20 to 1.*
7. *The programme's content must include topics related to*
 - a. *parent self-development*
 - b. *understanding early childhood development*
 - c. *parent-child relationship*
8. *Programme delivery relies on participatory approaches in which parents share experiences and ideas.*
9. *Programme materials are selected for appropriateness to target groups*
10. *The programme provides information to encourage parents to access community and wider resources.*
11. *The programme is non-discriminating and non-proselytizing.*

All of these criteria have been met in the development of this parenting programme.

Other resources drawn on significantly in the development of this curriculum are listed in Appendix A.

THE PILOT PARENTING PROGRAMME FRAMEWORK

GOAL AND OBJECTIVES OF THE PATH PARENTING PROGRAMME

The parenting intervention is part of an experimental research design to determine whether, against a control group of similar PATH parents, the selected sample of parents experiencing the programme will show measurable positive behaviour and attitude change, and their children demonstrate benefits of their parents' participation. Although each session and visit will have specific objectives, many of these will be repeating and reinforcing the overall goal and objectives that the programme is designed to achieve.

The overall goal of the PATH Parenting Programme is to build parents' confidence, skills and knowledge as their children's most important teacher in the early years, so that their children are healthy and ready, at point of entry, for Grade One's academic and social-emotional demands.

To reach this goal, **the programme's specific objectives** include the following:

1. To strengthen parents' understanding and encouragement of normal child development and behaviour between the ages of two to six.
2. To build parents' confidence and capacity to stimulate children's early learning and development through regular play, language and reading activities with the child.
3. To increase parents' use of positive alternative discipline strategies and reduce levels of harsh verbal and physical punishment.
4. To promote positive parent-child communication strategies that encourage children's self-expression, problem-solving, self-esteem and self-help skills.
5. To provide parents with the information required for them to support their children's optimum health, nutrition and safety.

Programme Design

The programme is designed to engage participants in a course of group sessions twice a month, interspersed with home visits over a six-month period for a total of at least 25 contact hours. The home visit (after every two sessions) gives opportunity for each participant to reflect one-on-one on the information and lessons learned from group sessions attended before the visit, and to practice specific activities with their child/ren with guidance from the home visitor. The home visitor can observe the parent within the home setting and with the child, and can reinforce the key messages of those sessions. At the end of the six-month period participants would evaluate the overall

programme to date and have opportunity to indicate which topics they would most value for review.

Subsequently participants would be provided with another three group sessions and three home visits over ten months as “booster” sessions to review lessons learned and reinforce positive practices. This would add a minimum of 9 contact hours.

All groups would then engage in planning a graduation to celebrate their gains in parenting skills and new confidence in the tasks of parenting. Several groups could graduate together if logistically appropriate. A diagram of the programme follows; actual start-up date will depend on completion of all pre-programme requirements.

2014			
JUNE <i>All groups will start series:</i> 2 GROUP SESSIONS, 1 HOME VISIT	JULY 2 GROUP SESSIONS, 1 HOME VISIT	AUGUST 2 GROUP SESSIONS, 1 HOME VISIT One-day review meeting for teams	SEPTEMBER 2 GROUP SESSIONS, 1 HOME VISIT
OCTOBER 2 GROUP SESSIONS, 1 HOME VISIT	NOVEMBER Session to Evaluate programme and select review topics	DECEMBER One-day review for meeting teams, plan review sessions	
2015			
JANUARY All groups will start booster series: 1 SESSION	FEBRUARY 1 HOME VISIT	MARCH 1 SESSION	APRIL 1 HOME VISIT
MAY 1 SESSION	JUNE 1 HOME VISIT	JULY FINAL SESSION Overall Evaluation and Planning for Graduation	AUGUST GRADUATIONS

Pre-Intervention Data Collection

Prior to the start-up of the sessions, research assistants will be engaged in collecting baseline data from all intervention participants and obtaining their informed consent to participate. This stage is essential for helping to determine whether the overall objectives of the programme are achieved. This research team will also assist in monitoring the programme throughout the intervention period.

Intervention Personnel

Also in the months prior to the intervention groups beginning, personnel will be contracted to implement the programme. The intervention team for each of the intervention groups will consist of a facilitator who will plan and conduct the ten parent group sessions and three “booster” sessions, a home visitor who will conduct eight home visits to all group members, a mobiliser selected from the community(-ies) from which each group is drawn to remind persons of sessions, arrange venue and

refreshments, etc., and two local persons who will be selected to provide child care for children who accompany their parents to the group sessions.

These teams will be provided training to familiarise them with their respective responsibilities. The facilitators and home visitors will be provided five days of residential training together, ensuring that the approach and the content of the curriculum is known to both. The mobilisers and child care providers will attend one-day training workshops.

Once all data is collected, and all training workshops are completed, the intervention groups will begin their series of sessions and home visits, scheduled tentatively for the month of June 2014.

A snapshot of the topics and pace of the intervention groups is contained in the following table. Each intervention team, guided by the Parish PATH offices and the Project Management team, will select the most auspicious venues and plan the timetable of sessions and visits for each group. The mobiliser will be responsible for ensuring that all PATH recipients expected to attend each group are notified in sufficient time for the first and all subsequent sessions and visits.

Proposed Schedule and Topics of Parenting Sessions and Home Visits

Month One: 1. Feeding the brain: food and play 2. Communicating effectively with children <i>First home visit to all group members</i>	Month Two: 3 and 4: Understanding and managing children's behaviour with positive discipline; two sessions to include personal anger management component. <i>Second home visit</i>	Month Three: 5. Unpacking personal baggage: self-reflection on obstacles in parenting 6. Gender issues in the family: raising boys and girls <i>Third home visit</i>
Month Four: 7. Developing early literacy: talking, reading with children. 8. Young child nutrition—on a budget <i>Fourth home visit</i>	Month Five: 9. Keeping children, yourself healthy and safe 10. Goal setting and positive decision-making <i>Fifth home visit</i>	Month Six: 11. Groups meet to evaluate programme, hear of subsequent follow-up sessions and visits.
Subsequently, three group booster/follow-up sessions will be scheduled every other month to reinforce topics related to nutrition and physical health, child cognitive development, parent-child interaction/positive discipline. Three additional home visits will be scheduled following these group sessions. Graduation events will follow on completion of the programme to award certificates and celebrate achievements.		

THE ROLE OF THE FACILITATOR

Parenting facilitators will be recruited and selected on a number of criteria, including certification in a course on parenting facilitation, experience in working with “high risk” parent groups, general understanding and comfort with the participatory nature of this curriculum, and a non-judgmental attitude. They will be expected to attend the five day training workshop, and to commit to an agreed number of sessions, including assisting to plan the group’s graduation. The training workshop will introduce the curriculum and its approach for the ten course sessions plus three “booster” sessions. The facilitators will be required to document and evaluate each session on forms provided for the purpose.

THE ROLE OF THE HOME VISITOR

The home visitors will be charged with reinforcing the key messages of the group sessions as well as observing the parent with the child/ren in the home setting. Conversations will provide opportunity to supplement knowledge as well as answer questions about content covered in sessions. The home visitor will also be provided with relevant materials to share with the parent to demonstrate and encourage positive parent-child interaction through activities each visit, and to direct the parent to other services if required or requested. The home visit will give opportunity for the parent to discuss how s/he is doing in self-monitoring with the use of a score card that will be developed within the first group session.

Most of the information for the home visitor to record per visit will be contained in a checklist. However, a comfortable level of literacy will be required to capture some open-ended comments, as well as to ensure that the home visitor is comfortable with any written materials s/he may be leaving with the parent. Community health aides, local teachers, parenting facilitators, retirees, nurses, health promotion workers, other community-based paraprofessionals may be appropriate for this role.

THE ROLE OF THE MOBILISER

A respected community member (who could be a PATH recipient if NOT one of the selected intervention participants) will be chosen to notify selected parents for the course, remind them of all sessions and encourage attendance, prepare the room for each session, keep attendance, prepare/arrange for refreshments, and provide feedback on the programme to the facilitator and managing organisation from his or her perspective. A basic level of literacy would be necessary, and a cell phone is essential. Each group’s mobiliser will be provided phone credit for the purpose of maintaining

contact with group members and sending occasional and agreed parenting messages. The mobiliser will also be required to account for the funds provided for refreshments.

THE ROLE OF THE CHILD CARE PROVIDER

Persons who have training and experience in working in a nursery or preschool programme would be preferred as child care providers. Two per group are recommended, at least until the numbers of children expected is known. A basic kit of play materials will be provided for use with the children who attend while their parents are meeting. The child care providers will be trained to conduct some activities that can be demonstrated to, or engage, the parents during or following the session.

THE SESSIONS

The curriculum sessions which follow will be tested within the pilot intervention programme. Their effectiveness will rely on the familiarity of the facilitators with the content, activities and guidance for each session, but more so on their comfort with the PRIMARY CONTENT of ALL sessions—which is the lived experiences of the participants. Each session has background readings provided and guidance through two hours of proposed activities and discussion. Thus the skills of the facilitator will ensure that the primary messages of each session are conveyed AND that all participants have opportunity and are aided to participate in the self-reflection and sharing that is such an important element in their learning within the group experience.

Guidance for the home visitors will reinforce the group sessions and provide practice opportunities in the home for the parent with her/his child. The visitor's role in reinforcing the session content messages AND encouraging participants in making practical use of that content will be equally key to the programme's positive impact. Guidance for the home visitors follows the ten session outlines and readings.

Parents Are Teachers at Home

THE CURRICULUM

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Sessions Eleven, Twelve and Thirteen will be designed after these ten are completed as “booster” sessions--opportunities for groups to meet again, discuss their progress and obstacles, and reinforce messages of previous sessions. These three sessions will focus on three major areas:

- Child and Family Nutrition and Health
- Parent-Child Communication and Discipline
- Readyng your Child for School

These booster sessions could offer opportunity for “guest” presenters, e.g. Ministry of Health Nutrition team members, Child Development Group trainers, to respond to the specific needs in these three critical areas. A final session will focus on group presentations for graduation ceremonies, at which time parents will receive certificates indicating their rates of attendance.

SESSION ONE: FEEDING THE BRAIN WITH FOOD AND PLAY

Objectives

The facilitator and participants will:

- Discuss the critical link between a young child's brain development and subsequent cognitive development and behaviour.
- Review the importance of providing specific foods and nutrients for children's healthy brain development
- Discuss the opportunities for play with young children that provide a positive parent-child relationship and stimulate optimum brain development of the child.
- Discuss desirable and achievable personal parenting goals for the first year of the parenting series (of workshops and visits).

Participants will:

- Select and record at least 5 or 6 personal parenting goals they will commit to self-monitor and share in subsequent group sessions (and home visits).

Pre-session Preparation

- A display table should be ready to greet participants as they arrive: this should show a prominent label "BRAIN FOODS" and contain clear pictures or actual items of foods known as "brain food" (note in article cited below) as well as a selection of age-appropriate toys and play items—crayons and paper, paint brushes, noisemakers/shakers, blocks, puzzles, puppets, and "found" items that children could play with—cardboard boxes, plastic containers, bowl of water with pouring cup, bottle stoppers, egg carton, etc. And two or three picture story books.
- Prepare a register for sign-in and time arrived; this could serve for each group session. Name tags should be provided for this first session that can be left and re-used for subsequent sessions (plastic and pin types).
- Bring a large ball of yarn or string (at least 200 feet) for warm-up game
- Read:
 - FAQs About Brain Development
 - Brain Foods, Iron Deficiency articles
- Have the pictures of the brain scans ready for discussion of brain development.

- Have one the five senses each printed on a half-sheet of flip-chart paper or draw pictures representing them (Alternatively, use copies of the 5 Senses Diagram in readings section): hearing, seeing, smelling, touching, tasting.
- Print score cards for each expected participant for recording personal goals (see sample attached).
- Copy the Beginning Reader's Toolkit for each parent to take home as a handout.
- Evaluation format: Prepare notelets (one for each participant) lined into **4 quadrants numbered 1-4**. At the end of the workshop participants will be asked to put a number 1 (low) to 4 (high) under their answers to the following questions:
 - Q1: I enjoyed today's workshop.
 - Q2. I learned something new
 - Q3. I will work at something new at home with my child
 - Q4. I am encouraged as a parent (or feel good as a parent)

They are to put these in a basket/box without names.

NOTE: This will be the format for all subsequent group session evaluations. This preparation will be required for each session.

- Bring a token gift to give to the first person to arrive, e.g. phone credit, pen
- If possible, obtain small packets of crayons and a supply of blank paper to send home with each parent at the end of the session for their children. [This could be part of project expense; to be decided with Project Coordinator]
- Arrange/prepare light refreshments for participants and any children who attend. MAKE SURE THAT THE REFRESHMENTS ARE HEALTHY AND IN KEEPING WITH BRAIN FOOD (e.g. peanut butter and/or cheese on crackers, fruit juice (not soda) or milk, tuna sandwiches on whole wheat bread, fresh fruit)
- Ensure that the childcare persons will be able to organise activities with children attending without disturbing the parent session. The child care workers should bring their kit of play materials provided in training. A floor blanket, small chairs and a table should be provided for the children.

THE SESSION

A. REGISTRATION AND INTRODUCTION TO THE PROGRAMME (15-20 minutes)

Participants as they arrive should sign the register, be given name tags, and then be directed to the display table until time for the session to start. Late-comers should not be rewarded by waiting till they come; the session should begin when the majority of those expected have arrived.

The facilitator welcomes everyone and briefly explains the overall purpose of the PATH parenting programme, drawing on the introductory material for this curriculum. The general ten-session framework of group sessions and five home visits should be described. If the home visitor for this group is present, s/he should be introduced as an observer for this first session; participants can talk with the visitor after the session about the best times for home visits.

The objectives for this session should be stated, and participants asked if they have any questions about the programme generally. Any questions should be clarified before the warm-up activity.

B. WARM-UP ACTIVITY (20 minutes)

To get everyone to know each other's names, and to learn something about the brain at the same time, the facilitator explains that s/he will hold the end of the yarn/string and toss the ball of yarn to one participant who will state their name, then toss the ball to another participant (holding on to the string), who also introduces herself, and the yarn ball continues to be thrown to and fro until all parents have been introduced. Each person must hold on to the thread when they toss the yarn. This should produce a criss-cross of yarn among the participants. After all have been introduced, they can continue to toss the ball until it is either finished or there are many connections. A variation could be that the second time around, the participants could say how many children they have when they catch the ball, or name their favourite food or colour.

The facilitator then asks the participants to hold up their arms with the yarn/string they are holding. It should present a great interweaving of connections. What is this like? This is how the young baby's mind is developed! A simple explanation of how the brain develops in a young infant follows—the more positive stimulation the baby experiences—through conversations, singing, holding, playing with objects, looking at picture books—using all the senses—the more neural connections are made in the brain. The more connections—the healthier the brain.

The yarn can be re-wrapped as participants sit in their circle of chairs.

C. UNDERSTANDING BRAIN DEVELOPMENT (1 hour)

When parents are seated after the warm-up, the facilitator gives a brief introduction to the topic of early brain development. The brain scan photos can be used to illustrate what differences take place in the brain when a parent stimulates the child by reading, singing, talking. The contrasting photos of a “normal” brain and “neglected” brain of a 3-year-old show the results of a child that is not provided this loving attention. The brain literally fails to fully develop in some important areas.

Explain that from conception and throughout the first 2-3 years of life the brain is developing more rapidly than at any later period in life. This is the period of the basic and most important “wiring” of the brain, when the nerve connections, or synapses, develop that will govern how the child’s brain works. This doesn’t mean that children can’t learn as they grow older; we continue to learn throughout our lives. But without good food and early stimulation, the young child’s brain doesn’t develop as fully as it should, and children they may not be able to fully catch up later. [Encourage questions; the FAQs reading is to help with answers.]

Nutrition and the Child’s Brain

There are some foods that scientists have determined strongly support healthy brain development. Do you know what some of these are? [Get responses and record on flip chart.] Discuss the role of complex carbohydrates, protein and iron in ensuring healthy brain development. Review the list of “50 Brain Foods” and discuss which are available in Jamaica, which more affordable, etc. Indicate that there will be another session on nutrition (Session 6) in which they will spend more time talking about how to provide good nutrition for their children on a tight budget.

Stimulation and the Child’s Brain: Group Work

Facilitator introduces the activity by explaining that the other type of “brain food” is the stimulation provided the young child which promotes their brain development throughout ordinary activities during the day. Play is the primary vehicle for this kind of food, and when the parent plays with the child, there is even more “food” for the brain, in the form of emotional warmth and caring interaction.

In the next activity we will share our understanding of how we can strengthen these connections and support our children’s brain health and development. Divide parents into dyads. Each dyad is to be assigned one of the sheets with one of the five senses. Each group is to discuss what they have done with their infants, and now do with their young children, to provide positive stimulation, using that particular sense. Ideas of what they could also do can be added, including ideas from the display table of “brain foods”. When each two-person team has had several minutes, all reassemble and share their ideas, which should be recorded on a flip chart under headings noting each of the five senses. The whole group and facilitator can add to the five lists, including the items on the “brain food” table.

Conclude with commending the parents for their positive ideas, and encourage them to put them into regular practice at home with their children.

D. PARENT GOAL SETTING: (30 minutes)

Introduction: **The main purpose of these PATH parenting programme sessions is to make each of you feel more confident as a parent of your young child, and of all your children if you have older ones. Confidence in anything comes with practice and determination.** This final activity is to help you build on the confidence you already have, and maybe change some of the things that you would like to improve in your parenting style.

The facilitator will pass out the Score Cards to the participants. Together (using a flip chart sheet) they should make one list of individual goals they could set and achieve over the next few months with their child(ren). When they agree to the full list (up to 10-12 goals), they are to select at least SIX for themselves as personal goals they will commit to work on. They then write these on their Score Cards. If someone is not very literate, that person can get help after the session from the facilitator to record their goals. They are to put this list up somewhere in the house so they can be reminded of them regularly. The way they are to monitor the cards will be explained, and they take them home.

Alternative: A pre-prepared list could be printed on a score card, with blank spaces at the bottom to add new goals. The group could decide if they want to add or subtract from this list. This method would be easier for groups with low literacy problems.

E. EVALUATION OF THE SESSION and CLOSING (10 minutes)

The prepared notelets are passed out one to each participant, the scoring explained, and then they are to mark their responses and put them into a passed box/basket (w/o names). **Persons should be told the date, venue and time of the next session, and the topic, which will be about their parenting style and communication with their children.**

Refreshments can then be served, the “prize” for the first to arrive given out, and the session adjourned. An appropriate send-home “gift” for everyone would be a small pack of crayons and some blank paper for them to use with their child. [Alternatively, or additionally, the parents could be told to take ONE of the table items on the “Brain Foods” Table with them when they go to use with their child/ren.]

SESSION TWO: PARENT-CHILD COMMUNICATION AND PARENTING STYLES

Objectives

Facilitator and Participants will:

1. Share and discuss negative and positive forms of communication
2. Discuss the consequences of negative parent-child communication
3. Examine different styles of communication and how they impact relationships in the family

Participants will:

4. Recognise their own style of parenting and its possible effects on their children
5. Practice and commit to new ways of improving communication with their children

Pre-session Preparation

Read

- Parent/Child Communication (Zolten and Long) from PPC manual.
- Authoritative parenting (www.parentingscience.com)

Attendance sheet, name tags in place; flip chart and paper, markers, tape. Healthy refreshments arranged/prepared.

Prepare the following sign for use in Activity C. *“Everything parents say to their children sends a message about how they feel about them.”*

Copy the Parenting Questionnaire for each participant, or take one copy and blank sheets for them to answer as the facilitator reads the questions. Familiarise yourself with how to score the questionnaire so you can help participants.

Copies of the Positive Communication Chart prepared for Activity D. and for sending home with participants.

Bring a small prize for the first person to arrive.

Evaluation format: Prepare notelets (one for each participant) lined into **4 quadrants numbered 1-4**. At the end of the workshop participants will be asked to put a number 1 (low) to 4 (high) under their answers to the following questions:

- Q1: I enjoyed today's workshop.
- Q2: I learned something new

- Q3. I will work at something new at home with my child
Q4. I am encouraged as a parent (or feel good as a parent)

THE SESSION

Parents register on arrival, indicating time. Name tags are available; any new persons are given name tags. Chairs are arranged in a comfortable circle with the facilitator.

A. WARM-UP: BEST FRIENDS (15 min.)

Facilitator leads the group to discuss the following questions, giving time for them to reflect and share: Think back when you were a child. Who was your best friend? Why? Did you change best friends? Why or why not? Do you have any of those friends from childhood today?

How would you define a best friend now, as an adult?

- Examples: Trust, keep secrets, not embarrass you in front of others, kind to you, fair, comforts you, loves you. And will be honest with you when angry or hurt; tell you your faults in a helpful way.

How do you keep a best friend?

- By being that kind of friend to them

We hear many parents say of their children: You don't want them to think "you and dem are friend". What is this about? Why do we say this? [Get responses] e.g. Control, obedience, authority; not allowing them to get away with breaking rules, etc. Not wanting to "spoil" them. Can you be a friend to your children AND maintain your authority as a parent? Get their opinions, then move directly to answer in next section.

B. PARENTING STYLES (45 min.)

Facilitator: Child development experts say yes (you can be friends and maintain your authority)—and that over time **this is the most effective kind of parenting**: it involves setting AND DISCUSSING limits, holding children to these limits (rules), but communicating openly about why, and letting them express their ideas, feelings, etc. while you do the same. This is called authoritative parenting (as opposed to authoritarian or permissive/neglectful). Can briefly explain and discuss the differences between these three/four common parenting styles. Can ask them for examples from their experience of these forms. You can ask them to give these styles Jamaicanised titles; some ideas:

- Permissive/neglectful: "leggo" parenting, "pay no mind" parenting
- Authoritarian: "Nuh bodda tes' mi!!" parenting, "Mi de boss!" parenting
- Authoritative: "Balance" parenting, "give an' tek" parenting

Make sure all understand the differences between the different parenting styles.

Questions to guide discussion:

- What kind of parenting did you receive?
- How much does the parenting style you experienced (from parents, guardian) influence the kind of style you use choose to use with their children now? Take a few examples.
- How aware/conscious are you of these influences when you are parenting (wanting to change, or to do the same)?

Distribute the Parenting Styles Questionnaire (or blank sheets if you are going to administer to everyone together) and have each person score themselves. Make sure everyone understands each question and repeat if necessary. It could be read to them and they answer on a coded sheet, scored, and discussed. What did they learn about themselves? Volunteers can share their scores if time allows.

Conclude the discussion by underlining that although authoritarian parenting has traditionally been the norm in much of Jamaica, many parents are finding that it often doesn't work in changing children's behaviour, and authoritative parenting is more effective in the long-run. The facilitator can underscore some of the reasons for authoritative parenting being more effective (with reference to the article).

The rest of the session will be about how we can become more effective in our choice of daily actions and communication with our children.

C. THE MESSAGES WE SEND (15 -20 minutes)

Facilitator: Caribbean research tells us what children say about these types of messages [can read or paraphrase]:

In a 1999 UNICEF study of parents and parenting, Dr. Heather Ricketts quotes a UWI study (LeFranc and others) which summarised the expressions of many Jamaican children and youth "...the yearning expressed by the adolescents for better and more caring and communicative relationships with their parents or 'upbringers' was striking. Children generally reported that their parents' communication with them was neither "elaborated nor informational" [explanations or information not provided]. In fact the adolescents reported that the communication generally 'discouraged the development of self-esteem and self-regard'. The communication was also often punitive "in which individuals would be brawled out in public, shamed or embarrassed". They also said that they often felt that their parents' actions were baseless [unfair].

Other Caribbean researchers have confirmed these reports that parents do not often use reasoning or explanations, which are seen as necessary for children to understand the causes and consequences of their behaviour and to develop self-discipline and moral behaviour (Evans and Davies). Bailey and others studying families in Jamaica and Barbados suggest that resorting to corporal punishment was in fact an alternative to

productive communication by parents. Ricketts further reports that “excessive beatings, coupled with non-communication or general difficulty with parents, are the particular problems highlighted by pre-teens and teenagers....” Conversations with groups of children ages 7-12 in rural, inner-city and middle-class Jamaican schools (Brown and Johnson) revealed that children in all groups experienced harsh disciplinary measures, including beatings with objects. Some spoke of emotional abuse from cursing, shouting, name-calling, and being ignored. Many believed that their parents didn’t want to hear their feelings or thoughts. Many of the children were hurt and angry from this treatment. The parents of these children would probably tell us that they want the best for their children—they want them to achieve, to behave well, etc. But many admit that they just don’t know other ways to get the results they want.

Let’s look at some concrete examples of messages some parents send to their children. Draw attention to the sheet posted with the following:

“Everything parents say to their children sends a message about how they feel about them.”

What do participants think about this statement? Get some responses.

What message is sent (e.g. what message does the child *get*) when we say:

- I’m busy, don’t bother me now
- That’s not the right way to do it; you’re so stupid!
- Don’t touch or you’ll get a beating.
- You’re lazy just like your father!
- Why don’t you behave like your big sister?
- Leave me alone, I’m tired.

So, how could we send the same message or get the results we want with these statements without the child hearing or feeling the negative message. Ask participants to reword the message into a positive one, e.g. “I’m busy right now, but in a half-hour I will come read you a story (or).” Show a clock if there is one to show when a half-hour will be.

D. ROLE PLAYS: POSITIVE COMMUNICATION (40 – 45 minutes)

Hand out the Positive Communication Chart prepared for each participant to take home. Ask participants to group in twos. Each twosome is to be assigned one of the positive communication tips and then develop a short role play to illustrate it, using a typical parent-child issue, e.g. child spills drink on the floor; untidiness after playing, child asking for candies in the store, etc. They are to note the negative habits to avoid, and convey a positive way of handling the conversation with the child. If necessary facilitator can assist with reading/clarifying the statements, but not direct the role plays. After each role play, the rest of the group can comment on whether this was positive, avoided the negatives, etc. Groups can be asked how difficult it was to try to avoid bad habits, to try a different approach.

E. CONCLUSION AND EVALUATION

Facilitator can summarise the session by asking participants what they think the key messages of this session were. These can be listed on a flip chart paper. Facilitator can refer to the key messages below (from the PPC session on parent-child communication) to add others if appropriate:

1. My children's views and feelings are important.
2. The ways in which I choose to communicate with my children affect our relationship.
3. I can help my children to build confidence and self-esteem by listening carefully to what they say.
4. I can change a communication style that is not helping my relationships.
5. I can create a relationship with my child in which she/he feels comfortable talking with me.

Evaluation: Follow the directions as for Session One and pass a basket or box to collect participant evaluations.

Refreshments follow. Remind group members of next session's venue and time. The next topic will be about throwing out some of our own baggage that gets in the way of positive parenting.

SESSION THREE: THROWING OUT BAGGAGE, BUILDING SELF-ESTEEM

Objectives:

Participants will:

1. Learn techniques for reducing the power that negative images and thoughts have on their self-esteem.
2. Practice reflecting on their positive traits and behaviours, and start a diary for recording these.

Pre-Session Preparation:

- Purchase exercise books and pens/pencils for each participant [NOTE that these should be part of the project budget]. Write each person's name on one of them.
- Prepare the list of positive qualities/characteristics on a large flip chart or two, large enough that all will be able to see and read from it.
- Read ***What is Self-Esteem*** article and work out the exercises for yourself. It is important that you understand that these exercises are not easy for most people and need thought and self-reflection.

The Session

A. WARM-UP: MY BEST QUALITY (15 minutes)

Facilitator asks participants to pair up, and then tell each other **their best quality**, e.g. what about themselves they feel happiest about, are often complimented on, have confidence about. After a couple of minutes, each person is to introduce their partner and describe their best quality, then reverse, until each has had his/her best quality described to the group.

B. THROWING OUT THE BAGGAGE (20 minutes)

The facilitator then asks if this was an easy exercise or hard. Get their feedback.

Facilitator: How many of you thought of negative things about yourself while searching for that best quality? (Show of hands) Now we are going to set the stage for today's discussion about self-esteem by standing in a circle (they do this), then putting all the negative things we think about ourselves, small or large, in an imaginary shovel (they do this; give them time to list these in their minds, to give it serious thought). Now we are going to lift this shovel, and throw all the negative thoughts out the nearest window or door (they role-play throwing their shovelful of negatives out the window or door). How do you feel?

Facilitator: All of us carry some baggage around with us that weighs us down—maybe some sad or negative experiences from our childhood, some negative images of ourselves from our school life, some painful incidents more recently that leave us feeling bad about ourselves, or very angry at someone. [Can give a personal or hypothetical example, such as a parent or a partner who was always critical, or abusive, or indifferent to one’s feelings.] Sometimes these negative experiences follow us around like a dark cloud, and affect how we feel about ourselves now, or affect how we relate to other persons. [The group can be encouraged to offer examples from their own experience for a few minutes if they are comfortable doing so.]

Getting rid of negative self-images and negative experiences in our past are not as easy as just imagining them tossed out the window. But the truth is, if we don’t let go of these negatives, we carry them around as baggage personally and as parents. Those negative thoughts and self-images get in the way of changing our lives, of moving forward instead of standing still, of becoming more effective parents.

In this session, we are going to start filling up a diary with positive things about ourselves that we will take home to remind us every day of our positive qualities, skills and ideas. If each day we work at “shovelling out” the negative thoughts about ourselves, and work at seeing and strengthening the positives about ourselves and our families, we can remove some of those obstacles to change and greater satisfaction.

SELF-ESTEEM DIARY⁵: (1 hour)

As participants sit back down in a circle, each is given an exercise book with their name on it and a pen or pencil. The facilitator needs to give assurance that this is not a book they have to turn in or share if they don’t want to. They don’t have to worry about spelling or neatness; they can even draw or use symbols for things they want to say. It is THEIR OWN BOOK about themselves, like a personal diary. If they have a picture they like of themselves, they might want to add that inside the front cover when they go home.

When there’s something that is really important to remember, what do we do usually do to help us remember? [Get responses...e.g. repeat in our heads, write down the number or item, put it in our phones, tell someone to remind us....]

You are going to do the same things to fill your diary. To start acknowledging your positives, you need to remember them, to write them down. What was your initial reaction to this suggestion of writing a list of your positive attributes? Did you feel any

⁵ Some ideas adapted from Building Your Self Esteem, an on-line booklet(www.glasgowspcmh.org.uk) and from Western Australia’s Department of Health, Clinical Interventions site (www.cci.health.wa.gov.au)

anxiety, shame, uneasiness, sadness, fear? Did you think “What could I possibly write?” “I have nothing worth writing down,” “Her book will be full, mine empty!” This kind of thinking is a nasty habit that may rear its head when you try to do this exercise. Acknowledge it, then let it go, “throw it out the window!”

Facilitator: So, where do we start? First of all, write today’s date in your book and record (or draw a picture of) the “best quality” you described in our warm-up exercise. Now your Self-Esteem Diary has started!

Listing your positives:

The facilitator can help participants think about their positives before they write anything by posing questions....slowly....give them a chance to think about them. Positives can be small or large, inside or outside....

- What do I like about who I am?
- What characteristics do I have that are positive?
- What are some of my achievements?
- What are some of the challenges I have overcome?
- What are some skills or talents that I have?
- What do others say they like about me?
- If I met someone just like me, what would I see that I liked?
- How would someone who cares about me describe me (a relative, neighbour, partner)?
- What do I think are bad qualities? What bad qualities do I not have?

Here’s a large list of positives (post it on the wall); some of these will describe you. Take turns going around the group reading each quality one at a time, making sure everyone knows what each quality means, using Patois to help, e.g. Resourceful =Tu’n han’ mek fashion) . Then write down in your book those that you think apply to you, and any others you may think of (list is not exhaustive).

Considerate	Health Conscious	Charitable	Organised
Good Listener	Patient	Artistic	Appreciative
Hard worker	Animal Lover	Creative	Praise Others
Good Cook	Resourceful	Active	Culture proud
Reliable	Adventurous	Outdoors Person	Good dancer
Good Humoured	Loved	Strong	Frugal
Fun	Good Friend	Friendly	Good singer
Helpful	Big Reader	Responsible	Faithful
House Proud	Politically Conscious	Determined	Kind
Any others? _____			

Facilitator gives participants sufficient time to copy down the ones they think describe them. If someone is having trouble, sensitively offer personal help. Persons can draw

or make symbols for words if they wish, e.g. a heart for “loved”, a book for “big reader”, etc.

When they seem to be finished, ask for volunteers to read out ONE of their qualities and give a recent example to illustrate. If time allows, encourage each participant to give an example. This helps make these qualities REAL for themselves and others.

C. DAILY EXERCISE OF POSITIVES

Facilitator: Now what are you going to do with these Self-Esteem Diaries? What do you think of this idea?

1. Each day, set aside at least ten minutes to sit with your diary. First, if any negative thought takes over, think how you can reduce its power. Three examples:

- ***Anger at a relative who isn't treating you fairly:*** What would happen if you simply forgave that person? Impossible? Forgiveness doesn't mean you forget or condone what they did. It just means you let go its power over making you feel bad. Forgiveness frees US, and can sometimes change the situation for the other person.
- ***Arguments with your children about their fighting each other:*** Focus on solutions; remember what an authoritative parent would do, e.g. Ignore the negative behaviour (as long as no one is getting seriously hurt) and draw attention to when they are behaving well, praise their positives, suggest another activity as a distraction.
- ***You fought with your partner in front of the children; they looked frightened.*** You feel ashamed for setting such a bad example. Decide to apologise to them for losing your temper, to not talk about the partner negatively to them, to assure them that you love them.

One or two may wish to offer a similar example of turning a negative into a positive action.

2. You can write down your solutions for reducing the power of the negative thoughts in your diary too. Date them, so when you read them again, you can check to see if you have done what you decided to try. You've given a little time to “put your negatives in the shovel” and deal with them, and you've started thinking about positive responses to them to turn them around.

3. Now focus on your list of positives in your diary. Put the day's date and write ONE example of any of the qualities that you acted on so far today (or recently). You can

write more if you wish, but record at least one. It can be as simple as “Hugged my son today”, “took a sick neighbour some food”, “breathed deeply and held my temper”.

Try to set the same time everyday, or at least once a week. If it’s in the morning, think about the day before. If it’s in the evening, think about today. If it’s weekly, you’ll need more time to write all the positives.

Some more tips to keeping your Diary:

- Write as many positive things about yourself as you can think of...there is no limit. Read it over daily and add positives.
- Get help if you feel comfortable doing this. Ask a good friend or family member— someone who supports your positives and ask them to contribute ideas for your positive diary. Who knows what nice things you might discover about yourself with their help. If you wish, you can share this with your home visitor. If you’re not comfortable writing, you can ask that friend or family member to write for you.
- Watch out for negative self-evaluations or discounting your positives as “small” or “no big deal” or “not worth writing.” If you put yourself down for little slips, big yourself up for little pluses, too – it is only fair! Also remember, you don’t have to do these positive things absolutely perfectly or 100% of the time – that is impossible. So be realistic about what you write down.
- Don’t just do this exercise for the sake of it, and then put it in the back of a drawer, never to look at it again. It is important that you re-read the things you write in your diary, and let them sink in as REAL descriptions of you. This is really important so that you learn to take notice of these things and feel more comfortable owning these positives as your own.

Wind-Up:

Facilitator needs to probe how the group really feels about this idea. It may be very hard for some to do. Encouragement is important, and the home visitor can help reinforce the importance of this focus on changing one’s image of oneself to a positive one, and working on it regularly. At subsequent sessions, they can briefly share how their self-esteem diaries are progressing.

The facilitator can wind up with these reminders on staying positive:

- Remind yourself of the things you are good at, did well, or enjoyed.
- Learn to stop blaming yourself for everything that happens. Be more forgiving of yourself, and others in the process.

- Take care of yourself.
- Don't compare yourself to others negatively. Each of us is unique, and as they say, "God don't make junk"!
- Challenge those negative 'nagging' thoughts that creep in and think them into a positive solution.
- Face what you fear. Don't avoid things.
- Talk things over with someone you trust.
- Smile at yourself in the mirror and feel good about who you see.

Facilitator: Today we have focussed mostly on ourselves, not on our children. But this is part of "taking care of yourself" that is important to being a good parent. Do you think the exercises we did today—about throwing out baggage and building up self-esteem—have anything to tell us about helping our children develop positive self-esteem? [By focussing more on THEIR positive qualities, we may help them feel good about themselves, reduce anger and resentment, negative self-image...]

Remind persons of the next meeting date and time. For the next two sessions, the topic will be on learning to manage children's behaviour with positive discipline.

Evaluation:

Follow the same evaluation procedure as previous sessions. When all are completed, Collect all evaluation papers in a basket/container. The group can join hands and sing a favourite chorus, like "Bind us together" or "Make new friends but keep the old."

Refreshments can be served.

SESSION FOUR UNDERSTANDING YOUNG CHILDREN'S BEHAVIOUR

Objectives

The facilitator and participants will:

1. Share what they know about the normal development of a child between 2-4 years old in key developmental domains.
2. Share ways they can encourage healthy development in these domains.
3. Discuss the challenges presented when children are not reaching normal milestones or are exhibiting undesirable behaviour.
4. Share and practice specific parenting activities to encourage desirable behaviour in children
5. Discuss and demonstrate appropriate limit setting

Pre-session Preparation

- Bring a light rubber ball for warm-up game.
- Flip chart and paper, markers and tape
- Flip chart sheet printed to guide the first group work session:
DESCRIBE THE EVERYDAY ACTIVITIES AND SKILLS YOUR CHILD CAN DO AT THIS AGE - in the areas of:
 - Physical development
 - Language/communication
 - Sense of self and relationships
 - Thinking and learning
- Read Outcomes chart provided with this session so that you can explain to participants the concepts behind the six desired developmental outcomes.
- Read the relevant sections in LEARNING THROUGH PLAY Training Manual, especially pages 73 – 79, 89-91, 93-114
- Prepare notelets for evaluation exercise, as per Session One.

THE SESSION

Make sure all have signed attendance register.

A. WARM UP: “MY YOUNG CHILD....” (20 minutes)

Participants stand in a circle and the facilitator asks everyone to think about their two-year-old child (or closest in age to 2). She explains that she will toss the ball to someone, who then names her/his two-year old and says one word about that child's behaviour. Then that person tosses the ball to another who does the same thing. The

aim is to toss quickly back and forth until all have had at least one turn and preferably 2 or 3. Without comment, the facilitator then says that they are going to repeat the exercise, but this time the parent can only say something **positive** that the child does. This goes on until everyone has at least one chance to speak, preferably more than one, and/or all are stuck.

The facilitator then asks the group if there were any differences in the two times they played the game. Was it easier to think of negative behaviour or positive? What came to mind first? Why is this?

If more negative descriptions came to mind than positive, the facilitator can point out that this is a very widespread experience—we notice what we don't want, more than what we do want. If a child is playing happily and quietly, what are we doing? (Get responses). We usually are ignoring the child, glad for some quiet so we can get something done. When that child suddenly spills his food or tears up something, we suddenly notice and react—how? We give the child attention, usually negative attention, with a slap or strong word. So what has the child learned? (Get responses) "Giving trouble" gets Mom's attention. I love attention. So I will give more trouble to get more attention." Sound logical?

The facilitator explains that this session will help participants distinguish between behaviour of children that is NORMAL for their age and stage of development, and the behaviour that they want to discourage. In the next session, we will spend more time on learning to set appropriate limits and to use positive discipline with our children to get the positive behaviour and results we want from them.

B. GROUP WORK ONE: What is NORMAL healthy development in young children? (30 minutes)

We are going to go into small groups first—one group will talk about 2 year olds, another about 3 year olds, and the third about 4 year old children. (3-4 persons per group). If possible, participants should be in a group dealing with the age group of at least one of their children. The facilitator reads out the assignment on the flip chart paper and makes sure all understand what is required in each group. If the groups have persons comfortable with writing, they can record their discussion in bullet form on a flip chart paper, or in notes for later presentation. If not, they are to assign someone to report verbally on what they discuss.

Feedback from all groups; tape sheets on wall/hear reports from the three groups. The facilitator can ask the whole group:

Are there skills/activities missing from any of these lists from your experience? (add to lists if on wall). Is there anything in these reports that you think a child of this age should NOT be doing? Are we always sure what is expected of a child at each age of their development?

Summarise with key points about integrated child development, drawing as needed from the Learning Through Play materials. It is important to remember that these “developmental domains” (physical, cognitive, emotional, social) don’t develop separately from each other—the child is working on all of these things when he or she is playing, eating, dressing, pretending, talking, etc. Children are always learning—that is their nature; their BEHAVIOUR is how they express what they are learning and how they feel about it. [Recall the first session on early brain development.]

C. GROUP WORK TWO: ENCOURAGING POSITIVE BEHAVIOUR/DEVELOPMENT (30 minutes)

Direct participants back into their same groups. They are to select one of the normal behaviours of children typical of the age group they discussed, particularly one that they find hard to deal with (e.g. curiosity, scribbling on walls/floor, toilet training, picky eating, throwing a tantrum to get what he/she wants, dressing self, etc.) Develop a role play to show how best to ENCOURAGE this behaviour in a positive direction. How can you help the child achieve his/her goal positively?

Each of the three groups then presents their role play. Others are to say whether this is realistic, positive, achievable. They can add other ideas for handling these behaviours positively. Discuss briefly how they can get others in the family to help with this.

Some examples that may emerge, or that can be added to the ideas that come from the role plays:

- Box of own play stuff, own dress-up stuff, to take out and put back in one designated area (learning “tidy up” value at the same time). [Pretending, imagination]
- Can “help” parent with things, e.g. handing clothes pegs; washing plastic play dishes while you do the dishes. [Encouraging helping skills, responsibility, converse while working to support language, etc.]
- Quiet corner—for child’s own choosing to go there to sit with picture book, rest. Or a place parent can place the child for a few minutes if they are over-active, out-of-control.
- Learning to redirect and distract a child that is getting into trouble/temper_as strategies; better alternative to saying NO, shouting or hitting.
- Remaining calm, counting to ten, when their “exploring” has resulted in spills, mess. Getting child to help clean up.
- Encouraging the positive behaviour, ignoring some of the undesirable behaviour, so child gets attention for what you want him/her to do.

D. LIMIT-SETTING (20 minutes)

Facilitator should link this discussion to the second session on parenting styles—the authoritative parent vs. authoritarian or permissive. It is important that parents understand that encouraging a child’s exploring nature, curiosity, adventurousness and growing independence DOES NOT MEAN that there are no limits or rules.

Discuss:

- What rules do they think are appropriate for each of these age groups? [Go through each group for ideas and list on flip chart paper.
- What are the rules in their homes? How do they usually enforce them?

Facilitator: Limit-setting helps children develop trust and a sense of safety and security, and self-confidence in knowing what they can do and shouldn’t do. Parents need to explain what the rules are (e.g. tidying up one thing before doing another, not using any toy or item to hurt anyone else, etc.) and what the consequences are for breaking the rules (e.g. time-out, stopping the activity, etc.). Setting the rules with the child is even better—children will more likely stick to the rules if they feel they helped to set them and they are seen as fair (this for children from age 3 up).

Ask for volunteers to illustrate how they might use limit setting in the following circumstances:

3. A two-year-old boy is found in the bathroom using a cup to scoop water from the toilet into the sink or nearby bowl. (Issues: hygiene (toilet a no-no area for play, washing hands), positive benefits of water play, child’s skill in pouring, normal curiosity)
4. A three-year-old girl frequently bites or hits her new baby brother.
5. A four-year-old is writing letters and scribbles in one of his books.
6. Children keep watching television instead of tidying up or doing their assigned chores.

Alternatively, the facilitator can take the role of the child or the parent to demonstrate appropriate limit-setting.

Ask for rest of group to assess whether this illustration might work for them, is appropriate, etc. Pay attention not only to the choice of limit-setting, but the TONE in which it is administered. Is child encouraged or discouraged? What will happen if they do this again?

The activity can conclude with everyone singing the “Clean up” song that is used by so many basic schools—“Clean up, clean up, mek wi clean up everywhere; Clean up, clean up, everybody do their share.” This can remind parents that rule-setting can be fun—it doesn’t have to be stern or threatening. This also helps children see that abiding by the rules is rewarded by parent’s pleasure.

E. CONCLUDING REMARKS AND EVALUATION (10 MINUTES)

Facilitator: The next session will continue to talk about children's behaviour. We will talk more about the ways we discipline children—what works, what doesn't work, and what we can try to get more positive results in our children's behaviour, and feel good about ourselves as parents.

To conclude the session, the facilitator asks participants whether they have decided to try anything differently at home as a result of the session's discussions. Encourage persons to say what **specific ideas** they heard that they could practice, and suggest they talk with their home visitor, due after this session, about what ideas they are practicing at home and what challenges, if any, they are having with this.

Participants are to evaluate the session as they do each session, and their notelets are to be collected.

Refreshments are served and participants are reminded of the next session date and time. The topic will be on Managing Misbehaviour with Positive Discipline.

SESSION FIVE: Managing Children's Misbehaviour with Positive Discipline

Objectives:

Facilitators and participants will:

1. Recognise young children's behaviour as a language for their feelings
2. Discuss some of the reasons why children misbehave
3. Define and discuss the meanings of ***punishment*** and ***discipline***
4. Share, discuss and develop strategies for dealing more positively with misbehaviour

Participants will:

5. Learn and practice a few calming techniques to deal with frustration and stress.
6. Recognise the negative effects of harsh punishment on children.
7. Agree to commit to one or more of the positive strategies over the coming weeks.

Pre-Session preparation:

- Read Stress Management for Parents (Child Development Institute article)
- Read Why Children Misbehave (PPC Module 3, p. 91). Prepare a flip-chart "poster" with the 6 key points from this article:

Children misbehave:

- ***When they don't feel well***
 - ***Because they lack knowledge and experience***
 - ***When they feel upset***
 - ***When they feel discouraged***
 - ***When they lack confidence***
 - ***When they feel unloved***
- Read UNICEF booklet on Positive Discipline; copies should be available through the project for each parent to take one home.
 - Prepare a poster with the NINE REASONS to Try Positive Discipline from the MOE/UNICEF booklet (full page) OR alternatively, hand out the booklet for Activity C if most parents have sufficient literacy.
 - Read Sonya Hinton's booklet on Managing Difficult Behaviour; this provides more specific practical ideas for behaviour management.
 - Prepare notelets for evaluation exercise, as per Session One.
 - Make a poster to mount on the wall during the session with the following jingle:
***If you always do
What you've always done
You'll always get
What you always got.***

THE SESSION

A. WARM-UP: “DE-STREXERCISE” (15 minutes)

After participants have registered and put on name tags, the facilitator is to lead a five-minute “exercise class” —stretches, arm swings, bends, jogging in place, jumping jacks, etc. When stopped, facilitator asks:

- How do you feel?” Hear responses.
- How many get regular exercise? (As part of regular routine, e.g. walking every day, personal exercises)

Point: taking care of yourself is as important as taking care of your children. And regular exercise (and good diet) are part of taking care of yourself.

Then facilitator leads a brief breathing exercise as another way we can take care of ourselves. Everyone is to sit (in the usual circle) and the facilitator gives the following instructions:

Breathing to release tension: Sit quietly, close your eyes, and locate in your body any place that is feeling tension. Gently relax those areas while taking deep long breaths to the count of five, then exhaling to the count of five. Imagine breathing out tension, breathing in relaxation.... [keep breathing deeply, slowly]

For deeper relaxing breaths, start the inhale breath from the diaphragm (just below the stomach—illustrate), then up to the lungs, then exhale in reverse—lungs first then diaphragm. Make each breath slower and gentler than the one before until you barely feel yourself breathing. Let this peaceful breath flow all through your body.

Now, to get us ready to work together on managing children’s behaviour, here’s an energizing breath you can use if you are feeling a bit low on energy and want to give yourself a boost: Breathe in sharply, taking a really deep breath. Hold for ten seconds (count), and breathe out forcefully but slowly. You should hear your breath going in and out. Do it two or three times to build energy and relieve stress.

Now how do you feel? These breathing exercises can help you deal with all kinds of negative stress, not just stress with your children. Remember not all stress is bad. When you were exercising first, it was stressful to some—but we know it is good stress, good for our bodies to exercise regularly. Stress has been defined as “a demand made upon the body’s capacities. It isn’t so much events that determine whether we are stressed or not, it is our reactions to them.... If our capacities are good enough, we respond well. If they aren’t, we give way”. [D. Fontana, British Psychology Society, PPC manual].

So we may not be able to remove all the stressors in our lives, but we can change the way we react to them.

B. WHY CHILDREN MISBEHAVE (15 minutes)

Recall that last week parents talked about how to encourage the normal developmental tasks of early childhood –to see normal curiosity or adventurousness in a two-year-old, for example, not as “trouble” or “rudeness”, but as healthy. We talked about some of the limits that children need without making them feel totally fenced in; they need these to feel secure and safe.

This session will look more specifically at what we do when children “misbehave”, or behave in a way that makes us upset or worried. In order to be able to respond appropriately to your child’s behaviour, it’s important to understand why they are behaving the way they are. First of all, especially before children have a lot of words or ways of expressing their feelings, BEHAVIOUR IS THE CHILD’S LANGUAGE. It is telling us something about the child—how he is feeling, what she may be thinking. So what are the reasons children misbehave?

Put up the flip chart poster with the six reasons. Are there any reasons that participants think should be added? [Anger isn’t there for instance]. Ask participants to give examples they know of (from their own children or others) that illustrate each of the reasons.

Facilitator: We can see from the examples that there are sometimes simple reasons for the children to behave the way they do, e.g. hunger, boredom, tiredness. Or it may be more complicated: they could be angry, unhappy, needing more attention, feeling unable to meet your expectations, wanting to be in control; maybe they are reacting to something more traumatic, like a new baby, a death or serious illness in the family. If you don’t pause long enough to try to figure out what the behaviour is saying (like while you are deep breathing instead of reacting right away), you won’t be able to react effectively to help the child change the behaviour.

C. PUNISHMENT VS. DISCIPLINE (15 minutes)

Facilitator asks for the group to define these two terms, PUNISHMENT and DISCIPLINE, and what the differences are between them. Record answers on the flip chart. Conclude with a summary:

Punishment is about using a painful or unpleasant means to stop a child from doing what you don’t want them to do, or for them to “pay” for doing something that you consider wrong.

Effective discipline helps children develop self-discipline—to control their own behaviour according to what they come to understand as right and wrong, not because they fear being punished. It’s the difference between being honest because you are

afraid of being caught, or being honest because you believe it is wrong to be dishonest and to do so would make you feel ashamed.

Go through the NINE REASONS to try positive discipline on the flip chart/poster (or pass out the Positive Discipline booklets to each participant). If appropriate to reading levels in the group, volunteers can be asked to read the reasons under the two headings. Ask if there are any questions, comments on these lists. (Keep discussion brief, for clarification; strategies will be discussed later.)

Facilitator: The bottom line is this: Using physical punishment and harsh words with our children relieves OUR frustrations and stress of the moment more than helps the children learn self-discipline. Lots of research shows that in the long-term, harsh punishment doesn't work; in fact it often makes things worse. Why? As for examples from person's personal experience as children themselves or with their children now.

- It can make children hate themselves or others; if they think they are bad, they will act badly.
- It can make children feel that once they've been punished/beaten, they have paid for the behaviour, and can do it again and try not to get caught.
- It sets an example that violence is the solution to problems or conflicts; children who see their parents use violence will learn to use it themselves.
- Harsh discipline focuses anger on the parent, rather than on the behaviour.

What can we do that works better in the long-run, that makes children KNOW and WANT TO DO the right things?

D. POSITIVE STRATEGIES WE CAN USE: Group Work (45 minutes)

Divide into 3 groups (3-4 persons each). Assign each group two of the six reasons that children misbehave. If they have added any, these should be assigned as well.

Each group is to discuss ideas for handling a child's misbehaviour in relation to the reasons they were assigned. Each group should then develop a role play that illustrates at least one of the solutions they came up with. E.g. If the child is whiney and stubborn because he is tired, what could/should the parent do? They can refer to their MOE/UNICEF booklets for ideas if necessary.

The three groups should list/report their solutions, and perform their role play; others can comment on whether they think these solutions can work, were appropriate, have worked for them, etc.

If time allows, the facilitator can ask if there are participants (2-3) with specific child behaviours they are having trouble managing that they would like to discuss in terms of

more workable strategies. The group and facilitator can suggest positive strategies for the persons to test. Everyone should be encouraged to discuss their discipline strategies with the home visitor at his/her next visit.

E. WIND-UP AND EVALUATION (20 minutes)

The facilitator asks someone to read the saying posted on the wall (“if you always do what you always did, you will always get what you always got”.) Ask for persons to say what this means in their own words. The facilitator can now refer back to the last Session on “Normal Behaviour” to ask about whether participants tried out some of the ideas for encouraging children’s normal developmental activities and behaviour. What were the results? Encourage those who did not try to continue to try; encourage others to keep trying, reminding them that behaviour change takes time (for both children and parents), and that tackling one problem at a time is better than trying too many things at once.

Ask if the parents are willing to practice at least one of the new strategies discussed in this session to solve a behaviour problem s/he is having. Volunteers can say what strategy they intend to try; these can be noted on a flip chart paper for checking back at the next session.

Participants are now to evaluate the session and their notelets are to be collected. Remind the parents of the date, time and venue of the next parent session. The next topic will be about YOUNG CHILD NUTRITION ON A BUDGET. They should come prepared to share some of their own ways of stretching the dollar to provide healthy meals for their children.

Refreshments follow.

SESSION SIX: YOUNG CHILD NUTRITION – ON A BUDGET

NOTE TO FACILITATORS:

This session holds special significance for the PATH administration, as does Session NINE on issues of health. This is because of the high rates of obesity and iron deficiency among children in Jamaica generally, and among PATH families in particular. For this reason, there is considerable textual content that is provided in each of these two sessions. This is NOT to suggest that you should resort to a lecture style of delivery, or must deliver every piece of information. However, to ensure that the content is sufficiently covered so that you can be confident that all participants have digested the information, you will need to balance the importance of getting parents to participate in discussion with the need to cover primary content. You may wish, for example, to ask parents first what they know about the topic, e.g. Go, Grow and Glow Foods. Many of them will have heard and know a lot about these; others may be less exposed. By this time in the course, you will know your group and their general levels of education and capacity. So you will be able to balance what you can first draw from participants—then supplement with the information contained herein—and what you need to present from the content provided. Engagement with participants is always preferred to a lecture, so wherever possible, engage participants in providing feedback, debate and questions on the topics being presented.

Objectives

Participants will:

1. Learn more about the importance of good nutrition and making nutritious food choices.
2. Participants will share and discuss tips for feeding young children
3. Participants will share techniques on meal planning and preparation on a budget

Pre-session Preparation

- Ensure that there are enough copies of the Food Worksheet for each participant
- Ensure that there are at least 5 flip chart sheets
- Make the cards for the healthy food alternatives games
- Ensure that there are paper and pens (1 per group) for the recipe challenge
- Review Caribbean Recommended Daily Allowances for children ages 2 – 6 years
- Bring a simple prize for the group(s) that do well in the Go-Grow-Glow group work; the prize should be something healthy in keeping with the topic, e.g. bananas, nuts
- Prepare evaluation notelets as per SESSION ONE.

THE SESSION:

A. WARM-UP: GO-GROW-GLOW FOODS (30 minutes)

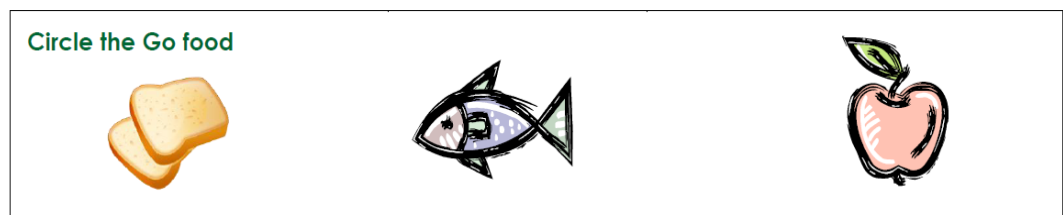
After participants register, the facilitator can spend a few minutes getting feedback about the positive discipline strategies tried by participants since the last session. When all/most participants have arrived, the session can begin.

Facilitator: This session is about helping parents to identify healthy foods and to appreciate the benefits of healthy eating. The choices that they make now for their children can have long term consequences. Teaching children about healthy lifestyles at a young age will help build the framework for an entire lifetime of healthy habits.

The facilitator should introduce the topic by defining nutrition, the basic food groups and the importance of **Go**, **Grow** and **Glow** foods. [Remember to first determine how much the group knows about the following facts.]

- 1) Nutrition refers to everything that we eat and drink. Our bodies need different types of nutrients from food to function and stay healthy. Nutrients include carbohydrates, proteins, fats, vitamins and minerals. In the right amounts, these nutrients give us energy to grow, learn and be active.
- 2) Discuss the basic food groups, providing examples of each group:
 - 1) Food from animals
 - 2) Staple foods
 - 3) Fruits
 - 4) Vegetables
 - 5) Fats
 - 6) Oils
- 3) After indicating the different types of food, the facilitator should define and illustrate *go*, *grow* and *glow* foods:
 - a. **GO foods** – provide energy for activities, the ability to "go". They include foods rich in carbohydrates. Go foods are the foundation of a healthy diet. Examples of Go foods are grains (bread, cereals, pasta, rice), carrots, beans, corn, bananas. Dairy products and nuts are also considered Go foods. These foods help children run and play all day, and have energy for their school work.
 - b. **GROW foods** – enhance growth and development. They help the body grow and develop strong bones and muscles. They also help us repair injuries. Some examples of grow foods include animal meats, fish, dairy products, soy products, nuts, beans and eggs.

- c. **GLOW foods** – help people feel healthy. They supply the body with vitamins and minerals to keep the body healthy and functioning properly. They also lead to healthy, "glowing" skin and hair. Many fruits and vegetables are Glow foods, since they contain many vitamins and minerals that help fight illness. Some Glow foods include oranges, mangos, apples, pineapple, paw paw, callaloo, carrots, and peas.
- 4) The facilitator should then ask participants to get into 3 groups. The facilitator should distribute the Food Worksheet to each participant. The groups will have 10 minutes to discuss and identify 'Go', 'Grow' and 'Glow' foods on the worksheet. For example⁶:



After each group has had an opportunity to discuss and circle their answers, the facilitator should highlight the right answers. The group that gets the most answers right can receive the prize.

B. THE IMPORTANCE OF GOOD NUTRITION FOR CHILDREN (20 minutes)

Facilitator: Good nutrition is very important for everyone, but it is especially important for children because it is directly linked to all aspects of their growth and development. For example, who recalls from Session One what are known to be BRAIN FOODS? Children grow and develop very quickly during the early years. When children are growing they need plenty of healthy food in balanced proportions to help their bodies and minds develop and mature. Nutrition plays a vital role in:

1) Growing strong bones & building muscles

During the time period from birth to age 5, the human body goes through its most rapid growth. Children's bodies are transitioning from crawling to walking and then to running and playing sports. Childhood is a time when healthy and strong bones and muscles are imperative so that they do not injure their muscles or break their bones because of a lack of nutrients.⁷

⁶ www.naqlid.org/wp-content/.../FSS_FS34a-Go-Grow-and-Glow-Foods.

⁷ <http://www.livestrong.com/article/45375-importance-good-nutrition-kids/>

2) ***Providing fuel for the body***

The food your child eats will provide the energy his body needs to function. In the same way that a car need fuel to run, you child needs nutrients to run, play and learn.

3) ***Preventing obesity***

- Childhood obesity is becoming such a problem worldwide that adult obesity-related health problems are now appearing in children for the first time. There are now cases of type 2 diabetes and high cholesterol in young school children.
- Being overweight can lead to low self-esteem.
- Learning correct portion sizes at a young age and eating a healthy, balanced diet will help children maintain a healthy weight as they get older. Good nutrition habits like eating fruits and vegetables every day and limiting sugar intake prevents childhood obesity-related problems that can last an entire lifetime.⁸

Possible effects of obesity in children ⁹	Positives of good nutrition in children
<ul style="list-style-type: none">▪ Heart disease▪ Diabetes▪ High blood pressure▪ High cholesterol▪ Asthma▪ Sleep apnea▪ Some types of cancer▪ Social challenges and barriers▪ Low self-esteem▪ Being teased and bullied▪ Not being able to keep up with peers▪ Feeling isolated and alone	<ul style="list-style-type: none">▪ Healthy weight for height▪ Mental well being—feeling good▪ Clear thinking and better school performance▪ Strong bones and muscles▪ Good energy level▪ Ability to fight off sickness or disease▪ Healthy healing of wounds▪ Easy recovery from illness or injury▪ Reduced risk of heart disease, stroke, diabetes, cancers and bone diseases in the future

4) ***Preventing chronic diseases such as diabetes, heart disease, high cholesterol, hypertension and even certain cancers***

5) ***Improving a child's learning and concentration***

⁸ <http://www.livestrong.com/article/45375-importance-good-nutrition-kids/>

⁹ Table adapted from <http://familydoctor.org/familydoctor/en/kids/eating-nutrition/healthy-eating/nutrition-healthy-eating-for-kids.html>

A child's performance in school is very much related to the child's eating habits. For instance, research has shown that children who eat breakfast have better concentration in school than children who skip breakfast. Good nutrition practices involve eating breakfast every morning so that the child will be nourished and ready to focus. Focus and concentration in school result in better learning, which in turn results in more opportunities in life¹⁰.

B. MAKING NUTRITIOUS FOOD CHOICES (20 minutes)

1) Each food group supplies important nutrients, including vitamins and minerals. But parents must be careful to limit sugar and salt, not just for themselves but especially for their children:

- Sugar - Keep your child's sugar consumption at moderate levels. Sugar has plenty of calories, but these are generally empty calories because they have very little additional nutritional value. However, children love sugar and often eat a lot of sugar at the expense of healthier foods. The quick energy from sugar doesn't last as long as more complex carbohydrates such as cereals and grains.
- Salt - Serve your child foods low in salt and minimise the amount of salt that you add to food while cooking. Table salt can improve the taste of certain foods. However, researchers have found a relationship between dietary salt and high blood pressure in certain populations. Black people of African descent are particularly sensitive to the effects of too much salt and are therefore at higher risk of associated health conditions such as stroke and renal failure. Because of the preservative properties of salt, processed foods often contain large amounts of it. Examples of salt-rich foods are processed cheese, canned vegetables, hot dogs and chips.
- Learn what healthy alternatives there are rather than foods high in salt and sugar.

2) *Matching Game:*

To illustrate healthy alternatives to 'junk' foods (high in salt, sugar, fats and calories), the facilitator should hand to each participant a card with either a healthy or junk food written on it (pictures can also be used if literacy levels are a concern). The participants will then have 5 minutes to find a healthy substitute. Participants should get up, walk around and ask group members about their food to find a good match. The list below can be used to make cards. Ensure that each card handed to a participant has a match. Add other favourites.

¹⁰ <http://www.livestrong.com/article/45375-importance-good-nutrition-kids/>

<i>Food</i>	<i>Healthy Alternative</i>
French fries	Baked or boiled potato, yam, sweet potato
Fried chicken	Grilled or baked chicken
Sugary drinks (bag juice, soda, box drink)	Homemade fruit juice or water
Cheese Trix	Cheese & crackers (whole wheat best)
Sandwich cookies	Fruit
Canned vegetables	Fresh vegetables
White bread	Whole wheat bread
White flour	Whole wheat flour
White rice	Brown rice

Once the five minutes are up, the facilitator should check to see if participants have all found a match. The group will then discuss the healthy alternatives and add to the list of alternatives by making their own suggestions.

The facilitator should highlight that many of the foods that we currently prepare for children can be made healthier by implementing a few small changes including:

- Cutting down on the amount of salt, sugar and oil used in the meal
- Adding vegetables, raw and cooked
- Substituting whole wheat versions of products
- Eating the recommended portions for your age and stage
- Grilling or baking rather than frying

3) ***Appropriate quantities***

Discuss with participants what are appropriate portion sizes for children ages 2 – 6 based on [the Caribbean Recommended Daily Allowances](#).

D. TIPS FOR FEEDING YOUNG CHILDREN (20 minutes)

Getting children to eat healthy foods can sometimes be challenging, especially if they have gotten into habits of eating “junk” foods. Sometimes it just seems easier/cheaper to give them low-nutrient, high-calorie foods (such as cheese trix, bag juice and soda).

The facilitator should ask the group to share their challenges and successes related to helping their children to eat healthy foods. The facilitator should record these on flip chart paper. Tips to share for encouraging healthy eating among children 2 – 6 years include:

- 1) Model good behaviour as children tend to eat the same foods and in the same manner as their parents.
- 2) Offer nutritious food and avoid foods low in nutrients and extremely high in fat and sodium.
- 3) Remember that sometimes new foods take time. Give children a taste at first and be patient with them. Offer new foods many times.
- 4) Let your child try all kinds of foods, even the ones you don't like
- 5) Don't offer multiple new foods at one time as this can be overwhelming for your child. You can help children try new foods by serving foods that you know your child already enjoys along with one new food.
- 6) Let your child try small portions of new foods before serving them a full portion at mealtime.
- 7) Don't worry, young children will eat when they are hungry and stop when they are full. Remember, it is normal for children to eat less after the first year. They are not growing as fast
- 8) Encouraging or forcing children to eat more than they want reduces their ability to know when they are full, leading to overweight and even obese children.
- 9) Attempt to make mealtimes pleasant and relaxing, this will encourage children to eat more of their food
- 10) Involve your children in food preparation if possible. Children are more likely to eat what they help to prepare.
- 11) Serve foods safely; e.g. cut foods into small bite-sized pieces to avoid choking, cool foods before serving to avoid burns, always have children sit while eating
- 12) Try to plan meals/snacks ahead of time. Planning ahead saves time and money.
- 13) Buy foods in season and choose local foods when you can.
- 14) Make real fruit and vegetable juices rather than buying artificial fruit drinks, which are high in sugar and low in nutrients.
- 15) Always remember that children are different. Listen to your child and find out what works best for him/her.

E. RECIPE CHALLENGE! PLANNING AND MAKING MEALS ON A BUDGET (30 minutes)

Facilitator asks participants to get into the same groups as before. The groups should then be given 15 minutes to design a healthy meal plan (3 meals and 2 snacks) for a 4 year old boy for 1 day AT THE LOWEST COST POSSIBLE. The group should take into account all the things needed to make the meal, including oil, seasonings etc. Each group should write down their meal plan and present it to the group. The group can then discuss the choices presented, adding, subtracting, making new suggestions. Facilitator: If possible, these ideas could be copied all for the next session.

F. EVALUATION OF THE SESSION

Participants are to fill out their evaluation notelets as per instructions and place in basket/container before they leave.

Refreshments follow. **Persons should be told the date, venue and time of the next session. The topic will be on Parent Support for Early Literacy**

SESSION SEVEN: PREPARING CHILDREN FOR SCHOOL: Pre-reading and Writing

Objectives

1. Facilitator and participants will explore the factors that impede or encourage reading in children.
2. Participants will share the ways in which they do, and can, stimulate early literacy through language learning and pre-writing skills.
3. Participants will learn activities to help engage children with books and pre-reading.

Pre-Session Preparation

1. Acquire a children's book for each parent (different ones preferred) appropriate for ages 2 to 4; the project should provide these for all groups. (Picture story-book or colouring book with some letters/words, given with a pack of crayons)
CRAYONS COUNT request?
2. Read "Family Literacy and Interactive Reading" (excerpts from Let's Read Together: Improving Literacy Outcomes, Andrea DeBruin-Parecki, 2007, Paul H. Brookes Publishing.)
3. Read excerpts from Language and Literacy: From Birth...For Life (4 pages)
4. Prepare on slips of paper at least FIVE of the following proverbs, and then cut them in half where indicated.
 - One, one coco/ full basket
 - Every mikkle/ mek a muckle
 - Wat doan kill/will fatten
 - Chicken merry/hawk deh near
 - Wanti, wanti, cyan getti;/ getti, getti nuh wanti
 - Silent rivah/ run deep
 - No mug no bruk,/ no coffee nuh dash wey
 - Duppy know/who fi frighten
 - Hog say, 'de first dutty water mi ketch/ mi wash'
 - One eye man king/ in blind man country
 - Talk and /taste your tongue
 - The higher monkey climb/the more him expose

THE SESSION

A. WARM-UP: JAMAICAN PROVERBS (20 Minutes)

When most/all participants have arrived, each is to be given one slip of paper which contains half a proverb. The facilitator explains that the first object of the exercise is to find the person who has the other half of the proverb each is holding. When they find

that person, they are to pair up and talk about what that proverb could mean in relation to parenting young children.

There must be an even number of persons participating in this exercise. The facilitator will have to distribute the proverb pairs in relation to numbers present, and can participate to even the numbers. After the pairs have discussed their proverb for 2-3 minutes, each pair reports—one reading the proverb, the other explaining how they think the proverb could apply to parenting. Other participants can add interpretations.

Facilitator can sum up very simply by saying that “old-time” wisdom often shows us that there are strengths and good guidance within the culture, and that sometimes the new “science” is simply confirming what others have known for a long time.

B. HOW WE LEARN TO READ (OR NOT) (15 minutes)

Facilitator: What do you think are the reasons some children don’t learn to read, or to read well? (Record responses on flip chart paper)

Draw out reasons; some examples could be:

- Child misses a lot of school
- Teacher didn’t pay enough attention to the child having difficulty, child falls behind
- Parents don’t read, so no modeling of reading in the home
- Child gets beating for not reading well enough, so turns off trying
- TV is easier than reading books
- Child is dyslexic or has other type of learning disability and it isn’t picked up for treatment
- Child speak only patois, so doesn’t understand standard English used at school

Facilitator: Be careful in accepting a response that puts the blame on the child, e.g. “child is dunce”. There are children slower than others, but a “dunce” label can be part of what discourages children from trying, and often isn’t true.

Facilitator: Ask how many participants have children, or know children, who love to read? What do they think are the reasons a child learns to love reading? Possible reasons:

- See others enjoying reading (parent, older sibling)
- Having stories read to them regularly from early
- Encouragement to learn letter sounds, phonics, recognise words
- Books open up new worlds to them that they enjoy visiting
- Older persons tell them exciting or interesting stories

Again, caution answers such as “the child is bright”. Some bright children don’t learn to read; others not so bright do. Again, labeling children is unfair. Facilitator can tell this true story in own words:

Some years ago in California a study was done in a primary school¹¹. The teachers were told that all the children in their class had been tested for IQ [level of intelligence], and then the teachers were given the scores of the children. What the teachers were not told was that these were fake test results; the teacher was given names of some children who were expected to show high results over the year; these were not high IQ scorers. At the end of the year, those children were in fact performing very well. Other high achievers didn’t do as well as their real test results would have predicted. What does this say? [Get participants’ ideas about this] The teacher’s expectations of the children strongly affect the outcomes of the children. This happens with parents too. Can they give examples of this?

C. DEFINING LITERACY (10 minutes)

Facilitator: What do we mean by LITERACY? [Get suggestions] Some people think that it simply means those who can read and those who can’t. Sometimes that is what they mean when they give literacy tests to children in school—to see how well they both read and understand what they read. But LITERACY is really broader than that:

[PARAPHRASE the definition provided in the facilitator’s reading accompanying this session:

Throughout history, family literacy has consistently been present in homes and communities and across generations. Adults have always schooled children in some manner to assist them in becoming literate in the ways and traditions of their cultures. De Castell and Luke saw being literate as “having mastery over the processes by means of which culturally significant information is coded” (1983). This information can be passed on in a variety of ways such as speaking, drawing, signing, gesturing, and singing, as well as through written text. The definition of literacy encompasses much more than conventional types of skills such as reading and writing. A person considered literate in one culture may be considered illiterate when judged by the standards of another.

Think for example how visitors to Jamaica feel when suddenly they hear everyone around them speaking a language they don’t understand, dancing differently, gesturing differently, etc. They are illiterate in some ways within the Jamaican culture—any of you could be a translator to help such persons understand things about this country and its people—you would be the culturally literate ones.

Children’s literacy encompasses, therefore, how they learn and express language, how they learn to label and interpret the things around them, as well as how they learn to

¹¹ Rosenthal, R; Jacobson, L. (1968) *Pygmalion in the Classroom*. New York: Holt, Rinehart and Winston

write and read letters and words, how they understand words used around them, and how they gain meaning from the words they see on signs and in books.

D. GROUP WORK: SHARING WHAT WE DO (15 minutes)

Facilitator: We are going to go into 3 groups to talk about the ways in which we do help prepare our young children to learn to read and write and be ready for formal school. Remember Session One, when we talked about how important early stimulation is for the development of the brain, how play is the way that children learn about the world around them. Now we're going to focus specifically on the ways that we consciously help our children to gain the skills they will need to become good readers and writers. Groups of 3-4 persons are to discuss for a few minutes (5-6) what they do at home with their young children to foster pre-reading and pre-writing skills.

Then groups are to report their ideas, and record them all on a flip chart. Are there any things reported that we think DON'T support gaining these skills? (e.g. forcing children to copy letters before they are ready.) Remember that children's writing competency begins with scribbling, pretend writing, and gaining control of crayons and pencils with practice. Play activities which encourage these skills will strengthen children's readiness for learning to write.

E. PRACTICING INTERACTIVE READING (1 hour)

Facilitator (reflecting on list): These are good ideas, and if practiced regularly, they can go a long way to helping children be ready for formal school. But will these actions be enough to make sure our children are as ready as any others for Grade One? If our children start behind most of the others in their class, they are likely to remain behind and become discouraged. What else can you do to help make sure that when your children start school, they are as ready as anyone else and are excited to be at school and already enjoy learning.

Research tells us a lot about how we can help do this. Lots of studies make the connection between LANGUAGE and READING. Put simply, the more conversations children hear and are engaged in, the more likely they will read early and well. Listening to language and expressing themselves in language builds their vocabulary. Listening and engaging in language can include many of the things you listed [if this is so], like listening to and singing songs, hearing and telling stories, asking questions and getting answers, discussing what they hear on radio or TV or in the neighbourhood, etc. The children who are surrounded by language have larger vocabularies when they start school than children who are not. Why is a larger vocabulary important? [Get suggestions]. Using and understanding a lot of different words will make it easier for a child to understand what the teacher is saying, what is read to them, and what other

children are talking about. It is part of them being READY for school, and ready to read and write.

One very important way to build a child's vocabulary and help him or her be ready to read is to **read to and with the children**. Being exposed to books, enjoying stories in books, wanting to look at books, and seeing others enjoy books is one of the strongest motivators for children to want to read. But HOW we do it is as important as doing it.

First, don't worry if you don't read so well. There are ways that you can still motivate your child to want to read and love reading, even if reading is hard for you.

And second, don't feel that you must always use Standard English when telling or reading stories to your children. However you speak comfortably at home is how you talk with your children to prepare them for school. You and your children are bilingual—you have two languages. Most children's books are written in Standard English, and your children will have to use Standard English in most school homework, but when you talk and read to them, you should make them comfortable to use both their languages.

We're going to practice what is called **"interactive reading"**, which is how you can get your child excited about words, stories, books.

What does "interactive reading" suggest? (Get ideas)

What it ISN'T is just reading through the book to the child. There is much more to interactive reading than that.

What it IS can include several or all of the following activities:¹² The facilitator can demonstrate, or ask others within the group to demonstrate the following strategies as they are read.

1. Staying Close : child on parent's lap or sitting very near
2. Keeping the child's interest by complimenting the child on attention to aspects in the story, letting the child touch the book and jump in with his/her own thoughts
3. Changing your voice to show different characters or mood
4. Encouraging child to ask questions about actions or words in the book
5. Encouraging child to tell you stories or "read" them (talking about the pictures or the story as he or she remembers it.
6. Asking child questions throughout the story, e.g. things he recognizes, may not recognise, what she thinks may happen next, etc. Pause the story to listen and answer.
7. Point to pictures, words or letters that your child might recognise.

¹² Adapted from Let's Read Together, Andrea DuBruin-Parecki (2007)

8. Reading a story over and over to help the child identify words, pictures, etc.
9. Relating the content of the book (words, pictures) to things in the child's life, and talking about that.
10. Recognizing familiar letters or words with the child
11. Singing or acting out familiar words, making up rhymes with repeating words
12. Asking child to predict or imagine what is to happen next during the story
13. Asking child to recall parts of the story as you go along, and/or at the end
14. Encourage child's ideas about the story, listen to them, add your ideas

Put participants in dyads and give each a children's book. Give each dyad two or three of the above suggested activities. Ask them to practice the skill(s) suggested, taking turns being the reader and the child. Alternatively, if young children are present with the child care workers, they can be brought in to be read to for this practice exercise. Participants can then comment on how the children responded to this exercise.

After they have finished the practice session, ask dyads to give feedback on what they felt about the exercise, whether they think they could do this more with their child/ren, etc. Ask each member in turn to state one idea or activity they will take home to practice with their child/ren. The books/crayons obtained for each parent should be distributed as "homework" for parents and children together. If the recipes from the previous session have been printed/copied, distribute copies of these to participants now.

F. EVALUATION

Participants complete their notelet evaluations (as in all previous sessions) and they are collected.

Participants are reminded of the next session's venue, date and time. The topic for Session Eight will be Raising Boys and Girls – Gender Issues in the family.

Refreshments follow.

SESSION EIGHT: RAISING BOYS AND GIRLS, HANDLING GENDER ISSUES

Objectives:

Facilitator and participants will:

1. Share their understanding of the social and cultural bases for raising girls and boys differently
2. Discuss the gender roles played out within their families and their cultural implications
3. Examine the effects of parental expectations of boys and girls

Participants will:

4. Commit to (a) give equal encouragement and praise to their boys and girls; (b) support both boys' and girls' early learning within the home; and (c) provide equal supervision and protection to their boys and girls.

Pre-session Preparation:

1. For warm-up activity: Prepare a flip chart sheet with a line down the middle: left side is headed GIRLS, right side BOYS
2. For first activity:
 - a) Print on sticky notelets—one word to a notelet*—the following roles:

Breadwinner	Role model	Spokesperson	Fix-it person
Head	Teacher	Caregiver	Counsellor
Decision-maker	Healer	Clothes-washer	Adviser
Housekeeper	Budget-planner	Story-teller	Provider
Disciplinarian	Protector	Culture-bearer	Accountant
Spiritual leader	Rule-maker	PTA representative	Decorator
Gardener	Cook	Nurturer	Advocate
Shopper	Treats-giver	Homework helper	Encourager

*or use cards and tape

- b) Put up two flip chart sheets with the following headings:
 - On one: MOTHER/Other Female
 - On second one: FATHER/other Male
3. Read The Young Child, Gender and the Family: A Policy Brief as background for discussions during this session.
 4. Make 3-4 copies of the “typical day” sheet for group work.
 5. Prepare the usual notelet evaluation notelets (as in Session I and all subsequent sessions).

A. WARM-UP: GETTING ON THE SAME PAGE ABOUT GENDER (20 minutes)

The facilitator asks parents to pair up; if there is an uneven number, the facilitator can join a dyad. The pairs are to discuss for 3-4 minutes the good things about having daughters and the good things about having sons. When the time is up, ask for

volunteers to share what they came up with in an informal “debate” format—listing the contributions under the headings on the flip chart paper.

Facilitator: Our topic today is on how we raise our sons and daughters, and why we raise them the way we do. We see already that we share strong feelings for both boys and girls—some favour one sex, the others favour the other sex; there are good things to say about both genders.

To get us started, we need to be clear about some definitions; the facilitator can first probe how the group would define the following terms, then can confirm the definitions below for SEX, GENDER IDENTITY, MASCULINITY, FEMININITY, GENDER ROLES.

- A person’s **sex** is biologically determined; your genes determine whether you are male or female. Only in very rare cases do persons decide to change their sex in appearance or surgically.
- Your **gender identity** is learned in the very early years--from parents, wider family and your community, which include schools, churches and other sources of influence such as the media.
- **Masculinity** and **femininity** are both biologically and socially determined. Hormones play a part, but mostly society/culture defines what is masculine behaviour, masculine clothing, etc. and what is feminine.
- **Gender roles**, and ideas about masculinity and femininity, are initially shaped for children by families and the environments in which they are growing. This is called ‘gender socialization’. Very early we learn what society and family think is “correct” behaviour for males and for females, both adults and children. We learn these roles not only from what we are told but what we observe watching the people around us. Our ideas sometimes change over time, and these ideas differ sometimes within our society and in relation to how other countries see these roles.

What is important for today’s discussion is to understand better how we pass on these ideas of gender to our children, and what they may mean for them now, and in the future.

B. EXAMINING GENDER ROLES (40 minutes)

With the group seated in one circle, the facilitator distributes the sticky notes (or cards) with family roles printed on each—several to each participant, and tapes up the two flip chart sheets prepared before the session. Explain that each word represents a role, or

job, that is performed in most families by someone. If anyone does not know the meaning of the words they have received, these should be simply explained.

Each person is to think about the TYPICAL Jamaican family (or most families they know), rather than just their own family. They are one by one to place their notes under the heading for the person they think most often performs that role (mother/other female or father/other male). As persons do this, if anyone is firm that BOTH mother and father do the role, they can place the sticky note on the wall between the two sheets, indicating that both males and females do this equally. This is not a SHOULD listing, but a WHAT IS listing. If another participant disagrees with the placement of one of the stickies, they are to wait for the discussion to follow for any debate.

When all notes have gone up, the facilitator then asks if anyone would change the positions of any of the notes. Persons give their reasons for why they would make changes.

Participants are then to ask themselves if these describe their roles in their families; what differences, if any, do they see? (Some may say they do everything, others may rely on other family members or neighbours for some roles, etc.) Are some roles neglected because there is no one to do them?

Then ask the group how many of the role assignments are how society says they should be assigned...i.e. what men are “supposed” to do, what women are “supposed” to do. If they cite many differences, this is the time to point out that gender roles change throughout our lives—either because we choose to do things differently, or we feel we must take on some roles because there is no one else to do them, or for other reasons. Gender roles are not fixed; they can change as our lives need or want them to change.

Facilitator: For the rest of the session, we are going to look at how we prepare our children for their gender roles – as children, and as future adults.

C. RAISING BOYS AND GIRLS: Same or Different? Group Work (45 minutes)

Each of three groups is to be given a “typical day” form that they are to discuss and complete as a group. The form asks them to discuss for boys and for girls what their typical weekday activities are at three different age periods: early childhood, primary school years, secondary school years. If there are disagreements, take note of these, and when sharing with whole group, indicate where there is not consensus.

When they have completed their list, they are to answer the following question:

What does this list tell us about how we are preparing our sons and daughters for their adult roles? For adult responsibilities? (Can recall the roles on the sticky notes from the first exercise).

When completed, the groups share their lists; the facilitator can point out similarities and differences between the groups, and then compare how the groups' lists compare with what Caribbean research¹³ says about how we *generally* raise boys and girls:

- Parents often have different goals/expectations for their sons and daughters
- Parents choose different toys for boys and girls; clothing colours differ as well.
- Domestic chores are often divided into “girl” chores and “boy” chores
- Girls’ work is more inside the home than boys’ work
- Leisure activities for boys more outside, with more freedom; girls’ leisure more indoors. Boys generally get more leisure time.
- Social skills/values more invested in girls.
- Boys are punished more harshly; girls more closely monitored.
- Girls receive more open affection from parents than boys, at least when young; boys not to be “petted”.
- Double messages are sent about their sexual identity: Girls are to be discouraged from early sexual activity; boys subtly or openly are encouraged into early evidence of heterosexual choice.
- Strategies to protect both girls and boys are becoming harder and harder for parents.

Facilitator: This research was done over 15 years ago; are things changing? Are boys and girls treated more equally now than before? If yes, why is this? If no, why not?

More recent studies have shown that the way we raise our boys and girls may have something directly to do with why boys are dropping out of school earlier and in greater numbers than girls, why boys are not doing as well on Grade 3 and 4 literacy and numeracy tests. Ask parents if they can see any reasons why this could be so. Then make the following points:

- Girls are better prepared for the discipline of school and schoolwork – more home duties, more responsibilities generally¹⁴
- Expectations of boys differ from those of girls from early ages; both parents and teachers of young children use more negative descriptors for boys than for girls, e.g. “trouble”, “rude”, etc. Although boys and girls DO NOT DIFFER in terms of their cognitive (intellectual) abilities, boys are expected to perform less well in school than girls, and to misbehave more.¹⁵

¹³ , Brown, J. and Chevannes, B. “Why Man Stay So”: Tie the Heifer, Loose the Bull. An examination of Gender Socialisation in the Caribbean by University of the West Indies

¹⁴ Figueroa, M. (1996), *Male Privileging and Male Academic Performance in Jamaica*, Symposium paper UWI St. Augustine

¹⁵ Leo-Rhynie, E. and Minott, C. (2009) Competency of Children in Guyana, Jamaica and St. Vincent and the Grenadines: making the transition from pre- to primary school with special emphasis on gender differences, CCSI, publication pending.

D. CONCLUDING REMARKS AND EVALUATION (15 minutes)

So....what are we to do as parents to make sure our girls AND boys can achieve their fullest potential? That they will achieve in school, and grow up to be responsible men and women? Get some suggestions and record on flip chart. Conclude with asking for parents to commit to the following three tasks, and then report at later parent sessions whether it has made any difference in your relationship with your children:

- (1) **Make sure that you give equal praise, encouragement and affection to your sons as well as your daughters.** Praise and encouragement make children feel worthwhile; affection makes them know they are loved. Boys need this as much as girls.
- (3) **Give as much stimulation and attention to your sons as your daughters**—through play, reading, conversation, listening, early learning games. This is as important for fathers to do as for mothers. You are modeling what a caring adult does with their children; if you want your sons to learn to be responsible fathers, and your daughters responsible mothers, start the modeling from early!
- (4) **Provide the same limits, supervision and protection to both daughters and sons;** dangers may differ, but both need to feel safe and secure within their home and neighbourhood. Children left to “fend for themselves” can grow up angry, feel abandoned and depressed, or act out to get your attention.

You will have opportunity to discuss this more during your upcoming home visit, and you can continue to discuss this issue in future parenting sessions.

Participants are to complete the evaluation notelets and they are to be collected.

Indicate the time, venue and location of the next session. The topic of the next session is Keeping Your Children, Yourself Healthy and Safe. Participants are asked to bring their children’s Child Development Passport with them to the next session.

SESSION NINE: KEEPING YOUR CHILDREN, YOURSELF HEALTHY AND SAFE

Objectives

1. Participants will learn how to prevent and manage accidents, injuries and common childhood illnesses
2. Participants will share techniques to encourage good health
3. Participants will learn how to use the screening and anticipatory guidance sections of the Child Health and Development Passport
4. Participants will learn techniques to reduce their own stress and that of their children

Pre-session Preparation

- Ensure there are several sheets of flip chart paper to use for the Hazards “Drawing contest”.
- Bring a simple prize that can be shared by the winning group in the warm-up exercise.
- Ensure that there are at least 7 flip chart sheets
- The Mobiliser is to text/phone all participants and tell them to bring their Child Health and Development Passport for one child to this session. Copy pages noted in Section D from the Child Health and Development Passport to take to the session.
- Read **Keep Your Child Safe**, Paediatric Association of Jamaica
- Read **Raising Emotionally Healthy Children**, Ministry of Health, Jamaica
- Read **Kids Have Stress Too!** Ideas, Tips and Strategies for Parents of Preschoolers
- Review the Red Cross reminders re response to choking. Take poster to session as illustration.
- Practice the handwashing exercise in the WHO poster and bring poster to the session as illustration.
- Bring blank copy of the **Child Health and Development Passport**.
- Prepare the usual evaluation notelets.

THE SESSION:

A. WARM-UP: HAZARD HUNT (20 minutes)

The facilitator explains to the group that today’s session will be about health and safety. Health and Safety begins in the home and the surrounding environment. Identifying and fixing potential threats can help protect both adults and children. The facilitator

asks participants to get into 3 groups, then provides each group with 2 or 3 flip chart sheets and markers. One group is assigned “KITCHEN”, another “BATHROOM/LATRINE”, another “THE YARD”. Each group is to draw as many hazards for children that can exist in the space the group was assigned. Remind them this isn’t an art contest—it should be fun! When each group presents its drawings to the other groups, participants from other groups can suggest hazards that the presenting group may have missed. The group that identifies the most hazards can be given a prize. The facilitator should also highlight any hazards that were not identified by any of the groups.

B. PREVENTION OF ACCIDENTS AND INJURIES, MAINTAINING A SAFE ENVIRONMENT (30 minutes)

The group continues to discuss common types of hazards in the home and create together a household checklist that participants can use to gauge the safety of their home environment. The facilitator should record suggestions on flip chart sheets using the following headings, explaining if required what is meant by each. [The facilitator can offer to have this list typed up and distributed as a checklist at the subsequent session, or ask for a volunteer from the group to do this.]

- **Chemical hazards**
 - E.g. Are flammable liquids—such as gasoline, cleaning products, acetone, and paint/lacquer thinner—stored outside the living areas? Are they in secure containers? Is the storage area well ventilated?
- **Electrical hazards**
 - E.g. Are extension and appliance cords in good condition, or are they frayed or cracked?
- **Fire Hazards**
 - E.g. Are candles or matches in high-traffic areas or accessible to children?
- **Flood hazards**
 - E.g. Have all cracks in the floor and walls of your home been sealed?
- **Organic Hazards**
 - E.g. Are any of the houseplants or plants in the surrounding areas poisonous or toxic? If so, are they out of reach of pets and children?
- **Hazards for Small Children**
 - E.g. Are prescription drugs and over-the-counter medicines kept in childproof containers and out of reach?

Ask participants to do a hazard hunt in their own home/yard and (wherever possible) to work with family members and neighbours to address any hazards that are found.

The facilitator: Young children depend on us to keep them clean and safe, to teach them good habits and to stimulate their development. As parents/caregivers we need to take special precautions to help children avoid accidents. The facilitator should discuss facts about accidents among children under 6 in Jamaica and then discuss tips on how to prevent these. Parents should be asked to list examples of safety tips under each of the following headings; mention the ones below if parents do not do so. Record all suggestions on flip chart paper.

Child Travel Safety

Tips:

- Ensure children in a car always wear seat belts.
- Have child ride in back seat of a car rather than the front.
- Do not let young children below school age ride alone on a bus or in a car with strangers
- Teach children how to safely cross the street if not with an adult.

Water Safety

Tips:

- Never leave a young child unsupervised in the bath.
- Supervise children around any body of water inside or outside the home.
- Keep children away from water heating on the stove or outside fire.

Toy Safety

Tips:

- Always supervise children at play.
- Select toys appropriate to a child's age, interests and skill level.
- Avoid toys with small parts that could be swallowed or put in ears.
- Ensure that toys are used in a safe environment.
- Put toys away safely after playing. Ensure that toys intended for younger children are stored separately from those for older children.
- Inspect old and new toys regularly for damage and potential hazards. Make necessary repairs immediately or discard damaged toys out of children's reach.

Choking

Tips:

- Always supervise young children while eating and playing.
- Do not allow children under age 6 to eat round/hard foods, like peanuts and other nuts, grapes, raw carrots, popcorn, seeds or hard candy.
- Keep small items such as coins, safety pins, jewellery and buttons out of children's reach.
- Do not let children run or play while eating.

- Learn the basics of first aid and the Heimlich maneuver. Group members can practice/demonstrate when a child is choking.

Burns

Tips:

- Never leave a child alone, especially in the bathroom or kitchen. If you must leave the room, take the child with you.
- Keep matches, gasoline, lighters and all other flammable materials locked away and out of children's reach.
- Use back burners and turn pot handles to the back of the stove when cooking.
- Keep appliance cords out of children's reach, especially if the appliances contain hot foods or liquids.
- Cover unused electrical outlets with safety devices.
- Keep hot foods and liquids away from table and counter edges.
- Never carry or hold children and hot foods and/or liquids at the same time.

C. PREVENTING AND MANAGING ILLNESS (20 minutes)

Facilitator: Let's name some common childhood illnesses/infections (Record responses on flip chart paper). Some examples could be:

- Colds
- Chickenpox
- Diarrhea
- Gastroenteritis
- Head lice
- Other:

The facilitator should ask if and how participants currently prevent these illnesses; supplement with information from points below.

Illnesses can be spread through:

- Direct contact with skin, saliva, mucous, faeces, or urine. Direct contact can include kissing, touching or holding hands with a person who has an illness.
- Indirect contact by using an infected toy, tool, dish or cup.
- Sneezing.
- Coughing.

Adults can also spread germs from one child to another by indirect contact without realizing it. For example, if you're changing a diaper or helping your child use the toilet or wiping your child's nose, you may come into contact with germs. If you don't wash your hands well afterward, you can pass these germs to another child.

Reducing the spread of illnesses:

- Practice good hand-washing and personal cleanliness.
 - Washing your hands and your child's hands is the best thing that you can do to stop the spread of germs. Wash your hands after:
 - Coughing or sneezing into your hands or wiping your nose.
 - Using the toilet or helping your child to use the toilet
 - Caring for someone with any kind of infection.
 - Cleaning up vomit or diarrhea.
 - Wiping your child's nose.
 - Changing a diaper.
 - Handling raw meat.
 - Handling pets or animals.

The facilitator should discuss with parents the correct technique for handwashing¹⁶, and can bring the chart of steps recommended by the World Health Organisation to illustrate.

Washing your hands properly takes about as long as singing "Happy Birthday" twice. Have everyone practice singing together and mimicking handwashing, guided by the poster.

Further tips for preventing illnesses include:

- Ensure that children have received all the recommended immunizations
- Keep a clean environment (equipment, toys, rooms).
- Wash and disinfect equipment and toys that an infected child has used. Routinely wash frequently used toys, table tops, etc. with disinfectant.

The facilitator should remind parents that maintaining good health also means taking care of their child's teeth and gums. The facilitator should share with the group tips for promoting good oral health.

- Your child should see a dentist by his/her first birthday.
- Even before your baby has teeth, you can gently brush her gums (use water on a baby toothbrush) or clean them with a soft washcloth.
- When teeth appear, brush twice daily with an infant toothbrush and fluoridated toothpaste (only use a pea-sized amount of toothpaste as large amounts of fluoride can be harmful to young children). Around age 2, most kids can spit while brushing. Use a pea-sized amount of toothpaste, with supervision, until around age 5.

- Don't put your child down for a nap with a bottle of juice, formula, or milk. If you must give your child a bottle to take to bed, ensure it contains only water.
- Children should eat a well-balanced diet that limits starchy or sugary foods, which produce plaque acids that cause tooth decay.

The best way to clean your child's teeth

You can try the following routine when brushing your child's teeth¹⁷:

- Stand or sit behind your child so that she feels secure. Doing it in front of a mirror is good too, because it lets you see your child's mouth.
- Cup her chin in your hands with her head resting against your body.
- Angle the bristles of the toothbrush towards the gum. Move the brush in gentle circles to clean the outer and inner sides of the teeth and gums. Lift your child's lips to brush the front and back of the teeth and at the gum line.
- Brush back and forth on the chewing surfaces of the teeth.
- Gently brush your child's tongue.

When should you take your child to the clinic or hospital? Can ask them for examples in their own experience.

- Fever for more than 72 hours.
- Coughing that won't go away (lasts more than a week) or is severe and causes choking or vomiting.
- Earache.
- Excessive sleepiness.
- Not interested in toys or books or anything.
- Won't stop crying or is very irritable all the time.
- Rapid or difficulty breathing.
- Bloody or black stools.
- Vomiting for more than 4 hours.
- Dehydration (dry sticky mouth, no tears, no urine or fewer than 4 wet diapers in 24 hours).

D. The Child Health & Development Passport (CHDP) (20 minutes)

Facilitator: Everyone take out your child's Health & Development Passport. This Passport is designed to be a comprehensive record of your child's growth, health and development. It has important information on your child's immunization and health

¹⁷ https://raisingchildren.net.au/articles/dental_care_toddlers.html/context/358#cleaning

status. It also has screening tools for parents and information to help guide parents when they are talking to a health professional.

- Ask parents to turn to page 36 of the passport “Screening Development and Routine Health Check Up”. Explain that there are sections of the Child Health & Development Passport for parents to review and complete before the health visit. These sections are “Parent/Caregiver Health”; “Child Health & Development”; and “At this visit you & the health professional should talk about”. The facilitator should go through the “Parent/Caregiver Health” and “Child Health & Development” sections with the group, reading the questions aloud and clarifying any issues that participants may have. Explain that if the parent is uncomfortable filling out these sections themselves, they should ask someone to help them. However, it is important that they think about these questions before their child’s health check up to make best use of the visit. To demonstrate the anticipatory guidance section of the CHDP, the facilitator should ask for a volunteer. The facilitator and volunteer participant will role play the anticipatory guidance section from page 34 of the passport. The facilitator should play the patient and the volunteer should play the health professional. The patient should ask questions around the 4 points (Nutrition - Promoting healthy eating habits; Safety - Ensuring immunizations are up-to-date, Toddler & Family - The “terrible” 2’s; General - Starting preschool/day care) and the health professional should offer some guidance. The health professional can get some assistance from other participants. This is a great way to reinforce some of the ideas from earlier sessions.

Keeping us Mentally Healthy: Coping with Stress (20 minutes)

Facilitator: There are many circumstances in adult life that make us feel stressed. There are many sources of stress including financial and relationship problems, life changes such as the loss of a loved one or losing your job, as well as social pressures like violence in our communities. Stress is our body’s response to feeling afraid, overworked, overstimulated, threatened or excited. Although many of us see stress as a bad thing, research has shown that moderate amounts of stress can actually be good for us. It can help people perform tasks more efficiently, improve their memory and even make the body resistant to infection. It is easy to see how the pressures of life can burden us as parents....even childcare can be stressful. We tend to see childhood as a carefree, easy going time. However, even very young children have worries and feel stress to some degree.

There are 2 types of stressors for both adults and children: Everyday stressors and chronic stressors. Can you name some everyday stressors that children under age 6 may experience? (Get a few answers from the participants)

Common sources¹⁸ of preschool stress include:

- Frustration (because they have to wait, they can't have something they want or they break or lose something important to them)
- early or rushed mornings, being hurried
- exposure to new situations
- too many expectations or demands
- separation from parents
- difficulties with peer friendships
- fights or disagreements with siblings
- transitioning from one activity or place to another
- new beginnings such as starting kindergarten or child care
- frequent change of caregivers.

These experiences can be stressful, but they are also normal, preschool versions of the sorts of stressors you can face as adults.

However children can face more serious long term stressors that can impact their growth, development and happiness. Long-term stressors are unhappy or difficult experiences that can affect people for a long time, including:

- family conflict
- community violence
- divorce or separation of parent figures
- introduction of new parent figure
- a serious illness or health condition
- death of a loved one
- frequent moves
- being bullied or harassed over time

According to the *Kids Have Stress Too* Programme - A high level of unrelieved stress in children can lead to behaviour problems. It can interfere with a child's ability to learn and to get along well with others, and can cause illness due to a weakened immune system. Ask participants if they know of children who show signs of chronic stress.

Possible signs of too much stress include:

- tantrums
- recurring headaches, tummy aches or neck pain
- increased irritability, sadness, panic, anger, anxiety
- intensification of nervous habits like nail biting, hair twisting, thumb sucking
- a pattern of overreacting to minor problems, e.g., yelling, crying, shutting down
- trouble eating, relaxing or sleeping
- unusual sleep patterns or nightmares
- increased dependency or clinginess

¹⁸ Kids Have Stress Too! Ideas, Tips and Strategies for Parents of Preschoolers

- unusually low energy, or the opposite, very high levels of energy or restlessness
- going back to less mature behaviour
- increased behaviour problems, such as biting, kicking, poor listening, acting out, impulsiveness
- increased whining, crying, fighting
- becoming withdrawn

As parents we have a responsibility to help children deal with normal levels of stress and also to recognize and help them to recover from stress that is too much to cope with.

Identifying stressors

Can we think of ways to help children cope with stress? Remember many of these same techniques can help us relieve our own stress (record responses on flip chart sheet). Some examples include (this list is not exhaustive):

- Pay attention to them
- Listen to them
- Talk with them about how they are feeling (this is a great way to teach children about emotions and managing their feelings)
- Do activities with them (draw, play, EXERCISE)
- Stay close
- Help children to relax (maybe use relaxation techniques like the breathing exercises we learned in a previous session)
- Help them through transitions (talking about their worries, expectations)
- Have daily routines; these make children feel more secure
- Use positive and consistent discipline techniques (recall earlier sessions on this)
- Model good coping strategies

EVALUATION OF THE SESSION (10 minutes):

Start this concluding exercise by asking everyone to stand, breathe deeply for 5 breaths; then rotate their heads, each way slowly. Hang down as far as they can towards their toes; reach up as high as they can. Deep breathe again. If someone knows a good closing chorus, a volunteer can lead this song as a way to wind down the session.

Participants then evaluate the session as in previous sessions, completing notelets to be collected. **Persons should be told the date, venue and time of the next session. The topic for session ten will be**

SESSION 10: EMPOWERING OURSELVES TO MOVE FORWARD

Objectives:

Participants will:

1. Learn and practice the SMART method for personal goal setting
2. Strengthen their decision-making capacity
3. Share examples of successful personal goal setting and achievement
4. Build a resource map of services and supports available to help reach goals

Pre-Session Preparation

- Secure a CD player or computer for playing music during the Relaxation activity. If power supply is absent/uncertain, ensure equipment can work on batteries. If electricity available, bring extension cord to ensure convenient location of player.
- Select a CD that will promote relaxation: quiet drumming or background instrumental music. If someone in the group or known to the group can play the drums, they can be invited to provide the quiet drumming for the relaxation exercise.
- Read:
 - Case Study of Donna Crawford.
 - Notes to guide participants in learning about setting SMART goals
 - Notes on Resource Mapping
- Plan for venue change to an outdoor setting *if possible*—a public garden/park, a comfortable setting out under a tree, or a venue with access to green outside space; this is to provide a psychological shift towards change, in a relaxing setting. If this is not available, prepare items for the alternative activity “Basket of Goodies”.
- Bring copy of Directory of Services for Children if available, other brochures and handouts related to likely services and organisations, as part of the Resource Mapping exercise.
- Prepare for group work with flip chart paper, markers, tape.
- Bring notelets for the evaluation and prepare to instruct participants as in the **Evaluation format for SESSION ONE.**

THE SESSION (2 HOURS)

Relaxation, Focusing on Self (15 minutes)

Facilitator: Put on the drumming or quiet music to play in the background in the background. Then guide participants in the following exercise:

- Concentrate on your breathing for a few minutes. Breathe slowly and calmly. Each time you breathe out say words to yourself such as 'peace' or 'relax'. Now we are going to work around the different muscle groups in your body:
 - Hands - clench one hand tightly for a few seconds as you breathe in. You should feel your forearm muscles tense; then relax as you breathe out. Repeat with the other hand.
 - Arms - bend an elbow and tense all the muscles in the arm for a few seconds as you breathe in; then relax as you breathe out. Repeat the same with the other arm.
 - Neck - press your head back as hard as is comfortable and roll it slowly from side to side; then relax.
 - Face - try to frown and lower your eyebrows as hard as you can for a few seconds; then relax. Then raise your eyebrows (as if you were startled) as hard as you can; then relax. Then clench your jaw for a few seconds; then relax.
 - Chest - take a deep breath and hold it for a few seconds; then relax and go back to normal breathing.
 - Stomach - tense the stomach muscles as tightly as possible; then relax.
 - Buttocks - squeeze the buttocks together as much as possible; then relax.
 - Legs - with your legs flat on the floor, bend your feet and toes towards your face as hard as you can; then relax. Then bend them away from your face for a few seconds; then relax. OR if floor is not suitable, pull up your toes and feet as far as you can without losing balance, hold a few seconds, then let go. Step up on your toes, hold a few seconds, let relax.
- Then repeat the entire routine 1-2 times until the calming and relaxation effects are obvious. Then: Shake out everything!
- Each time you relax a group of muscles, note the difference in how they feel when relaxed compared to when they are tense.
- Debrief questions:
 - How did that make you feel?
 - When could you do this during your day/week?
 - How could this be useful?

- What other positive ways do you use to relieve everyday stress? Exceptional stress? (e.g. exercise, talking things through with someone, playing a sport, sitting alone for a while or going for a walk, etc.)
- Now that we are open and relaxed, we are going to do an exercise that will help us further focus on ourselves.

Nature and Me: (30 minutes)

Ask participants to go outside and take up something in nature that best represents them; on return to the circle, persons should say why they chose that item.

Alternative activity if outdoors space is inappropriate or unavailable:

Basket of Goodies: The facilitator before the session collects **at least 20 small varied items:** Music CD, small book, comb, children's toy, lipstick, box of nails, paper clips, screwdriver, cooking utensil, pen, paintbrush, flower, etc. Select items which can evoke a personal association of some kind. Cover the basket until ready for use. Then circulate the basket, asking each person to select one item that "strikes their fancy". Then ask the same questions as for the "Nature and Me" exercise, listed below.

Questions to guide the discussion:

[Ask first three questions of each person as you go around the room. Then the floor can open for volunteers to answer the fourth question.]

1. What object did you choose?
2. Why did you choose that object?
3. What about this object is like you? [Ensure person examines internal qualities, not just external appearance]
4. Are you happy about these things about yourself? Why or why not?

Remind persons that if they are keeping the personal journals they started in the second session, they can enter what they learn from this activity in their journal. They may want to expand on this exercise and write other positive qualities about themselves that they are happy with.]

Setting Personal Goals (1 hour)

This last exercise was about some of the things that we ARE already. We're now going to talk about how we set NEW goals for ourselves, how we think about ourselves into the future, 2 or 3 or 10 years into the future. And we will talk about how we can realistically plan towards reaching those goals. But first, we're going to listen to a true case about someone that may sound familiar to you—someone you know in your neighbourhood or family, maybe even yourself.

Read the Story of Donna (or have a volunteer read it). Then ask and discuss the following:

- How many of you can identify with parts of this woman's story? (Show of hands, couple of volunteers to say with what they identify.)
- From hearing this story, what do you think her main goals were during her journey?
(take care of her children; save money towards her independence; be part of a drama group, etc.)
- Were there any goals that she didn't achieve? (going back to school, leaving her abusive spouse when she wanted to, though she did eventually)
- What were the choices she made along the way? (e.g. to get pregnant, to work two jobs, to take another partner, to take up work as a household helper in order to have more time with her children, to start a drama group, etc.)
- What other choices could she have made? (Note that there was no PATH in her time)
- What do you think are the choices that led her to the positive aspects in her life now?
- What do you think of her as a woman? As a parent?

Setting SMART Goals for Yourself

Facilitator: Ask if anyone has ever learned the meanings behind setting S.M.A.R.T. goals? If yes, see if they can provide the words for the acronym. If not, explain the meanings of each word, writing the words on a flip chart paper taped to the wall:

S = Specific (answers the 6 W's : who, what, why, when, which, where)

M = Measureable

A = Attainable/Achievable

R = Relevant

T = Time-bound

Ask someone to define a goal. Explain the difference between a WANT and a GOAL:

[A goal is something that we want enough that we will make an effort to reach it.]

Talk through this or any other example:

"I want to be rich". (So I may buy lottery tickets, or gamble, but I really know that this isn't likely to ever make me rich; I don't have a *plan* to get rich.)

Instead: "I (who) want to save \$100,000 (what) so I can go back to school (why) by 3 years from now (when) to get my CXC's; I will save with the Community Benevolent Society (where). THIS IS SPECIFIC.

- Is it *measurable*? Yes, the target amount is stated.
- Is it *attainable*? Well, what can you realistically save each month? If you can put aside \$1000 per month for three years, you would have only \$36,000. saved plus

interest. Do you raise the amount per month, and is this achievable? Or do you lower your goal? Or plan to do it over more years? In the end, whatever you decide is something that is ACHIEVABLE/ATTAINABLE.

- Is it *relevant*? Is this the most important goal to save towards, because you know it will help you reach further in life? That getting your CXC's (or a degree at University, or a technical trade) will set you on firmer ground to support yourself and your family. If you don't really intend or want to return to school, this wouldn't be a relevant goal.
- Is it time-bound? Yes, because you set a date to reach the target.

So, get out your journals if you have them with you, or use paper provided. Form teams of two or three, and work for 20 minutes, helping each other set ONE SMART goal for yourself that meets all the criteria.

Facilitator can check with groups, help if needed, see if more time is required. When most groups are finished, call back together in circle and share as many of the SMART goals as time allows. The other participants are to decide if each goal has met the SMART criteria.

When completed, the facilitator says that when the group re-convenes for its first "booster" session in a couple of months, they can report on how well they have proceeded with their personal goals.

Resource Mapping (10 minutes)

Facilitator: One exercise that may help you in your personal goal setting is to do some "research" on what resources there are in your community or in the wider society that might be helpful in reaching your personal goals. For example, HEART has over 100 vocations they offer training courses in. What is offered in your community? Elsewhere? What is the cost if any? What qualifications are needed? Or another example, if your goal is to build a closer relationship with your children, what counselling service might be available? Or trained person available in your community to whom you could seek help? Who would your children be comfortable talking with, together with you?

- Show the UNICEF Directory of services and any other brochures you obtained as examples of the resources that may be useful to them.

A community group can do resource mapping for group goals, such as establishing a registered company, or setting up a recreation space for their children.

Or individuals can do resource mapping for their own goals.

So your "homework" till we meet again is:

- (1) Keep working on the goal you set at this meeting. Or revise it until it is achievable and meets all the criteria of a SMART goal.

- (2) List the kinds of supports and services and people who you might need to help you meet this goal. Do the research to get as much information as you need to know how to make use of these supports, services and people. Write these in your Journal.
- (3) Bring this research to our next session for sharing with others—and then we will have the start of a “community resource mapping”.

Session Evaluation (10 minutes)

Participants are to use the format for evaluation from Session One. They fill out their notelets according to directions, and then put their evaluation in a basket/container.

Indicate that they will be asked to come together to evaluate the total ten sessions, the facilitators and home visitors, at a date to be set within the coming month.

They can also expect to be notified of the first of three “booster” sessions and three additional home visits to begin in approximately two months.

This session is indebted to Ms. Janise Blake and members of the Sistren Theatre Collective who provided the outline and some of the activities for this focus on personal empowerment and goal-setting.

**THE READINGS AND HANDOUTS INDICATED IN EACH SESSION'S
PRE-PREPARATION SECTION ACCOMPANY THIS CURRICULUM.**

**IT IS ESSENTIAL FOR ALL FACILITATORS AND HOME VISITORS
TO BE FAMILIAR WITH ALL THESE MATERIALS.**

HOME VISITORS GUIDE FOR EIGHT HOME VISITS

The five-day training workshop with the group facilitators will provide considerable necessary background and information to support your role as home visitor to the approximately fifteen members of the parent group to which you will be assigned. General guidance as to your role and appropriate attitudinal approach is contained in the Operations Manual as “Guide to Home Visitors” which draws heavily from materials used in extensively researched home visiting programmes in Jamaica conducted by the Child Development Group at the Tropical Medicine Research Unit, UWI. That guide describes the general objectives for home visitors in terms of relating to both the mother and other adults in the family, and to the child/ren who are in the target group, ages 2-6, working with both to build self-confidence and self-esteem.

Attending the first group session

The home visitor is to plan for a visit between every two group sessions, for a total of five visits during the first five months, and for three more visits during the subsequent six months, again following three group sessions. It is strongly recommended that the home visitor attend the first group session for several reasons:

- You can be introduced to all members present as their home visitor, and the first appointment with each can be made at this time, or at the least, a most convenient time for a visit established.
- The first session will focus on the parents’ role in the early stimulation of their young children, a role you will be reinforcing with each home visit.
- You can observe the responses of the participants to the session—the facilitation, the content, the participatory nature of the group, and have a sense of some of the general issues parents are facing in their parenting.

The home visit hour

The visitor should plan each family visit to last an hour. This is not a rigid prescription, but should allow for planning sufficient interaction to support the programme’s overall objectives, as well as signal appropriate expectations of the family being visited. It is suggested that the hour can be divided roughly into three twenty-minute segments, each to support separate programme objectives.

Segment One:

On arrival at the home, it will be important, especially in the first one or two visits, to help the parent/other adults and the child/ren present become comfortable with you and your role in the visit. Persons in the home should be respectfully addressed by name, and it is important to continue to know their names and call them for the remaining visits. Ask the family representative (the one who has attended the parenting sessions) to introduce you to other adults and children present if s/he doesn’t do so; you can make them all comfortable to remain and participate if they wish.

During this first segment, ask the primary parent to tell you about the children within the target age group in the family (2-6)—their characteristics, what makes them “special”. If the parent focuses on negative behaviours, listen, but also ask for the child’s strengths. Other adults present can be asked to contribute their thoughts. The goals for the PATH programme can be underscored for all present during this time, so they understand that you are there to help parents and children feel more confident in their relationship, to feel good about how the child’s development is being supported. If child is present and can speak, she or he should be encouraged to say what she or he likes to do, to play with, etc. In subsequent visits, this segment should remain focused on how the child is developing, what milestones are recognized, what “normal” behaviours are being demonstrated, and how the parent and others in the family are responding to the child. Talking about the child can move as appropriate into Segment Two.

Segment Two:

During the next approximately twenty minutes, discuss with the parent attending the session what they have taken away from the two sessions which preceded the visit. This shouldn’t feel like an interrogation, but a request for feedback that can help improve the programme as it goes along. Possible probes could be:

- Did you find the parent sessions so far enjoyable?
- What did you enjoy? (Or not, if answer negative)
- Did you take away anything that you have been able to apply to your relationship with your child/ren? Encourage the parent to describe their efforts, and commend any effort at application of the ideas discussed. If some idea was tested and the parent felt it didn’t work, encourage her/him to continue to try; underscore that change in both adults and children takes much practice, and it is OK if it doesn’t work right away.
- How has your child responded to any new efforts with him or her?
- Any other similar probe that encourages the parent to reflect on her efforts and their results.

All sessions in some way deal with both changing child behaviours as well as parent behaviours. Depending on the response of the parent, you can provide reinforcing messages from the previous sessions, encouraging the parent to test ideas out, to be patient with herself and with the child as new behaviours are learned, to enjoy the efforts with the child in playful ways, to not get discouraged.

Segment three:

The final twenty minutes or so should focus on having fun—drawing the child into play first with the home visitor, and then engaging the mother in doing the same activity with the child. By now the child has probably been listening to you and getting more comfortable with you being there. At this point, you can introduce one of the play activities from the list below. Depending on the age(s) and number of children present, an age-appropriate simple play activity should be chosen for this “play time”.

With this activity, the home visitor is giving importance to play, and can talk with the parent as the play goes on, about what the child is learning from the interaction, and why play time with the child is so important—this should be just underscoring much of the content of the first session, as well as the session on parent-child communication which follows it.

The play activity can conclude before the child (or parent) gets restless with the activity. Let the child know that on each visit you will bring something for s/he and mother to play with. The parent should be encouraged to continue this type of play, especially drawing on everyday materials and activities around the house.

Concluding minutes:

Before leaving, ask if the mother has any questions. If yes, and these are questions you can easily answer, spend a few minutes giving this support. If the questions call for help or information from another source, indicate to the parent how you will try to answer the query(ies). Remind the parent of the date/time of the next visit, or indicate when you will call to arrange for this visit. Never appear without an appointment.

PLAY ACTIVITIES FOR VISITS

The material from the following excerpt from the manual for training parent educators in the UWI Child Development Group programmes can be used to help remind the parent of the different ways that play can be important:

Play is vital for children's development in every area (emotional, social, physical). There are several different kinds of play. Two or more of these are usually mixed together.

- 1. Social-emotional Play: child is exploring and enjoying social interactions, relationships and feelings (adult-child...peekaboo, chatting)*
- 2. Sense-pleasure Play: Child is exploring and enjoying his senses—light, colour, movement, sound, rhythm, taste, odour, texture—including finding pleasures in own body.*
- 3. Skill Play: Child exercises new-found abilities (dropping, walking, throwing, carrying, piling)*
- 4. Dramatic Play: Child explores and tries different social roles—mommy, daddy, policeman, higgler. This is vital to the child's development, to learning, and to the child becoming a member of family and society.*

Some people fear what might become of a boy who plays with dolls: "Dolls are for girls, trucks are for boys". Playing with dolls encourage the development of feelings of tenderness, caring, protectiveness, and responsibility. Is it wrong for boys—men—or fathers—to have these feelings?

Select one or two activities before the visit, and assemble any materials/tools that you may need, e.g. ball, puzzle, crayons, etc. Some of the activities do not require any materials. These should also be included to demonstrate that “play” doesn’t require expensive toys or objects that may not be readily at hand. This list is not at all inclusive of good ideas. Your own experience may provide you with other helpful play activities. Feel free to experiment, and record as part of the visit documentation.

In all of the following activities, the child’s interest should determine whether and how long the play continues. A child should never feel she MUST do an activity. Let the child take the lead with the materials, and talk to her about what she is doing as appropriate.

Crayons, plain paper: Scribbling and free drawing is more important for children at this age than is colouring within a set picture. These activities prepare a child for writing by helping him learn large and small motor skills. If the child knows his colours, naming these can also be part of the play. Ask the child to tell you what he is drawing, a story about the “scribbles”, etc. This also promotes imagination.

Counting objects: If the child is ready for counting, always count objects (beans, rocks, bottle stoppers, etc.) not just teach numbers to memorize without meaning. Change to different objects each time you try this. Take an egg carton on one visit and ask child to put stones/beans into each of the egg holes. If the child is old enough to count, you can put a number in marker in the bottom of each carton hole, so they can put that number of objects in the hole. If it feels like too much work, stop, and try again on a later visit.

“Concept” games:

- **Hand stacking game** Put your hand on top of child’s, encourage child to put his other hand on top of yours, continue to “stack” your hands from bottom to top. Concept of “on top”, “on the bottom”. Can speed up and talk about “faster”, “slower”.
- **Following instructions, using common objects:**
 - In and Out: foot in and out of shoe; object in and out of box, etc.
 - Open and Close: can use the door, a drawer, your/child’s mouth
 - On and Over: place a string on ground, step on it, step over it, jump over, etc.
 - Stop and Go (clapping, movement, jumping, singing, running, etc.)
 - Loud and Soft (hitting blocks together, spoons, pot covers, drum, etc)
- **Directions:** You and child each take a “truck”—can be toy or simple juice box. You start to drive the truck and child is to follow your directions and do the same, e.g. Under the table, Over the bed, Behind the chair, Between the people, Across the room, etc. Calling the directions helps the child learn them; encourage him to call the directions after you.

Objects in a bag: Ask child to bring you a few familiar small items (or you can collect them from around the room). Name them with the child. Then tell the child to close eye or turn around. Remove one and put in a bag. Then ask the child to feel the bag and say which item it is.

Variations: Put two items in bag, ask child to feel inside the bag and name them without looking. Can ask child to identify the “smooth” one, the “biggest” one, “smallest” one, “softest” one, etc.

Matching items in the bag: Can do this with two sets of four identical items—put each set of four in a bag after familiarizing the child with the items. He’s to pull out one from one bag, then reach in the other one without peeping and feel for the matching item.

Language development: Go for a walk with the child and parent; call out names of things on the walk, encourage child to name things. Make it an “adventure” walk, discuss what they see—animals, vehicles, people, buildings, etc. Encourage the mother to take this over; this is to encourage her to do this regularly as she walks outside with the children. This can even be a walk around the house, identifying things by name, finding “hidden” things and naming them, etc.

Pre-reading: {See Curriculum Session Seven for guidance re reading stories with children)

- Pictures from magazines/posters/calendars with familiar objects could be mounted on cardboard, coloured paper. Talk to the child about what s/he sees in the picture; tell an imaginary story about the picture.
- Simple picture book of animals, people doing things. Talk with the child about what s/he sees, make up a story, identify the animals, people. [beware of any stereotypes, e.g. of gender roles]
- Encourage parent to use picture book, tell child a story, use imagination. Children love made-up stories, the more imaginary and exciting the better!

Ball play: Different size balls can be used for rolling to child. child to adult; tossing, naming colours, squeezing (if small), naming sizes (small, large) Good for large muscle development

Blocks, puzzles: If available, a set of blocks are wonderful for helping child with small motor development through building, balancing blocks, making a road, etc. Also for imaginative play, describing what child is building, etc. Can also be a lesson in patience—when things fall down, they can be rebuilt. Puzzles are good if they are not too difficult for the age of child. Start with only 2-4-piece puzzles (which can be handmade, even during the visit, with cardboard, glue and a picture, cut up), and work up to more pieces if the child enjoys making the puzzles.

Water/sand play: Children can play for long periods pouring, sifting, piling, stirring in water or sand. This is also a good activity to show a parent what children can learn from this potentially “messy” play. Put down newspaper, get a large washbowl or tub that can’t turn over, and put in a good quantity of water, or sand if available. Some day care centres even use rice or beans; but expense here may need to be considered. No type of play in these settings should imply cost or wastefulness. Supply child with plastic cups, dishes, wooden spoons, etc. They can learn to pour from one cup into another, learning concepts of fill, empty, pour, etc. Poke holes in a plastic container to make a sieve.

Sponge painting: Tempera paint in more than one colour is needed for this. Cut up a sponge into different shapes (square, triangle, circle, etc.) and child can print shapes on plain paper, dipping into the different paints (small quantities placed in jar or plastic tub lids.

Matching to outlines: Collect a few small common items around the house – saucer, spoon, plastic cup, pencil, etc. Draw around these shapes on a plain piece of paper. Then ask the child to match the items with their shapes on the paper.

Play Dough: No need for expensive purchased play dough. Two recipes follow. One is “cooked” briefly. This one lasts longer. But the uncooked one is fine and may be easier to demonstrate in the home.

<i>“Cooked” Play Dough</i>	<i>Uncooked Play Dough</i>
1 cup of flour 1 cup of water 2 teaspoons of cream of tartar A few drops of food colouring ½ cup of salt 1 tablespoon of cooking oil 1 teaspoon of powdered alum (optional) Combine all ingredients. Heat and stir until mixture forms a soft ball. Put mixture onto wax paper until cool. Knead slightly to eliminate grainy texture. Store in tightly covered container. Will last for several uses.	1 cup of cold water 1 cup of salt 2 teaspoons of vegetable oil Food colouring (few drops) 3 cups of flour 2 tablespoons of corn starch Mix water, salt, oil and food colouring. Add flour and corn starch. Mix to the consistency of dough. Cover.

Cornstarch Finger Paint: Culturally, many children are discouraged from “messy” play. However, messy play that has limits (kept to one place, cleaned up with child helping after, etc.) can be a very enjoyable and expressive activity for the child. This home-made finger paint is easy to make.

Mix 3 tablespoons of sugar with ½ cup of cornstarch in a pan. Turn heat on low and add cold water until mixture thickens (up to 2 cups). Put the mixture into muffin tin sections (or similar small containers). Add food colouring and a drop of dishwashing detergent to each muffin tin section. Cool and cover before using. Give child a large enough plain piece of paper for this activity. Paper should not be too thin so it won’t tear. Encourage child to try the different colours, and “mess” to his or her heart’s content.

Pasta beads for threading:

Mix food colouring and rubbing alcohol in different containers, one for each colour. Add dry pasta in various shapes, including some that have holes for threading. Dry the pasta on a cookie sheet. Then use for stringing or sorting with older toddlers. The alcohol makes the colours vibrant.

Add your own ideas/notes for using in play sessions with children during home visits.