

Mainstreaming Psychosocial Care and Support within Early Childhood Development

For practitioners working with children and families affected by HIV and AIDS, poverty and conflict



Marang Child Care Network





Psychosocial Wellbeing For All Children

REPSI is a regional non-governmental organisation working with partners to promote psychosocial care and support (PSS) for children affected by HIV and AIDS, poverty and conflict in East and Southern Africa.

THE REPSI PSYCHOSOCIAL WELLBEING SERIES

Through this series, REPSI strives to publish high-quality, user-friendly, evidence-based manuals and guidelines, all characterised by subject matter that can be said to address the issue of psychosocial wellbeing. Within the series, different publications are aimed at different levels of audience or user. This audience includes: 1) community workers, 2) a variety of social actors whose work is not explicitly psychosocial in nature, but in which it is felt to be crucial to raise awareness around psychosocial issues, 3) caregivers, parents, youth and children, 4) specialised psychosocial and mental health practitioners. Apart from formal impact assessments, towards further developing the evidence base for our tools and approaches, we welcome user feedback around our materials.

The standardised feedback form and a full list of all the titles in the series can be downloaded from www.repspi.org

Jonathan Morgan

Editor, REPSI Psychosocial Wellbeing Series



Contents

Foreword	1
Introduction	2
Key messages in this guide	2
The story and people behind this publication	3
Who are these guidelines for?	3
What mainstreaming psychosocial support into early childhood development is about	3
How can mainstreaming psychosocial support help early childhood development?	4
Benefits of mainstreaming psychosocial support	6
What does an early childhood development centre look like after it has mainstreamed psychosocial support?	7
How psychosocial support and early childhood development enhance each other	9
Step 1:	
Seeing children's psychosocial needs in your programme	
What is psychosocial wellbeing?	10
What is psychosocial support?	10
What do we mean by early childhood development?	11
Psychosocial support during early childhood	12
Step 2:	
Increasing the focus of PSS in your ECD programme work	
A model of psychosocial support	15
Basic principles of PSS	16
Applying the principles of psychosocial support	18
Ethical considerations when working with children	19
Keeping gender in mind	21
Step 3:	
Developing your skills in psychosocial support	
Raising awareness about psychosocial support	22
Selecting a psychosocial support champion	22
Specialised training in psychosocial support	23
Psychosocial support reading materials	23
Step 4:	
Linking with other partners	
Specialist referrals	24
Networks	25
Advocacy	26
Step 5:	
Reflecting on your mainstreaming process	
Assessing the PSS focus of your programmes	27
Assessment tools	28
References	33
Appendices	
Appendix 1: REPSSI PSS definitions in different languages	34
Appendix 2: Understanding child development	35
Appendix 3: Tools for communicating with young children	38

Foreword

REPSSI is a regional non-governmental organisation working with partners to promote psychosocial care and support (PSS) for children affected by HIV and AIDS, poverty and conflict in East and Southern Africa.

REPSSI advocates that services, programmes and policies designed to support vulnerable communities need to respond holistically to the needs and rights of children and communities. It is important that psychosocial care and support programmes are not only specialised stand-alone programmes.

“The REPSSI vision is that all children affected by HIV and AIDS, conflict and poverty benefit from stable, affectionate care and support.”



Instead, REPSSI advocates for the social and emotional needs of children and their caregivers to be addressed in an integrated manner. This can be done by mainstreaming psychosocial care and support into all types of programmes designed to support vulnerable communities. Early childhood development (ECD) programmes focus on providing children with a solid foundation for the development of their full human potential. ECD programmes are therefore ideally placed to strengthen the psychosocial wellbeing of children and their families.

Communities may be vulnerable because of economic hardships and poverty, the impact of HIV and AIDS, natural disasters or the effects of conflict and war. Children and their caregivers are often the most affected group in such communities. Caregivers, both adult and children, are placed under enormous pressure as limited resources need to be spread amongst an ever increasing pool of children that have either been orphaned or made vulnerable by HIV and AIDS in particular. Increasing pressures in vulnerable communities point to the urgent need to provide more holistic services, including psychosocial support.

These guidelines provide practical steps to mainstream psychosocial support into your early childhood development programme. It is hoped that REPSSI partners and other stakeholders working to improve the welfare of children will find these mainstreaming guidelines useful and inspiring in aiming to improve the wellbeing of children and families.

Noreen Masiwa Huni
Executive Director,
REPSSI, May, 2009

Introduction

“All children require protection and nurture that meets their nutritional needs and ensures their health, affectionate relationships with stable caregivers that support their developing psychological and social capacities, and ongoing interactions with encouraging adults that promote their language and cognitive development. As they grow, children need friendships with same-age peers and to be members of formal cultural institutions, including educational, play, social and/or religious groups.”

(Source: Richter, L, Foster G, & Sher, L, (2006), Where the Heart is, meeting the psychosocial needs of young children in the context of HIV/AIDS)

Programmes and centres focusing on early childhood development are extremely valuable in addressing the holistic needs of children and their families. Such programmes and centres are especially important in times of adversity, such as HIV and AIDS, poverty, conflict and displacement. Early childhood development centres may become centres of care which not only provide educational enrichment, nutrition, healthcare and safety, but also help children and their caregivers to grow a sense of self-worth, participation, social connectedness and full enjoyment of life.

Mainstreaming psychosocial support (PSS) into early childhood development programmes tries to build on this notion of holistic care to support the full development of the child and family.

Key messages in this guide

The main points that we hope you will take away from this guide are that:

- Young children and babies are social and emotional beings. Focusing on psychosocial support means building on the social and emotional aspects of a child's life, as well as their physical and cognitive development.
- Mainstreaming psychosocial support is about enhancing respectful and participatory ways of working with children and their families.
- Mainstreaming psychosocial support is about offering specialised support to meet the social and emotional needs of children and their caregivers, especially in areas affected by HIV and AIDS, poverty, conflict and displacement.

- Mainstreaming psychosocial support is also about building better connections between children and their social networks, particularly their caregivers.
- Mainstreaming psychosocial support involves creating safe and nurturing early childhood development centres of care where children are able to talk about the different aspects of their lives and grow in confidence.
- Mainstreaming psychosocial support involves working collaboratively with other organisations supporting different aspects of children's and families' wellbeing.

.....
“ECD Centres are often a meeting place for parents and caregivers, where the welfare of the child is discussed.”

The story and people behind this publication

The guidelines were written by REPSSI in collaboration with Marang Child Care Network after consultation with REPSSI partners working in early childhood development (ECD) programmes in Botswana. A consultative workshop was held to find out how ECD practitioners felt that psychosocial support could be best integrated into their programmes. The workshop tried to explore relevant definitions of psychosocial support and tried to draw on existing ECD initiatives that enhance psychosocial support. The guidelines make use of case studies, background information and practical suggestions for mainstreaming psychosocial support (PSS) into ECD programmes.

These are some of the people that were actively involved in developing the guidelines:

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- Sepelin Kwape – SAPSSI
- Roberta Mc Avoy – Flying Mission
- Maithamako Keakopa – Bokamoso Trust
- Sr Clara Mereyotlhe – Tirisanyo Catholic commission
- Shikha Trivedi – University of Botswana
- Elizabeth M Merafe – Gaborone Day Care Association.
- Rachel W. Kasonde – Little Friends Day Care Centre
- Kathleen Okatcha – KORDP-Kenya
- Sheila Torres – House of Hope
- Ruth Maulang – Consul Homes-Malawi
- Tiny Ntshinogang – Ministry of Education
- Boipelo Seithamo – Health Policy Initiative
Constella futures Group
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The partners involved in the pre-testing of this guide were:

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- Martin Muiruri – WCCC
- Evelyne Mwape - BOCAIP – F/Town
- Dennis Maplazi – SAPSSI
- Masupi Keletsitwe - Mothers Union
- Masedi Lebanna - BOCAIP –Lesedi Kanye
- Joan Anyango - Little Friends Gaborone

- Keneilwe Tlantlapane - BOCAIP- Phikwe
- Ikanyeng Ramarinyaneng - Bomme Nkokodi
- Martin Muriri – WCCC
- Lincoln Puffer - Little Friends

Who are these guidelines for?

These guidelines are intended for any organisations focusing on very young children and babies. These may be daycare centres, pre-schools, clinic services, organisations providing emergency relief for very young children or organisations supporting the caregivers of very young children. It is aimed at practitioners of early childhood development, management and donor partners.

What mainstreaming psychosocial support into early childhood development is about

Mainstreaming psychosocial support (PSS) into early childhood development (ECD) means ensuring that in every part of the child's life - at home, in the classroom, on the playground, in the street, on the way to school, at the clinic, at the soup kitchen, and at the kids club and so on - the child feels adequately supported socially and emotionally. Mainstreaming PSS should therefore mean ensuring that this “stream or river” of wellbeing flows widely, strongly and continuously in and around children and their families.

Mainstreaming PSS into ECD is about looking at how your programme can feature PSS - for example, in the curriculum, teaching methodology, teaching devices, and the in-service training of centre owners, supervisors, teachers and teachers assistants and other stakeholders. In this way we try to make sure that as many children as possible have access to psychosocial care and support, and in as many areas of their lives as possible. This does not necessarily mean doing everything yourself, but may involve linking with other specialised PSS organisations who are able to support the children and families in your care.

.....

“ECD Centres may improve the interaction between the community and the family.”

.....

How can mainstreaming psychosocial support help early childhood development?

Many practitioners have found that when they include a focus on PSS in their work, the child's educational and physical development improves.



CASE STUDY

Boitumelo is a five year old girl. She lives with her mother and grandmother and she is the last in a family of three. Her father has never been a part of her life. She has been attending the Salvation Army day care for almost two years now. “I enjoy writing and playing with the other children at school” she says. Speaking to Boitumelo's grandmother, she is amazed at the changes she has seen in Boitumelo since she started going to the day care centre. “She used to be a very shy and timid child, who didn't play with the other children well. I am surprised that she now knows how to write her name and how to read.” She also added that Boitumelo even teaches some of her peers who don't attend the daycare centre what she learns at school. She

says that Boitumelo has lots of friends because she now knows how to interact with them. Her grandmother also believes that Boitumelo's generation will be able to bring the much needed turnaround in their community. “I am excited about her change in behaviour and hope that she remains like that. She gives me hope for tomorrow that she will one day be able to provide for me.”

The Salvation Army daycare centres are designed to meet the psychosocial needs of children. Different activities at the daycare centre carry teachings which are key for these children. They are designed to encourage them to share, to network, to build confidence and to gain problem-solving skills among other things.

Young children living in difficult circumstances are affected by their experiences and surroundings. This may impact on their concentration, behavior, relationships with other children, and ability to learn.

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“Families having similar problems can easily come together at ECD Centres to share coping strategies.”

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THE NEED FOR PSYCHOSOCIAL SUPPORT IN ECD CENTRES

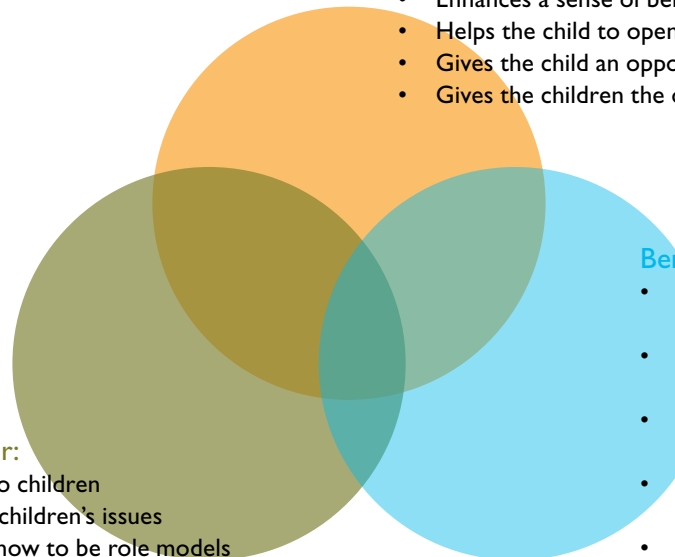
The ECD practitioners from East and Southern Africa observed the following when asked about the need for PSS for young children in their communities:

- Many children are struggling to concentrate and have limited attention spans
- There is a high rate of alcoholism amongst the parents and caregivers and this is affecting the nurturing of children
- Many children suffer from poor nutrition and this affects their physical growth and mental functioning
- There are a lot of broken families in the community
- The relationships with extended families are often broken such that the children do not have good support systems
- The single parents do not get good support from the community members
- There are too few caregivers for the number of children in many households
- Many children are acting as carers themselves
- There is a lot of sickness amongst parents and children
- Many children have lost parents and family members
- Many children are exposed to violence, abuse and neglect
- Many of the caregivers lack parenting skills
- There may be a lack of facilities to support children with special needs
- There is a lack of knowledge about child protection laws and rights of children

Source: Consultative Workshop held in Botswana, August, 2008

Benefits of mainstreaming psychosocial support

The benefits of mainstreaming may be seen at a number of levels: at the levels of the child, the family, the family and community, and the ECD facilitator or educator:



Benefits to the child:

- Holistic care (all the needs of the child will be met)
- Identification of special needs and early intervention
- Enhances the participation of the child in his/her development
- Enhances change in attitude and behavior
- Boosts self-esteem and confidence level of the child
- The child feels valued and protected
- Enhances a sense of belonging in the child
- Helps the child to open up
- Gives the child an opportunity to develop personal goals in his/her life
- Gives the children the opportunity to benefit from different role models in the community

Benefits to the ECD practitioner:

- Helps the practitioner to listen to children
- Develops confidence in handling children's issues
- Helps the practitioners to learn how to be role models to the whole community
- Helps the practitioner to learn how to cope with trauma amongst children
- Provides practitioners with skills of how to handle children in conflict situations
- Helps the practitioners to promote positive changes in attitudes and behaviors
- Helps practitioners to feel motivated about their work

Benefits to the family and community:

- Creates a loving community that values and encourages child development
- Helps the community to identify within it those who have skills to help child development.
- Sharing the responsibility of raising children in a caring and nurturing environment
- Encourages respectful attitudes and behavior between people
- Volunteerism may be encouraged
- Breaking the stigma and discrimination of illness and other forms of adversity
- Encourages networking
- Helps in identifying gaps in the needs of the community
- Encourages community participation
- Enhances the opportunity on the part of the community to appreciate child protection issues

What does an early childhood development centre look like after it has mainstreamed psychosocial support?

There is no “one size fits all” when it comes to mainstreaming PSS into an ECD programme or centre. But here is an example of how a daycare centre might look like after it has mainstreamed PSS at all levels.

Staff development

The staff of the daycare centre understands the importance of psychosocial support and have been trained to support children in their care. Resources are allocated to ongoing training in innovative psychosocial support methods. A focal point person or psychosocial support champion has been appointed. The daycare centre staff are given regular encouragement and support to avoid burn-out. Their workload is reduced and there is a low ratio of staff to children. The educators are motivated about their work in early childhood development and care about the children in the daycare centre.

Staff relationships with the children

The staff of the daycare centre develop a nurturing and supportive environment. They show respect towards children in their care at all times. They are encouraging towards the children and try to build their self esteem by focusing on things that the children are doing well. They try to encourage good relationships and cooperation between the children.

The staff of the daycare centre are aware of difficulties that the children might be experiencing and try to make space for the children to talk about their feelings if needed. They appreciate the power of play in helping young children to process their experiences and feelings, and allow plenty of time for play, while supporting children emotionally during times of play.

The staff of the daycare centre identify children whose health or wellbeing may be at risk and try to make sure that the children and their families get the support they need. The staff make use of innovative tools on psychosocial support, such as memory work tools.



.....
“Mainstreaming PSS into ECD Centres may mean that there is a shared responsibility between family and community members.”
.....

The staff of the daycare centre identify children who are out of the daycare centre or missing daycare and link them to a source of help so that they can attend daycare regularly. They are linked to programmes of home-based care to support young children and caregivers who are sick. They deal sensitively with issues like children who are taking medication or who require additional specialised support. Where needed, the daycare centre sets up or encourages vegetable gardens and feeding programmes so that children may have access to nutritious meals

Children's involvement

The children at the daycare centre care about one another and show respect and empathy for one another. They are sensitised to the psychosocial needs of other children and do not stigmatise children who have special needs. The children are consulted regularly about their ideas about how the daycare centre might function and about how to support one another.

Caregivers' involvement

The daycare centre staff have good relationships with the caregivers and consult them regularly about their ideas. The daycare centre programmes try to include the caregivers where possible to try and build better relationships between the children and their caregivers. Caregivers are linked to organisations who may assist them with practical needs such as application for social grants, starting food gardens or joining with income-generating projects. The daycare centre provides caregivers with information on HIV and AIDS and other important matters such as child abuse, positive discipline, child safety, girl-child education etc.

Networking

The daycare centre communicates effectively with members of the school community so as to derive maximum benefits from them for the benefit of the children. Members of the local community are encouraged to donate time and resources to support the development of the daycare crèche. The daycare centre is linked to networks of other daycare to ensure that they are constantly improving their work. The daycare centre has relationships with other organisations and government departments in order to refer children and families for specialised support. Other members of the school community feel free to come to the aid of the school and they are fully involved in providing care and support to learners.

Policies

The daycare centre has written guidelines about their codes of conduct, child protection and safety policies.

A daycare that has mainstreamed PSS becomes a centre of care and support as it takes special interest in young children's needs. An effort is made to change the attitudes of all members of the daycare community so that whatever is done is done in the best interests of the child. Such a daycare centre is a child-friendly one in which children feel cared for. The focus is on the holistic needs of the child.

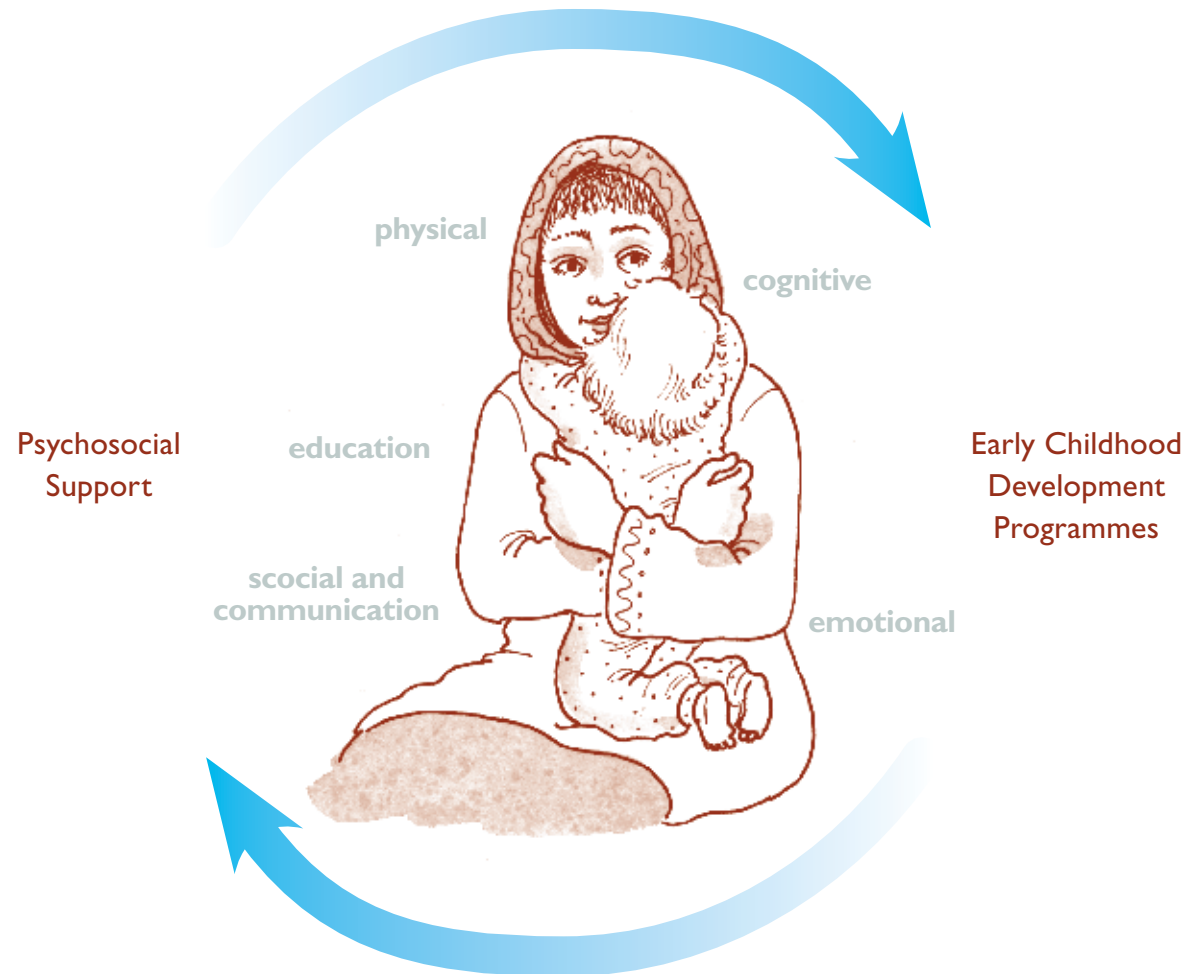
How psychosocial support and early childhood development enhance each other

This diagram here summarises the main points raised in the introductory sections.

If you are inspired to enhance your focus on psychosocial support, the rest of this guide suggests some steps that you might follow.

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A focus on psychosocial support helps children grow and learn in a way that enables them to reach their full potential as human beings



A focus on early childhood development supports psychosocial wellbeing because the safety, health and stimulation of a baby or young child forms the foundation for developing good relationships with other people and a healthy self esteem

Step 1: Seeing children’s psychosocial needs in your programme

One of the first steps in mainstreaming PSS into your ECD programme is to gradually grow your understanding of different aspects of children’s psychosocial wellbeing. This is about looking at children and their caregivers more holistically. For example, you may be working at a daycare centre and be mainly focusing on the educational needs of children. Step 1 asks that you also look at other needs of the child, like the need for encouragement to build the child’s self esteem, or the need for friendships and a sense of social belonging. Or perhaps you are involved in healthcare work with babies, meaning that you have mainly been looking at babies in terms of their physical wellbeing. Seeing the baby’s psychosocial needs may mean recognizing that the baby also needs to be in a loving relationship with an adult who cares about that baby, or that the baby needs mental stimulation.

To help you grow your focus on the psychosocial needs of children and their caregivers, we start this section with some definitions about PSS.

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“It is easy to identify a child who needs help through play, story-telling and drama.”
.....

What is psychosocial wellbeing?

“Psychosocial” wellbeing is about the positive connections and supportive relationships between individuals in a community that creates the “social”. It is also about how each person, adult or child, feels and thinks about him or herself and about life (“psycho”). It is often linked to the African concept of “ubuntu” – “I am because we are, and we are because I am”.

Such wellbeing includes many different aspects of our lives, such as physical and material aspects, and psychological, social, cultural and spiritual aspects. Meeting material and physical needs links early childhood development activities to psychosocial wellbeing. The focus of psychosocial wellbeing is not just on the individual, but on households, families and communities.

What is psychosocial support?

As an individual or organisation interested in PSS, it is helpful to develop a working understanding of PSS. You may wish to discuss and add to these definitions provided below. Think about which of the statements in the box below hold most value or relevance in the work that you do. It is not necessary to choose one. You may find that several of the statements are useful.



PSS is about helping children, families and communities to improve their psychosocial wellbeing. It is about encouraging better connections between people, and building a better sense of self and community.

PSS is expressed through caring and respectful relationships that communicate understanding, tolerance and acceptance. It is about promoting everyday consistent care and support in the family and community.

PSS can mean speaking with kindness, and listening with care to what children and their caregivers have to say. Most importantly, providing PSS means that children and communities are treated with dignity and respect, and acknowledged as agents of their own decisions and future.



.....
Try out a definition for PSS in another language! Appendix 1 shows definitions of psychosocial support in 9 different South African languages.
.....



ACTIVITY

Activity 1:

Develop your own working definition of PSS

In your organisation, present the definitions of psychosocial support described above. In groups draw a picture of two young children who are typical participants in your ECD programme. The first child you draw has many unmet psychosocial needs and the second child you draw has good psychosocial wellbeing. Write words around the picture of each child to show your thinking. Discuss these drawings and come up with your own working definition of what psychosocial support means in your work setting.

“Early childhood development is about the processes that enhance the holistic development of the child.”

What do we mean by early childhood development?

The Center of Excellence for Early Childhood Development defines ECD as the development of children aged 5 years and under. They focus on these domains of development:

- physical (including nutrition and health)
- emotional
- cognitive (thinking and learning)
- social and communication



UNICEF uses a comprehensive definition of ECD, which includes the ecological, community, and policy environments (laws and resources for children in that country) in which children live.

You can already see that the definitions around PSS and the full ideas of ECD match well together. Appendix 2 provides an outline of holistic early childhood development stages.

Quick self-assessment!

Which of the 4 domains or areas of ECD listed on this page does your programme focus most strongly on?
Which areas do you feel are most neglected in your programme?

Further reading

For more information about psychosocial support and early childhood development, you can download the handbook “Psychosocial care and support for young children and infants in the time of HIV and AIDS” from www.repsi.org. Many of the ideas in this guide are taken from this valuable resource.

Psychosocial support during early childhood



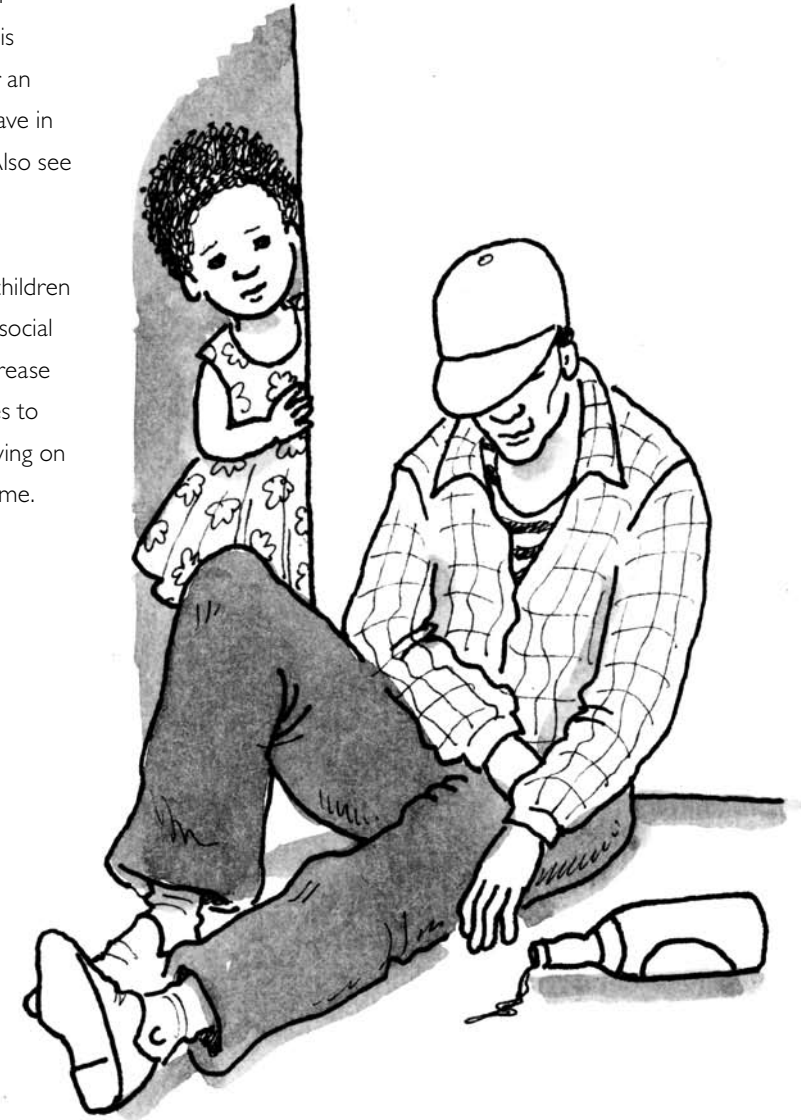
ACTIVITY

Activity 2: *Development of PSS*

Divide the staff of your organisation or your workshop participants into 4 groups, each focusing on a different age of a child. Group 1 should focus on children aged 0-1 years, Group 2 on ages 1-3 years, Group 3 on ages 3-5 years, and Group 4 on ages 5-9 years. Ask each group to think of a child that they actually know in their family or neighbourhood. Then describe the typical emotional and social needs of the child that age. Note the participants should be encouraged not to use theoretical models of child development, but rather think about the actual children that they know and use simple everyday words to describe those needs. For example: "Children aged 5-9 years enjoy playing group games and sports with other children and adults."

REPSSI has outlined some of the stages of psychosocial support relating to early childhood development. This is summarised in the tables on the next page which offer an overview of this and also of the roles that caregivers have in helping to ensure healthy psychosocial development. Also see Appendix 2 on page 35.

Because ECD facilitators spend a lot of time with the children in their care, they are often able to identify the psychosocial needs of the children. Once you have been able to increase your understanding of psychosocial support as it relates to your early childhood development work, consider moving on to step 2 to increase the focus of PSS in your programme.



Age	Normal psychosocial characteristics	Role of parent/ caregiver/ support worker
<p>0–1 years</p>	<p>Babies begin to develop basic trust for caregiver(s) on whom they are dependent and will show mistrust of strangers.</p> <p>If basic trust is strong, they may develop a hopeful and trusting attitude. Usually, at this stage, a baby's strongest bond is with its mother, who is breastfeeding. Babies are capable of forming strong bonds and attachment.</p>	<p>Communication involves crying, babbling, eye contact and smiling, touching, wriggling and holding.</p> <p>Babies respond to pain, hunger, anger and discomfort by crying, and to familiar faces, joy and entertainment by smiling. Infants experience fear and distress, for example in the absence of their parent or caregiver or if they experience a loss of support. They may also experience hostility and anger towards others. This is expressed by kicking, hitting or struggling.</p> <p>Be reliable and consistent about feeding, bathing and changing, so that the baby develops trust in others.</p> <p>Be loving and accepting.</p> <p>Engage with the baby actively – talk, smile, play and cuddle.</p>
<p>1–3 years</p>	<p>Young children begin to become separate and independent individuals as they learn physical coordination and to walk and talk.</p> <p>Young children need praise and support.</p> <p>They understand their need for the caregiver.</p> <p>They 'test' behaviour, emotions and socialisation in the home and with the caregiver.</p> <p>Encourage very young children's efforts to walk and talk.</p>	<p>Support the development of their self-esteem by praising what they do.</p> <p>Gently lead them away from inappropriate behaviour.</p> <p>Offer comfort and reassurance when the child expresses strong emotions.</p> <p>Allow plenty of time for the child to play and try to play with the child some of the time.</p>

Age	Normal psychosocial characteristics	Role of parent/ caregiver/ support worker
<p>3–5 years</p>	<p>Young children begin to explore, try out new activities and ask lots of questions. It is normal for children this age to be quite selfish and to fight a lot as they learn to relate to other people.</p> <p>Temper tantrums are still common, and normal.</p> <p>Young children are open to magical ideas and may have imaginary friends.</p>	<p>Allow young children to explore their surroundings within set limits.</p> <p>Give praise rather than criticism.</p> <p>Give honest answers to questions. Encourage creativity and openness and the expression of feeling, including negative feelings like anger and disappointment – but in an acceptable way.</p> <p>Encourage time to play alone and with friends. Organise games together with adults and other children.</p> <p>Encourage children when they show care towards other children.</p>
<p>5–9 years</p>	<p>Young children begin to compare themselves to their friends and peers.</p> <p>Failure to achieve a task may make them feel inferior and unhappy.</p>	<p>Encourage children to keep trying and praise their efforts.</p> <p>Give support and help them to consider other ways of achieving what they want.</p> <p>Make sure that young children do not feel inferior to friends of their own age. Try to focus on things that the child does well.</p> <p>Encourage children when they show care of other children.</p> <p>Group games and sports involving the child's adult caregivers and friends are a helpful way to build confidence and a sense of social belonging.</p>

Step 2: Increasing the focus of PSS in your ECD programme work

In your ECD programme you are most likely already doing helpful things to support children's psychosocial wellbeing. A good starting point is to recognise the strengths of your programme and to build on what you are already doing well. When we talk about programme work here we are referring to your actual ECD work with children and caregivers. This may be direct work with children and caregivers like running a daycare, training mothers of babies at a clinic, supporting a family with young children at home, or facilitating a feeding programme to improve the nutrition of young children. Step 2 asks that you start doing your usual work slightly differently, with more of a focus on the psychosocial wellbeing of the child.

In order to help you increase the focus of psychosocial wellbeing in your programme work, we have outlined some simple principles of psychosocial support that may be applied in different contexts.

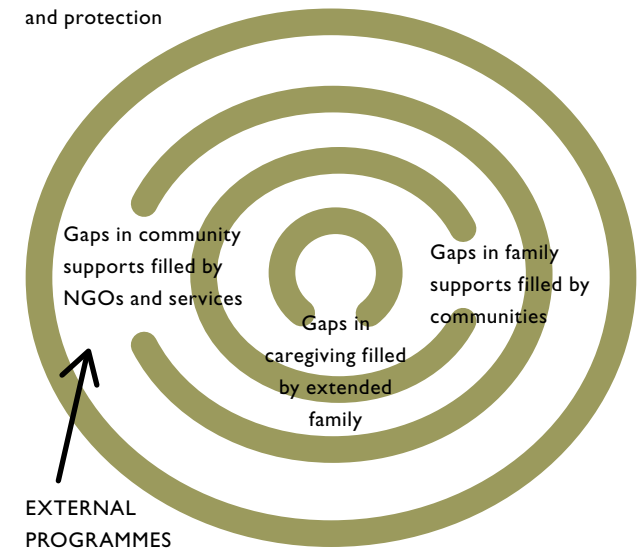
.....
"Mainstreaming PSS into an ECD Centre may contribute towards a responsible community that shares its social skills for the good of all."
.....

A model of psychosocial support

The best way to support the wellbeing of babies and young children is to strengthen and reinforce the circles of support and care that surround them (see the figure below, adapted from Richter, 2006). Babies and young children are best cared for by consistent, committed and affectionate adults. When the immediate care-giving circle is broken, extended families need to fill the gap. If this cannot be done, community initiatives need to provide the necessary care. And if the community circle of support is broken, the help of outside agencies might be needed. A strong and continuous circle of support from government policies and legislation should embrace all efforts. Early childhood development programmes focusing on PSS may provide support to the families of babies and young children, or may provide community support to promote their wellbeing. Early childhood development centres like daycare centres can play a vital role in providing direct consistent and caring support to children, as well as building the capacity of families to address the psychosocial needs of their children.

The circles of support model to the right offers good diagrammatic representation of the full continuum of psychosocial care and support.

Supportive environment provided by government provision of services and protection



The circles of support model

Source: Richter, L., Foster, G. & Sherr, L. (2006) *Where the Heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*.

ECD Centres are often important meeting places where the welfare of children is discussed in the community and amongst parents. Thus ECD Centres are ideally located to strengthen the resources and close gaps in the circles of support in a particular community.



ACTIVITY

Activity 3: *Circles of support in your community*

On a big sheet of paper, draw a set of circles similar to the diagram on page 15. Thinking about the community where your ECD programme operates, write on the diagram the positive support that is in place at each level. Then write down the gaps that you have noticed in that community for each level of support.

Home-School Partnership Programme & Early Intervention Literacy Programme

REPSSI has just developed a set of new materials for caregivers on how to support learners at home. These may be used to encourage caregivers to be more involved in their child's education. They include a strong focus on psychosocial support. The handbooks may be downloaded free of charge from www.repssi.org.

Basic principles of psychosocial support

In order to help you to apply this theoretical model in your own programme, REPSSI advocates the use of five simple PSS programme principles. These principles will help guide your programme towards mainstreaming and deepening PSS in your ECD activities. The five principles are:

Attitudes This implies promoting respectful ways of interacting with children, families and communities. Building a sense of dignity is important in developing a sense of wellbeing.

Participation This involves consulting and speaking to children and families about what types of support would be appropriate and helpful, and asking them how they could be involved.

Social support This means that existing cultural, social and spiritual ways of coping need to be drawn on and enhanced. It means fostering connections and building a sense of self and community.

Family support This principle suggests drawing on and enhancing existing family relationships and ties, instead of bringing in external help. For children it could mean enhancing one caring relationship with an adult who is able to provide consistent care in the child's life. It aims to promote within the child and the family a sense of control (as opposed to helplessness) during difficult times.

Emotional support This involves promoting stability and routine in the child and caregiver's life, especially during difficult times. It can also involve promoting the use of safe spaces for reflection on past experiences, as a way of learning from and growing from these experiences. It could mean focusing on positive achievements to build a sense of self. In relation to children, it could be achieved through giving children enough time to play and participate in sport, as this contributes to a child's social integration and emotional and cognitive development. Especially with very young children, playing is an important way for children to process their feelings.

.....
"PSS can enhance the ability of the child to think positively."
.....

The importance of play

The daycare centre facilitators consulted in the development of this guide all commented on the importance of play in providing psychosocial support to very young children.

They explained that:

- a) It is easy to identify a child who needs help through play therapy, story-telling and drama.
- b) Play is used to communicate issues that may otherwise have been too complex for young children.
- c) It helps children to express their emotions.
- d) It helps to mould a child at an early stage of development (teach behavior)
- e) It improves communication skills in children (learning to express oneself)
- f) It allows children to have fun



Applying the principles of psychosocial support

You may already be able to go through each of these principles and think about which principle you are already practicing and which other principles may be applied to improve your ECD

programme work. Below are some examples that other ECD practitioners have used.

The examples show how everyday ECD work situations may be enhanced with a focus on PSS. The examples are using

the principles of showing a respectful attitude to children and caregivers, encouraging them to participate in the activity and offer their ideas, drawing on family and community support and making space for the emotions of the children and caregivers to be discussed.

Issue	PSS Focus	Action
<p>During free play time at your daycare centre you notice that one child plays out very aggressive scenes involving lots of hitting and shouting.</p>	<p>You feel that maybe this child has been exposed to violence in the past.</p>	<p>You allow the child plenty of time to play, and sit with the child while he is playing. You join in with the play and try to ask some gentle questions. You meet with the parent of the child and share your observations in a respectful way, consulting the parent about what he or she has noticed. If you both feel that the situation is serious you refer the child to the local Child and Family Centre for assessment and possible further support. You choose positive stories to read in class about the situation that the child has been through.</p>
<p>A mother brings her baby to the clinic for inoculations.</p>	<p>There may not be a good bond between the mother and baby and the mother is not paying much attention to the baby.</p>	<p>You speak respectfully to the mother and treat her with dignity. You make comments about positive aspects about the baby – that you think the baby is very pretty or seems to be alert and interested. You ask her about the baby and try to offer an opening for her to talk about other needs or things that may be bothering her for which you may be able to refer her to other organisations for assistance.</p>
<p>As a worker at a daycare centre you are frustrated by a child that behaves in a rough way towards other children.</p>	<p>You notice that the child seems quite angry and you know that things at home are difficult because there is a lot of alcohol abuse in the family.</p>	<p>You try to make space to talk to the child about life at home. You ask if there is a caring adult that the child feels safe with and trusts. You try to encourage the child to build on this relationship, especially when things at home are rough. If needed you call in a social worker that you trust to visit the family and assess the seriousness of the situation at home in a sensitive way.</p>

continued on page 19

Issue	PSS Focus	Action
As a worker at a daycare centre you have a child in one class who struggles to concentrate and distracts other children.	You try to observe when the child is functioning best and build on this situation. You see that the child responds well to being given extra responsibilities when he is distracted.	You try to notice when the child is starting to become distracted and ask the child to help you with things like holding up a picture for others to see. You give a lot of encouragement when the child is focusing well.
You run a soup kitchen for young children who are not in school.	You would like to improve the care that the children receive from others in the community.	You invite caregivers of the children and other volunteers to help with feeding the children. You try to arrange it that each caregiver supports the same few children each week. You start to introduce some small rituals and games during feeding time, like saying grace, singing a song, finding out one another's names. You ask the caregivers about other ideas that they might have to support the children.
As a daycare centre manager you notice that many of the children are playing in the streets after the daycare centre has closed.	You notice that it is mostly the working parents that are collecting their children late. But you are worried about the safety of the children.	You call a meeting to discuss the situation with the parents. You ask them about their ideas on how to handle the situation. Together you discuss strategies like employing someone from the community to start an aftercare service, or taking turns looking after the children.
As a worker at a daycare centre you note that a child is playing alone and looks nervous to join the other children.	You are worried about the social integration and confidence of the child.	You gently and cheerfully speak to the child about playing with other children. The child confides in you that the other children called him names. You chose some stories about being kind to others and speak to the class about including other children in games. You encouraged the child to join in small group exercises in class and gradually the child became confident enough to join other groups in the playground.
A child steals food from another child at a daycare centre.	You notice that the child looks under-nourished and you are worried about the child's health and behavior.	After speaking to the child you find out that things at home are quite serious, with alcoholic parents and very little food in the house. You call in the district social worker to conduct an assessment of the situation at home.



ACTIVITY

Activity 4: *Applying the principles of PSS to your programme*

Draw a table with the same headings as the one on the previous pages. Try to fill in the specific psychosocial support issues or gaps that you have observed in your work setting under the “Issues” column on the left. Then use the “PSS Focus” column to try to understand more about the underlying psychosocial need relating to that issue. Lastly, use the third column called “Action” to try to apply one of the PSS principles in a practical way to your programme.

Ethical considerations when working with children

In developing programme plans and policies for your organisation, the following ethical considerations are highlighted with particular reference to involving and including children and PSS:

- Be sure that you have the consent of caregivers and relevant authorities before implementing any programmes affecting young children.
- Refer children for specialised support where needed.
- Try to prevent exposing young children and babies to suffering, rather than only focusing on alleviating the

suffering of those already exposed. To this end, ECD programmes have an ethical responsibility to engage in preventive programmes like child protection and community safety programmes or HIV prevention initiatives.

- Respect privacy and avoiding stigmatising children affected by particular situations.
- Have reflection processes to ensure that resources used by the organisation are directed to maximise the benefits for children.

Keeping gender in mind

As you are enhancing your programme work, it is worth giving special consideration to gender issues. Mainstreaming PSS includes thinking about how men and women, boys and girls are included in all aspects of wellbeing. PSS methods try to encourage members of both sexes to participate fully in different aspects of life and not to be excluded from something on the basis of gender. For example, think about:

- Whether boys and girls are treated equally in your ECD programme
- The types of messages you are communicating to young children and their caregivers about the roles of boys and girls or men and women or what males and females can and cannot do
- Whether girls are given equal opportunities to advance their education in the community where you work
- Whether you have positive male and female role models

in your ECD programme and whether the children in your care are given opportunities to develop safe relationships with both men and women

- Whether men are included in caring roles for young children and babies
- Whether you consult both male and female caregivers about different aspects of their children’s wellbeing



ACTIVITY

Activity 5: *How is gender relevant to your programme?*

Together with others in your organisation, discuss the following questions:

- What activities are men doing in our organisation?
- What is the role of women in our organisation?
- How do men and women relate to the children in our programmes?
- Is there any difference in the way that boys and girls are treated in our programme?
- What messages have we noticed that we communicate about boys and girls?
- What have we noticed about the gender attitudes of the community members towards our centre and the children we support?



ACTIVITY

Activity 6:

Developing you PSS vision for the future

Together with others in your organisation, write an imaginary newspaper article reporting on the PSS developments that have happened in your organisation, dated in 5 years time from now. Be creative and make up a name for your newspaper and the journalists writing the articles. Draw pictures as the "photographs" in your article.

The last section in this guide (step 5) on monitoring and evaluation has a more detailed assessment table that you may be able to use in assessing your strengths and gaps in terms of applying PSS to your ECD programme.



Step 3: Developing your skills in psychosocial support

A helpful way to enhance your mainstreaming of PSS is to offer specialised training to some of your staff. Most ECD facilitators appreciate the opportunity to learn more about PSS because they say that it enhances their work. Much of the training in PSS is also interesting and applicable to our own lives, while encouraging one's own personal and social development. One participant of a PSS workshop who was a rural traditional leader said "I feel like growth is happening inside me while I am learning."

Raising awareness about PSS

A good starting point is to facilitate a general PSS awareness raising workshop with all the staff of your ECD programme. This allows everyone to engage in the topic and to develop a basic understanding of the principles of PSS. You can either run this workshop yourself using this guide, or ask a PSS specialist to come in and facilitate. Try to choose someone who you know has extensive relevant experience in the practical work of ECD and PSS and who will be able to facilitate the workshop in an accessible way, rather than someone who is selected because of their qualifications. Sometimes you can put people off PSS by running a workshop that seems out of touch with the realities of the work on the ground! It may be better

to start with the real difficulties and successes that people in your programme are facing and to gradually introduce PSS concepts from that point, rather than starting with fancy jargon or theory. You can use some of the activities outlined through the guide to run such a workshop.

Selecting a psychosocial support champion

It may be helpful to select one or two people in your organisation who are particularly interested and motivated to learn more about PSS. Such a person should be trusted by other colleagues, as he or she may become a resource person for the organisation. He or she may eventually train and mentor others in their PSS focus.

Here are some recommended qualities of a helpful PSS champion:¹

- Passionate about helping children and caregivers
- Good listening and communication skills
- A leader who can motivate others to get involved
- Strong and courageous
- Understands how to work ethically
- Good at starting a task and seeing it through to the end

- Able to accept feedback from others
- Good at making decisions, problem solving, prioritising and planning
- A person who works from the heart
- Consistent in what they say and do
- A person who perseveres to get things done.
- A person who is trusted by other people and children



ACTIVITY

Activity 7:

Selecting a PSS champion in your organisation

Together with others in your organisation, take time out to explore the different interests that people in your organisation have. You may simply ask each person to respond to these questions:

- What aspects of your work do you really enjoy, which inspire you in your work?
- What special interests do you have that you would love to explore in future in terms of your role in the organisation?

¹: List adapted from the Soul City Guide *Schools as Nodes of Care and Support*

Specialised training in psychosocial support

REPSSI has a range of specialised materials and training courses for people wishing to increase their knowledge about PSS. You could either send some of your programme staff on the courses, or arrange to host a course together with other organisations in your region.

REQUESTING PSS TRAINING

Contact your Regional REPSSI Coordinator to ask about specialised PSS training in your area. You can get the contact details of your Coordinator from www.repssi.org.

You may also be able to approach other NGOs and specialists in your area to receive training on specific topics such as:

- A general introduction to PSS
- Communicating effectively with children
- Supporting children affected by loss
- Resilience: the ability to bend and not to break
- Supporting children affected by abuse or trauma
- Child participation methods
- Using play to enhance PSS
- Parenting skills and positive discipline

CHILDREN AT RISK CERTIFICATE

Contact the African Centre for Childhood by email at acc@phelemanga.co.za

REPSSI and UNICEF recently launched a distance learning certificate course called "Children at Risk". This is a formal qualification in working with children affected by HIV and AIDS, poverty, conflict and displacement. It is currently being administered by the African Centre for Childhood.

Psychosocial support reading materials

There are a range of accessible and relevant written materials which may be read by practitioners wishing to increase their knowledge and skills around PSS. A good starting point is to read the REPSSI handbook: "Psychosocial care and support for young children and infants in the time of HIV and AIDS."



Step 4: Linking with other partners

Mainstreaming PSS into your ECD programme does not mean trying to do everything yourself so that you feel like you are becoming a social worker or psychologist! A more effective way of addressing specialised psychosocial support needs of young children in your programmes is to link with existing organisations who are already specialists in particular forms of support.

Specialist referrals

Try to find out which other organisations or government services exist to deal with these types of specialised needs of children in your care:

Specialised needs	Possible types of organisations
Children with specialised health care needs like needing access to anti-retroviral treatment	Home based care organisations, trusted staff at a local clinic or hospital, NGOs focusing on health care
Children who are sick and need help in processing their responses to treatment	NGOs or CBOs specialising in counselling, University Psychology or Nursing Departments, psychologists and nurses in private practice
Children who need nutritional support	Vegetable gardening or agricultural support organisations, feeding schemes, government departments who provide food parcels
Children who are affected by poverty	NGOs or CBOs involved in accessing social grants or income generating projects, government departments responsible for social welfare
Children who have lost their parents or someone they care about	NGOs or CBOs specialising in counselling, University Psychology or Social Work Departments, psychologists and social workers in private practice
Children who have been abused	NGOs or CBOs specialising in counselling, University Psychology or Social Work Departments, psychologists and social workers in private practice, government departments like police, child protection units, welfare etc
Children living with parents who abuse substances	NGOs or CBOs specialising in substance abuse, government departments like social welfare
Children with learning difficulties	NGOs or CBOs specialising in educational support, or government services in the Department of Education

It is really helpful to develop relationships with particular people who are effective and reliable in each referral partner organisation. Try to ask around about who is a trustworthy person and try to get to know this person and how she or he works. This means that when you need assistance with a particular child or family, you are able to get immediate assistance and ongoing follow up information. Where possible, try to support that person's other work, like attending some meetings, so that you are not only making contact when you need urgent assistance.



ACTIVITY

Activity 8: *Exploring your networking partners*

Try to complete the table on page 24 with the actual names of organisations and contact people in your area. Try to include the actual names of people you trust to make it easier to contact that organisation or department. Make a copy of the final table available to everyone.

Networks

Try to find relevant networks or coalitions of different organisations supporting children's needs. For example, you may be able to join a network of other early childhood development specialists. There are also well established networks of psychosocial support organisations in many parts of the world. Being part of a network helps you to stay in touch with the latest developments in the ECD and PSS sector. It also offers moral support and encouragement to be with other people involved in similar work.

FINDING OUT ABOUT ORGANISATIONS AND NETWORKS IN YOUR AREA

REPSSI is a regional psychosocial support initiative in Sub-Saharan Africa. REPSSI has a network of partners specialising in psychosocial support. You can contact your regional REPSSI coordinator to find out more about the organisations working in your region. You will find updated contact details on www.repssi.org.

START YOUR OWN NETWORK!

If you find that there are no relevant ECD or PSS networks in your area, consider starting your own. The Children in Distress (CINDI) Network have developed a Networking Toolkit to help you in this process. You can download this practical guide free of charge from www.cindi.org.

Advocacy

Together with other organisations involved in ECD and PSS you may be able to introduce some higher level changes that affect many young children in your area or country. For example, perhaps you are finding it difficult to access anti-retroviral treatment for young children. You may be able to visit your Department of Health to find out more about the laws and policies in this regard and then develop a plan on how to introduce better systems of care for all children. Or, for example, perhaps your country does not have laws about child support grants. You may be able to lobby government to start offering special grants for caregivers of young children and babies.



Activity 9: Advocacy issues

Together with others in your organisation or local networks, brainstorm the different common problems or gaps that you have observed regarding children's wellbeing in your region. Once you have come up with the list of issues, give each person 3 "votes" to show which they think are the most important issues. The votes can be shown in the form of small coloured pieces of paper or the participants can make "Xs" with a marking pen. Each person has only 3 votes and they may place all 3 votes on the same issue if they feel strongly about it. Count up the votes to see which issue people see as the most urgent priority. Once the priority issue has been identified, spend some time brainstorming about different ways to tackle that issue. Be as creative as possible and don't block people even if the initial ideas seem unrealistic. Then together come up with a holistic plan of how to address that issue, including consideration of:

- Research to identifying the specific blockages affecting your problem
- Research on what has been done in other countries or regions to address this issue
- Influential people that you might draw on to support you
- Creative campaigns to involve children, youth, caregivers and professional people in lobbying for this issue

Decide which person will be responsible for which action and agree on a report-back date for your next meeting.

Step 5: Reflecting on your mainstreaming process

Mainstreaming psychosocial support is an ongoing process, not a once-off activity. It is helpful to start building on your organisation's strengths and to start with manageable plans. It is also helpful to have an overall vision of what your ECD organisation might look like once you have mainstreamed PSS into more of your functioning.

Assessing the PSS focus of your programmes

You may be able to use the assessment tools on the following pages to find your strengths and to plan further to address the gaps relating to the PSS focus of your organisation. These assessment tools are quick and easy to use, and you may be able to complete this assessment every 6 months to track your progress in mainstreaming PSS.



Tool 1: How is our PSS focus developing?

Organisational Focus Area	Limited PSS Focus	Emerging PSS Focus	Innovative & Extensive PSS Focus
1. Linking with other partners	In our ECD work with children and caregivers we only sometimes find PSS services for children and families who are struggling	In our ECD work with children and caregivers we refer children and families for specialised PSS	In our ECD work we have regular interaction and referral with other organisations focusing on PSS and on particular needs of children and families
	Our ECD programme does not address policy changes affecting children	Our programme raises policy changes with government and donors during meetings	Our project has joint advocacy work with other organisations to address policy changes affecting children
2. Programming	Our ECD programme plans do not focus much on PSS and we have no guiding policies or commitment to PSS	Our ECD programmes are familiar with PSS programming principles and do refer to these in the design of some programme plans and policies	Our ECD programmes are designed around PSS principles and there are clear policies promoting PSS in all programmes
3. Skills & knowledge	Very few staff on our ECD programme have an understanding of PSS	Some staff have a solid understanding of PSS and guide others in the organisation	All staff members have a basic understanding of PSS and there is specialised staff to support others in their PSS work as needed

Tool 2: How familiar is our programme with PSS principles?

Here are some questions for assessing the extent to which you use PSS principles in your ECD programmes. Respond to the checklist by indicating Yes or No or Sometimes to the given questions. You can use this assessment table to reflect more deeply on your ECD programme work and how it may be enhanced using these principles of PSS. Try to choose one or two aspects to focus on at first, rather than trying to tackle everything at once.

Focus Area	Questions About PSS Programming	Yes/No/Sometimes
Attitudes	Do your staff deal with all the children you work with in a respectful way that builds their dignity?	
	Do your staff deal with all the adult caregivers you work with in a respectful way that builds their dignity?	
Participation	Do you involve the caregivers you work with in planning and feedback about all the activities they and the children are involved in for your ECD programme?	
	Do you involve the children you work with in planning and feedback about all the activities the children are involved in for your ECD programme?	
Social support	Does your approach to ECD activities support connections being made between people or improve the social environment of children's lives? - e.g. families come together, caregivers come together, children come together.	
	Does your approach to ECD draw on existing constructive cultural, social and spiritual ways of coping, like songs, games and stories from the community?	
	Does your ECD work help build the capacity of community-based structures (e.g. CBOs, child care structures) to support children and caregivers in their community?	
	Do you encourage children to support one another and encourage empathy and care towards one another?	
	Do you encourage caregivers to support one another?	

continued on page 30



Focus Area	Questions About PSS Programming	Yes/No/Sometimes
Family support	Does your ECD activity focus on strengthening the capacity of families to care for their children?	
	Is your approach to ECD one that you try to keep families together, unless there is clear evidence of harm or danger within a family?	
	Does your ECD activity actively build linkages between children and their families at all times, so as to strengthen safety nets for children?	
Emotional support	Do you provide opportunities and a safe space for children to talk about their experiences, thoughts and feelings related to their involvement in your programme, their lives and circumstances?	
	When you work with children and caregivers do you focus on the strengths and resources of the child and family (their achievements and positive assets)?	
	As part of your programme are children given the opportunity to play?	

Tool 3: PSS networking and advocacy tool

Here are some questions for assessing the extent to which you are involved with PSS networking and advocacy.

Respond to the checklist by indicating Yes or No or Sometimes to the given questions.

Focus Area	Questions About PSS Strategic Leverage	Yes/No/Sometimes
Networking	Do you belong to any networks or groups of organisations focusing on the wellbeing of children?	
	Do you belong to any networks or groups of organisations focusing on the wellbeing of caregivers?	
	Do you regularly contact other organisations working with children on PSS or ECD to discuss ways of working together?	
	Do you regularly contact other organisations working with caregivers on PSS or ECD to discuss ways of working together?	
	Do you exchange materials with other organisations working with children and/or caregivers?	
Advocacy	Are you trying to change any particular government policies or programmes which affect children's wellbeing, such as social grants for caregivers of young children?	
	Do you support others involved in policy development and advocacy work?	
Holistic Focus	Do you refer people to other organisations supporting the basic needs of children and caregivers (e.g. safety, shelter, education, health care, nutrition)?	

Tool 4: PSS skills and knowledge assessment

Here are some questions for assessing the extent to which you have updated PSS skills and knowledge in your organisation.

Respond to the checklist by indicating Yes or No or Sometimes to the given questions.

Focus Area	Questions About PSS Skills and Knowledge	Yes/No/Sometimes
Staff Training	Does your ECD programme offer systematic PSS training for all staff and volunteers?	
	Does your ECD programme support staff to attend further specialised PSS training courses, workshops and exchange meetings?	
Mentoring	Does your ECD programme offer mentoring and support for staff involved in PSS work? This support can be within your own programme or from an outside agency with whom you partner.	
Staff Competence to Deliver Training	Do you have as part of your ECD team or in a partner agency others who are able to train staff and volunteers in PSS approaches?	

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Appendix I: REPSSI PSS definitions in different languages

Language	Definition(s)
Dhopadhola	Tororo uganda Ngeyo gimatimere iyi paro kodi - Nyangith pa nyathi makere kodi miyo go gikipiny mago nyalo ora - Kony ma makere kodi gima timere - iyi adundo, nyeri ma go nyalo - dongo kanyachiel gi wadi kanyo - iluwo gima tho gi chik maadhumi pesa ma nintye iyi Adechno kodi. Timi ma'pa jono ma jokuro nyathi.
English	<ol style="list-style-type: none"> 1. All the processes through which babies and young children are nurtured to grow and develop. 2. Psychosocial care and support is the continuous care and support provided for children to meet their emotional, physical, spiritual, social and cognitive needs through their interaction with their surroundings and people helping them. 3. Psychosocial care and support is the process of meeting the physical, intellectual emotional, social and spiritual needs of the child depending on the cultural, political and economic situation of the community.
Luo	<ol style="list-style-type: none"> 1. En kong mosiko ma imiya wahia moho olo dwachigi mag ringruok, chunyi, pachgi ka okalo kuom jogo ma otudoregodo e aluora mar dak gi kod jogo ma knoyo gi kanyakta. 2. En kony mapile pile ma imiyo myithindo mondo okony dwaro mar chuygi, dendgi, yie margi gigo mag ringruok kod pachgi dwaro etudruokgi makinde kakinde e aluora kama gi dakie kod ji magi dakgo. 3. En kony ma nyithindo yudo e ndamo ka ko ndamo. Ka konyo dwaro mar chunyi, ringre gi, bedo gi e kanyakla, kaluwora kod timbe gi, siasa, kod yuto mar oganda gi.
Hausa	<ol style="list-style-type: none"> 1. Tamako ne da ake bada wa ma yara don duba/a same konchiya hankali, abotowa gane, ban gskiya zuchiya da zama du hadiwa chinkin mutane ta harduwa da mutane masu bada tameko a ugwa ku a famako na, nu ugaba ne ba we za'a fara se a siya ba. 2. Tamako ne de ake bada wa ma yara don duba konchiya hankali aboboa gane, ban gaskiya, zuchiya da zama haduw chikim mutane ta haduwa da mutane masu bada taimako a ungwa, kuma taimabu ne ha chinga ba ne, ba wai za'a fara a seya ba.
Swahili	<ol style="list-style-type: none"> 1. Ni huduma endelevu ilitotewayo kwa watoto ili kuwasa idia kimaono, kimwili kiroho kijamii na kiakili/kimawazo kwa kuandaa mazingira yanayowafaa. Kwa ukuasi wao. 2. Namna ya kumsaidia mtoto kimwili kihisia,kijamii na kiimani katika mazingira yake kulingana na hali ya utamaduni, siasa na uchumi wa jamii. 3. Ni mbinu zote zinatumiwa ambazo mtoto hupelelewa ili kukuwa na kuendelea ipasavyo.
Luganda	Okubudabuala kwekukya musa obwago bwan abana gatu yitira mmubantu ne loyotoronde omwana gatumu yamba mu byo mubiri ekoragana nabolala okutyakafonda nedowooza
Dholuo	Kony duto mimio nyathi mondo odongi e ngima makare.
Samburu	Nkoito na keibungakini nkerai pe eret te lbulunye e akunoto enye.
isiZulu	Ukunakekelwa nokubhekelwa kwabantwana nezingane ukuhlangabezana nazo zonke izidingo zabo, lokhu kwenziwa ngokusebenzisana ngokubambisana nendawo abakuyo, kanye nalabobantu ababazayo.

Appendix 2: Understanding child development

Phase Characteristics Babies (0-12 months)

Movement

- Limited head control and uncoordinated movements.
- Later on: standing, first steps. Grasps objects with whole hand. Later on: able to grasp small objects using index finger and thumb (pincer grasp)

Cognitive

- Learns through senses; gradually able to make links between bits of sensory information (e.g. sound and source of sound) and to coordinate hand movements with what s/he can see. Beginning to recognise a few familiar objects, but not consistently.

Language

- Differentiates between different sounds. Communication is non-verbal (smiling, crying, makes and practices sounds). Later recognises own and family members' names, understands simple commands and says first few words (at least 3 words clearly).

Emotional

- Mainly in response to physical sensation, nurturing.
- Begins to develop fear of unfamiliar (unexpected sights, sounds, movements and, later, strangers).



Social /Relationships

- Interest in faces, recognises familiar situations, and tries to communicate. Develops personal relationships with familiar people, shows anxiety if separated from familiar people, especially in unfamiliar surroundings.

Self-care

- Dependent on others for most care. Opens mouth for spoon, drinks from cup with help, feeds self with fingers.

Phase Characteristics Toddlers (1-2 years)

Movement

- Begins to walk. Later on: walks without falling, able to run. Uses hands to do things with objects (e.g. build a tower using 3-4 blocks). Later, scribbles with crayon (lines and circular scribbles).

Cognitive

- Begins to group and classify objects (things that go together, things that are different). Begins to use imagination (pretending) and symbols (understanding that one thing, e.g. picture of apple, can stand for another, e.g. real apple)

Language

- Expands vocabulary (20 or more words), puts words together (phrases). Follows simple instructions. Later can speak in sentences of 4 short words. Can listen to short stories. Can express what s/he wants, e.g. "Mommy stay".

Emotional

- Feelings expressed directly; easily frustrated, may have temper tantrums; mood often affected by physical state

(hunger, cold, illness. May show intense fear and distress in unfamiliar situations, relieved by presence of familiar person.

Social /Relationships

- Wanting to become more independent, may resist control. Capable of close, trusting relationships with one or more familiar people; uses secure relationship as a base for exploring and coming back for reassurance.
- Initially plays alone with toys, later begins to play cooperatively (takes turns).

Self-care

- Still dependent on others in many areas. Feeds self with spoon, helps in washing hands. At first only able to take off clothes, later able to put arms in sleeves with help.

Phase Characteristics Preschool (3–5 years)

Movement

- Increasing control of large muscles, can competently run and climb stairs, balance. Finer movements still clumsy, but fine motor co-ordination beginning to develop, e.g. learning to use pencil, scissors.

Cognitive

- Thinking is concrete, tied to what the child can see and manipulate; tends to focus on one aspect of situation, cannot easily keep many factors in mind. Tends to relate events to self (“this happened because of what I thought/did”).



- Difficulty separating make-believe and reality – afraid of monsters, witches, tokoloshes, etc. Lots of “how”, “why” questions. Beginning to understand/use basic concepts, e.g. size, weight, number, colour, time. Learns through doing and playing (a child’s “work”).

Language

- Talks in sentences, simple conversations. Asks and answers simple questions, can understand concrete explanations

(especially with demonstrations/symbols/pictures). Uses words to share interest in something, e.g. “look, look – this is my car”.

Emotional

- Greater range of emotions, more control over how feelings are expressed, but still impulsive at times. Starting to be able to label feelings in simple ways, e.g. sad, cross, happy. More able to tolerate frustration. Sensitive about making mistakes - needs to be reassured that mistakes are an opportunity to learn, not something to be ashamed of.

Social /Relationships

- Wants to be independent, do things for self, but sensitive to adult reactions. Being able to say “No” gives a sense of control. Relates everything to the self (egocentric), but developing ability to see another’s point of view. Starting to learn what is socially acceptable. Gender identity (seeing self as girl/boy) established. Plays with other children, learning to share. May have imaginary friends (useful and normal). Parent figures still very important as source of support, recognition and praise. Able to separate from parent/caregiver for short periods, if sure that parent/caregiver will return (has not abandoned child).

Self-care

- Feeds self, washes and dries hands on own, can undress completely and dress self with help, uses toilet with help and later independently.

.....

Phase Characteristics

Primary school age (6-9 years)

Movement

- Muscle coordination and control uneven at first, but almost as coordinated as adults later; increased fine motor and eye-hand coordination. Able to use pens, pencils, scissors. Learning and becoming skilled in ball games.

Cognitive

- Concrete reasoning allows understanding of cause-and effect relationships. Memory for past events begins to extend over longer periods of time, begins to develop expectations (looking ahead to the future). More able to organise self and do things on own. Enjoys activities that give a chance to control, organise and order things.

Language

- Child's vocabulary grows dramatically but may struggle to express their ideas and feelings in words. May also struggle to understand abstract ideas and need to have them explained in a concrete way with clear examples.

Emotional

- Gaining a sense of mastery and achievement, finding something that child is good at, builds self-esteem. Failure at school or not being able to experience pleasure in school work or other activities or not being able to persevere with a task can affect child's confidence and feeling of personal value.

Social /Relationships

- Becoming less egocentric (centred on self), more able to take others' point of view. Growing interest in the outside world. Able to play and engage well. Starts to understand rules and why they are important. May stick rigidly to ideas of right and wrong. Develops labels for self and others, e.g. fat, clever, left-handed, and always sick, etc. Can be mean and cruel at times. Peer relationships vital, mainly same sex friends. Clear sense of gender differences and views these as important.

Self-care

- Increasingly able to organise self and function relatively independently. Able to competently take care of all cleanliness and dressing. May regress and want help from adults if feeling insecure or unsure due to external circumstances (including illness).

Appendix 3: Tools for communicating with young children

Young children do not always have the language and awareness with which to express their feelings in words. It is helpful to engage children by using non verbal tools such as drawing and playing. These tools can assist in opening the “windows to their inner world” (Oaklander, 1988:p193). Most of these techniques encourage projection. Since our projections come from inside us, from our own experiences, from what we know and care about, they tell a lot about our sense of self. What the child expresses through his/her play can display his/her fantasies, anxieties, fears, avoidances, frustrations, attitudes, resentments, guilt, wishes, wants, needs and feelings. The Secondary Caregiver, Community Volunteer and Health Care Worker can use these methods in order to:

- assess the child's well being
- explore and acknowledge the child's feelings.
- offer healing opportunities for the child as children
- naturally express themselves through play

Caregivers can also be encouraged to use these methods. All of these techniques can be used with either individuals or groups of children.

Some examples of these techniques are:

Feeling Cards such as Dino the 'dinosaur' (Loeffel & Manske, 1996).

1. The 12 pictures show Dino expressing different moods and emotions such as anger, anxiety, sadness, cautiousness, relaxation and thoughtfulness.
2. Select some of the pictures and identify the feeling that Dino is experiencing in each of them. The feeling can also be expressed in a tone of voice that matches the mood. Remember, many of the children in the session will have experienced the same emotions at some time or another.
3. The children are then asked to select pictures that, in their opinion, indicate the feelings or emotions that a person in a story they have heard may have experienced (e.g. XY was beaten at school because he/she had lost his/her pen.) The questions could include: “How did XY feel? Select a Dino picture that represents his/her feelings? If the Dino could talk, what would he say?” Then, select a picture to represent the teacher, and let the Dino teacher express himself. (e.g. He explains why he beat XY?)
4. The children should then be allowed to express their own feelings. For instance, you can ask them to select a Dino picture that represents the emotions they are feeling right now.

5. The Dino pictures can also be used to define goals. Follow these steps with them: Which Dino represents their mood now? Which Dino would they like to be? What would be necessary to make you get closer to your favourite Dino? What can you do to come closer to this Dino? (Points developed by Madoerin, 2003)

Drawing This allows the child to communicate his/her feelings without putting them into words. It is good to give children the opportunity to use different materials, such as pencils, pens and crayons

- ask them to draw something related to what you need to talk to them about, e.g. what makes you angry?
- ask what is happening in the drawing
- always check your understanding with the child
- use open questions to find out more about the drawing.

Story-telling This is an indirect way of getting children to talk about themselves. It helps them identify with other people and to feel understood,

- can be useful for problem solving
- can use animal characters to convey a message to child
- avoid using real names
- ask the child to talk about what happens in the story

- children can be encouraged to make up their own stories with leading questions such as: “Tell me the story about the girl who was feeling very sad.”

Drama – choose a topic with the child

- let them act out situations
- ask questions in the context of the role they are playing but also remember to debrief them after the role-play. They need to be helped to step out of the role-play drama.

Play

- involves imitating and acting out
- helps to give them ordinary objects, animals, people and cars
- ask them to show you the different aspects of their lives using the toys
- make comments to check if you have understood the meaning of the play, “I wonder if:”....
- if a child seems stuck, help him to continue the game by asking questions such as: “What is going to happen next?”



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