MODULE 1 RESOURCE GUIDE

Approaches to Early Childhood Programs

TRAINING FOR EARLY CHILDHOOD CAREGIVERS AND TEACHERS

CRS CATHOLIC RELIEF SERVICES

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MODULE 1 RESOURCE GUIDE

Approaches to Early Childhood Programs

TRAINING FOR EARLY CHILDHOOD CAREGIVERS AND TEACHERS

This guide is part of a series of manuals that focuses on six topics in Early Childhood Development (ECD): different programming approaches, basic concepts, assessments, early childhood environments, children with special needs and child protection, and the health, safety and nutrition of young children. The series was prepared within a three-year CRS-led project called "Strengthening the Capacity of Women Religious in Early Childhood Development," or "SCORE ECD." Funded by the Conrad N. Hilton Foundation, the project helps Catholic sisters in Kenya, Malawi, and Zambia in their work with children aged 0-5 years and their families. The project is being implemented from January 2014 to December 2016.

Written by Selamawit Tadesse, in cooperation with CRS SCORE ECD team.

Edited by David Snyder

Cover photo: Master trainers with certificate of completion on early childhood development, Malawi, 2015
Photo by Ministry of Gender, Children, Disability and Social Welfare, Government of Malawi/for CRS.

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Introduction

EARLY CHILDHOOD DEVELOPMENT CURRICULUM

PURPOSE

The purpose of the six-part series of manuals is to strengthen the technical capacity of women religious and congregations in Kenya, Malawi, and Zambia that are involved in Early Childhood Development (ECD). The curriculum was created within the CRS-led project called "Strengthening the Capacity of Women Religious in Early Childhood Development," or "SCORE-ECD," funded by the Conrad N. Hilton Foundation and led by Catholic Relief Services (CRS). CRS is a partner in the Hilton Foundation's strategy to improve the developmental outcomes of the youngest children affected by HIV/AIDS.

This curriculum is intended for use with children ages 0-5. It is tailored to the needs of ECD service providers, especially congregations, and includes case studies based on sisters' experiences. It serves SCORE ECD countries, Kenya, Malawi and Zambia as an ECD training resource. For example, the government of Malawi utilizes this curriculum in its regional training of ECD workers and caregivers (See Foreword Letter).

The curriculum consists of six ECD resource guides for sisters and congregations, with corresponding guides for the facilitators who carry out the training. It also has a pre-posttest document for gauging the knowledge and skills of trainees before and after the sessions. The six manuals cover:

- Approaches to Early Childhood Development
- Early Childhood Development
- Assessing Young Children
- Quality Early Childhood Environments for Young Children
- Children with Special Needs and Child Protection
- Health, Safety, and Nutrition.

GOALS

The goals of the curriculum are to ensure that young children:

- Have high-quality, consistent, and safe relationships with their caregivers.
- Are treated holistically by their caregivers, with attention to their health, nutrition, safety and protection, as well as all areas of their development: spiritual-moral, physical-motor, cognitive-language, and social-emotional.
- Are protected from psychological and physical harm, and that their rights to survival, growth, and participation are fully met, with special attention to children with special needs such as orphans and vulnerable children (OVC) and children with disabilities.

- Are cared for in a culturally appropriate manner, with respect for their values, beliefs, experiences, and language, as well as those of their caregivers, families, and communities.
- Grow up and learn in a safe, healthy, nutritious, inclusive, and stimulating environment, with sufficient opportunities for play, creativity, exploration, physical movement and sensory manipulation of objects, and social and individual activities for indoor and outdoor play.
- Receive care from responsive and sensitive caregivers and teachers who manage their behavior in a loving way rather than through harsh punishment.
- Are regularly observed so that their progress can be documented and they receive a timely and appropriate interventions.

TOPICS

The guides cover the following topics:

Resource Guide 1: Approaches to Early Childhood Programs
Session1: Standards for Quality Early Childhood Programs
Session 2: Understanding Young Children
Session 3: Supporting Child Development through Holistic Approach and Play

Resource Guide 2: Introduction to Early Childhood Development
Session 1: Early Childhood Development
Session 2: Development and Intervention of Infants and Toddlers
Session 3: Development and Intervention of Preschool-age Children

Resource Guide 3: Assessment of Young Children's Development
Session Topic: Using Observation and Documentation for Ongoing Assessment of Young Children

Resource Guide 4: Quality Early Childhood Environment for Young Children
Session 1: The Physical Environment
Session 2: Group Activities in Early Childhood Environments
Session 3: Program Planning in Early Childhood Environments
Session 4: Supporting Young Children in Language and Literacy
Session 5: Supporting Young Children in Early Mathematics
Session 6: Administration of Early Childhood Programs

Resource Guide 5: Young Children with Special Needs and Protection
Session 1: Young Children and Disabilities
Session 2: Vulnerable Children: Young Children Living with and Affected by HIV and AIDS
Session 3: Child Protection

Resource Guide 6: Health, Safety, and Nutrition
Session 1: Health and Safety of Young Children
Session 2: Growth and Nutrition of Young Children

DOCUMENTS NEEDED DURING THE TRAINING

- Trainees and facilitators must have a copy of the ECD Resource Guides.
- Facilitators must have a copy of the facilitator's guides (Note: If the training is for master trainers, each one of the master trainers/trainees will receive the facilitator's guide upon completing the training).
- Facilitators need to have the following resources for the training:
  - Pre-posttest questionnaire to be administered before the training begins and after the training is completed (The organizer of the training must prepare copies of these materials).
  - *National ECD Policy documents of trainees' country for Resource Guides 1 & 4* (For example, for SCORE project trainees, national policy documents of Malawi, Kenya, and Zambia are used).
  - *Care for Child Development (2012) by UNICEF-WHO* Resource link: http://www.who.int/maternal_child_adolescent/documents/care_child_development/en/
  - *Play for Growing Smart Children: Things You Can Do and Toys You Can Make Manual* Resource Link: http://www.crs.org/our-work-overseas/research-publications/using-play-growing-smart-children
  - Copies of CRS Lesotho "*Whose Child Is This?" Positive Parenting Counselling Flip Book* (Note: The organizer of the training needs to make copies of these tools) http://www.crs.org/our-work-overseas/research-publications/ngoana-eo-ke-oa-mang
  - UNICEF's *Integrated Management of Childhood Illness: Caring for the child's healthy growth and development—A training course for community health workers (2012).* (The organizer of the training must prepare copies of these materials).

SUMMARY OF TRAINING ACTIVITIES IN THE FACILITATOR'S GUIDE

FACILITATOR'S GUIDE TOPIC	SESSION TOPIC	SUGGESTED LENGTH OF SESSION	SUGGESTED TRAINING DAY
Adult Learning	How to Work with Groups	2 hours	**Day 1**
Pre-posttest	Introduction and Pre-test	1 hour & 30 Minutes	**Day 1**
Resource Guide 1. Approaches to Early Childhood Development	**Session 1.** Standards for Quality Early Childhood Programs Closure: Session and Training Evaluation	5 hours & 15 Minutes	**Day 1**
	Session 2. Understanding Young Children Closure: Session and Training Evaluation	3 Hours & 30 Minutes	**Day 2**
	Session 3. Supporting Child Development through Holistic Approach and Play Closure: Session and Training Evaluation	4 Hours	
Resource Guide 2. Introduction to Early Childhood Development	**Session 1:** Early Childhood Development Closure: Session and Training Evaluation	3 hours & 45 minutes	**Day 3**
	Session 2: Development and Intervention of Infants and Toddlers Closure: Session and Training Evaluation	6 hours	**Day 4**
	Session 3: Development and Intervention of Preschool-age Children Closure: Session and Training Evaluation	4 hours & 30 minutes	
Resource Guide 3. Assessment of Young Children's Development	**Session 1.** Using Observation and Documentation for Ongoing Assessment of Young Children Closure: Session and Training Evaluation	6 hours & 15 minutes	**Day 5**
Resource Guide 4. Quality Early Childhood Environment for Young Children	**Session 1.**The Physical Environment Closure: Session and Training Evaluation	6 hours & 15 minutes	**Day 6**
	Session 2. Group Activities in Early Childhood Environment	3 hours & 45 minutes	**Day 7**
	Session 3. Program Planning in Early Childhood Environment Closure: Session and Training Evaluation	3 hours & 30 minutes	
	Session 4. Supporting Young Children in Language and Literacy Closure: Session and Training Evaluation	6 hours & 15 minutes	**Day 8**
	Session 5. Supporting Young Children in Early Mathematics Closure: Session and Training Evaluation	6 hours & 30 minutes	**Day 9**
	Session 6. Administration of Early Childhood Program Closure: Session and Training Evaluation	2 hours & 30 minutes	
Resource Guide 5. Young Children with Special Needs and Protection	**Session 1.** Young Children and Disability Closure: Session and Training Evaluation	5 hours & 15 minutes	**Day 10**
	Session 2. Vulnerable Children: Young Children Living With and Affected by HIV and AIDS Closure: Session and Training Evaluation	3 hours & 45 minutes	**Day 11**
	Session 3. Rights and Protection of Young Children	3 hours & 45 minutes	
Resource Guide 6. Health, Safety and Nutrition	**Session 1.** Health and Safety of Young Children Closure: Session and Training Evaluation	3 hours & 30 minutes	**Day 12**
	Session 2. Growth and Nutrition of Young Children Closure: Session and Training Evaluation	1 – 3 days	**Day 13, 14, & 15**
Conclusion of Training	**Posttest**: Closing the Training and Administering Posttest	1 hour & 30 minutes	**Day 15**
Total			**15 days**

REFERENCE DOCUMENTS

CRS referred to a wide range of documents in preparing this curriculum. It especially draws on materials developed by the CRS office in Lesotho in their "Whose Child is This?" project, with generous support from the Better Way Foundation. We would like to acknowledge Carmen Randall who provided the illustrations, as well as the original authors of the "Whose Child is This?" Teacher Resource Guide: Sue Connolly, Edith Sebatane and Dr. Pulane Lefoka. Special thanks to CRS staff who supported the development of the Lesotho materials (Chandreyee Banerjee, Rita Billingsley, Sarah Cashore, Anne Sellers, Ana Maria Ferraz de Campos, Ashley Rytter, Setungoane Letsatsi-Kojoana and Blain Cerney), as well as UNICEF, the Lesotho Ministry of Education and Training ECCD Unit, and the Lesotho Ministry of Health." Below are these main resources. (Note: Detailed references are provided in the bibliography sections of each resource guide).

CRS Lesotho *Ngoana Eo Ke Oa Mang?* ECD Teachers Resource Guide (2012)
CRS Lesotho *Ngoana Eo Ke Oa Mang?* Parent and Caregiver Training Manual (2012)
CRS Lesotho *Ngoana Eo Ke Oa Mang?* Early Learning Flip Book (Counseling Card) (n.d.)
CRS-THRIVE Using Play For Growing Smart Children: Things You Can Do and Toys You Can Make Manual (2014)
CRS THRIVE *Malawi Kaleredwe Kabwino Ka Mwana*-Positive Parenting Counseling Card (2015)
CRS Training Curriculum on Psychosocial Care and Counseling for HIV-Infected Children and Adolescents (2009).
CRS India Teaching Guide For Early Child Development Interventions For The Missionaries of Charity (n.d.)
CRS Theory of Change in Early Childhood Development: The CRS Global ECD Model (2014)
CRS Parenting Support in Africa: A Facilitator's Manual (2014)
CRS Policy on Protection (2014/2015)
CRS Partnership and Capacity Strengthening Basic Training Guide: Adult Learning Basics, CRS Institute for Capacity Strengthening (2015)
WHO-UNICEF Care for Child Development (2012)
WHO-UNICEF IMCI Caring for the Child's Healthy Growth and Development-Training Course for Community Health Workers (2012)
Essential Package-CARE, Save the Children and the Consultative Group on Early Childhood Care and Development (CG) (2012)
Case Stories from the Catholic Sisters' Lived Experience with Young Children, Families, and Communities in Zambia, Kenya, and Malawi.
Pact-Yekokeb Berhan Volunteer Orientation Guide: How to Care for Children with Disabilities (2014)
Catholic AIDS Action Building Resilience in Children Affected by HIV/AIDS, Namibia (2003).
Concern International Say and Play Project (2009)
National ECD Policy Documents of Kenya (2006), Malawi (2008), and Zambia (n.d).
Archdiocese of Hartford Catholic Schools-Early Childhood Curriculum Standards (2012).
Republic of Malawi National ECD Advanced Training Manual (2012).
Association of Childhood Education International Global Guidelines Assessment/ACEI-GGA (2011).
National Association for the Education of Young Children (naeyc.org). Early Childhood Program Standards for Accreditation (2009).
National Association for the Education of Young Children (naeyc.org). Developmentally and Culturally Appropriate Practice (2009).
Johns Hopkins University and Maryland State Department of Education-Healthy Beginnings: Supporting Development and Learning from Birth Through Three years of Age (2010).
Young Child: Development from Pre-Birth Through Adolescence by Wittmer, Petersen, and Puckett (2013).
Infants, Toddlers and Caregivers: A Curriculum of Respectful, Responsive Care and Education by Gonzalez-Mena & Widmeyer Eyer (2012).
The *Lancet* Series on Nutrition and ECD

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This curriculum is the product of a team effort by CRS colleagues and partners who shared their expertise and time to review the document and contribute key resources, including granting copyright permission.

The individuals named below all deserve special and deep appreciation with a special thank you to the CRS country program in Lesotho

CRS TEAM	MAJOR CONTRIBUTION (IN DEVELOPMENT)
CRS Regional Office Team	
Ana Maria Ferraz de Campos and CRS Lesotho *Whose Child Is This* Project Team	Resource contribution *Whose Child Is This?* Adopted into the ECD curriculum
Emily Doogue	Input on initial SCORE ECD gaps/needs analysis
CRS Headquarters Team	
Shannon Senefeld	Resources on positive parenting
Caroline Bishop	Reviewed *Resource Guide 5: Children Affected and Infected by HIV*; contributed resources on OVC
Jean Claude Kazadi Mwayabo	Reviewed *Resource Guide 5: Children Affected and Infected by HIV*; contributed resources on OVC
Lucy Steinitz	Reviewed *Resource Guide 5: Children with Disabilities and Child Protection*; contributed various resources with copyright permission for *Resource Guide 5*
Leia Isanhart	Sensitivity review of the full set of resource and facilitator's guides;
Elena McEwan	Reviewed *Resource Guide 2: The Beginning of Child Development*; *Resource Guide 6: Health and Safety of Young Children and Growth and Nutrition of Young Children*; contributed resources on maternal and newborn care and complimentary feeding
Anne Sellers	Reviewed *Resource Guide 2: Infant and Toddler Development and Preschooler's Development*
Mary Hennigan	Contributed articles on nutrition and brain development
Jackie Ogega	Reviewed Rights and Protection section of *Resource Guide 5*
Adele Clark	Reviewed *Resource Guide 1: Approaches to ECD*; contributed resources: THRIVE's organizational assessment tool-ECD HOCAI; THRIVE's Things You Can Do and Toys You Can Make Manual, Essential Package; Malawi Positive Parenting Counseling Card; pictures and illustrations
John Hembling	Reviewed pre-posttest questionnaire of the curriculum; reviewed curriculum session and training evaluation forms
Eshetu Kassa	Reviewed *Resource Guide 4*: *Administration and Finance of ECD Program*
Meghan Armistead	Reviewed *Adult Learning* and contributed related resources
Mary Riddick	Facilitated typing, converted pdf files to text, printed various copies of the draft curriculum and shipped it on time to country programs

CRS SCORE ECD Project	
Michelle Gilfillan	Reviewed curriculum and contributed ECD links and resources from CRS peer organizations e.g. WHO's Care for Child Development
Sr. Pauline Silver Acayo	Reviewed and provided input on guidelines for *Spiritual Care and Support of Young Children*; facilitated the review of the ECD curriculum by government representatives, SCORE national ECD Advisory Committee, sisters associations, and ACWECA
Selamawit Tadesse, CRS-SCORE Technical Advisor, ECD	Wrote the six-module *CRS-SCORE ECD Curriculum*, including pre-posttest and session and training evaluation forms
CRS SCORE ECD Curriculum Review Committee	
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Sister Congregations Associations	
Sr. Eneless Chimbali - Secretary General, Association of Consecrated women in East & Central Africa (ACWECA)	Reviewed the ECD curriculum with special focus on ECD spiritual guidelines
Sr. Agnes Wamuyu Ngure Executive Secretary – Association of Sisterhoods of Kenya (AOSK)	Reviewed all resource guides with special attention to *Resource Guide* 1: *Guideline for Spiritual Care and Development of Young Children*
Sr. Mary Magdalen Ndawala T.S., Executive Secretary – Association of Women Religious in Malawi (AWRIM)	Reviewed all resource guides with special attention to *Resource Guide 1*: *Guideline for Spiritual Care and Development of Young Children*
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UNICEF, Zambia	
Given Daka – Education Specialist (ECD) UNICEF Gibson Nchimunya – Education Officer-ECD UNICEF	Provided UNICEF resources: Integrated Management of Childhood Illness Caring for the child's healthy growth and development adopted in Resource Guide 6
Save the Children, Zambia	
Brighton Nchimunya – Essential Package Specialist Save the Children	Facilitated a MOU between CRS Zambia and Save the Children, Zambia to adapt the Essential Package into SCORE ECD curriculum and train sisters on the EP.
National ECD Office	
Ms. Wenyaa Nasaba – Assistant Director – Quality and Standards; Ministry of Education, Nairobi Kenya.	Contributed ECD policy documents and standards for quality early childhood environment
Malawi Ministry of Gender, Children, Disability and Social Welfare	Accredited the CRS-SCORE ECD Curriculum to be used a national resource for training ECD service providers including sisters.
SCORE ECD National Advisory Board	
Francis Chalamanda – Ministry of Gender, ECD, Children, disability and social welfare – Malawi Mike Maulidi – District social welfare officer – Malawi Martha Sitali – Ministry of Education and ECD in Zambia	Reviewed all of the resource and facilitation guides of the ECD curriculum

Foreword

REPUBLIC OF MALAWI

MINISTRY OF GENDER, CHILDREN, DISABILTY AND SOCIAL WELFARE,
PRIVATE BAG 330, CAPITAL CITY: LILONGWE 3, MALAWI

NATIONAL ECD POLICY 2016

FOREWORD

The foreword is for the CRS-SCORE ECD Curriculum to be used for training religious sisters in integrated ECD at the regional level. The draft curriculum was developed to meet one of the project objectives of CRS-SCORE ECD curriculum in Malawi, Zambia, and Kenya. The major objective of CRS-SCORE ECD curriculum is to support the Religious Sisters to provide ECD services to young children, parents, caregivers, families and communities with strong knowledge and skills on inclusive, holistic, and appropriate ECD services.

The Government of Malawi recognizes that the CRS-SCORE ECD curriculum was developed in a consultative manner using a participatory approach. Field assessment was conducted on technical ECD gaps and needs of Religious Sisters in Malawi, Zambia, and Kenya through individual, focus group meetings and discussions with Sisters, government, non-state actors and SCORE partners. The participatory assessments lead to the development of the draft curriculum. It is pleasing to note that the Malawi ECD Technical team was involved in the development and review of the curriculum and Malawi ECD instructional materials were utilized to develop the curriculum.

I accept and accredit therefore the CRS-SCORE ECD curriculum so that it can be utilized as resource ECD materials in the training of ECD workers and caregivers in Malawi. It can also be utilized by religious sisters for training of ECD workers, parents and caregivers. Nevertheless, if the CRS-SCORE ECD curriculum is utilized as training manual in Malawi, it should be used together with Malawi ECD manuals and guides to complement and harmonize in-country ECD trainings. Malawi recognizes the importance of integrated ECD to the national socio-economic development, thus child responsive ECD innovations are welcomed and supported.

I would like to express my profound gratitude to CRS for coming up with the Regional ECD Training Module. Gratitude should also go to the Hilton Foundation for funding the curriculum. Special thanks should also go to all those who made technical input to the important and child responsive curriculum.

I encourage all the workers in Sub-Saharan Africa and all over the world to make use of the CRS-SCORE ECD Curriculum to benefit children in different situations for their survival, growth, stimulation, development, protection and participation for a fair start in life for all children.

Shawa

Dr. Mary Shawa

SECRETARY FOR GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

RESOURCE GUIDE 1: APPROACHES TO EARLY CHILDHOOD PROGRAMS	
Resource Guide 1 is one of six ECD Resource Guides of the CRS SCORE ECD curriculum. The six series are:	
1.	Approaches to Early Childhood Programs
2.	Introduction to Early Childhood Development
3.	Assessing Young Children's Development
4.	Quality Early Childhood Environments for Young Children
5.	Children with Special Needs and Child Protection
6.	Health, Safety, and Nutrition

SAMPLE REVIEW

"This curriculum sufficiently covers all areas of child development as well as ECD theories and standards for quality early childhood services. It is comprehensive and the materials are well explained and easy to translate into our local language." (Reviewer: Master Trainer/sister, CRS SCORE ECD Zambia: Track 2 Report of *Master Trainer's Training* on the draft CRS SCORE ECD curriculum, August, 2015)

"The curriculum provides details on each resource guide and the training activities to be carried out. The case stories help one relate experiences, situations, and events of children's lives in families and communities. It teaches how to identify and use resources in our local communities for serving children and specifies the role of a caregiver who works or stays with the child at home, school, center, and community in the society. It will help the trainer to prepare his/her work with young children very well…with confidence." (Reviewer: Member of the CRS SCORE ECD project curriculum review team, Kenya, April, 2015)

"The resource guides and the facilitator's guides match well and they make the work of the facilitator easy. The instructions are clear. Actually, the Master Trainer/facilitator has been given clear instructions on what to do in all topics of each module." (Reviewer: Facilitators of the SCORE ECD Master Trainers Training, Zambia Open University, Zambia, July and August, 2015)

Resource Guide 1: Approaches to Early Childhood Programs

PURPOSE

The purpose of this guide is to provide an overview of what constitutes a high quality Early Childhood Development (ECD) program for young children, including early childhood spiritual care. Additional ideas include understanding how young children learn and develop, meeting their needs holistically, and enhancing development and learning through play. Knowledge from this guide is expected to facilitate ECD services and programming. This guide is divided into three sessions:

1. **Session one** provides information on evidence-based ECD standards and the national policies of Kenya, Malawi, and Zambia that underlie quality early childhood programs. It synthesizes crosscutting ECD principles, and suggests guiding principles for the early childhood spiritual care and development of young children.
2. **Session two** focuses on basic theories and principles of child development, how infants, toddlers, and preschoolers exhibit different learning abilities, and how caregivers and teachers can support children as they develop.
3. **Session three** focuses on the holistic approach and community mapping as mechanisms to meet the essential needs of children; it also focuses on the value of play in child development and learning.

BACKGROUND

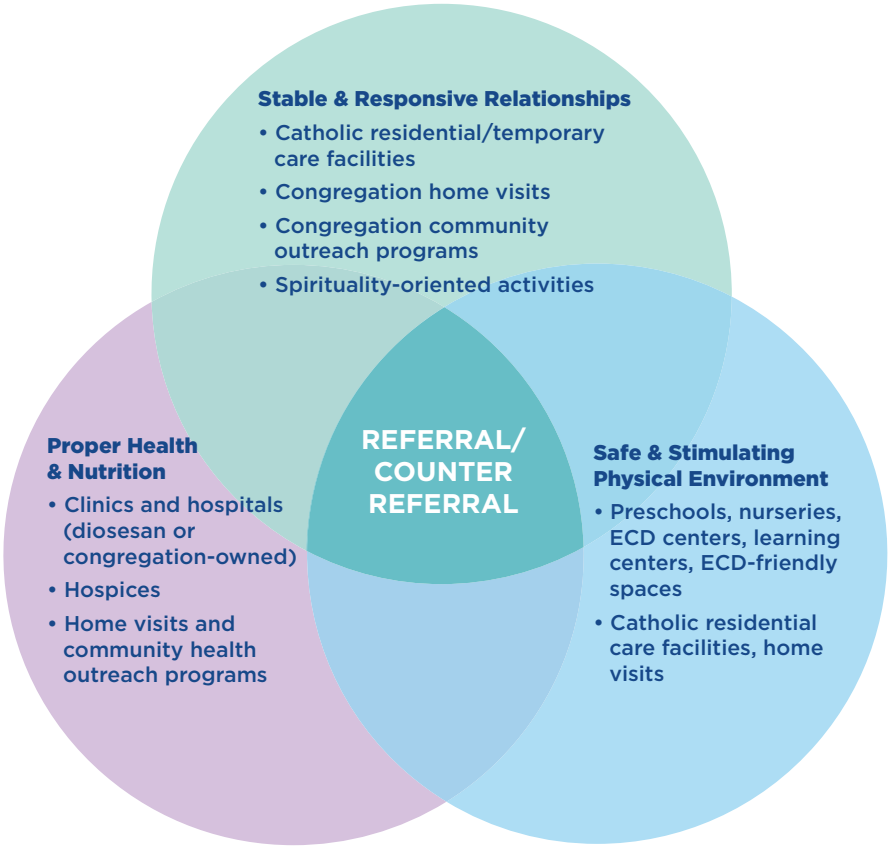
This guide builds on the tools and lessons learned through the CRS project entitled *Capacity of Women Religious in Early Child Development* (SCORE ECD). The project aims to establish high quality early childhood services for young children and their families in Zambia, Malawi, and Kenya. To realize this goal, the project wants to ensure that:

- Its members and leaders have strong knowledge and skills on relationship-based, holistic, and developmentally and culturally appropriate early childhood development and intervention for children aged zero through five and their families.
- Its program provides in-depth coverage, including for children with special needs and vulnerable children.
- Its services are of high quality and that they are linked into national and regional dialogue and collaboration on issues related to child protection and development.

The question often raised is how the SCORE ECD project can meet these goals and ensure a quality early childhood program for young children, or adapt its current programs and services to be more effective for young children and their families. In order to support the project goals, this guide aims to provide information and guidance on what constitutes a quality ECD project. This guide builds on established international ECD standards as well as key lessons and tools drawn from the CRS SCORE ECD project. These lessons and tools reflect Catholic religious women's day-to-day ministry

and support to children and their families in health, education, and family-focused services critical to ECD. These services are reflected in the diagram below:

Figure 1. Catholic Sisters' ministry in the context of critical factors in ECD



Source: Catholic Relief Services. SCORE ECD project proposal, (2014).

This guide is also grounded in Catholic Relief Services' (CRS) organizational Model of Optimal Child Development, described below:

Figure 2. CRS' goal and approach—Early Childhood Development

Overarching goal and approach of CRS in Early Childhood Development
All young girls and boys are protected and valued by family and community in an enabling environment to thrive and grow towards integral human development.
What is essential for children worldwide to reach their full developmental potential? Optimal development includes reaching critical physical, cognitive, social-emotional, and linguistic milestones. At CRS, we believe that nutritious food, health care, protection from harm, warmth in the cold, and shelter are essential. Also essential is to feel valued, loved, and supported by caregivers, families, and communities. Meeting their basic needs means that children must be healthy, safe from harm, and receive good information and support within their community. A child needs to see himself/herself as part of a culture and a spiritual community that recognizes their intrinsic value as a human being and binds them to others. Children with disabilities must be sought out and provided with resources that will provide the support they and their families need. To build a community that values young children, professionals and volunteers need training, support, and recognition of the role they play. Governments and civic organizations must take an active role in creating a culture of valuing and developing all young children into the productive citizens that every child could be.

Source: Catholic Relief Services. Theory of Change in Early Childhood Development: The Catholic Relief Services Model, CRS, Baltimore, USA (2014).

Session 1: Standards for Quality Early Childhood Programs

LEARNING OBJECTIVES

By the end of this session, participants will be able to:

- Describe the essential components of a quality ECD program based on existing evidence-based standards, national policies, and their own experiences.
- Describe their national ECD policies to guide their ECD services for young children.
- Describe crosscutting national ECD guiding principles of the three countries (Kenya, Malawi, and Zambia) to guide networking and collaboration of sister congregations/ associations around ECD activities.
- Develop ECD guiding principles for the early childhood spiritual care and development of young children to strengthen services of sister congregations/ associations in the area of early childhood spiritual development.

EVIDENCE-BASED STANDARDS FOR QUALITY EARLY CHILDHOOD PROGRAMS

Children who receive quality early childhood services gain benefits such as *"Higher intelligence scores, higher and timelier school enrollment, less grade repetition and lower dropout rates, higher school completion rates, improved nutrition and health status, improved social and emotional behavior, improved parent-child relationships, and increased earning potential and economic self-sufficiency as an adult "* (World Bank, 2011).

Evidence-based early childhood development standards help us to plan as well as measure the quality of our service to young children. They also enable us to prepare and maintain competent early childhood practitioners. The evidence-based standards described below have been adapted and modified with ideas relevant to the programming at Catholic Relief Services, and specifically with the SCORE ECD project.

Evidence-based standards for quality ECD programs are more effective when they are applied in an integrated manner. Although standards are described by segments, they are interrelated and influence each other, and thus should be delivered holistically. This means young children will have better health and development outcomes when supports and services to young children include all standards (e.g., responsive care, health and nutrition, stimulating early childhood development and learning intervention, family and community support, child protection). This session provides information on various established international and national standards for quality early childhood programs. It will also examine guiding principles for early childhood spiritual care and development. Below are *standards for quality early childhood care, development, and protection.*[1]

1 Association of Childhood Education International Global Guidelines Assessment (ACEI-GGA) (2011); Diener (2009); Gonzalez-Mena & Widmeyer Eyer (2012); International HIV/AIDS Alliance (2012); National Association for the Education of Young Children (NAEYC) (2006).

1. **Relationships of children with adults and peers**: The focus is on developing responsive and positive child/caregiver relationships, including relationships between children and between adults. Adults who support young children need to nurture and have warm, respectful relationships with children. This in turn will help children develop trust and become confident and successful in their social interactions with peers and adults.

   An early childhood program should consider:

   - Promoting attachment for all children with at least one adult, especially during the first three years of life (e.g., including children with disabilities, vulnerable children, orphans) that allows each child to have a secure, safe, stable, and consistent caregiving experience.
   - Promoting family-based caregiving practice (e.g., feeding, bathing, changing, playing, etc.) that encourages different kinds of sensory stimulations (touch, smell, hear, taste, sight) for children to explore and learn. Providing a supportive environment for all children to play, make friends, and express their feelings freely without fear.

2. **Health, nutrition, and safety**: The focus is on meeting the needs of children and families in areas of health, nutrition, and safety. Families and community members have access to service and information that can help them take care of children's wellbeing (e.g., preventing childhood illnesses and injuries and promoting maternal and child health care, including breastfeeding, supplementary feeding, and maternal nutrition).

   An early childhood program should consider:

   - Establishing an environment that ensures the prevention and treatment of childhood illnesses and injuries through safety measures (e.g., immunization, having safe drinking water, uncontaminated food, health care).
   - Promoting nutritious food and its importance at the various stages of child development for young children, with focus on areas of breastfeeding, maternal nutrition, and supplementary nutrition.
   - Providing nutrition information and guidance to caregivers and families for promoting appropriate caregiver practice in child health care and nutritional needs.
   - Promoting practices such as homestead gardening, livestock keeping, and nutrition programs at school for vulnerable children and families.
   - Promoting health care and nutritional support for children and their families.

3. **Early childhood curriculum**: The focus is on a curriculum that positively impacts children in all areas of their personal, developmental, and social needs. The curriculum enables children to grow and develop according to their interest, age, and developmental level, and ultimately achieve their full potential.

   An early childhood program should consider:

   - Having a curriculum that supports children's wellbeing in health, nutrition, safety, and all areas of their development (e.g., the cognitive-language, social-emotional, spiritual-moral, and physical-motor).

- Having a curriculum responsive to the values, beliefs, experiences, and language of caregivers and families.
- Having a curriculum that ensures an inclusive and developmentally and culturally appropriate learning environment for all young children. The curriculum has a plan that supports children's needs for indoor and outdoor play, creativity, exploration, physical movement, sensory manipulation of objects, and social and individual activities.
- Having a curriculum that considers the ages and developmental stages of children to plan learning and development activities for the child.

4. **Training of early childhood caregivers/teachers**: The focus is on equipping early childhood caregivers and teachers with child development knowledge, skills, and dispositions helpful for young children. People who work with young children need to be well-trained in early childhood care and development and provide support appropriate to each child's individual abilities, interests, age, family values, and culture.

   An early childhood program should consider:*:*

   - Having an early childhood caregiver or educator who makes children feel respected, valued, and loved, and understands positive relationships as the foundation of his/her support to young children and their families.
   - Having an early childhood caregiver or educator who has knowledge of child growth and development and is able to put his/her knowledge into practice that supports the development of the whole child.
   - Having an early childhood caregiver or educator who uses observations and documentation to positively influence the development and learning of all young children.
   - Having an early childhood caregiver or educator who works in partnership with families to promote the wellbeing of children.
   - Having an early childhood caregiver or educator who advocates for the safety and wellbeing of children.

5. **Relationship with families**: The focus is on ensuring positive relationships with families. A quality early childhood program respects, supports, and makes collaborative decisions with the families of young children in all activities that concern their children. A true partnership with families guarantees long-lasting solutions for children.

   An early childhood program should consider:

   - Providing a service that is welcoming to all caregivers and families in an inviting and encouraging setting for family participation.
   - Having regular contact with caregivers and communicating with them about their children's progress through home visits, parent meetings, and sharing child records. The dialogue with families must also consider families' concerns, values, and child-rearing traditions.
   - Reaching out to families and children at different platforms (e.g., homes, parishes, health or learning centers) and encouraging their involvement in the welfare of their children (e.g., family playtime, school volunteers, child support groups, daycare assistants, social event volunteers, cultural and traditional events)
   - Promoting opportunities for families by providing information about local services supportive of families' work, education, health, and spiritual growth.

6. **Relationship with communities**: The focus is on utilizing local support services and resources for the wellbeing of children and families. Programs establish strong network with communities and mobilize their resources to benefit children and families. For example, links and referral systems of community services (e.g., health, education) are made available to families; families and community representatives participate in the ECD program's planning, intervention, and assessment.

   An early childhood program should consider:

   - Guiding and informing community members on the importance of early childhood development and sharing the responsibility for addressing the needs of young children, especially the needs of children who are vulnerable, marginalized, stigmatized, and living in poverty.
   - Involving communities in identifying local services for supporting families with special needs (e.g., children infected and affected by HIV/AIDS) and establishing a referral network/system where families and children are referred for support services available in the community.
   - Collaborating with communities to enhance child support systems in the community (e.g., supporting additional child care facilities, parenting training, child/family reunification).

7. **Assessing young children**: The focus is on regularly observing and recording children's status (formally or informally) and using the data to make decisions that yield positive outcomes for children and their families. Assessment needs to be about what the child can do within his/her abilities, family values, and culture.

   An early childhood program should consider:

   - Instituting criteria for a regular evaluation of the day-to-day function of the program and its impact on children, their families, and communities at large.
   - Meeting the national standards for quality early childhood services for young children.
   - Having an assessment plan and procedures that ensure:
     - Regularly observing and assessing young children's development and learning status, and which considers the child's overall context (e.g., abilities, interests, home and school life).
     - Using assessment records for sound interventions at different levels of the child's life (e.g., individual, family, and community).
     - Including all domains of children's development in the assessment with a focus on documenting what children can do and planning the next steps for the child and the family.
     - Families participate in data collection, including children's self-evaluation.
     - Familiarity of the child with both the assessment environment and the person conducting the assessment.
     - Receipt of primary caregivers' informed consent to participate in assessment *[**Note:** It is important that families are made aware that services for their child are not contingent on participation in assessments.]*

8. **Early childhood environments**: The focus is on an environment that is physically and psychologically safe for children. A safe, healthy, and stimulating environment enables children to explore, play, and practice life skills free from any kind of physical and/or mental harm.

   An early childhood program should consider:

   - Providing physical space free from hazards, including unsafe equipment, pollution, and violence.
   - Providing services that promote basic sanitation (personal hygiene, including hand washing), safe and nutritious food, potable water, adequate ventilation, and good health practices.
   - Providing a developmentally stimulating environment for all children with opportunity for:
     - Caregiver/child ratio sufficiently low to promote positive child-to-child and child-to-caregiver/teacher interactions.
     - Adequate indoor and outdoor space for movement and age-appropriate learning, and play materials for active individual and social activities.
     - Free-play and structured activities to promote developmental and learning skills for children with different abilities.
     - Using materials from the child's local environment, including natural materials.
   - Having in place a policy on code of conduct and child protection that meets national standards and is signed by and accessible to all staff and caregivers.
   - Providing an inclusive environment that welcomes families and is suitable for children who have special physical, developmental, and learning needs.

9. **Management and administration**: The focus is on promoting high quality child care and development services. Quality improves when programs better understand child development and basic (e.g., national) standards for quality early childhood services. Programs need to also maintain well-trained caregivers and staff that strive for holistic support to children and families.

   An early childhood program should consider:

   - Having in place early childhood materials that reflect the national polices and standards for quality childcare.
   - Having a system for the continuous support and
   - Engaging families and communities and using information from parents and community members to inform its early childhood development services.
   - Having information and referral procedures in place to access community services for young children.
   - Having a system and tools in place to monitor and evaluate the quality and impact of the services provided to young children and their families, and adjusting methods accordingly.
   - Having a system and tools in place to ensure financial sources and human resource development (e.g., skill-building of early childhood care service providers, training, mentoring, professional development of teachers/caretakers/volunteers) to sustain the program's service long term.

10. **Services for young children with disabilities**: The focus is on recognizing that children with disabilities have the same rights as other children without disabilities, i.e., they have the right to "*fully enjoy all human rights and fundamental freedoms on an equal basis with other children…including the right to express their views freely on matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children…and to be*

provided with disability and age-appropriate assistance to realize that right" (Article 7, United Nations Convention on the Rights of Persons with Disabilities).

An early childhood program should consider:

- Promoting a positive attitude among communities regarding children with disabilities.
- Establishing a support team of caregivers of children with disabilities, program staff, and other child care providers (e.g., health and/or rehabilitation clinic, school) for:
  - Promoting family and community-based care for children with disabilities (e.g., giving priority for family-based care as opposed to institutional care).
  - Quickly identifying developmental delays and/or disabilities and ensuring appropriate early intervention for children with disabilities.
  - Ensuring referrals and linkages between services in the community.
  - Promoting inclusive services for children with disabilities at various platforms (e.g., ECD centers/schools, health clinics, child wellbeing and protection services).
  - Advocating for children with disabilities and their families to have equal access and equal opportunities in types and levels of support and services irrespective of their gender, religion, ethnicity, language, or culture.

11. **Child protection**: The focus is on ensuring that all children are protected from all forms of abuse and exploitation. This includes sexual abuse, child labor, physical and mental abuse, and child trafficking. All children also have the right to participate in all activities without being humiliated or degraded.

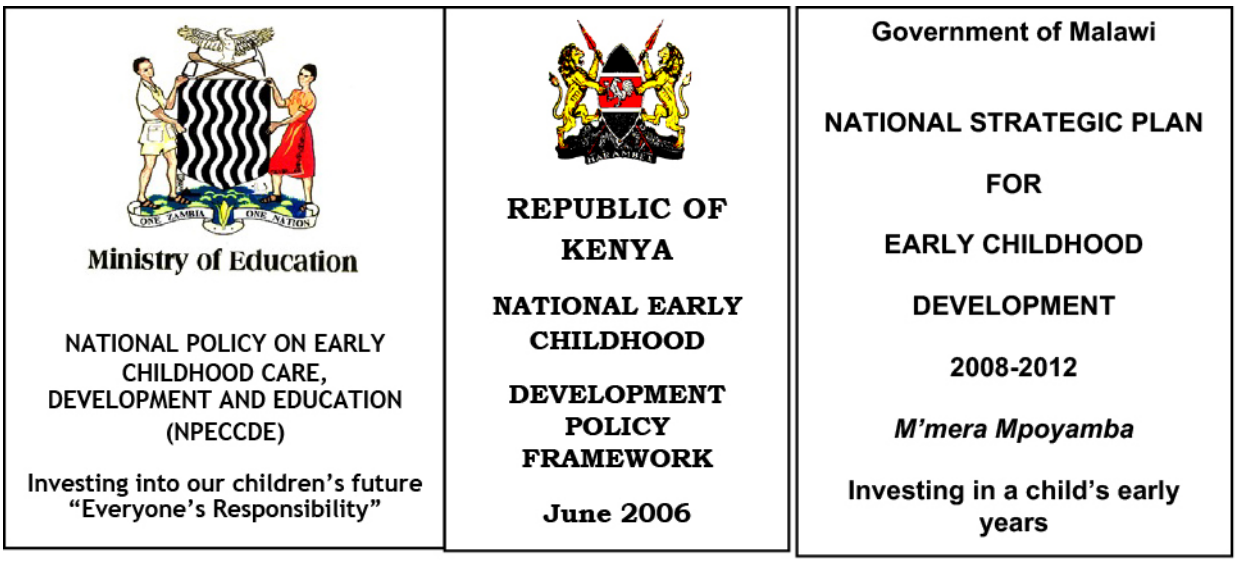
    An early childhood program should consider:

    - Ensuring that child protection procedures per national guidelines are in place and routinely monitored.
    - Identifying risks in a child's environment (e.g., home, school) that could present opportunities for abuse, or where safeguards are likely to be insufficient to protect children from harm such as sexual abuse, hazardous work, or physical, emotional, and psychological abuse.
    - Reporting any concern or suspicion of child abuse or exploitation to appropriate community authorities.
    - Promoting assistance to victims of abuse as appropriate to the child's age and developmental level.
    - Having caregivers/teachers that respect the dignity of children and maintain the highest standards of personal and professional conduct when dealing with young children (e.g., abiding by national code of ethics in early childhood development).
    - Ensuring both girls and boys have equal access and equity in types and levels of health, nutrition, security, education, and legal services (e.g., inheritance, birth registration, social welfare).
    - Ensuring that children from low-income groups have access and equity similar to that of children from high-income groups.
    - Ensuring that children participate in all activities that are appropriate to their age and that their voices are heard without being judged or ridiculed.

NATIONAL EARLY CHILDHOOD DEVELOPMENT POLICIES

It is important to know that even though there are evidence-based measures for quality ECD practices, standards may vary from one program to another depending on national guidelines and procedures. Users of this ECD guide and sister congregations and associations in Kenya, Malawi, and Zambia are expected to modify or supplement the evidence-based standards presented in this guide as appropriate to their national and/or local ECD guidelines and procedures. Kenya, Malawi, and Zambia have national ECD policies that users should access and examine in detail.

Figure 3. National Early Childhood Development policies: Kenya, Malawi, and Zambia



CROSS COUNTRY ECD PRINCIPLES: KENYA, MALAWI, AND ZAMBIA

An integrated approach to ECD calls for coordination and collaboration across sectors and regions. The CRS SCORE ECD program envisions better and greater early childhood outcomes through collaborative system strengthening and linkages of cross-congregational support and learning among its leaders and members in Kenya, Malawi, and Zambia. Catholic women religious organizations include the following:

- Association of Consecrated Women in Eastern and Central Africa (ACWECA)
- Association of Sister Education Consortium (ASEC)
- Association of Sisterhoods of Kenya (AOSK)
- Association of Women In Religious Institutes of Malawi (AWRIM)
- Zambian Association of Sisterhoods (ZAS)
- ECD Global Advisory Committee, SCORE ECD

Identifying the commonalities of these countries' existing ECD policies and standards can help the national and regional networks of Catholic women religious in Kenya, Malawi, and Zambia to strengthen their capacity in ECD; it can also help them to better coordinate members' initiatives for advocacy and fundraising, as well as influencing ECD policies on behalf of young children at various platforms.

A review of the three countries' national ECD policy documents[2] revealed the following crosscutting ECD principles of Kenya, Malawi, and Zambia:

2 The crosscutting ECD principles were synthesized based on the national ECD policy documents of Malawi (2012), Kenya (2006), and Zambia (n.d.).

- Investment in early childhood services is effective when it embraces child needs across all childhood periods—prenatal and birth through age eight.
- Goals for early childhood development and learning must support the needs of the whole child across areas such as health, safety, nutrition, stimulation, rights and protection, and development (e.g., physical-motor, social-emotional, spiritual-moral, and cognitive-language).
- Quality early childhood services have nationally aligned age-appropriate and comprehensive early childhood curriculum and support materials for children, parents, and early childhood teachers.
- Family or family-oriented environments are best for the care of all children. As parents and families are primary caregivers, early childhood services make every effort to gain their trust and empower them with the necessary resources and skills they need to support their children.
- The most effective approach for sustainable child development is to address children's problems through holistic, integrated, community-based child and family care management. Partnership among service providers is a critical part of this approach because no single partner would be able to offer quality early childhood services in isolation. A collaborative multi-sectoral (e.g., health, nutrition, water and sanitation, agriculture, education, income generation, protection) effort ensures effective service delivery. Therefore, early childhood programs and services need to partner with key early childhood stakeholders to ensure sustainable support for young children and their families. Key stakeholders include government, NGOs, universities and research institutions, private sector and Community-Based Organizations (CBOs), bi-lateral and multi-lateral development partners, and Faith-Based Organizations (FBO)
- Early childhood services need to have an effective monitoring and evaluation system that ensures quality outcomes for children and their families. Service providers must equip themselves with the knowledge and skills needed to provide adequate and meaningful support to children and families, and their actions must be motivated by the best interests of the young children they serve.
- Early childhood services can provide quality services when their programs have leadership and management that create a conducive environment for high quality care and education. Programs need to comply with relevant national regulations and guidelines, promote fiscal soundness, program accountability, effective communication, helpful consultative services, positive community relations, comfortable and supportive workplaces and stable staff, and institute ongoing program planning and career development opportunities for those staff, as well as continuous program improvement.
- Children with disabilities have the same rights and access to birth registration and are included in all local and international programs and services such as education, health, or social services. As for all children, family is the best care option for children with disabilities.
- Children should not be excluded from services on the basis of their gender, race, color, religion, economic status, disability, or health status.
- Services recognize and promote the right of all children to be registered at birth and be safe from harm, violence, and abuse. The United Nations Convention on the

Rights of Children, African Charter on the Rights and Welfare of the Child, OAU, and the constitution and laws of the country in which they live are points of reference for advocacy services for young children.

DEFINITION OF AGE GROUP BY COUNTRY

The three countries define early childhood from birth to eight years. But each country classifies the early childhood period as follows:

- Kenya: Conception to birth, birth to three years, three to six years, and six through eight years (Kenya is revising its policy.)
- Malawi: Conception to birth, birth to two years, three to five years, and six through eight years.
- Zambia: Prenatal-perinatal, zero to three years, and three to six years.

These countries also agree on the important roles that Faith-Based Organizations (FBO) play in ECD interventions. The statements in *Figure 6* below are drawn from the national ECD policies of Kenya (2006), Malawi (2012), and Zambia (n.d.).

Figure 4. Cross-country government expectation of the roles of Faith-Based Organizations in ECD interventions—Kenya, Malawi, and Zambia

KENYA	MALAWI	ZAMBIA
Sponsor ECD and ECDE centers	FBOs role is to: Promote spiritual and moral development of children aged 0-8 years	FBOs and Non-Governmental Organizations (NGOs) role is to: Advocate for Early Childhood Care, Development and Education (ECCDE)
Provide moral and spiritual guidance	Promote family unity and stability through matrimonial counseling	Provide financial and technical support, facilities, and services for the development of children aged 0-8 years
Support health service for children	Establish and promote child care programs	—
Provide early education for children	Raise awareness of appropriate child care practices	—
Support capacity building for ECD and ECDE programs. Carry out advocacy.	Mobilize resources for child care activities	—
Mobilize resources	—	—
Provide support to children with special needs (disabled, orphans) etc.	—	—

GUIDING PRINCIPLES FOR EARLY CHILDHOOD SPIRITUAL CARE AND DEVELOPMENT

Spiritual development is central to the development of the *whole child*. Just as the physical and social-emotional aspects of a child need to be nurtured, the spiritual dimension of a child also needs care and nurturing. Catholic Sisters in Kenya, Malawi, and Zambia strengthen their ministry to young children and their families in a manner that upholds congregations' charism and helps sisters advance their mission.

Their commitment to God and their unique experiences on spirituality have a fundamental impact on the lives of young children and families, especially to those who are poor, bereaved, marginalized, and neglected.

The Catholic Sisters' services to young children, families, and communities are grounded in the Catholic Social Teachings. Having additional guiding principles in the area of early childhood spiritual care and development would further strengthen their services to young children.

Drawing on the principles of the Catholic Social Teachings[3] and the framework of the ECD standards discussed above, the following twelve guiding principles for early childhood spiritual care and development[4] are developed and suggested for the SCORE ECD project (see *Figure 6* below). Sisters/congregations of SCORE ECD reviewed and further developed and validated the guiding principles as a reference for their day-to-day work with young children.

Figure 5. Catholic Social Teachings

Recognize the life and dignity of others by teaching others with respect and kindness because God created all people

Promote justice and love by sharing your own life with family and community, by giving to others, and taking care of your own neighbors

Value the rights of others and take care of the property of others

Acknowledge that the poor and helpless are entitled to life's necessities: food, healthcare, clothing, and housing

Protect God's creation by understanding that one will make the world a better place respecting the dignity of work and the rights of all workers

Welcome all people because we are united in solidarity as children of God and care for one another

Have reverence and care for God's creation by cherishing the environment as God's sacred creation

Source: Archdiocese of Hartford Early Childhood Curriculum Standards, (2011-2012), "Catholic Schools Education for Lifetime," CT, U.S.A.

3 CRS Protection Policy (2012); Henriot, Deberri, & Schultheis (1995); Kaczor (n.d.).

4 The guiding principles framework for early childhood spiritual care and development was developed based on sources: Archdiocese of Hartford School of Education (2012); Byrne (2010); Grajczonek (n.d.); Kaczor (n.d.); Meyers (2009; 2014); Pascall (1993). Sisters/congregations—SCORE ECD validated the ECD spiritual framework as a guide for their work with young children.

Figure 6. Guiding principles for early childhood spiritual care and development[5]

Principle 1: Spiritual relationships	The focus is on guiding children to develop a relationship with God, which contributes to children's development of core spiritual and moral values. Spiritual and moral values help children to build strong personal integrity and learn good moral values (e.g., to respect self, others, and the environment; to appreciate and value self, families, communities, culture, religion). A religious early childhood caregiver/teacher should consider: • Ensuring that each child grows up with positive, loving, and consistent caregivers that he/she can trust, because trusting a caregiver is the first step towards developing faith in God • Guiding children to cultivate gratitude and love towards God, oneself, and others in their lives (e.g., parents, siblings, friends, the elderly, religious counselors, neighbors, and teachers) • Guiding children to learn what is good and bad/right or wrong and to respect and give value to God's creations such as people, plants, and animals
Principle 2: Faith and curriculum	The focus is on having an early childhood curriculum that embraces the spiritual development of children as appropriate to their faith and spiritual practice. A religious early childhood caregiver/teacher should consider: • Planning and implementing activities that address all aspects of a child's being (e.g., the spiritual along with the physical/motor, social/emotional, and cognitive/language spiritual needs of children) • Addressing spirituality for children of all faith based on values and assumptions that are respectful of family beliefs and culture • Introducing spiritual activities to children (e.g., faith in God) as appropriate to children's faith and age in a way that they can understand and enjoy
Principle 3: Caregiving/teaching strategies	The focus is on providing a nurturing service to each child, recognizing that every child is a child of God with a unique personality, which requires special individual attention as appropriate to his/her individual needs. A religious early childhood caregiver/teacher should consider: • Appreciating and respecting each child's uniqueness and providing support accordingly • Encouraging each child to develop and learn at his/her own pace by providing multiple experiences and activities • Appreciating each child's faith values and helping children feel accommodated despite their differences in faith
Principle 4: Assessing child status	The focus is on assessing child development in a way that considers the spiritual aspect as part of the *whole child's* development. Assessment planning not only encompasses the physical, social, and emotional aspects of a child's needs, but also the spiritual dimension. Assessment is most appropriate and effective when families take part in the process and their religious and cultural contexts are considered in the decision-making processes. A religious early childhood caregiver/teacher should consider: • Conducting a holistic assessment that includes all areas of child development (e.g., the spiritual/moral, physical/motor, social/emotional, and cognitive/language) • Involving families in the assessment regardless of their faith and religious practices • Planning interventions that take families' spiritual/faith values into consideration
Principle 5: Health, safety, and nutrition	God created everyone to live a happy and healthy life free of hunger, sickness, and insecurity. Therefore, the most important part of parenting/caregiving or teaching is nurturing a child's growth and development with sufficient nutritious food and keeping him/her healthy and safe at all times. A religious early childhood caregiver/teacher should consider: • Ensuring that each child develops and learns in an early childhood environment with opportunities for adequate and nutritious food, medication, education, and safe and secure surroundings free from fear, abuse, or injury • Supporting parents, especially mothers, with prenatal and postnatal care to ensure healthy childbirth, growth, and development • Helping families improve their livelihood and provide their children shelter, adequate health care, education, and a secure and safe childhood

5 (Tadesse, 2014).

Principle 6: Early childhood caregiver or teacher	The focus is on having an early childhood caregiver/teacher who is God-fearing and has early childhood foundational knowledge, skills, and attitudes that translate to noticeable love for and commitment to the best interest of each and every child. The aim is to embrace relationships from all religions and be able to support children and families, especially those in need. A religious early childhood caregiver/teacher should consider: • Being trained in child development (e.g., early childhood education and other areas of child wellbeing such as nutrition, health, and protection) • Promoting spiritual development in young children without imposing or teaching his/her religious beliefs. This means differentiating strategies and expectations for children based on what is appropriate for a child's age, interests, faith, social, and cultural values • Working with all people who are important in the child's life with due respect to their differences in personality, faith, culture, social, and educational background • Being a good steward and creating an inclusive, high-quality development and learning environment for children
Principle 7: Building relationships with families	The focus is on establishing a strong partnership with families of different spiritual values and religious traditions. When caregivers or early childhood programs build on family cultural values and religious traditions, they are more likely to gain families' respect and trust and work together as partners. A religious early childhood caregiver/teacher should consider: • Working with families of all religious backgrounds and making them feel welcomed to participate in the welfare of their children • Building mutual trust with families by appreciating their religious traditions and beliefs and complementing their positive child-rearing roles • Reaching out to all families and using different ways to encourage their involvement in programs for children
Principle 8: Building relationships with communities	The focus is on establishing relationships with, and utilizing the resources of, religious and non-religious communities to help children and families succeed in their lives. A religious early childhood caregiver/teacher should consider: • Utilizing religious schools, parishes, and church structures for early childhood messages and prayer support to young children and families in distress (e.g., counseling children and families infected and affected by HIV/AIDS or matrimonial counseling to promote family unity and stability) • Preparing information for families on a current list of religious/non-religious community agencies for referrals, including support groups that deal with child and family issues
Principle 9: Physical environment	The focus is on providing an enabling environment that fosters holistic human development for all children. Children can learn, play, and be creative not only in academic lessons (such as with letters and numbers), but also social lessons, such as establishing a relationship with God and having faith and hope in Him to be joyful and successful, developing care for others and a sense of belongingness in a community, and nurturing peaceful and positive relationships. A religious early childhood caregiver/teacher should consider: • Creating an inclusive indoor and outdoor environment that is psychologically and spiritually nurturing, safe, and healthy for children

Principle 10: Administration and management	The focus is on providing quality and equitable service to all children and their families regardless of their background in religious belief or faith. An effective religious early childhood caregiver, teacher, or program ensures that all children and families have high quality early childhood experiences. A religious early childhood caregiver/teacher should consider: • Early childhood activities are responsive to children's and families' needs, including their needs for spiritual counseling and comfort • Records are kept sufficiently and data is used to plan and improve children's and families' lives • The confidentiality of children and families is respected • Intervention programs have well-trained caregivers/teachers with attitude of respect and tolerance for all types of religious belief or faith.
Principle 11: Protection	The focus is on recognizing that all children are children of God and that they have the right to survival, growth, development, protection, and participation. It is very important to help children exercise these rights. A religious early childhood caregiver/teacher or program should consider: • Recognizing that God created all people equal, and hence, caregivers/teachers serve children with unconditional love and care, free of discrimination by gender, disabilities, social and economic status, religious beliefs, etc. • Engaging in advocacy for all children and families, ensuring all children (boys and girls) have the right to a name and nationality, the right to grow peacefully in a caring and secure environment, the right to the basic necessities of life, education, and play, as well as the right to immunization, appropriate health care, and a birth certificate • Family-centered care and support (as opposed to institutional care) for all orphan and vulnerable children • Engaging in advocacy for children and families, ensuring all children are protected from abuse, neglect, and exploitation, enjoying the right to be treated fairly and humanely, the right to express their opinions, and be listened to
Principle 12: Children with disabilities	The focus is on recognizing that a child with a disability is a full human being endowed with dignity and abilities as such. He/she is a beloved child of God and a gift from God. A religious early childhood caregiver/teacher or program should consider: • Understanding the special nature and needs of children with disabilities, show and provide these children unconditional love, respect, and tolerance, and be a source of hope and spiritual joy to them • Providing inclusive services to children with disabilities and their families that ensure equal and quality care and support with full participation in society

Session 2: Understanding Young Children

LEARNING OBJECTIVES

By the end of this session, participants will be able to:

- Know how young children develop and learn by connecting key theoretical concepts of child development to childcare practice.
- Describe the principles of child development.
- Describe what developmentally and culturally appropriate practice means.
- Describe the different learning abilities of infants, toddlers, and preschoolers.
- Identify ways in which child care providers can enhance development and learning of infants, toddlers, and preschoolers according to their different levels of learning abilities.

OVERVIEW OF CHILDHOOD DEVELOPMENT THEORIES AND THEIR IMPLICATIONS TO PRACTICE

Early childhood practitioners need to be familiar with a variety of child development theories in order to understand and explain children's behavior and respond to their needs appropriately. Below are brief descriptions of some of the theoretical approaches, which guide and explain to early childhood practitioners how children can develop and learn, and how caregivers can help them become happy, caring, and successful learners.

It is important to recognize that a single theory may not sufficiently explain to us how children develop and learn. Therefore, when we support children, it is important to consider multiple approaches. In addition, theories can only be effective when they are applied within the child's sociological context such as family, community, culture, and language. Below is a brief overview of child development theories.[6]

6 Berk (2012); Charlesworth (2012); Fowler (n.d.); Gonzalez-Mena & Widmeyer Eyer (2012); Wittmer, Petersen, & Puckett (2013).

Figure 7. Overview of child development theories

ATTACHMENT THEORY

John Bowlby and Mary Ainsworth emphasize that:

Attachment is an emotional relationship between a caregiver and a child and it is formed during a long, positive, responsive, and consistent interaction between the child and the caregiver. Early attachment influences children's present and future lives. When a positive attachment is formed between the caregiver and the child, the child feels safe and develops trust in others.

The period of attachment is important for brain development. When the caregiver stimulates and encourages the child to explore using his/her five senses, the child will start to learn about his/her world.

Caregivers can help children develop and maintain attachment by responding to the child's needs in an interactive and stimulating way during caregiving routines like feeding, bathing, and changing. Lack of attachment between the caregiver and the child leads to failure to thrive on the part of the child. *It is important that a caregiver ensures that a child has a secure attachment early on with at least one adult caregiver.*

CONTEXTUAL THEORY: BIO-ECOLOGICAL SYSTEMS THEORY

Urie Bronfenbrenner emphasizes that:

Children's development is influenced by the environment in which they live. Different environmental levels directly or indirectly influence a child's development, including the individual child's personal characteristics (e.g., biological factors), the child's family (e.g., child, parents, and siblings), community (e.g., child care, school, peers, and neighborhood), and social and cultural context (e.g., social services such as health care and protection). The interaction between and among these levels impact and shape the child's life.

The child interacts with and is influenced by home, school, peer groups, church, and societal institutions such as the economic system, government, and mass media (ecological system). Every level of influence affects children's growth, development, and learning.

To meet the child's needs holistically (i.e., improving the health, nutrition, and safety of children including all areas of their developmental needs), adults need to pay attention to all of the systems of influence, especially family life and support for families in a society.

PSYCHOSOCIAL THEORY

Erick Erikson emphasizes that:

Children develop through eight stages of psychosocial development, and the first three stages relate to early childhood. At each stage, the child faces conflicts to be resolved in order for the child to proceed to the next stage. When a child resolves stage-related conflicts through time, he/she develops in a healthy way socially and emotionally.

Children are tested by developmental conflicts at different ages (i.e., *trust versus mistrust, autonomy vs. shame and doubt, and initiative vs. guilt)*. Adults need to support children to resolve these conflicts as they grow up.

Stage 1: Trust vs. mistrust (Birth to 1 year). At this stage the child relies on the caregiver. When the caregiver creates a constant and trustworthy relationship with the child, the child will feel safe and develop trust in oneself as well as in others. A child needs to have at least one caregiver on whom to rely.

Failure to trust affects children's later life negatively. They learn that they cannot count on their caregivers to meet their needs. They also doubt their own ability to impact others. Children who develop trust will find confidence both in self and others and feel free to become independent and explore the world around them.

Stage 2: Autonomy vs. shame and doubt (1-3 years). At this stage, the child starts to walk and explore his/her world and strives to be independent. If a child tries a task and fails to accomplish it, he/she will feel a sense of inadequacy and shame. Children can do things successfully by themselves when caregivers foster their sense of competence by recognizing their effort and providing them with all the support they need.

Stage 3: Initiative vs. guilt (3-6 years). At this stage, the child has a strong sense of individuality and becomes more energetic, desiring to take the initiative and achieve. The child wants to carry out activities by himself/herself, and while doing so begins to learn and understand about rules and restrictions. The child may feel guilty if he/she makes mistakes or harms his/her peers accidentally.

To minimize the sense of guilt, caregivers guide the child's actions by setting limits, modeling, and appreciating the child's accomplishments of tasks.

COGNITIVE THEORY

Jean Piaget emphasizes that:

All children develop cognitively in a universal manner and that children are active learners who build their own knowledge by interacting with objects and people around them through *play*.

Play is a fundamental vehicle for young children's learning. Before the child becomes able to think abstractly, he/she goes through different stages of cognitive abilities:

- **Stage 1**: (Birth to 2 years). At this stage, the child learns through exploring the world around him/her using the five senses; the child must learn first through sensory stimulation and play-based interaction with objects and people.
- **Stage 2**: (2-7 years). At this stage, the child develops the ability to imagine things and form an image of the things in their minds. The child uses symbols to represent things around him/her and involves in make-believe play. For example, a broom can be a 'horse' and a banana can be a 'telephone.' Role-play, observation, imitation, and exploring of things with hands and fingers become important ways of learning for the child.
- **Stage 3**: (7-11). The child has logical thought but has not yet fully developed the ability to think in abstract form.
- **Stage 4**: (11 years and older). Child has abstract thinking and can solve problems mentally.

Children need a lot of opportunity for play, experimentation, and exploration with a variety of age-appropriate materials and instructions that can help them advance their creativity and developmental skills.

SOCIAL COGNITIVE THEORY

Albert Bandura emphasizes that:

Children learn social norms by observing and imitating other people. They copy the actions and behaviors of other people around them and gradually develop the ability to differentiate what is socially acceptable and what is not and perform the desired behavior accordingly.

Parents, caregivers, schoolteachers, and older siblings are role models for the child. Their positive behavior and response inspires children to acquire good moral and social skills. This means in order to learn, children do not *always* need gifts and rewards or direct instructions from adults.

MULTIPLE INTELLIGENCE THEORY

Howard Gardner emphasizes that:

Individual children learn through different ways or styles of learning and that there are nine intelligences:

1. Spiritual intelligence: The ability to relate to the meaning of life and death and explore supernatural happenings.
2. Logical-mathematical intelligence: The ability to understand mathematical concepts such as classifications, relationships, and patterns.
3. Spatial intelligence: The ability to see and understand how things exist in the visual and spatial world.
4. Musical intelligence: Special awareness of characters of music, rhythm, etc.
5. Bodily and kinesthetic intelligence: The capacity to control one's body movement and the skills to operate with objects.
6. Intrapersonal intelligence: The ability to sense and recognize complex and varied feelings.
7. Interactive and relational intelligence: The capacity to recognize and differentiate other people's attitudes, characters, drives, and intentions.
8. Linguistic intelligence: Being sensitive to meaning, order, sounds, and words.
9. Naturalist intelligence: The ability to recognize important differences in the natural world among plants and animals, and other natural events.

Caregivers and teachers need to understand at least three things about children: 1) Children are not all the same; 2) Children do not all have the same type of minds, and 3) Children learn best when these differences are considered.

Children have their own ways of obtaining information and learning. There is the 1) visual learner (seeing), 2) auditory learner (listening), and 3) kinesthetic learner (touching and feeling things). Therefore, learning experiences should match the child's learning style and children must be encouraged to expand their creativity with multiple types of learning experiences—touching, seeing, listening, and moving /interacting.

INFORMATION PROCESSING COGNITIVE THEORY

George Miller emphasizes that:

Children's cognitive development is influenced by their ability to memorize and pay attention to events. To enhance attention and memory use language, activity, and information that is meaningful to children and relates to their individual and family life experiences.

To make learning meaningful it is good to start from what children *already know and are experiencing within their own families and communities (*e.g., use local learning materials and traditional songs and games, and visit services and events in the neighborhoods etc.).

SOCIOCULTURAL THEORY

Lev Vygotsky emphasizes that:

Children's development and learning is basically influenced by the interaction they have with caregivers, culture, social experiences, and belief systems.

Adults and peers are very important in the child's development and learning. They influence the development and learning of a child through support and interventions. Their role is important because they can help children master skills which otherwise they couldn't have achieved on their own.

Language is a useful tool for communication, but it also helps children to think, learn, and problem solve. When children are challenged, sometimes they use private speech (talking to self) as a way of solving problems and controlling their own behavior. Talking to self sometimes is therefore a normal developmental trait for young children.

Younger children learn best from their older peers or siblings. Children benefit if they are engaged in a mixed-age group learning environment; for example, in a mixed-aged classroom of toddlers and preschoolers, toddlers can learn from preschoolers.

The child's social environment influences what the child should learn and how the child must be taught; for example, a young child learns how to conduct himself in a religious ceremony by observing family traditions and caregivers' instructions about the appropriate behavior. It is important for a caregiver or a teacher to consider the social and cultural values of children when planning supportive care for children.

MATURATIONAL THEORY

Arnold Gesell emphasizes that:

Children's learning occurs in all aspects of development (i.e., the social-emotional, the cognitive-language, and the physical-motor) and that genetics determines children's physical growth and abilities.

Children grow and develop in a predictable order; for example, a child sits and crawls before standing, and stands before walking or running. Even though development proceeds in a predictable manner, each child develops at his/her own pace influenced by his/her genetic make-up and the surrounding environment.

Children will reach their developmental milestones in time. A caregiver does not need to rush a child's development before his/her age, but rather observes and provides an environment with many development and learning opportunities.

BEHAVIORISM AND LEARNING

Ivan Pavlov, John Watson, and B.F. Skinner emphasize that:

Adult support, reward, or punishments affect the behavior of a child. Reward strengthens appropriate behavior in children.

To promote pro-social behavior in children, adults need to set age-appropriate rules and carry them out with clear instructions and positive guidance and discipline techniques. Children are highly likely to follow rules and do what is expected of them when they receive positive guidance rather than punishment.

HUMANISTIC THEORY

Abraham Maslow emphasizes that:

Every person has basic needs and children grow, develop, and thrive when their basic needs are met fully. These basic needs include safety, security, good health and nutrition, and emotional and psychological care.

Carl Rogers emphasizes that:

People are good by nature and they must treat each other with love and care. With caring and loving adults children will feel safe, thrive, and grow up as loving adults. Children who receive love are likely to have good self-esteem and positive outlook about their own social values and cultural traditions.

Caregivers and teachers need to show love to children and nurture inner feelings, thoughts, and the emotional, spiritual, and social needs of children.

TRANSACTIONAL THEORY

Arnold Sameroff emphasizes that:

Child development is affected by the interaction of the child with the people and environment around him/her. This interaction is influenced by factors such as personal characteristics and behaviors of the child and/or people, social expectations, traditions, child-rearing practices, and religion. During adult/child interaction, all of these factors shape the child's development (e.g., self-concept, social skills, attitude towards others, and religious belief or faith).

Both children and the context in which children are living influence each other. It is important to consider both risk and resiliency factors when planning to support a child. Unless addressed, risk factors (e.g., poor health, malnutrition, or maltreatment of children such as abuse, neglect, or exploitation) can damage children's development. People supporting children need to work towards eliminating or minimizing risk factors for children and promoting their resiliency. This theory is similar to the bio ecological theory.

SPIRITUAL DEVELOPMENT THEORY: FAITH DEVELOPMENT

James W. Fowler emphasizes that:

Faith is developed through a series of six stages and the spiritual development of children, aged zero to five, is characterized by stage zero and stage one.

At stage zero (pre-stage), children from birth to two years of age do not understand faith. They learn about faith through a caring and trustworthy relationship with their caregivers. This type of caregiver/child relationship teaches children how to trust themselves and others, laying the foundation for all future faith development of the child.

The transition to stage one, spiritual development (intuitive-projective), begins when children start processing information mentally through the use of language and symbolic play. Three to five-year- old children (preschoolers) belong in this stage and they mostly think through their imagination. For this reason, they have limited ability to differentiate reality from fantasy; they begin to learn about God from their caregivers, families, and surroundings. For example, they observe people praying, singing, or lighting candles in a church.

Caregivers and families can nurture the spiritual development of children by being role models and teaching them respect, honesty, kindness, humility, and love.

MORAL DEVELOPMENT THEORY

Lawrence Kohlberg emphasizes that:

Children's moral development has three levels: pre-conventional, conventional, and post- conventional. Children aged four to ten years are at the pre-conventional level and their moral development progresses through two stages of moral reasoning:

In stage one, children's morality is related to punishment and rewards. Children know their actions have consequences and will follow rules to prevent punishment, e.g., "Stop thumping on the door, otherwise I will not allow you to play outside today." They believe that adults make the rules and rules stay the same at all times and cannot be changed. Any behavior that was punished is wrong. When they see their friends not following rules, they seek the backing of an adult by tattling, e.g., "Look! Sara is hitting Mary."

In stage two, children believe that they get good treatment from others if they also are good and act nicely towards others, e.g., " I will give you my toy if you let me play with you."

Adults need to be honest with children and show their trustworthiness through consistent actions.

UNDERSTANDING YOUNG CHILDREN: PRINCIPLES OF CHILD DEVELOPMENT AND LEARNING

In order to support young children, caregivers or teachers need to know how young children develop and learn. Early childhood service providers give meaningful support to children if they meet their needs in a developmentally and culturally appropriate manner. A developmentally and culturally appropriate practice is guided by a set of child development principles. This is because a single theory may not explain the process of child development and learning adequately. Early childhood service providers can use these principles as a guide when they apply developmentally and culturally appropriate activities for children.

PRINCIPLES OF CHILD DEVELOPMENT[7]

1. Children start to learn even before they are born and go on learning throughout their lives. They develop and learn faster in the early years than at any other time in their lives. This is true because of the development of the brain.
2. Parents and family caregivers are the child's first and best teachers.
3. The family culture and language influences who the child is and who he/she becomes.
4. All areas of development make up the whole child: the physical-motor, cognitive-language, social-emotional, and spiritual-moral development.
5. All children go through the same stages of development. They develop their skills in the same basic order.
6. Each child is different from every other child. Children develop in their own way and at their own pace.
7. Children are different from adults. They have different ways of looking at the world and do not think or act like adults.
8. Children have basic rights including the right to special protection and care because they are too young to look after themselves.
9. All children deserve to be treated in the same way, whether they are boys or girls, or whether or not they have a disability.
10. Children learn best when they grow up in an environment that provides them with safety, good health and nutrition, and a life experience free from physical and psychological harm.
11. Young children develop and learn through play.

BRAIN DEVELOPMENT: WINDOWS OF OPPORTUNITY FOR LEARNING

Brain development is highly influenced and shaped by factors such as a child's biological make up, early positive caregiver/child interaction, nutrition, health, daily body movement, sensory experiences with objects, and loving relationships with people. The young brain is particularly sensitive to damage caused by stressful experiences such as verbal and physical abuse and/or toxins. Developmental challenges can also be stressful for children. For example, the child repeatedly tries

7 Bredekamp & Coople (2009); CRS (2012).

to stand and walk by himself and in the process he/she can become frustrated. But this can be a positive experience for the child if he/she gets loving support from a responsive caregiver, who encourages him to master the skill.

The brain has a significant influence in child's development and learning and it develops rapidly in the first three years of the child's life. Nutrition, early, consistent, and positive caregiver/child relationships, and a stimulating environment allow the child's brain to create the neural connections that effect the child's ability to learn skills like smiling, talking, listening, sharing, writing, or walking. There are critical times in brain development when children are most capable of receiving new information very quickly with little effort. These critical times are called '*windows of opportunity or prime time,*'[8] and below are some examples:

WINDOWS OF OPPORTUNITY FOR BRAIN DEVELOPMENT AND WHAT CAREGIVERS CAN DO

AREAS OF DEVELOPMENT	WINDOWS OF OPPORTUNITY FOR CHILD'S LEARNING	WHAT CAREGIVERS CAN DO
Hearing and vision	Birth to five years old and prime time is the first two to three years.	Provide colors, forms, varied objects at different distances and movement so that the brain can register the information and figure out how to see. Provide opportunities for children to experience different sounds so that the brain can differentiate and learn to respond.
Language **Cognitive**	Birth to ten years of age; however, the first two to three years are the most critical time. Birth to five years of age for mathematical and logical thinking.	Start talking, singing, and reading to babies and responding to their effort to communicate. Continue interacting with young children in verbal and non-verbal communication like talking, singing, reading, sign language, and body language. Also nurture listening, speaking, and writing skills through role-play, story reading, and drawing. Provide babies and young children hands-on sensory experiences to touch, taste, smell, hear, and see.
Physical-motor	Birth to twelve years of age. Children vary in their rates of readiness and development for movement, body coordination, and refinement of skills; birth to five years is the prime time.	Provide babies and young children varied indoor and outdoor activities for both fine and large motor experiences. Be patient and conduct regular follow-up of children's motor development. It takes a long time for children to master and refine motor coordination, so have patience.
Social-emotional	Birth to twelve years of age; prime time for developing caregiver/child attachment is from birth to eighteen months. Regulation of emotion is birth to three years; brain development for social skills also follows milestones. For example, a two-year-old child's brain is not yet capable of mastering the social skill-sharing.	Encourage a two-way positive and stimulating caregiver-child interaction that help a child learn to trust others and become self-confident. Provide support and encouragement as children try new skills, praise their effort to share things with others. Model positive and appropriate behaviors and words such as saying *please, thank you, may I?* Acknowledge children's effort and give positive feedback when children accomplish these behaviors, which is important for a child's self-esteem. Children learn social skills or rules through play therefore, encourage games or activities that require cooperation, following rules, and turn taking. Encourage children to use their words or get help from a caregiver if they can't resolve a conflict and acknowledge when they are using self-regulation.

8 Brotheron (2005); Puckett (2013); WHO & UNICEF Care for Child Development (2012).

FOSTERING A DEVELOPMENTALLY AND CULTURALLY APPROPRIATE EXPERIENCE FOR YOUNG CHILDREN

A developmentally appropriate practice[9] means meeting the learning and development needs of young children according to their interest, age, and culture. A caregiver or teacher who applies this practice for children plans her development activities as appropriate for 1) the age of the child, 2) the individual characteristics of the child, and 3) the cultural background of the child. In her planning, the caregiver or teacher would consider the following:

1. The *age* of the child: Do I have knowledge of child development? Are my lesson plans and materials appropriate for the different age group of children?

   What caregivers/teachers can do:

   - Recognize age differences in children and plan activities as appropriate to the level of their understanding.
   - Organize the environment with routines and play activities that respond to children's age characteristics. For example, do not expect toddlers to sit for a longer period of time listening to story reading.

2. The *individual* characteristics of the child: Do I have knowledge of the individual needs, strengths, and interests of each child? Does the activity that I prepared consider the unique abilities and interests of each child?

   What caregivers/teachers can do:

   - Recognize that all children, even if they are in the same age group, show different individual and developmental characteristics. Certain children are more active than others. Some enjoy reading and others want to play tag. Some have health conditions and disabilities and may not be as active or confident as other children who do not have such problems. Boys and girls also show different interests and ways of playing or doing things.
   - Have an extended plan for children who may require special attention, e.g., children affected and infected by HIV and children with disabilities.

3. The *culture* of the child: Do I have knowledge about the child's cultural values and social and traditional expectations? Is the activity that I prepared appropriate for the traditions, beliefs, and culture of each child?

   What caregivers/teachers can do:

   - Recognize that children grow up as a member of a family and community. Children are raised with social instructions and modeling from people around them. Families, neighbors, friends, and school communities, for example, teach children rules about how to pray, how to behave around adults, how to show respect to the elderly, how to harmoniously interact with other children, how to dress, what to eat, and how to participate in traditional events.
   - Look for ideas and materials that reflect the local environment and have meaning to children's daily life experiences. For example, the kinds of home visit activities the caregiver prepares must suit the child's age and what is available in the home.

9 Bredekamp & Coople (2009); Gonzalez-Mena & Widmeyer Eyer (2012).

- Learn about the value of families, communities, and cultures in order to avoid cultural misunderstandings and mistaken assumptions.

4. Circumstances of the child that would lead to developmental delays: For example, children who are born preterm, children who are physically stunted due to poor nutrition, or children who are HIV-infected or born to a mother with HIV are likely to have developmental delays that the caregiver should assess and address.

   What caregivers/teachers can do:

   - Learn about the special needs of children through assessment.
   - Quickly identify developmental delays in young children at household and school levels and seek timely help to address problems/concerns, if any.
   - Educate families/caregivers on the value of maternal and child nutrition to child development.

Figure 8. Case story of a developmentally and culturally appropriate experience: Sr. Rurita's classroom activity

MAKING PICTURE SLIDES: SISTER *RURITA'S* PRESCHOOLERS CLASSROOM ACTIVITY

Contributed by Benedictine Sisters of Tutzing, SCORE ECD project, Kenya

*[**Note:** Excerpt. Parts of Sr. Rurita's lesson plan was omitted for the purpose of this case story.]*

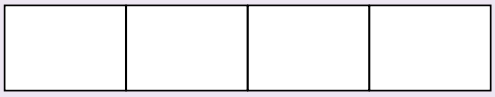
Sr. Rurita prepared a lesson called *Making picture slides* for her preschoolers. The topic of the activity was: *God's creation*

She prepared all of the materials needed for this activity:

- Old magazines containing pictures of different elements of God's creation—trees, birds, fish, insects, animals, sun, moon, and stars
- Four white colored A4 papers
- Brushes and one shallow container
- A small box and a smooth round wooden bar 2cm wide by 30cm long (3/4 of an inch by 12 inches)
- Scissors and glue
- A dustbin

Sr. Rurita's **activity plan** for the preschoolers was as follows:

- Cut the pictures from these magazines.
- Ask children to sort and group like pictures and spread them on a table in the following order: trees, birds, fish, insects, animals, sun, moon, and stars.
- Cut the A4 into two and join the pieces with glue to form a strip like this:



- Pour the glue into a wider container.
- Give each child a brush and instruct them to pick only one picture at a time, starting from the first group, glue it, and give it to the teacher who will stick it on the prepared strip.
- Continue with the procedure until you have attached all of the cut-outs.
- Put the strip out to dry as you prepare the box to act as a video machine.
- Ask one child to give you the box.
- Open the box at one side and cut off the open edges.
- Put holes in the two sides of the box.
- Insert the wooden bar and make sure it can rotate freely inside the holes.
- Take the strip with the photos and glue it at the edge that has tree photos.
- Stick it in the middle of the wooden bar that is acting as a roller.
- Give it a few minutes to dry, then roll on the whole strip.
- Show children how the video works, roll it nicely, and put it in the art corner where they have access.

- Return the glue to its container.
- Wash all the material and keep it in a box.

Reflect and discuss

Refer to the chart: *How preschoolers develop and learn,* and use it as a guide to answer these questions:

1. Was the activity age appropriate, individually appropriate, or culturally appropriate? How? Explain by writing down your answers.
2. Examine the caregiver's role. How was the teacher involved in this activity? List your answers.
3. Were the children actively involved in this activity? Explain your reason.
4. Would you have planned the involvement of the children differently? Why and how? Explain (Refer to information on how preschoolers learn).
5. What domain or domains of development are taking place in the activity, e.g., physical-motor, spiritual-moral, social-emotional, cognitive-language? (Refer to your notes on developmental domains).
6. What have the children possibly learned from this activity? Explain.

DIFFERENCES IN DEVELOPMENT AND LEARNING: INFANTS, TODDLERS, AND PRESCHOOLERS AND WHAT CAREGIVERS CAN DO

Young children show different development and learning abilities according to their ages and stages of development. Let us see how infants, toddlers, and preschoolers differ in their development and learning, and what caregivers can do to facilitate their learning and development[10].

DEVELOPMENT AND LEARNING AT INFANCY: 0-1 MONTH

The infant learns through *attachment and sensory stimulation*:

- The infant gathers information about his/her world through interactions with the caregiver and from sensory experiences—touch, taste, sight, sound, and smell.
- The infant uses reflexes—simple inborn behaviors such as crying, sucking, and grasping—to communicate with his/her new world.
- The human face or voice and the activities around the household are sources of learning for the infant.

What caregivers can do to support learning:

- Talk to babies about what you are doing and the things you see around you.
- Respond to coos and facial expressions and imitate the sounds the baby makes—coos and babbles (it helps to learn the baby's bodily language to communicate well).
- Respond to the baby's cries quickly and care for their needs to be fed, changed, or held.
- Shake a rattle or make different sounds with different objects.

10 Charlesworth (2012); CRS Lesotho (2012); Gonzalez-Mena & Widmeyer Eyer (2012); Wittmer, Petersen, & Puckett (2013); WHO & UNICEF Care For Child Development (2012).

DEVELOPMENT AND LEARNING AT INFANCY: 1-4 MONTHS

The infant learns by *repeating actions* that earlier happened spontaneously. Repetition is the first sign of an infant's memory development:

- Body reflexes become more coordinated—reaching, grasping, sucking.
- The infant focuses on his/her own physical actions and repeats the activity over and over again.
  - Example: The infant deliberately puts the thumb to her/his mouth to taste, feel, or suck; sometimes the infant may discover that he/she accidentally makes a toy in their cot move or make sound; once he/she notices the reaction, he/she tries repeatedly to make the toy move or make sound.

What caregivers can do to support learning:

- Hang objects above the baby's cot or put safe objects near the baby where he/she can see, reach, touch, and explore using his/her five senses.
- Name the objects around the baby and allow him/her to examine them through touching, smelling, seeing, etc. Name the body parts of the baby (e.g., hands) and say, "This is your hand."
- Repeat what the infant does. For example, smile and coo back when he/she coos, and always look in the infant's eyes while communicating.

DEVELOPMENT AND LEARNING AT INFANCY: 4-10 MONTHS

The infant learns through *intentionality:*

- The infant intentionally repeats behaviors or enjoyable actions. They make a movement to make something happen, e.g., pulling a cord to bring an object closer.
- The idea of *object permanence* begins to take place, e.g., the infant begins to have increased awareness of objects and activities outside his/her body. *Object permanence is the ability of the infant to know that his/her mother exists even though she is not present with the infant or she is far from the infant's view or proximity.*
- The infant begins to recognize that he/she can make things happen to objects.

For example, the infant hits the water in a bucket, and sees a big splash. This is a new discovery for the infant and it motivates him/her to repeat the action several times.

What caregivers can do to support learning:

- Place safe and clean toys or objects around the infant and encourage him/her to interact with them (touch, pull, push etc.).
- Play games such as peek-a-boo or hide-and-seek repeatedly, or play give-and-take game with safe objects available at hand.
- Talk or sing to the infant even when you are out of his/her sight or proximity.
- Place colorful objects nearby to capture the infant's interest, then place the objects out of reach so that the infant tries to reach them.

DEVELOPMENT AND LEARNING AT THE END OF INFANCY: 10 MONTHS TO 1 YEAR

The infant learns through *imitation:*

- Infants begin to imitate the behaviors of others through observation. They also start to apply previously learned behaviors to new activities. For example, if a hand movement can splash water from a bucket, what will a stick do? This action indicates the beginning of the infant's ability to form his/her own thoughts and represent objects and events mentally.

What caregivers can do to support learning:

- Collect locally available materials and make dolls and other toys for the child to possess and play at all times; provide the child with time for play.
- Allow the child to observe his/her surroundings and engage with the child in make-believe play to encourage imitation; provide immediate feedback for the child's effort and achievements.

DEVELOPMENT AND LEARNING AT TODDLERHOOD: 1 TO 2 YEARS

At this beginning age of toddlerhood, the child learns through *exploring and experimenting:*

- He/she tries new methods of doing things without trial and error, e.g., the child tries to zip up his/her coat after putting it on; the child presses the puzzle board with one hand and fits a puzzle piece into the opening space using another.
- He/she is inquisitive and constantly examining things; they show more imitation of behavior—a sign of increased development of object permanence.
- They become aware of cause and effect relationships and begin to be familiar with routines (if it gets dark it is time for bed); they recognize disruption of routines and react verbally or non-verbally; for example, throwing tantrums if told to stop playing and wash hands or an object is taken away from them.
- Begins to communicate with words.
- Has difficulty understanding other people's feelings or sharing toys. This is called **egocentrism.** This behavior is based on the child's limited experiences; the child becomes more understanding and social when he/she interacts more with peers and adults.

What caregivers can do to support learning:

- Give a child plenty of time for play and a chance to:
  - Fill and empty containers.
  - Pour maize or rice from a box.
  - Mix things for cooking.
- Attach a piece of string/thread to a container, bottle, or cardboard box to make a push or pull toy.
- Encourage the child to make things by himself/herself for promoting independent learning and creativity.
- Provide plenty of materials for pretend play and/or reading; encourage group play for enhancing sharing skill among toddlers.
- Maintain caregiving routines to **give toddlers order and predictability**, which in turn facilitates a sense of security, comfort, and independence.

DEVELOPMENT AND LEARNING AT TODDLERHOOD: 2 TO 3 YEARS

At this stage of toddlerhood, the child learns through symbolic representation (thinking mentally) and pretends play, recognition, and movement and exploration.

- The child may not sit in one place for a long time. He/she makes lots of physical movements and begins to think before acting. A child may get a stool and try to grab an object placed on a high cupboard.
- He/she experiments and uses the same object for different activities, e.g., a child will use a spoon to dig the garden.
- The child becomes aware that objects and people exist even when they cannot be seen or heard. The child can find a hidden object; he/she will also search for a toy he/she didn't play with for a long time and find it; the child will search for his caregivers in another room.
- He/she imitates other people's behavior and pretends to be a policeman or a nurse.

What caregivers can do to support learning:

- Provide safe and sufficient space for children to walk around and explore.
- Provide various materials for pretend play, such as household objects that the child can safely explore and examine.
- Take the child for a walk in the neighborhood and point at the things you and the child see; explain what they are, what they do, etc.
- Provide a variety of objects and name each object when the child points to them.
- Play recall and recognition games to facilitate mental thinking and enhance memory.
- Give the child things to fill and empty, push and pull, open and close, take apart and put together again, e.g., empty boxes or jars with lids.

DEVELOPMENT AND LEARNING AT PRESCHOOL AGE: 3 TO 5 YEARS

Preschoolers learn through imagination, pretend play, language (conversation with adults), assistance from adults and observing older peers, recognition, recall, creativity, and hands-on concrete experiences. Their cognitive abilities are characterized by different thinking processes such as conservation, identity awareness, classification, and imagination.

CONSERVATION

Conservation is the child's ability to understand that the number of objects remains the same, no matter how they are arranged. Young children often believe that when a group of objects that are closely arranged are spread out, the number of objects becomes greater; or when the same amount of water is poured into a tall and a short glass, they judge by the appearance of the glasses (tall, short) and think that the taller glass contains more water. Most preschoolers lack this ability because their thinking is concrete. They judge by what they see and feel until they fully develop the ability to think abstractly.

IDENTITY AWARENESS

Preschoolers may have difficulty understanding that a person's identity is the same even if his/her appearance is changed. For example, a preschooler may not recognize his/her teacher if they see him/her covered with a mask and yet still hear their voice. Preschoolers know their gender; however, they believe that a girl can become a boy if she wears a boy's outfit and vice versa. Eventually (between ages five to seven) they learn that gender cannot be changed and that a girl will become a woman and a boy will grow up to be a man. They strongly believe in their opinion but they also begin to understand others have feelings too.

CLASSIFICATION

Preschoolers may have difficulty classifying things by their characteristics. For example, preschoolers may think that because a cat has four legs, all animals that have four legs are cats. But classifying objects by color, shape, or size becomes easier.

IMAGINATION

Preschoolers use their imagination, memory, and reasoning to plan and make things happen. A preschooler may tell his friend that he is going to be an angel and pretend that his arms are "angel's wings."

CREATIVITY AND HANDS-ON CONCRETE EXPERIENCES

A preschooler learns through hands-on, engaging, and creative experience more than by rote learning. They learn best if they make things themselves and not their caregivers or teachers. Manipulating objects with their hands allows them to discover their talent, find new ways of doing things, or solve problems by themselves.

ASSISTED LEARNING

With a little guidance and support from the caregiver, a preschooler can complete a task or master a skill he/she would otherwise not be able to do. The caregiver's small assistance, called *scaffolding*, enables a child to master a certain skill beyond his/her potential. The caregiver would say to a child who is struggling to correctly fit puzzle pieces into the right opening: "*John, you have found the correct opening for the puzzle piece you hold in your hand; now, what you need to do next is turn the puzzle this way (showing the child) and try to place it in the space.*" A preschooler can also learn this and other skills by simply observing older peers.

What caregivers can do to support learning:

- Let the child play different games such as catch or hide-and-seek with friends.
- Let the child experiment with different materials that have different shapes, colors, etc.
- Allow children to count during daily routines, e.g., at meal times; spread out items in groups and ask the child: "Is this more or less?"
- Let children make various things using locally available construction materials, e.g., leaves, papers, sticks, plastic bottles, socks, pieces of clothes, etc. Make a puppet and let children play with it pretending to be something or someone else.
- Provide children an opportunity to match, sort, compare, and count using sticks, cards, bottle tops, pieces of stones, etc.
- Provide adult clothes for children to dress up in and play make-believe games.
- Tell a story to a child and ask what will happen next.
- Reward the child with positive remarks when he/she accomplishes a task.

Figure 9. Case study for Sr. Anna Haakaloba's learning and development plan for infants, toddlers, & preschoolers

SR. ANNA HAAKALOBA'S LEARNING AND DEVELOPMENT PLAN FOR INFANTS, TODDLERS, & PRESCHOOLERS

Contributed by Religious Sisters of the Holy Spirit, Zambia

Sr. Anna works with young children and their families, supporting young children of different age groups in their learning. Asked how she addresses the development and learning needs of this different age group of children, she shared the following:

For infants:

- A lot of singing, clapping, and modeling
- Books; encouraging them to touch and flip through books
- Provide space for exploring and encouraging sitting, crawling, standing, and walking

For toddlers:

- Introduce games that use body movements
- Language developing through songs and dances
- Naming games, e.g., naming different objects/colors
- Learning on sizes
- Pushing and dragging objects
- Joining pieces on puzzles and sticking or building blocks

For preschoolers:

- Body balance activities, walking on a thin or narrow line
- Climbing on safer surfaces
- Making beads
- Scribbling and painting
- Verbal and non-verbal communication, using head, hand, and facial gestures
- Counting and reading simple story picture books
- Helping them to make choices and friends

Session 3: Supporting Child Development Through Holistic Approach and Play

LEARNING OBJECTIVES

By the end of this session, participants will be able to:

- Identify the essential needs of children.
- Describe the usefulness of community mapping in meeting the essential needs of children holistically.
- Examine the value of play in young children's development and learning.
- Identify ways to foster children's development using free and guided play activities.
- Describe some strategies caregivers can use to foster play and interaction for children with special needs.

WHAT ARE THE ESSENTIAL NEEDS OF YOUNG CHILDREN?

Children have essential needs and they thrive and grow to their full potential when their essential needs are fully met. All children—those growing with no developmental problems, those who have disabilities, and those who are vulnerable—share these common essential needs: *physical needs, social/emotional needs, learning needs, need for respect and self-esteem, and needs for survival, participation, and protection*.[11]

PHYSICAL NEEDS

- A reliable home in which to grow with safety and security
- Adequate and nutritious food that matches the child's needs and age
- Proper health care treatment (including HIV/AIDS); immunizations for childhood illnesses
- Adequate facilities to keep up personal hygiene, especially clean water for hand and body washing
- Recreational activity space and opportunities for having indoor and outdoor play

SOCIAL, EMOTIONAL, AND SPIRITUAL NEEDS

- Loving and nurturing families and caregivers whom the child can trust
- Attachment: Two-way interactions between the child and the caregiver that help a child learn to trust others and become self-confident
- An adult's age-appropriate support and expectation of a child's performance
- Nurturing the spiritual needs of children; having positive regard for children's differences in developmental characteristics, religion, culture, ethnicity, language, gender, or family background

11 Marotz & Allen (2013); The Consultative Group on Early Childhood Care and Development (2010).

LEARNING NEEDS

Infants and young children need to learn in an indoor and outdoor environment that provides:

- Opportunities for play; children play both for enjoyment and learning
- Freedom and choice to explore and investigate objects as well as interact with adults and peers
- Positive guidance for pro-social behavior with appropriate modeling of behavior for children
- Age-appropriate and development-appropriate play materials
- A chance to make mistakes without being ridiculed
- A language-rich and print-rich environment around them: conversations, stories, books, songs, etc.

NEED FOR RESPECT AND SELF-ESTEEM

- Recognizing the child's efforts with approval (e.g., "Thank you for hanging your coat without being asked.")
- Acknowledging children's efforts to accomplish a task—whether it is small or big or successful or unsuccessful
- Recognizing that children can and want to do things by themselves and giving positive feedback for their accomplishment, which is important for a child's self-esteem (e.g., "You are really good at pouring your milk!")

NEEDS FOR SURVIVAL, PARTICIPATION, AND PROTECTION

- Providing opportunities for growing up free from any kind of physical or psychological harm, disease, or injuries; giving the child an opportunity to express his/her opinion and be listened to, and communicate according to the child's levels of understanding

Meeting children's essential needs ***holistically*** improves their chance of developing to their full potential.

A HOLISTIC APPROACH: COMMUNITY MAPPING TO ADDRESS THE ESSENTIAL NEEDS OF YOUNG CHILDREN

The governments of Kenya, Malawi, and Zambia share a common view that young children can develop to their full potential only when their needs are met *holistically*. Their ECD policy frameworks strongly recommend a holistic network of support to all children from key sectors that directly or indirectly influence the lives of children, including families, community groups, government ministries, non-government organizations, faith-based organizations, the private sector, etc.

A holistic approach is a way to meet the essential needs of young children through *support networks* and using *family, social, and community resources* that are available to a child. These support networks and resources play an important role in advancing healthy development for children and their families.

WHAT IS A SUPPORT NETWORK?

A ***support network*** is a group of people that can be counted on for support. One of the best ways to meet the essential needs of children is to build on existing strengths in the systems that surround children and families in their community. It is important that people from within the community recognize that they know best what their needs and resources are. The way people identify what is best for meeting children and families' need is called **community mapping**.[12]

Community mapping is carried out by communities, for communities. It is a way to help community members work together to identify the people and places in the community that provide important services to children and families, as well as the gaps in these services. Community maps can show how things look now and how people would like their community to look in the future.

THE ROLE OF FAMILY, SOCIAL, AND COMMUNITY RESOURCES IN PROMOTING DEVELOPMENT OF YOUNG CHILDREN

Family resources could include:

- Prenatal care free of practices that are harmful to mother and child
- Emotionally and spiritually nurturing caregivers or parents
- Access to shelter, good health, nutrition, safety, and protection from physical and mental abuse
- Access to early childhood care and education (child care centers and schools)
- Positive child-rearing practices
- Early identification, assessment, and intervention in cases of HIV and/or disabilities
- Adequate income

Social resources could include:

- Kinship groups
- Faith-related affiliations such as spiritual counselors/priests
- Neighbors and friends
- Child care settings
- Traditional leadership such as chiefs
- Community support groups addressing the needs of disadvantaged children such as children with HIV and children with disabilities or abused, neglected, or sexually exploited children

Community resources could include:

- Community and government services

Community services: Non-governmental organizations, faith-based organizations, traditional leaders, and charities. These services often include direct or indirect care such as:

- Nutrition programs
- Early childhood care, development, and education programs
- Spiritual counseling
- Legal aid
- Home care
- Advocacy for child rights, participation, and protection

12 CRS, Lesotho (2012).

- Technical support and training for caregivers and community members on children's and families' needs, including vulnerable and special needs children

Government services include:

- Health services
- Social services and assistance for children and families, including vulnerable and special needs children
- Legal services
- Education
- Home affairs
- Police
- Courts
- Municipal services
- Housing

Figure 10. A case story of a holistic approach to meet children's essential needs

HOLISTIC APPROACH TO MEET CHILDREN'S ESSENTIAL NEEDS: THE CASE OF TOWELA

Contributed by Religious Sisters of the Holy Spirit, SCORE ECD project, Zambia

Matero is one of the biggest compounds in Lusaka where our convent and school is situated. Matero Compound is well known as an area for theft, a hiding place for immigrants, lack of employment, early marriages, drugs, and counterfeiting. Apart from all this, the compound is also well known for prostitution, drinking, and cohabiting. As such, Matero has high rates of HIV/AIDS. Because of this, there are also higher death rates and most orphan children are left in the custody of their grandmother, or become the head of the family.

Each year, we enroll 15 vulnerable children and we journey with them from preschool until they graduate to Grade 1. I had a child in my class named Towela who was born with HIV. The girl was very intelligent though *sickly*. She was staying with her single mother in Matero and her mother was very faithful in bringing her daughter to school. Later, Towela started missing classes, so I took the trouble of visiting her. When I reached their house it seemed as if no one lived there. The windows were closed, the curtains drawn, and the door closed. There was no life at all. I knocked at the door twice, I saw someone peeping through the window and a few minutes later Towela was in the doorway, looking at me with tears in her eyes.

"Sister, my mother is sick. Come and see her," she said. I got concerned and entered the house. The mother was in bed, near death. Imagine Towela taking sole care of her sickly mother at the age of five? Later, I discovered that the mother's relatives were not notified of her sickness. She was all by herself with her little girl.

I tried to talk to her, but she could not respond. I immediately called for a taxi and took her to the nearest clinic. The saddest thing is that she died on the way to the clinic. I didn't know what to do. I looked at Towela, and sobbed.

After the funeral, I took Towela to one of my relatives in Lusaka. Towela is now finishing her grade twelve in one of our Catholic schools.

Reflect and discuss

1. List all the factors that have potentially put Towela and her mother at risk.
2. What needs to be done to protect and support Towela?
3. List all possible solutions.
4. Using **community mapping**, identify what resources and services are available in Towela's community that can allow you to implement the list of solutions you have identified for her.
5. Think about what is stopping Towela's community from improving the situation for Towela and other children and families in the Matero community.
6. What can be done to overcome these barriers and improve Towela's life and the lives of children in the Matero Compound?

PLAY AND ITS IMPORTANCE IN THE LEARNING AND DEVELOPMENT OF YOUNG CHILDREN

WHAT IS THE VALUE OF PLAY IN THE DEVELOPMENT AND LEARNING OF YOUNG CHILDREN?

Every child needs to have the opportunity to play throughout his/her childhood. While children play for fun, play can also be their way of learning about the world. Infants, toddlers, and preschoolers all learn through play, and play has numerous developmental benefits for young children.

When children play, they progress in all developmental areas. For example:

- **Physical development**: Play helps children to develop their fine and large motor skills. Some examples of play that enhance children's fine motor skills are molding clay, cutting leaves and making pretend food, drawing a picture, buttoning shirts, washing dolls, etc. All are helpful for developing fine motor skills. Skipping, jumping, moving around by running and walking, etc. help children to develop their large body movement and agility.
- **Social and emotional development**: Children learn social skills through play. For example, when they play "house" together, they learn social rules, how to take turns, how to say please and thank you, and how to share. Children feel good about themselves when they complete a task (e.g., completing a puzzle) and show it to their caregiver or teacher. When they can play by themselves and accomplish something, they feel a sense of independence and good self-esteem.
- **Cognitive development**: Play allows children to develop their abstract thinking and problem-solving skills. They manipulate objects to create different things and learn mathematical and reading skills by playing with materials helpful to match, sort, read, draw, paint, etc.
- **Language development**: When children play, they use both verbal and nonverbal signals to communicate with each other. They use words, sounds, and sentences to explain certain situations or objects during their play. They learn language when they play and talk with adults and their peers, listen to a story, look at books or any print, or sing songs.
- **Moral and spiritual development**: Children learn about spiritual and cultural values during activities that celebrate religious and traditional practices. For example, imitating adult's prayer or meal blessing, helping with chores, singing songs and dancing, making special art activities, or pretending to be someone else by playing with traditional dress-up clothes.

APPROACHES TO LEARNING

Children develop and learn best when they:

- Are encouraged to take initiative and make effort to explore and try out new things using their own ideas, natural curiosity and interest.
- Are encouraged to use play materials in their own way, ideas and intentions
- Are allowed enough time to complete what they are doing
- Receive praise for their efforts
- Are asked questions that help them think of new ways of doing things

WHAT DO CHILDREN PLAY WITH?[13]

Illustration / CRS

Children can play with any kind of traditional toys and materials that are safe and appropriate for their age. Caregivers can make different types of traditional and non-traditional toys for children using locally available materials (See *Resource Guide 4* for more information on how to make toys for young children).

Children play by using different things: They explore through touch, feel, examination, practice, and repeated action. As infants and young children explore and solve problems with play materials, their cognitive skills increase. As they use their fine motor skills, they build up their cognitive skills.

Children play by moving around and intermingling: They jump, run, skip, laugh, scream, etc. As they move and play, they decrease weight, build muscle, and develop coordination and self-control.

Children play with "house" materials: They play through fantasy and imagination, they pretend being a mother, a father, a child, an angel, a doctor, a farmer, etc. During this play, children learn social skills such as cooperation, turn taking, and playing with rules. Art activities, exposure to environmental prints, songs, chants, storytelling, book sharing, and adequate time to play with these materials provide opportunities for children's skill development and learning.

WHY FREE-PLAY ACTIVITIES ARE IMPORTANT

Illustration / CRS

During free-play, children choose their own activities without being told what to do. Teachers may think that children do not learn very much during this time because they are not being taught in a lesson, but in reality children make important developmental progress through unstructured playtime, as detailed below.

During free-play, children:

- Learn to be independent when they help themselves to materials and put them away when they have finished playing
- Take initiative when they choose what they want to play with
- Develop their imagination and creativity when they use the materials in their own way
- Satisfy their curiosity when they are interested in what they are doing
- Solve their own problems as they explore and experiment
- Learn to share and take turns
- Use language to talk to one another

These are things that cannot be done through worksheets. Children learn when they are actively involved and when they have many opportunities to learn through meaningful situations.

13 Charlesworth (2012); CRS, Lesotho (2012).

THE TEACHER'S ROLE IN PLAY[14]

Sister Pauline Kilo scaffolding learning for young children in early childhood classroom, Kenya, SCORE ECD project

Although children lead during free-play times, that does not mean the teacher does not get involved in their play and help them learn. The teacher facilitates free-play time by providing a variety of activities for children to choose from and play in their own way.

While children play, the teacher moves around and watches how children are playing and what they are trying to do. It is important that the teacher is present and attentive during free-play, as being there lets children know the teacher is available if and when she is needed. There may be moments when it is necessary for the teacher to get involved in free-play; for example, if a child:

- Finds it difficult to choose what he wants to play with
- Is using new materials for the first time
- Appears to be stuck
- Asks for help
- Exhibits behavioral problems
- Continues to play with the exact same materials or in the same learning corner every day for an extended period of time

Follow the child's lead: When a teacher joins in a child's play, she needs to be very careful that she does not interrupt what the child is learning. Unintentionally, by intervening in free-play, the teacher may give the child a whole lot of facts, turn the experience into a lesson, or even tell the child what to do to solve a problem. If children are to learn through play, they need to be able to try out their own ideas and find solutions to their own problems.

14 CRS, Lesotho (2012).

Talk to the child: Get down to children's eye level and talk to them as they are busy with their activities. Ask them what they are doing and introduce new words by describing what you see, for example:

- "I see you have drawn a picture of your house with lots of long, straight lines."
- "You have put all the blue squares together."
- "The leaf is floating."

Listen to the child: Show an interest in what children are saying and give them enough time without interrupting. Do not prompt them if they don't answer right away. Try to understand and see things from their point of view and let children know that you think their ideas are important.

Ask questions: There are different kinds of questions that teachers can use to help children think and respond:

- Closed questions have a right answer. For example, "What color is your dress?" or "Do you like bananas?"
- Open-ended questions do not have a correct answer. For example, "How can you make your building wider?" or "Why do you need such a long piece of string?"

Using open-ended questioning is an important part of the role teachers play in facilitating children's learning. Open-ended questions invite children to explain their ideas, think more about what they are doing, and solve their own problems. Open-ended questions often start with:

- "How…?"
- "Why…?"
- "What would happen if…?"

When using open-ended questions, give children time to respond and don't answer for them.

Include all children: Teachers need to make sure that all children are able to participate and learn in the early childhood care and development program. Teachers need to get to know each child in the group and his or her individual needs. One child might need more individual attention; another child might need less help. Some activities and materials may need to be adapted for children with disabilities or special learning needs. The important thing is for the teacher to spend time learning each child's capabilities and work with each one in a manner that will improve child development.

Praise and encourage children for their achievements: Children feel good about themselves when they achieve success. Teachers should not only praise children for successes but also when they try something new. When the focus is on the effort and not the end result, children are more likely to become self-motivated.

Let children learn to be responsible: When teachers do things for children, children will think that they themselves are not capable. Encourage children to take on responsibilities according to their ages and stages of development.

- Younger children can be encouraged to pack away their toys, dress and feed themselves, and to wash their hands.
- Older children can help with chores like sweeping, preparing food, setting the table for mealtimes, and cleaning up spills.

The free-play activities are set up indoors (or in a space outdoors if there is no building) during the same time every day. They are organized in the different learning corners:

- Fantasy corner
- Art corner
- Building corner
- Science and discovery corner
- Book corner
- Educational toys corner

FOSTERING PLAY BETWEEN CHILDREN WITH DISABILITIES AND THEIR PEERS[15]

Children who have disabilities enjoy and learn from their peers without disabilities. In an inclusive early childhood setting, children with disabilities get the chance to play with typical peers and make friendships. Caregivers or teachers can help children with disabilities to play and interact with other children in the following ways:

- Consult the caregivers and families of children with disabilities and together prepare plans and activities suitable for their child.
- Document the social skills of a child with a disability (e.g., how he/she interacts with other children; what he/she likes or enjoys doing) and facilitate for his/her group play with friends.
- Set up a safe space for infants and toddlers and encourage them to sit or play next to each other with the same toys or toys of their interest; children of this age enjoy parallel play (e.g., playing side-by-side or with each other).
- Document the types of toys and play activities that children with disabilities like and provide these toys and arrange these play activities so that other children can also play with the child. In this way you can encourage social interaction for the child (e.g., new toys that can attract children like balls in a large box, water in a bucket, finger or hand painting on a large paper or smooth washable floor).
- Set up the space free of stumbling blocks or barriers to encourage child's movement and views.
- Arrange the environment with a lot of signs, labels/drawings of objects that can easily be understood by the child with a disability; also learn the child's way of communicating and use them during group play. When you do this, you are modeling for other children how to communicate with the child with a disability. For example, initiate a conversation between the children during group play, saying, "He said, 'Hello.' Say 'Hello' back," or "She is looking at the doll. Can you give her the doll?"
- Model inclusive attitude and behavior for children so that children with disabilities can be accepted by their peers; comments such as, "See how Rebecca completed the puzzle just as you did?" will instill in children the idea that children are more alike than different.
- Plan the day's schedule to provide extra time for the child with a disability to complete what he/she has started and to practice his/her skills.

15 Wittmer & Petersen (2014).

References

SESSION 1: STANDARDS FOR QUALITY EARLY CHILDHOOD PROGRAMS

Association of Childhood Education International Global Guidelines Assessment/ACEI-GGA (2011). *An early childhood care and education program assessment* (3rd ed.). Association of Childhood Education International (ACEI). Retrieved from http://acei.org/images/stories/GGAenglish.pdf

Archdiocese of Hartford Office of Catholic Schools (2015). *Catholic schools education for lifetime: Archdiocese of Hartford early childhood curriculum standards*. Archdiocese of Hartford Office of Catholic Schools, Bloomfield, CT: http://catholicschoolsct.org/curriculum-standards/early-childhood

Byrne, G. C. (2010). S*piritual development of young children. Young child ministries*. Retrieved from http://www.youngchildministries.com/research-and-young-children/spiritual-development/spiritual-development-of-young-children

Catholic Relief Services (2014). *Theory of change in early childhood development: The Catholic Relief Services (CRS) Model*, CRS, Baltimore, USA.

Catholic Relief Services (CRS,2012). *Protection Policy*. Baltimore, USA: CRS.

Diener, L. P. (2009). *Infants and toddlers: Development and curriculum planning* (2nd). United States, USA: Delmar Cengage Learning.

Gonzalez-Mena, J. & Widmeyer Eyer, D. (2012). *Infants, toddlers and caregivers*: *A curriculum of respectful, responsive care and education* (9th ed.). United States, USA: McGraw-Hill.

Grajczonek, J. (n.d.). *Spiritual development and religious education in the early years: A Review of the Literature—A project conducted for the Queensland Catholic Education Commission*. Retrieved from http://www.qcec.catholic.edu.au/upload/publicsite/education/final_spiritual%20development%20%20religious%20education%20in%20the%20early%20years_a%20review%20of%20the%20literature.pdf

Henriot, P. J., DeBerri, M.J., & Schultheis, M. J. (1995). *Catholic social teaching: Our best kept secret* (Centenary ed.). Maryknoll, NY: Orbis Books.

International HIV/AIDS Alliance (2012). *Supporting community action on AIDS in developing countries: Family-centered HIV programming for children*. Retrieved from www.aidsalliance.org http://www.aidsalliance.org/assets/000/000/361/90567-Good-practice-guide-family-centred-HIV-programming-for-children_original.pdf?1405511910

Kaczor, C. (n.d.). *Seven principles of Catholic social teaching*. Retrieved from http://www.catholic.com/magazine/articles/seven-principles-of-catholic-social-teaching

Meyers, J.E. (2014). *Tips for baby spiritual growth. Children's ministry magazine*. Retrieved from http://childrensministry.com/articles/tips-for-baby-spiritual-growth/

Meyers, J.E. (December, 2009). *Children's spiritual development: Analysis of program practices and recommendations for early childhood professionals*. Dissertation, United States, TX: University of North Texas Libraries.

Mpoyamba, M'mera (2008). *National strategic plan for early childhood development*: *Investing in a child's early years.* Malawi, Africa.

Mulenga Katwishi, Salome (n.d.). *National policy on early childhood care, development, and education* (NPECCDE). Zambia, Africa.

National Association for the Education of Young Children (naeyc.org). *Early childhood program standards for accreditation*. Retrieved from https://www.naeyc.org/files/academy/file/OverviewStandards.pdf

Pascall, D.L. (1993). *Spiritual and moral development: A discussion paper*. York, England: National Curriculum Council. Retrieved from http://www.educationengland.org.uk/documents/ncc1993/smdev.html

Tadesse, S. (2014). *Guiding principles framework for early childhood spiritual care and development: A working document for Catholic women religious in SCORE ECD Project*. Baltimore, MD: Catholic Relief Services.

The Republic of Government of Kenya (June 2006). *National early childhood development policy framework.* Kenya, Africa: The Republic of Government of Kenya.

"United Nations Convention on the Rights of Persons with Disabilities Article 7. Retrieved from http://www.un.org/disabilities/convention/conventionfull.shtml"

Wittmer, D., Petersen, S.H., & Puckett, M.B. (2013). *Young child: Development from pre-birth through age eight*. (3rd ed.). Boston, MA: Pearson.

World Bank (2011). *Early childhood development: Benefits of early child development programs*. Retrieved from http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCY/EXTECD/0,,contentMDK:20259127-menuPK:527099-pagePK:148956-piPK:216618-theSitePK:344939,00.html

SESSION 2: UNDERSTANDING YOUNG CHILDREN

Berk, L.E. (2012). *Infants and children: Prenatal through middle childhood*. (7th ed.). United States, USA: Pearson.

Bredekamp, S. & Coople, C. (2009). *Developmentally appropriate practice in early childhood programs*. Washington, D.C: National Association for the Education of Young Children.

Brotherson, S. (April, 2005). *Understanding brain development in young children: Family science 609*. https://www.ag.ndsu.edu/pubs/yf/famsci/fs609.pdf

Catholic Relief Service (CRS), Lesotho (2012). *Ngoana Eo Ke Oa Mang? A teacher resource guide*. Baltimore, USA: CRS.

Catholic Relief Service (CRS), Lesotho (2012). *Ngoana Eo Ke Oa Mang? Parent and family caregiver manual: Why free-play activities are important and the teacher's role in play.* Baltimore, USA: CRS.

Charlesworth, R. (2012). *Understanding child development* (7th ed.). United States, USA: Delmar Learning.

Fowler, J. (n.d.). *Exploring spiritual development: James Fowler's stages of faith development*. Retrieved from www.exploring-spiritual-development.com/JamesFowlersSatges.html

Fowler, J. (n.d.). *Psychology chart: James Fowler's stages of faith*. Retrieved from http://www.psychologycharts.com/james-fowler-stages-of-faith.html

Gonzalez-Mena, J. & Widmeyer Eyer, D. (2012). *Infants, toddlers and caregivers: A curriculum of respectful, responsive care and education* (9thed.). United States, USA: McGraw-Hill.

Johns Hopkins University and Maryland State Department of Education (2010). *Healthy beginnings: Supporting development and learning from birth through three years of age.* www.marylandhealthybeginnings.org

Marotz, L.R. & Allen, K.E. (2013). *Developmental profiles: Pre-birth through adolescence.* United States of America, USA: Wadsworth Cengage Learning.

Wittmer, D., Petersen, S.H., & Puckett, M.B. (2013). *Young child: Development from pre-birth through age eight*. Boston, MA: Pearson.

SESSION 3: SUPPORTING CHILD DEVELOPMENT THROUGH HOLISTIC APPROACH AND PLAY

Catholic Relief Services (CRS), Lesotho (2012). *Ngoana Eo Ke Oa Mang? A teacher resource guide*. Baltimore, USA: CRS.

Charlesworth, R. (2012). *Understanding child development* (7th ed.). United States, USA: Delmar Learning.

Marotz, L.R. & Allen, K.E. (2013). *Developmental profiles: Pre-birth through adolescence*. United States of America, USA: Wadsworth Cengage Learning.

The Consultative Group on Early Childhood Care and Development (2010). *The essential package: Holistically addressing the needs of young vulnerable children and their caregivers affected and infected by HIV and AIDS.* Conrad N. Hilton Foundation, Save the Children, ChildFund, Center For Disease Control and Prevention."

UNICEF & World Health Organization (WHO) (2012). *Care for child development: Participant manual*. Malta, Italy. WHO.

Wittmer & Petersen (2014). *Infant and toddler development and responsive program planning: A relationship based approach*. (3rd ed.). Boston, MA: Pearson.

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