KNOW YOUR CHILD

2

This module covers the following information:

Know your child

Introducing skills

Development, learning and practice

Development charts

Epilepsy and seizures

Family and support

Monitoring progress

Sharing emotions and feelings

KNOW YOUR CHILD

Materials

Pencils, flipchart, skills cards 2.01 (one set per group), pictures 2.02 on card (one set per group), development charts 2.03 a,b and c (one for each person), home visit forms (template in resources), image 2.04, cut out statements 2.05, image 2.06 and 2.07, and posters 1.04 from last session.

Icebreaker

- Form a line and ask everyone to hold hands to make a long chain.
- Choose someone at one end of the line to start. Explain that when they
- feel their hand being squeezed they will pass it on to the next person by
- squeezing with their other hand.
- Ask everyone to close their eyes.
- Squeeze the hand of the person at the end of the line.
- Each person passes along the squeeze once they feel it so that it passes to the end.
- Ask the group to sit down.
- Discuss how that in order to feel the squeeze at the end of the line it had to happen in steps. One hand squeeze led to another until it was passed along the line. In the same way, children's development happens in small steps. **Today we will discuss the steps in your child's development.**

Explain

By the end of module 2, you will:

1. Understand how children develop.
2. Observe your child and identify where she is on the development chart.
3. Be able to plan activities that can help your child's learning and development.
4. Be able to recognise 'fits' (epilepsy) and know what to do.
5. Understand the importance of talking about your own thoughts, feelings and emotions.

INTRODUCING SKILLS

Activity 1

"We will share tips for caring for our child and how we can be supported by other family members and our community. Young children with developmental disabilities do learn and change but that they need extra time and extra help to keep developing."

In smaller groups (suggested 2-3 per group), discuss the following"

- What does your child's average day look like?
- How would you like their skills to improve?

Hand out copies of skills cards 2.01 (cut into four separate cards – also in resources).

1. Communication	**2. Self-care activities such as eating, dressing, toileting**
3. Moving around from place to place	**4. Walking (if possible)**

Each group should discuss the skills and decide which are most important for their child to learn, then place the cards in this order.

Gather the group back together and discuss how everyone has prioritised the skills and why.

Explain

Communication is one of the most important skills your child can learn, because it will help your child build relationships with people who can support her.

DEVELOPMENT, LEARNING AND PRACTICE

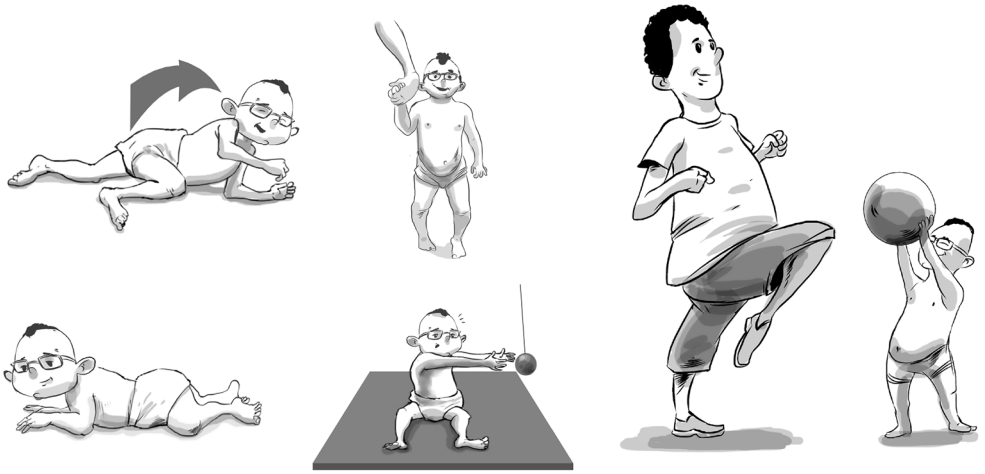
Activity 2

Return to the smaller groups of 2-3 (mix everyone up).

Share copies of pictures 2.02

The images show the different developmental stages of a child. Ask the groups to place the cards in order of how most children would develop as they get older.

Show the correct order.



Explain

Children learn by repeating movements and activities, but children with developmental disabilities find it difficult to do these things alone because of the damage to their brain. This means they may not learn or develop at the same pace as another child.

Ask

- Have you noticed your child struggling to complete tasks?
- What do you do if you see her having difficulty?
- What do you think she needs to help her learn to do things?

If your child has difficulty doing things on her own, you will have to help her practice. You will need to be patient as your child needs extra time and extra **help** to keep developing.

DEVELOPMENT CHARTS

Activity 3

The aim of this exercise is to increase caregivers' understanding of what their child is able to do now and for them to start thinking about what skills they would like their child to learn next.

Facilitator Tips:

To reach a goal there are lots of smaller steps to help us get there. Like crossing a small river, if the goal is getting across to the other side of the river, we need stepping stones to help get us across. Think about what are the stepping stones for the goal, how are we going to get to the other side? You may want to explain this to the caregivers to help them to understand the process.

Improvements are more likely to be noted if caregivers select the goals that are important to them. The steps are simple and can be practised daily at home. So, we need to help everyone create simple activities that they can do at home to enable them to reach their goals. The modules we are going to cover will help them to identify these for their child.

Encouragement is really important and you need to give positive feedback and encouragement to caregivers at every session and help identify the small changes they are noticing in their child.

Explain

Hand out the development charts 2.03 a, b, c and explain briefly what is happening in each of the pictures.

There are four categories for Movement:

- Head and body control
- Sitting
- Using arms and hands
- Moving from place to place

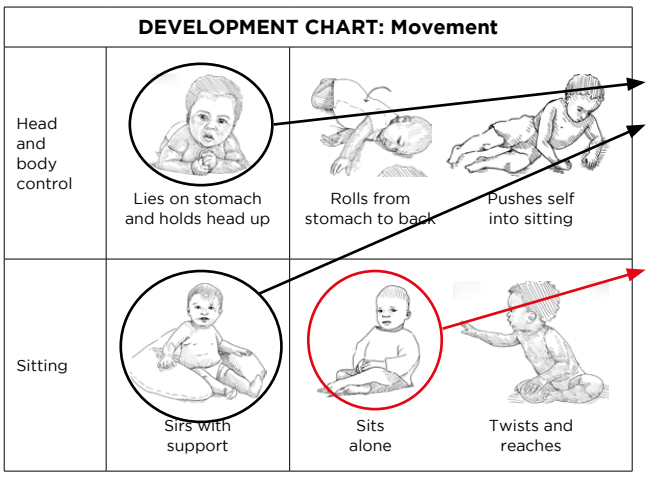
There are also categories for:

- Thinking and playing
- Communication and interaction
- Social and self-help skills

Describe the example about how everyone will fill in the developmental chart.

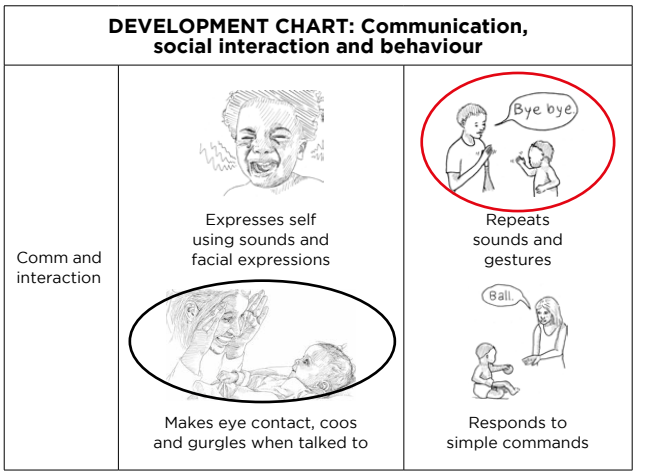
This is Joseph:

He can currently lift his head up and sit with support. His mum is aiming to do exercises to help him learn to sit by himself. Positioning and learning to move modules will help them with this goal.



These circles show what Joseph can do already. He can lift his head and sits with support.

The next step is circled in red. Joseph's mum would like to help him learn to sit.



He can make eye contact and smile currently and his mum is aiming to play with him and help develop the sounds he can make. The play and communication modules will help them with this goal.

"Mark where your child is on the development charts. Circle things that you have seen your child do."

"Put your child into each of the different positions to see what she can do. When you have finished, the chart should show where your child fits in each row."

If anyone is struggling to identify the next step, ask them to look at the next step up on the development charts and think whether that is the next step for their child. The following questions may also be useful.

Ask

"What does your child like doing? What can your child do now? What does your child find a bit more difficult to do?"

"How do you know what is easy for your child and what is difficult?

"What is your child trying to do? What do you think your child will learn to do next (keep goals small)*? What do you think your child needs to help him do the things that are difficult?"*

"How will you know that your child is improving?" (This part is really important to help the caregivers to see changes)

Explain

Explain there is no pressure for your child to be at any particular point. We are finding out where your child's development is, to make sure these sessions are helpful. Through this we can work out what skills or activities will be helpful to learn next.

Now you have identified the next step for your child, the following modules will support you in working towards meeting those goals. We will teach you ways to help your child learn to sit, move, hold things and eat and play.

In Bangladesh, the home visit form was essential for monitoring the child's progress, and to clarify the parents priorities in caring for the child. It can be difficult to set short-term goals with parents, so the assessment will ideally include collaboration with a therapist and community worker, to outline achievable targets. The form is included in resources and includes guidelines for your visit.

EPILEPSY AND SEIZURES

Explain

We are now going to learn together about seizures. Seizures are common in children with developmental disabilities.

A seizure is an electrical overload in the brain, which causes mixed messages in the brain and a child loses control of their muscles.

Activity 4

Cut out the statements on pieces of paper and ask groups of 3-4 people to separate the statements into 'correct' and 'incorrect' statements.

Seizures are caused by evil spirits
My child can get help and early treatment from health workers for her seizures
If my child has a seizure it is because she is cursed
Medical treatment can help my child's seizures
Other children can catch seizures from my child
Uncontrolled seizures can affect my child's development
A seizure is an electrical overload in the brain and my child can lose control of her muscles when she experiences a seizure

Highlight and reinforce the correct answers:

- Seizures are not caused by evil spirits or from being cursed.
- Seizures are not contagious.
- Seizures are not harmful to other children.
- A seizure is an electrical overload in the brain which can cause a child to lose control of her muscles.
- It is important to recognise and seek early treatment from a health worker if there are concerns about seizures.
- Untreated seizures are harmful to a child's health, well-being and learning.
- Many seizures are treatable, but if uncontrolled can affect a child's development.

Managing seizures

Ask

"Do any of your children have seizures? What happens?"

Signs include:

- There can be a change in your child's mood. Your child may suddenly seem afraid or start crying.

- Most seizures occur without warning. During a seizure your child may fall down, stiffen, vomit, drool, urinate (pee) or have shaking of the limbs.
- Other seizures are less dramatic. Your child might just stare into space or have jerking movements in one part of the body.
- When the seizure is over, your child may be very sleepy and may not remember what happened.

Ask

"What should you do when your child is having a seizure?"

DO:

- Protect your child from injury by making sure she is in a safe place, away from fire or anything else that might injure her.
- Put your child on her side when possible
- Make sure she is breathing.
- Send someone to bring or call the nearest health care professional in the case of:

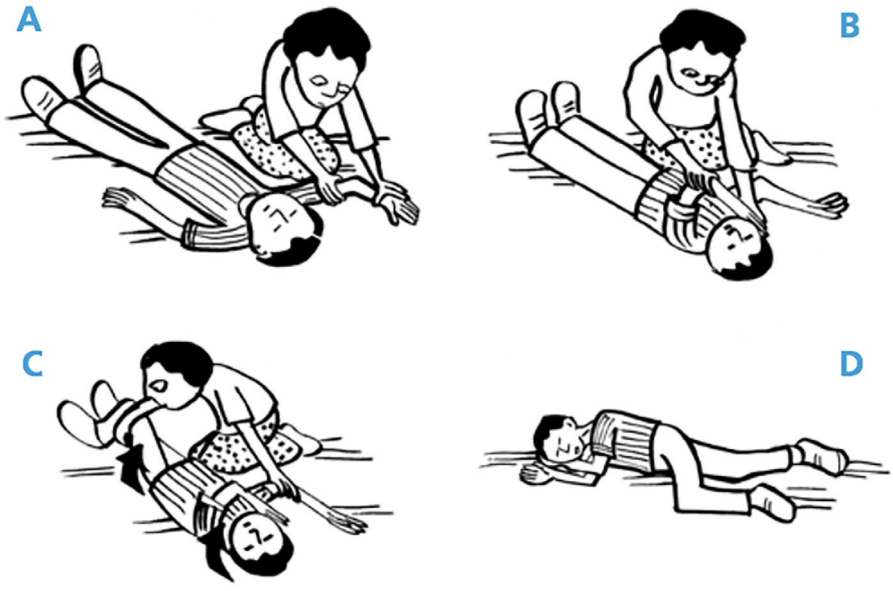
  1. Breathing difficulty.
  2. Seizure lasts longer than 5 min.
  3. Your child does not wake up after the seizure.

- Stay with your child until the seizure stops and she wakes up.

DO NOT:

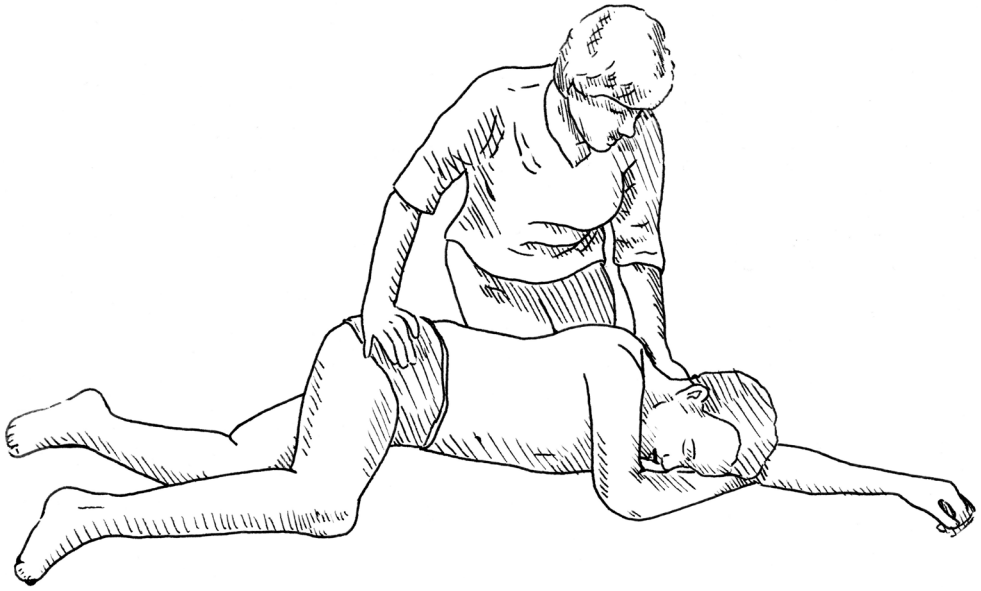
- Put anything in your child's mouth.
- Do not hold your child down during the seizure.

Image 2.06 (Diagram reproduced from WHO mhGAP).



Activity 5

In pairs, practice placing each other in this position.



Ask

"If you think your child is having seizures you need to consult a health professional. What information might be useful?"

Keep a diary or think about:

- How it started, how long it took, what happened afterwards.
- What did the seizure look like, was there loss of consciousness.
- What preceded the seizure (certain behaviour, activity, situation, illness).

Explain

Some general advice about seizures:

- Medication for seizures should be taken as prescribed by the doctor.
- The amount may need to be adjusted over time, especially as your child grows, so follow-up with a doctor is important.
- The medication might make your child drowsy. If there are any side effects that you are worried about, it is helpful to take a video of your child to show your doctor.
- Medication for seizures should NOT be stopped suddenly – make sure you don't run out of medication and remember to take it with you if you travel.

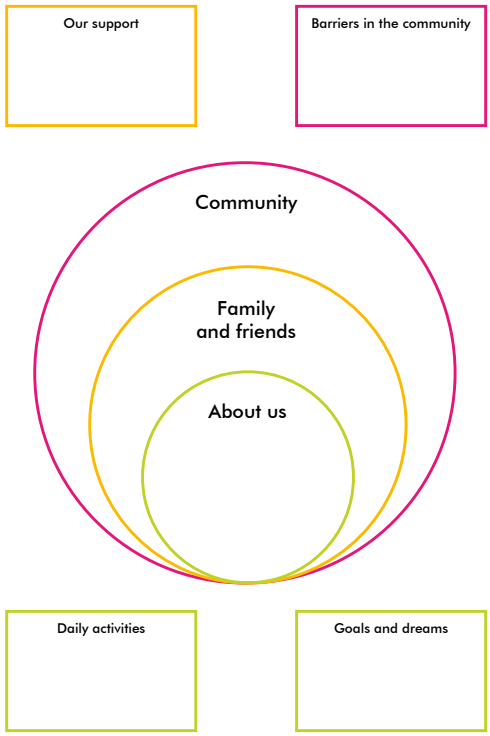
FAMILY AND SUPPORT

Activity 6

Use image 1.04 Split into two groups.

"Last week you told us a little bit about yourselves and your child. This week we'd like to hear a little bit more about other people who make up your family and close friends. Using the second circle of the chart, can you draw some of the people who are involved in your day to day life and tell us a little bit about how they contribute to helping look after your child."

When everyone is introducing their family, ask: *"Did you speak to people at home about what you learned last week? What was the response from the person you tried to talk to?"* Allow 5-10 minutes for discussion then ask for the group to feedback some of the issues they discussed.



Ask

"Has anyone in the group got any suggestions on how to talk to other members of your family when it is not easy?"

MONITORING PROGRESS

Ask

Ask if anyone would like to share:

- *"Something new you have realized about your child after today's session?"*
- *"Something else you would like to know about developmental disabilities?"*
- *"Any other comments and suggestions?"*

Take Home Messages:

- All children can learn and develop new skills.
- Sometimes they will learn at a different pace and in a different way to other children.
- You may have to find new ways of doing things to help your child.
- You may need to help your child practice, but if you support them in learning to be independent they won't need your help all the time.

Facilitator Tips:

One of the greatest challenges is that caregivers, most often mothers, are incredibly busy, and do not have extra time to practice activities with their child. This highlights the importance of involving other family members in the training, making them feel welcome, and encouraging caregivers to share information with the wider family so they can also take an active role.

SHARING EMOTIONS AND FEELINGS

Each week we are going to have a session at the end that focuses on how you, as a caregiver, are. We will talk about your thoughts, feelings and emotions that are quite normal to have when raising a child.

Ask

"How many different types of mood/feelings can you list?" (e.g. happy, sad, anxious, annoyed, frustrated, delighted etc).

"When it comes to moods and feelings, what is normal?" There is no normal, everyone feels different things at different times.

"What different thoughts feelings and emotions do you think all parents feel when they have a new child? Do you think these are different for a child with developmental difficulties? How?"

Again, it is important to emphasize that ALL parents feel a range of emotions at different times. This is normal. If anyone has other children, they may be able to support this statement.

When you have a child, especially a child with developmental difficulties, it can sometimes feel that your whole life is focused on them. You take them for medical appointments, care and support them during the day. Even this programme is about learning more about your child. It may feel like it is rare that anyone asks how YOU are doing.

At the end of each week, we are going to ask that. We are going to ask how things have been this week for you and how things felt during that session.

You don't have to say anything, and it may feel uncomfortable at first. One of the most important things with coping is being able to share your feelings and emotions with others, when you feel comfortable to do so.

Facilitator Tips:

There are many cultural differences in expressing emotion and supporting group members who may become distressed. Ensure that participants know that they don't have to say anything, and it may feel uncomfortable at first. One of the most important things with coping is being able to share feelings and emotions with others, when someone feels comfortable to do so.

Health care workers have often said that they felt uncomfortable asking personal questions that may cause a caregiver to feel sad or anxious. Some caregivers and health workers may believe that crying is inappropriate, especially if the facilitators themselves show emotion. In our discussion with caregivers, they have said that it is important for their stories and their voices to be heard, and that speaking with other caregivers about this is not as difficult as the health care worker perceives. It was also important to be permitted to show emotion.

Asking caregivers to ask other caregivers about their thoughts and emotions may help to create a space where more participants feel comfortable to share. We include self-reflection and small group work in this session and it may also be easier for you to support people telling and listening to stories in these small groups.