

**Technical and Research Department**

# **Manual for the integration of child care practices and mental health within nutrition programmes**



**Action contre la Faim – France**

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## INTRODUCTION

Infonut 8 supplied you with conceptual and theoretical information on the need to combine the prevention and treatment of severe malnutrition with mental health and childcare practices.

Childcare practices and mental health are an integral part of the treatment of malnutrition. They involve attitudes, words, organisation and specific activities important at every phase of the treatment of malnutrition.

The aim of this manual on the integration of child care practices and mental health into nutrition programmes is to help you to implement these activities by giving you "how to" information.

The manual includes a series of resource sheets aimed at giving you a better understanding of why we need to, and how to, integrate these practices into the various situations encountered in nutrition centres.

Whether during reception, play sessions, mealtimes or home treatment, the psychosocial dimension is an important part of all activities, and must be taken into account by everybody. It is key to the well-being, health and recovery of beneficiaries!

These resource sheets all have the same format:

**Remember:** The essential points to remember about the topic covered in the resource sheet.

**Understand:** A few simple theory points and concrete explanations allowing you to understand in what way mental health and child care practices are essential in the area covered by the resource sheet.

**Implement:** Concrete points on how to implement the child care practices in the context of the topic.

Some resource sheets are accompanied by additional information illustrating or supplementing all these points.

You will also find links to websites that provide further information on specific topics.

Most of the resource sheets are included as links. If the information in a sheet is supplemented by, or more detail is provided in, another sheet, you can access this resource sheet directly by clicking on the relevant hyperlink: [sample link](#).

You can also return to the list of resource sheets at any time by clicking on [list of resource sheets](#) at the bottom of the pages.

Other resource sheets are being written and will be added to those already included in this manual.

Of course, we welcome any comments and suggestions on how we could improve this manual and bring it ever closer to the realities and expectations encountered in the field!

Happy reading!

For more details or information, you can write to Cécile Bizouerne:

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## IMPROVING LIFE IN THE CENTRES

### **Remember**

- The aim of activities in centres is to help people to enjoy life again, to bring happiness, create social links and improve treatment.
- Stimulation and activities are an integral part of treatment.
- Activities are not just actions, but a state of mind.

### **Understand**

Daily life in the centres can be difficult. A few simple steps can make it much less restrictive and much easier and more pleasant.

This means taking into account both beneficiaries - adults and children - and caretakers - adults and children.

Improving daily life means:

- ❖ Helping people to enjoy life again.
- ❖ Offering a reassuring and warm environment.
- ❖ Taking into account the mental health of beneficiaries.
- ❖ Being a place where people are always ready to listen.
- ❖ Consolidating medical treatment.
- ❖ Reducing the incidence of relapses and defaults.
- ❖ Avoiding psychological traumas in the medium and long term.
- ❖ Re-establishing social links.

### **Practice**

In order to create an environment that is as pleasant as possible, the team itself must be able to manage the pressure that it is under and the difficulties encountered, and be motivated to share happy times. These times are exchanges between people, and the members of the team should find them enjoyable, so that the pleasure that they give will have a greater effect!

It is essential for teams to be happy in their work and for there to be a good atmosphere. It is very difficult to see beneficiaries suffering from malnutrition, traumatised women, and babies dying. Encouraging time for the team to unwind, play games and see the beneficiaries smiling helps the staff find the energy and motivation to carry on.

The centres welcome both adults and children. Everybody can take part in activities.

The well-being of beneficiaries and caretakers depends to a large extent on the attitude of members of staff. Staff must be pleasant, respectful and warm, and must take the time to listen and to answer...

Simple gestures can have a very large impact. Smiling or taking someone by the hand can have a very significant comforting effect. The attitudes covered in the resource sheet on welcome can be adapted to make daily life in the centre more pleasant, which is sure to have an effect on treatment.

### Environment

Improving the layout of centres supports the healing process by taking into account not only technical issues, but also human issues. These criteria cover all aspects related to the "environment" or to "living conditions": decor, and creating quiet, meeting or relaxation areas:

- ❖ Playground separate from centres.
- ❖ Quiet room that can be used for health education.
- ❖ Kitchens for caretakers.
- ❖ Playroom within centres.

In addition, efforts should be made to improve the living area by decorating the centre to make it look like a friendly and comfortable place.

The decor is paramount: an austere environment, like a hospital, is not motivating. Run-down or unmaintained buildings can give beneficiaries a poor self-image, and they already have to put up with the lack of privacy, being surrounded by others, the noise made by all the other people, etc. The atmosphere can be made more friendly and welcoming using colour, and by ensuring that there is appropriate ventilation to avoid excessive heat. It is important to have shaded areas and places to sit down, especially if there are long queues.

While the layout of the centre is largely dependent on the wishes and the involvement of the centre manager, everybody can contribute to the decor. Related activities can be offered to beneficiaries and caretakers. With a few ideas and limited resources, a social animator can organise activity sessions to create decorations that can then be put up in the centre. These sessions have many advantages (they make the centre a more pleasant place to be in, develop the creativity of those living in the centre, are a way of relaxing, teach skills and expertise that can be used even after leaving the centre, etc.).

Everybody has the ability to be creative, and creative activities can have a very big impact on people, in terms of both personal growth and well-being!

There are some examples of creative activities in the resource sheet on *play and toys*.

### *Activities in the centre*

#### Social animators

Social animators play a crucial role in the dynamics of the centre, and it is essential that special attention be paid to the recruitment of social animators and to their job descriptions. Social animators are an integral part of the team because their actions have a direct impact on the treatment of malnutrition. However, other members of the team must also take on some of the responsibility for activities in the centre.

A social animator's day is divided into:

- One-to-one periods with the most depressed and isolated beneficiaries, and with mother/child pairs experiencing difficulties;
- Activities with small groups of adults or mothers/children at set times and for a set activity and period;
- Activities for all: singing, stories, dancing, and so on.

The social animator must not judge people, or take on the role of a teacher.

The personality of the social animator is important: he/she must be a people person who feels comfortable with adults, children and babies, who is cheerful and creative, and who is empathic.

He/she can become the intermediary between beneficiaries and medical teams because he/she is in frequent contact with beneficiaries, allowing a relationship of trust to be established. Beneficiaries will therefore find it easier to confide in the social animator about their problems or their ailments, and he/she can then refer the beneficiary to the medical staff, if necessary. In the same way, the teams can inform the social animator of people who seem down and who need more personal attention. The social animator also acts as a link between the beneficiaries by initiating activities. His/her role is to promote interaction: initiate talking, stimulate those who are the most withdrawn and establish an atmosphere of sharing and enjoyment (spontaneous play and activities in which the social animator may not necessarily take part).

The social animator must be very patient:

➤ with adults: depending on what they have experienced, they may be very isolated, and it may take days, months or even years for them to overcome their isolation. Sometimes there are no immediate, tangible results, but this does not mean that there is no point in making an effort. The social animator must not be discouraged, and should instead persevere with his/her efforts, as each person needs to feel like they are seen as an individual and that others pay attention to them, even if they are not always capable of responding.

➤ With children and their caretakers:

- because of the specific way in which children develop: a mother may throw her child a ball 100 times before one day, the child throws it back.
- because of malnutrition. From phase 1, the social animator can talk to and smile at the child and try to make contact with him/her but only get a response after many days, or even many weeks. Often he/she will find that the child remembers every interaction with the social animator in the past, however limited, and that trust will develop very quickly. As regards interaction with mothers and babies, a special approach is required because the goal is to develop the mother/child relationship. This is why it is important that, whenever possible, work is done with both the mother and baby together. The aim is not to give the mother lessons but to encourage her to interact with her child. Playing, speaking and laughing with the child can be a much more effective way of showing the mother what can be done and what the possible effects are than telling her or giving her instructions (if the mother sees the child smiling and reacting to us, she will want to try and do the same thing). It is essential to encourage interaction between the mother and the child (expressions, smiles, gestures).

<p>The social animator is responsible for implementing activities and monitoring relations between the mother and child.</p>
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### Activities:

**Outdoor games:** With only limited resources, it is possible to create a playground that is pleasant to be in. In most countries, it is possible to find a carpenter to make swings, toboggans, scooters, etc.

Additional information is available in the resource sheet on *[play and toys](#)*.

Organising play for children is easy and effective: team play for older children, competitions (drawing, painting, etc.).

It is also worth inviting mothers to take part in these activities, which are different from the mother-child play sessions.

**Playrooms in centres:** Provision of toys for children every day, as well as games for adults (cards, awake, etc.), in the centre and freely available. At the end of the day, it is important to put these away so that they do not get damaged or lost, and to keep a check on stock.

Mothers can also be appointed, in turn, to be responsible for ensuring that toys are available during the day and put away in the evening.

**Activities in centres:** During the first week of treatment, it is very difficult to organise certain activities:

- Children are apathetic, and they often sit close to their mothers without moving and with a lost expression, with no interest in anybody or anything. They are particularly dependent on their mothers.
- They are only capable of limited effort and communicate very little.
- They often refuse toys, but look at them and sometimes hold them - a small plastic ball, for example. It is essential to recognise progress of any kind and every effort made by the child without forcing him/her, and to try to make him/her as interested as possible, progressively.

During this week, every small gesture is important, such as recognising the importance of a smile from the child, supporting and reassuring the mother about the development of her child, providing the mother with a little toy, etc.

In the transitional phase and phase 2, even if the child is better physically, he/she still needs psychological support, and it is crucial to offer children the means to flourish and feel good in themselves. In addition, it is important to prepare the child and the mother for leaving, i.e. going home. In phase 2, it is indispensable for the children to have access to a playground, as they are generally more independent and often less dependent on their mothers, like to have an area to explore, and enjoy play in groups.

It is therefore important to offer children play and activity periods, to make toys available to them, to create playground, to organise activities for the mothers, and so on.

The resource sheet on *play and toys* gives examples of activities and materials that can be offered or created in the various situations.

You will also find specific information on *mother-child play sessions* in the corresponding resource sheet.

***Activities for mothers:*** The mothers arriving at the centres are often women who have suffered a lot, emotionally and physically. They are sometimes very young and do not always know how to look after their child. Mothers who have children who are suffering from malnutrition are often more depressed than the mothers of children who are ill for other reasons. The common signs of depression are sadness, tiredness and a feeling of being overwhelmed with problems. Depressed mothers have often lost confidence in themselves and even in life, are withdrawn, and may not interact with other people, even their child.

These women find themselves suddenly having to share their lives and their privacy with other women and children who they do not know, and who are sometimes from different ethnic groups and speak other languages.

Activities can be organised in centres that allow mothers to:

- Be more active;
- Avoid becoming bored;
- Have the opportunity to meet and speak to other people;
- Share their experiences with other people;
- Regain their self-confidence by feeling that they are doing something useful;
- Learn to do things that they can continue with once they return home.

The activities must be adapted to the needs, knowledge and culture of the mothers. For example, they should not be offered a folk dancing activity if women do not dance in their culture.

It is important to vary the activities and to organise different activities each week. You could, for example, organise small discussion groups and ask the women what they know how to do or what they would like to learn to do. This is a way of taking their opinions into account and getting new ideas.

Here are some ideas for activities:

- Making toys for the children;
- Telling traditional stories;
- Singing or dancing;
- Making clothes for the children;
- Drawing or painting;
- Local crafts;
- Amateur dramatics, etc.

These activities should not be compulsory, but it is important to encourage mothers to take part of their own free will. Specific days and times should be arranged for these activities so that the mothers are aware of what is happening and can organise themselves long enough in advance. It is also important to find a quiet and well-ventilated place for activities so that the mothers will feel comfortable.

The mothers will often bring their children to the activities. The area must therefore be prepared so that the children can sit on the floor, with mats, for example.

Enough materials must be available, according to the number of people and type of activity. The social animator should order sufficient materials in advance. He/she is also responsible for managing stocks of materials, organising activities, keeping mothers informed, and running the sessions.

### Discussion groups

Discussion groups should include small groups of people, with a maximum of seven. They must take place in a quiet and reassuring place where the participants will feel comfortable expressing themselves freely.

The aim of this activity is to offer a forum for expression, to create social links, to consolidate childcare practices and to avoid isolation, whether on the part of caretakers or adult beneficiaries.

The discussion groups are not intended to be training groups; the goal is different from that of the health education groups, for example. Discussion groups do not aim to provide information or messages, but to allow participants to interact, chat and share their views and experiences. The participants themselves suggest the discussion topics.

The person who organises the group is called the facilitator. In general, this is the social animator, but other members of staff can act as facilitator. He/she is there to supervise the discussion group, not to run it.

How to organise a discussion group:

- Bring together the participants and have them sit down in a circle;
- The facilitator welcomes everybody to the session;
- The facilitator introduces himself/herself and asks each participant to introduce himself/herself;
- He/she invites the participants to suggest topics for discussion and to select one to start with.

- Questions are asked to understand what the participants know about and think of the topic.
- The facilitator may go into more depth with certain questions in order to take the discussion further.
- It is essential to allow all the participants to express themselves and to encourage them to share their opinions, beliefs, attitudes, etc. with the other participants. However, if some participants do not want to contribute, their wishes should be respected.
- At the end of the discussion, the facilitator should summarise the most important points then thank each participant for their contributions.
- In order for the session to be effective, the change in behaviour or beliefs must come from the group, and not from the facilitator, who should try to bring about change, not enforce it.

## THE WELCOME

### **Remember...**

- The welcome people receive is the first contact with the centre
- People arriving in the centre have few resources and require assistance throughout the admission process.
- The whole team must take part in welcoming people.
- The welcome is part of the treatment
- Each person benefiting from our help must be informed of the process for being admitted in the centre.
- A good welcome must take into account the comprehension by all members of the team of the people and the situation, the appropriate attitudes and the correct organisation of the whole admission process.

### **Understand**

The welcome process includes all phases from arrival in the centre up to admission or non-admission in the centre. It concerns the person receiving help and the person accompanying that person, which is in most cases the mother.

When they arrive, they usually do not know the ACF, and rarely know what malnutrition is, and are not aware of how the treatment takes place and life in the centre. They have doubts and questions and are often frightened of asking.

On arriving in the centre, the accompanying person and their child are often prey to a number of feelings that are sometimes difficult to deal with:

#### ⇒ **The mother (the caretaker):**

- **Worry**: she is faced with the seriousness of the health of her child.
- **Fatalism**: she often has difficulty keeping up hope with as to the cure and the survival of her child.
- **Incomprehension**: generally she does not know what the cause of her child's illness is, and does not always make a connection between malnutrition and the symptoms. It may well be that she has approached traditional healers on several occasions or been to a hospital, which may explain the long period at times between the start of the illness and arrival at the centre.
- **Anxiety**: the emergency of the situation in which she finds herself generally means having to leave suddenly, causing problems she has difficulty to face: in particular the most frequent case is having to

come quickly to the centre with her child: what will happen to the rest of the family? Who will look after the other children? Who will look after the home? Will the husband cope with a long absence? The families have to get organised to look after life at home while allowing an adult to stay with the child in the centre.

- Apprehension: very often she does not know how life is conducted in the TFC and she may be apprehensive about living in a community, sharing daily life with other people she does not know (the other accompanying mothers, the medical teams).
- Doubt: she generally does not know either ACF, or the proposed treatment, and can sometimes have doubts about what she is doing, and the need to stay in the centre, and the effectiveness of the therapeutic milk...

The mother can also have more positive feeling such as the relief at being looked after with her child, hope of seeing a possible solution to the situation and the possibility of saving her child. By reinforcing these feelings, the smooth running of the integration process may be improved as well as the mother's voluntary involvement in the treatment of her child and the life of the centre.

#### ⇒ The child:

The child arriving in the centre is generally in a state of severe malnutrition with direct consequences such as apathy, clinging to the mother, and often suffering and physical pain.

Arriving in the centre, being measured, weighed, being passed from one person to another in the centre can be frightening and even terrifying for the child.

The context the child arrives in, the insecurity they may feel due to the possible crisis, the traumas they have sometimes lived are all factors that can make the situation more difficult to deal with.

The welcome in the TFC is often what will make the mother choose stay in the centre and pursue the treatment. It is therefore important that the first contact with the staff be warm and reassuring. For the treatment to succeed and to avoid or at least limit the number of those giving up, the team must ensure that the mother has understood what malnutrition is, and what the causes and consequences are, and what the treatment entails. She is the one

who will go through all the phases with her child and will take part in the treatment her child needs to get well again.

The aim on one hand is to get the mother involved and to take responsibility for the treatment of her child, and on the other hand reassure the patient by ensuring a welcome as warm and reassuring as possible.

## Practice

In order to improve the welcome of the patients and the accompanying adults, and to ensure that it is both efficient and as easy as possible, several issues need to be considered. You will find in this section information concerning:

- Raising the awareness of the team
- The attitudes to adopt
- Concrete action to undertake

### *Raising the awareness of the team:*

The team must take into account the psychological and social state of the patient and the accompanying adults who arrive in the centre. The team must be conscious of the fact that these people often do not know what malnutrition is, rarely know the medical terms such as MUAC, and have generally not heard of weight for height ratio and do not necessarily understand the purpose of these measurements.

The members of the team must understand themselves in the first instance what malnutrition is and what the treatment is in order to pass this on to the accompanying adults and the children using clear, precise and simple words.

To raise the awareness of the team as to the impact of the welcome on the people arriving in the centre, scenes or use role-plays can be used.

The members of the team, by putting themselves in the place of the patients, develop their capacity for empathy. It is possible to make them grasp these issues based on simple situations that are part of their own actual experience:

- ❖ The way they welcome someone who comes to visit them at home;
- ❖ The way they are welcomed when they go to hospital for example; what they feel when they are badly received.

It will therefore be easier for them to understand the point and the importance of a good welcome.

Small things make all the difference:

- Smile.
- Introduce yourself and explain your role and functions.
- Use simple, understandable words.
- Use preferably the language of the person involved.
- Say what has been done and always explain.
- Allow a moment to ask questions and take time to reply.
- Make the welcome area as pleasant as possible (play room, shade, chairs...)
- Propose sugar water to the child and to the caretaker at arrival

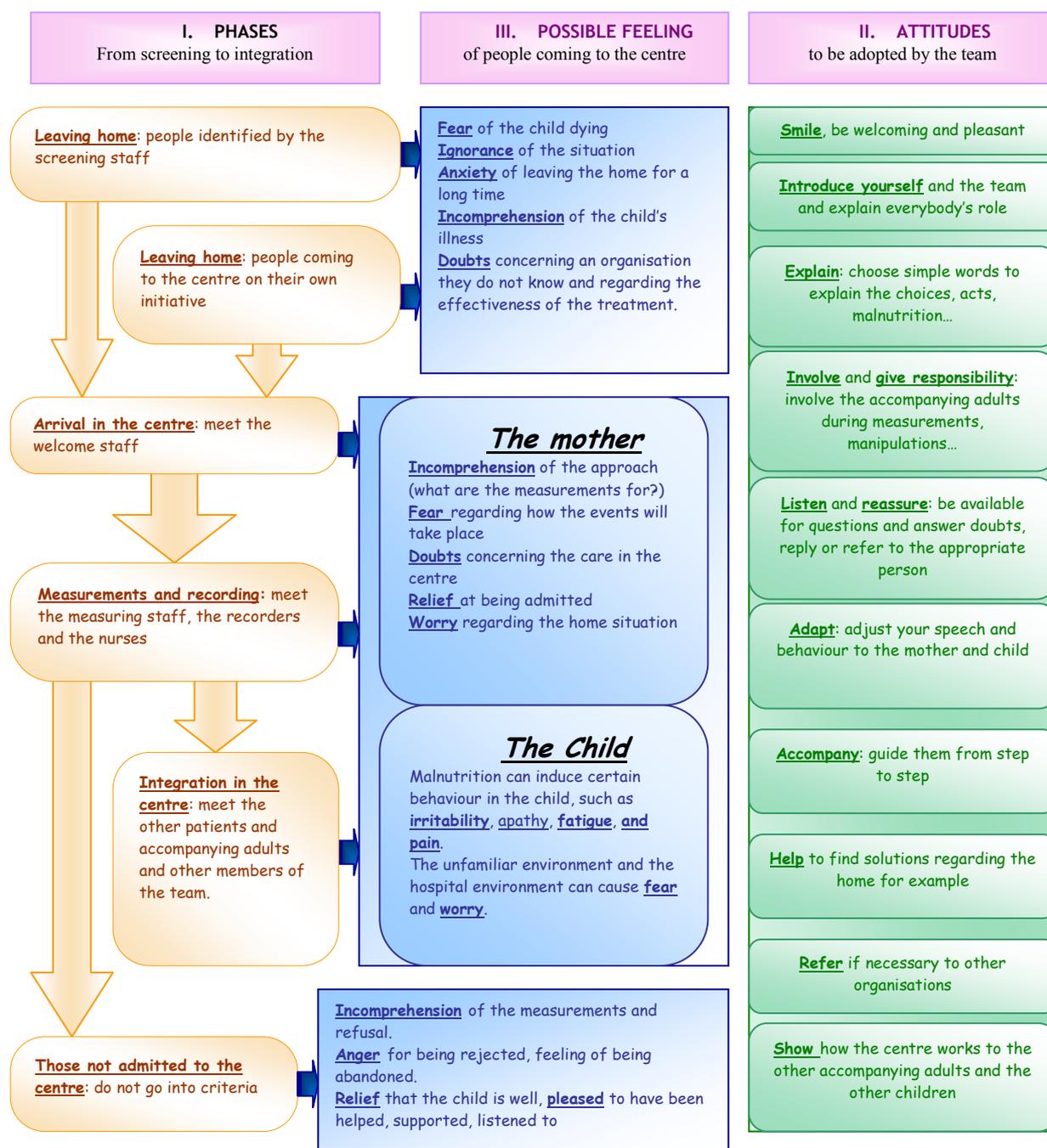
**Attitudes to adopt**

The path taken by the patient and the accompanying adult from the moment they leave home until they are admitted in the centre is long and can sometimes be particularly complicated for them.

To make these stages easier and to reassure them, the members of the team must adopt an attitude that is both simple and efficient.

They must be kind, warm and respectful, and not judge.

The following diagram shows what may be felt by the people in the centre and the attitudes to adopt.



**Table 1 : Adjust your attitude to the feelings of the patient and accompanying adult**

**What can I actually do?**

The whole team must be involved and aware of the issues in order to ensure that the patient and the accompanying adult are welcomed and admitted in the best way possible and therefore improve the effectiveness of the treatment and their well-being.

### Arrival in the centre:

- **Organisation of the welcome** must take into account the admission of the people to ensure that there will be somebody available to accompany them from one step to the next. The descriptions of the positions must take into account the roles and functions of each person.
- People arriving have often walked to the centre and the accompanying adults are often tired, weak and malnourished. It is important to make sure they are offered something to **eat and drink**.
- **Game areas** can be set up for the children.
- The **decoration** of the centre, the availability of seating areas, shaded areas are all elements that make the welcome easier and can ease the apprehension of those arriving in the centre.

### Recoding measurements:

- It is important to **say and to explain** what is being done to the child and the caretaker, in particular regarding the measurements that are taken, especially since they will be repeated often during the treatment and this is the basis to follow the development of the child's condition and to adjust the treatment.
- It is also the moment to develop an **individual** approach with the Mother and child: speaking to the child, ask the child his or her name, age and, help the mother to undress the child, play with him or her.
- Handle the children gently and confidently, in order to create a climate of **trust** between the mother, the child and the members of the team. It is possible for example to weigh the child in a plastic bath that is hooked to the scales and readjust accordingly, rather than leaving the child suspended.
- **Chatting** with the caretaker is not just essential to calm the person down and reply to any questions; it is essential to obtain the person's cooperation when filling in the personal details form.
- **Guiding** those admitted until the admittance phase is important as is **offering** those who are not admitted other facilities that better suit their needs.

### The medical consultation:

It is important to:

- **Show** the medication, the therapeutic milk, and the nutritional supplements.
- **Help** the mother to give the medication to her child and **show her** how to do it gently, and help her when taking the milk.
- **Explain** how to administer the medical treatment, and explain the reactions the child may have, and what happens at a psychological level.
- **Give information** on life in the centre, trying to reassure people who are worried as best as possible.

### Arrival in the phase:

Once people have been admitted in the centre it is necessary to:

- **Guide** and **accompany** them into the phase to ensure that they integrate. Show them around the centre, point out essential landmarks (toilets, showers, kitchen, etc.) and give information on the therapeutic milk, meals for the caretakers, the medical consultations, the activities on offer (sessions on health education, games, activities for mothers, discussion groups). Not only can these activities be part of the treatment, but also they can help to increase participation in the life of the centre, and the well-being of all. They enable the patients and the accompanying adults to get their bearing in the centre.
- **Introduce** the other members of the team to the mother (caretaker) giving the role of each person to help her to better understand who to ask depending on the situation.
- **Make is easier** for the caretaker already in the centre to meet new arrivals, and possibly **organise** new arrivals being admitted by those who have been in the centre for a longer time.
- Take into consideration any special **constraints**, such as for example a mother who does not speak the same language as the others. In this case it can be important to try to find someone to interpret. The same applies to difficulties related to ethnic differences. It can be difficult to work with people from different ethnic groups who are sometimes rivals. In this case, it is essential to help them understand that they are working

towards a joint goal that has brought them together in the centre and encourage group cohesion.

## DAILY CHILD CARE

### Remember

- Parents must be considered partners.
- Maternal participation in the practice and follow up of daily care is necessary in order to reassure both child and mother.
- Bath time of the infant is a special moment of relaxation and sharing
- During the bath, it is important to be tender while making sure that the child's comfort and safety are assured.

### Understand

Health care help and diverse nursing support punctuate a beneficiary's daily life: check-ups for weight, height and temperature... this involves frequent and more or less systematic measurements that can become particularly restrictive.

Adopting a pleasant attitude will make these moments less difficult.

The principles outlined in the "Welcome" sheet can be adapted to the framework of daily care: explain, involve and reassure...



Measurements, ACF/Kaboul

### Practice

Daily childcare includes nursing care - which may even occur several times a day, hygiene practice through bathing for example, and child holding and handling (including the positions most comfortable for him whether he is awake or sleeping). It also includes feeding times, for which you will have more information in a specific section, and infant massage, explained under a section with the same name.

### Nursing care

Maternal participation is particularly important, not only to encourage the mother but also because she is there to reassure her child.

Involving the mother does not only mean having her participate during child manipulations (undressing, handling, holding) but also means helping her to understand the child's growth, the importance of the performed medico-nutritional treatment... The nurses can then fill out the A3 sheets with her, because even if she is unable to read she will feel involved in the treatment. She can be shown, for example, the child's weight on admission day, the desired weight at the end of treatment, and his development along the curve with each new weighing.

### Baby's bath

Because a newborn baby is unable to neither sit by himself nor hold up his head, it is recommended to soap the baby before putting him in the bath. It is better to use bare hands instead of gloves or any other bacteria trapping material. Also, bare hands provide an opportunity for massage while skin-to-skin contact reinforces the mother-child bond. It is also easier to access the baby's many skin folds with bare hands.

In general, begin with the baby's neck and armpits. If the baby's arms are folded, spread them gently. Continue on with the stomach and turn the baby onto his side by holding his shoulder in order to gently wash his back. Soap the arms, hands, legs and feet. Finish with the bottom and genitals.



Without waiting too long so as not to let the baby get cold, put one hand gently under his neck, another under his bottom and while speaking softly to reassure and encourage him, put him slowly into the water, lower body first. When his bottom is resting on the bottom of the tub, rinse him using the free hand but make sure that one hand is always supporting the neck. Make sure there is no more soap in the skin folds. It is possible to play with the water on the baby's body and to have the infant play with the water.

If he begins to cry, do not force him. It is good to try to reassure him, speak to him, sing to him, but if he really doesn't like the water, take him out of the bath. It will be better the next time.

Take the baby out of the bath in the same way he was put in; this means keeping one hand under his neck and the other under his bottom. Wrap him very quickly in a towel in order to make sure he doesn't get cold. Dry his head first and then thoroughly wipe, without rubbing, the skin folds and other difficult to reach places (fingers and toes) so that his skin will not become irritated.

For the first weeks, the bath will not last more than two or three minutes. Later on, the infant will be more comfortable and you can give him a few toys and allow him to play a little longer (always taking care that the water remains sufficiently warm). Toys must be clean and adapted to water (generally plastic).

It is imperative to stay with the baby at all times during bath time in order to avoid accidents.

In some cultures, cleaning a child is not necessarily carried out in a bath, but rather, very quickly with a little water or sometimes with a glove.

It may be necessary to instruct the mothers about the infant bath and show them proper techniques in order that the child's hygiene, comfort and security are insured.

Information sessions can be organized, using dolls to explain a mother's gestures.



Personnel members must always be present when the mothers give baths. This is to help and guide them, as well as insure the infant's safety.

To avoid

- Sponges, real bacteria trap. Washing a baby with one's hands or with a large swathe of cotton is preferable.

### Holding

Holding is used to represent the different styles of carrying an infant (in the arms, body to body, or with a device like a harness or a cloth...) but also relates to the means used to position a child in a comfortable fashion while at the same time respecting his different body parts and articulations.

Cultural variations concerning touch and skin-to-skin contact are discussed in ethnopsychological studies; for the majority of the world's countries, small children share a close proximity with their mothers during the first months and years of their lives. In Africa, because of the greater frequency of handling, physical contact and body to body games between an infant and it's mother or father or other caregivers, an African child exhibits an advanced level of psychomotor skills for the first years of its life. Asian and American children follow next.

In the indigenous cultures of South America, like the Amerindian, African, Inuit and Asian cultures, the holding of small children is a common practice. Holding of the child functions as a transition period permitting the continuation of the parent/child bond and aides the baby's emotional development while at the same time allowing the parents to tend to their daily work. Holding also means 'carry' in the larger sense of the word. Instead of 'depositing' a baby into different devices (stroller, seat, play park, etc.), it is possible for the mother to carry him with her, sharing with him her heat, her breathing rhythm and the sound of her voice.

The steady and rhythmic gestures of holding and handling create a direct link between a mother and her child. The mother can be a caring and supportive mother, a base of emotional security that reinforces the development of the first outlines of personality. Within different cultures, guidelines for 'touch' vary according to different factors such as age but also educational rites.

Touch is a fundamental sense; it unites both the individual touching and the individual being touched. Skin is a place of exchange between the body of a mother and her child; it is equally an enveloping and protective membrane.

Some benefits of holding:

- The cradling provoked by holding creates deep cellular stimulation. It favors gastro-intestinal function that permits better digestion as well as soothes colic.
- Children cry less because parents can more quickly satisfy their needs. Direct contact with the child permits the parent to better familiarize himself with the child's signals and thus making them easier to understand.
- Holding affords a greater freedom of movement. It is possible to take care of an older child or to have free hands while the younger child is both cradled and reassured by the proximity of its mother<sup>1</sup>.

Making sure the child is in a good position, whether he's sleeping or awake is essential for his comfort and development.

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<sup>1</sup> You can find interesting and illustrated information on portage methods and how to care for an infant's body in a report by Laurance Vaivre-Douret at the following link:

<http://www.psynem.necker.fr/PsychologieDeveloppementale/Dossiers/Coconou/1/index.htm>

## SUPPORT DURING FEEDING

### REMEMBER

- Breast milk is the best adapted for a child and should be his exclusive diet until around six months old.
- If a child is not fed with breast milk, he should be given therapeutic milk in a clean open cup rather than a bottle.
- Encourage mothers to feed their children with patience and love and to avoid force-feeding.
- It is essential to stress the importance of the mother-child relationship during meal times and to remind the mother to communicate and interact with her child.

### UNDERSTAND

Feeding in therapeutic centres concerns breastfeeding, and then feedings with therapeutic milk.

#### ***Breastfeeding***

First, it is important to promote exclusive breastfeeding until the child is six months old<sup>2</sup>.

Using breast milk substitutes like powdered milk or animal milk can endanger a baby's health, mostly because parents do not have the means to buy the substitute in sufficient quantities or because the water to mix them is not clean.

Practically all mothers can breast feed. Those who are afraid they cannot need



The mother is putting her hand where the child needs to put his mouth. She is disrupting feeding. She should place her hand underneath her breast to help the child but never on the areola. The child is too far away from the breast and therefore in a bad position. The mother should support the baby by bringing him closer. The mother is pinching the breast that can block her milk ducts. She can massage and compress her breast, especially at the end of a feeding, but never pinch it.

<sup>2</sup> You can find supplemental information at: <http://www.unicef.org/french/ffl/04/>

encouragement and support from the child's father, from their families, friends and other caregivers.

It is possible to help mothers by bringing them useful information on breast-feeding, how to hold the baby while he suckles or by adding a therapeutic milk during breast-feeding<sup>3</sup>.



There is something called the 'Suckling method' (see opposite photo) which permits the child to take in therapeutic milk while suckling. In this way, milk production is stimulated and the child is sufficiently fed.

If the child refuses the breast or if he is too weak and falls asleep while suckling, the 'suckling method' can also be used via a finger. The tube leading to the therapeutic milk is attached to a finger and then placed into the child's mouth.

You can find more information about this technique on Dr. Newman's info sheet at the following link: <http://perso.wanadoo.fr/ipa/sante/newman/8doigt.htm>



### Therapeutic Milk

Therapeutic milk is the basis of treatment for malnutrition. It might be hard for the beneficiaries as well as other caretakers to understand that therapeutic milk is also a medicine, that it is not only milk but a specially prepared treatment composed of the nutritious

*The child's position does not allow for an exchange between mother and child, nor does it facilitate the mother's ability to see how much the child is eating.*

<sup>3</sup> You can find interesting information in files by Dr. Newman available at the following link: <http://perso.wanadoo.fr/ipa/sante/newman/intro.htm> as well as videos and other documentation at: [www.thebirthden.com/Newman.html](http://www.thebirthden.com/Newman.html)

elements necessary for healing a malnourished infant.

It is often clear, particularly at the beginning of treatment, that mothers with malnourished babies have a disharmonious interaction with their child during feeding. They feed them mechanically, without exchanging looks, without speaking or touching with even the simplest gestures. Feeding is often accompanied by aggressive gestures like pushing, scolding and forcing the child to open its mouth by pinching its nose. Furthermore, infant malnutrition can engender a paradoxical effect like anorexia that can be very difficult for the mothers to understand and accept.

This attitude can be interpreted as a lack of interest or love. But, it is important to understand that the mother finds herself confronted with a dilemma: on the one hand her child refuses to eat, on the other, she thinks that if she doesn't make him finish all his milk he will die...she must deal with the team's instructions as well as the baby's refusal.

Mothers don't always understand the reasons behind the child's malnutrition. They can also feel guilty when certain children refuse to eat after breastfeeding stops abruptly (when the mother becomes pregnant, for example).

They can also be tired by the eight meals per day they must give the child at regular intervals including nighttime.

## PRACTICE

Better support during feeding times can help respond to an unspoken call for help from the mothers: they need to be respected, listened to, instructed, guided and eventually cared for.

It is essential to pay attention to feeding time and to get help to the mothers: Explain what therapeutic milk is because when they don't know what they're giving to



*Breastfeeding two children at the same time can be very beneficial on one hand because the flow of milk will be that much more stimulated thus promoting milk production and on the other hand because one child suckling can create milk flow to both breasts which helps the other child.*

their child, they often don't ask. They will be better involved in their child's treatment if they understand what they're giving.

- Oversee the mother and the child's hygiene, making sure that she washes her hands before feeding and explain the importance of this simple gesture.
- Promote communication during feeding: encourage the mother to speak to her child and explain the benefits of this interaction, especially in terms of stimulation.
- Help the mother if the child does not want to eat.
- Try very hard to limit 'force-feeding': forcing the child to eat by tying him up or by pinching his nose is ineffective from a therapeutic point of view because most often the infant vomits everything he has eaten. Furthermore, this is a traumatizing experience for the child and risks damaging the bond between him and his mother. Finally, this behavior can have an important effect on the relationship the child will later have with food. This creates a negative relationship from the beginning that thus becomes imperative to improve (meal times should be pleasurable moments at all times).

Phase monitors, organizers and social animators must be present during meal times in order to offer the best support to mothers through care and guidance of their actions and behavior.

It is vital that someone stays on an individual basis with a mother during her first feeding.

It is necessary to guide the mothers and to be particularly attentive to those who are having trouble. If one mother is not capable of feeding her child, it may be a good idea to separate her from the others and give her some advice on holding and how to encourage the child to eat and how to stimulate him. If the child refuses to eat, someone else can try as well. If the child continues to refuse and is older than 12 months he can be given plumpy nut'.

A staff member must always remain with a mother while the child is being fed with the 'suckling method'.

Feeding times for older beneficiaries may also be difficult. Adults and adolescents are forced to drink a substantial amount of milk every 2 to 3 hours. It is vital to be present at these times in order to help make them

as agreeable as possible and to make sure never to treat them like children. These individuals need to be treated like adults as their self-confidence has most likely been damaged by malnutrition. They must be treated with respect and given appropriate activities during the meals.

## BABY MASSAGE

### Remember

- Massage stimulates a baby's physical and psychological development.
- A baby's sense of touch is completely developed.
- Massage can help both mother and father become more sensitive, respond better to their baby's needs and help them grow closer to their child.

### Understand

Touch and massage are necessary tools for contact, for relationship building and communication; tools that help create and structure the development and psychosomatic equilibrium of a child. The powers of the hand are vast. Hands can soothe, reassure, massage, love, construct, heal and understand (and also hit...)



Children who have been greatly deprived of safe physical contact at the beginning of their life generally have more difficulty adapting and communicating. Massage stimulates the nervous system, the oxygenation and circulation of blood and energy, regulates breathing and aides skeletal development. It promotes endorphin production, strengthens the immune system, as well as regulates sleep, appetite and digestive functions.

Above all, a newborn baby needs contact with its mother and father, with hands, with skin, smells, voice and breath. It is through these simple activities that a baby will feel loved, respected and reassured.



Touching through massage is a privileged means of communicating and being in intimate contact with a baby. It favors and reinforces the parent-child bond and promotes the development of body consciousness and intelligence while stimulating, strengthening and regulating the following systems: nervous, circulatory, respiratory, gastro-intestinal, muscular and immune. Massage helps soothe stress caused by crying, colic and sleeplessness...

Massage stimulates a baby's physical and psychological development. Here are some more details:

- It promotes a baby's physical relaxation by calming the nervous system.
- It helps awaken a baby's intellect and senses.
- Massage promotes a more deep and peaceful sleep, thus regulating sleep problems. It reduces stress at bedtime.
- It helps digestion and improves eliminatory problems like diarrhea or constipation. Massage can soothe colic.
- It promotes an understanding, integration and representation of the body image.
- Massage helps keep a baby flexible and strong.
- It promotes joint flexibility and muscular elasticity.
- It stimulates the immune system and the efficiency of nutrition.
- It helps create a strong and special bond between the baby and the person giving the massage.
- Anyone can be involved in the child's care (mother, father, grandparents, health care professionals...).

### Practice



Massage must generate mutual pleasure. In cases where the child is in pain (upset stomach for example) and when the mother is afraid to hurt him, a simple placement of the hands on the child's body can be enough to create an effective and reassuring contact. Little by little, self-confidence and mutual trust will permit a more deep massage.

In the case of a malnourished child (notably in Phase I), make sure not to press on the oedemas or to massage too strongly, but instead simply touch with the hands. Slowly, but always carefully, you can massage the child's less painful parts (face, hands, legs...) before massaging the entire body.

It is important to make sure that the room where the massage will take place is sufficiently heated. Not only will the child feel better, but a too-cold room can induce illness.

*Some simple movements for infant massage:*

Legs: rub the interior of each leg from groin to ankle, using the inside of the hand between the thumb (thumb down) and the index finger. This releases tension in the legs and promotes blood circulation toward the feet. Next, lift one leg up without lifting the baby's body and encircle it with both hands, like making a bracelet. Make a gentle 'turning-unturning motion' to relax the depth of the muscle.



Feet: foot massage is beneficial for the entire body because the foot is so loaded with nerve endings. Glide one thumb after another along the sole of the foot, from the heel toward the toes; then massage each toe. Gently rub the heel and then the entire sole with both thumbs. Don't forget the top of the foot and the ankles.

After having massaged both legs and both feet, massage the baby's bottom with small circular movements.

Stomach: place the hands for a moment on the baby's stomach, then rub it by bringing one hand after the other toward you. Next glide the hands (held very flat) on each side of the stomach. With the fingertips, rub clockwise in a circular motion. A stomach massage stimulates and helps regulate the digestive system while soothing gas and constipation.



Arms: hold the wrist with one hand and using the other, massage the arm from shoulder to wrist with the palm held toward you. Stabilize the shoulder so the baby doesn't lift up. Like with the legs, make a gentle 'turning - untarning' gesture with both hands together, making sure not to twist the elbow.

Hands: like the feet, massage the fingers and then the underside of the hand and finally the wrist with small circular movements.

Face: glide the fingertips across the forehead from the middle out toward the temples. Then the eyebrows, always moving toward the temples. With the thumbs, slide up each side of the nose and then descend diagonally toward the cheeks. This movement helps to decongest the nose and relax the cheek muscles. Finally, with the tips of the thumbs, spread the upper lips lightly, then the lower lip, like a smile. Relax the jaw by making small circles with the fingertips.

Back: a back massage is often the most relaxing massage for the baby. Settle the infant on his stomach and then place both hands on the upper back. Move each hand back and forth, perpendicularly to the spine, toward the bottom and then back toward the shoulders. Place one hand on the baby's bottom and slide the other across the back from shoulder to bottom. Using the fingertips, cover the entire back with small circles and then with lightly spread fingers, "paint" the baby's back from shoulder to bottom.



Finish the massage with very soft movements so as to relax the baby's muscles. Make sure to choose movements adapted to the child's age and motility.

During massage it is important to talk or sing to the baby. This will help reassure him.



You can find more detailed information about how to touch and massage an infant or a newborn in Laurence Vaivre-Douret's book *La qualité de vie du nouveau-né*, published by Odile Jacob in October 2003.

## CHILD DEVELOPMENT

### REMEMBER

- Developmental phases are the same from one baby to the next (an infant will sit before being able to walk, gurgle before being able to talk, etc.)
- However, the length of each phase and the age the child will attain it are only reference points, every child develops at his own pace.
- A baby's environment and surroundings will help stimulate or slow its development.
- Being malnourished affects a child's development and behavior.

### UNDERSTAND

A baby or a young child is not a passive being but a truly interactive partner, capable of initiating and controlling (in part) his relationship with others; this varies according to developmental phases. During development, children pass successively from one phase to another once they have mastered the phase they are in.

The elements presented in this sheet provide elementary information concerning child development. They are important for anyone working with children to know. In effect, they permit an understanding of each developmental phase and thus help with adapting attitude and proposing appropriate activities while improving the child's feeling of well-being.

This information can be given during trainings to nutritional programme staff that have contact with children.

An infant begins to develop, both physically as well as cognitively, and emotionally during gestation. It's important to be aware of the impact that pregnancy has on the infant's future development.

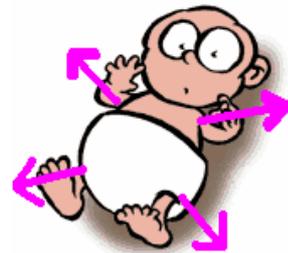
Sensory organs and the brain develop progressively during intra-uterine life. According to current scientific information, sensory stimuli influence organic and cerebral growth. Multiple sensory factors experienced in uterus have a positive influence on fetal development. The intra-uterine universe is rich: a baby hears voices, feels caresses, and tastes amniotic fluid. Thanks to this wonderful sensory potential, the mother, father, and

other family members have the opportunity to create bonds with the future baby from the beginning of the pregnancy.

The sense of touch is essential for human beings. It permits a knowledge of the contours and limits of the body, how to situate oneself in space, to know one's environment. Touch is the first sense to develop in uterus and begins around the 8<sup>th</sup> week of pregnancy. It begins normally by the mouth's contour and extends to the rest of the body by the 5<sup>th</sup> month of pregnancy. The baby floats in amniotic fluid at a temperature of 37.5. This fluid serves, among other things, as an interface between the exterior movements of the future mother and those of the child. The movements of the abdominal wall affect the baby and reciprocally, the baby's movements affect the abdominal wall. At different times during its development, a fetus will have more and more contact with the uterine wall. This contact will give the baby diverse tactile feelings.

A relationship with the mother begins before birth. (See sheet on the importance of the mother-child relationship).

Neurological development and a baby's motor skills are progressively achieved: head, trunk and then limbs. The infant begins his development by first holding up his head and then by sitting. He slowly begins to master the control of his limbs by cultivating the ability to grab objects through pinching (thumb - index).



Before being able to instruct others on a child's development it is imperative to understand this information.

A child's development brings into play different elements that work together and are interdependent:

- ❖ Motor skill development:  
development of the body in a physiological and neurological sense.
- ❖ Language development:  
Communicative and expressive capacities
- ❖ Cognitive development:

development of intellectual capacities.

❖ Emotional and social development:  
development of the personality and emotions

Developmental phases simultaneously take these four elements into consideration.

## **PRACTICE**

### ***The phases of a baby's development:***

It is imperative to be aware of the different developmental phases and to adapt attitude and expectations to the needs and capacities of the child.

The following table outlines these different phases and categorizes them according to the functions that they deal with. You will find in the sheet discussing plays and toys those most appropriate for each developmental phase.



### Child Development: 0 to 5 years

	Motor Skills	Language	Cognitive	Social and play
During Pregnancy	<ul style="list-style-type: none"> <li>• He can touch his mother's abdominal walls</li> <li>• He sucks his thumb</li> <li>• He moves and matches his movements to those of his mother.</li> </ul>	<ul style="list-style-type: none"> <li>• He can hear music and voices, especially his mother's.</li> </ul>	<ul style="list-style-type: none"> <li>• No real intentions but instead, reflexes.</li> </ul>	<ul style="list-style-type: none"> <li>• He feels his mother's emotional state.</li> </ul>
0-3 months	<ul style="list-style-type: none"> <li>• Quasi-null global motility, always lying down.</li> <li>• Can suckle.</li> <li>• Sleeps the majority of the time.</li> <li>• Holds his head around 3 months.</li> </ul>	<ul style="list-style-type: none"> <li>• Cries or makes noise according to the state of discomfort, tension or well-being.</li> <li>• Smiling quickly signifies pleasure or relationship.</li> </ul>	<ul style="list-style-type: none"> <li>• Shies from discomfort and searches out pleasure.</li> <li>• Learns through experience and repetition</li> </ul>	<ul style="list-style-type: none"> <li>• At first, eye contact moves away quickly but then the baby begins to stare at the human face.</li> <li>• Sees 20 cm clearly.</li> <li>• The infant is dependent on his surroundings for his well-being.</li> </ul>
3-9 months	<ul style="list-style-type: none"> <li>• Can sit up.</li> <li>• Can move about by crawling.</li> <li>• Scooting.</li> <li>• Hand-finger coordination (brings objects to his mouth, manipulates blocks from one hand to the other)</li> </ul>	<ul style="list-style-type: none"> <li>• Uses his body to express needs</li> <li>• Laughs</li> <li>• Gurgles</li> </ul>		<ul style="list-style-type: none"> <li>• Smiling is selective and social.</li> <li>• Pays attention to faces, mimics and voices.</li> <li>• Exchange with mother, develops means of communication such as gurgling and imitating sounds.</li> <li>• Desires contact and mother's presence..</li> </ul>
9-18 months	<ul style="list-style-type: none"> <li>• Remains upright, at first with support (10 months)</li> <li>• Walks independently between 10 and 16 months</li> <li>• Pinching with thumb and finger</li> <li>• Slowly manipulates objects within grasp: grabs, brings toward self, looks at them, brings them to the mouth, sucks and bites them.</li> <li>• Can drink by himself</li> </ul>	<ul style="list-style-type: none"> <li>• Bi-syllabic</li> <li>• Beginning of the first words.</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to understand the constancy of objects around 10 months.</li> <li>• Begins to take interest in details</li> <li>• Is capable of imitation.</li> </ul>	<p>Relationship to mother:</p> <ul style="list-style-type: none"> <li>• Is Anxious when separated from her.</li> <li>• Conscious of the pleasure he has when near her, he looks constantly for her presence. He recognizes her and distinguishes her from others. He wants to continue all two-person games.</li> <li>• Just after 8 or 9 months, a baby can express worry regarding an unknown person.</li> <li>• Can begin to play alone</li> <li>• Often has a favorite or transitional item (blankie).</li> </ul>

	Motor Skills	Language	Cognitive	Social and play
18-36 months	<ul style="list-style-type: none"> <li>• Can go up and down stairs</li> <li>• Begins to run</li> <li>• Arm gestures are precise and oriented</li> <li>• Can stand on one foot to reach an object.</li> <li>• Begins to draw</li> <li>• Likes to push, pull, fit things together, fill up, put together, and separate.</li> <li>• Can catch a ball and throw it.</li> </ul>	<ul style="list-style-type: none"> <li>• Moves from words to first phrases.</li> <li>• Can say no between 18 months and 2 years.</li> <li>• Has a vocabulary between 100 and 300 words.</li> <li>• Varies the means of communication: drawing, language, and imitation.</li> <li>* Capable of expressing emotion (mistrust, regret, shame, anger, curiosity, joy.)</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to have a mental representation of his surroundings (symbolism).</li> <li>• Capable of abstraction (to refer to an absent object/person).</li> <li>• Begins to take opposition and assert autonomy.</li> <li>• Opposition and imitation serve as means of identification.</li> <li>• Begins to test limits.</li> <li>• Is interested in images.</li> </ul>	<ul style="list-style-type: none"> <li>• Exercises a need for autonomy.</li> <li>• Takes pleasure in doing things by himself.</li> <li>• While asserting his independence, he exercises his need for emotional dependence (won't go to bed at bedtime, needs bedtime rituals in place), begins to show confusion and frustration.</li> <li>• After a period of observation, he can enter into relationships with others not part of the family. Begins to play with other children, especially one child.</li> <li>• Begins symbolic play.</li> <li>• Can make believe.</li> <li>• His mother remains his consoler in times of emotional and physical pain.</li> </ul>
From 3 to 5 years	<ul style="list-style-type: none"> <li>• Likes physical activities: running, jumping, climbing...</li> <li>• Is much more precise with movements and can jump rope.</li> </ul>	<ul style="list-style-type: none"> <li>• Can speak and make complex phrases.</li> <li>• Can ask questions and respond to questions asked to him</li> </ul>	<ul style="list-style-type: none"> <li>• Develops memory and imagination (can tell stories).</li> <li>• Begins to develop own personality</li> <li>• Is more aware of his body, gender and social roles.</li> </ul>	<ul style="list-style-type: none"> <li>• Understands and follows rules</li> <li>• Likes to play with other children and have friends.</li> <li>• Capable of imitating</li> <li>• Likes stories. Uses imagination more and more for playing..</li> </ul>

**Table 2 : Phases of a child's development**

4

<sup>4</sup>For more information you may refer to Dorothy Einon's book *Apprendre en s'amusant* (Solar Famille, 1999).

### ***A child's needs:***

As he develops, a child has needs that he expresses in a simple and direct manner. In order to assure a harmonious development, the three fundamental needs of a child, excluding primary needs, are:

- A need for emotional security constructed upon the basis of autonomy and dependence directly linked to his interior being. The first constructors of this emotional security are his parents.
- A need for differentiation, identity and self-awareness that becomes established as he experiments and evolves.
- A need for exploration and enlargement of his world vision; this need becomes fulfilled once the conditions of emotional security and self-determination are well satisfied.

In detail, a child needs:

- Food, clothing, rest and housing.
- To develop his body and healthy hygiene habits.
- To feel loved.
- Health care (psychological and physical care).
- To be respected.
- To feel integrated into a group.
- The satisfaction to create.
- To feel that his conduct and efforts are accepted.
- To be encouraged.
- To be supported in his motivation to learn.
- Permanent emotional bonds (support, comfort and structure).
- To learn to think clearly and to resolve problems.
- To know how to live harmoniously with others.
- To create first friendships.
- To develop cooperative behaviors with other children and adults.
- To learn and appreciate values, rules and cultural behaviors.
- To test his first knowledge.



***To adopt a supportive attitude toward the good development of a child:***

Unicef<sup>5</sup> has outlined five essential elements for a child's proper development.

1. The care and attention that a child receives for the first 8 years of his life, particularly the first 3, are crucial and determining for his future.
2. Babies begin learning just after birth. In order to grow and develop, they need affection, attention and stimulation as well as good nutrition and appropriate health care.
3. Children must be encouraged to play and explore. It is in this way that they become enriched and develop socially, emotional, physically and intellectually.
4. Children learn behavior by imitating the behavior of those around them.
5. Parents and those who take care of children must be capable of noticing the signs signifying a slowdown of growth and development.

The following table attempts to give information on the ways in which a child develops, the actions and attitudes to take according to each developmental phase, as well as the elements that could signal a developmental problem. It is important to remember that this table offers reference points that can vary from child to child. Each child has its own developmental rhythm. According to culture and context, children develop differently in relation to stimulation and interaction with their entourage and environment.



For example, children in Afghanistan are usually wrapped until 6 or 12 months old. This can slow their development because they are unable to practice certain movements or respond to corporal stimulation during this time. This delay is usually caught up quickly.

Slow progress can be 'normal' or symptomatic of malnutrition, bad health care, lack of stimulation or a much more serious problem. On site it is important to create an institutional network or partner services capable of diagnosing and taking charge of these children.

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<sup>5</sup> You will find complimentary information regarding child development and other very interesting subjects at Unicef's site: <http://www.unicef.org/french/ffl/inex.html>

*Adapting gestures and attitudes to the age of the child and responding to it's development*

	<b>What the infant should be able to do</b>	<b>Some suggested important attitudes and gestures</b>	<b>Signs which should be looked out for</b>
1 month	<ul style="list-style-type: none"> <li>› Turn its head towards a hand caressing it's cheek</li> <li>› Bring it's two hands to its mouth</li> <li>› Turn its head if it hears voices or sounds which are familiar</li> <li>› Suckle from the breast and touch it with its hands</li> </ul>	<ul style="list-style-type: none"> <li>› Establish a physical contact and breast feed the baby within an hour of birth</li> <li>› Support the head of the baby when holding it upright</li> <li>› Regularly massage and caress the baby</li> <li>› Always handle the baby gently</li> <li>› Breastfeed it regularly.</li> <li>› Talk read and sing to the baby as often as possible</li> </ul>	<ul style="list-style-type: none"> <li>› The baby refuses or has trouble feeding from the breast</li> <li>› The baby does not move its limbs much</li> <li>› The baby reacts little or not at all to noises and bright lights</li> <li>› The baby cries for long periods for no apparent reason</li> <li>› The baby vomits and has diarrhea</li> </ul>
6 months	<ul style="list-style-type: none"> <li>› Lift the head and body when it is lying on its front</li> <li>› Grab for and hold hanging objects</li> <li>› Hold and shake objects</li> <li>› Roll onto both its sides</li> <li>› Sit up with a support</li> <li>› Explore objects with its hands and mouth</li> <li>› Start to imitate sounds and facial expressions</li> <li>› React to its name and to familiar faces</li> </ul>	<ul style="list-style-type: none"> <li>› Lie the baby down on a flat clean and safe surface so that it can move freely and grab objects</li> <li>› Prop the baby with a support or hold it up so it can see what is happening around it</li> <li>› Continue to breast feed the baby as it demands day and night and begin to introduce other foods (two meals a day between 6 and 8 months, 3 to 4 meals a day between 8 and 12 months)</li> <li>› Talk, read and sing to the baby as often as possible.</li> </ul>	<ul style="list-style-type: none"> <li>› Stiffness or difficulty in moving the limbs</li> <li>› Constant moving of the head (this could be caused by an ear infection which could lead to deafness if not treated)</li> <li>› Little or no reactions to sounds, familiar faces or the breast</li> <li>› Refusal of the breast or other foods</li> </ul>
12 months	<ul style="list-style-type: none"> <li>› Sit up without support</li> <li>› Crawl on all fours and stand by holding on to something</li> <li>› Make its first steps holding up on its own</li> <li>› Try to imitate sounds and words and respond to simple questions</li> <li>› Enjoy playing and clapping its hands</li> <li>› Repeat sounds and gestures to attract attention</li> <li>› Pick up objects using thumb and forefinger</li> <li>› Begin to hold objects like a spoon and a cup and try to eat on its own.</li> </ul>	<ul style="list-style-type: none"> <li>› Show the child objects and name them, talk to and play with the child often</li> <li>› Use mealtimes to encourage interaction with all members of the family</li> <li>› If the child develops slowly or has a physical handicap, concentrate on its abilities. Give it more stimulation and interact with it more often.</li> <li>› Do not leave the child in the same position for a number of hours</li> <li>› Make sure that the environment is as safe as possible to avoid accidents</li> <li>› Continue to breast feed the child, ensure that the child has enough food and that it eats varied family meals</li> <li>› Help the child to try to use a spoon and a cup</li> <li>› Ensure that the child has had all its vaccinations and receives the recommended supplements of oligoelements.</li> </ul>	<ul style="list-style-type: none"> <li>› The child does not make any sound when spoken to</li> <li>› The child does not look at objects that are moved</li> <li>› The child is apathetic and does not react when given attention</li> <li>› The child has no appetite or refuses to eat</li> </ul>

	What the child should be able to do	Some suggested important attitudes and gestures	Signs which should be looked out for
2 years	<ul style="list-style-type: none"> <li>› Walk climb and run</li> <li>› Point to objects or images when they are named (e.g. the nose, the eyes)</li> <li>› Pronounce several words in a row (from around 15 months)</li> <li>› Follow simple instructions</li> <li>› Draw scribbles when given a crayon or a chalk</li> <li>› Enjoy simple songs and stories</li> <li>› Imitate the behavior of others</li> <li>› Start to be able to eat unaided</li> </ul>	<ul style="list-style-type: none"> <li>› Read, sing to and play with the child</li> <li>› Teach the child to avoid dangerous objects</li> <li>› Talk to the child normally and not use baby talk</li> <li>› Continue to breast feed the child and ensure that the child has enough to eat and that it eats varied family meals</li> <li>› Encourage the child to eat without forcing it</li> <li>› Fix simple rules and make reasonable demands</li> <li>› Praise the child when it succeeds at a task.</li> </ul>	<ul style="list-style-type: none"> <li>› The child does not react when it is given attention</li> <li>› The child has difficulty balancing when it walks</li> <li>› Unexplained wounds or change in behavior, (especially if others have looked after the child)</li> <li>› The child has no appetite.</li> </ul>
3 years	<ul style="list-style-type: none"> <li>› Easily able to walk, climb, run, kick a ball and jump</li> <li>› Recognize and identify common objects and pictures of them and pointing at them</li> <li>› Make up sentences of two or three words</li> <li>› Say its name and its age</li> <li>› Identify colors</li> <li>› Understand numbers</li> <li>› Use objects to pretend</li> <li>› Eat unaided</li> <li>› Express affection.</li> </ul>	<ul style="list-style-type: none"> <li>› Read and look at books with the child and explain pictures</li> <li>› Tell the child stories and teach it nursery rhymes and songs</li> <li>› Give the child its own bowl or its own plate of food</li> <li>› Continue to encourage the child to eat, giving it as much time as necessary</li> <li>› Help the child to learn to dress, wash hands and use the toilet</li> </ul>	<ul style="list-style-type: none"> <li>› Loss of interest in playing</li> <li>› Frequent falls</li> <li>› Difficulty in handling small objects</li> <li>› Difficulty in understanding simple instructions</li> <li>› Inability to use several words when talking</li> <li>› Lack of interest in food</li> </ul>
5 years	<ul style="list-style-type: none"> <li>› Move in a coordinated way</li> <li>› Make up sentences and use many different words</li> <li>› Understand opposites (e.g. fat and thin, big and small)</li> <li>› Play with other children</li> <li>› Dress unaided</li> <li>› Answer simple questions</li> <li>› Count up between 5 and 10 objects</li> <li>› Wash hands</li> </ul>	<ul style="list-style-type: none"> <li>› Listen to the child</li> <li>› Do activities with the child regularly</li> <li>› If the child stutters, suggest to it to speak more slowly</li> <li>› Read and tell stories to the child</li> <li>› Encourage the child to play and to explore</li> </ul>	<ul style="list-style-type: none"> <li>› Watch the roles the child takes on in play with others. If the child is fearful, bad tempered or violent, it may have emotional problems or may have been victim of maltreatment</li> <li>› Loss of interest in playing.</li> </ul>

**Table 3 : adjusting gestures and attitude to the development of the child**

***Development and malnutrition***

More than half of infant deaths are related to malnutrition, which weakens the body's defenses against illness. Malnutrition is often caused by a poor diet, frequent illness and a lack of adequate care or attention given to the young child.

When a woman does not eat well during pregnancy or when her child is poorly fed in the first two years of its life, its growth and physical and mental development can be stunted. This lateness in development can never be caught up and the child will suffer for it for the rest of its life.

Children have the right to be surrounded, protected and to receive nutritious foods and basic health care, which will protect them against illness and promote their growth and development.

1. A child growing well puts on weight very quickly. The child should be weighed every month between birth and two years of age. If the child has not put on weight in two months, this means there is a problem.
2. The only food and drink a baby needs in its first six months of life is mother's milk. After six months, a baby needs a variety of other foods as a supplement to mother's milk.
3. From six months to two years of age, a child needs to eat 5 times a day, in addition to mother's milk.
4. Children need vitamin A to protect them against illness and avoid problems with vision. Vitamin A is found in a large number of fruits and vegetables, in oil, eggs, milk products, vitamin A enriched foods, mother's milk and vitamin A supplements.
5. They need foods rich in iron to protect their physical and mental abilities. The best sources of iron are liver, lean meat, fish, eggs, as well as iron enriched foods and iron supplements.
6. Iodized salt is essential to learning abilities and the prevention of slow development of the child.
7. When ill, the child should continue to eat regularly. After illness, the child needs at least one extra meal a day for at least one week.

Unicef has developed a set of questions which it is important to ask if a child is not developing as it should:

- › Is the child being fed often enough? A child should eat 3 to 5 times a day. A handicapped child may need help and more time to eat.
- › Is the child getting enough food? If the child asks for more food when it has finished eating, it should be given some.
- › Is the food the child is getting high enough in nutrients needed for growth and energy? The foods that help children to grow are meat, fish, eggs, beans, nuts, cereals and vegetables. Adding a small quantity of oil provides energy. Red palm oil or other enriched edible oils are good sources of energy.

- › Is the child refusing to eat? If the child does not seem to like a food, something else must be given instead. New foods should be introduced into the diet gradually.
- › Is the child ill ? A sick child must be encouraged to eat small portions and often. After an illness, a child needs an extra meal a day for a week. Young children need an extra feeding of mother's milk for at least a week.
- › Is the child getting enough foods rich in vitamin A to avoid getting ill ? Breast milk is rich in vitamin A. Other foods containing vitamin A include liver, eggs, dairy products, red palm oil, yellow and orange colored fruits and vegetables, as well as several green leafed vegetables. If these foods are not available in sufficient quantity, which is the case in many developing countries, a child must be given a vitamin A capsule twice a year.
- › Is the child being feed breast milk substitutes by bottle ? If the child is under 6 months old, feeding exclusively on breast milk is the best option. Between the ages of 6 and 24 months, breast milk is still the best choice as it contains several oligoelements. If the child is feed with another milk, feeding with an open topped clean cup is preferable to bottle-feeding.
- › Are the foods and water always clean? IF they are contaminated, the child will fall ill frequently. Raw foods should be washed and cooked. Cooked foods should be eaten quickly. Water should come from a drinking water supply and be kept in a clean place. Drinking water can come from a water supply that is regularly maintained, checked and chlorinated. Drinking water can also come from an Abyssinian well, a hand pump, a spring or a protected well. If water has been drawn from a lake, a river, a well or a reservoir, it is advisable to boil it.
- › Are stools thrown into latrines or buried ? If this is not the case, the child can have worms and frequently fall ill. A child with worms needs worm treatment medicines.
- › Is the child often left alone or left in the care of an older child ? If this is the case, the young child will need more stimulation and attention from adults, particularly at meal times.

It is also very important to question whether there are sufficient positive and effective stimulants for the child, as their absence or lack of quality can have a significant impact on the child's eating habits!

Severe malnutrition can often cause a regression in relation to skills acquired (for example a child who was able to walk a little may no longer be able to walk at all). This effect must be taken into account on first admission, as severe malnutrition can directly affect a child's abilities. During treatment,

individual stimulation of the child suffering from severe malnutrition will at least limit the lateness in development that can result.

## THE IMPORTANCE OF THE MOTHER-CHILD RELATIONSHIP

### **Remember**

- Parenting skills are not innate: Parenthood is not a given state but a learning process that develops through experience and the parent child relationship.
- The relationship between the mother and child begins before birth: there is already much interaction during pregnancy.
- These interactions include exchanges that are made in two directions: from the parent to the child and from the child to the parent.
- Newborn babies have the ability to be active participants and can react to their surroundings.

### **Understand**

The parenthood process is a crucial element of the mother/child relationship. We are not born parents, we become parents. It's a process that's built up gradually through interactions with the child.

Several factors can influence the process:

- ❖ The state of the child, the appearance, health, behavior, personality and character of the child...
- ❖ The mother's state of health as well as the relationship she had with her parents as a child.
- ❖ The availability of the mother and the emotional security of the mother and the family group, elements linked with material living conditions, to the richness of the relational network (where the father has a central role), the mother's psychological state, on which recent or past events could have had a traumatic effect (death, separation, violence...).
- ❖ Culture and beliefs: what the child, its abilities and needs represent to the parents varies from one culture to another, and can have an impact on their relationship with the child. Furthermore the culture and context also have an influence on the parental role, the child's place in the family, on what is appropriate within relationships and on authority.

The mother's relationship with the child is the most important and their communications are essential to the child's development.

The mother-child relationship begins during pregnancy. Whilst pregnant, the mother feels the child moving, she can recognize the different parts of the body and the position of the child by feeling her belly, she can feel the impact her actions have on the attitude of her child...

## The importance of the mother-child relationship

The child itself can hear and physically feel the mother's heartbeat, hear her voice, and is effected by her emotional state.

There is a veritable osmosis between mother and child during this whole period, an interaction that becomes more and more important as the end of the term approaches. This intra-uterine relationship is exclusive and effects the future development of the child, particularly its emotional development.

When it is born, a child needs to become conscious of it's body in terms of it's entirety, it's limits, it's internal and external self, sense of self-pride, gender, motricity. All this can be done by stimulating the senses through touch, gestures, sensorial contact, performed by the parent or by a substitute parent or caretaker. Without this child will be deprived within the "spinal cord of its identity".<sup>6</sup>

Play sessions encourage interaction and are the best support for exchanges between mother and child.



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The interactions : These are defined as ways in which the behavior and attitude of the child and that of the mother come into line with one another.

Their modality changes with the age of the child. For example babies need more visual and physical interactions with the mother, whilst older children will require more verbal interaction.

This varies however from one culture to another. For example physical interactions are much richer in some Asian countries where infant massage is common.

We can distinguish different types of interactions:

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<sup>6</sup> Lemay M. (1979) *J'ai mal à ma mère*. Fleurus, Paris.

## The importance of the mother-child relationship

❖ Visual interactions. These are particularly important during the first months of life. During this period the mother and child have a bonding relationship. For the mother, visual contact with the child is gratifying, gives a sense of worth, and induces her first feelings of love towards the child. Visual interactions give the child a sense of security. Visual contact and looks from its mother gives the child a reference point and will help its development.

❖ Verbal interactions: When it cries the baby provokes an interaction that requires the mother's presence.

These interactions begin the moment the baby is born as the mother talks to the child, and even before it is born. The child recognizes its mother's voice, reacts to it and is reassured by it.

How a mother reacts to her baby's cries can be an indication of how she feels about her abilities as a mother, her fears, and the type of relationship she has with her child. She could in some cases have doubts about her abilities, feel aggressive or have feelings of despair. How the mother interprets her child's cries is very important to its development.

As the child grows it begins to use language and can verbally express emotions, fears and joys. Interactions between mother and child take on a new dimension, and they are still just as important. Explanations provided by the mother, her answers to questions asked by the child, the tone she uses in talking to the child all have an influence on the child's development.

It is again important to underline the fact that these interactions vary from one context to another. The spoken word is more used in some cultures than in other. In some cultures other methods of communication are used. It is essential to take these factors into account when interpreting observations. If language is not the prevalent method of communication in some cultures, it remains an important factor in the child's development and the mother should be encouraged to talk to and communicate with the child.

❖ Physical interactions and touch: within the group of physical interactions attention is paid to the way in which the child is held, supported, carried by the mother, and how it responds. Skin to skin contact is very important. These can be caresses, tickles or kisses.

Appropriate responses from the mother to the child's attempts to communicate (whether it be responses to cries, smiles or visual contact) help the child to discover its inner self, giving it a sense that it is creating its world, and that it exists within this world. Primary maternal care will help develop its basic sense of security, the *holding* (psychological and physical carrying) and the *handling* (manipulation, wrapping of the baby) and the way in which the world is

presented to it, adapted to its abilities (cf Winnicott : the baby and his mother; eds Payot, 1992).

❖ Emotional interactions : these are characterized by the mutual influence of the emotional life of the child and that of the mothers.

A newborn baby already has the capacity to communicate emotions and feelings, and interactions with the mother are immediate on birth. The first few days after birth are a sensitive period in which the mother is ideally disposed to create a bond with her baby. This communication is primordial and will effect the entire future psychological development of the child.<sup>7</sup>

The newborn baby is particularly dependent and has the greatest need for its mother and her attention. A sick child can regress and be more vulnerable and therefore need these emotional interactions all the more.

They are expressed through simple gestures and a general attitude by the mother, which aim to comfort and reassure the child.

❖ Fantasy and imaginary interactions: the fantasy and imaginary life of the parents is very linked to their emotional life, but it is also deeply linked to their history and to their own parental images. The baby's fantasy and imaginary life is gradually built up from that of its parent's.

These interactions can be expressed during symbolic play. For example it is possible to bring out certain emotions through playing with dolls : the child can play out emotions it experiences or would like to experience through symbolic personalities that it creates with dolls. This type of play can be used to reveal some problems the child may have generally or in its relationship with its mother. Symbolic play can be used to resolve conflicts, but also to compensate for needs that have not been satisfied, for role reversal (obedience/authority), and for the release and growth of the self.

To encourage a balanced emotional development, it is important to promote:

- Presence and emotional attention of the adult.
- Flexibility in the responses of the adult.
- Stability, continuity and coherence over time.

The context in which the mother-child relationship is set plays a determining role in this relationship and therefore in the child's development. The context may be affected by various factors such as anxieties the mother experiences, the moving of the family home, loss of belongings or persons, the material and psychological consequences of crisis situations, all of which can

<sup>7</sup> Riveros-Delannoy S. (2004) l'accompagnement de la dyade mère-enfant, Centre régional de formation de la petite enfance, Lille.

## The importance of the mother-child relationship

interfere with the mother-child relationship. A mother who is preoccupied with often-vital priorities will be less available to respond to the needs of the child.

When a family is faced with a loss of resources and the mother must travel far to access water, food or firewood, while she is also tired from malnutrition, or even when she has lost her husband and finds herself alone to cope with the family's needs, the relationship between mother and child can deteriorate. The context has a more or less direct effect on the child's development, whether it be motor skills, psychological or emotional, the relationship with it's mother and in consequence relationships with others.

### Practice

Mother-child interactive behaviors are a contributing factor to the child sense of security enabling it to participate in and explore the outside world, to play with others, to gain independence. When the bond the child has developed with it's mother through such interactions is a strong one, the child sees it's mother as a secure base, from which it can confront and be active in the surrounding environment

These interactions can be observed during mother-child play sessions.



The mother-child relationship can be

encouraged in feeding centers by the actions of all staff members at various stages:

- during daily care by raising awareness of micro interactions,
- during medical examinations by describing the child developments,
- during meal times by supporting the mother and encouraging the exchange of visual contacts...

To this end, observations tables can be drawn up to record the strong points and weak points in the relationship between the mother and child.

Using these observations and interpretations of them it is possible to elaborate a plan of action to respond to issues where the mother and child are having difficulties, working together to reinforce strong points and improve the weak points.

## **The importance of the mother-child relationship**

The table below gives an example of how interactions can be observed. The points shown can be adjusted according to the age of the child and the context. In all cases, it is essential to work with the interpretations of observations made, and on actions plans that are elaborated from these interpretations.

## The importance of the mother-child relationship

INTERACTIONS BETWEEN MOTHER AND CHILD				
Date :	Name of the child:	Name of the mother/caretaker:		
<b>I. CODES</b>	<b>II.</b> ◇ = OFTEN OR CONSTANT	<b>III.</b> ● = OCCASIONAL OR ABSENT	✕ = Not observed	
IV. CHILD	MOTHER			
EMOTIONAL INTERACTIONS				
<i>Smiles at its mother</i>		<i>Responds to smiles from her child</i>		
<i>Responds to smiles from its mother</i>		<i>Smiles at her child</i>		
<i>Caresses its mother</i>		<i>Caresses her child</i>		
<i>Seeks caresses from its mother</i>		<i>Seeks caresses from her child</i>		
PHYSICAL INTERACTIONS AND TOUCH				
<i>Accepts being away from its mother</i>		<i>Takes her child in her arms</i>		
<i>Seeks bodily contact</i>		<i>Encourages her child not to cling to her</i>		
<i>Uses touch to explore</i>		<i>Stimulates her child's sense of touch</i>		
<i>Is active, moves and moves around...</i>		<i>Encourages her child to be active</i>		
<i>Gives objects to its mother</i>		<i>Takes objects given to her by her child</i>		
<i>Takes objects given by its mother</i>		<i>Gives objects to her child</i>		
<i>Imitates its mothers gestures</i>		<i>Encourages her child to imitate her gestures</i>		
VERBAL INTERACTIONS				
<i>Uses its voice to communicate</i>		<i>Uses her voice to communicate</i>		
<i>Understands instructions and what is forbidden</i>		<i>Gives explanations</i>		
<i>Laughs</i>		<i>Reacts to the cries of her child</i>		
<i>Imitates and responds in echo</i>		<i>Encourages her child to imitate sounds and words</i>		
VISUAL INTERACTIONS				
<i>Seeks its mother's gaze, looks at her</i>		<i>Seeks visual contact with her child</i>		
<i>Responds to its mother's gaze</i>		<i>Looks at her child</i>		
<i>Draws its mother's attention to objects</i>		<i>Draws her child's attention to objects</i>		
<i>Observes the surrounding environment</i>		<i>Encourages observation of the environment</i>		
TOTAL				
		CHILD	MOTHER	INTERACTION
EMOTIONAL INTERACTIONS	◇			
	●			
	✕			
PHYSICAL INTERACTIONS AND TOUCH	◇			
	●			
	✕			
VERBAL INTERACTIONS	◇			
	●			
	✕			
VISUAL INTERACTIONS	◇			
	●			
	✕			
TOTAL	◇			
	●			
	✕			
<i>Comments and action plan:</i>				

**Table 4: table of observations of mother-child interactions**

## **The importance of the mother-child relationship**

The best time to observe mother-child interactions is during meal times, during mother-child play session, and/or daily care routines (especially while washing the child).

You can find more information about these different parts in the corresponding notes.

## PLAYS AND TOYS

### **Remember**

- Play is essential for children's well-being and development.
- Children's rhythm must be respected, whether they are active or observer.
- Play is also a time to socialize and share.
- Play is a multifaceted activity for every situation and age.
- In a feeding centre, children need a dedicated area and an appropriate space in order to play.
- Plays and toys proposed to children must be adapted to their age and characteristics.

### **Understand**

When they play, children develop their senses, practice their movement coordination and fuel their imagination (see the fact sheet on mother and child playtime session).

Children's hands are their first toys. The first empowerment phase starts around five months. Children start to pick up things around them and explore their universe. A greater variety of plays and toys can be offered to children.

To find the right plays and toys for children, the first step is to understand them and know their needs, abilities and tastes.

The choice of toys will change according to children's age, characteristics, health, moods, etc. Mechanisms used will also vary as children develop.



ACF Mali

Regardless of their age group, children, just like adults, have needs balancing and complementing each other, as shown in Table 1<sup>8</sup>:

<b><u>Movement</u></b> : the need to move, to expend energy, to exercise the body, to get some fresh air.	<b><u>Rest</u></b> : the need to rest, to be calm.
<b><u>Security</u></b> : the need to feel safe, to be protected physically and emotionally.	<b><u>Risk</u></b> : the need to take risks in order to develop and to discover his own limits.
<b><u>Socialization</u></b> : the need to belong to a group and to contribute to its development.	<b><u>Autonomy</u></b> : the need to do things alone, to exist apart from the group.
<b><u>Imitation</u></b> : the need to copy the actions of others; learning by imitating.	<b><u>Creativity</u></b> : the need to be different, to express his own personality.
<b><u>Reality</u></b> : the need to understand events and his environment; interested in the reality surrounding him.	<b><u>Imagination</u></b> : the need to dream, to develop his imagination, to explore virtual places.
<b><u>Experience</u></b> : the need to experience a great number of physical and psychological sensations.	<b><u>Action</u></b> : the need to handle and modify things, to transform his environment.

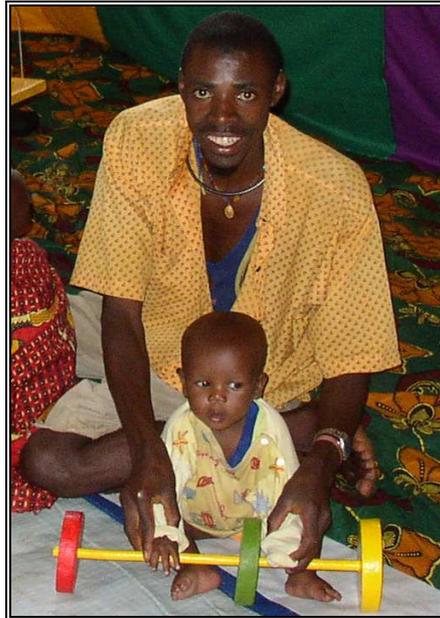
**Table 5: Children's balanced needs**

The immediate response of children to their own needs requires play and depends on the means of expression available to them. The more ways (space, time, relationships) they have to express themselves, the better their needs will be satisfied.

It is therefore important to offer children a variety of plays and activities.

In feeding centres, timetables are set around medical treatment and space is very organized. Because of malnutrition, playmates are less active and receptive, are more tired and get tired faster. On the other hand, an adult is always present with the child. It is essential to encourage children to play and to give them the desire to play, or to awaken that desire in them, by making activities more accessible, by providing toys, by ensuring free access to the play room and by setting up a playground.

<sup>8</sup> Enfants Réfugiés du Monde (2005), *Malle de jeux internationale*, Fondation de France, Paris. [A guide to set up games for children facing a crisis]



ACF Burundi

Play has several roles:

- It helps children have fun, discover the world, learn vocabulary and mechanical movements...
- It helps develop the body.
- It fosters the imagination and promotes mental development, sense of observation, thought processing, concentration...
- It helps children and adults share and interact.
- It helps children discover their own limits and abilities.

## Practice

It is important to:

- respect solitary play. To learn, children sometimes need to do things by themselves, without adult intervention, whether it is to encourage or to correct.
- promote play by providing a space to discover and not limiting toys to ready-made ones.
- follow the children's rhythms: a baby also needs time to daydream! Never forget that hyper stimulation can have a negative effect.

Activities with infant are usually done with the mother. As they get older, the children can then play by themselves with toys. Gradually, they start socializing and playing with other children.

The plays and toys must be adapted and tailored for each child and be intended for both the children, whether or not they are beneficiaries, and the adults, whether they are accompanying a child or are beneficiaries themselves.

In this section, you will find fact sheets on:

- *Toys and games selection*
- *Children group games*
- *Mother and child activities*
- *Toys to build*
- *Outdoor games*
- *Playtime for the undernourished child*
- *Basic materials needed in centres*

### **1. Selecting plays and games according to the age and characteristics of children**

The table in *Annex 1* shows a summary of children's development and provides a non-exhaustive list of toys according to children's age and playtime available.

#### *Children less than one year old:*

New born babies may seem to lack abilities; however, this is truly a misconception. The senses of hearing, smell, touch and taste are fully developed in these small human beings and they take in every precious bit of information surrounding them. A baby can see clearly up to 20 centimetres away. In the first three months, playing is a baby's means to explore and connect with the world.

In the following three months, the baby will become more active. Playing becomes easier, is more dynamic and is more enjoyable for the mother because the baby is more responsive.

Toys for infants in this age group must stimulate the senses: they should make sounds, be colourful and of various textures so infants can take them in their hands, shake them or put them in their mouth.

Example of toys: rattles, musical boxes, cloth books, rag dolls.

A playmat provides infants with a new environment to discover even though their body position changes little. The playmate allows infants to explore new sights, sounds and textures.

The playmat is interesting because it has:

- attractive and varied colours;
- different textured areas, such as soft and rough; and
- activities: such as objects to grab, to suck on and to look at, and sound effects.

In a centre, infants are often on their back. Mobiles and decorated walls attract infants' gaze and stimulate them.

### *Children from one to two years old:*

Activities are becoming more interactive. Children have an ever-increasing need to play with their mother; they seek her presence and contact.

Children of this age group are attracted to plays requiring actions, such as pulling, pushing, rolling, mounting, rocking, filling, emptying and handling.

Blocks are particularly interesting at this age, as they require intelligence and handling skills. When playing, children use three fundamental psychological processes:

- observation: forms, colors, patterns, etc.
- understanding: how to put them together, sort them, etc.
- action: put into effect what the child understood and learn through experience.

### *Children above two years old:*

Children are increasingly interested in playing and choose more autonomously. They start playing with other children; this is the beginning of playing in groups. However, the relationship with the mother is vital, and she must stay involved with the activities, whether the child is playing with her or with others.

Children are captivated by what they do, and they can focus for a longer period of time. Preferred plays for this age group are symbolic in nature (the child plays at pretending, role playing, taking someone else's place, using emotions) or are imitation plays, construction toys (that can be piled up or has parts that can be fitted into one another), puzzles, memory and skills games, etc.

## **2. Children group plays**

Around two years old, children start appreciating playing in-group with peers. When younger, children may play with others, but they are not really sharing; they are playing alone in a group. [Annex 2](#) shows examples of group activities for children organized by age groups.



### 3. Mother and child activities

They are essential. In therapeutic feeding centres, they are part of the structured and mandatory mother and child play sessions starting in the second treatment phase (which mothers are part of).

The fact sheet on mother and child play sessions explains the importance of these sessions and gives some ideas on how to organize and implement them.

Some mother and child activities can be suggested at any time in order to strengthen or restored the bond between them.

Annex 3 shows suggestions of activities that mothers can easily do with their child.

### 4. Toys to build

Most toys can be reproduced easily<sup>9</sup>. One way to get toys needed for playtime sessions or to be used at home is to organize toys building workshops. These workshops are activities in themselves: they are a means for people to learn how to build objects (toys or others) and to develop their imagination and creativity.

When caregivers build their own material, they participate in more activities and they have stronger relationships with the children. Furthermore, once at home, they can reproduce the toys and thus put to use what they have learned and achieved at the centre.

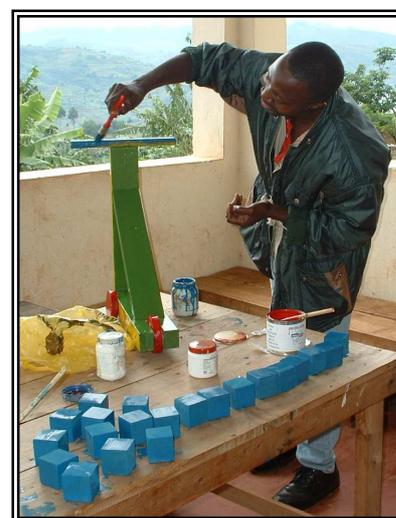
For safety reasons, a few basic rules must be followed when building toys:

Use only lead-free paint (children put these toys in their mouth, so it is important to follow this rule), avoid using nails and ensure there are no sharp edges.

If the toys are for young children, ensure small parts cannot be removed and swallowed. Wooden toys must be sanded and varnished so there are no splinters. To avoid injuries to children, the toys must be solid and

unbreakable.

Several toys can be built quite easily with simple materials. For example, fabrics for books and playmates, bottles for musical instruments, wool for dolls and finger puppets, cans for bowling games and cardboard for puzzles, dominos and memory games (see Annex 4). You can also ask people to suggest ideas for other toys.



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<sup>9</sup> You will find examples and pictures of toys to build in the PAD/NUT-PSY CD-ROM and in the book *La malle de jeux internationale* op.cit. by ERM.

## 5. Outdoor games

An outdoor play area at a centre helps children develop their motor and social skills. Equipment, such as tunnels, swings and other devices, promotes playing outside, whether alone or in a group, and forces children to be more physical than when they play inside.

It is important to consider and ensure safety when building equipment to be used outside (see [Annex 5](#)).



## 6. Play for the malnourished child

Malnutrition affects motor development, the body, needs and desires. Malnourished children are weaker, apathetic, sometimes hurting physically and may have no desire to play<sup>10</sup>. It is important to adapt activities and toys to the capacity of these children and to propose play that will stimulate their interest and foster their desire to play.

Malnutrition can have a regressing effect on children; often, children who could walk cease to do so when they are ill. Walking age children who could not walk because they were too weak will stand up quickly once the treatment starts working.

Development stages must be adapted to the children's health and malnutrition state.

## 7. Basic materials needed in centres

Each centre should have a variety of toys so all children, regardless of skills, age and taste, can have a toy that will fit and interest them. Centres should also have toys in sufficient quantities so children can change toys when they want. [Annex 6](#) gives categories of toys that centres should have for children of various abilities and thus be able to propose toys that will fit children's development and tastes.

Also, [Annex 7](#) gives a list of toys necessary in a centre for 50 children.

Centres must also have basic materials at hand in order to create simple objects and toys, such as lead-free paint, a few tools, fabrics, threads, needles and wool.

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<sup>10</sup> You will find more details in [inforout 8](#).

***Annex 1 :Applying child developmental stages in the choice of toys and play***

	Motor	Language	Cognitive	Social and games	Type of toy	Possible Activities
0-3 months	<ul style="list-style-type: none"> <li>• <i>global motricity nil, remains lying down</i></li> <li>• <i>Can suck</i></li> <li>• <i>Sees clearly at 20 cm</i></li> <li>• <i>Sleeps most of the time</i></li> <li>• <i>Holds head up around 3 months</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Cries or makes noise based on the degree of discomfort, tension or well-being.</i></li> <li>• <i>Smiling begins to indicate pleasure and beginning of communication</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>No real intentions, just reflexes</i></li> <li>• <i>Avoids displeasure and seeks pleasure</i></li> <li>• <i>Learns from experience and repetition</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Early on, his attention goes to the human face, for short periods then for longer periods.</i></li> <li>• <i>The child is dependent on the people around him to provide his wellbeing.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Music boxes</i></li> <li>- <i>Mobiles</i></li> <li>- <i>Play mats</i></li> <li>- <i>Rattles</i></li> <li>- <i>Stuffed animals or dolls</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Sensorial and motor arousal activities</i></li> <li>- <i>Fine motor activity</i></li> <li>- <i>Feeling games</i></li> <li>- <i>Face to face funny faces</i></li> <li>- <i>Massage</i></li> </ul>
3-9 months	<ul style="list-style-type: none"> <li>• <i>Sits up</i></li> <li>• <i>Can move around by crawling</i></li> <li>• <i>Scotting</i></li> <li>• <i>Digital palmar prehension (brings object to mouth, handles blocks from one hand to other)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Uses body to express needs</i></li> <li>• <i>Laughing</i></li> <li>• <i>Babbling</i></li> </ul>		<ul style="list-style-type: none"> <li>• <i>Smile becomes social and selective.</i></li> <li>• <i>Attentive to faces, mimics and voices.</i></li> <li>• <i>Exchanges with mother, develops means of communication such as lallation and by mutual reproduction of sounds.</i></li> <li>• <i>Desires maternal presence and contact.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Play rugs</i></li> <li>- <i>Baby gyms</i></li> <li>- <i>Activity Tables</i></li> <li>- <i>Balls and balloons</i></li> <li>- <i>Stacking toys (cubes, legos)</i></li> <li>- <i>Stuffed animals</i></li> <li>- <i>Cardboard or fabric books</i></li> <li>- <i>telephones, dinette sets, doctor sets</i></li> <li>- <i>Dolls and baby dolls</i></li> <li>- <i>Push or pull toys</i></li> <li>- <i>Toy cars</i></li> <li>- <i>Big markers or paints</i></li> <li>- <i>Easy puzzles</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Hand play (fine motor skills) : building towers, fitting legos...</i></li> <li>- <i>Gross motor skills: pulling a wagon, pushing a stroller...</i></li> <li>- <i>Mimicking games</i></li> <li>- <i>Imagination activities (reading stories, puppets,)</i></li> <li>- <i>Symbolic plays (dolls)</i></li> </ul>
9-18 months	<ul style="list-style-type: none"> <li>• <i>Stands, first with support, (10 months)</i></li> <li>• <i>Walks independently between 10 and 16 months</i></li> <li>• <i>Tip pinch</i></li> <li>• <i>Longer play with objects in front of him: grabs them, holds them close to him, looks at them, brings them to his mouth, sucks on them, bites them.</i></li> <li>• <i>Can drink on his own</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>First words</i></li> <li>• <i>Bi-syllabic words</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Begins to understand object permanence around 10 months.</i></li> <li>• <i>Begins to become interested in details.</i></li> <li>• <i>Can now imitate.</i></li> </ul>	<p><b>Relationship to mother:</b></p> <ul style="list-style-type: none"> <li>• <i>Anxious when separated from his mother.</i></li> <li>• <i>Aware of the pleasure his mother provides; he strongly desires her presence. He knows her and distinguishes her from others. Would like to always play games with her.</i></li> </ul> <ul style="list-style-type: none"> <li>• <i>Around 8-9 months, can become worried around strangers.</i></li> <li>• <i>Can play alone.</i></li> </ul>		

## The importance of the mother-child relationship

	Motor	Language	Cognitive	Social and games	Types of toys	Possible Activities
18 –36 months	<ul style="list-style-type: none"> <li>• Can go up and down one stair</li> <li>• Begins to run</li> <li>• Movements of upper members become precise and directed.</li> <li>• Can stand on one foot to grab an object.</li> <li>• May begin to draw.</li> <li>• Likes to push, pull, stack, fill, assemble, and separate.</li> <li>• Interested by images.</li> <li>• Begins symbolic play.</li> <li>• Can pretend</li> <li>• Often has a favorite object or transitional toy (teddy bear), blankie).</li> <li>• Can catch a ball and throw it again.</li> </ul>	<ul style="list-style-type: none"> <li>• Begins making sentences.</li> <li>• Can say no between 18 months and 2 years.</li> <li>• Has a vocabulary from 100 to 300 words.</li> <li>• Varies means of communication: drawing, language, and imitation.</li> <li>• Can express feelings (distrust, sadness, shame, anger)</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to build a mental representation of his environment (symbolism).</li> <li>• Can think in an abstract manner (refer to an object not present)</li> <li>• Demonstrates opposition and develops independence.</li> <li>• Opposition and imitation are ways of identifying himself.</li> <li>• Begins to test limits.</li> </ul>	<ul style="list-style-type: none"> <li>• Exercises need for independence.</li> <li>• Enjoys doing new things independently.</li> <li>• All the while searching for independence, exercises need for emotional dependence (reluctance to go to sleep, the need for bedtime rituals), manifests dismay and frustration.</li> <li>• Begins to socialize (after a period of observation) with other people outside of family). Begins to play with other children, especially one child.</li> <li>• Mother can still console when unhappy and for hygienic care</li> </ul>	<ul style="list-style-type: none"> <li>- Stacking toys</li> <li>- Dolls, baby dolls</li> <li>- Cars and trains</li> <li>- Building games</li> <li>-Markers and paint</li> <li>- Puzzles</li> <li>- Dinettes, doctor sets, telephones</li> <li>- Books</li> <li>- Balls</li> <li>- Play figures</li> <li>- Bowling pins</li> </ul>	<ul style="list-style-type: none"> <li>- Handling activities</li> <li>-Symbolic activities (dolls, toy figures)</li> <li>- Imitations</li> <li>- Dexterity activities</li> <li>Beginning of group activities</li> <li>Motor activities</li> <li>Creative activities</li> </ul>
From 3 to 5 years	<ul style="list-style-type: none"> <li>• Likes physical activities: running, jumping, and climbing...</li> <li>• More precise movements and can jump rope.</li> </ul>	<ul style="list-style-type: none"> <li>• Can talk and build sentences.</li> <li>• Can ask questions and answer questions asked of him.</li> </ul>	<ul style="list-style-type: none"> <li>• Developing memory, imagination (can tell stories).</li> <li>• Begins to develop own personality.</li> <li>• Is more aware of body, of gender and social roles.</li> </ul>	<ul style="list-style-type: none"> <li>• Understands and respects rules.</li> <li>• Likes to play with other children and to have friends</li> <li>• Can imitate</li> <li>• Likes stories. Uses more and more imagination in play.</li> </ul>	<ul style="list-style-type: none"> <li>-Games with rules, board games</li> <li>- Dolls, play figures</li> <li>- Cars</li> <li>- Doctor sets, dinette sets</li> <li>- Chalk boards</li> <li>- Train sets, car sets</li> <li>- Books</li> <li>- Dress up</li> <li>- Dominoes and memory games</li> </ul>	<ul style="list-style-type: none"> <li>- Memorization activities</li> <li>-Group games</li> <li>- Hand play</li> <li>- Symbolic activities</li> <li>-Outside Play</li> <li>- Imitations</li> <li>- Creative and imaginative activities</li> </ul>

**Table 6: choosing play and activities according to the child's development level**

### Annex 2: Examples of play for groups of children

*Play for very small children most often takes place with the mother. As the child grows, he/she is gradually able to play alone. He/she begins to socialize and to begin to play with other children.*

*The games proposed here are examples of activities that can be proposed to small groups of children, according to age.*



#### **Frog Hopping**

*Draw a large circle on the ground (or have the children do it) that represents the frog pond, using a piece of chalk or with a stick in the sand. Draw a circle around each child. The children must remain in their own circles.*

*Pick a game leader. Gather the children around the pond, ready to hop on the signal when the leader says "into the pond". Children must hop into the circle. The last one in is eliminated.*

*On the signal "on the bank", the children must hop out of the circle representing the pond and land in their own circle. The last one in is eliminated.*

#### **Red light, green light**

*Separate the children into two teams:*

- the cars team
- the pedestrian's team.

*Pick a way to distinguish pedestrians from cars (for example, have the cars wear hats). Designate a leader for the game. The leader will use a disk with red and green sides to imitate a traffic light (this can be made with cardboard and paint or markers). Decide on a time limit for the game.*

*As the game begins, pedestrians and cars move about freely. When the leader holds up the red light, the cars must squat to the ground. The pedestrians then try and catch the cars, which have not hunched down to capture them. Captured cars then become pedestrians.*

*When the time is up, the team with the most members wins.*

#### **Shadows**

*Pin up a sheet in the frame of a door. Place a lamp a few meters from the door and create shadows between the light and the sheet.*

*Children can even come up with a shadow show or play. A few accessories can make this game even better. A doll can become an imaginary character.*

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### The laughing circle

*Sit the children down in a circle. Pick a game learn and decide whether play will go to the left or to the right.*

*The leader must do something "funny" to his neighbor, for example tickling his belly. No one must smile or laugh. This is the rule of the game. Those who laugh or smile are eliminated.*

*The next person then repeats the action to his neighbor and so on and so on. When the action comes back to the leader, he picks another. If the leader is eliminated, his neighbor must choose an action. The winner is the one who manages not to laugh throughout the game.*

### The orchestra conductor

*Pick a child who will go off into another room. When he is out of earshot, choose a conductor for the orchestra.*

*The orchestra directs the group. He decides which part of the body will be used to make noise, for example, hitting the knees or tapping the feet... and everyone must imitate him.*

*When the child comes back into the room, he must try to guess who the conductor is (according to a number of tries established before the game according to the number of players).*

### Watch your tail!

*The children tuck a ribbon, sock or other fabric into the back of their trousers to look like a tail.*

*On the go signal, each one must try and catch as many tails as possible all the while trying not to lose his own. When a player loses his tail, he is eliminated. The player with the most tails wins.*

### Train stop

*Pick a person to be the locomotive. Children line up behind the locomotive and imitate his moves. The leader walks in a funny manner and can change at any time (hopping, walking like a duck, jumping).*

*But careful, if the locomotive stops short and turns around, everyone must turn to stone and keep the position in which they have stopped.*

### Head in the clouds

*When the sky is blue and a little cloudy, have the kids lie down in the grass. Then have the children look at the clouds and say what they think they look like. It may be an elephant, a dog or even a monster. Have them make up a story about what they see.*

### Guided walking

*3 children minimum*

*Three children walk arm in arm but the middle child is turned around facing the other way. The children on the outside guide the child on the inside. The children start off slowly and*

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*gradually accelerate, and turn around. The game can even be played with many children in a row or using the middle child as a guide.*



### **Crazy Race**

*Create a starting line and a finish line in any manner you choose.*

*Have the children sit down on the starting line, with their legs out in front of them. On go, the children must scoot across the floor only using their rear ends.*

*The first one to the finish line wins.*

### **Kangaroo Red light Green Light**

*Here is a new way to play the old game Red Light Green Light.*

*Pick a leader.*

*Instead of running toward the leader who has his back turned, the players must hop like kangaroos. The leader says Green Light and turns around quickly.*

*The player who is not totally immobilized takes the place of the leader.*

### **The Hand Detective**

*Decide who is "it". The "it" person turns around facing a wall or a tree with one hand behind his back.*

*Each child comes up and taps or tickles his hand.*

*The person must guess who is touching his hand. If he guesses right, that person takes his place.*

### **Moving to Music**

*The children stand up. When they hear the music they have to dance around all over the place. When it stops, they must stop moving completely keeping the position in which he stopped.*

*The kids who keep moving are eliminated.*

*The music starts over and over until there is just one child who is the winner.*

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### Annex 3: Examples of Mother-Child Activities

The following table presents a few activities to put into place with the mother or (guardian) and the child. These are just examples which can be changed according to resources, situations, capabilities, and desires... What is most important is that these activities remain easy enough to do even when social animators (TFCS) are not present.

<b>Three cups</b>	Get three plastic cups (not transparent) and any small object. Place the object under a cup in front of the child. Switch the cups around. The child must pay attention and find the object under the right cup.
<b>Mysterious Sound</b>	Stand behind the child. Make some noise with an object, for example by shaking a bottle of water. The child must ask questions to find out what the object is. Answer with yes or no.
<b>Hidden object</b>	Pick an object and hide it in a towel Ask the child to say what the object is, by looking at the shape it makes in the towel, and then if he does not find it, by touching the object in the towel.
<b>Paper and basket</b>	Make a ball by wadding up old newspaper. Place a basket in the middle of the room. The object of the game is to throw the wad of paper into the basket. You can place the basket closer or farther away according to the desired level of difficulty. You can also place the basket on a table or a chair.
<b>Shadow play</b>	Pin up a sheet in the frame of a door. Place a lamp a few meters from the door and create shadows between the light and the sheet. Children can even come up with a shadow show or play. A few accessories can make this game even better. A doll can become an imaginary character.
<b>Lost and found</b>	Pick an object in the room and show it to the child. Ask the child to leave the room and place the object in a place where it is not in plain sight but not totally hidden. Ask the child to find the object.
<b>Drawing guessing game</b>	Draw something on a large piece of paper without the child seeing it. Hide parts of the drawing with other pieces of paper and ask the child to tell you what it is. Each time he answers wrong, take away one piece of paper.
<b>Building a tower</b>	With the child, make a large pile of toys or other unbreakable objects. Separate the pile in two and keep one for yourself and give the other to the child. Each person then takes turns piling up the objects to make an original looking tower and trying to make it as tall as possible. The first person to make the tower fall is the loser.
<b>Mirror Image</b>	Get on your knees so you are at eye level with the child. Explain to the child that he must be your reflection in the mirror, recreating the same movements, and faces. Tell him he will have to react quickly and faithfully to your image.
<b>Soap Bubbles</b>	Mix a bit of dish liquid with water in a bowl. Make bubbles and teach the child how to catch them, squash them on the ground, and blow bubbles. Using a straw, have the child blow into the bowl having him create a magical bunch of grapes!
<b>Open, fill and close</b>	Help the child by placing all the necessary elements for this new game in front of him. Use boxes or other containers that can be opened, closed all filled safely by the child. Try to offer a variety of opening and closing methods: shoe boxes, boxes with compartments, containers with a screw top (without danger for the child), small boxes, large boxes, boxes with small drawers, plastic containers, etc. Gather together a variety of small objects (but not so small as to be swallowed) that the child can place in the boxes. Begin by filling a box, and then the child does it on his own.
<b>What are you thinking of?</b>	Think of something. The child must find what you are thinking of by asking yes or no questions. When the child has found what you are thinking of, it is his turn to think of something.
<b>Talk, talk!</b>	At the signal, the child must talk on a subject without stopping until the next signal. Talking time can become progressively longer and you can decide on a subject in advance.
<b>Repeating words</b>	Pronounce a list of words and be sure to repeat one of them. The child must find the word that was repeated. Choose the number of words in the series according to the desired level of difficulty.
<b>Use your feet!</b>	Ask the child to do everyday things with his feet instead of his hands. Ask him, for example, to hold a pencil or pick up a small object, etc.
<b>Disappearing Cards</b>	Use 3 to 6 playing cards or other cards. Show them to the child. Then take one away and show the rest to the child again. It is his job to find the missing card.

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<b>Where does it come from?</b>	Name some objects to the child. For each one, the child will say where it comes from. For example, “the rain: the rain comes from the clouds”. Or even more complicated ideas “Jam is made from fruit and sugar. Furniture is made of wood which comes from trees”.
<b>The missing word</b>	Pronounce a sentence in which you have left out a word. For example, “you must brush.... teeth everyday”. Ask the child to mind the missing word. Then have the child think of a sentence, and it is your turn to guess the missing word.
<b>The right picture</b>	While the child is not looking, find a picture in a book. Then give him clues to find the picture you have chosen. For example, “I see a river with children swimming.” Then give the book to the child. As he flips the pages, he will look for the picture. Then you can switch roles.
<b>Drawing the shadow</b>	Place a large white sheet of paper on a wall. Direct a light at the paper and use an object to form a shadow. Draw around the shadow formed by the object. .
<b>Fingers!</b>	Show the child a number of fingers by saying the number out loud. Then hide your hand(s) behind your back and ask the child to show you the same number of fingers. Check the child’s answer by comparing his hand to yours.
<b>Interrupted song</b>	Sing a song that the child knows well and stop from time to time. The child must continue to fill in the blanks.
<b>The mysterious object</b>	Blindfold the child or ask him to close his eyes tightly. Place an everyday object in his hands and ask him to recognize using his touch. You can make this a bit harder by using less familiar objects.
<b>Get the cork!</b>	Give the child a small cup. Attach a cork (or other small object) to a string. Play cat and mouse with the cork. The child must place the cup on the cork while you move it around by pulling it around on the string. Switch roles.
<b>The unfinished song</b>	Using a common melody, think of a sentence such as, “in the house there is a room”. The child must continue with his own sentence, for example, in the room there is a closet. Continue the song back and forth until one of you runs out of ideas.
<b>...Like</b>	Think of an adjective that the child must add a word to. For example; sweet like... candy or blue like... the sky.
<b>Odd one out</b>	Think of a series of words that have something in common. Add one word that is not the same as the others (monkey, cat, and house). Ask the child to find the odd one out.
<b>The blind guard</b>	Place an object in front of the child. He must guard it without touching it or holding it. Blindfold the child and try to steal the object. The child must use his hearing to try to stop you. Switch roles as soon as you are able to steal the object from the table.
<b>Story duet</b>	Think of a sentence to begin a story. The child must find the second sentence. Continue the story by taking turns. Then have the child begin the next story. The theme for the story can be decided in advance.
<b>Whatchamacallit</b>	A very fun game! Think of an object and tell the child about it by replacing the word with “whatchamacallit”. For example, “at the market I put the whatchamacallit in my basket”. The child will then ask questions to find what the whatchamacallit is.
<b>Forbidden sound</b>	Pick a forbidden sound with the child. Taking turns each person must say a word that does not contain the forbidden sound. Each error gives a point to the opponent. Each game is played to three points. You can vary the game by forbidding a vowel or a consonant (more difficult).
<b>Sky, sea, earth</b>	Say “sky “, “sea” or “earth”, and the child must come up with the name of an animal that flies, or a land or sea animal. Then switch roles.
<b>Like words</b>	Give a list of a few words (3 or 4) that have something in common. The child must find what the words have in common. When he finds the link, change roles.
<b>The lie</b>	Tell the child three things of which one is not true. For example, “Birds have teeth”, “bicycles have wheels”, and “dogs have four paws”. Next, the child must find which sentence is untrue by asking questions. When he finds the false sentence, you can switch roles.
<b>Picture Story</b>	Choose a picture with the help of the child. From the picture, make up a story. To begin, you may want to give a name to the character, and talk about what is around him. Little by little, you will have written a story between you!
<b>Box of surprises</b>	Place various objects in a closed cardboard box in which you have made holes for hands to pass through. The child must touch the objects without removing them from the box and guess what they are. You can also try a variation of the game by placing two identical objects among others and asking the child to find the pair.

**Table 7: mother/child activities for play**

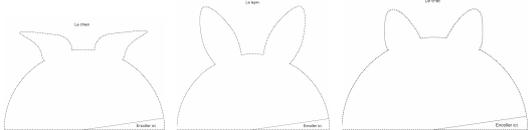
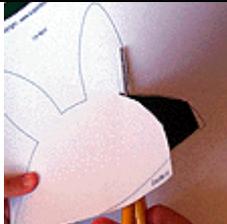
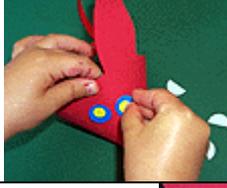
*Annex 4: Creative activities for children and caretakers*

*Several creative activities can be organized for caretakers in order to teach them to create, (dolls for example) that they can use with children in the centre and on in home visits. Other games can be organized, but as they often involve the use of such tools as scissors, which can be dangerous for children, they must be carried out with the participation of the caretaker.*

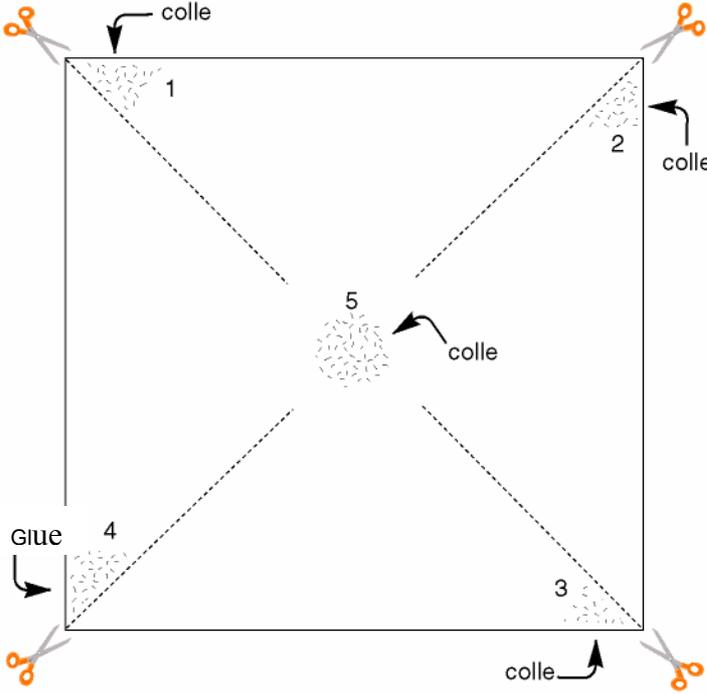
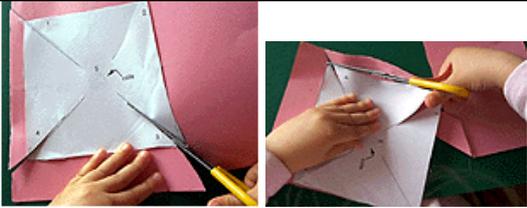
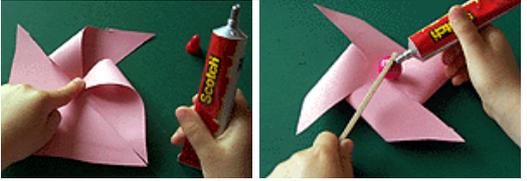
*Certain creations can be used for decorative purpose, as in the examples that follow, while others teach caretakers how to create toys that can be used by the children or with their participation.*

*No matter what they are used for, these activities contribute to the creativity of the people who make them.*

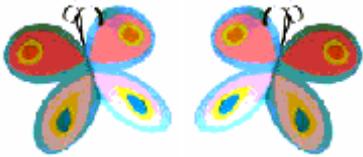
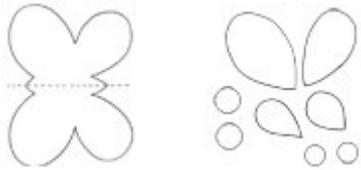
## The importance of the mother-child relationship

Surprise Animals	
	<p>Materials :</p> <ul style="list-style-type: none"> <li>- Scissors</li> <li>- Glue</li> <li>- A stapler</li> <li>- Stiff coloured card</li> <li>- Stickers</li> <li>- Wool</li> <li>- Pencil</li> </ul>
<p>1. Draw the outline of an animal on a sheet of paper (a dog, cat or rabbit)</p>	 <p>dog template      rabbit template      cat template</p>
<p>Then cut it out.</p>	
<p>2. Trace the outline of the template onto coloured card.</p>	
<p>3. Cut out the animal shapes that you have just traced. Form a cone by bringing together the two edges and gluing or stapling them together.</p>	
<p>4. Cut a small strip of paper and glue or staple it to the join at the back of the cone to form a tail. Curl the tail by pulling a scissor blade along its length.</p>	
<p>5. Decorate each head with stickers. You can also draw the eyes, nose and ears with a felt tip pen or a pencil.</p>	
<p>6. To finish each cone, staple a few short lengths of wool for whiskers.</p>	
<p>And now you have cute cones ready to receive surprises to make the party complete !</p>	

## The importance of the mother-child relationship

The Windmill	
	<p>Materials :</p> <ul style="list-style-type: none"> <li>- Stiff coloured card</li> <li>- General purpose glue</li> <li>- A wooden stick</li> <li>- A bead</li> <li>- Sticky tape</li> <li>- A pin with a spherical head*</li> <li>- Scissors</li> </ul> <p>* If you are too small to use the pin yourself, ask an adult so you don't hurt yourself. This also applies to scissors.</p>
<p>Copy the template and cut it out carefully (colle = glue)</p> 	
<p>2. Tape the template to a sheet of coloured card. Cut the diagonals by following the dotted lines. 3. Then cut out the square.</p>	
<p>4. Apply glue to the four points 1,2,3 and 4 and the centre, 5, following the template. Double over 1 onto 5, then 2 onto 1, 3 onto 2 and finally 4 onto 3. 5. In the centre, insert the pin into the 4 glued points. Turn the windmill over, thread a bead onto the pin, then fix the pin into the wooden stick; take care not to stick the windmill to the stick.</p>	
<p>The windmill is complete !</p>	

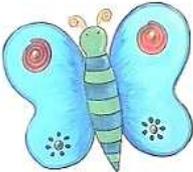
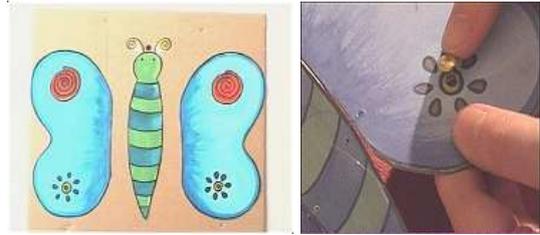
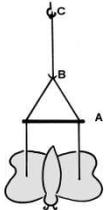
## The importance of the mother-child relationship

Butterfly	
	<p>Materials :</p> <p>Sheets of coloured paper</p> <p>Scissors</p> <p>Glue stick</p> <p>A wooden stick</p> <p>Ruler</p>
1. Copy the outline of the butterfly and shapes and cut them out.	
2. Prepare all the pieces : Butterfly	
Shapes of different sizes and colours.	
Cut a strip of black paper per butterfly and cut one end down the middle before folding the strip in half along its length.	
3. Arrange all the pieces on the table. Decorate the butterflies by gluing the shapes on top of each other.	
4. Fold the butterfly in two using a ruler as a guide.	
5. Fold back the wings of the butterfly on each side of the body.	
Apply glue between the wings of the butterfly. Glue the black antennae into the body.	
Leave to dry and fix the butterfly to a wooden stick.	

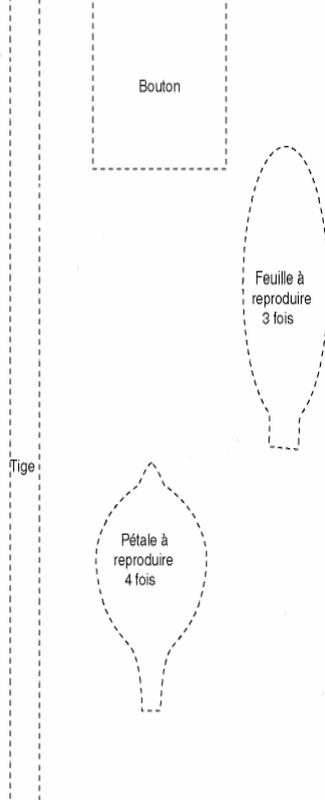
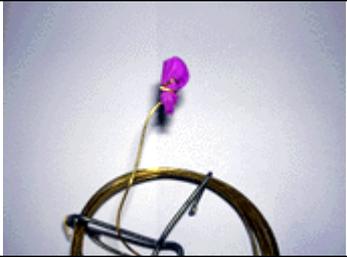
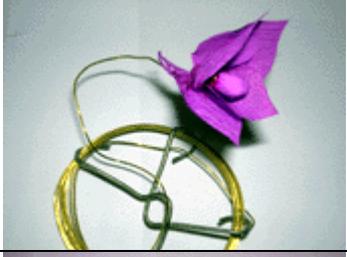
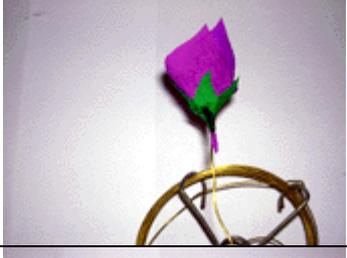
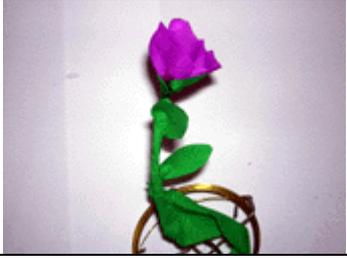
## The importance of the mother-child relationship

Butterfly mobile	
	<p>Materials :</p> <ul style="list-style-type: none"><li>Sheets of coloured paper</li><li>Scissors</li><li>Glue stick</li><li>Wooden sticks</li><li>A ruler</li></ul>
<p>1. Make several butterflies following the above instructions.</p>	
<p>2. Make a hole in the centre of each butterfly and thread a length of nylon thread through.</p> <p>3. Tie the butterflies to the wooden sticks and adjust so they hang properly from the mobile.</p>	

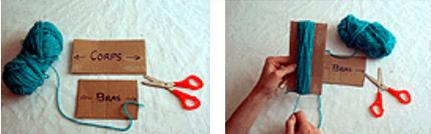
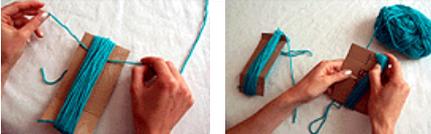
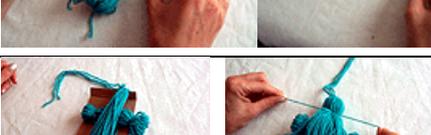
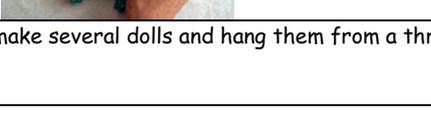
## The importance of the mother-child relationship

Single butterfly mobile	
	<p><b>Materials :</b>            Strong card, 1mm min thick (the heavier the card, the better the wings will beat).            Scissors            Pointed scissors            Stanley knife            Glue stick            Nylon or linen thread.            Stick of balsa wood (can be found in a fine art,DIY or model shop)            4 brass fasteners with a large diameter            A large bead.</p>
	<p>Copy the butterfly outline and colour it in the colours of your choice.            Cut out the wings and body following the outline of the drawing.</p>
<p>Glue the different pieces of the butterfly onto strong card. It is best to find a card that is quite heavy without being very thick (about 1mm) so you can cut it easily with scissors.            Cut out the shapes. Take care with the antennae, which are tricky to cut out, and might be done best with a Stanley knife (only by an adult). Use pointed scissors to make small cuts at the centre of the two spirals and the two flowers. Insert a brass fastener into each cut (this is just for decoration).</p>	
<p>Use pointed scissors again to make small cuts in the places indicated on the template.            Begin with the wing joints. Attach the pieces with nylon thread, tying a knot at the back. Pierce the centre of the wings and body in the same way.            Take care to pierce the card in the places indicated, to ensure the stability of your butterfly !            For the wings, tie the knot at the front and thread the nylon through to the back, leaving it quite long.            For the body, tie the knot at the back and leave the thread hanging at the front.</p>	
<p>Attach a heavy bead to the end of the thread on the body.            Take the two threads from the back of the wings and tie them to the wooden stick, cut to a length of about 15 cm. Adjust so that the two lengths of thread are at the same length, leaving another 15cm of thread free.            Lift the butterfly.            At rest, the wings of the butterfly should be aligned with the body (they should lie flat) if the butterfly leans a bit or if the wings are raised (which shouldn't be the case if the cuts have been made in the right places) you can cheat by adding little pieces of card to stabilize the wings at the back.</p>	
<p>After fixing the wings' threads to the stick (A), attach together the two free threads above the stick (B) then attach a third thread and fix it to the ceiling either with a drawing pin around which the thread can be tied, or with a picture hook. (C)            The butterfly is ready!</p>	

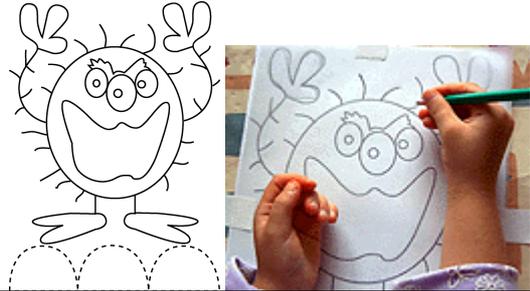
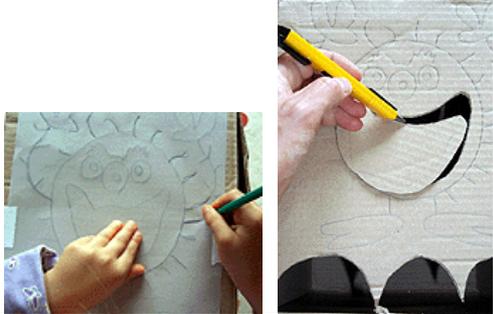
## The importance of the mother-child relationship

Bouquet of roses		
	<ul style="list-style-type: none"> <li>- Pieces of crepe paper in different colours (green and any other colours)</li> <li>- Cotton wool</li> <li>- Fine metal wire</li> <li>- Glue</li> <li>- Pencil</li> <li>- Scissors*</li> <li>- Pliers*</li> </ul> <p>* To be used by an adult, or under an adult's supervision.</p>	
<p>1) The templates 2) The stem (preparation) Cut out a length of metal wire about 20 cm long.</p>		
<p>3) The bud Trace the bud template onto crepe paper and cut out. Place a ball of cotton wool in the centre of the bud to give it volume. Fold the bud into two and bring each corner into the centre. Close the base of the bud with the end of a length of wire.</p>		
<p>4) The petals Trace the petal template 4 times onto crepe paper. Cut out the 4 petals. Apply glue to the base of each petal. Stick each petal to the base of the bud, winding the glued part around the wire.</p>		
<p>5) The sepals Trace the sepal template onto crepe paper and cut out. Apply glue to the base of the sepals. Stick the sepals to the base of the flower, winding them around the wire.</p>		
<p>6) The stem (finishing touches) Trace the leaf template four times onto crepe paper and cut out. Trace the stem template onto crepe paper and cut out. Apply glue to the stem. Stick one of the ends of the stem to the base of the flower and wind it gradually around the wire towards its bottom end. As you cover the wire, insert the leaves into the stem by the base.</p>		
<p>7) To create a bouquet. If you want to make a bouquet, repeat steps 2 to 6 for each flower. You can vary the colours for a multi-coloured bouquet or just choose your mum's favourite colour.</p>		

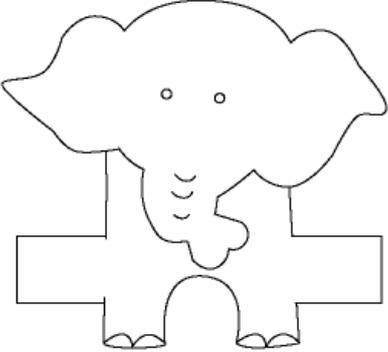
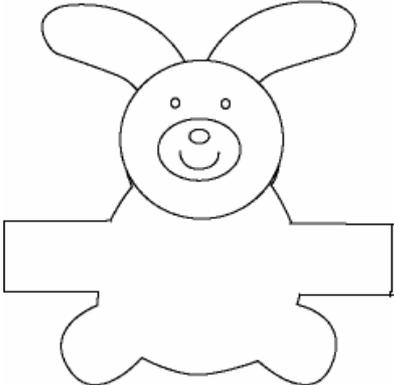
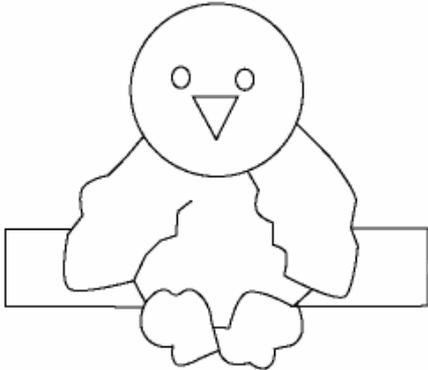
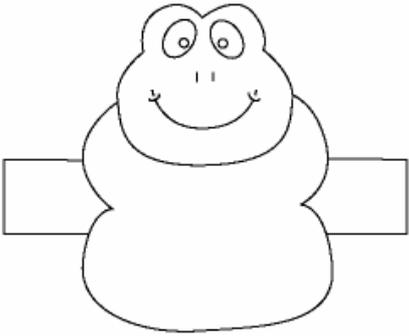
## The importance of the mother-child relationship

Wollen dolls	
	<p>Materials :</p> <ul style="list-style-type: none"> <li>- Scissors,</li> <li>- Wool,</li> <li>- Stiff card,</li> <li>- A knitting needle (to be used by an adult or under the supervision of an adult.)</li> </ul>
1. To begin, cut out 2 rectangles of stiff card, one 7cm x 16cm and the other 7cm x 12cm.	
2. Take the larger rectangle and wind the wool around its length.	
3. Once you have achieved the thickness you want for the body, thread a length of wool through the middle of the coil and tie at one end.	
4. Repeat the same process for the smaller rectangle of card to form the arms.	
5. Remove the card for the arms and tie a length of wool at about 1cm from each end to form the doll's hands. For round hands, first thread a length of wool in the middle of the coil and tie it (as for step 3). Then tie a second length of wool at about 1cm from each end. The pink doll in the illustration was made with round hands.	
6. Thread the arms into the body before removing the card.	
7. Tie a length of wool at about 2cm from the end, above the arms, to form the head.	
8. Push the arms up against the head and tie a second length of wool just underneath the arms.	
9. At this stage you have a little doll in a dress. Go to step 12 for the finishing touches. Or you can continue to make a doll in trousers.	
10. Separate the lower body into two bunches of the same thickness.	
11. For each leg, tie a length of wool to form feet at about 1cm from each end (if you want to make round feet, first thread a length of wool through the coil and tie it like in step 3. Then tie a second length of wool at about 1cm from each end.)	
12. Decorate your doll by sewing on eyes, a nose and a mouth. You can also attach a little bow..	
<p>Now you have a sweet little doll to take everywhere. You could also make several dolls and hang them from a thread to make a decorative chain. Vary the colours if you like.</p>	

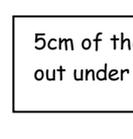
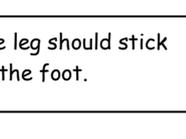
## The importance of the mother-child relationship

The ball-eating monster	
	<p><b>Materials</b></p> <ul style="list-style-type: none"> <li>- Scissors</li> <li>- All-purpose glue</li> <li>- Sticky tape</li> <li>- A cardboard box</li> <li>- A piece of cardboard (cereal box...)</li> <li>- A pencil</li> <li>- Tracing paper</li> <li>- Paint</li> <li>- Paint brushes</li> <li>- Balls (ping-pong, tennis, sponge...)</li> <li>- A Stanley knife*</li> </ul> <p>*If you are too small, ask an adult to use the Stanley knife.</p>
<p>1. To begin, draw or copy the little monster. Adjust the size to the size of the box.</p>	
<p>2. Trace the little monster onto one of the faces of the box using the tracing paper and a pencil.</p> <p>3. With the Stanley knife cut out the mouth of the little monster. At the bottom of the same face of the box, cut out three semi-circles. Make sure that the mouth and the semi-circles are bigger than the balls you are using.</p>	
<p>4. Inside the ball-eating box, position and tape a piece of card so it slopes towards the bottom where the semi-circles are, like in the photo.</p>	
<p>5. To finish off, decorate the ball-eating monster. You can make your own balls by screwing up sheets of paper and covering them with sticky tape.</p>	
<p>There you go ! Hours of fun with the little greedy monster to find out who's the champion at throwing !</p>	

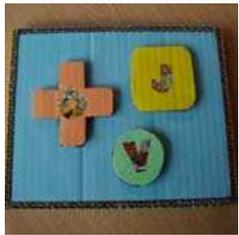
## The importance of the mother-child relationship

Finger puppets	
<p>A game to excite your fingers !</p>	<p>Materials :</p> <ul style="list-style-type: none"> <li>- White or coloured paper</li> <li>- Scissors</li> <li>- Glue</li> <li>- Felt tip pens</li> </ul>
<p>1. Draw or copy an animal like the ones here.</p>	
<p>2. Cut out the outlines and get your child to decorate them with felt tip pens or stickers. 3. Glue the tabs together at the back of the animal.</p>	
	
<p>Your child will love these animals that he can wear like rings on his fingers!</p>	

## The importance of the mother-child relationship

Mini theatre	
	<p>Materials :</p> <ul style="list-style-type: none"> <li>▪ Two cardboard boxes</li> <li>▪ Crepe paper</li> <li>▪ A pencil</li> <li>▪ A ruler</li> <li>▪ Scissors</li> <li>▪ All-purpose glue</li> <li>▪ A stapler</li> <li>▪ Gouache paint</li> <li>▪ A sponge</li> <li>▪ Sticky tape</li> <li>▪ Long wooden sticks (or chopsticks)</li> </ul>
<p>1. To start, cut out one face of one of the boxes, keeping a margin of about 5cm at each edge. Also cut out the bottom of the box.</p> <p>This box is going to be used for the castle.</p>	
<p>2. From the face of the other box cut out two rows of fortifications. The width of card under the fortifications should be higher than the margin left around the face of the first box (5 cm)</p> <p>3. Cut out two other faces of the second box. Roll them up and glue them to make two rolls that will be used for the towers.</p>	 
<p>4. Use the sponge to paint and decorate the two towers, the fortifications and the castle. It is best to choose a colour for the background that contrasts with the rest of the castle.</p>	 
<p>5. Staple the fortifications above and below the front of the castle.</p>	  
<p>6. Staple a piece of crepe paper to the bottom of the castle.</p> <p>7. Use the scissors to cut fortifications into the tops of the two towers.</p>	  
<p>8. Glue the towers to each side of the castle. Cut two long and wide strips from the card left to make the theatre's legs. Cut out two pieces of card for the feet. Cut a slit into each foot and slide them onto each leg.</p>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 10px;">  <div style="border: 1px solid black; padding: 5px; width: 150px;"> <p>5cm of the leg should stick out under the foot.</p> </div> </div> <div style="margin-bottom: 10px;">  <div style="border: 1px solid black; padding: 5px; width: 150px;"> <p>Cut down the middle of the bit of the leg that sticks out.</p> </div> </div> <div style="margin-bottom: 10px;">  <div style="border: 1px solid black; padding: 5px; width: 150px;"> <p>Staple the two legs on either side of the castle. To strengthen the legs you can staple a piece of card perpendicular to the two legs.</p> </div> </div> <div>  </div> </div>
<p>Now you have a beautiful theatre. All you need now are the puppets.</p>	

## The importance of the mother-child relationship

Shapes puzzle	
	<p><b>Materials</b></p> <ul style="list-style-type: none"> <li>▪ Corrugated cardboard</li> <li>▪ Acrylic paint in orange, blue, yellow and white.</li> <li>▪ Paint brush</li> <li>▪ Glue</li> <li>▪ Stanley knife</li> <li>▪ Ruler</li> <li>▪ Pencil</li> </ul>
<p>Whether they dislike them or become hooked, all children from 2 to 4 years old have their puzzle phase (excellent for hand-eye coordination and concentration). We're going to make three with their help !</p> <p>The puzzle is a very complete game. From the age of two, a child's intellectual and motor development creates an interest in puzzles. His or her intellectual development allows him or her to perceive the pieces of a puzzle as parts of a whole instead of as isolated, independent elements. The puzzle is a game of complete development which allows the child to put the following skills into practice :</p> <ul style="list-style-type: none"> <li>➤ abstraction</li> <li>➤ logic</li> <li>➤ observation</li> <li>➤ construction</li> <li>➤ spatial awareness</li> <li>➤ concentration</li> </ul>	
<p>For children from the age of one</p> <ol style="list-style-type: none"> <li>1 – Cut out two pieces of card with dimensions 21 cm x 16 cm. On one, trace shapes using a yoghurt pot, a juice carton and two bars of chocolate in the form of a cross.</li> <li>2 – Cut them out carefully with a Stanley knife. Don't forget they need to be able to fit into the card outlines again.</li> <li>3 – So the shapes are easily manipulated by small hands, cut out the shapes again from another piece of card and glue them one on top of the other to double the thickness.</li> <li>4 – Glue the two card bases one on top of the other.</li> <li>5 – From another piece of cardboard, cut strips against the grain of the card, of dimensions 2 x 21 cm and 2 x 16 cm with a height of 1,5 cm. Glue these onto the 2 card bases.</li> <li>6 – Now it's time to get the children to paint everything (under your careful supervision !) As the natural colour of the card is brown, first apply two coats of white paint. This will make the colours easier to see.</li> <li>7 – Paint everything. To achieve pastel shades, mix each colour with white.</li> <li>8 – Cut from a magazine a letter Y for yellow, O for orange and G for green and glue these to the corresponding shapes.</li> </ol>	

Appendix 5. examples of outside games

**THE HORSE**

Materials :

1 milk can, 50 l  
Metal rods  
Plastic discs  
Special paint for iron.

Safety instructions

Make sure the metal edges are rounded or covered by plastic, that there are no nails sticking out, that the joints are all solid, that the toy is stable and that it is fixed to the ground with metal rods that are safe and strong.



**GAMES COMPLEX :**

Materials:

Iron rods  
Large oil drum (100l)  
Chains  
Iron bridge

Safety instructions

Same instructions as for the horse. In addition, make sure that there is a safety barrier high enough for the bridge (at least one meter) and take particular care to remove any sharp metal edges.



## The importance of the mother-child relationship

ETIENNE FABRE HAS BUILT MUSICAL STRUCTURES BASED ON RECYCLED PARTS, MADE SIMPLY AND CHEAPLY, AND WHICH PRODUCE DIFFERENT NOTES. HERE ARE SOME EXAMPLES.



Strings stretched within a wooden circle to create a harp : the note produced by each string will be different according to its length.

Closed capsules containing stones are fixed to a wheel. When the wheel is turned, the capsules turn and produce sound.



Plastic tubes containing sand are sealed and fixed to a wheel. The colours, the sound made when the wheel turns, and the shapes are all stimulation for children.

### Appendix 6 : games and toys for therapeutic centres

The list of games presented here is targeted at children of ages 0 to 5.

It is important to :

- Provide games belonging to the different numbered categories so as to offer children a variety of games to practice the different skills that may be developed, to target different ages and to make sure that the child has at its disposition games that will provoke enjoyment and interest.
- Choose attractive games (bright colors, high-quality materials...)
- Make sure the games are safe, particularly for younger children (small parts can be swallowed, breakable toys can cause cuts, heavy toys are dangerous.)

#### Toys to waken the senses

These are largely for children from birth to 1 year of age. The senses can be stimulated by toys that produce sound, colored and textured toys that the child can hold, shake and explore with its mouth. Beware of toys that are too noisy or too bright, as they can tire small babies.

- Games rugs : vary materials, sounds and colors.
- Rattles and hoops : objects to hold and bite : make sure the materials are not toxic and that there are no small parts that can become detached and that could be swallowed.
- Small sponge or tissue balls : objects to catch and, later, to throw. Some have bells that can make the toy even more fun.
- Sponge or tissue cubes : objects to hold and, later, to stack. It is best to choose soft materials.
- Small vehicles : objects to hold and to move around (but take care to ensure the wheels are securely fixed).

#### Musical awareness

Different instruments can be used for children of different ages. Any object that produces sound will appeal to children, but can irritate others. They are important for the development of the child, and should always be well-made...

- Maracas
- Trumpets
- Tambourines
- Cymbals...

#### Coordination and concentration

For children from one year of age.

## The importance of the mother-child relationship

- Wooden cubes. Only when the child begins to speak will it really begin to play with cubes. Cubes are toys that will appeal to its intelligence. Using them, he or she will practice the three fundamental mental operations :
  - Observation : forms, colors, patterns...
  - Understanding : what one can and can't do with cubes, how they can be assembled, classed...
  - Action : putting what has been learnt into practice and learning by experimentation.
- Wooden shapes to stack : different shapes, colors etc that can be made into towers. Beware of heavy objects that could cause harm if they fall.
- Objects to fit together, like Lego. These help to develop coordination and precision.
- Objects to thread together : large beads in different shapes and colors, pierced through the middle, that the child can thread (the thread must be thick enough)
- Games of skill : skittles, for example (made of sponge for younger children, wooden for older children)
- Puzzles : depending on age, puzzles to fit together, fitting the missing piece into the right hole, then pieces to fit together by placing them on the base where the shapes are drawn, then pieces to fit together without any base. From the age of 2, intellectual and motor neuron development creates an interest in puzzles, lets the child perceive pieces, not as isolated, independent elements, but as parts of a whole that he or she can visualize with the help of an image, and then in his or her head. The puzzle is a game of complete development that allows the child to put its skills into practice (abstraction, logic, observation, construction, spatial awareness, concentration).

### Symbolism

Symbolic games : games where the activity or the toy refers to something beyond itself.

At around 18 months, a child can play with dolls, make them cry, walk, sleep, as if they were a real baby. The toy represents something beyond itself; it is a signifier of an imaginary world.

At around 2 years, the child can transform the function of one object by pretending that it is something else. For example, he or she may use a small stick as if it were a pencil.

From the age of 2 he or she can make symbolic combinations : by speaking to a doll and making it eat, bathing it in imaginary water and pretending it is too hot.

- Dolls

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- Puppets (interactive play)
- Figurines (social and family representation)
- Dolls to put together (representation of the body)
- Imitation games : sets that allow the child to imagine he or she is someone else (dinner sets, doctor kits, disguises or masks)
- Mirrors (for self-discovery, understanding of the make-up of the body)

### Psychomotricity

Objects that helps the child to use its body and to develop its mobility.

- Tunnels
- Cushions (on which the child can roll or fall safely)
- Balls
- Objects to push or pull (wheelbarrows, carts, prams...)

### Imagination

- Picture books : the first books can be introduced at 6 months, as long as they cannot be ripped. Some picture books are made from cloth, with different textures helping to develop the imagination, observation and sense of touch.

### Bath games :

The bath is a privileged moment. Small, floating plastic objects can be used to entertain the baby during the bath.

*A catalogue with photographs is available from the main office if you would like to order toys from Paris that you have been unable to find elsewhere.*  
*Also available are toy kits for the opening of CNTs and for courses of home treatment.*

Appendix 5. examples of outside games

**THE HORSE**

Materials :

1 milk can, 50 l  
Metal rods  
Plastic discs  
Special paint for iron.

Safety instructions

Make sure the metal edges are rounded or covered by plastic, that there are no nails sticking out, that the joints are all solid, that the toy is stable and that it is fixed to the ground with metal rods that are safe and strong.



**GAMES COMPLEX :**

Materials:

Iron rods  
Large oil drum (100l)  
Chains  
Iron bridge

Safety instructions

Same instructions as for the horse. In addition, make sure that there is a safety barrier high enough for the bridge (at least one meter) and take particular care to remove any sharp metal edges.



## The importance of the mother-child relationship

ETIENNE FABRE HAS BUILT MUSICAL STRUCTURES BASED ON RECYCLED PARTS, MADE SIMPLY AND CHEAPLY, AND WHICH PRODUCE DIFFERENT NOTES. HERE ARE SOME EXAMPLES.



Strings stretched within a wooden circle to create a harp : the note produced by each string will be different according to its length.

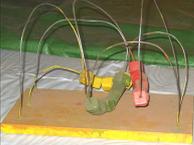
Closed capsules containing stones are fixed to a wheel. When the wheel is turned, the capsules turn and produce sound.



Plastic tubes containing sand are sealed and fixed to a wheel. The colors, the sound made when the wheel turns, and the shapes are all stimulation for children.

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### Appendix 7 : Examples of toys to have in a centre for 50 children (homemade and/or shop-bought toys)

			Musical instruments : 10 different instruments (tambourines, maracas, xylophones, recorders, trumpets...)
			Dolls : 10
			Glove puppets : 5 Finger puppets : 10
			Cardboard and wooden jigsaw puzzles, three-dimensional or interlocking: 5 different
			Cubes (foam or wood) : 2 sets of each Wooden building blocks (to stack or join together...) : 4 sets of several blocks each
			Foam or plastic balls : 15 to 20 Footballs : at least 5 Games of movement and balance (tunnels, large balls...) : 1 of each
			Kitchen play sets : 3 Sets for playing doctor : 2 Large mirror : 1
			Picture books : at least 10 Coloured crayons and felt tip pens : at least 10 packets
			Toys for pulling and pushing... : at least 2 of each Games for hand-eye coordination (skittles, threading beads...) : 4 of different types
			Play nests or mats : 3 Rattles : 15 Mobiles : 7