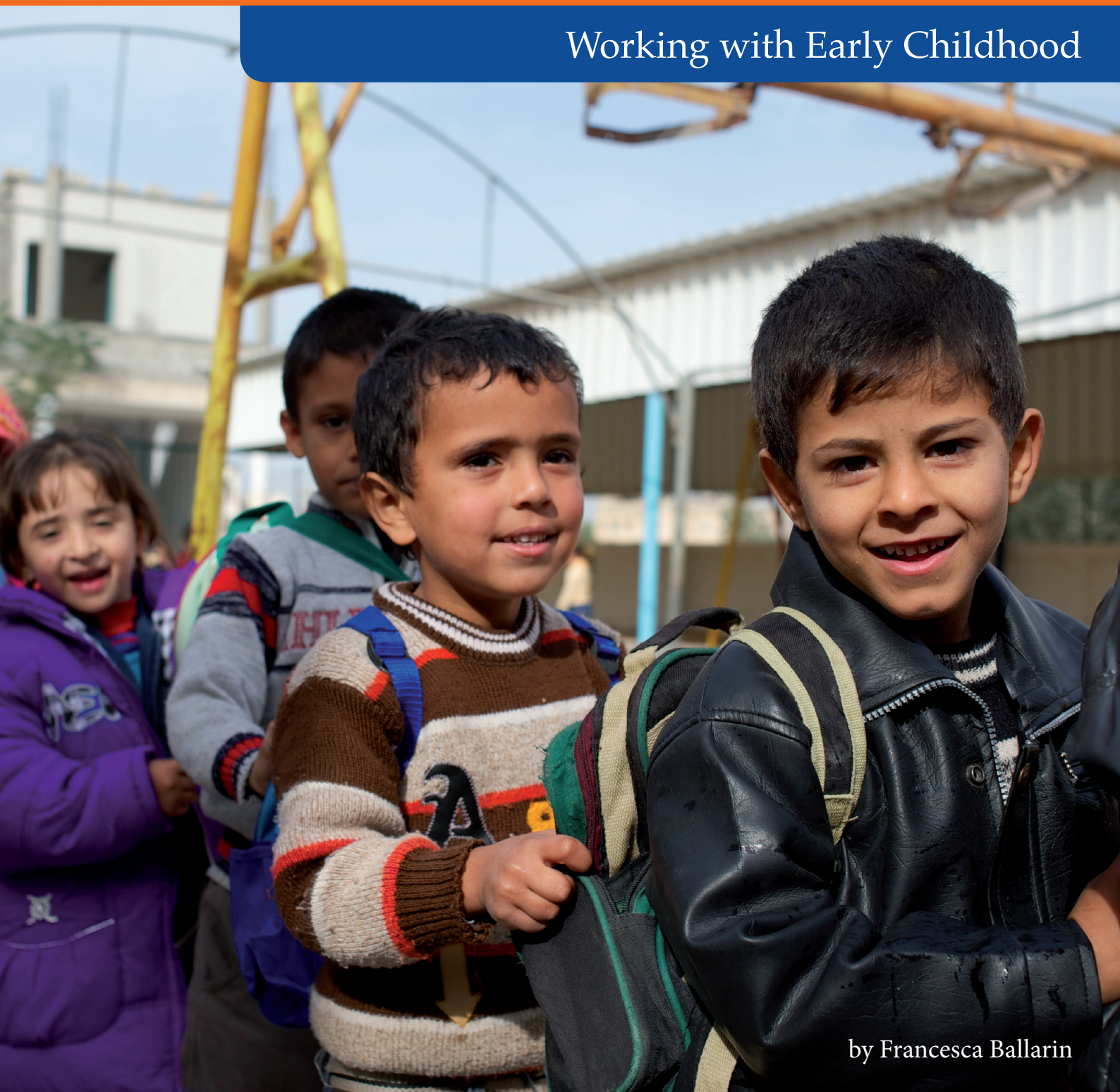


WORKING WITH PRESCHOOL CHILDREN e-Toolkit on Early Childhood

Working with Early Childhood



by Francesca Ballarin



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Terre des hommes Italia

with the support of the





Terre des hommes Italia Foundation (Tdh-It) (www.terredeshommes.it) is an international non-governmental organisation intervening in twenty-two low-income countries, irrespective of political, racial or religious considerations, in

defense of the rights of children. Tdh-It has been operating in the occupied Palestinian Territories since 2000, where it implements actions aiming at responding to a number of basic needs of children and vulnerable people in Palestinian society while promoting children's and vulnerable people's basic rights, as stated in the international conventions, namely the right to education, health and expression as well as the right to a balanced psychosocial development. Attaining these rights will empower and enable Palestinian children and vulnerable people to become active citizens in their communities.

Tdh-It implements this strategy in partnership with Palestinian NGOs, contributing to their institutional building and development by providing them with technical and financial capacities.

Tdh-It has been working since 2008 in Gaza Strip, where, in partnership with the Palestinian Medical Relief Society, it has implemented several projects in the Northern Governorate focusing on prevention and treatment of malnutrition and Iron Deficiency Anaemia. From September 2009 Tdh-It, again in partnership with PMRS, has implemented two Psychosocial Projects funded by the European Commission Humanitarian Aid & Civil Protection (ECHO) in the Southern Governorates of Gaza (Khan Younes and Rafah), where the nutritional component plays an important, yet subsidiary, role in supporting children's wellbeing. The methodology adopted during the first two phases of the action "*Psychosocial and nutritional support to preschool-age children and their siblings in Gaza Strip*", adheres to the *integrated support systems and multi-layered supports* envisaged by the IASC Guidelines on MHIPSS in Emergency Settings, giving a prominent role and importance to the caregivers in addressing children's difficult behaviours and special needs.



Palestinian Medical Relief Society (PMRS) is a grassroots, community-based Palestinian health organisation. PMRS (www.pmr.ps) was founded in 1979 by a group of Palestinian doctors and health professionals seeking to supplement the decayed and inadequate health infrastructure caused by years of Israeli military occupation. In the Gaza Strip PMRS operates with four Primary Health Care Centres (PHCs), two ambulances and two mobile clinics providing preventive and curative services to the most vulnerable members of Palestinian society, specialised women's and children's health, health education services, physiotherapy and assistive equipment to the disabled.

PMRS works for the attainment of physical, mental and social wellbeing of Palestinians. Health is viewed as an entry point for social change and community development.

PMRS has been a partner of Tdh-It since 2008.

Francesca Ballarin has worked as Early Child Development – Psychosocial Consultant for Terre des hommes Italia since 2009. She has extensive experience in developing, managing and monitoring humanitarian aid projects and programmes focussing on child protection and education. In the past thirteen years she worked in emergency and post-conflict environments in several countries, among which are Afghanistan, Jordan, Iraq, Occupied Territories of Palestine, Pakistan, Syria and Sudan. She holds a Masters Degree in Psychology with a focus on Clinical Psychology and is an INEE qualified trainer.

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Foreword

There are 1.85 billion children under fifteen years of age in the world today. Tens of millions of them live and grow in contexts of poverty, violence, war and protracted crises. Terre des hommes Italia, founded in 1994, works today in twenty-two countries where it assists and protects 100,000 of the most vulnerable. Since 1979 the Palestinian Medical Relief Society has provided medical services to Palestinian people in the West Bank and Gaza with focus on children's health.

Although humanitarian programmes target all children equally, experience shows that preschool children are the most difficult to have access to. Being too old to benefit from mother-and-child-care programmes and too young to be reached through schools, children from three to five are rarely specifically targeted.

The experience of Terre des hommes Italia and the Palestinian Medical Relief Society in Gaza presented an exceptional opportunity to work with preschool children within an Early Childhood Development approach. In an effort to share the lessons learned, as well as the working tools and methodologies, this e-Toolkit was designed to provide an overall framework and examples of strategies and tools that were found useful in addressing some of the recurring issues when dealing with preschoolers.

We hope that the e-Toolkit will prove valuable to all professionals who would like to explore how principles of Early Child Development can be translated into projects and activities that may enhance the effectiveness of programmes targeting children in complex emergencies.

Piera Redaelli
Terre des hommes Italia

Dr. Aed Yaghi
Palestinian Medical Relief Society

Acknowledgments

This e-Toolkit would not have seen the light of day without the determination of Francesca Ballarin, Terre des hommes Italia PSS Consultant, and Davide Amurri, Terre des hommes Italia Project Manager in Gaza. Both of them grasped the significance for the various actors working with children in Gaza – the Palestinian organisations and institutions as well as the international ones – of documenting the experience of two years of work with preschoolers in the Southern Governorates of Gaza.

Terre des hommes Italia very much values the perseverance and dedication of all the members of the Tdh-It/PRMS project team. Reema al Haj, the Project Coordinator, deserves a special mention for her daily indefatigable field leadership in implementing the project activities.

Finally, Terre des hommes Italia is deeply grateful to its Palestinian partner, the Palestinian Medical Relief Society in Gaza, which made the project possible, and particularly to its director, Dr. Aed Yaghi, for his continuous support and assistance.

Thanks are due also to all those who supplied the pictures for the e-toolkit, and in particular to photographer Alessio Romenzi, who documented the activities of the project.

Piera Redaelli
Terre des hommes Italia
Desk Officer for the Middle East
Senior Programmes Manager

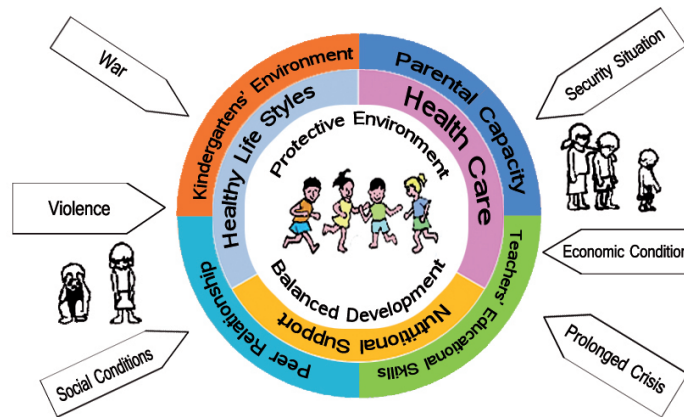
Introduction

In June 2010, together with Francesca Ballarin I was preparing the final presentation to the stakeholders of the results of the project " Psychosocial and nutritional support to preschool-age

children and their siblings in Gaza Strip.”¹

The intervention had aimed at supporting the healthy growth and development of children by empowering caregivers to address children’s physical, emotional, cognitive, linguistic and social needs, promoting healthy life styles within their families and addressing anaemia and malnutrition - all based on a holistic vision of Early Childhood Development (ECD).

We wanted to provide the audience with a pictorial and immediate representation of the whole project’s approach and strategy, and we worked out this one:



In order to achieve the right protective environment contributing to the balanced development of the child, the key point is to work with the parents, teachers and KG directors in improving their knowledge of the ECD principles, and their attitude and practice, within the context of the Gaza Strip, which is undergoing a prolonged and complex humanitarian crisis.

The same strategy has characterised both phases of the intervention:² Terre des hommes Italia and Palestinian Medical Relief have pursued this strategy through a programme of training and follow up, utilising awareness materials and tools to monitor the effective impact on and progress within the target community and its children aged up to six years. By the middle of the second phase we realised that the material our team had gathered so far was worth more than a simple project training and Monitoring and Evaluation (M&E) tool and could instead provide a strong base to build upon, develop and share an ECD toolkit potentially suitable for the whole Gaza context, and, beyond that, a methodology potentially replicable and adaptable in crisis/post-crisis contexts working with similar communities.

We therefore decided to systematise and revise the work, taking advantage of the networking and participation utilised in the construction of an M&E system for the mental health and psychosocial interventions in the Occupied Palestinian Territories, coordinated by the Cluster (humanitarian coordination system) and the line ministries (currently ongoing), and further motivated by the fact that one of the main gaps identified in these interventions (the lack of M&E tools suitable for children of up to six years of age) is addressed by the work we began in 2009.

All the material in this e-Toolkit is based on these experiences, and incorporates the international standards for Early Childhood Development, the collaboration between the two organisations (Tdh-It and PMRS) and the other major stakeholders³ and the work of the project team – a mix of national educators, psychologists, counsellors and social workers – that has built, tested and revised this material coordinated by our psychosocial experts.

We have chosen to present our material as an eTool rather than as a set of manuals - as it constitutes a work in progress and a living document whose framework may be adapted to contexts other than the Gaza Strip.

Davide Amurri

Terre des hommes Italia

Project Manager

¹ The project is Psychosocial and nutritional support to preschool-age children and their siblings in Gaza Strip (ECHO/-ME/BUD/2009/01045) funded by the European Commission for Humanitarian Aid and Civil Protection. The project is the first of a two-phase intervention that ended in June 2010; the second being the Psychosocial and nutritional support to preschool-age children and their siblings in Gaza Strip (ECHO/-ME/BUD/2010/01041) that ended in June 2011.

² See footnote 1.

³ Within the framework of the Cluster approach in Gaza and with the support of the European Commission for Humanitarian Aid and Civil Protection.

Working with Early Childhood

1. Introduction

Children represent the potential and future of communities and nations.

Children nurtured and cared for in their earliest years are more likely to grow up healthy, fully develop their thinking and language, control their emotions, cope with stress and master social skills. When they start school they are more likely to succeed and the risk of their dropping out is reduced. As adolescents they show greater self-esteem and, later in life, they have a greater chance of becoming creative and productive members of society.

In just one generation these human gains can help break the cycles of poverty, disease and violence that affect so many countries.

Yet ensuring that all young children receive the nurturing environment they require for optimal development is a huge challenge.

This e-Toolkit has been developed as a result of two years working with preschool children in the Gaza Strip. It is meant to capture and disseminate the experience and lessons learnt by Terre des hommes Italia (Tdh-It) and the Palestinian Medical Relief Society (PMRS) in implementing activities in favour of young children, their parents and their caregivers (kindergarten directors and teachers).

Directed at professionals who would like to explore how principles of Early Child Development (ECD) – especially those focussing on preschool children – can be turned into projects and activities, this publication provides a series of working tools that can be used to address some of the recurring issues when dealing with preschoolers. Although the tools presented are context- and culture-specific, we believe that they could easily be adjusted to different circumstances or refined for different cultures.

The e-Toolkit is composed of four booklets:

Booklet 0 - Introduction to Working with Early Childhood: explains the genesis of the e-Toolkit and illustrates the reference framework (approach, core principles and basic concepts) on Early Child Development used by Tdh-It and PMRS in planning, implementing, monitoring and evaluating their intervention.

Booklet 1 - Monitoring Development in Preschool Children: describes the developmental gains for children from the ages of three to five, illustrates indicators (developmental milestones) to monitor development in preschool children, and presents the Child Follow-Up File, a tool developed within the Gaza experience to monitor the children's progress in the kindergarten.

Booklet 2 - Empowering Caregivers: Professionals with Direct Responsibility for Groups of Preschool Children (Kindergarten Teachers, Preschool Children's Educators, Animators): provides an overview of how children learn and what professionals with direct responsibility for groups of children (kindergarten teachers, preschool children's educators and animators) can do to support their learning and development. The booklet includes a training guide for kindergarten teachers on Early Child Development. The training developed within the Gaza experience is structured in six basic modules (Child

Development; Dealing with Children; Responsibility for Working with Young Children; Role of the Family; Children in Difficult Situations; Summary) and lasts fifty-one hours. A key component of the training is the Child Follow-Up File as a tool to monitor and support preschoolers' development.

Booklet 3 - Empowering Caregivers: Raising Awareness in Mothers and Fathers: illustrates a variety of developmentally appropriate parenting practices for preschool children and describes a series of awareness activities on Early Child Development directed at parents. Such activities could be implemented by any professional (social workers, nurses, teachers, paediatricians, etc.) who are in contact with parents of preschool children.

We hope that this e-Toolkit will contribute to the emerging reflection on Early Childhood and stimulate the operational discussion on the implementation of actions to support Early Child Development.

2. Working with Early Childhood: Reference Framework

This chapter explores the approach, core principles and basic concepts used by Tdh-It and PMRS in working with Early Childhood. Not meant to be a systematic review, the following section could be used as a compendium of the key notions outlining the framework in which we work.

2.1 Approach to Early Child Development

Early Childhood refers to the period of a child's life from conception to the age of eight.¹ These years are critical in expressing the full developmental potential of every human being and lay the foundations for adult life.

Although there are numerous studies in the areas of infant stimulation, maternal health, psychology, sociology, anthropology, community development and education, among others, Early Child Development (ECD) is a relatively new field of operation, especially in emergency and long-lasting crises.

The guiding principles used by Tdh-It and PMRS to approach Early Child Development interventions can be summarised as follows:

1. *The child's development is holistic*

In the child's maturation the concepts of *growth* and *development* are often used interchangeably. However, while growth refers to specific physical changes and increases in the size of different parts and organs of the body (e.g. additional numbers of cells, as well as enlargement of existing cells, accounting for changes in height, weight and body shape), development refers to maturation of function-acquiring skills, behaviour and values on the part of a growing child. Development is a process of change in which the child comes to master more and more complex levels of moving, thinking, feeling, and interacting with people and objects in the environment.

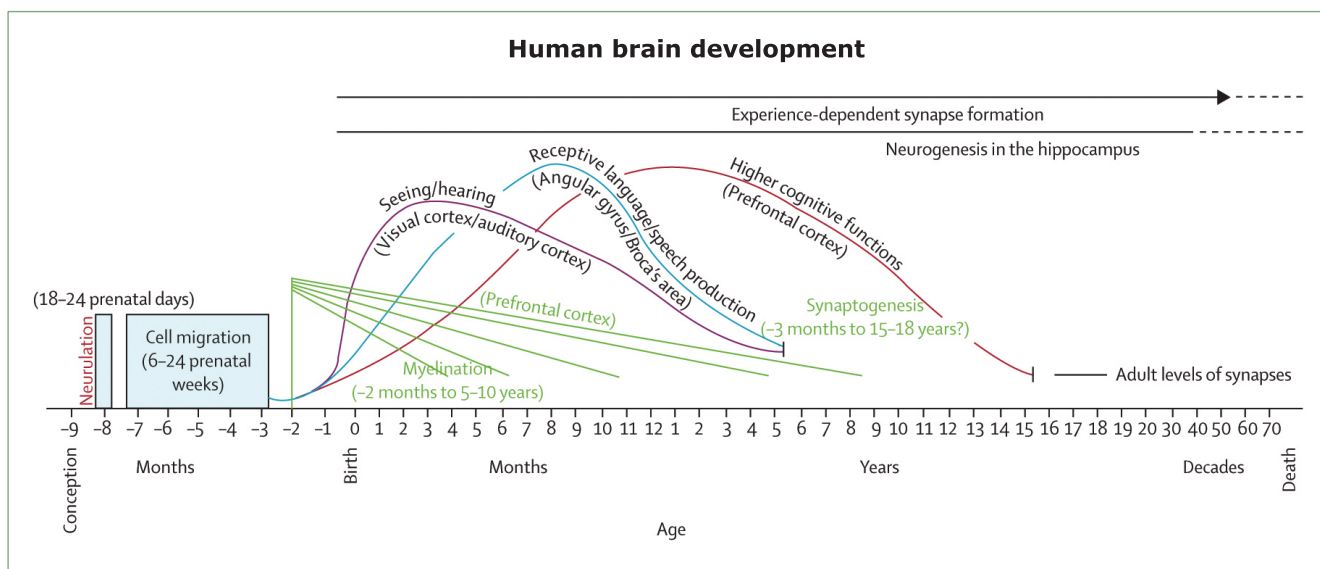
In order to ensure an optimum growth, adequate nutrition and health care should be provided. To ensure an optimum development, the presence of a stimulating environment should be guaranteed.

The latest studies² on brain development reveal that, while the structure of the brain is already formed at birth, the neural connections allowing its functioning are built in the early years through experience. This process is known as Experience-Dependent Synapse Formation.

1 Evans, J.L., Myers, M.G. and Ilfeld, E.M. "Early Childhood Counts – Programming Guide on Early Childhood Care for Development", World Bank, 2000

2 Shore, R. *Rethinking the Brain: New Insights into Early Development*, Families and Work Institute, 1997

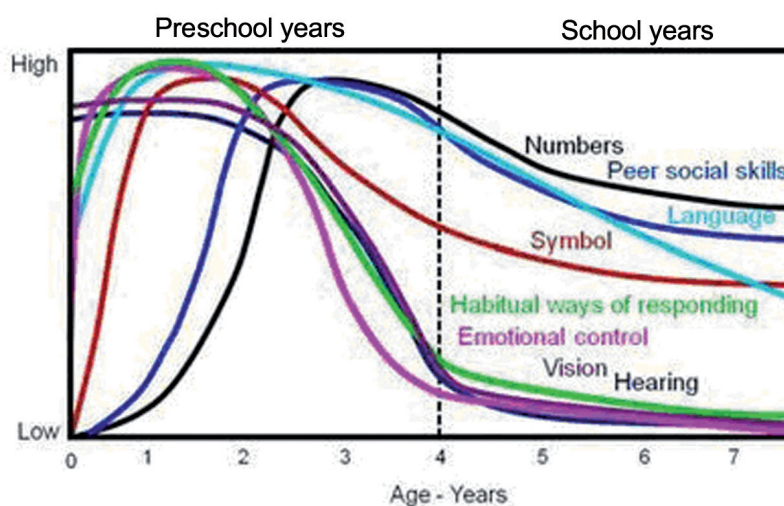
The picture below shows how the ontogenetic events characterising the brain functional maturation (e.g. neurogenesis, axonal and dendritic growth, synaptogenesis, cell death, synaptic pruning, myelination, and gliogenesis) happen at different times and build on each other.



The brain's functional capacity is therefore largely modified by the quality of the environment. Animal research shows that stress, poor stimulation and reduced social interaction can affect the brain structure and function, and have lasting cognitive and emotional effects³.

In addition, there are "sensitive periods" when the effects of environmental stimulation on brain structure and function are maximised⁴. Such windows of opportunity for brain functional development and learning are unique. Studies on early deprivation demonstrate that the absence

Sensitive Periods in Early Brain Development



³ Grantham-McGregor, S., Yin Bun Cheung, et al. "Developmental Potential in the First Five Years for Children in Developing Countries", *Lancet*, 2007

⁴ In this regard J. Piaget (1970) also believes that there are times during the lifecycle when certain kinds of things are learned best or most efficiently, and there are teaching methods that are more appropriate at certain times than at others in the developmental sequence.

of appropriate stimulation in those periods results in developmental delays or permanent impairment⁵.

To describe such intrinsic interrelation between growth and development, the early childhood community uses the term “holistic”. This ensures that the child’s development cannot be compartmentalised into health, nutrition, education, social, emotional and spiritual variables. All are interwoven in a child’s life and progress or delays in one area affect progress in others.

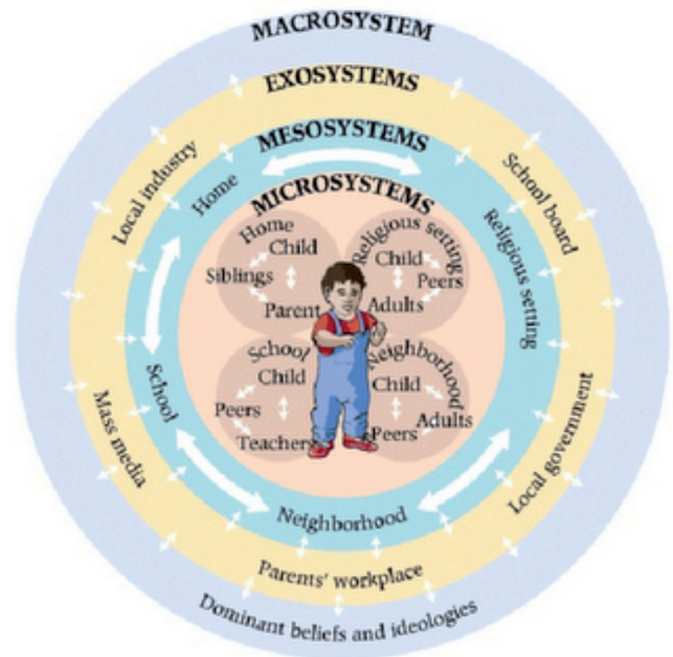
As an example, while children are naturally motivated to explore and attempt to master their environment, those with poor health and nutrition have reduced energy and motivation. This inhibits their cognitive development, which in turn leads to learning problems that impact on the child’s self-esteem, and this then affects later learning.

2. *The child’s development is ecological*

A child’s development is the result of the mutual influence of nature and nurture. Nurture is a crucial determinant in allowing the child to display their full potential in spite of their genetic inheritance. Successful development of the child is therefore embedded in the systems of relationships embraced by their surrounding environment.

The ecological model developed by U. Bronfenbrenner explains how everything in a child and the child’s environment affects how (s)he grows and develops.

As shown in the picture Bronfenbrenner⁶ labelled different aspects or levels of the environment that influence the child’s development as microsystem, mesosystem, exosystem and macrosystem.



The **microsystem** is the small, immediate environment the child lives in. A child’s microsystem includes any immediate relationships or organisations (s)he interacts with, such as parents, siblings, extended family, other caregivers, neighbours, day-care providers, kindergartens and schools.

The way these individuals, groups or organisations act with the child in the first instance, the way the child - with their special genetic and biologically influenced personality traits - acts and reacts to them, and finally the way these adults are able to shape their reactions to the child’s needs, all deeply influence the way in which the child grows and develops. The more encouraging and nurturing the key players in the microsystem, the better the child is able to grow and develop.

The **mesosystem** describes how the different actors of the microsystem work together for the wellbeing of the child. For example, if the mother takes an active role in the kindergarten, such as attending parent-teacher meetings, the interaction between these two actors will produce positive effects on the child’s life. Conversely, if the parents and the extended family (e.g. grandparents) disagree on the way to raise the child and give them conflicting lessons, this will hinder the child’s development.

5 Grantham-McGregor, S., Yin Bun Cheung, et al. “Developmental Potential in the First Five Years for Children in Developing Countries”, Lancet, 2007

6 Bronfenbrenner, U. *The Ecology of Human Development: Experiments by Nature and Design*, 1979

The **exosystem** includes people, groups, organisations and institutions that the child may not interact with often, but that still have a large effect on them, such as parents' workplaces, associations in the neighbourhood, local government, mass media, etc. For example, if one of the child's parents loses their job and they are unable to pay the rent or to buy groceries, this may have negative consequences on the child. On the other hand, if a parent receives a promotion, this may have a positive effect on the child because their parents will be better able to meet their physical needs.

Bronfenbrenner's final level is the **macrosystem**, which is the largest and most remote set of structures and people but which still has a great influence on the child. The macrosystem includes cultural values, laws, customs, relative freedoms permitted by the government, political stability / instability, the economy, wars, etc. These aspects can also affect a child either positively or negatively.

The essence of the ecological model in early childhood can be summarised as follows:

- The Early Child's Development is primarily determined by interactions between the child and their family and immediate caregivers.
- The child's own behaviour and development alter the caretaking milieu. Adult caregivers should have the necessary parenting abilities to respond appropriately to the child's individual features and needs.
- Interface between the child and family changes constantly in response to internal and external factors.
- Societal structures have powerful effects on the child, primarily by altering the interaction between parent and child.

3. *Successful child development promotes resilience*

Human beings are naturally able to cope and adapt in the face of adversity. This unique human characteristic is termed *resilience*.

Although there is no common agreement yet on the definition, resilience is often described as "a positive construct that focusses on people's strengths and resources and, with respect to children, what have been termed '*self-righting tendencies that move children toward normal adult development under all but the most persistent adverse circumstances.*' As such it contrasts with a 'deficit' model that predicts predominantly negative outcomes for children, focussing on the risks to people facing adversity⁷.

Individual resilience is mostly related to:

- Biological factors (temperament, emotions, intelligence, creativity, resistance to disease, genetic and physical characteristics)
- Attachment (capacity for bonding, for forming significant relationships with others; the capacity for empathy, compassion, caring and joy)
- Control (capacity to manipulate one's environment, mastery, social competence, self-esteem, personal autonomy and sense of purpose)

Both attachment and control are key competencies developed in the early stages of life through the relationship with the caregivers. Therefore, a young child's resilience largely depends on the caregivers' capacity to understand their emotional needs and reaction to difficult situations, and to support them in overcoming the life challenges. Children experiencing secure attachment and positive control over the environment in the early years become increasingly able to cope with difficult situations in their future lives.

⁷ McCallin, M. "Child Development and Resilience", 2009

2.2 Basic concepts in working with Early Childhood⁸

2.2.1 Developmental domains

The concept of the whole child is based on the accepted principle that all areas of human growth and development are interrelated. It is only for the purpose of studying one area or another in greater depth that categories have been created. No aspect of development develops independently and each skill, whether simple or complex, reflects a blending of other skills.

Five major areas of development have been identified and include physical-motor, cognitive-perceptual, linguistic, emotional and social. These areas help focus attention on certain components of a child's normal development and are used to describe their progress along the developmental continuum. Children's individual achievements may vary across areas: a child may walk early and talk late. Development in each of these areas is dependent on the appropriate stimulation and opportunities to learn.

1. *Physical growth and motor development*

Physical growth is a major and highly individualised process of early infancy and childhood. It is responsible for changes in body shape and proportion as well as overall body size. Growth is intricately related to progress in other developmental areas. The state of a child's physical development is an indicator of general health and wellbeing. Whether a child achieves his or her potential in each of the other developmental areas is strongly influenced by their physical development.

In parallel, motor development is a child's ability to move and control various body parts. Refinements in motor development depend on maturation of the brain, input from the sensory system, increased weight and number of muscle fibres, a healthy nervous system and opportunities to practice these emerging skills. Motor ability during very early infancy is reflexive and disappears as the child develops voluntary control.

Motor development is guided by three principles:

- a. Cephalocaudal: bone hardening and muscular development that proceed from head to toe. The infant learns to control first the muscles that support the head and neck, then the trunk, followed by those that enable reaching. Muscles for walking develop last.
- b. Proximodistal: bone hardening and muscular development that begin with improved control of muscles closest to the central portion of the body, gradually moving outward and away from the mid-point to the extremities. Control of the head and neck is achieved before the child can pick up an object.
- c. Refinement: muscular development that progresses from the general to the specific in both gross motor and fine motor. Gross motor refers to large muscle movements such as walking, skipping, swimming as well as non-locomotive movements such as sitting, pushing and pulling. Fine motor skills are those including stacking blocks, buttoning and zipping, and using a pencil or crayon.

2. *Cognitive and perceptual development*

Cognitive development involves the expansion of a child's intellect or mental abilities. Cognitive development is an ongoing process of interaction between the child and other people, objects or events in the environment. Cognition involves recognition, processing, and organizing information and then using the information appropriately. The cognitive process includes such mental activities

⁸ Adapted from Landers, C. "A Basic Course in Early Child Development - Developmental Paediatrics", UNICEF Ed.D, MPH, 2002

as discovering, interpreting, sorting, classifying and remembering information. In older preschool children, cognition refers to skills for evaluating ideas, making judgments, solving problems, understanding rules and concepts, thinking ahead and visualizing possibilities or consequences.

Perceptual development refers to the increasingly complex use of information received through the senses: sight, hearing, touch, smell, taste and body position. Perception is concerned with how any one or combination of the senses is used: learning to select specific aspects of the environment on which to focus; which details are important; and which differences should be noted. The basics of the perceptual system are in place at birth. Through experience, learning and maturation they develop into a smoothly coordinated operation for processing complex information and making fine discriminations. Perception is difficult to separate out from cognition. Thus, the two are often considered together and referred to as *cognitive-perceptual* development.

3. *Linguistic development*

Language can be defined as a system of symbols, spoken, written and behavioural. It is a system that allows humans to communicate with one another. Normal language development is sequential. It depends on maturation as well as on learning opportunities. The first year of life is called the pre-linguistic or pre-language phase when the child is dependent on body movements and sounds such as crying and laughing to convey needs and feelings. This stage is followed by the linguistic phase in which speech becomes the major communication tool. Words and grammatical rules are acquired as children gain skills to convey their thoughts and ideas through language. Most children understand many concepts and relationships long before they have the words to describe them. This is known as *receptive language*. Receptive language is a skill that precedes *expressive language* or the ability to use words to describe and explain. Speech and language development are influenced by the child's general cognitive, social, perceptual and neuromuscular development. Language development is also dependent on the quality and quantity of language heard.

4. *Emotional development*

Emotional development is a crucial part of children's early development. Emotions develop as children respond to life experiences with a full range of feelings. An undifferentiated state of emotions during infancy evolves into a more refined set of feelings in early childhood. Some of the emotional skills learned in the early years are: the ability to accept and express feelings as well as understand others' feelings, the capacity to deal with change; the ability to exercise judgment; the capacity to know and enjoy one's sense of control and influence. It also includes the set of skills involved in learning self-care tasks and independence.

5. *Social development*

Early in life children also become aware of their social nature. Socialisation begins under the guidance of parents and family members. When children enter group settings, they are further exposed to behaviour, social roles and attitudes that foster culturally appropriate social development. Children learn many social skills in their early years. They learn to enjoy and trust adults other than their parents. In their relationships with others, children learn ways to cooperate, disagree, share, communicate and assert themselves. Children also learn how to be members of a group, to take part in group activities, adapt to group expectations and respect the rights and feelings of others. The young child also learns how to express their feelings in culturally appropriate ways, gender roles, and morality.

2.2.2 Developmental milestones and other core developmental concepts

While researchers have not been able to agree on a single theory embracing the complexity of young children's development, a number of core concepts have emerged to help organise what is known about infants and families and to identify what is not yet clearly understood.

Hereinafter are some core concepts extremely useful in organising the understanding of child development for parents and professionals.

- *Developmental milestones* refer to the major changes or accomplishments in physical, cognitive, linguistic, social and emotional development. They evolve according to an orderly sequence of steps and appear within a fairly predictable age range. For example, almost every child begins to smile socially at between four and ten weeks and the first words usually appear around twelve months.
- *Sequence of development* (or pattern of development) refers to the predictable steps along the path of development. This pattern is common to the majority of children. The normal sequence of steps in each area of development indicates that a child is moving forward along the developmental continuum. For example, in observing language development, it is important that a child progress from babbling to being able to produce syllables. This sequence, rather than the age at which these skills appear, is the critical factor in evaluating a child's progress.
- *Age-level expectations or norms* represent the average or typical age at which the majority of children in a given culture acquire developmental skills. The average age is called the norm. A child's development can be described as at, above, or below the norm. It must be stressed, however, that age-level norms define a range, not an exact point in time, when certain skills are achieved. Age-levels for a given skill must always be understood as approximate midpoints over a range of time (i.e. walking appears from eight to twenty months with the midpoint at fourteen months).
- *Regression*. Progress along the developmental continuum is rarely smooth. Rather, development is often uneven and irregular and occurs in a series of stops and starts. spurts of rapid development are often followed by periods of disorganisation or regression. Then, the child seems to reorganise, following this with periods of calm and consolidation. During periods of stress or change, children often regress to earlier forms of behaviour. This is a normal characteristic of early development.
- *Temperament*. For decades the idea of temperamental differences among children has helped researchers, practitioners and families make sense of some of the widely varying behaviours exhibited by children, even in the same family. The notion of individual temperament – a blend of activity level, physical sensitivity, adaptability, tempo, mood persistence and similar factors – is one way of conceptualising differences that influence how young children behave and how parents react to them. Temperamental differences also affect babies' fundamental emotional, perceptual and cognitive responses to their own bodies and to the wider world.

Children are born with a unique combination of temperamental characteristics that define their particular behavioural style. We might think of temperament as the *how* of a child's behaviour, as opposed to the *why*. Temperamental characteristics are sometimes thought of as the innate foundation on which a personality is built. Derived from a combination of constitutional, intra-uterine, central nervous system and postnatal environmental factors, temperamental characteristics are not exactly fixed, but they are likely to be persistent and consistent over time.

Researchers have identified nine aspects of temperament that can be used beyond the newborn period.

- *Rhythmicity* is the degree of predictability and rhythm in the timing of biological functions.
- *Activity level* refers to a child's motor functioning.
- *Approach/withdrawal* refers to the nature of the child's initial responses to new stimuli.
- *Adaptability* is the ease with which the child's response to situations can be modified.
- *Threshold of responsiveness* refers to the intensity of stimulation that is necessary to evoke a discernable response from the child.
- *Intensity of reaction* is the energy level of the child's response to stimuli.
- *Quality of mood* describes the overall positive or negative tone of the child's behaviour.

- *Distractibility* is the ease with which the child can be diverted from an ongoing activity by extraneous peripheral stimuli.
- *Attention span and persistence* refer both to the length of time the child will pursue a particular activity and their continued interest in that activity in the face of obstacles.

Using these nine temperamental characteristics, several clinicians have identified common constellations of behaviour that characterise different children with easy, difficult, or slow-to-warm-up temperamental styles.

Coping. Like adults, infants and toddlers are constantly coping. Daily living means managing opportunities, demands and frustrations. Children cope by drawing on internal resources – their beliefs about how the world works, their physical and emotional states, their developmental skills and their characteristic ways of dealing with threatening situations. They also draw on external resources, such as parents and other caregivers. Parents and other caregivers can encourage a good fit between a child's coping skills and the demands on the child by:

- Modifying their demands in line with the child's capabilities
- Enhancing the child's coping resources
- Providing appropriate feedback to the child to reinforce the desired coping strategies

2.2.3 Crosscutting principles in working with Early Childhood

1. *Most children are normal*

This information is based on the fact that most children are developmentally normal. However, even within the range of normal there are problems and concerns that must be addressed. Some of these are manifested as developmental variations, some based on differences in temperament among children and families, and some based on stressors that are all too common for children and families.

In addressing those problems and concerns, though, it is crucial to not be limited to a deficit or negative model looking only for pathology fuelled by the identification of delays and/or problems. Interventions should be looking at supporting and recognising each child's strengths. More importantly, professionals should be thoroughly aware of the immense plasticity, ability to learn, change and adapt that young children can manifest if exposed to constructive relationships and a positive rearing environment.

2. *Each child is unique*

Developmental science provides a framework to understand the sequences and age ranges of expectations. However, the individual patterns by which a child achieves these gains are unique. Equally unique are the genetic and biological inheritance, the relationships within the family, the experiences influencing the child's development. Developmental gains in particular trigger an exclusive cascade of changes in the child as well as in the environment. With each new skill a child's sense of self and their place in the family, with peers and in other settings, is altered. As new skills bring new responses, so relationships evolve continuously. Therefore, acknowledging each child's individual features and valuing their developmental history is crucial.

3. *Supporting Early Childhood means supporting the child's rearing environment*

As mentioned, a child's development mostly depends on the capacity, support and opportunities the family and other caregivers have for caring and nurturing the child. Therefore, interventions should, on the one hand, be grounded in the participation of the family, caregivers and community. On the other hand, programming should aim at empowering caregivers at all levels (parents, family members, day-care professionals, kindergarten teachers, paediatricians, nurses and so on), so they become more able to create the positive and stimulating environment crucial to a balanced development.

3. Experience in Working with Preschool Children in the Gaza Strip (Occupied Territories of Palestine)

Within the described reference framework for Early Child Development and taking into consideration the IASC “Guidelines on Mental Health and Psychosocial Support” (2007), Tdh-It and PMRS have developed a programme in favour of preschool children (from three to five) in the Gaza Strip (Occupied Territories of Palestine). The intervention was designed in 2009 and carried out for almost two years from 2009 to 2011 with the support of the European Commission for Humanitarian Aid and Civil Protection (ECHO)⁹.

In 2008/2009, three weeks of operation Cast Lead, the embargo and the closure of terminals for goods and people’s movement created a very tense situation, which, added to the constant deterioration of basic living conditions since 2006 and the violence represented by raids, incursions and killings by the Israeli Army, deeply affected the wellbeing of all inhabitants.

The long-lasting crisis generated increasing frustration and tension amongst the population, and had an impact at the social-political as well as at family levels, mainly affecting the most vulnerable: children are continuously exposed to the risk of neglect and violence. Parents’ frustration increases because they are unable to cope with the deterioration in their daily lives and lose self-confidence and the capacity to react and take care of their children.

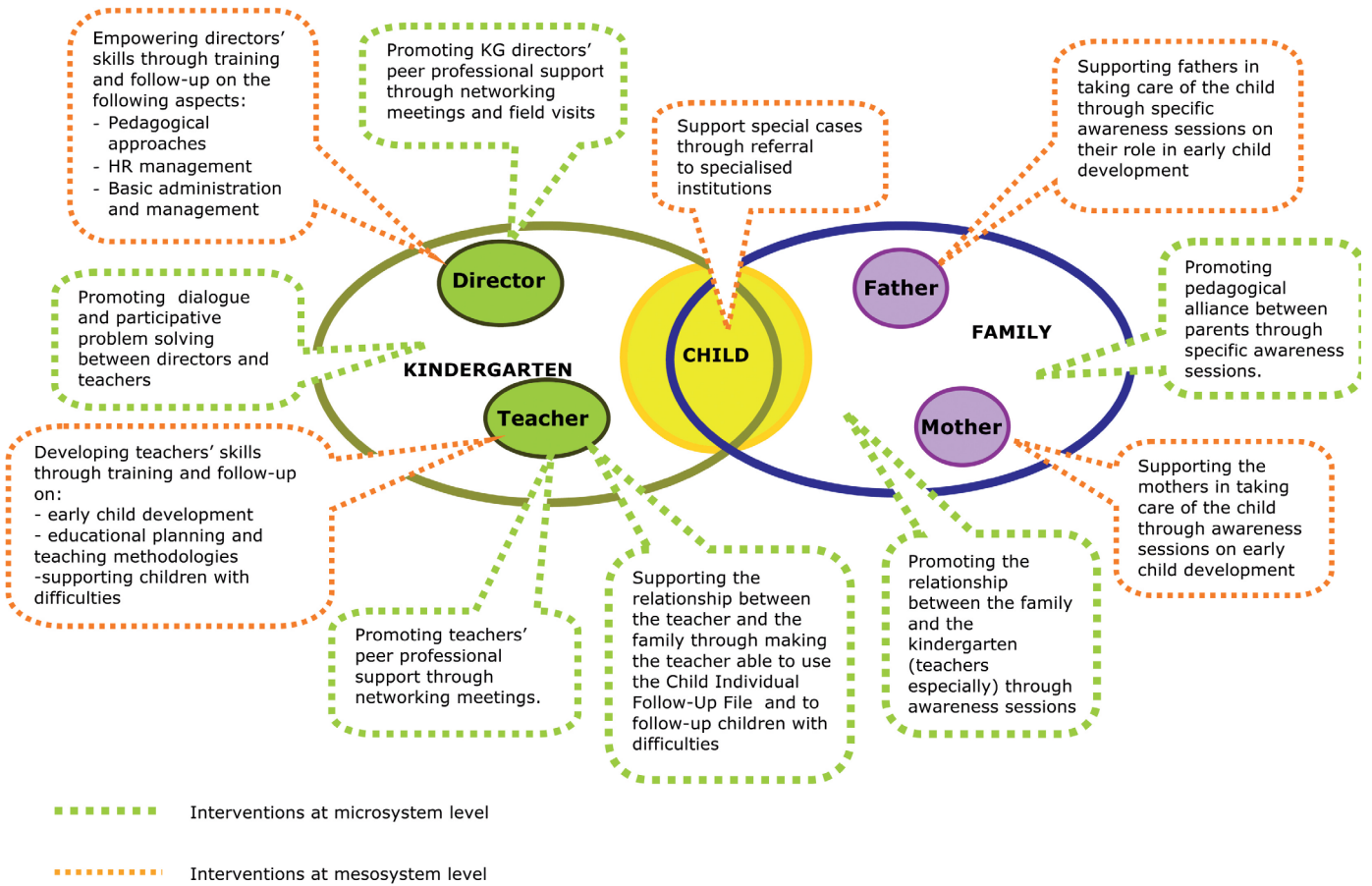
A Base-Line Survey Study carried out in September 2009 by the Tdh-It PMRS Psychosocial Team and the lessons learned from the implementation of the first phase of the project (from September 2009 to June 2010) specifically revealed an extremely weak ability amongst primary caregivers (mothers, fathers, kindergarten teachers and directors) in providing their children with safe situations where they could undergo the variety of social, emotional, physical, language, cognitive and perceptual experiences needed to ensure a complete and well-balanced development. Caregivers in particular demonstrated a poor understanding of children’s developmental needs: both in the family and in the kindergarten they have a vision of young children as being like adults, and thus expect them to show abilities far beyond their age.

The caregivers’ erroneous expectations negatively influence the relationship with the child: the standard level of ability and the normal failures in performance generate a wide sense of frustration in parents and teachers who keep pushing the child beyond their developmental possibilities. The child, on the other hand, often reacts to the caregiver’s inappropriate stimulation by showing signs of discomfort and difficult behaviour. This further contributes to adults’ frustrations and affects the relationship with the child. Punishment and other intimidatory disciplinary measures often used in the attempt to regulate the child’s difficult behaviour may push the child into a spiral of disturbing reactions. This vicious circle of frustration risks seriously diverting the child’s developmental pathway.

Based on the evidence of this analysis Tdh-It and PMRS developed an operational strategy to support the preschool child’s development acting at microsystem and mesosystem levels. Specifically the project’s activities aimed at empowering caregivers as individuals (mothers, fathers and kindergarten professionals) but also at strengthening the needed interconnection among them, as visualised in the figure on next page.

In 2009-2011 Tdh-It and PMRS, with the support of ECHO, worked to address the developmental needs of about 5,000 preschool children enrolled in twenty-two kindergartens located in the two governorates of Rafah and Khan Younis in the South of the Gaza Strip. This experience has produced a series of working tools – thoroughly described in the other booklets of this e-Toolkit - that can be easily refined and replicated in similar contexts or adjusted to different circumstances and cultures.

⁹ The projects are namely: Psychosocial and nutritional support to preschool-age children and their siblings in the Gaza Strip (ECHO/-ME/BUD/2009/01045), September 2009 to June 2010; and Psychosocial and nutritional support to preschool-age children and their siblings in the Gaza Strip (Phase 2) (ECHO/-ME/BUD/2010/01041), August 2010 to June 2011.



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WORKING WITH PRESCHOOL CHILDREN

e-Toolkit on Early Childhood

Working with Early Childhood

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