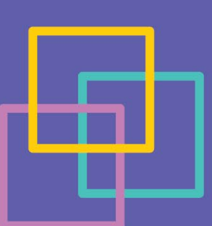
International
Labour
Organization

A Training Manual For Domestic Workers’ Organizations



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First published 2018

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Childcare: a training manual for domestic workers' organizations / International Labour Organization, Regional Office for Arab States. - Beirut: ILO, 2018.

ISBN 9789220308004 (web pdf)
ISBN 9789220308158 (epub)

ILO Regional Office for Arab States

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PREFACE

Over the past decades, shifts in demographics and family composition have changed in the Arab States. As a result of cuts in public care spending, investments in quality and affordable care services have not been prioritized. Care needs across the region have been supplemented by women migrant domestic workers mainly from Asia and Africa. Domestic workers play an important role in the care economy of the Arab States by caring for children, the elderly, the sick and disabled, while also allowing Arab women to engage in productive employment.

Most domestic workers perform a variety of tasks in private homes. Many of them are involved in caring for young children. This manual specifically addresses childcare recognizing that caring for children requires a variety of responsibilities and competencies relating to children's development, the ability to mitigate cultural differences and to balance professionalism and emotional work. Domestic workers may find it difficult to manage the professional and emotional relationship due to development of strong bonds with the children they take care of.

Additionally, migrant domestic workers may have children of their own, at home or in their host country. Their children are in need of care and in turn are taken care of by other care takers. This training manual is intended to be a tool for organizations and trainers working with domestic workers interested in upgrading their skills on childcare and gain awareness of the value of the work they do. It also includes a module on how to set up a childcare centre, which could be of interest to domestic workers wanting to readjust their careers based on skills they have developed taking care of children, including when they return to their countries of origin.

The content is presented in a way that makes it accessible to non-professionals with limited educational attainments receiving information in a language that is not their mother-tongue. The target audience for this manual are non-professionals seeking jobs in domestic and care work as well as communities who are interested in setting up a childcare facility in for example a workplace, cooperative or migrant centre. The presumption is that the target group will mainly consist of women migrants, but the manual is intended to work with a heterogeneous group of participants.

This manual builds on various sources, in particular on two manuals developed by the ILO together with the Ministry of Labour and Social Security in Argentina, and the ILO together with the Ministry of National Development and Planning in Indonesia. It is a contribution to the ILO's Women at Work Centenary Initiative promoting a high road to care economy through valuing and professionalizing the work of millions of domestic workers around the world.

The initial draft of this manual was written by Marie-José Tayah, who piloted the contents in Lebanon at the end of 2017, in collaboration with the International Federation of Domestic Workers. Many thanks are due to Leena Kseifi for conducting additional focus group discussions with employers of domestic workers. Claire Hobden, Emanuela Pozzan and Mari Dahl Schlanbusch have provided technical support throughout the development of the manual. Appreciation and gratitude are also due to Eliza Marks, Isabel Valarino, Petter Anthun, Mai Hattori, Sophia Kagan and Zeina Mezher for their valuable inputs to the content of the manual. This manual has been possible through the generous contributions of the Government of the Flanders.

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1. INTRODUCTION

1. BACKGROUND

A number of factors are combining to produce a demand for personal care workers in both developed and developing countries – among them; high female labour force participation and the creation of dual wage-earning families, fast-ageing populations and the reduction in state provision of social services.

Historically and across a diverse range of countries, household needs for childcare services have been met by domestic workers, most of whom are women from disadvantaged racial and ethnic groups. This practice continues, including across borders, while the own care needs of domestic workers are played-down or neglected.

Further, the access of domestic workers to professional guidance or training in the provision of childcare, is limited by the overall perception that childcare is women's work and comes naturally to them. Therefore, childcare functions in the context of a domestic work employment relationship are rarely rewarded.

The care economy itself has enormous potential for employment generation in the coming years and an important area for ILO's work will be the promotion of decent care jobs. Home health and personal care workers are among the fastest growing occupations. As the world population ages, more and more people will need assistance in their homes and communities. The United States Bureau of Labour Statistics, for example, projects that the need for home health aides and personal care aides will increase by 41 per cent from 2016 to 2026.[1] Guidance on the way ahead and innovative approaches are needed.

In that context, this manual was developed for domestic workers, a growing category of care providers, in the context of the development cooperation project Decent Work and the Care Economy: Recognizing, Rewarding and Redistributing Care Work (GLO/15/42/FLA), funded by the Government of Flanders. Initially intended for domestic workers working in the Middle East, the manual may be useful also outside the intended geographical scope.

This initiative coincides with the ILO Centenary Initiative on Women at Work, which was introduced by ILO's Director-General to examine the situation of women in the world of work and engage tripartite constituents in realizing equality of opportunity and treatment for women. Indeed, ensuring women's equal access to decent work while providing care for their families and communities is at the intersection

1 *Job outlook for home health aides and personal care aides*, United States Department of Labor, https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm#tab-6 [accessed 15 February 2018].

of today's debate on women at work. Domestic workers provide one such form of care in private households; thus, this initiative also contributes to the ILO's Office-wide strategy to make decent work a reality for domestic workers.

The initiative also contributes to the Sustainable Development Agenda 2030 and to its Sustainable Development Goals (SDGs), in particular SDG 5 on achieving gender equality and empowering all women and girls, SDG 8 on decent work and economic growth and SDG 10 on reduced inequalities.

2. TARGET AUDIENCE AND APPROACH

The training manual is targeted to domestic workers' organizations, civil society and not for profit organizations that provide skills to domestic workers for use with members or domestic workers in the communities where they live and work.

The manual aims to:

1. Empower domestic workers with new skills that will expand the employment opportunities available to them, enable their career progression towards higher complexity tasks within the sector, and mitigate the employment disputes that result from underperformance, excessive emotional attachment to the children in their care, and/or cross-cultural conflicts. It is worth noting here that employers' perceptions about domestic workers' performance can be subjective, rooted in classism, casteism or racism, and not solely related to workers' actual performance;

2. Build the capacity of domestic workers' organizations and NGOs working with domestic workers to establish care centres for their members with a view to increasing their chances of engaging in full-time remunerated employment. The manual provides guidance on setting up care centres that comply with hygiene and safety protocols and are conducive to the physical, economic and emotional development of children; and,

3. Strengthen the role of domestic workers' organizations in their communities, build their capacity to reach out to new membership, and provide them with a platform to bargain for higher wages for higher skilled domestic workers.

The manual is meant to be accessible to a heterogeneous group of participants some of whom have a very limited educational attainment.

The modules are designed to build on the participants' training and employment trajectories to identify their point of departure in relation to childcare and subsequently facilitate reflection on the role and competencies of a childcare giver.

Domestic workers are likely working full time with little respite. This is why the course spans over six days for a total of 30 hours (if the worker signs up for the full programme, including for the module on planning and managing a childcare

centre) or 4 days for a total of 20 hours (if the worker signs up for the modules on physical, emotional and cognitive development only).

Because many domestic workers are migrants or national women from racial and ethnic groups or castes that are different from their employers, they may hold views about childcare that are different from those of their employers. The modules are designed to unpack cultural and gender biases among workers about nutrition, disciplining, appropriate activities for boys and girls etc.

Each module concludes with a review of the module's contents. These reviews are an important element of the course. They assess students' learning. They are also used to improve the training for future participants, to make the training more relevant, and to improve the trainer's effectiveness.

The manual pulls content from the following ILO references in addition to other childcare resources:

- Ministerio de Trabajo, Empleo y Securidad Social (METSS) and ILO. 2015. Trayecto formativo: *Cuidado y atención de niños y niñas, Material de apoyo para la formación de cuidadoras y cuidadores de niños y niñas* [Care and attention to children, training resources for childcaregivers] (Buenos Aires).
- Indonesia's Ministry of National Development Planning (BAPPENAS) and ILO. 2015. *Community childcare: Training manual*. Jakarta: ILO.

Three modules of the manual were tested with a group of five domestic workers from Sri Lanka, the Philippines and Madagascar, who were working in Lebanon in December 2017. The pilot determined the sequencing and timing allocated to each of the modules and sections.

Box 1.1.1

TIPS FOR THE TRAINER

Many of the exercises in this manual invite participants to reflect on the knowledge they have already acquired, and to discuss how childcare differ between their own culture and the culture in which they work. In the training, you may encounter differing opinions between the participants with regards to child rearing. Something that is considered normal in one culture may be considered inappropriate or unhealthy in another. For example, opinions could differ with regards to child nutrition (what children should eat at what age etc.) or children's cognitive development (what kind of games are appropriate for girls and boys, how to discipline a child etc.).

When encountering disagreement in discussions, or if you think that the participants' views differ widely from the recommendations given in this manual, the below tips can be useful in navigating the discussion:

- Always encourage participants to discuss childcare with their employers, and encourage participants to follow their employer's instructions.
- Be aware of how your own cultural biases shape your understanding of the content of the manual and the opinions expressed by participants in the training.
- Be respective of participants' opinions, even if they seem shocking to you or differ widely from the contents of the course material.
- Recognise participants' opinion and then make reference to the facts in the course material. You can for example say: "It is very interesting what you said about 'feeding a cold and starving a fever', however, according to the material in this course, sick children need extra nutrition regardless of whether they have a fever or not".
- Do not make up answers to questions that you cannot find the answer to in the course material. Let the participants know that they query is not covered by the course material, and encourage them to find the answer from an authoritative source (paediatric doctor, child development specialist etc.). You can for example say "Unfortunately, I cannot respond to that question, because I don't know the answer. This kind of concern should be raised with a paediatrician".
- It can be a good idea to encourage participants to set up some rules at the beginning of the training. Respecting each other's cultures and opinions should be one of them.

3. CONTENTS

MODULE 1 Getting ready for the course	This pre-course module helps organizers secure funding for the course and promote it. **SESSION 1.1: Budgeting** This session offers tips in organizing the course within the organizers' budget limits. **SESSION 1.2: Marketing the course** (1 session / Duration: 120 minutes) This session guides the preparation and delivery of an information session about the course. The target audience (domestic workers) is likely working full time with little respite, and will require convincing that the training is worth its time and perhaps money. **SESSION 1.3: Registration** This session will help organizers with the registration procedures.
MODULE 2 The physical development of children	***Number of days:*** *2 days (10 hours)* ***Number of sessions:*** *3 sessions.* **SESSION 2.1: Promoting healthy nutrition and eating habits** (3 hours) This session provides guidance for domestic workers on promoting healthy nutrition and eating habits among children across five distinct age categories. **SESSION 2.2: Motor skills development** (2 hours) This session guides domestic workers through active play activities that contribute to the development of the small and large motor skills of children according to age. **SESSION 2.3: Hygiene and the detection, prevention and treatment of common illnesses** (4.5 hours) This session provides guidance on a multitude of caregiving functions that are responsible for maintaining the personal hygiene of the child and shielding him/her against illnesses and diseases. These tasks include bathing, changing diapers, brushing teeth, controlling for lice and detecting and treating common health problems. **ASSESSMENT OF STUDENT LEARNING** (30 minutes).

MODULE 3 The cognitive development of children	***Number of days:*** *1 day (5 hours)* ***Number of sessions:*** *2 sessions* **SESSION 3.1: Cognitive development explained** (2.5 hours) This session examines how children develop different cognitive competencies like attention, thinking, speech and memory at different stages of their development. The session explores games or activities that domestic worker can undertake to contribute to the cognitive development of children across five distinct age categories. **SESSION 2: Transforming gender and cultural biases** (2 hours) Generational and cultural differences separate domestic workers from the children in their care. This session raises the attention of domestic workers to these differences and invites them to respect local norms and understandings without denying children the opportunity to be exposed to the richness of their own culture. Domestic workers are also invited to reflect on gender biases they may hold, their appropriateness and ways they can influence the activities they select for the boys and girls in their care. **ASSESSMENT OF STUDENT LEARNING** (30 minutes).
MODULE 4 The cognitive development of children	***Number of days:*** *1 day (5 hours)* ***Number of sessions:*** *2 sessions* **SESSION 4.1: Emotional development explained** (2.5 hours) This session first outlines the concept of emotional development. Second, it explores caregiving tasks, which contribute to the emotional development of children across five distinct age categories. In addition, the session reviews domestic workers' cultural and gender biases about their role in a child's emotional growth. Finally, the session delineates the boundary between parents' emotional functions and those of a domestic worker. **SESSION 4.2: Self-care for the caregiver** (2 hours) Emotional development, unlike physical and intellectual development, is a two-way conduit: o In contributing to the emotional development of a child, a domestic worker becomes emotionally invested in the child's upbringing and may become excessively attached to him/her. Emotional over-investment is exacerbated in the case of migrant domestic workers who are away from their own children. The blurring of boundaries between the role of domestic workers and parents, may result in the workers' dismissal. o Further, caregivers experience difficulties in commodifying their emotions towards the employer and his/her children, which could reduce their ability to demand better working and living conditions. They are said to be locked in a "prisoner of love framework" where they will continue to work even if they are not well paid. This session introduces participants to the concept of self-care and to self-assessment tools that can help them discern when emotional attachments are affecting their performance. **ASSESSMENT OF STUDENT LEARNING** (30 minutes).

MODULE 5
Planning for, establishing and managing a day care for the children of domestic workers

Number of days: *2 days (10 hours)*
Number of sessions: *6 sessions.*

This module walks participants through the planning stages of a day care for the children of domestic workers and provides guidance on establishing and managing a childcare centre by domestic workers' organizations.

SESSION 5.1: Assessing a community's need for a childcare centre (2 hours)
The session first outlines the main benefits of childcare centres to both children and working mothers. Next, it introduces participants to various types of childcare programmes and services. Finally, the session supports participants in the assessment of childcare needs in their communities and in the identification of corresponding care solutions.

SESSION 5.2: Defining the goals of the childcare centre and its identity (1.5. hours)
This session guides the development of a vision statement and corporate identity for the centre. It also offers tips on undertaking a stakeholders' mapping, and a survey of possible bureaucratic requirements.

SESSION 5.3: The business process of a childcare centre (1.5 hours)
This session builds on information from session two, to walk participants through the process of selecting a suitable business model and developing a business plan.

SESSION 5.4: The infrastructure of a childcare centre (1.5 hours)
This session explores the concept of safety in configuring the design of a childcare centre.

SESSION 5.5: Staffing (1.5 hours)
A childcare centre should meet certain employment requirements, which include caregiver experience and education and the caregiver-child ratio. Caregiver qualifications are discussed at length in modules two (physical development), three (intellectual development) and four (emotional development) of this toolkit. This session is very short and consists in determining an ideal caregiver-child ratio, which would ensure proper attention to a child's development needs.

SESSION 5.6: Financial management of a childcare centre (1.5 hours)
This session helps participants learn about the types of expenses related to setting up and then managing a centre.

ASSESSMENT OF STUDENT LEARNING (30 minutes)

Module 1

GETTING READY FOR THE COURSE

CONTENTS

1.1 Budgeting
1.2 Marketing the Course
1.3 Registration

This module walks the organizers of this course, or domestic workers' organizations, through some of the important pre-course procedures, such as budgeting, marketing, and registration. First, the module provides guidance on managing the course within the organizers' budget limits. Second, it guides the delivery of an information session about the course. The target audience (domestic workers) is likely working full time with little respite, and will require convincing that the training is worth their time (and perhaps their money in the case of fee-paying participants). Third, the module offers practical suggestions for course registration procedures.

1.1. BUDGETING

Planning a course is an important undertaking. It requires considerable preparation such as securing an adequate, accessible, and affordable venue as well as acquiring training material and relevant equipment. If the course cannot be set up only on domestic worker's day off, participants will most likely need to be assisted in preparing to ask for time off to complete the course.

Funding is a determining factor in your choice of venue, material and equipment. Begin by preparing an itemized budget for your activity. Next to each budget item, identify the corresponding cost, available funding, and needed funding (see Annex A for budget items to keep in mind).

Once you have a clear picture of the total cost of the course, you can determine the number of participants needed to cover your expenses and perhaps even make a small profit which you could invest in future editions of the course. In order to comply with the suggested timeline of the course, it is recommended to include no more than 15 participants in each training. Most importantly, a clear budget can guide you in targeting potential sponsors for the activity.

- If you are a trade union or a membership based organization, you can subsidize the course, partially or fully, with **membership dues**, subject to the approval of your organizations' board members.
- You may convince a number of sponsors to fund your activity. In smaller businesses, where there is no formal Corporate Social Responsibility (CSR) policy, donations are often made at the discretion of the manager. Note that it is often easier to persuade a local business to give you **in-kind donations** (i.e., a printer, ink and computer) than it is to convince them to donate money. You can also ask private businesses to offer you items which you would proceed to offer as **raffle prizes**. If you receive in-kind or **cash contributions** from a private business, think about offering public acknowledgement or publicity opportunities in return. A sponsor may require that you place their logo on the course notepads, certificates and brochures. You should be prepared to show receipts for all sponsored aspects of your activity.
- Heed calls for proposals by **international and national donor agencies** (often advertised on their websites) or approach donors with a concept note outlining the objectives of the course, the number of participants that you intend to target over a certain duration of time, and an explanation of the modules. Append the itemized budget to your concept note and remember to include your contact details (name, email, address, and phone number) so that the donor agency can reach you if they have clarifying questions.

- As a last resort, you can require course participants to pay **registration fees**. Hopefully, you would have acquired some funds from local businesses and convinced your board members to allocate a fraction of the membership dues to the course, thus reducing the registration fee to a bare minimum and allowing more people to join your course. After all, the course is also intended to those who are unemployed and seeking to develop their employability skills.

In exploring funding opportunities for future editions of the course, evaluations are important in demonstrating that your course was successful in delivering on its learning outcomes and, more importantly, that it was instrumental in improving the participants' livelihood options. Two evaluations are important in this respect:

- ***End of course evaluation:*** remember to administer an end-of-course evaluation during the last 30 minutes of your last day of training. You will find a sample evaluation form in Annex B. Note that some of the course participants will require assistance in responding to the evaluation questions, especially in responding to the open-ended questions. It is not uncommon to find participants who can speak the language of the course, but cannot read or write it. Make sure two of your co-organizers will allocate enough time to approach participants and offer their assistance. It is best if you leave the room during the evaluation. Clarify – at the onset – that participant responses are anonymous. Their honesty is welcome and will in no way jeopardize their chances of receiving a certificate of attendance. The evaluation is only meant to improve the course for future participants.
- ***Post-training impact evaluation:*** post-training evaluations are important in tracking the extent to which your course helped expand the participants' livelihood options. Make sure you maintain an up-to-date contacts' database of the course participants. Approach them six months after the date of the completion of the course and request to speak to them, at a time of their own choosing, about their experience with the course. Ask them whether the course was helpful in gaining employment, whether their working conditions and/or working relations with employers have improved as a result. Take thorough notes of their responses. You might want to quote positive feedback (with their consent) in your next course brochure.

Tips for securing a free venue

Speak to the local municipality about vacant venues, which you could use for the course (e.g., public library, high school classrooms during weekends). You can also approach local religious institutions and NGOs for available meeting and training rooms. Migrant community centres and trade union centres are also very good options.

Tips to secure free training material

Your local grocery store may be able to pass on empty cardboard boxes, which you could flatten out and use in lieu of flip charts. You can request paper factories to donate defected paper and notebooks.

1.2. MARKETING THE COURSE

This section guides the course organizers through the preparation and delivery of an information session about the course.

Number of sessions: *1 session.*
Duration: *1 hour.*

OBJECTIVES:
This session is an orientation to the course. It aims to:

- Encourage individuals in the community to sign up for the course;
- Explain the objectives, structure and duration of the course; and,
- Explain registration procedures.

RESOURCES NEEDED:
Prior to the information session:
Place an announcement about the information session in local grocery stores, internet cafés, religious centres, near taxi/bus stops, and other locations where you know women congregate daily. A template is available in Annex C.

For the information session:
- Three flip chart stands (or three large sheets of paper with tape)
- Five marker pens
- 50 print outs of the course brochure (see Annex D for template), 50 print outs of the registration sheet (see Annex E for template), 2 print outs of a generic attendance list (see Annex F for template), 20 print outs of the payment receipt (see Annex G for template) and 5 pens
- Notepads and paper for note taking

This information session must be accessible to a mixed group of participants (nationals, migrant workers, refugees, etc.) some of whom have a very limited educational attainment and are at distinct stages of their professional trajectory in the sector.

Introduce yourself and the objectives of the information session:

Welcome and present yourself to the group. Introduce the purpose of the meeting (i.e., that you would like to introduce a new and upcoming course, explain its relevance, and identify potential participants). Arguments you could leverage in convincing prospective participants of joining your course:

- The course will empower domestic workers with new skills that will expand the employment opportunities available to them, enable their career progression towards higher complexity tasks within the sector, and mitigate the employment disputes that result from underperformance, excessive emotional attachment to the children in their care and/or cross-cultural conflicts.
- The course will improve the performance of domestic workers who are already providing care to their employers' children and will give them a basis for negotiating better wages.
- For migrant domestic workers who intend to return to their home countries, the course will be important in supporting their upward mobility within the sector.

- The course could help course participants in raising their own children.
- The course will explore ways communities can set up a childcare centre where course participants could work themselves or place their children while they gain employment elsewhere.

Why is childcare considered a move up the domestic work ladder?

Domestic workers juggle tasks of limited complexity, such as ironing and cooking, with highly complex and demanding tasks such as taking care of sick, elderly and disabled persons. Childcare and elderly care functions are complex in that they require domestic workers to invest in the physical, psychological and emotional well-being of the person being cared for. They are also more demanding in that they require the workers' attention at unusual hours of the day. They also require the domestic worker to become emotionally invested in the employment relationship. More complex and demanding tasks are deserving of better wages.

However, this has to be done without raising expectations unduly. You should caution prospective course participants to the following realities:

- The course is likely to be implemented in contexts where the certificate of attendance that workers receive at the end of the course (by the implementing institution) is not necessarily recognized. It is therefore up to the worker to market her newly acquired skills in her engagement with prospective employers.
- The course is likely to take place in contexts where legislation does not provide for wage increases according to skill level. It is up to the worker to leverage newly acquired skills when negotiating better wages.
- For migrant women, the skills acquired are transferable across borders, but the certificate of attendance may not hold any value in countries of origin. It is therefore, once more, up to the worker to market her newly acquired skills in her engagement with prospective employers in her home country.

The importance of childcare facilities

With no other childcare options, domestic workers often cope by leaving children home alone, with older siblings, or taking their children to their workplace where they can damage products, resulting in a loss of income,[2] or hurt themselves. Parents also rely on unexperienced care workers, like older siblings or other relatives, for providing childcare. In rural parts of Ethiopia, more than 50 per cent of girls between five and eight provide unpaid care work on daily basis.[3] This has direct repercussions on the health and development of the children being cared for and on the educational and employment prospects of the young girls who leave school to care for family members.[4]

2 Alfers, L. 2016. "Our children do not get the attention they deserve": *A synthesis of research findings on women informal workers and childcare from six membership-based organizations.* (Cambridge MA, WIEGO Childcare Initiative).

3 Overseas Development Institute (ODI). 2016. *Women's work: Mothers, children and the global childcare crisis* (London).

4 ILO. 2009. *Work and family: The way to care is to share!* (Geneva)

1.3. REGISTRATION

Before you close the information session, ask the participants to raise their hand if they are interested in signing up for the course. Ask them to stay on for an explanation of registration procedures. Do not despair if participants leave the information session without expressing an interest in registering for the course. You would have at least raised their awareness to the importance of skilling domestic work.

Be prepared to answer questions about the following aspects of the course:

- Capacity of the course
- Language of the course
- Venue of the course
- Trainer
- Will you be delivering a certificate? Is it recognized locally, nationally, internationally? Will you organize a ceremony to deliver certificates? What type of ceremony? Will the participants be able to invite friends and family? If so, how many? Is it free or charging? Keep in mind that even without national recognition, a certificate of attendance can be an important motivational factor for workers attending the course.
- What are the requirements for completing the course successfully: attending all or a minimum of courses, graded homework, exams etc.?
- Payment information:
  - Registration fee
  - What the fee covers: e.g., course material, teaching aids, certificate etc.
  - Modalities of payment (By module? For the full course? In the case of drop outs/reimbursement?)
- Registration modalities:
  - Deadline
  - Address/Contact details

Ask them to pick up a brochure (template in Annex D) containing all relevant information on their way out. Invite them to share it and to share their impressions about the information session with friends, family and colleagues. Clarify that there will be multiple editions of the course and that if their acquaintances cannot secure a spot on this course, they will be able to sign up for upcoming courses.

Invite interested participants to register on the spot. Have registration forms (see Annex C) and cash receipts (see Annex D) ready for takers. Otherwise ask them to contact the phone number on the brochure.

Make sure all the participants sign an attendance list (see Annex E) before leaving the information session. It is important for your sponsors (to make sure that you are using their money wisely). It is also important to announce future courses. Some participants in your information session may have declined to sign up for the course this time, but could be convinced to sign up for future sessions.

Annex: Module 1

Annex A: Budget items to keep in mind

BUDGET ITEMS	ESTIMATED COST	BUDGET AVAILABLE (SOURCE)	BUDGET REQUIRED
VENUE			
Rent			
Chairs			
Electricity			
Heating/Air conditioning			
Insurance/Licneses			
Food			
Transportation			
MATERIAL			
Flip Charts			
Marker Pens			
Pens and Pencils			
Notepads/Paper			
Tape			
PRINTING			
Computer			
Printer			
Paper			
Ink			
TRAINER FEES			
Trainer fees			
MISCELLANEOUS			
Please specify			
TOTAL			

Annex B: Sample course evaluation

Date and location	
Title of training	
Name of trainer	

PLEASE RESPOND BY YES OR NO	
The objectives of the training were clearly defined and explained	
Participation was encouraged	
The topics covered were relevant	
The content was organized and easy to follow	
The trainer was knowledgeable	
The trainer was well-prepared	
The time allotted for the training was enough	
What did you like most about this training?	
What aspects of the training could be improved?	
How do you hope to use this training?	
Will you recommend it to a friend?	
Will you be interested in a similar training on elderly care?	

Annex C: Announcement about the information session

BECOMING A CAREGIVER
INFORMATION SESSION

<table>
<tr><td rowspan="4">Join us in learning about childcare and expand your employment opportunities:

• Learn about the nutritional needs and healthy eating habits for children of different ages
• Learn about children's play needs at different developmental stages
• Learn about the most common illnesses among children
• Learn about setting up a childcare facility</td><td>DATE</td></tr>
<tr><td>VENUE</td></tr>
<tr><td>TIME</td></tr>
<tr><td></td></tr>
<tr><td>LOGO</td><td>CONTACT INFORMATION</td></tr>
</table>

Annex D: Sample brochure about the course

TITLE OF THE COURSE		
INFORMATION ABOUT THE COURSE	Objectives of the course	
	Nature of the certificate	
	Requirements for completing the course successfully *Attendance, homework, exams etc.*	
	Capacity of the course	
	Language of the course	
	Venue of the course	
	Information about transportation	
MODULES		
Module 1	Dates	Hours
Module 2	Dates	Hours
Module 3	Dates	Hours
Module 4	Dates	Hours
Module 5	Dates	Hours
PAYMENT INFORMATION	Cost	
	What the cost covers *e.g., course material, teaching aids, certificate etc.*	
	Modalities of payment *By module? For the full course? In the case of drop outs/ reimbursement?*	
REGISTRATION MODALITIES	Deadline	
	Address/Contact details	
CONTACT DETAILS FOR INQUIRIES ABOUT THE COURSE	Name, function, email, phone number.	
LOGOS OF COURSE IMPLEMENTING INSTITUTION AND SUPPORTING INSTITUTIONS IF ANY		

Annex E: Sample registration sheets

in two copies for the course participant and for the course organizer

TITLE OF THE COURSE	
Course dates	
Course venue	
Last name:	First name:
Street address:	Po.Box No. / Apartment / floor:
City / State / Zip code:	
Home phone:	Cell phone:
Email address:	Identity number *passport number, identity card, etc.*
TOTAL CHARGE:	**SIGNATURE:**

Annex F: Sample cash receipt

in two copies for the course participant and for the course organizer

Cash Receipt

DATE: RECEIPT NUM: XXXXXXXX

AMOUNT RECEIVED FROM: ____________________

ADDRESS: ____________________

AMOUNT: ____________________

PURPOSE OF PAYMENT: ____________________

ACCOUNT	
Total amount due	
Amount paid	
Balance due	

PAYMENT MADE BY	
Cash	
Cheque	
Others	

AMOUNT RECEIVED BY: ____________________

Authorized signatures

Authorized signatures

BUSINESS NAME HERE
BUSINESS ADDRESS
CITY, STATE AND ZIP CODE
PHONE, FAX
WEBSITE: WWW.WEBSITEADDRESS.COM

Annex G: Sample participant list

TITLE OF THE INFORMATION SESSION			
DATE			
VENUE			
LAST NAME	**FIRST NAME**	**TELEPHONE NUMBER**	**EMAIL ADDRESS**

Module 2

THE PHYSICAL DEVELOPMENT OF CHILDREN

CONTENTS

2.1. Promoting healthy nutrition and eating habits
2.2. Motor skills development
2.3. Hygiene and the detection, prevention and treatment of common illnesses

THE PHYSICAL DEVELOPMENT OF CHILDREN

This module provides guidance on (a) promoting healthy nutrition and eating habits among children of different age groups, (b) identifying, preventing and treating common illnesses among children, and (c) developing the small and large motor skills of children through active play. As in other modules of this toolkit, the activities will build on the lived experiences and professional trajectories of course participants to develop their competencies in the physical development of children. The module is designed to be administered over the course of two days, for a total of ten course hours.

CONTENTS

SESSIONS

2.1. Promoting healthy nutrition and eating habits
2.2. Motor skills development
2.3. Hygiene and the detection, prevention and treatment of common illnesses

EXERCISES

Exercise 2.1.1. Categorizing dietary changes according to age
Exercise 2.1.2. Promoting healthy eating habits according to age
Exercise 2.1.3. Learning how to plan a weekly menu
Exercise 2.1.4. Nutrition for sick children
Exercise 2.1.5. Practicing milk bottle preparation and administration
Exercise 2.2.1. Matching activities with corresponding age categories
Exercise 2.3.1. Learning how to bathe a child, change his/her diapers, brush a child's teeth, and prevent and control lice

TABLES

Table 2.1.1. Healthy nutrition for children and the role of caregivers in promoting healthy eating habits
Table 2.2.1. Status of motor skills development by age category
Table 2.3.1. Bathing techniques by level of motoric and emotional development
Table 2.3.2. Knowing your way around common illnesses

BOXES

Box 2.2.1. Motor skills categories
Box 2.2.2. List of activities to promote motoric skill development
Box 2.3.1. Loosing baby teeth
Box 2.3.2. Recommendations for the caregiver

QUESTIONS

Assessment of student learning.

Number of days: *2 days*
Number of sessions: *3 sessions.*

OBJECTIVES:
This module provides guidance on (a) promoting healthy nutrition and eating habits among children of different ages, (b) developing the small and large motor skills of children through active play, and (c) identifying, preventing and treating common illnesses among children.

SESSION 2.1: PROMOTING HEALTHY NUTRITION AND EATING HABITS (3 hours)
This session provides guidance for domestic workers on promoting healthy nutrition and eating habits among children across five distinct age categories.

SESSION 2.2: MOTOR SKILLS DEVELOPMENT (2 hours)
This session guides domestic workers through active play activities that contribute to the development of the small and large motor skills of children according to age.

SESSION 2.3: HYGIENE AND THE DETECTION, PREVENTION AND TREATMENT OF COMMON ILLNESSES (4.5 hours)
This session provides guidance on a multitude of caregiving functions that are responsible for maintaining the personal hygiene of the child and shielding him/her against illnesses and diseases. These tasks include bathing, changing diapers, brushing teeth, controlling for lice and detecting and treating common health problems.

ASSESSMENT OF STUDENT LEARNING (30 minutes).

RESOURCES NEEDED:
- Flip chart stands (or three large sheets of paper with tape)
- Marker pens
- 25 pens
- Notepads and paper for note taking

PROPS:
- Three dolls
- Disposable diapers
- Cotton
- Talcum powder
- Towel
- Sponge
- Baby clothes
- Oil calcareous ointments
- Toys for the bathtub
- Fine comb
- Toothbrush
- Bottle
- Milk
- Water
- Gas/kitchen

2.1. PROMOTING HEALTHY NUTRITION AND EATING HABITS AMONG CHILDREN ACCORDING TO AGE

In addition to contributing to the physical growth of children, healthy nutrition is important for their emotional and cognitive growth. Meals are also an important time for children to interact with their caregivers and to recognize that they are loved and appreciated. During family meals, children learn to become members of the family, and later of the community. Healthy eating habits (identifying and acquiring a taste for nutritious foods, eating at healthy intervals and in healthy doses) are also acquired in infancy. At the table, children learn by example. By observing their caregivers, they learn the habits of sharing, waiting for their turns, and using the cutlery and glassware – all important social skills.

Depending on the development of their digestive system and teeth formation, children accept different selections and combinations of food types (milk, wheat and cereals, meat) and consistency (liquid, soupy, hard). In plenary, invite the participants to build on their experience caring for their own children, younger siblings or neighbours to identify the different age categories that mark significant dietary changes. Ask them to elaborate on the rationale behind their categorization such as changes in food type, consistency, amounts and variety.

EXERCISE 2.1.1.

CATEGORIZING CHANGES IN CHILDREN'S DIET ACCORDING TO AGE

AGE CATEGORY	SIGNIFICANT DIETARY CHANGES
Age group 1	Type, consistency, amounts, and variety.
Age group 2	Type, consistency, amounts, and variety.
Age group 3	Type, consistency, amounts, and variety.
Age group 4	Type, consistency, amounts, and variety.
Age group 5	Type, consistency, amounts, and variety.
Age group 6	Type, consistency, amounts, and variety.

Once the course participants have identified the age demarcations, invite them to discuss the role of caregivers in instilling healthy eating habits among children at each of the age junctures. Remind them to reflect on their own experience with children in their family.

EXERCISE 2.1.2.

PROMOTING HEALTHY EATING HABITS ACCORDING TO AGE

AGE CATEGORY	THE ROLE OF A CAREGIVER IN PROMOTING HEALTHY EATING HABITS AT EACH AGE JUNCTURE
Age group 1	(Identifying and acquiring a taste for nutritious foods, eating at healthy intervals and in healthy doses)
Age group 2	(Identifying and acquiring a taste for nutritious foods, eating at healthy intervals and in healthy doses)
Age group 3	(Identifying and acquiring a taste for nutritious foods, eating at healthy intervals and in healthy doses)
Age group 4	(Identifying and acquiring a taste for nutritious foods, eating at healthy intervals and in healthy doses)
Age group 5	(Identifying and acquiring a taste for nutritious foods, eating at healthy intervals and in healthy doses)
Age group 6	(Identifying and acquiring a taste for nutritious foods, eating at healthy intervals and in healthy doses)

Please refer to the Table below for ideas in facilitating this exercise. The Table outlines the types of food that are appropriate for children according to age and outlines eating habits that caregivers can promote.

TABLE 2.1.1.

HEALTHY NUTRITION FOR CHILDREN AND THE ROLE OF CAREGIVERS IN PROMOTING HEALTHY EATING HABITS (BY AGE CATEGORY)

AGE CATEGORY	MENU SELECTION AND COMBINATION	PROMOTING HEALTHY EATING HABITS
Infants: *0-6 months*	The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend exclusive breastfeeding for the first 6 months of an infant's life, and introduction of nutritionally-adequate and safe complementary (solid) foods at six months together with continued breastfeeding up to two years of age or beyond.[5] An infant will only consume milk during the first five months after birth. This includes breast milk, baby formula milk, and special types of formula milk for premature babies. At the sixth month, caregivers should supplement milk with other types of food, the consistency of which should be rather thick. Babies' stomachs cannot hold a lot of food at a time, and liquid preparations have more water relative to nutrients. Once the caregiver has incorporated thicker substances to a baby's diet, a small piece of fat-free cooked, grilled, broiled or boiled meat (e.g., beef, chicken, rabbit, and pork) can be added to the meal. It should be finely chopped or grated. Caregivers should not add salt to meals. Instead, they should introduce a teaspoon of oil or butter to every meal. For dessert, the caregiver can offer carefully washed and peeled fruit pulp (e.g., apple, banana, pears, and peach) to the infant. The ideal drink for six month old infants is water, followed by natural fruit juices. Caregivers must dilute juices and refrain from adding sugar.	To monitor and compare changes in infants' food consumption, caregivers must place the meal in a clean plate or dish. It is very important for the caregiver to maintain her calm and patience when feeding the infant. The caregiver must maintain eye contact with the infant as s/he eats. This is an important part of a child's socialization process. The caregiver must add one food type at a time to the infant's diet to test his/her tolerance levels to different food types. A caregiver should offer the same type of food over several days to allow the baby to adjust to its taste/flavour. To prevent a baby from spitting the food, a caregiver must place the food in the centre of the tongue. Small spoons with smooth and round edges are helpful in this regard. To avoid illnesses, vegetables must be washed thoroughly before cooking. A caregiver must not use food as a basis to reward or punish the child. The caregiver must instil in the child the notion that food is a necessary and routine exercise, just like sleeping and exercising/playing. It is also a pleasant moment. The caregiver should name the vegetables in an infant's plate, comment on their characteristics (i.e., colour, shape, temperature, flavour). The caregiver must accompany their comments with pleasant gestures and intonation, or even melodies.

5 *Factsheet on Infant and young child feeding,* WHO, 2017, http://www.who.int/mediacentre/factsheets/fs342/en/ [accessed 15 April 2018]. For more information, see *Global Strategy for infant and young child feeding,* WHO, 2001, http://apps.who.int/gb/archive/pdf_files/WHA54/ea54id4.pdf?ua=1&ua=1 [accessed 30 may 2018].

Infants: *7-8 months*	The WHO and UNICEF recommends frequent, on-demand breastfeeding until two years of age or beyond. When infants enter into their seventh month, caregivers must feed them two to three meals a day. In addition to the foods suggested earlier, caregivers can progressively add the following ingredients: noodles, rolled oats and barley; shredded vegetables (e.g., zucchini); hard-boiled egg yolk added to purees and other preparations; well-cooked and sifted peas, lentils, chickpeas, beans, etc. The caregiver should add two tablespoons of cooked and shredded beef, chicken, rabbit or pork. As before, a tablespoon of oil or butter must be added to each meal. For desserts, a caregiver can prepare milk-based sweets such as flans, cream of corn, rice, polenta or semolina with milk. Breast milk can be used to prepare desserts. The caregiver can also prepare lightly toasted bread or toasted dry biscuits without filling. Cream cheese or fresh cheese can be added to the preparations. It is very important to offer the infant a fruit and a vegetable daily (e.g., yellow, orange or dark green), sometimes with yogurt and cereals.	A caregiver should not force children this age to eat. They naturally regulate the quantity of food that their body requires. If they finish their plate during one of the meals, they may eat less during the following meal. At this age, children become more aware of the food that they are consuming. A caregiver should let them use their hands to learn about the different consistencies of food preparations. At this age, children need more nutritious foods than adults. It is therefore important that caregivers avoid soft drinks and concentrated bottled juices. Instead, caregivers must give them potable water or natural fruit juices with a teaspoon or in drinking cups.
Infants: *9-12 months*	The WHO and UNICEF recommends frequent, on-demand breastfeeding until two years of age or beyond. Children at this age eat three or four meals a day (e.g., breakfast, lunch, afternoon snack and dinner). A caregiver can incorporate the following into their daily diet: - Carefully washed and peeled fresh fruits in small pieces. - Seedless and skinless tomato pulp, beets and spinach, sweet potato or quince.	Vegetable oil should be added in small amounts to improve the taste of foods. While children are fond of sugar, it is recommended that caregivers use it in small quantities. Children must learn not to sweeten their meal to reduce the likelihood of developing diabetes as adults.

	o Grated or minced meat and fish (caregivers should remove all bones and thorns). o Well-cooked and chopped whole egg (two to three times a week) to replace meat. o Stuffed pasta and stews with very little seasoning.	It is advisable to combine meat and vegetables, pasta or rice in every meal. Avoid large chunks of food, sticky or seedy/thorny food types.
First year	The WHO and UNICEF recommends frequent, on-demand breastfeeding until two years of age or beyond. At this age, children eat the same foods as the rest of the family. They also eat several meals throughout the day (e.g., breakfast, lunch, afternoon snack and dinner). Therefore, caregivers must avoid the following foods as they may contain harmful substances: o Cold cuts, hamburgers, sausages (contain fats, salt and preservatives). o Sauces, soups and broth that are prepared with cubes and instant soups (high in monosodium and salt). o Very spicy foods. o Weed tea (e.g., star anise, linden, camomile, among others) might trigger allergies in children. o Soda, artificial juices, soy milk. o Salty and fatty products such as fried potatoes, cheese sticks. o Fried food every day. o Do not use ready-made desserts. They may contain preservatives to prolong their shelf life. o Honey could contain spores that may cause botulism in the infant's intestines, and it is therefore recommended not to feed honey to the infants before the age of one year.[6]	At this stage, children would have developed opinions about certain types of food. Caregivers must be patient and serve food with affection and perseverance in spite of children's rejection and strong opinions. Caregivers must monitor children's food intake by staying with the child until it finishes eating. Children, when left alone, could spit the food. The variety of foods and their attractive appearance are stimuli that favour the attitude of the child towards food. Caregivers can make the food appealing by preparing combination of foods of different colours, sizes, textures and tastes. Children at this stage want to touch everything, including the food in their plates. Caregivers must not serve the food too warm. Also, caregivers must ensure children have washed their hands prior to eating and trim their nails to avoid dirt from stocking up underneath. The atmosphere at the table should be calm. It is therefore important to keep the TV off during meal times. Eating is an important social moment, one that contributes to the emotional growth of the child.

6 *Fact sheets on Botulism*, WHO, 2018, http://www.who.int/mediacentre/factsheets/fs270/en/ [accessed 28 May 2018].

Pre schoolers *2-5 years*	Caregivers must manage the tension between a child's respect for healthy eating habits and table etiquette, on the one hand, and their tendency to be confrontational and continuously test boundaries, on the other. Family life is an important determinant of a child's nutrition during this time. The caregiver and the family must collaborate to encourage the child to conform to the norm without restraining the child's quest for autonomy.
School-age children	Children's routine is disrupted by school and extracurricular activities, forcing caregivers to become more deliberate in managing the timing of meals and deciding on portions. For example, caregivers must wake children up earlier to eat breakfast. Hearty breakfasts (e.g. milk, yogurt) are important for achieving effective results in school. Children's lunch must also be ready and packed by that time. Dinners must be copious to replenish the physical and intellectual energy consumed in school. During dinner, caregivers must switch the TV off and put away mobile phones and computer tablets to encourage their interactions with other family members. Caregivers must avoid giving money to children. They would buy candy, salty potato chips and soft drinks which contribute to child obesity and tooth decay. A caregiver could pack fruits, home-made desserts and cereals with their lunch to substitute for unhealthy snacks.

Source: Adapted from ILO and The Ministry of Labour, Employment and Social Security Argentina: *Trayecto formativo: Cuidado y atención de niños y niñas: Material de apoyo para la formación de cuidadoras y cuidadores de niños y niñas* (Buenos Aires, 2015).

If you have time, invite participants to sit in three groups. Ask each group to develop a weekly menu for a child of a certain age (e.g., infants between six and twelve months; pre-schoolers, school-age children). Draw the Table below on a large sheet of paper. Make this sheet of paper available for each of the groups.

EXERCISE 2.1.3.

LEARNING HOW TO PLAN A WEEKLY MENU

	MON	TUE	WED	THU	FRI	SAT	SUN
Breakfast							
Lunch							
Afternoon snack							
Dinner							

Nutrition for children who are sick[7]

A child's immune system is not fully developed until age three; toddlers average about seven colds a year. Around age three to five, children are exposed to many diseases after the antibodies from a mother's breast milk are excluded from their diet.[8]

Good nutrition is important in nursing children back to health. The belief that food should be discontinued during the illness is false. Common infectious diseases – such as diarrhoea or respiratory infections – can cause nutritional deficiencies in children.

EXERCISE 2.1.4.

NUTRITION FOR SICK CHILDREN

Ask session participants to share their approach to nutrition for sick children by posing the following questions
What do you do if the child has diarrhoea?
What do you do if the child is vomiting?
What do you do once the child recovers?

Use the messages below to inform your discussion.

Prepare foods that the child likes to stimulate his/her appetite.

- When a baby has diarrhoea, loss of body fluids can be dangerous. For toddlers, breastfeeding should be maintained, if possible with higher frequency. Make sure older children drink plenty of fluids to prevent dehydration. Offer cereal or rice porridge, diluted with milk and water broth. One should be careful giving cow's milk to children with diarrhoea. Oral rehydration or rehydration salts can be given. Oral rehydration salts (ORS) mixes are a combination of dry salts mixed which need to be added to safe water. The mix can help replace the fluids lost due to diarrhoea. ORS can be bought in pharmacies or prepared at home.[9]
- If the child vomits, it is advisable to serve him/her food in small quantities until s/he can eat bigger portions. Easily digestible foods like puree and soups without fatty substances are preferred.
- Once the child recovers, the caregiver should add one meal a day during the first two weeks following his/her recovery. Add desserts between meals. For example:
    - Milk-based desserts (e.g., flan)
    - Yogurt with fruit or cereal flakes
    - Sweet potato
    - Bread with butter and jam

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7 This section is adapted from: ILO and Ministry of Labor, Employment and Social Security Argentina: *Trayecto formativo: Cuidado y atención de niños y niñas: Material de apoyo para la formación de cuidadoras y cuidadores de niños y niñas* (Buenos Aires, 2015).

8 *Immune system,* KidsHealth, 2015, http://kidshealth.org/en/parents/immune.html# [accessed 9 December 2017].

9 To prepare oral rehydration recipes at home, please consult: *Oral rehydration solutions made at home, Rehydration project,* http://rehydrate.org/solutions/homemade.htm [accessed 15 February 2018].

- Fruit smoothies with milk and sugar, with cream or ice cream
  - Chicken and a hard-boiled egg, cheese and other sandwiches
- Additional doses of oil and sugar are encouraged during this time to restore his/her energy. Other options include the following:
  - Enrich all meals with two teaspoons of fortified powder milk.
  - Prepare meals (e.g. polenta, purees, cereals) with milk instead of water.
  - Bake or grill pancakes and eggs.
  - Add slices of fresh cheese to vegetable preparations.
  - Add honey (for children older than 1 year) to fruit desserts and cakes.
  - Incorporate a hard-boiled egg (full or chopped) into fillings and salads.

Identifying and dealing with food allergies in children[10]

- Children could be allergic to any food, but more likely to milk, eggs, wheat, fish and nuts. In addition to food, latex, insect stings and medicines can cause a severe allergic reaction in children.

- When introducing a new food to the child in your care, caregivers should keep an eye for allergic reactions such as hives, skin rashes, swellings, vomiting, diarrhoea, coughing, difficulty breathing and loss of consciousness.

- Symptoms usually start anywhere between a few minutes or two hours after eating a food. Symptoms of an allergic reaction can appear one to six hours after the first symptoms disappear. This is called a biphasic reaction or a two-phase reaction. **Caregivers must keep a list of food types to which children are allergic and avoid them at all cost.** Sometimes inhaling the powder of peanuts, for example, can cause allergic reactions in children with allergies to peanuts.

- Caregivers must discuss emergency instructions with employers and should have the following at hand:

  - The number of emergency and rescue services
  - Script for calling emergency and rescue services, for example:

    THIS IS AN EMERGENCY
    My name is...and our address is...
    A (X)-year-old child in my care is having severe food allergies. [Describe the symptoms and any care you have given him/her already, like for example a shot of epinephrine...]
    Please send help. My phone number is...this is the passcode to the building... please find apartment number (or any other pertinent information like a label next to the door, the colour of the door, is the apartment to the left or the right of the stairs, elevators...)

  - Cell phone number plus the names and phone numbers of nearby friends of the family according to instructions from the parents.
  - Practice using epinephrine auto-injector in the case of children with known allergies.

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10 This section is adapted from *Food allergy facts and figures*, Kids with Food Allergies, 2017, http://www.kidswithfoodallergies.org/page/food-allergy-facts.aspx [accessed 9 December 2017]; *Hiring a New Babysitter or Caregiver for Your Child with Food Allergies*, Kids with Food Allergies, http://www.kidswithfoodallergies.org/page/teach-babysitter-caregiver-food-allergy-emergency-plan-form.aspx [accessed 9 December 2017].

A general note on emergency situations

MIGRANT DOMESTIC WORKERS FACE A NUMBER OF BARRIERS IN MANAGING EMERGENCY SITUATIONS. THIS BARRIERS CAN INCLUDE:

- No access to phones
- No ability to communicate in the language of the emergency responders
- Fear of incurring costs on their employer if they call emergency services in cases that would not require emergency first aid
- Fear from being blamed for the emergency situation
- Fear from being arrested if they do not have access to their personal documentation or in cases where they are working in an irregular situation
- Lack of knowledge of insurance coverage modalities or hold proof of insurance for the child (in a number of countries, hospitals refuse to accept patients who cannot produce proof of insurance coverage)

You may wish to discuss with course participants what some of these barriers are. Encourage them to discuss these and other concerns with their employers. Encourage them to develop together with their employers an emergency protocol. If time permits, participants can practice discussing emergency procedures with their employers in pairs as a role play activity.

Preparation and administration of the milk bottle

Demonstrate the preparation and administration of the milk bottle to course participants using a milk bottle, a doll, milk powder, utensils, a kitchen stove, sterilized water, water fountain and detergents (the preferred setting for this exercise is the training centre's kitchen).

Prepare the milk bottle

1. Wash your hands.
2. Make sure that the utensils used are clean to avoid contamination.

- Sterilize the bottle before using it for the first time and after every use by submerging it in a pot of boiling water for at least five minutes. Then, let it dry on a clean towel. After that, a good cleaning of the inside and outside of the bottle in hot, soapy water or a cycle through the dishwasher are sufficient.
- The spoon used to serve powder milk should be clean and dry. Do not leave it stored inside the can. Wash it with water and detergent after each use.

3. The bottle should be prepared immediately before consumption. Maintain ***breast milk*** at temperatures below 5°C until the moment of consumption. To prepare the ***powdered formula***, boil water (for at least three minutes). Cool the water for a maximum of 30 minutes after boiling. Check the temperature of the milk by dripping a few droplets on the back of your hand.

4. ***Give the bottle:*** Gently caress the cheek closest to your body. This will stimulate the suction reflex. Then, gently insert the teat into his/her mouth. If you force it too much inside the infant's mouth, the teat can cause nausea. Place the infant's head in the fold of the elbow and support his/her back supported with your forearm. In the process of administering the bottle, you can pause to move the baby to the other arm.

5. ***Burping:*** Swallowing air is quite common when drinking the bottle. This can be avoided by holding bottle-fed infants at an angle to prevent swallowing air from the bottle. To favour the belching, it is important to keep the baby in an erect position for a few minutes after eating.

6. ***To remove the bottle,*** slide the corner of the lips with your little finger towards the infant's cheek to force the infant to let go of the teat (prevent him/her from sucking onto the teat).

EXERCISE 2.1.5.

PRACTICING MILK BOTTLE PREPARATION AND ADMINISTRATION

Invite each of the participants to demonstrate one of the steps outlined above. Ask the others to comment on their course mate's performance. This is an important section of the exercise, as it might encourage practical insights from participants or elicit unhygienic biases about how the bottle should be cleaned and administered. Here, you should gently clarify why these suggestions should be considered or not.

2.2. MOTOR SKILLS DEVELOPMENT

The physical development of children involves active play time that contributes to the development of their small and large motor skills and to the coordination between small and large motor skills. These skills vary by age with larger muscles usually developing before smaller muscles.

Oftentimes, activities considered appropriate for girls train small motor skills (e.g. beading, dressing dolls), whereas activities considered appropriate for boys (e.g. playing sports) encourage practising large motor skills. It is important that girls and boys practice both small and large motor skills.

Box 2.2.1

MOTOR SKILLS CATEGORIES

Large motor skills
are the large muscle movements that are responsible for running, jumping and throwing. Examples of gross motor development include being able to run, hopping, throwing and kicking a ball, climbing and riding a tricycle.

Small motor skills
are smaller muscle movements, mostly in the hands, feet, fingers and toes, voice, lips and tongue. They are responsible for grasping, holding, and manipulating small objects like picking up, holding and moving a crayon, cutting with scissors or tying shoelaces. They are also responsible for eating, chewing, kissing, hand-eye coordination and making sounds.

Coordinating large and small motor skills
playground games require children to use the large muscles of the arms and legs to propel them upward and forward. At the same time, children must use small motor skills to coordinate eye and hand movements and to adjust their grip on the playground equipment.

Source: *Supporting Both Large Motor and Small Motor Development in Childcare*, eXtension, 2015, http://articles.extension.org/pages/25372/supporting-both-large-motor-and-small-motor-development-in-child-care [accessed 1 January 2017].

Caregivers can help children practice and perfect control and coordination of large and small body movements through in-door and outdoor play. Table 2.2.1. describes some common motor skills that children achieve at different ages and Box 2.2.2. is a list of activities to help children achieve their motoric skills.

Invite session participants to sit in four groups (infants, toddlers, pre-schoolers, and 6-8-year olds). Ask them to match the activities in Box 2.2.2. with their corresponding age categories (as in Table 2.2.1.). Ask groups to report back in plenary. Invite others to comment on the suitability of the selection. Ask them to propose other suggestions from their experience.

EXERCISE 2.2.1.
MATCHING ACTIVITIES WITH CORRESPONDING AGE CATEGORIES

AGE CATEGORY	ACTIVITIES	
Infants	Small motor skills	
	Large motor skills	
Toddlers	Small motor skills	
	Large motor skills	
Pre-schoolers		
Six to eight year olds		

Box 2.2.2

LIST OF ACTIVITIES TO PROMOTE MOTORIC SKILL DEVELOPMENT

- Running at different speeds
- Jumping rope
- Playing hopscotch[11]
- Tossing and catching balls of different sizes
- Pitching bean bags
- Climbing in many different directions
- Pedalling riding toys
- Pulling wagons or toys
- Pushing toy strollers or brooms
- Filling and emptying buckets and other containers
- Using play dough or clay with plastic tools such as scissors or cookie cutters to form into various shapes, blocks of various sizes
- Stacking and arranging, beads, macaroni, rigatoni or wheel-shaped cereal to string on yarn or shoelaces
- Puzzles with varying size handles or knobs, scissors, paints, brushes, markers, crayons, and large chalk that are all child-safe
- Encourage children to turn the pages of a book (board books)

Source: *Play Activities to Encourage Motor Development in Childcare,* eXtension, 2015, http://articles.extension.org/pages/25802/play-activities-to-encourage-motor-development-in-child-care [accessed 1 January 2017].

11 Hopscotch is a popular playground game in which players toss a small object into numbered spaces of a pattern of rectangles outlined on the ground and then hop or jump through the spaces to retrieve the object.

TABLE 2.2.1.

STATUS OF MOTOR SKILLS DEVELOPMENT BY AGE CATEGORY

AGE CATEGORY		STATUS OF MOTOR SKILLS DEVELOPMENT
Infants	**4 months**	• Can lift their head and chest when lying on stomach. • Hold both eyes in a fixed position. • Follow a moving object or person with their eyes. • Grab and hold onto a rattle or your finger. • Wiggle and kick with arms and legs. • Roll from stomach to back. • Sit up, but only with support.
	8 months	• Roll from back to stomach and stomach to back. • Sit alone without support. • Raise up on arms and knees into crawling position. • Rock back and forth on hands and knees, but may or may not move forward. • Use the finger and thumb to pick up objects. • Transfer objects from one hand to the other.
	12 months	• Enjoy opening and closing cabinet doors. • Crawl well and can move very quickly by crawling. • Pull themselves to a standing position. • Stand alone and walk while holding on to furniture for support. • Might take a few steps alone.
Toddlers	**Between 12 and 18 Months**	• Stand alone, sit down and move while holding on to furniture. • Begin walking and become more confident with experience. • Gesture or point to objects to indicate what they want. • Push and pull objects, including strollers, wagons, push toys and even furniture. • Fill and dump containers.

Toddlers		• Pull off their hat, socks and mittens. • Turn pages in a board book. • Stack blocks. • poke, twist and squeeze objects. • Flush toilets and close doors. • Carry small objects while walking, often one in each hand. • Hold a crayon and scribble but have difficulty controlling the scribbling. • Wave bye-bye and clap their hands. • Pick up small finger foods and eat them. • Hold a spoon when eating but may have trouble getting the spoon into their mouths. • Roll a ball to an adult when asked.
	Between 18 and 24 Months	• Walk well. • Run but can't always stop or turn well. • Drink from a straw and feed themselves with a spoon. • Wash their hands. • Stack more blocks and knock down block towers. • Toss or roll a large ball. • Bend over to pick up toys without falling. • Walk up steps with help. • Take a few steps backward. • Move small-wheeled riding toys with their feet. • Have some control of their bowels and bladder.
	Between 24 and 36 Months	• Walk up and down stairs by holding onto the railing. • Climb stairs with both feet on each step. • Feed themselves with a spoon or fork easily. • Experiment by touching, smelling and tasting objects. • Push, pull, fill and dump. • Fit objects into small spaces.

Toddlers		• Turn pages of a picture book but may need to be reminded to turn them gently. • Stack four to six blocks or other objects. • Control scribbles made with crayons or markers. • Learn to use the toilet. • Walk backwards, and jump with both feet. • Toss or roll a large ball. • Catch a ball with both arms extended. • Squat down and can stand up from a squatting position without falling.
Pre-schoolers	Age three	• Use the toilet with some help. • put their shoes on but cannot tie laces. • Dress themselves but may need some help with buttons, snaps and zippers. • Feed themselves but may spill occasionally. • Catch a large ball with both arms. • Throw a ball overhead. • Kick a ball forward. • Hop on one foot. • Walk a short distance on tiptoe. • Climb up and down a small slide by themselves. • Pedal a tricycle.
	Age four	• Dress themselves without much help. • Use a spoon, fork and dinner knife skilfully. • Walks a straight line. • Hop on one foot. • Pedals and steers a tricycle skilfully. • Jump over objects 6-5 inches high. • Run, jump, hop, skip around obstacles with ease. • Stack 10 or more blocks. • Form shapes and objects out of clay or play dough.

Age group	Age	Skills
Pre-schoolers		• Thread small beads on a string. • Catch, bounce and throw a ball easily.
	Age five	• Dress themselves with little assistance. • Skip. • Throw a ball overhead. • Catch bounced balls. • Ride a tricycle skilfully and may show interest in riding a bicycle with training wheels. • Cut on a line with scissors. • Use a dominant hand consistently. • Jump over low objects.
Six to eight year olds		• Tests muscle strength. • Has good sense of balance. • Is good at coordinating both sides of the body. • Develops a quicker reaction time. • Uses scissors and small tools with confidence. • Ties their shoelaces. • Enjoys copying designs and shapes, letters and numbers. • Writes with confidence. • Uses both print and cursive writing if taught.

Source: Adapted from *Ages and Stages in Childcare*, eXtension, 2015, http://articles.extension.org/pages/25854/ages-and-stages-in-child-care [accessed 9 December 2017].

2.3. HYGIENE AND THE DETECTION, PREVENTION AND TREATMENT OF COMMON ILLNESSES

This session provides guidance on a multitude of caregiving functions that are responsible for maintaining the personal hygiene of the child and shielding him/her against illnesses and diseases. These tasks include bathing, changing diapers, brushing teeth, controlling for lice and detecting and treating common health problems. The trainer should equip the training room with the following props for his/her own demonstration and the subsequent demonstration of course participants:

RESOURCES NEEDED

- At least three baby-size dolls (with synthetic hair, not plastic hair)
- Disposable diapers
- Cotton
- Talcum powder
- Towel
- Sponge
- Baby clothes
- Oil calcareous ointments
- Toys for the bathtub
- Fine comb
- Toothbrush

EXERCISE 2.3.1.

LEARNING HOW TO BATHE A CHILD, CHANGE HIS/HER DIAPERS, BRUSH A CHILD'S TEETH, AND PREVENT AND CONTROL LICE

Invite participants to form five groups and indicate that each group will demonstrate one of the activities listed below. Each group should first identify the props needed for the activity and go through the steps required while explaining each step and its importance. Ask the other groups to grade the demonstration. You can have a prize for the group, which scores the highest mark.

Bathing a child

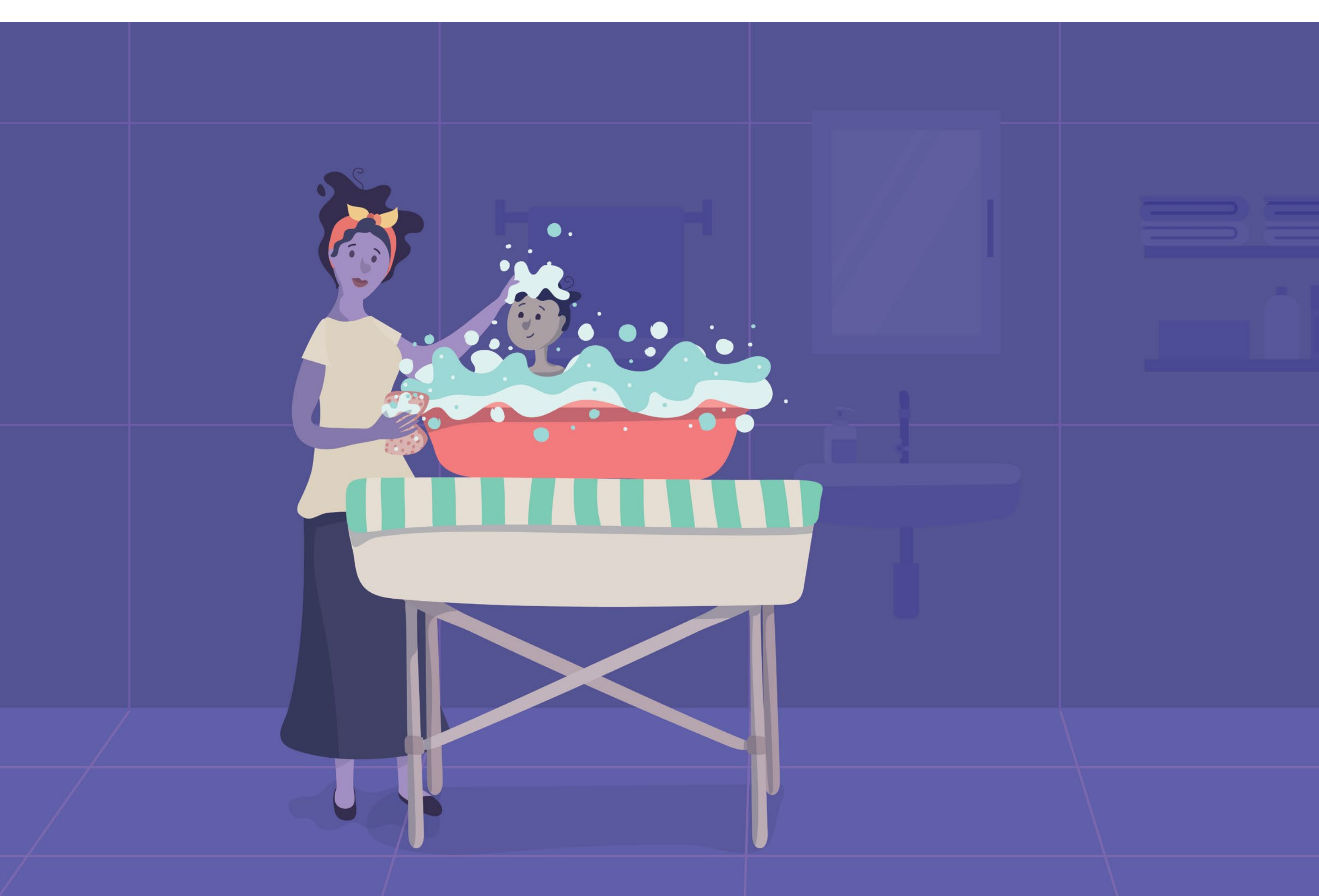
The caregiver should only bathe a child at the request of his/her parents and use the products (soaps, shampoos, lotions) and bath toys prescribed by parents. There are different bathing techniques for children of different ages depending on their level of motoric and emotional development.

TABLE 2.3.1.

BATHING TECHNIQUES FOR CAREGIVERS ACCORDING TO THE LEVEL OF MOTORIC AND EMOTIONAL DEVELOPMENT OF CHILDREN OF DIFFERENT AGE GROUPS

AGE CATEGORY	BATHING TECHNIQUES FOR CAREGIVERS
Toddlers	1. Place the infant in a safe space while gathering the necessary items. For example, a caregiver must open the towel and place it nearby to wrap the infant when they removes him/her from the water. 2. Test the temperature with your elbow before dipping the infant into the water. The water should not be very hot to avoid serious burns. Fill the bathtub only up to 10 or 15 centimetres with water. 3. Speak affectionately to the child while you are removing his/her clothes off. Dip him/her slowly in the water. While holding the infant with one hand, gently bathe them with the other. Do not put soap on the head or face. Use a wet towel to wash the face first with only water. When cleaning the eyes, carefully start at the outer corner of the eye, and finish at the inner corner, close to the nose. Then continue with the rest of the body, leaving the private parts to the end. It is recommended to use only small amounts of soap if any, and consult the parents about which to use. Many paediatricians recommend using only water or baby oil, alternatively neutral soap or glycerine. When washing the body, focus on areas where skin is in contact with skin such as behind the ears, around the neck, under the arms and the groin area. Remember to clean the child's private parts from front to back. 4. Carefully remove the infant from the water, wrap him/her in a towel so that he/she is warm. Dry him/her gently focusing on areas where skin is in contact with skin and apply the lotion or talc that the parents have prescribed. 5. Put a clean diaper on and clothe him/her.

One to three year olds	1. Have their favourite toys ready. 2. Make sure they remain seated and still in the bathtub/ water. If they are standing or moving, they can slip and fall. Use a non-slip mat in the tub and on the bathroom floor to avoid slipping. 3. Children may need help to wash their hair or to access certain parts of the body (as directed by parents or guardians). Be careful not to get soap and shampoo inside their eyes. Starting a conversation with children about their personal, intimate hygiene and taking the time to teach them how it should be done, is an area which many caregivers neglect because it makes them feel uncomfortable.
After the age of three	At this age, the child wants to learn about his/her anatomy. The bath is an opportunity to explain their anatomy by teaching them to wash different body parts. Hand them the toys only when they have completed their bath to avoid distractions. Never leave the children alone in the bathtub.
Six year olds and above	At this age, children should learn to bathe alone. Plan the bath every night before dinner. Routines are helpful in constructing a child's identity. The bath should not take longer than other daily activities (e.g., breakfast, lunch).



Changing diapers

1. Gather all the necessary items (a clean diaper, wipes, powder, clean clothing and cream to prevent skin irritation) as indicated by the parents.
2. Put the infant on a changing table or any other flat surface. Hold the infant at all times. If left alone, children will roll over and fall off of the changing table.
3. Raise their legs by holding their ankles. Clean the buttocks with a wet wipe. Girls should be sanitized from front to back. Make sure you clean their genitals and all creases/wrinkles.
4. Apply oil (lotion) or powders to prevent irritation.
5. Raise the hip and slide a portion of the clean diaper underneath the buttocks. Pass the other part of the diaper between the legs and fasten it with tape.

Brushing teeth

Tooth decay is very frequent among children. Plaque, a sticky film consisting of saliva, bacteria and leftover food, is invisible to the naked eye, yet adheres to teeth. If not removed daily, bacterial plaque causes cavities and gum diseases as well as causes infections. Children should always brush their teeth after eating. Brushing slows the formation or eliminates bacterial plaque and eliminates cavities.

Caregivers must brush children's teeth until they are able to brush them on their own. It is best to monitor them while in the act of brushing to ensure that they are cleaning them properly. It is important to place the brush within the child's reach. It is advisable to clean the brush holder at least once a week and renew the tooth brush every three months.

Caregivers must signal cavities to parents even if children will eventually lose their baby teeth. When left untreated, cavities can infect other teeth and cause tooth pain and gum disease. Periodic visits to the dentist are important in this regard.

Box 2.3.1

LOSING BABY TEETH

Baby teeth are shed first at about age six when the incisors, the middle teeth in front, become loose. Molars, in the back, are usually shed between ages ten and twelve, and are replaced with permanent teeth by about age thirteen.

A child's diet is a big part of prevention. Children cannot be prevented from consuming sugar-rich foods, which are likely to produce cavities. It is therefore advisable to carve out a specific dessert time during the day after which children will be invited to brush their teeth. Ideally, children should brush their teeth after every meal and before bedtime. Plaque is formed continuously, and only eliminating it again and again can prevent its harmful effects.

Box 2.3.2

RECOMMENDATIONS FOR THE CAREGIVER

- Do not dip the pacifier and teats in sweetener or honey.
- Clean an infant's teeth with a cloth or gauze after each meal.
- The most important brushing is done at night.
- The toothbrush should be for personal use.
- If a child loses or fractures a permanent tooth when falling, it should be lifted by the enamel (not the roots) and placed in a milk or physiological salt water solution. Putting a lost tooth in regular water may damage the roots and should be avoided. Avoid reinserting baby teeth – this can damage the permanent tooth growing underneath.[12]
- Orthodontic appliances do not cause cavities, but they favour food retention. That is why they must always be clean.

Preventing and controlling lice

Head lice are tiny insects that feed on blood from the human scalp. They measure three to four millimeters in length and have three pairs of legs, with claws that allow them to attach themselves to the hair. An infestation of head lice results from the direct transfer of lice from the hair of one person to the hair of another. The transfer happens when children are playing, sharing beds, sharing brushes, combs, hats, towels or other items. Sandboxes and mats are also common places of contagion.

The eggs are called "nits". They are egg-shaped and are white or yellow. The nits are well attached to the hair root, close to the scalp. They measure less than one millimetre and, after 5 to 9 days, give rise to a new louse.

Head lice do not carry bacterial or viral infectious diseases. Over-the-counter and prescription medications are available to treat head lice.

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12 *Knocked out teeth,* Oral Health Foundation, https://www.dentalhealth.org/tell-me-about/topic/childrens-teeth/knocked-out-teeth [accessed 29 May 2018].

Head itching is a sign of head lice infection. When it bites, the insect inoculates saliva which causes redness and an annoying itch. This tends to be more intense in the neck and behind the ears (warmer than other parts of the head). The lice also defecate while feeding. Faeces can contaminate the area with bacteria and cause infections.

How do you combat lice?

It is advisable to consult the doctor before starting treatment. The substances used to combat lice are toxic and may cause skin reactions.

The proper and constant use of the fine lice comb is the most efficient prevention and control measure since it allows to finish with the nits that attached to the hair. Use it every morning and evening for three weeks. After the first combing, use their regular shampoo, rinse, and repeat. Make sure you wash all the towels used and clean out the lice comb. You can soak the comb in a 10 per cent bleach solution for 30 minutes and rinse very well. Alternatively, you can soak the comb in vinegar for 30 minutes or boil it in water for 10 minutes.

In addition, it is important to take the following preventive measures:

- Examine the head every day
- Wear short or collected hair
- Do not share combs, brushes, hats or bandages
- Use the shampoo, cream or lotion prescribed by the doctor
- Wash and dry all clothing in hot water and air
- Iron clothes and bedding
- Boil combs and brushes
- Freeze clothes and beddings for 48 hours minimum

Common health problems among children

When children manifest signs of illness, the caregiver should communicate those signs immediately to the employer and follow their instructions to the letter. It is important to note that infections in children may progress faster than in adults, and that sudden disinterest, inertia and high fever in children are symptoms that must be taken seriously. Some common children’s diseases are listed below, but it is important to remember that this list is not exhaustive and that the symptoms described below can be difficult to distinguish from each other. Caregivers should therefore always inform parents if the children experience symptoms of diseases and make sure they know who to contact in case of an emergency.

Hardness of breathing is always potentially life threatening and emergency services must be contacted.

HOW DO YOU KNOW IF A CHILD IS HEALTHY?

Questions might arise in this session, in particular if any of the participants have experienced serious illness or injury with children in their care. It is important to remind the participants that this course is not a first aid course and that the information given in this course is not extensive. It is important that the trainer does not try to respond to questions they are not qualified to respond to, rather, invite the participants to reflect around what is normal behaviour for a healthy child. A healthy child is curious and interested in its surroundings. Inertia, disinterest and lethargy are symptoms of disease in children

WHAT CONSTITUTES NORMAL BREATHING IN A CHILD?

Invite participants to reflect on what constitutes normal breathing. Normal breathing is pain free, silent and easy. The child's chest should move OUT when the child breathes IN.

If a child coughs, wheezes, breathes abnormally fast (>50 breaths per minute for children 2 months to 12 months old and >40 breaths per minute for children 12 months old to five years old), or has chest in drawings (chest/tummy moves IN when the child breathes IN), the child is not breathing normally.

Source: Adapted from WHO: *Handbook on Integrated Management of Childhood Illness,* (Geneva, 2005).

On accepting employment, a caregiver must ask employers the following questions:

- What are the agreed measures to take in case of emergency?
- Does the child have any known health issues that the caregiver should be made aware of?
- Is the child/are the children undergoing a treatment? What is the schedule, dosage and mode of application of the treatment?
- What should be done if the child presents symptoms of illness?
- What are the telephone numbers of the responsible persons and nearby relatives?
- What is the address and telephone number of the doctor and the nearest medical centre?

TABLE 2.3.2.

KNOWING YOUR WAY AROUND COMMON ILLNESSES

COMMON ILLNESSES	CAUSES AND SYMPTOMS	PREVENTION	TREATMENT
Diarrhoea	Consists in at least three loose or liquid bowel movements each day. It lasts for a few days and can result in dehydration due to fluid loss. High temperatures also increase the risk of dehydration. Diarrhoea can be life threatening when the child is less than 1 year old; cries without tears, has a dry mouth or cannot pee; his/her eyes are sunken; is irritable, sluggish, does not want to drink or has a fever; his/her discharge contains blood. Factors that favour the development of diarrhoea are: • Incorrect washing of hands before preparing or serving meals, especially after changing or disposing of baby diapers.	• Proper hygiene around the preparation of food. • Wash your hands before feeding the baby. • Boil the water prior to preparing milk bottles. • Flush water through the teat after feeding and before washing/ boiling the bottle. • Wash cooking and drinking utensils properly after every use.	Consult the parents, who in turn will consult the doctor or paediatrician. In the meantime, caregivers should keep children hydrated by giving them liquids to drink. They should never give medication without express indication of the parents, guardians or doctor.

	• Warm weather and exposure of sun to food. • Multiplication of bacteria when the milk is not consumed during the first 30 minutes following the preparation of the bottle. • Food contamination during the preparation (contact with contaminated containers or utensils) or during storage (leave them at room temperature for several hours, overheating, etc.). • Water contamination due to uncovered water containers, etc.		
Respiratory infections	Respiratory infections such as colds, flu, or bronchitis affect children, especially those under 5 years of age. During the winter the chances of contracting diseases increase. Respiratory diseases spread by direct contact with the virus such as when an infected person coughs or sneezes, spreading microscopic drops of saliva containing the virus. Respiratory diseases produce inflammation of the nose, throat, ears, bronchi and lungs.	• Wash hands frequently with soap and water. • Cover mouth with disposable tissues when coughing or sneezing, or cough and sneeze in the corner of the elbow. • Dispose of tissues immediately after use. • Wash hands after coughing and sneezing.	You must be alert to the following symptoms: fever, rapid breathing (agitation), coughing, moaning, whistling in the chest, loss of appetite, excessive sleeping. It is important to note that if a child demonstrates difficulties in breathing, this can be life-threatening, and parents should be notified immediately.

	Acute laryngitis is an inflammation of the larynx that is characterized by a hoarse voice and a "barking" cough, typically appearing right after bedtime. Lifting the head and chest of the child and inhaling (cold) humid air typically eases the breathing.	• Avoid contact of hands with eyes, mouth and nose. • Ventilate the rooms. • Keep lifts and objects in common use clean.	Notify parents and do not give them over-the-counter medications, home remedies or teas of any kind without consulting with the parents.
Fever cramps	Fever cramps are most common with virus infections and for children between 6 months and six years old. The child becomes completely stiff or the child's arms and legs can twitch. The child's gaze can become glazed, and it can stop breathing. Fever cramps are usually over after a few minutes, and it is common for children to be very tired afterwards. Experiencing this for a caregiver can be scary, but fever cramps are usually not dangerous.	If instructed by the parent, give fever reducing medication according to instructions.	Monitor breathing. Make sure the child is not too hot, take of covers and warm clothes, or cool the child with a wash cloth dipped in tepid water. A child that has never had cramps before, should be examined by a doctor. Parents should be informed about cramps and convulsions, to make sure other and more serious illnesses (like epilepsy) can be ruled out.
Heat stroke	A condition caused by the body overheating, usually because of prolonged exposure to or physical exertion in high temperatures. Body temperature may rise to 40°C or higher. Heat stroke is a life-threatening condition, and the care giver should alert parents and emergency services if suspecting heat stroke.	• Avoid direct sunlight between ten in the morning and four in the afternoon. • Keep children under one years old in the shade. • Wear lightweight, loose-fitting clothing and a hat to protect the skin and eyes from the sun.	• Periodically give children room-temperature water to drink. Mix a teaspoon of salt in a liter of water to compensate lost minerals. • Move to a cool, ventilated place. • Put the child to rest with his/her face up. Wet the forehead with a cold compress.

	The caregiver should be alert to the following symptoms: • Excessive sweating. • Skin irritation due to sweaty neck, armpits, elbow folds, and diaper. • Pale complexion. • Intense thirst and dry mouth. • Muscle cramps. • Exhaustion. • Stomach pains, loss of appetite, nausea or vomiting. • Headaches. • Irritability (inconsolable crying). • Dizziness or fainting.	• Always use sunscreen with a protection factor of 15 or more. If the children get into the water, it is important to reapply it after they come out of the water. Must reapply every two hours. • Teach them to observe their own shadow: if it is short or unseen, it means that it is noon time and they should seek protection from the sun. • Try to schedule physical outdoor activities during the cooler parts of the day. • Toddlers younger than 6 months should never be in the sun, even with sunscreen.	• Apply a cold compress on the whole body if there is fever. • Do not offer medication without parental consent.

Source: Adapted from ILO and The Ministry of Labour, Employment and Social Security Argentina: *Trayecto formativo: Cuidado y atención de niños y niñas: Material de apoyo para la formación de cuidadoras y cuidadores de niños y niñas* (Buenos Aires, 2015).

COMMON CHILDREN'S DISEASES

A number of diseases are so infectious that it is extremely common for children to go through them. Some of these infections offer lifelong immunity, meaning they are fairly uncommon in the adult populations (but no less serious for adults):

Measles: The illness is characterized by the appearance of red spots on the face which then spread out over the body. Spots are accompanied by conjunctivitis, cough and lung infections. Mumps can infect the scrotum of boys and make them sterile.

Mumps: Mumps is characterized by puffy cheeks and a swollen jaw. Symptoms typically appear 16-18 days after infection and involve fever, headache, muscle aches, tiredness, loss of appetite and swollen and tender salivary glands under the ears on one or both sides. Some people who get mumps have very mild or no symptoms, and often they do not know they have the disease. Most people with mumps recover completely in a few weeks.

Scarlet fever: it is the only eruptive bacterial disease which requires antibiotic treatment. It usually starts with a throat infection and then a characteristic red rash on the body. Early signs include high fever, swollen glands, headache and vomiting.

Rubella: When it appears, it comes with many spots all over the body, fever, and inflamed lymph nodes in the neck, armpits and groin. Rubella can cause serious injury to the foetus if a pregnant mother catches the virus in the first trimester.

Varicella: is the most frequent eruptive disease and the most contagious. It is characterized by blisters on the scalp, chest and back. It is sometimes accompanied by high fever. Six days after the eruption, children can resume their routine activities. Varicella blisters leave marks only when they are infected (as a result of scratching).

Source: Adapted from ILO and the Ministry of Labour, Employment and Social Security Argentina: *Trayecto formativo: Cuidado y atención de niños y niñas: Material de apoyo para la formación de cuidadoras y cuidadores de niños y niñas* (Buenos Aires, 2015).

Assessment of student learning

These are questions to help course participants remember the main points of the course.

SESSION 2.1: PROMOTING HEALTHY NUTRITION AND EATING HABITS

- What is one takeaway from this section that you will teach a friend who did not take this course?
- What are the different age categories that mark significant changes in children's diet?
- At random, select two age groups and ask course participants to identify an appropriate menu for each.

SESSION 2.2: MOTOR SKILL DEVELOPMENT

- What are the three main motor skill categories?
- What are activities that develop the motor skills of infants?
- What are activities that develop the motor skills of toddlers?
- What are activities that develop the motor skills of pre-schoolers?
- What would you do differently now that you have attended this session?

SESSION 2.3: HYGIENE AND THE DETECTION, PREVENTION AND TREATMENT OF COMMON ILLNESSES

- What are common daily activities to maintain the personal hygiene of the child?
- What would you do differently now that you have attended this session (regarding bathing techniques, changing diapers, controlling for lice, brushing teeth)?
- What are five questions that a caregiver must ask employers on accepting employment and that will help determine her course of action when a child falls ill?
- What are the common illnesses among children?
- At random, select three common illnesses and ask course participants to identify their symptoms.
- What are general danger signs that tell you that a child needs medical attention?

Module 3

THE COGNITIVE DEVELOPMENT OF CHILDREN

CONTENTS

3.1. Cognitive development explained
3.2. Transforming gender and cultural biases

THE COGNITIVE DEVELOPMENT OF CHILDREN

Children do not only develop physically, but also mentally. Children develop cognitive skills rapidly in the first few years of life and build on them progressively throughout grade school. Cognitive development refers to the development of intelligence, thinking, problem-solving capacity and the acquisition of social skills. Games, toys and books are important in facilitating the socialization and intellectual development of children. This module provides guidance to caregivers on the modalities of play in different stages of the cognitive development of boys and girls. As in other modules of this toolkit, the activities build on the lived experiences and professional trajectories of course participants to develop the competencies of caregivers in cognitive development. The module is designed to be administered during one day, for a total of five course hours.

CONTENTS

SESSIONS

3.1. Cognitive development explained
3.2. Transforming gender and cultural biases

EXERCISES

Exercise 3.1.1. Categorizing changes in children's cognitive development by age category
Exercise 3.1.2. Identifying activities to promote children's cognitive development by age category
Exercise 3.1.3. Listen to what some employers have to say
Exercise 3.2.1. Reflecting on caregivers' views regarding gender roles
Exercise 3.2.2. Reflecting on parents' views regarding gender roles

TABLES

Table 3.1.1. Suggestions for promoting the cognitive development of children by age category

BOXES

Box 3.2.1. Key take-away messages: managing the tension between caregivers' cultural and gender preferences and those of parents

QUESTIONS

Assessment of student learning.

Number of days: *1 day*
Number of sessions: *2 sessions.*

OBJECTIVES:
This module provides guidance to caregivers on the modalities of play in different stages of the development of boys and girls.

SESSION 3.1: COGNITIVE DEVELOPMENT EXPLAINED (2.5 hours)
This session examines how children develop different cognitive competencies like attention, thinking, speech and memory at different stages of their development. The session explores games or activities that domestic worker can undertake to contribute to the cognitive development of children across five distinct age categories.

SESSION 3.2: TRANSFORMING GENDER AND CULTURAL BIASES (2 hours)
Generational and cultural differences separate domestic workers from the children in their care. This session raises the attention of domestic workers to these differences and invites them to respect local norms and understandings without denying children the opportunity to be exposed to the richness of their own culture. Domestic workers are also invited to reflect on gender biases they may hold, their appropriateness and ways they can influence the activities they select for the boys and girls in their care.

ASSESSMENT OF STUDENT LEARNING (30 minutes).

RESOURCES NEEDED:
- Flip chart stands (or 3 large sheets of paper with tape)
- Marker pens
- 25 pens
- Notepads and paper for note taking

3.1. EXPLAINING COGNITIVE DEVELOPMENT

This session outlines the stages of cognitive development and how they each contribute to different cognitive skills/competencies like attention, thinking and memory. Second, the session explores games or activities that caregivers can undertake to contribute to the cognitive development of children across five distinct age categories.

In plenary, invite the participants to build on their experience caring for their own children, younger siblings or neighbours to identify the different age categories that mark significant changes in children's cognitive development. Ask them to elaborate on the rationale behind their categorization.

EXERCISE 3.1.1.

CATEGORIZING CHANGES IN CHILDREN'S COGNITIVE DEVELOPMENT BY AGE CATEGORY

AGE CATEGORY	SIGNIFICANT CHANGES IN CHILDREN'S COGNITIVE DEVELOPMENT
Age group 1	
Age group 2	
Age group 3	
Age group 4	
Age group 5	

Once the course participants have identified the age demarcations, invite them to discuss the activities that caregivers can use to entertain children at each of the age junctures. Remind them to reflect on their own experience with children in their family.

EXERCISE 3.1.2.

IDENTIFYING ACTIVITIES TO PROMOTE CHILDREN'S COGNITIVE DEVELOPMENT BY AGE CATEGORY

AGE CATEGORY	ACTIVITIES, GAMES AND TOYS BY AGE CATEGORY
Age group 1	
Age group 2	
Age group 3	
Age group 4	
Age group 5	

Please refer to the table below for ideas in facilitating this exercise. The table outlines the types of activities that are appropriate for children of different age groups.

For the following exercise, read out loud some of the citations from employers below. Engage the participants in a short discussion about how they a) engage in play with the children they take care of (as part of their job or other children they take care of in their own family for example) and b) how they communicate with employers about what kind of activities they engage in with the children while the employer is away.

TABLE 3.1.1.

SUGGESTIONS FOR PROMOTING THE COGNITIVE DEVELOPMENT OF CHILDREN BY AGE GROUP

AGE CATEGORY	STAGES OF COGNITIVE DEVELOPMENT	IDEAS FOR CAREGIVERS
0-2 year olds	During this stage, children learn about the world through their senses and by manipulating objects. They experience the world through taste, textures, colours, sounds, and movements. Children must learn to distinguish between their body parts and objects as distinct entities. Through this differentiation, they are able to, for example, attach names to objects.	Self-discovery: During the first few months following birth, children embark on a journey of self-discovery. Infants explore and learn about their bodies, especially when caregivers bathe them or change their diapers. They often touch their face, eyes, hands, feet, etc. Discovering objects: Soon after, they begin to pick up objects (that are external to their bodies); they place them in their mouth, shake them, hit them, or throw them. At this stage, caregivers should offer children toys that captivate their attention, such as those having vivid colours and generating strong sounds. Baby strollers, or trolleys, limit children's mobility. Instead, caregivers can seat them on a quilt or floor-mat. On this mat, caregivers can place a variety of toys that motivate a variety of actions and motoric skills such as crawling, pulling, pushing, sucking, etc.
2-7 year olds	During this stage, children develop their memory and imagination. They learn through pretend play, alone or with others. They also learn to control their separation anxiety from caregivers. They develop attention skills, short-term memory, and long-term memory. Most importantly, this is the age during which children learn to talk.	Between ages 2 and 3, the toddler's preferred game is hide and seek. This game allows the toddler to gradually control the separation anxiety from caregivers and loved ones. Toddlers at this stage also like to play variations of "Hunt the thimble". The caregiver or the child leave the room for a few minutes.

2-7 year olds		During this time, the person who stays in the room hides a small object (traditionally a thimble) somewhere in the room. The person who left the room must find it. To develop the language and speech skills of the child, a caregiver can comment on the things the child is doing so they can hear (and learn) the new vocabulary. Books can be used in many ways to develop language and early literacy skills. Songs and rhymes contain rhythm and rhyme, skills that help with speech and literacy development. Next, the toddler moves to "pretend play" or "make-believe games" that help develop his/her imagination. These games help children develop their vocabulary and grammar. It also teaches children that their thoughts may differ from those of others. Taking on different roles allows children to learn social skills such as communication and problem solving. Caregivers who talk to children regularly and read stories to them are more likely to encourage children to pretend play. Toys that resemble objects from the real world (kid versions of adult things such as keys, phones and shopping carts) allow toddlers to role-play. If you cannot afford to buy toys, you can consider using (after cleaning them thoroughly) the following items: • Large plastic or cardboard blocks for creating a «home». • Old clothes, shoes, backpacks, hats. • Old telephones, phone books, magazines. • (plastic, with no sharp edges) Cooking utensils, dishes, plastic food containers, table napkins. • Fabric pieces, blankets, or old sheets for making costumes or a fort. • Postcards, used plane tickets, foreign coins.

2-7 year olds		At the age of four, children develop a preference for playing with other children. This is also when they start taking interest in games that are rules-based, such as board games, puzzles and chess. Rules helps them organize their interactions with their playmates. Children at this age also entertain themselves with hoops, balls, drawing, painting and clay modelling. To encourage speech development through reading and singing.
7-11 year olds	During this stage, children become more aware of external events, as well as of other people's feelings. They also begin to think more logically, but are still rigid in the solutions that they present to challenging situations around them. They make connections between ideas. Their auditory processing, a skill that is foundational for reading, is also developing at this stage.	At this stage, children like to keep busy. They take interest in activities and games that further their logical thinking as they try to grapple with complex concepts and the nuances around them. Occasionally, they like to be left alone. Some of the activities that caregivers can propose to children this age are therefore quite varied and include: • Table top games (e.g., board games, chess, card games, puzzles, construction). • Journaling and writing. • Gardening: working in the soil can help reduce anxiety. • Joining an organization like scouts (builds team work). • Enrolling in (physical) activities, like cheerleading, soccer, basketball, football, baseball and dancing which are good for self-discipline. • Reading. • Crafts. • Maths games: times tables games, for example, allow children to practice the concepts of multiplying numbers. They provide the repetition necessary for children to consolidate their knowledge of times tables.

11 and older	During this stage, children can use logic to solve problems and plan for the future. They can present multiple solutions to problems and think more realistically about the world around them.	Caregivers can support this development by sharing their own thinking regarding how some of the problems encountered on a daily basis can be resolved. Caregivers can also inspire the child with advanced art activities like making an animated flip book or observing, discussing and then adapting a famous painting.

Source: Piaget, Jean. *Origins of intelligence in the child.* (London, Routledge & Kegan Paul, 1936);
ILO and The Ministry of Labour, Employment and Social Security Argentina: *Trayecto formativo: Cuidado y atención de niños y niñas: Material de apoyo para la formación de cuidadoras y cuidadores de niños y niñas* (Buenos Aires, 2015); *The need for pretend play in child development.* Kaufmann, S. B. 2012. https://www.psychologytoday.com/blog/beautiful-minds/201203/the-need-pretend-play-in-child-development) [accessed 16 March 2017];
Pretend Play. What to expect. 2014. http://www.whattoexpect.com/toddler/pretend-games/ [accessed 16 March 2017];
The Importance of Pretend Play. Scholastic. http://www.scholastic.com/parents/resources/article/creativity-play/importance-pretend-play [accessed 16 March 2017];
Maths games for 7–11 year olds. Topmarks. http://www.topmarks.co.uk/maths-games/7-11-years/times-tables [accessed 16 March 2017].

EXERCISE 3.1.3.

LISTEN TO WHAT SOME EMPLOYERS HAVE TO SAY

"Caregivers are always on their phone so it takes away from playtime; they do not engage in play activities with the child and the child ends up watching a lot of TV".

"The worker does not use all the games and material at home; they don't really use their imagination. The worker lacks the ability to plan games and to help children play".

"The caregiver often walks into the children's room with a high pitch voice and exaggerated facial expression. The caregiver does not interact with the child or expose it to language".

Safety is an important consideration when entertaining a child. Invite course participants to identify some of the hazards that could be attached to each of the activities above and invite them to reflect on the precautions to be taken with each game and toy to avoid accidents. For example, it is important to be careful about giving coins to 2-3 years old, as they will likely put it in their mouth, risking swallowing/suffocation. The same is true for adult items that children could dismantle into smaller pieces (old cell phones etc.).

3.2. TRANSFORMING GENDER AND CULTURAL BIASES AND COGNITIVE DEVELOPMENT

Generational and cultural differences separate caregivers from the children in their care. This session raises the attention of caregivers to these differences and invites them to respect parents' norms and understandings without denying children the opportunity to be exposed to the richness of their own cultural diversity.

Further, children are socialized to conform to traditional gender role stereotypes. Femininity is associated with "passivity, nurturance, and emotional expressivity and masculinity with power, agency, and aggression".[13]

Toys, as one element of popular culture, often reflect these stereotypes. Session participants are invited to reflect on their gender stereotypes and appropriateness.

The following video, prepared by the Norwegian Trade Union for the finance sector, *Finansforbundet*, provides an illustration of what children think about being treated differently based on their gender, and may be used to spark discussions during the training: http://www.independent.co.uk/news/world/international-womens-day-norway-children-video-gender-pay-gap-boys-girls-finansforbundet-trade-union-a8245841.html

EXERCISE 3.2.1.

REFLECTING ON CAREGIVERS' VIEWS REGARDING GENDER ROLES

In plenary, invite course participants to reflect on their cultural biases and gender stereotypes by discussing their experience with toys and games growing up. You can refer to the questions listed below to facilitate the discussion.

- Were you allowed to play in your childhood? How much daily time was dedicated to playing?
- What games did you play/toys did you play with as a child? What was your favourite game, toy? Why?
- Did you prefer to play alone or in a group? Why?
- Do you know what your grandparents, and later parents, played when they were children?
- How are the games that you played as children different from the games children play today? How do you feel about that?
- If you are a migrant, how are games and toys different in this country from those in your country? Which do you prefer? Why?
- What, in your opinion, are toys and games that are appropriate for girls? For boys? How would you react to a boy with a preference for what you believe are girls' games and toys? How would you react to a girl with a preference for what you believe are boys' games and toys?

13 P. Owen and M. Padron: "The Language of Toys: Gendered Language in Toy Advertisements", in *Journal of Research on Women and Gender* (2015, Vol. 6).

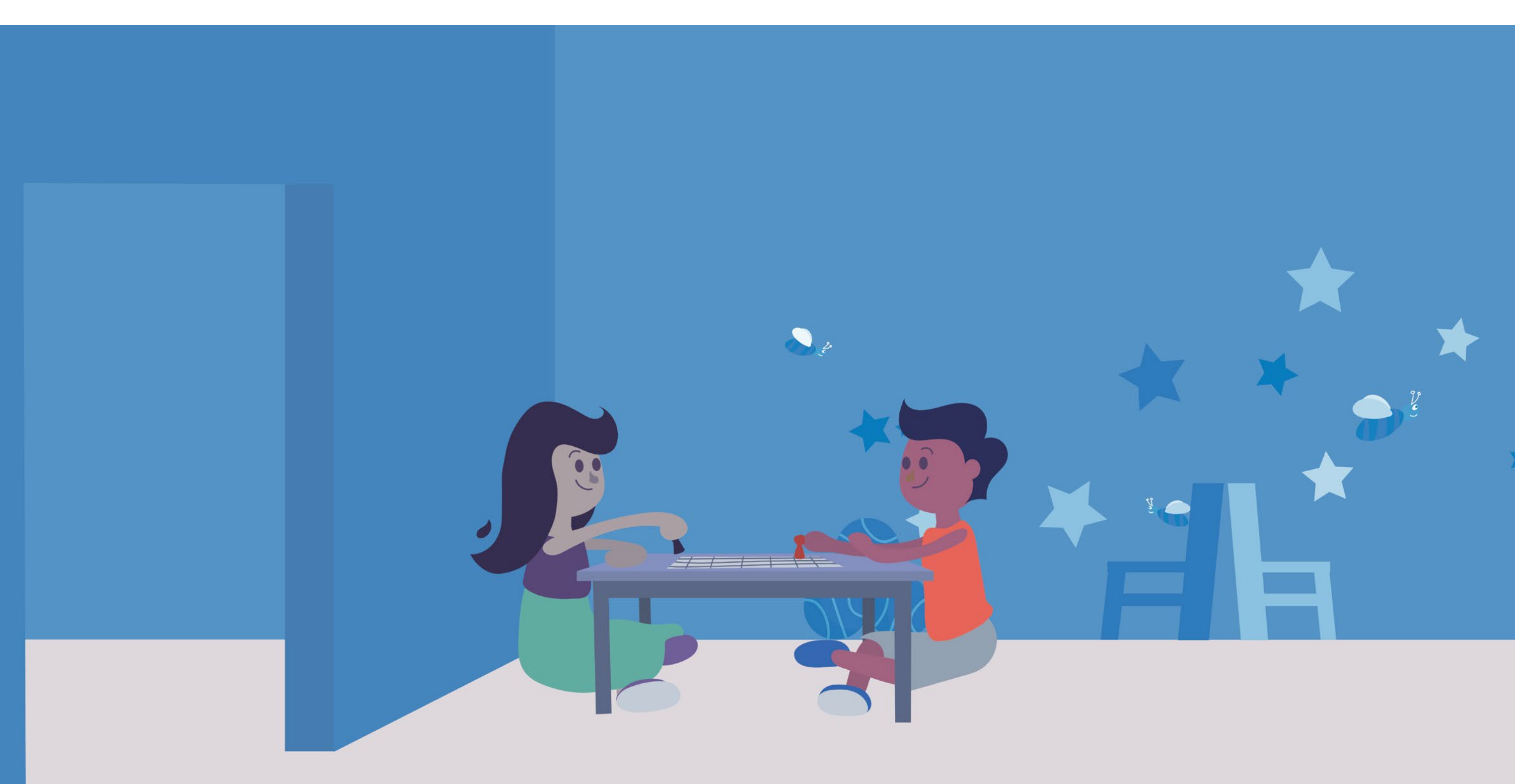
EXERCISE 3.2.2.

REFLECTING ON PARENTS' VIEWS REGARDING GENDER ROLES (ESPECIALLY IN CONTEXTS WHERE CAREGIVERS ARE MIGRANTS)

Ask the course participants to reflect on parents' possible cultural and gender perspectives on toys and games. Invite two or more parents from the broader local community to volunteer for the session. Pair the course participants with parents. Ask the course participants to interview parents using the same questions from the previous discussion.

- Were you allowed to play in your childhood? How much daily time was dedicated to playing?
- What games did you play/toys did you play with as a child? What was your favourite game, toy? Why?
- Did you prefer to play alone or in a group? Why?
- Do you know what your grandparents, and later parents, played when they were children?
- How are the games that you played as children different from the games children play today? How do you feel about that?
- How do you feel about your children playing games that are inspired by the culture of the caregiver? Why?
- What, in your opinion, are toys and games that are appropriate for girls? For boys? How would you react to a boy with a preference for what you believe are girls' games and toys? How would you react to a girl with a preference for what you believe are boys' games and toys?

Invite the course participants to report back to the class. What are similarities and differences in the views of the course participants and local parents? How do the course participants feel about the differences? What are strategies to manage the caregiver's preferences and those of local parents?



Box 3.2.1

KEY TAKE-AWAY MESSAGES

MANAGING THE TENSION BETWEEN CAREGIVERS' CULTURAL AND GENDER PREFERENCES AND THOSE OF PARENTS

A caregiver should always ask the parents:

- How much time children should devote to playing every day?
- Whether children are allowed to play outdoors (park or other places of recreation).
- Whether and how long children can watch TV, stay in front of a computer or a tablet. What programmes they can watch and what games they can play online.
- If they approve or disapprove of children's choices to play with gender stereotyped or cross-gender toys.
- If they approve of the caregiver using games from her culture to entertain the child.

A caregiver should ask the child about his/her preferences and how they like to use their free time. A caregiver should not impose games on the child.

Assessment of student learning

These are questions to help course participants remember the main points of the course.

SESSION 3.1: COGNITIVE DEVELOPMENT EXPLAINED

- What is one takeaway from this section that you will teach a friend who did not take this course?
- What are the different age categories that mark significant changes in children's cognitive development?
- At random, select two age groups and ask course participants to identify an appropriate activity that contributes to the cognitive development of each. Ask them to explain why the activity is suitable. Also, ask them to identify some of the hazards that could be attached to each of the activities proposed and invite them to reflect on the precautions to be taken to avoid accidents.

SESSION 3.2: TRANSFORMING GENDER AND CULTURAL BIASES AND COGNITIVE DEVELOPMENT

- What questions should caregivers always ask parents before deciding on the type of activities they can undertake with children? Why are these questions important?

THE EMOTIONAL DEVELOPMENT OF CHILDREN

CONTENTS

4.1. Emotional development
4.2. Self-care for the caregiver
4.3. Tips to improve the conditions of your job

THE EMOTIONAL DEVELOPMENT OF CHILDREN

Emotional development refers to an individual's capacity to experience, recognize, and express a range of emotions. It also signals people's ability to adequately respond to emotional cues in others. It differs from cognitive (or intellectual) development, which prepares an individual for academic work, in that it builds their ability to regulate emotions and manage social and professional relationships.

The first connection that infants establish with the world is emotional. At birth, infants already experience emotions like fear, sadness and happiness. They express these emotions with facial expressions, gestures, sounds and cuddles. It is important for caregivers to validate and attend to these emotions because human beings develop their understanding of love, wellbeing, and tolerance during infancy. Throughout childhood, children experience the world, develop views about what is right and wrong and determine their place in the world through their interactions with caregivers.

This module aims to prepare caregivers to the emotional needs of the children in their care. As in other modules of this toolkit, the activities will build on the lived experiences and professional trajectories of course participants to develop the competencies of caregivers in emotional development. The module also gives some advice on emotional self-care for caregivers. The module is designed to be administered during one day, for a total of five hours.

CONTENTS

SESSIONS

4.1. Emotional development
4.2. Self-care for the caregiver
4.3. Tips to improve the conditions of your job

EXERCISES

Exercise 4.1.1. What competencies does emotional care contribute to?
Exercise 4.1.2. What are important milestones in a child's emotional development?
Exercise 4.1.3. Role playing caregiver interventions in complex situations involving more than one child
Exercise 4.1.4. Setting limits and building autonomy in emotional development: What is the right balance?
Exercise 4.1.5. Listen to what some employers are thinking
Exercise 4.2.1. Reflecting on self-care strategies
Exercise 4.3.1. Role play to practice your negotiation skills

TABLES

Table 4.1.1. Important milestones in the development of a child and corresponding childcare functions

BOXES

Box 4.1.1. Key take away messages on setting limits for children
Box 4.1.2. Tips on setting effective limits
Box. 4.2.1. Self-Assessment tool for caregivers regarding their emotional attachment to the job
Box 4.2.2. Tips for self-care among caregivers
Box 4.2.3. Some advice on how to communicate your achievements with the employer
Box 4.3.1. What can you do?

QUESTIONS

Assessment of student learning.

Number of days: *1 day (5 hours)*
Number of sessions: *2 sessions.*

OBJECTIVES:
This training module discusses ways caregivers can establish emotional rapport with children of various age groups and backgrounds and emphasizes the importance of self-care among caregivers.

SESSION 1: EMOTIONAL DEVELOPMENT EXPLAINED (2.5 hours)
This session first outlines the concept of emotional development. Second, it explores caregiving tasks, which contribute to the emotional development of children across five distinct age categories. In addition, the session reviews domestic workers' cultural and gender biases about their role in a child's emotional growth. Finally, the session delineates the boundary between parents' emotional functions and those of a domestic worker.

SESSION 2: SELF-CARE FOR THE CAREGIVER (2 hours)
Emotional development, unlike physical and intellectual development, is a two-way conduit:

- In contributing to the emotional development of a child, a domestic worker becomes emotionally invested in the child's upbringing and may become excessively attached to them. Emotional over-investment is exacerbated in the case of migrant domestic workers who are away from their own children. The blurring of boundaries between the role of domestic workers and parents, may result in the workers' dismissal.
- Further, caregivers experience difficulties in commodifying their emotions towards the employer and his/her children which could reduce their ability to demand better working and living conditions. They are said to be locked in a "prisoner of love framework" where they will continue to work even if they are not well paid or their rights are being violated.

This session introduces participants to the concept of self-care and to self-assessment tools that can help them discern when emotional attachments are affecting their performance.

ASSESSMENT OF STUDENT LEARNING (30 minutes).

RESOURCES NEEDED:
- Flip chart stands (or 3 large sheets of paper with tape)
- Marker pens
- 25 pens
- Notepads and paper for note taking

4.1. EMOTIONAL DEVELOPMENT

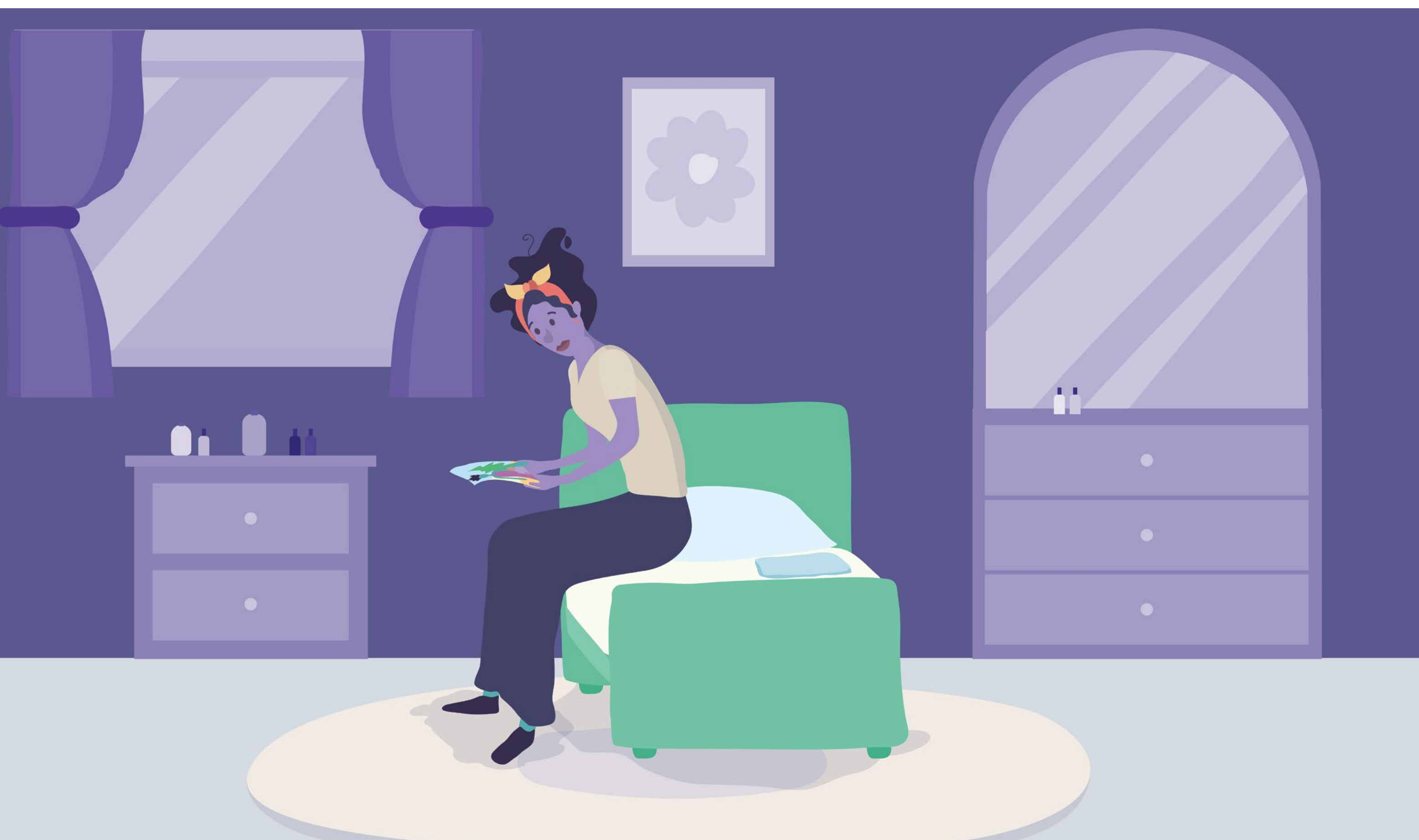
This session first outlines the concept of emotional development. Second, it explores caregiving tasks, which contribute to the emotional development of children across five distinct age categories. In addition, the session reviews cultural and gender biases among caregivers about a child's emotional development and explains the difference between the role of parents' and caregivers.

Emotional competence or intelligence refers to individuals' capacity "to recognize their own, and other people's emotions, to discriminate between different feelings and label them appropriately, to use emotional information to guide thinking and behaviour, and to manage and/or adjust emotions to adapt environments or achieve one's goal(s)".[14] Emotional competence is the result of people's innate emotional responses, social experiences and the values and belief systems according to which they are raised.[15]

To further course participants' understanding of the concept of emotional competence (as the desired state of emotional development), ask course participants to share examples that illustrate emotional competence by referring to the markers of emotional competence below. To help guide their responses, refer to the corresponding questions.

14 A. Colman: *A dictionary of psychology* (Oxford, Oxford University Press, 2008).

15 C. Saarni: *The development of emotional competence* (New York, Guilford Press, 1999).



EXERCISE 4.1.1.

WHAT COMPETENCIES DOES EMOTIONAL CARE CONTRIBUTE TO?

COMPETENCIES OF EMOTIONAL DEVELOPMENT	GUIDING QUESTIONS
Awareness of one's emotional state and of the limits of this awareness	Point to a course participant and ask him/her to tell you how they feel today in words more concrete than "good" or "bad". For example, encourage him or her to answer the following three questions about three different situations which s/he is experiencing that day: o I am feeling ... (a good feeling such as happy, excited, optimistic and comfortable) because... o I am feeling ... (a negative feeling such as anxious, depressed, sad) because... o I am not sure how I feel about...because...
Understand others' emotion and feeling empathy with these emotions	Ask course participants to choose one story from the news (individual tragedy, national tragedy, robbery, celebrity divorce, natural disaster, etc.) and ask them to tell you how they feel about the victim's or victims' plight and why?
Verbalize one's emotions, including in terms that derive from one's social role	Ask course participants to present a situation that is troubling them at work. Ask them to verbalize how they feel about it in terms that derive from their professional role. For example: "I feel discriminated against because my employer has hired a second caregiver, who is less experienced than me but to whom he is paying a higher wage because she is a national of that country whereas I am a migrant".
Realization that inner emotional state needs not correspond to outer expression, both in oneself and in others	Ask course participants to tell you about a situation when they were not truthful about their emotional wellbeing. For example, did they pretend to be "doing better than ever" when they were in fact very worried about upcoming medical test results?
Ability to use self-regulatory strategies to cope with distressing emotions	Ask course participants how they would react to insults. Do they return the insult? Do they ignore it to avoid confrontation? Do they attempt to explain their position to the person insulting them?
Accept one's emotional state (even if unique or culturally unconventional) when aligned with one's desired emotional balance	Ask course participants if they react to events around them (in relation to mourning, for example) in ways that are different from how mainstream society reacts to these same events. Are they feeling pressured into changing their ways? If not, why not?

Source: Adapted from S. Carolyn: "Emotional competence. Development", *in R. Bar-On and J. D. A Parker: The Handbook of Emotional Intelligence: The Theory and Practice of Development, Evaluation, Education, and Application—at Home, School and in the Workplace* (Jossey-Bass, 2000), pp. 77-78.

There are different emotional development outcomes for children of different age groups. Caregivers should therefore engage in different emotional caregiving tasks with children from different age groups, starting with infants (age 0-12 months). Caregivers may, without intending it, prevent the emotional development of a child when, for example, they attempt to stop a baby from crying by giving him/her a

pacifier. The pacifier may signal to a baby that crying is unacceptable even though crying is one of a baby's few means of communication. The pacifier is an easy fix that may divert caregivers from the reason why babies are crying in the first place. Pacifiers may prevent children from learning how to comfort themselves.[16]

Decide together with the participants what are the important age delineations and identify the main emotional characteristics of each age category. Create a table with their responses.

EXERCISE 4.1.2.

WHAT ARE IMPORTANT MILESTONES IN A CHILD'S EMOTIONAL DEVELOPMENT?

AGE CATEGORY	IMPORTANT CHARACTERISTICS OF EACH AGE GROUP
Age group 1	
Age group 2	
Age group 3	
Age group 4	
Age group 5	

Once you have set the age demarcations and the rationale behind choosing those, discuss with course participants possible activities, which could be instrumental in contributing to the emotional development of the child at each of these age junctures.

For your reference, experts believe that there are five to seven main age demarcations in a child's development. They are summarized in this table below.

16 *Pacifier use,* Encyclopaedia of Children's Health, http://www.healthofchildren.com/P/Pacifier-Use.html#ixzz4VFnFLBtG [accessed 9 January 2017].

TABLE 4.1.1.

IMPORTANT MILESTONES IN THE DEVELOPMENT OF A CHILD AND CORRESPONDING CHILDCARE FUNCTIONS

IMPORTANT MILESTONES IN THE DEVELOPMENT OF A CHILD	CHARACTERISTICS OF A CHILD'S EMOTIONAL DEVELOPMENT	CORRESPONDING CAREGIVING FUNCTIONS
Infancy *0-12 months*	Infants develop emotional bonds with their caregivers. How the latter hold or play with the infant defines the nature of the bonds forged with immediate caregivers and other individuals.	Caregivers can benefit from all interactions – such as feeding, bathing, dressing and playing – to establish a connection with the infant. A caregiver's smile or frown can act as referencing tools for the infant and will determine if s/he proceeds to touch an object or avoid it, to drink bathing water or not, to put their hands in the food or to refrain from doing so. Caregivers ought to speak to the infant so that s/he can begin to recognize their voice. The familiarity of the voice calms the infant and makes him/her feel safe. When interacting with the infant, a caregiver should pause to allow him/her to "respond" by means of sounds, gestures etc. To encourage "dialogue" and "exchange" between the caregiver and the infant, caregivers should play social and turn-taking games like "peekaboo".[16] Caregivers should celebrate infants' achievements by clapping, smiling or kissing the baby. They should be consistent in their celebratory signals to establish a common communication pattern with the infant.

17 In peekaboo (also spelled peek-a-boo) one player hides their face, pops back into the view of the other, and says Peekaboo! One variation involves saying "Where's the baby?" while the face is covered and "There's the baby!" when uncovering the face.

Toddlerhood *12 months – 3 years*	Toddlers move in all directions and develop a greater awareness of themselves (of their emotional response) and of their surroundings. For example, they express shame, pride and shyness. Sometimes they use words or syllables to accompany these behaviours. Toddlers develop a curiosity about people other than their immediate caregivers. They demonstrate greater independence from their caregivers and develop a defiant attitude. They are irritable when caregivers set limits to their explorations.	Caregivers should encourage toddlers' emerging sense of independence by allowing them to put their clothes on or to eat alone. Caregivers must celebrate toddlers' achievements to encourage them to take initiatives. At the same time, caregivers must be careful to express dissatisfaction with inappropriate behaviour by demonstrating suitable behaviour.
Pre-school *3–5 years*	Pre-schoolers develop greater independence from their caregivers and begin to pay attention to adults and children outside their family and household. Their interaction with their immediate caregivers and new individuals around them helps them mould their personality and behaviour. Pre-schoolers develop a better awareness of others' emotions and their meaningfulness. These are the early forms of empathy and pro social action.	Caregivers should encourage pre-schoolers to play with their peers. Caregivers should guide pre-schoolers through parents' guidelines and norms. Caregivers should encourage pre-schooler to express their views about interactions with peers using full sentences and adult expressions.
Early elementary school *5–8 years*	Children at this age develop a greater independence from their families. As boundaries between the household and the personal (school and extracurricular activities) begin to take shape, children develop greater awareness of their place in this world. This referencing in the present allows them to make projections about themselves in the future, such as the type of profession that they would like to embrace.	Caregivers should recognize the achievements of children by, for example, congratulating them on completing a puzzle or solving a math problem alone. As caregivers continue to encourage children's independence and pursuit of autonomy, they need to promote their sense of responsibility and accountability. This can be achieved by instructing children to put away their things (for example, not to leave clothes lying around their bedroom).

	Now that children are more comfortable with who they are, they begin to pay greater attention to friends' needs and to value team work. They also seek the approval and admiration of their peers. They also learn how to moderate interactions with peers (e.g., smiling while reproaching a friend) to draw boundaries while preserving the friendship.	Caregivers should encourage children to talk about school, about their friends and prompt them to resolve conflicts with their peers when those occur. Caregivers can also engage in conversations with children about what they would like to do in the future. Caregivers should teach children patience by encouraging them to finish their house chores or homework before playing. Caregivers ought to promote children's compliance with parental rules regarding watching television (e.g., type of shows and time allowed in front of screen) and sleeping schedules.
Preadolescence: *9-13 years*	Children develop stronger bonds with their friends than with their families. It is very important at this stage of a child's development to develop genuine friendships (to have "best friends") with peers.	As children gear their interactions towards best friends, caregivers should monitor their school performance (for example, are they focused on completing their homework?) and ensure their regular and timely attendance of extracurricular activities.
	At this stage, children distinguish between genuine emotional expression with close friends and managed displays with others. As they approach puberty, they develop a greater awareness of their bodies and their physical appearance. They experiment with their physical appearance and alimentation. They develop greater awareness of the points of view and worldviews of others. Children also develop greater attention to detail. Children are also capable of generating multiple solutions and differentiated strategies for dealing with stress.	Caregivers must ensure that children's investment in friendships, which could be very intense at this stage, is not infringing on their school obligations and other important aspects of their development. In that same vein, caregivers must prevent children from engaging in harmful activities such as alcohol consumption or smoking. Caregivers should also monitor children's internet activity.

Source: Adapted from *Emotional Development in childhood. Encyclopaedia on Early Child Development*, 2011, http://www.child-encyclopedia.com/emotions/according-experts/emotional-development-childhood [accessed 27 January 2017];
ILO and The Ministry of Labour, Employment and Social Security Argentina: *Trayecto formativo: Cuidado y atención de niños y niñas: Material de apoyo para la formación de cuidadoras y cuidadores de niños y niñas* (Buenos Aires, 2015).

EXERCISE 4.1.3.

ROLE PLAYING CAREGIVER INTERVENTIONS IN COMPLEX SITUATIONS INVOLVING MORE THAN ONE CHILD

Having defined the age categories and corresponding caregiving tasks, present course participants with the case study below. Ask them to join groups of three (the caregiver, Jerry and Nadia). The group must practice interpreting – through role play – the dilemma confronted by the caregiver and a suitable strategy for managing this situation. Fifteen to twenty minutes later, ask the groups to reconvene in plenary. Each group will play out its proposed intervention to the dilemma presented in the case study. Ask the other groups to comment on each of the demonstrations. Summarize the main elements of the discussion and provide concluding remarks.

CASE STUDY

Jerry is five and his sister Nadia is two. Until very recently, Jerry and Nadia played together in the kitchen as you (the caregiver) prepared dinner. They engaged in playful acts as they sat around the table. Since Jerry started elementary school four months ago, he has grown distant from Nadia and from you (the caregiver). You understand the reasons behind his behaviour, but Nadia is experiencing severe discomfort and clear signs of anxiety. How would you handle the situation, attending both to Jerry's need for space and autonomy and Nadia's need to connect with family, especially Jerry?

EXERCISE 4.1.4.

SETTING LIMITS AND BUILDING AUTONOMY IN EMOTIONAL DEVELOPMENT: WHAT IS THE RIGHT BALANCE?

Limits (also referred to as rules, norms and guidelines) are an important part of a child's emotional development. They help set the parameters of a progressively developing autonomous being, regulating his/her behaviour in a manner that is socially acceptable.

Engage the course participants in a discussion on limit-setting. Ask them the guiding questions hereunder, going from general to more specific as follows:

CHALLENGING LIMITS

- What are examples of limits that your parents set for you growing up? Did you find them helpful then? Why/why not? Did you challenge them and what happened when you did? Did you appreciate your parents' reaction? In hindsight, do you find them helpful now? If so, why did your perception change?
- Do you believe it is a good thing for children to always and unconditionally accept limits that parents and caregivers set for them?
- What happens if a child questions boundaries or limits? How should an adult react when a child when challenges the limits? Why?

ENFORCING LIMITS

- How do you feel about the use of threats in securing compliance with limits? Provide examples.
- How do you feel about punishments in securing compliance? Provide examples.
- Do you believe that disciplining is context-and-culture specific or are caregivers across the world driven by the same disciplining philosophy?
- Do you think that boys should be disciplined more harshly than girls? Why/why not?
  - Do you agree/disagree with the following statements?
    - Girls are more docile than boys.
    - One must watch boys because they are more naughty than girls.
    - Boys are more restless than girls.
    - Boys should not cry.
    - Girls should not scream or express anger.
- What do your views about differences in boys and girls mean for disciplining? Should you discipline boys more than girls? Should you prevent boys in your care from expressing their frustration with limits?

PARENTS OR CAREGIVERS: WHO SETS LIMITS?

- Who, in your view, is responsible for setting limits? Which limits should you set? Which limits should the parents set?

Box 4.1.1

KEY TAKE AWAY MESSAGES ON SETTING LIMITS FOR CHILDREN

Message 1: Objectives of limits

Limits are guidelines that orient a child's action towards socially acceptable behaviour without stifling his/her pursuit for independence. Through limits, parents and caregivers transfer a social order that organizes relationships between people, create harmony between them, and indicate what is permissible and what is prohibited.

Message 2: Challenging limits is an opportunity not a problem

Limits help control a child's impulses, teaching him/her to take care of him/herself and others. Limits are an opportunity to teach the child to think creatively, take initiatives, and find solutions that are socially acceptable. This demonstrates trust in a child's abilities to suggest alternative solutions than those dictated by his/her impulses.

Message 3: Threats and punishments are counterproductive

- Threats such as the bag lady (also known as Abu Kiss in the Arab world) or Santa withholding Christmas gifts etc. can instil a fear abandonment. It teaches a child to obey from a point of fear. It prevents the child from understanding the rationale and justification behind the limit.
- Punishments like pulling a child away from an activity or confining them to their room can embarrass the child without clarifying the rationale behind the limit. The child responds out of fear from punishment. It is important to explain the limit to the child and to tell him/her that they can return to the activity once they accept the norm.

Message 4: Parents set limits and caregivers work with children to enforce them

Caregivers' views of children's emotional development and disciplining (including views about how girls and boys should behave and feel) are culture-specific. We develop our views about them through language, storytelling, and traditions. Parents and caregivers may have gone through different learning and socialization processes. Caregivers must consult the parents about their views regarding limits and what they think are appropriate strategies for their enforcement. It is therefore very important to maintain clear and direct communication channels with employers to better perform caregiving tasks. (Caregivers should not be afraid to ask clarifying questions. Cultural and social differences can be an important source of misunderstanding. It is therefore important to listen carefully and to pay attention to non-verbal cues).

Encourage the participants to read out loud or listen to the statements from employers below. Encourage a short discussion. Do the participants sympathise with the views of the employers? Do they experience frustration if and when their own views on setting limits diverge from those of the parents?

EXERCISE 4.1.5.

LISTEN TO WHAT SOME EMPLOYERS ARE THINKING

“The caregiver insists on wanting the child to finish their plates but I don’t insist on my child to have to finish their plate”.

The caregiver needs to be able to talk and interact with a child. This involves knowing how to motivate a child and to adjust your message to the child’s level of understanding. For example telling the child: “We are going to get out of the bath now and get into your superhero pyjama” rather than “You have to get out now or else mama will get mad”.

“I empowered the worker in my home to discipline my kids; I told her very clearly that she has authority to say no. Parents need to give that empowerment and the caregiver needs to take on that empowerment; she can’t say things like: ‘I told her not to, but she ate the chocolate anyway...’”.

Box 4.1.2.

TIPS ON SETTING EFFECTIVE LIMITS

- Be clear and specific: the caregiver should inform the child what is expected of him/her and explain the reasons behind the limit.
    - For example, “You should hold my hand when we cross the street because I do not want you to get hit by a car”.
- Be firm, confident and consistent, otherwise the child will test all the limits that a caregiver applies to him/her.
- Accept a child’s frustration with the limits. It is a normal reaction to restrictions on his/her autonomy.
- Encourage children to express their frustration with the limit, even after time elapses. Encourage them to express their frustration verbally instead of acting in defiance.
    - For example: “I think you are angry because I did not allow you to bring your radio to grandma’s. Would you like to talk about it?”
- Do not attack a child’s self-esteem. A caregiver must express dissatisfaction with a child’s actions not with the child him/herself.
    - For example: Say “do not hit your friend because it hurts him” instead of saying “you are a bad boy”.
- Work with the child on identifying suitable options for enforcing the limit. This will give him/her the space to exercise their autonomy.

4.2. SELF-CARE FOR THE CAREGIVER

Emotional development, unlike physical and intellectual development, is a two-way conduit. In contributing to the emotional development of a child, a caregiver becomes emotionally invested in the child's upbringing and may become unhealthily attached to the child.

Self-care is an ethical obligation in the profession of caregiving. Caregivers can only take care of others after they first take care of themselves. Stressful experiences can lead to exhaustion, irritability, difficulty dealing with everyday events, and signs of anxiety or depression. Some conditions that result from a caregiver's over investment in her job, such as burnout, might result in depersonalization or lack of caring with children.

Yet, it may be hard for caregivers to discern when emotional attachments have reached the level at which they are affecting their performance. Burnout, for example, develops slowly and progressively. Caregivers might also be in denial about their over attachment to children in their care because it is too hard to admit it.

Box 4.2.1

SELF-ASSESSMENT TOOL FOR CAREGIVERS

REGARDING THEIR EMOTIONAL ATTACHMENT TO THE JOB

To indirectly assess the extent to which their emotional attachment to the job is hurting them professionally, caregivers can ask themselves the following questions:

- Have I been showing up to work on time?
- Have I been completing all my work tasks?
- Have I been completing my work tasks up to the standard?
- Have I been maintaining a professional appearance?
- Have I been adhering to the highest principles of ethical practice (including maintaining client confidentiality, demonstrating respect for clients and avoiding boundary violations)?
- Have I been taking steps to continuously improve my competence and the effectiveness of my practice?

Source: A. Barsky: *Being conscientious: Ethics of impairment and self-care*, http://www.socialworker.com/feature-articles/ethics-articles/being-conscientious-ethics-of-impairment-and-self-care/ [accessed 15 January 2017].

If caregivers are repeatedly showing late to work or neglecting their duties, they might wish to revisit the extent to which they are allowing work to take over their personal space or the extent to which they are impinging on the personal space of their employer. Below are some suggestions for self-care among caregivers. Some of these suggestions concerning appointments or activities outside the house/workplace must be discussed with employers in contexts where domestic workers' freedom of movement is generally curtailed.

Box 4.2.2

TIPS FOR SELF-CARE AMONG CAREGIVERS

- Working as a caregiver can be isolating. Caregivers must connect with other caregivers for support and guidance.
- Caregivers must take a few minutes during the day to attend to personal aspects of their life like calling a friend, looking at family pictures, and planning a weekend getaway with friends.
- Caregivers must schedule regular appointments with their physician. It is easy to forget about their own health while caring for children.
- Caregivers must organize their personal priorities. Falling behind in their own responsibilities and household duties (e.g., paying rent, purchasing a health insurance, paying your children's tuition) can cause extra stress.
- Caregivers must avoid taking their work home with them. It is hard to separate themselves from emotions and responsibilities towards the children in their care when they leave their employer's household or the day care. Caregivers should take up a regular hobby such as dancing, choir practice, or running. This will help them set a boundary between work and personal space. The separation between care responsibilities performed in a work context becomes even harder for caregivers who live with their employers. In situations where caregivers reside in their employers' homes, they must carefully negotiate their rest hours and weekly leaves with their employers as per the employment contract.

EXERCISE 4.2.1.

REFLECTING ON SELF-CARE STRATEGIES

Ask the course participants to sit in pairs. Invite them to discuss, in turn, a situation where they allowed work to consume them, what the causes and symptoms were, and if/how they dealt with the situation.

After they are both done discussing their experiences, ask them to review the self-assessment questions and remedies above and discuss what barriers they would face in implementing these intentions, and then troubleshoot what they will do if they encounter these barriers.

Ask course participants to reconvene in plenary. Invite them to present their suggestions.

Box 4.2.3

SOME ADVICE ON HOW TO COMMUNICATE YOUR ACHIEVEMENTS WITH THE EMPLOYER

Emotional stress can also be caused by the fact that contrary to many other types of tasks that are fairly easy for the employer to recognize (preparing food, cleaning and other types of domestic work), many of the complex tasks that is involved in caring for children are not always visible to the employer. Lack of clarity of the roles and responsibilities of the caregiver can also be a source of work-related stress. Some of the advice has been suggested by employers of childcare givers and may help workers communicate the tasks that they do to the employers.

- Give the parents a description of what you did throughout the day (what books did you read, what games did you play, what new words did you teach, etc.), so that they know what you accomplished, but also feel that their children are in good care. Throughout the day or at the end of the day, write down the main points on a paper. This is a good practice to track your daily activities and shows good organizational skills.
- Show parents the results of activities that you did with the children. For example, if you built a building out of Lego, keep it so the parents can see it. During play time, let the children know that they will get a chance to show their parents the great work they did. If you were doing crafts, display the great work they did for the parents.
- When an employer gives you instructions on how to do something, make sure you write it down. This is not to say that you will not remember what they said, but it shows that you have good organizational skills and that you are actively engaged. Ask for clarifications if you are not sure.

4.3. TIPS TO IMPROVE THE CONDITIONS OF YOUR JOB

In addition to tips for self-care, it is also important to be aware of tools that can help domestic workers improving the quality of their job in term of working conditions. Where possible, domestic workers should access unions or other membership based organizations that can help protecting their interests and facilitate dialogue and negotiations on their behalf. However, as this might not be the case in many countries, the manual proposes some tips for domestic workers to help them discussing with their employers issues such as wages, working hours, day off and out, annual leave, etc.

Box 4.3.1

WHAT CAN YOU DO?

1. Prepare well for the negotiation

A negotiation process involves giving and taking. Take time to think about what you want, and write a list of your demands (e.g. increased salary, flexible working hours, responsibilities and other benefits (e.g. leave, SIM card etc.). Then, prioritize between the demands and think about what is most important to you. Also think about second best options, for example, if you initially wanted a salary increase, but your employer does not agree to it, can you ask the employer if they would be willing to give you half of what you asked for? If they would consider to give you a raise within a year?

2. Get the timing right

Approach the employer when you know it is a good time for them, and ask if you can set up a meeting to discuss the terms and conditions of your contract. It is better to have this conversation when you both are prepared for it. It is also wise to address them during a period when you have been successful at your job or you feel you have proven yourself.

3. Provide examples and achievements

Rather than talking in general terms about the job, provide the employer with specific examples of the accomplishments you have done. For instance, if you now know how to motivate the child to bath time or eating healthy without much or any struggle, make sure the employer recognizes this progress. Presenting the certificate of attendance from the training programme, and a short summary of what was taught in class can also be helpful to show your acquired knowledge. Give examples of how you have implemented what you have learned.

4. Keep control of emotions

You should not get upset if you are unable to get what you want. Keep calm and professional, and avoid reacting with anger or in any other way that might jeopardize your employment. Even if your negotiation does not lead to the outcome you were hoping for, at least you communicated what you desire. Perhaps this initial discussion help you further down the line.

5. Make sure you have a summary of what has been agreed

After your discussion, make sure it is clear to both the employer and yourself what you agreed upon. Repeat what the offer is, and ask the employer if this is correct. Try to negotiate that the new terms and conditions are formulated in writing.

EXERCISE 4.3.1.

ROLE PLAY TO PRACTICE YOUR NEGOTIATION SKILLS

Divide the participants into groups of four.
First, ask the participants to discuss the power dynamics between themselves and their employers, using the following guiding questions:

1. In what ways do you depend on your employer?
2. In what ways does your employer depend on you?

Then, ask the participants to discuss and write down on a piece of paper:

1. Three things you like about working for your current employer
2. Three things you don't like about working for your current employer
3. Three changes that would make you happier and healthier in your job

Finally, ask participants to role play a negotiation situation with their employer. One participant acts as themselves, another acts as the employer, and the two other give feedback to the role play.

Assessment of student learning

These are questions to help course participants remember the main points of the course.

SESSION 4.1: EMOTIONAL DEVELOPMENT EXPLAINED

- What is one takeaway from this section that you will teach a friend who did not take this course?
- What are the different age categories that mark significant changes in children's emotional development?
- At random, select two age groups and ask course participants to identify an appropriate activity that contributes to the emotional development of each. Ask them to explain why the activity is suitable.
- What are important considerations to keep in mind when setting limits for children?

SESSION 4.2: SELF-CARE FOR THE CAREGIVER

- What are signs that indicate that the caregiver is experiencing burnout?
- What are tips for self-care among caregivers?

SESSION 4.3: TIPS ON IMPROVING THE CONDITIONS OF YOUR JOB

- How would you prepare to meet with your employer and discuss an increase in salary?
- What do you if the employer has no time to listen or does not agree with your demand?

Module 5

PLANNING FOR, ESTABLISHING AND MANAGING A DAY CARE FOR THE CHILDREN OF DOMESTIC WORKERS

CONTENTS

5.1. Assessing a community's need for a childcare centre
5.2. Defining the goals of the childcare centre and its identity
5.3. The business process of a childcare centre
5.4. The infrastructure of a childcare centre
5.5. Staffing a childcare centre
5.6. Financial management of a childcare centre

PLANNING FOR, ESTABLISHING AND MANAGING A DAY CARE FOR THE CHILDREN OF DOMESTIC WORKERS

In many countries, the disproportionate responsibility of women for unpaid childcare, coupled with weak public care services, reinforces women's marginal position in the labour market, negatively impacting their earning ability.[18] Women are at a greater disadvantage in developing countries where they have limited access to suitable infrastructure and labour-saving technology.[19]

While the impact of childcare is hard on women, it is hardest on women domestic workers. Domestic workers part with their children for long hours (at least 8 hours every day, although in some countries domestic workers are expected to work for 16 hours every day). In the absence of affordable childcare options, domestic workers leave their children home alone. Domestic workers also rely on inexperienced care workers, like younger siblings for providing childcare.[20] This has direct repercussions on the health and development of the children being cared for and on the educational and employment prospects of the young girls who leave school to care for family members.[21]

Childcare centres relieve women domestic workers from childcare responsibilities, allowing them to integrate the labour market, but are not always available, accessible and/or affordable. In some countries, organizations of women workers, including domestic workers have taken the initiative to set up their own childcare facilities. For example, the Self-Employed Women's Association (SEWA) in India – a trade union representing 1.8 million women workers in the informal economy, including domestic workers – set up childcare centres in Ahmedabad as a cooperative called the "Sangini Childcare Workers Cooperative" which today runs 33 centres in Gujarat state.[22]

Over 100 members of UNITED, a national organization of domestic workers in the Philippines are also members of the saving cooperative of LEARN, a labour education centre which also hosts a childcare centre for its members.

Due to legal restrictions on the right of migrant domestic workers to form a family in Lebanon, the latter have resorted to informal migrant worker-managed unregistered day-cares, usually paying 100 USD a month each to a migrant woman from their community to care for their children while they are at work. There, the children spend at least five hours daily with untrained and unlicensed caregivers in environments where their health and safety, as well as their cognitive, emotional and physical development, may suffer.[23] More recently, the Alliance of Migrant Domestic Workers in Lebanon has received funding to set up a suitable childcare facility for the children of migrant domestic workers. Similar initiatives are popping up in other countries of the region.

18 L. Alfers: *Our children do not get the attention they deserve: A synthesis of research findings on women informal workers and childcare from six membership-based organizations* (Cambridge, WIEGO Childcare Initiative, 2016).

19 United Nations Research Institute for Development (UNRISD): *Why care matters for social development. UNRISD Research and policy brief No. 9* (Geneva, 2010.).

20 Overseas Development Institute (ODI): *Women's work: Mothers, children and the global childcare crisis* (London, 2016).

21 ILO: *Work and family: The way to care is to share!* (Geneva, 2009).

22 R. Moussié: *Women informal workers mobilizing for childcare* (2016). http://www.wiego.org/sites/wiego.org/files/publications/files/Moussie%CC%81-Mobilizing-for-Child-Care.pdf [accessed 16 September 2017].

23 T. Marie-José and Y. Hamada; *Women migrants and the use of standard terms of employment in the Asia-Middle East corridor. IOM/UN Women* (forthcoming).

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SESSIONS

5.1. Assessing a community's need for a childcare centre
5.2. Defining the goals of the childcare centre and its identity
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5.4. The infrastructure of a childcare centre
5.5. Staffing a childcare centre
5.6. Financial management of a childcare centre

EXERCISES

Exercise 5.1.1. Assessing care needs among course participants
Exercise 5.1.2. Systematic care needs assessment / developing questionnaires for parents
Exercise 5.1.3. Systematic care needs assessment / developing questionnaires for community leaders
Exercise 5.2.1. Developing a vision statement for the childcare centre
Exercise 5.2.2. Creating an identity for the centre: naming and logos
Exercise 5.2.3. Conducting a stakeholders' mapping
Exercise 5.4.1. Making the childcare centre safer
Exercise 5.6.1. Breaking down your costs

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Box 5.3.1. What is the difference between for-profit and not-for-profit organizations?
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Box 5.6.1. Thinking about costs

QUESTIONS

Assessment of student learning.

Number of days: *2 day (10 hours)*
Number of sessions: *6 sessions.*

OBJECTIVES:

This module walks participants through the planning stages of a day care for the children of domestic workers and provides guidance on establishing and managing a childcare centre by domestic workers' organizations.

SESSION 5.1: ASSESSING A COMMUNITY'S NEED FOR A CHILDCARE CENTRE (2 hours)
The session first outlines the main benefits of childcare centres to both children and working mothers. Next, it introduces participants to various types of childcare programmes and services. Finally, the session supports participants in the assessment of childcare needs in their communities and in the identification of corresponding care solutions.

SESSION 5.2: DEFINING THE GOALS OF THE CHILDCARE CENTRE AND ITS IDENTITY (1.5 hours)
This session guides the development of a vision statement and corporate identity for the centre. It also offers tips on undertaking a stakeholders' mapping, and a survey of possible bureaucratic requirements.

SESSION 5.3: THE BUSINESS PROCESS OF A CHILDCARE CENTRE (1.5 hours)
This session builds on information from session 5.2 to walk participants through the process of selecting a suitable business model and developing a business plan.

SESSION 5.4: THE INFRASTRUCTURE OF A CHILDCARE CENTRE (1.5 hours)
This session explores the concept of safety in configuring the design of a childcare centre.

SESSION 5.5: STAFFING (1.5 hours)
A childcare centre should meet certain employment requirements which include caregiver experience and education and the caregiver-child ratio. We discussed caregiver qualifications at length in modules two (physical development), three (intellectual development) and four (emotional development) of this toolkit. This session is very short and consists in determining an ideal caregiver-child ratio, which would ensure proper attention to a child's development needs.

SESSION 5.6: FINANCIAL MANAGEMENT OF A CHILDCARE CENTRE (1.5 hours)
This session helps participants learn about the types of expenses related to setting up and then managing a centre.

This session introduces participants to the concept of self-care and to self-assessment tools that can help them discern when emotional attachments are affecting their performance.

ASSESSMENT OF STUDENT LEARNING (30 minutes).

RESOURCES NEEDED:

- Flip chart stands
- Marker pens
- Notepads and paper for note taking
- Print outs of the attached tables / illustrations
- Projector / computer

5.1. ASSESSING A COMMUNITY'S NEED FOR A CHILDCARE CENTRE

The session first outlines the main benefits of childcare centres to both children and working parents. Next, it introduces participants to various types of childcare programmes and services. Finally, the session supports participants in their assessment of childcare needs in their communities and in their identification of corresponding care solutions.

EXERCISE 5.1.1.

ASSESSING CARE NEEDS AMONG COURSE PARTICIPANTS

You should start off by asking session participants to identify the challenges that they face in finding paid employment in their communities. Write down the challenges on a large sheet of paper. Next, ask participants to enumerate the challenges that they encounter in balancing household and work responsibilities. Invite them to share coping strategies that they employ in their attempt to balance household and work responsibilities and their level of satisfaction with these strategies. Finally, invite them to reflect on the value of a childcare centre in their community (the value for mothers, children and the broader community). The Table below proposes some suggestions.

TABLE 5.1.1.

DISCUSSION GENERATORS (THE BENEFITS OF CHILDCARE CENTRES)

Challenges in finding paid employment	*Examples:* no adequate skills, language barriers, women are not allowed to work, transportation from/to workplace is not available, transportation route from/to workplace is unsafe (violence and sexual harassment), care responsibilities in the household are overwhelming, disability, migration status prevents them from finding employment or curfew hours are inflexible.
Challenges in balancing household and work responsibilities	*Examples:* female-headed household, no social network, not enough time, long distances between workplace and household, inflexible working hours or working part-time.
Coping mechanisms and satisfaction levels	*Examples:* the eldest child takes over care responsibilities (foregoing own education, not enough experience to contribute to the sound emotional, intellectual and physical development of younger siblings), neighbours and participants take turns in caring for children (foregoing additional working days/working part time and partial income generation).

Child development and protection	*Example:* In historically low-income communities, parents' low educational attainment levels can hamper the educational development of children further tightening the poverty trap and making it more difficult for households to climb out of poverty. Childcare centres can contribute to the social and cognitive skills development of low-income children, preparing them for primary school on more equitable grounds with children from better income groups and consequently improving their chances in life. Caregivers can teach, support and stimulate young children to detect and identify new objects. In addition, caregivers can stimulate children's motor skills: jumping; running; dancing. Caregivers can promote children social skills like sharing, playing and talking with other kids, expressing feelings, learning to take decisions and expressing their feelings.[24]
Breaking the vicious cycle of poverty among women	*Example:* Childcare centres enable full-time employment among women with care duties. *Example:* Childcare centres also free up women's time to allow their enrolment in educational and skills' development programmes which promote their job mobility and grow their income and self-esteem. *Example:* Time flexibility also allows them to join women in similar employment to organize and collectively demand better living and working conditions. *Example:* When both parents are working, girls are likely to drop out of school to take care of their younger siblings. Childcare centres allow girls to stay in school
Better access to services	***Childcare centres can promote regular medical check-ups*** with doctors and nurses. The check-ups include dental exams, vitamins levels screening, immunization and weighing. For this type of services, the childcare centre can partner and work with relevant health centres which provide affordable health services and assistance. ***Childcare centres can provide balanced nutrition programmes*** for children at the centre. The centre should consult with nearby nutrition centres/doctors regarding how to offer balanced and nourishing food for children that takes into consideration specific sensitivities among children. Childcare centres support breastfeeding for working mothers who gave birth recently and are currently working. Mothers can come during their breaks to breastfeed their babies.

Source: ILO: *Community childcare training manual* (Jakarta, 2015).

The decision to establish a childcare centre must be made at the level of the community of domestic workers in a given region. The centre requires the support of parents, service providers and relevant authorities. As such, the previous discussion in Exercise 5.1.1. must take place at "community level" in the form of a comprehensive and systematic needs assessment and stakeholders' mapping.

24 ILO: *Maternity protection resource package, From aspiration to reality for all* (Geneva, 2012).

The best way to carry out a systematic assessment is to develop a generic instrument or tool (i.e., a questionnaire) with which to approach the community of domestic workers and another to approach service providers in the community. These instruments will map out the needs and constraints of working parents and the capacities of agencies that work and support child welfare initiatives.

Box 5.1.1

WHAT IS A QUESTIONNAIRE?

A questionnaire is a list of a questions designed to extract specific information from a defined category of people. The objectives of the questionnaire are to:

1. collect the information needed;
2. make the information comparable and amenable to analysis;
3. minimize personal bias in formulating and asking questions; and,
4. make questions engaging and varied.

Source: *Questionnaire*, Business Dictionary, http://www.businessdictionary.com/definition/questionnaire.html [accessed 6 January 2017].

EXERCISE 5.1.2.

SYSTEMATIC CARE NEEDS ASSESSMENT / DEVELOPING QUESTIONNAIRES FOR PARENTS

Invite session participants to sit in small groups. Building on the previous discussion, ask them to develop a series of questions to assess care needs and care provision challenges among parents in the community. Questions should collect information about the following categories:

- Number and age of children
- Whether this is a female-headed household
- The employment status of both parents
- Challenges in balancing work and care responsibilities
- Coping mechanisms and satisfaction level with these coping mechanisms

From the group debriefs, build a questionnaire which participants could use in their assessment. For a sample questionnaire for a care needs assessment, please refer to the box below.

Box 5.1.2

SAMPLE QUESTIONNAIRE FOR CARE NEEDS ASSESSMENT

1. Are you: (Circle answer number)

   a- Male   b- Female

2. Do you think that families in our area / community have access to adequate and affordable childcare services?

   a- yes   b- no

   c- don't know

3. Do you think that your area / community should provide childcare services?

   a- yes   b- no

   c- don't know

4. How many children do you have in the following age groups and what is their gender?

   a- Male   b- Female

   0-4

   5-8

   9-12

   13-15

- ☐ If pregnant or planning to adopt this year, please check here
- ☐ If you have no children, please check here

If all your children are 13 years of age and above or if you have no children, and are not pregnant or planning to adopt within the next year, you have now completed this questionnaire.

5. Do you currently work for pay?

   a- yes   b- no

6. In case you are currently not working for pay; can you state the reason for not working?

7. Do you have a spouse or partner who lives with you? (Circle response number)

   a- yes   b- no

8. If yes, please circle the category that best describes that person's work/study situation.

   1. employed in the paid labour force
   2. studying in a school or university
   3. self-employed or the owner of a business
   4. working on an irregular basis

5. full-time homemaker caring for your own children
6. none of the above (Please describe)

9. What is your monthly or weekly salary? Your answer will help assess funding needs.

10. Do you leave children alone at home and how often?

11. In case you are working outside the home, who provides care for your children?

    For every child, can you please explain what sort of care arrangement you are utilizing (sample answer example: none / my spouse / child takes care of him/herself / older sibling provides care for his/her younger sibling/ family relative/ childcare centre/ in another [home])?

12. Are you satisfied with your current childcare arrangements? Why or why not?

13. What sort of care arrangements suits you most? Please indicate for each child the type of care service you need.

14. What type of support do you require?
    1. Full-time help (five or more days per week),
    2. Half-day or part-time help (less than five days per week),
    3. Childcare after school or in the evening.

15. What days of the week and hours of the day do you require childcare?

16. If you are in need of childcare but are not using such arrangement; can you explain why? (For example: cannot afford financially; service is not available in your community; safety concerns; location; hours of operation).

17. Do your children have time to play with their friends?

18. Is there a safe location for them to play?

19. Do you think there are available arrangements in your area / community that could help provide childcare?

20. Are there places or locations in the area that could be used for providing childcare?

21. Do you support the idea of establishing a childcare centre?

22. Would you ever use the service of the childcare centre if its services are adequate and affordable?

Source: Friendly, M: *Assessing community need for childcare: Resource material for conducting community needs assessments* (Childcare Canada, 1994);
ILO: *Community Childcare Training Manual* (Jakarta, 2015).

EXERCISE 5.1.3.

SYSTEMATIC CARE NEEDS ASSESSMENT / DEVELOPING QUESTIONNAIRES FOR COMMUNITY LEADERS

Invite session participants to sit in small groups. Ask them to develop questions to examine the views of community leaders about care needs and about their prospective roles in the establishment of a childcare centre.

Box 5.1.3

WHO ARE THE COMMUNITY LEADERS?

To define community leadership one needs to first define the parameters of the community within which s/he operates. The parameters can be geographical (neighbourhood, town, city, refugee camp, compound), identity-based (the community of migrants, the community of migrants from a certain nationality, religious), economic (private economic zones like the garment economic zones in Jordan for example) or a combination.

Once the community parameters are defined, corresponding leadership figures with influence in this community are identified. They can be government/public authorities (police chief, mayor, directors of local ministerial branches and directorates), civil society actors (trade union leaders, heads of religious institutions, directors of NGOs and migrant workers' associations and groupings and community policing units).

From the group debriefs, build a questionnaire which they could use in their assessment. For a sample questionnaire used for care needs' assessment among community leaders, please refer to the box below.

Box 5.1.4

SAMPLE QUESTIONNAIRE FOR AN ASSESSMENT AMONG COMMUNITY LEADERS

1. What is the percentage of domestic workers in your area / community?
2. To the best of your knowledge, how do domestic workers provide care for their children?
3. Are there adequate (i.e. affordable, accessible) services in your area that support parents, including domestic workers, in providing care for their children?
4. Do you believe there is a need for childcare centres, including for the children of domestic workers, in your area?
5. Are there available spaces to set up a childcare facility?
6. Would you be interested in supporting the establishment of a childcare facility? If yes, in what way?
7. Do you know of NGOs or local government agencies that could help in setting up a childcare centre?

Source: M. Friendly: *Assessing community need for childcare: Resource material for conducting community needs assessments.* (Childcare Canada, 1994); ILO: *Community Childcare Training Manual* (Jakarta, 2015).

Box 5.1.5

TIPS FOR CONDUCTING SUCCESSFUL INTERVIEWS

1. Organize yourself well before the interview: make sure you have all the needed documents and materials. Take appointments from community leaders and explain beforehand the purpose of the interview. Make sure you dress professionally.
2. Introduce yourself and explain the purpose of the interview and survey.
3. Inquire from the person you want to interview if s/he has the time to answer your questions.
4. Explain that the identity of the responder will remain anonymous.
5. Conduct the interview on one-to-one basis.
6. Thank the respondent at the end of the interview.

Box 5.1.6

TIPS FOR COMPILING AND ANALYZING QUESTIONNAIRE RESPONSES

Once you have completed all the questionnaires and taken thorough notes of the responses, you need to summarize, analyse and present the results to all those who are interested in executing or supporting the execution of the childcare centre.

Sometimes all you have to do is tabulate the results - that is, add them up and display in a table. For instance, if you have interviewed 100 people, you need to count the answers.

Let's, for example, take this question: "What type of support do you require?" (question 14, Box 5.1.2.); 70 people mentioned "full-time help (5 or more days per week)", 10 cited "half-day or part-time help (less than 5 days per week)", and 20 said "childcare after school or in the evening".

However, analysis can be far more complicated in the case of "opinion" questions such as this one: "Are there adequate (i.e., affordable, accessible, and affordable) services in your area that support parents, including domestic workers, in providing care for their children?" (question 2, Box 5.1.2.). In this case, you will need to try to find patterns.

Once you have done that, you will need to look at the overall survey to see how each percentage compares to the others. For example, what questions had the highest proportions of similar responses?

We suggest that you write up a brief report - one page is sufficient - summarizing the results of the survey. In your report, look for any patterns.

Take the time to discuss it with the community and with the execution committee for additional feedback.

5.2. DEFINING THE GOALS OF THE CHILDCARE CENTRE AND ITS IDENTITY

The session will guide the development of a vision statement for the centre, a corporate identity (name and logo), a stakeholders' mapping, and a survey of possible bureaucratic requirements.

EXERCISE 5.2.1.

DEVELOPING A VISION STATEMENT FOR THE CHILDCARE CENTRE

If the questionnaires with parents and community leaders (the needs assessment) indicate that a childcare centre is indeed a priority, the next step is to develop a clear and specific vision statement for the centre. The vision statement must be guided by the needs assessment.

Box 5.2.1

WHAT IS A VISION STATEMENT?

A vision statement is an aspirational description of what an organization would like to achieve or accomplish in the mid-term or long-term future. It is intended to serve as a clear guide for choosing current and future courses of action.

Source: *Vision statement,* Business Dictionary http://www.businessdictionary.com/definition/vision-statement.html [accessed 6 January 2018].

A well developed and articulated statement is critical in communicating your goals to the relevant authorities and to obtain the necessary authorizations. It is also important for acquiring financial assistance from various donors and agencies in addition to securing the support of local service providers.
The statement should address the concerns and needs raised in the assessment and identify and describe the beneficiaries of the centre.

Based on the concerns identified by participants in session 5.1. and using the flip chart sheets, invite participants to sit in groups and to develop a mission statement each. Ask them to complete the following two sentences:

- Our goal is to...for...because...
- We plan to achieve this by...

The samples below can guide your evaluation of their responses during the debrief.

Box 5.2.2

SAMPLE VISION STATEMENTS

- ☐ Sundowners exists to provide a safe, developmentally, inclusive environment for toddlers, preschool, kindergarten and school age children. Our focus is to provide a stimulating early learning and childcare experience which promotes each child's social/emotional, physical and cognitive development. Our goal is to support and nurture the children's and our own natural desire to be life-long learners. We are committed to the families we serve, providing support and encouragement.

  (Source: http://www.sundownersdaycare.com)

- ☐ Our goal is to ease stresses of the busy, working parents. We know the challenges you face and recognize that in addition to a child's need for quality and nurturing care, moms and dads have needs, too! This led us to develop industry-leading programs including ParentView® Internet monitoring and a parent eCommunication app which provides parents with an ongoing connection during the day; as well as back-up care, nutritious snacks, optional meal plans, extended hours, in-house extra-curricular activities, parent workshops, and occasional babysitting nights for parents to enjoy a night out!

  (Source: http://lightbridgeacademy.com)

- ☐ Provide and support the development of quality, accessible, flexible, affordable early care and education options designed to address the childcare needs of income eligible families that support economic self-sufficiency.

- Provide Head Start and Early Head Start services and options for eligible families.
- Provide or facilitate the development of comprehensive developmentally appropriate programmes for children through an integrated family-focused service delivery system to promote school readiness and long term success.
- Expand existing collaborative and partnership efforts with State, public school systems, community agencies and early care providers to increase and enhance quality services and positive outcomes for children and families.
- Promote family partnerships, and recognize the parents' role as educators, nurturers, and advocates for their children. As well as encourage a meaningful role in decision making and other parent training/involvement opportunities.
- Provide or sponsor training and professional development opportunities for staff and providers.

  (Source: http://www.skcdc.org)

EXERCISE 5.2.2.

CREATING AN IDENTITY FOR THE CENTRE: NAMING AND LOGOS

In addition to a mission statement, it is always helpful to create an identity for the centre. An identity helps you and others visualize the project. A name for the centre and a logo are important in this regard.

Ask participants to come up with ideas for logos and names for the centre. Here are some things to keep in mind when choosing a name for your small business:

- When it comes to memorable business names, shorter is usually better.
- Keep your business name consistent with your brand: What's your business' target market? What is the image you are trying to portray (You want people to see your business name and not only get a sense of what you do?).
- Stay clear of copyrighted or restricted names such as names that suggest connections with the government (they will be rejected when you try to register), names that are similar to those of existing businesses, or names that are considered obscene or inappropriate.

Nowadays, a logo is easy to develop. Several free websites provide you with **pre-defined templates to design your logo**. Like names, logos must be consistent with your brand and you must avoid using existing and copyrighted or restricted logos.

EXERCISE 5.2.3.

CONDUCTING A STAKEHOLDERS' MAPPING

It is important to identify and classify key organizations and individuals who can support the establishment of a childcare centre. Some of these institutions are helpful from a legal perspective (i.e., they will authorize the establishment of the centre and, once it is established, they will inspect it periodically to investigate occupational and safety and health standards). Other institutions are important because they ensure the safety/security of the centre (i.e., local police authorities may ensure the security of your facility, especially in high crime areas) or enhance the centre's capacity to deliver services to children and their parents (e.g., medical centres can provide you with free medical screenings).

Building and maintaining good relationships with these agencies and individuals is key for the successful establishment and operation of the centre.

Ask participants to sit in groups and identify institutions in the community that can support the centre. Ask them to list the rationale behind their selection. Also, ask them to categorize them by their likelihood to support the centre's establishment and operations. Here due attention should be given to their mandate, financial and human resource capabilities (number and technical capacity) and previous experience (are they active? credible? can they provide quality services?, etc.). Examples include:

- Ministry of Social Affairs
- Ministry of Interior
- Ministry of Education
- International Organizations: UNESCO; ILO; WHO, UNICEF, UNHCR, WorldVision, UNRWA, etc.
- NGOs supporting communities and children
- International Federation of Red Cross and Red Crescent Societies
- Medical centres
- Women NGOs

The final stage in the planning process is to navigate the bureaucratic procedures. Procedures vary according to context and localities, and cannot be addressed in this session. Nonetheless, the session will flag entities that participants could turn to in order to understand the rules and regulations that govern the childcare sector and what are the eligibility and regulatory criteria for establishing childcare centres. You might want to advise them to seek support from the following actors or entities:

- Approach NGOs and lawyers/ legal activists who can provide legal counsel on the required regulations and legal clearance and approval processes.
- Seek out the regulatory agencies that will provide clearance and legalize the childcare centre.
- Identify and contract a lawyer who can fulfil the required legal procedures.

5.3. THE BUSINESS PROCESS OF A CHILDCARE CENTRE

Having defined the centre's goals and its identity, this session will expose participants to potential business models and to the process of developing a business plan.

Choosing a business model for the childcare centre

For starters, childcare centers can be for-profit or not-for-profit organizations.

Box 5.3.1

WHAT IS THE DIFFERENCE BETWEEN FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS?

'For-profit enterprise'
a for-profit enterprise is one where the owner(s) of a business keeps the income made from selling a good or service, after paying the businesses costs and expenses. In order to make a profit, the income from the business must be greater than the cost. One of the main goals of for-profit businesses it to make money for the owners.

'Not-for-profit organization'
The goal of most not-for-profit organizations is to help people in the community in some way. These organizations are not geared at making profit but they are often run like a business because the aim often is to make enough money to keep the organization running, and to reinvest any additional income made (after costs and expenses are paid) in a way that serves the vision and mission of the organization. An example of a not-for-profit organization would be a literacy programme that uses donations from the community to teach members of the community to read and write. Many not-for-profits are subsidized by government grants and/or private persons or companies who believe in their mission.

Source: ILO: *Community Childcare Training Manual* (Jakarta, 2015).

For-profit organizations include sole proprietorship and partnerships. Not-for-profit organizations include social enterprises, cooperative enterprises, associations and community-based organizations.

TABLE 5.3.1.

FOR-PROFIT AND NOT-FOR-PROFIT BUSINESS MODELS

For-profit	**Sole Proprietorship**	• Business is owned by one proprietor. • Proprietor makes all decisions about the business. • Procedures of starting the business are simple and the cost is low. You might need a license to operate a business as a sole proprietor. You might need to register for Value Added Tax (VAT), and if you have employees, you probably need to register for income tax and labour law purposes. • It is the riskiest business model, because you as the owner are personally responsible for all the debts of the business. • Many sole proprietor enterprises are family or household businesses.
	Partnership	• To start a partnership, the partners enter into a partnership agreement. This agreement defines the line of business the partners are going to be active in, how the profit or loss is going to be divided among the partners, and the duties of each partner. • The procedures of starting a partnership are quite simple and the cost is relatively low. • If your business has employees, you are required to register for income tax and if you qualify to charge VAT you should register with the national revenue authority. • All partners share the responsibility for the debts of the business (your own risk is reduced), but if the other partners have no private capital available, you might have to pay all the business' debts yourself.
Not-for-profit	**Social enterprise**	• A social enterprise is a business that seeks business solutions to solve social problems and improve communities, people's life chances, and/or the environment. Social enterprises are driven by their social aim but use commercial activity to achieve these aims. • A social enterprise will always reinvest its profits back into the company or use them to further the organization's social goals, rather than deliver a return to investors. For example, a social enterprise providing affordable childcare could use its surplus profits to open a new centre in another town. Social enterprises may be run by an individual, or a group of individuals but they are not necessarily collectively owned.

Not-for-profit	**Cooperative enterprise**	• Cooperatives are owned and supervised by their members, who democratically (based on the 'one member, one vote principle') elect representatives to a board of directors that looks after the cooperative, hires staff, etc. • The members of a cooperative share the benefits as well as the risks related to the enterprise. Cooperatives also make profit, but the profit is not always distributed to the members in cash. Depending on the decision of the members, the profits can be reinvested in the business to make it grow or are used to increase social benefits to the members. • In childcare cooperatives, members are often the parents of the children attending the centre and, thus they can represent their opinions on how to run the childcare centre more effectively.
	Associations and community-based organizations	• Examples are sports clubs, women, and youth groups but also employers' organizations, and associations of certain professions or occupations. Many CBOs are not registered, especially at the beginning, but if the organization grows, there is often a need to select a business or registration model.

Source: ILO: *Community Childcare Training Manual* (Jakarta, 2015).

Choosing a suitable business model depends on the goal of the centre, the duration of the project (shorter or longer term), the number of people and institutions in the community who are willing to invest time, qualifications and financial resources in its realization. The domestic workers' and stakeholders' surveys in sessions 5.1. and the vision statement are instrumental in defining a suitable business model. During this segment, you should work with the participants to define the main elements of a basic business plan. The amount of resources needed for a childcare centre will depend on the start-up cost and regular operating costs.

Box 5.3.2

DEVELOPING A BUSINESS PLAN FOR THE CHILDCARE CENTRE

BUSINESS ACTION PLAN

Individual's Name or Group's Name (include names of members):

....

My/Our Proposed Business is: ....

Our business location is: ....

We have these skills: ....

We have to learn these skills: ....

We have these assets (building, good location, equipment): ....

We need these assets: ....

MARKET

I/we will sell to:...

I/we will promote our products/services like this: ....

BUSINESS OPERATION

Service Plan for one year (total number of children at the centre):

each day..

each week ....

each month ....

The people who will work are (who, how many):..

I/we will divide the work like this:...

The people responsible for managing my/our business are (director, treasurer, sales manager, etc.). List all the management positions and what they do:.

....

BUSINESS EXPENSES:

Start-up expenses:	Operating expenses (for one year)	
....	....	
....	....	
....	....	
Subtotal	Subtotal...	Total.............

Total cost per year divided by the number of children at the centre every day during the year is: Cost per child per year..

Definitions:
Start-up costs are the non-recurring expenses associated with setting up a business.
Operating (Operational) costs are the expenses which are related to the operation of a business

5.4. THE INFRASTRUCTURE OF A CHILDCARE CENTRE

This session will explore the concept of safety in configuring the design and layout of a childcare centre. Constant supervision of children can limit their sense of independence and autonomy. Constant supervision is also impossible in contexts where the attention of caregivers is divided over a larger number of children, such as in the case of childcare centres. Safety precautions are an important balance to supervision. They help prevent accidents and injuries as well as allow children to develop their autonomy.

EXERCISE 5.4.1.

MAKING THE CHILDCARE CENTRE SAFER

Ask course participants to identify safety measures that they have adopted or implemented around their home to help protect their children or younger siblings from accidents and injuries. The following are common accidents and injuries that can occur around the house, and some suggestions on how to prevent them.

TABLE 5.4.1.

SAFETY MEASURES AROUND THE HOUSE

Falls	• Use sliding gates at both ends of stairways. • Use safety straps in high chairs and changing tables.
Choking	• Keep items smaller than 1.25 in. (3.2 cm) in diameter and 2.25 in. (5.7 cm) long, like button batteries and coins, out of a child's reach. • Learn to recognize signs of choking. For example, a child who is choking can't talk, cry, breathe, or cough.
Strangulation	• Keep cords out of reach. • Do not use folding gates, also known as "scissor gates" or "accordion gates", to close or lock off an area. Babies and young children can get their heads trapped in the gate and may strangle. • Make sure that furniture does not have cut-out portions or other areas that can trap your child's head.
Suffocation	• Lock all trunks, drawers and low-hanging cabinets and keep the keys out of sight and out of reach of your child. Another option is to remove all doors and covers completely from storage boxes, cabinets and to use open shelves instead of drawers. • Keep plastic sacks out of reach. Children may put sacks over their head during play, which can lead to suffocation.

Poisoning	• Store these products out of your child's reach. Keep an emergency number in the case of a possible poisoning emergency. • Prevent lead poisoning. Children may chew on contaminated paint flakes, painted objects, or toys. Old infrastructures may still have lead paint on walls and other surfaces. • Prevent carbon monoxide poisoning (CO). Use a carbon monoxide detector, and have your furnace checked each year. High CO levels quickly affect young children because of their small size. • Avoid second-hand smoke, mould, and other indoor air pollutants.
Burns	• Prevent household fires by maintaining smoke detectors, planning and practicing escape routes, and teaching your child basic fire safety skills.

Source: adapted from *Health and Safety, Ages 2 to 5 Years - Safety Measures Around the Home,* WebMD http://www.webmd.com/children/tc/health-and-safety-ages-2-to-5-years-safety-measures-around-the-home#1 [accessed 20 February 2017].

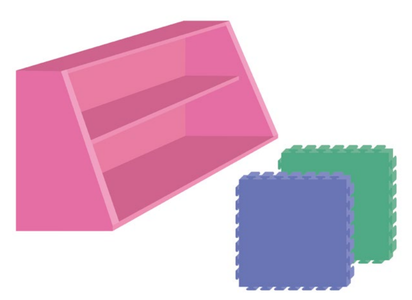
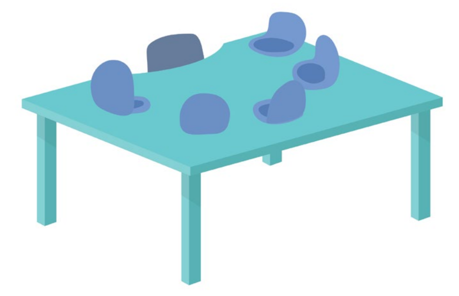
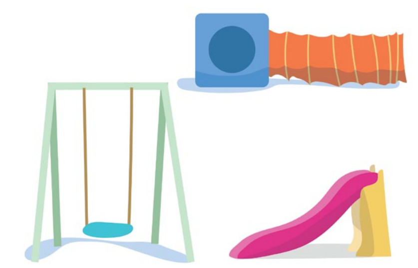
Ask course participants how a childcare centre's safety measures differ from household safety measures for children. Here are some suggestions:

- Doors and windows should be locked when staff are not able to supervise children to prevent children from leaving the centre by themselves.
- Shelves used for storing books and toys should be tied to the wall to prevent them from falling on children.
- All furniture (tables, chairs, bookcases, shelves, beds etc.) should not have sharp corners or edges to avoid injury.
- Electric outlets should be inaccessible to children.
- The centre (floor, tables, and bathrooms) should be cleaned daily. Children crawl on the floor, pick up toys and other objects off of the floor and put objects and fingers into their mouths. They examine and touch all cracks and holes.
- Hire pest control operators routinely but do not store pesticides on the premises. There are concerns about the frequency of application and possible effects of pesticides on children. Spray settles on all surfaces. Children may touch these surfaces and unknowingly expose themselves to pesticide residues. To reduce the use of pesticides, use non-chemical approaches like sanitation and maintenance to: keep pests out, remove food and water sources, and apply low-toxicity pesticides such as baits, traps or gels.[25]
- The childcare centre should have a proper storage space to store cleaning materials and equipment, first aid kits and fire extinguishers. These materials should be separated and kept away from food items to avoid poisoning.
- Perishable food should be kept in the refrigerator. The temperature of the refrigerator should be kept at °5C or lower. To slow bacteria growth, the freezer temperature should be °18-C. The food stored in the refrigerator should be covered or wrapped properly. Food items which does not require refrigeration should be stored in a clean place.

25 *Integrated Pest Management in Childcare Centres: Protecting our Children from Pests and Pesticides,* United States Environmental Protection Agency, https://www.epa.gov/sites/production/files/documents/IPM_CCC.pdf [accessed 20 February 2017].

TABLE 5.4.2.

SAFETY MEASURES AROUND A CHILDCARE CENTRE

	All shelves are sturdy (the base is larger than the height) and do not risk falling on children. Shelves are open (uncovered and unlocked), limiting the risk of suffocation among children who might introduce themselves into one of the bottom shelves. A foam mat protects children who fall down from injuries.
	A large table with multiple high chairs and safety straps is used to aid caregivers attending for more than two children at the same time.
	The medical equipment and first aid kit are stored in a cabinet away from children's reach.
	Bathroom doors are low to give children privacy while keeping them from locking themselves in. The dimensions of the toilet seat are important to prevent the child from falling into the toilet. The height of the sink is important to maintain hygiene standards among toddlers.
	Outdoor spaces are important to develop children's motor skills. Children's outdoor equipment include: slides, tubes and swings, etc. Caregivers need to ensure that the equipment is durable and not easily broken or destroyed. The equipment should service different age groups (children of different sizes and weights) of children. The equipment must not have sharp edges or surfaces.

5.5. STAFFING

A childcare centre should meet certain employment requirements which include caregiver experience and education and the caregiver-child ratio. We discussed caregiver qualifications at length in modules two (physical development), three (intellectual development) and four (emotional development) of this toolkit. This session is very short and consists in determining an ideal caregiver-child ratio which would ensure proper attention to a child's development needs.

Discuss the table below with course participants. This table is also important for the subsequent budgeting exercise in section 5.6. It will help course participants determine staff resources.

TABLE 5.5.1.

TEACHER-CHILD RATIOS

		GROUP SIZE										
AGE CATEGORY	AGE RANGE	6	8	10	12	14	16	18	20	22	24	30
Infant	Birth to 15 months	1 : 3	1 : 4									
Toddler	12 to 28 months	1 : 3	1 : 4	1 : 4	1 : 4							
	21 to 36 months		1 : 4	1 : 5	1 : 6							
Preschool	30 to 48 months (2 to 4 years)				1 : 6	1 : 7	1 : 8	1 : 9				
	48 to 60 months (4 to 5 years)						1 : 8	1 : 9	1 : 10			
	60 months to Kindergarten Enrolment (5 years to Kindergarten Enrolment)						1 : 8	1 : 9	1 : 10			
Kindergarten	Enrolled in any public or private kindergarten								1 : 10	1 : 11	1 : 12	

Source: *NAEYC Teacher-Child Ratios*, The National Association for the Education of Young Children (NAEYC), https://idahostars.org/portals/61/Docs/Providers/STQ/TeacherChildRatioChart.pdf [accessed 29 May 2018].

5.6. FINANCIAL MANAGEMENT

The proper functioning of a childcare centre requires supplies, equipment and labour/personnel. The cost of these three budget items may vary from one month to the next. In other cases, the cost is invariable. Some budget items are incurred only at the time of the centre's establishment.

Box 5.6.1

THINKING ABOUT COSTS

Start-up costs:
non-recurring costs that are incurred once at the start of the business. Examples: (cost of purchasing the facility, registration fees, etc.).

Operational costs:
expenses that are related to the operation of a business and are incurred regularly (food items, cleaning material, etc.). Operational costs can be grouped into:

Fixed costs:
cost that are incurred no matter how many children are registered at the centre such as staff salaries, rent, insurance. Fixed cost can change over time for example rent may increase and salaries might change.

Variable costs:
costs that vary according to the number of children enrolled at the centre such as food items and supplies

EXERCISE 5.6.1.

BREAKING DOWN YOUR COSTS

Invite course participants to sit in three groups. Ask one group to identify personnel related budget items, another to identify equipment-related budget items, and a last to identify supply-related budget items.

Ask each group to break the costs down according to whether they are start-up or operational costs. For operation costs, ask them to distinguish between fixed and variable costs.

Use tables 5.6.1., 5.6.2. and 5.6.3. to help you steer the discussion.

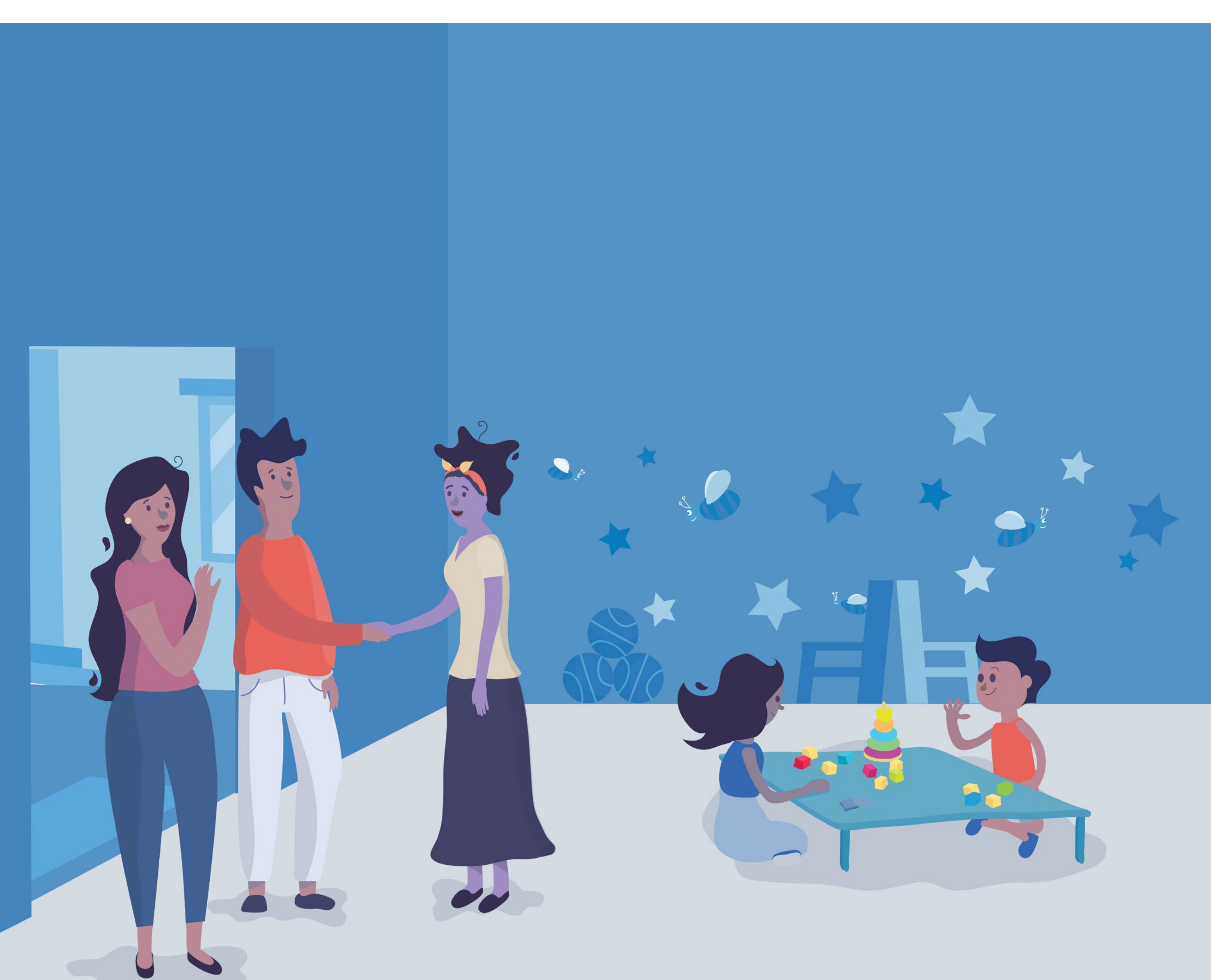


TABLE 5.6.1.

CHILDCARE CENTRE INPUT NEEDS BY GROUP

MATERIALS/SUPPLIES		TOOLS/EQUIPMENT		PERSONNEL	
	QTY		QTY		QTY
PLAY AREA (INDOOR AND OUTDOOR)		PLAY AREA (INDOOR AND OUTDOOR)			
Story books		Kids chair		Manager	
Puzzle		Table for kids		Caregivers	
Building blocks		Toy shelves		Administration	
Balls		Toy rack		Cleaning service	
Crayons		Board		Cook	
Glue		Scissors for kids			
Miniatures		Floor mattress			
Paints		Shoe rack			
Play dough		Sandbox			
BATHROOM AND TOILET		Swing			
Body soap		Slides			
Toothpaste		KITCHEN			
Shampoo		Food cabinet			
Hand towel		Dispenser			
Hand wash		Refrigerator			
Toilet tissue		Cooking stove			
OFFICE		PANTRY			
Pen		Spoon for kids			
Pencil		Fork for kids			
Administration books		Spoon for adults			
		Fork for adults			
		Glasses for kids			
		Plastic plates for kids			

		Knife			
		Shelves for pantry items			
		TOILET			
		Bucket			
		Shower bailer water scoop			
		BEDROOM			
		Sleeping mattress (1mx1.5M)			
		Pillow for kids			
		Blanket for kids			
		Shelves for bedroom kit			
		OFFICE			
		Front desk table			
		Chair for adults			
		Shelves for files			
		Scissors			
		Report book for parents			
		Binder			
		OTHER AREAS			
		Doormat			
		Cleaning equipments (clothes, mop, broom)			
		Laundry drying rack			
		Trash bin			
		Clock			
		AC			

Source: Adapted from ILO: *Community childcare training manual (Jakarta, 2015).*

Monthly Cost per child = Total operating cost per month/ Number of children per month

TABLE 5.6.2.

START-UP COSTS CALCULATIONS

EXPENSES	PRICE	QUANTITY	# OF MONTHS IT CAN BE USED	TOTAL COST
PERSONNEL *(e.g. labour costs prior to opening, salaries for first 60 days, etc.)*				
Principle				
Teachers				
Caregivers				
Administration				
Cleaning service				
Cook				
BUILDING *(e.g. rent deposit, down payment on building purchase, remodelling, utilities deposit)*				
House rent				
Water				
Telephone				
Security				
Electricity				
EQUIPMENT *(e.g. educational, kitchen, cleaning, office, play, etc.)*				
Play area (indoor and outdoor)				
Bathroom and toilet				
Bedroom				
Office				
Kitchen and pantry				
Cleaning				
Clocks and fans				
INITIAL STOCK OF SUPPLIES *(e.g. educational, kitchen, cleaning, office, food, etc.)*				
Play area (indoor and outdoor)				
Bathroom and toilet				
Bedroom				
Office				
Kitchen and pantry				

Cleaning				
Clocks and ac				
FEES *(e.g. legal, registration, advertising, insurance, etc.)*				
Legal notary				
Administration books				
Advertising				
Curriculum material/ BOOKS				
TOTAL				

Source: Adapted from ILO: *Community childcare training manual* (Jakarta, 2015).

TABLE 5.6.3.

MONTHLY OPERATING COSTS

EXPENSES	QUANTITY	UNIT PRICE	COST
SUPPLIES *(e.g. educational, kitchen, cleaning, office, food, etc.)*			
Food			
Drinking water			
Office supplies			
Bathroom and toilet supplies			
Cleaning supplies			
Class/children curriculum supplies			
PERSONNEL/LABOUR *(e.g. administrative, management, teaching, cooking, cleaning, etc.)*			
Principle			
Teachers			
Caregivers			
Administration			
Cleaning service			
Cook			
OVERHEAD COSTS *(e.g. electricity, water, rent, insurance, etc.)*			
Rent			
Water			
Telephone			

Security fee			
Electricity			
MISCELLANEOUS			
Transportation			
Training, health, and education			
Advertising			
Repairs and maintenance			
TOTAL COSTS PER MONTH			

Source: Adapted from ILO: *Community childcare training manual* (Jakarta, 2015).

Assessment of student learning

These are questions to help course participants remember the main points of the course.

SESSION 5.1: ASSESSING A COMMUNITY'S NEED FOR A CHILDCARE CENTRE

- What are the benefits of childcare centres?
- What are the main steps involved in a community needs assessment for a childcare centre?

SESSION 5.2: DEFINING THE GOALS OF THE CHILDCARE CENTRE AND ITS IDENTITY

- What are the main elements of a vision statement and why is a vision statement important?

SESSION 5.3: THE BUSINESS PROCESS OF A CHILDCARE CENTRE

- Can you share an example of for-profit business models and another of not-for profit business models? From the business models shared during the course, which do you think is most fitting in your case and why?

SESSION 5.4: THE INFRASTRUCTURE OF A CHILDCARE CENTRE

- What are important safety considerations in a childcare centre?

SESSION 5.5: STAFFING A CHILDCARE CENTRE

- What are key considerations when making staffing decisions for childcare centres?

SESSION 5.6: FINANCIAL MANAGEMENT OF A CHILDCARE CENTRE

- What is the difference between start-up and operational costs?
- Provide examples of start-up and operational costs.

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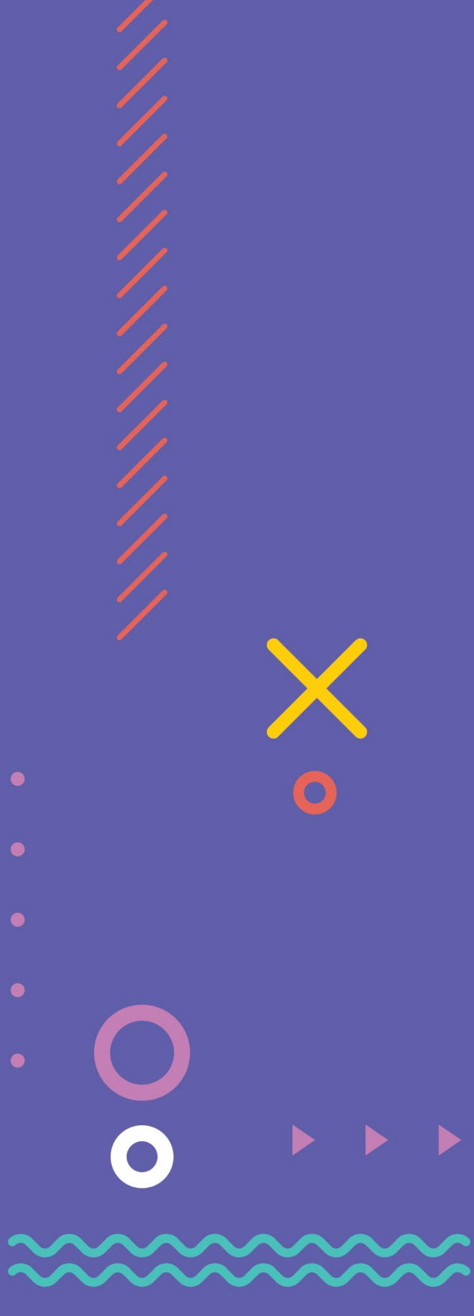

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