Supporting Grade R to Grade 3 Learners with Chronic Illnesses

Guidelines for Foundation Phase Teachers
Acknowledgements

- The primary authors of this manual were Sarah Key and Gill Lloyd. Contributions from Lorayne Excell and Jenny Calvert-Evers are gratefully acknowledged. Their dedication and commitment in the execution of this assignment is appreciated.
- The principal and staff from the Sello Lower Primary School in Limpopo Province who were willing to assist with the piloting and testing of this guideline.
- Officials from the Department of Education and UNICEF South Africa who provided continuous input through the different phases of the development of this document.

This publication is intended to support educators dealing with children with chronic illness and symptomatic disease. With an identification of Department of Education as source, the document may be freely quoted, reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale nor for use in conjunction with commercial purposes.

Photography: Photographs were kindly provided by the Sunshine Centre Association, with the exception of those on page 9 (© Rmarmion/Dreamstime.com) and pages 42 and 72 (© Digital Stock Corporation).

Prepared by and obtainable free of charge from:
Directorate: Early Childhood Development
Department of Education
Private Bag X895
Pretoria
0001
Telephone: 012-3125435
Email: samuels.m@doe.gov.za
www.doe.gov.za
# Supporting Grade R to Grade 3 Learners with Chronic Illnesses: Guidelines for Foundation Phase Teachers

## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Support and empowerment for Foundation Phase teachers</td>
<td>2</td>
</tr>
<tr>
<td>Changes in our education system</td>
<td>3</td>
</tr>
<tr>
<td>Including all learners</td>
<td>3</td>
</tr>
<tr>
<td>Teachers’ roles in health promoting schools</td>
<td>4</td>
</tr>
<tr>
<td>The role of the community</td>
<td>4</td>
</tr>
<tr>
<td>The health promoting teacher</td>
<td>4</td>
</tr>
<tr>
<td>Relationship between physical health and growth, development and learning</td>
<td>5</td>
</tr>
<tr>
<td>Overview of chronic illnesses</td>
<td>5</td>
</tr>
</tbody>
</table>

## TEN GUIDING PRINCIPLES AND STRATEGIES FOR SUPPORTING CHILDREN WITH CHRONIC ILLNESSES

1. **Create a positive environment**
   - Physical resources: 8
   - Psycho-social environment: 8
   - Dealing with our own feelings about illness: 9
   - The self-fulfilling prophecy: 9

2. **Consider the psycho-social needs of children**
   - Practical tips for strengthening psycho-social support: 14

3. **Network and map resources**
   - The role of the family: 16
   - The role of the community: 17
   - Promoting health in schools: 17
   - Levels of the system that are related to the education process: 18
   - Green Leaves Primary School: 19

4. **Be an effective communicator**
   - Get disclosure from the child’s parents or caregivers: 22
   - Establish and maintain communication channels with other stakeholders within the network: 22

5. **Arm yourself with knowledge about specific chronic illnesses in children**
   - Physical conditions: 26
   - Mental health conditions: 36
# 6. Develop action plans
- Individualised health action plan
- Guidelines for the administration of medication
- Universal safety precautions

# 7. Use co-operative learning
- The teacher’s role
- The benefits of co-operative learning

# 8. Recognise learners’ varied abilities – try multi-level teaching

# 9. Encourage resilience
- The resilience factor
- Factors that create resilient/strong children

# 10. Deal with emotions
- Stress and coping skills
- Positive coping strategies
- Burnout
- Dealing with death
- Recognising and managing stress or depression in Foundation Phase learners
- Strategies for support
- Conclusion

## Annexures
- **Annexure 1:** Integrated Management of Childhood Illnesses – 16 key family practices
- **Annexure 2:** Action plan
- **Annexure 3:** Parent’s consent and information form – administration of medicines at school

## Additional Resources
- Links and additional resources
- References
- Training resources
INTRODUCTION

Support and empowerment for Foundation Phase teachers

This manual has been written with the principles underpinning the primary health care approach of the school health service in mind. It shows clearly the necessary partnership between the Department of Education and the Health and Social Development sectors. The document attempts to ensure that educators are enabled to attend to the basic needs of the children in their care, promoting their well-being and helping them to grow in every way. (National School Health Policy and Implementation Guidelines, 2003).

Anyone with teaching experience knows that the job of a teacher is hardly ever done. Aside from educating pupils and finishing the curriculum, teachers’ tasks are demanding and need skills and time. You are going to be asked to focus on another group of learners in your classrooms – children suffering from chronic diseases or disabling conditions.

This teachers’ guide aims to support you. It provides knowledge, strategies and practical tips to use in order to manage your classroom in a caring way that includes all learners. Although the guide is designed for Foundation Phase teachers it can be adapted for use by those working in ECD centres for pre-school children and for older learners higher up the schooling system. In some sections of the guidelines reflection activities have been
included. It will benefit you to spend time on these. They will help you understand how to put this material to good use.

While the concept of inclusive education is very important when considering children experiencing chronic illness or symptomatic disease, this manual simply deals with it insofar as it acknowledges the importance of accommodating any child who is different or who is experiencing learning difficulties for any reason. This document had to be easy to use and kept to a manageable size, so it has not been possible to include material on how to deal with learning difficulties experienced through poverty, trauma, disability etc. Ideas for teaching inclusively have been placed in the ‘Training Resources’ section at the end of this manual. However, useful addresses have been included at the back of the book to facilitate the support of such children by teachers.

You are not expected to deal with children with special needs (such as those who are sick) on your own. All those involved in the child’s life should act together and cooperate to provide assistance in different ways (see Guideline 3: Network and map resources). Government departments such as education, health and social development are all committed to implement policies to make sure that children enjoy the best health possible and reach their full potential.

**Changes in our education system**

The democratic South African Government made positive changes to the education system. Children with illnesses have a right to education. The South African School Health Policy protects sick children against discrimination. Parents/caregivers can use these laws to make sure that their children participate in school activities and have their medical needs met. Any school that receives Government funding must comply with these laws.

Schools should be child friendly and include all learners, no matter what difficulties they may experience. Teachers are important agents who can model and promote healthy lifestyles and habits.

**Including all learners**

Inclusive education believes that all children can learn – they just may need support and help. If learners’ needs are not met, they will probably struggle with their education and may be excluded. This can result in children who are sad and frustrated and who feel that they are not as good as their peers.

In an effort to support White Paper 6 on Inclusive Education, the Department of Education has developed The National Policy on HIV and AIDS for Learners and Educators in Public Schools, Students and Educators in Further Education and Training Institutions and the National Strategy on Screening, Identification, Assessment and Support with a toolkit to identify barriers to learning (including health conditions).¹ The policy addresses

Supporting Grade R to Grade 3 Learners with Chronic Illnesses

non-discrimination and equity with regard to learners, students and educators with HIV and AIDS.

Inclusive education is NOT only about involving children with disabilities. Any child who has difficulty learning for any reason has to be supported.

**Teachers’ roles in health promoting schools**

The World Health Organisation (WHO) defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity”. Health does not depend on just being physically well. It relates to the whole person – the physical, emotional, social, intellectual and spiritual parts. In order to be healthy, people must have positive self-esteem and take control of their lives. Health is influenced by our environment, heredity, and our experiences and behaviour.

In 2007 the Department of Education and UNICEF developed *Draft Implementation Guidelines for Child Friendly Schools (CFS) in South Africa*. Six dimensions are identified as necessary conditions of CFS success. A school is child-friendly when all parts are addressed – one aspect is health promotion.

A health promoting school ensures a healthy environment for boys’ and girls’ emotional, psychological and physical well-being, including school-based health and nutrition services, life-skills and provision of water and sanitation facilities.

Health education and life orientation classes can help children develop positive attitudes and values towards health and assist them to make the right choices such as saying no to drugs. Classrooms are kept clean and rubbish removed from school grounds. Recreational facilities encourage play and physical fitness ensuring a healthy setting for living, learning and working.

**The role of the community**

Schools that help children to be healthy think about health issues within the broader community and involve children, parents/caregivers and families. The learner’s family and home circumstances are considered. Children’s and parents’/caregivers’ beliefs and attitudes about health are valued. Schools without community support cannot win (see Guideline 3: Network and map resources).

**The health promoting teacher**

As an individual and a teacher you must have thought about how valuable good health is. You need to perform well. This is important because:

- To teach well you need to be strong and energetic.
- You need to establish a positive atmosphere in the classroom and promote good health in your learners and their families.

---

2 WHO, 1987
3 *Draft Implementation Guidelines for Child Friendly Schools (CFS) in South Africa*
• You are a positive role model for the learners – you are responsible for your own health and fitness. Children learn through imitation and role modelling.

**Relationship between physical health and growth, development and learning**

There is a strong relationship between children’s physical health and their growth, development and learning. For example:

• Poor physical health affects the way children view themselves and can result in poor self-esteem.
• Emotional problems can have physical reactions, e.g. stress can lead to an asthma attack.
• Illness can affect social interactions. If children are absent from school, they might fail to make friends and can miss out on learning.
• Sick children are often less active and movement may be limited. Children learn through movement.
• Growth and development are influenced by nutrition. Not enough food can have a negative impact on learning. Hungry children cannot concentrate.
• Childhood vaccinations prevent diseases and help to ensure good health and development.

**Overview of chronic illnesses**

Within your classrooms you are, most probably, going to have learners who live with chronic illnesses. These children must be included and made to feel important. It is your responsibility to see that they perform as best as they can academically and socially.

While many children suffer from serious illnesses from time to time, there are some learners whose daily lives are affected by health conditions and who may need special attention.

**What are chronic illnesses?**
Children with chronic illnesses may be ill or well, but they always live with their condition. A chronic illness is any disease which interferes with daily functioning and the child’s activities for more than three months in a year. Commonly seen illnesses are dealt with in Guideline 5: Arm yourself with knowledge about chronic illness.

**How do chronic illnesses affect children?**
Children with chronic illness visit doctors often and may go to hospitals. Some treatments are frightening and painful. They may feel different to other children, and hospitalisation and physical limitations tend to isolate them. They may not be able to participate in all school activities.

Children who are unwell are often:
• Irritable and worried.
• Weepy.
• Unable to concentrate or pay attention.
• Seen as lazy – as they do not want to do anything – and disinterested.
How do children adjust to and cope with chronic illnesses?
The way children cope depends on the child’s personality, the specific illness, and their family. An important factor is the child’s developmental stage – understanding of illnesses and coping strategies change as children grow older.

What effects can children’s chronic illness have on their families?
Chronic illness affects the whole family who must come to terms with the illness and, in some cases, make major changes to accommodate the child. Parents/caregivers may struggle with their feelings about their child’s illness while trying to be brave. It is normal for parents/caregivers to feel disappointment, grief or loss when they imagine their child’s life without the illness.

Siblings of the ill child may feel left out, and guilty for bad feelings they have towards their sick brother or sister. Caregiver burnout and stress often affects relationships in the family and counselling can help families cope.

What role can the school community play in helping a child with a chronic illness?
As with all serious illnesses, establishing good communication and relationships between educators, parents/caregivers and learners is the first step to helping. When a school becomes aware that learners have chronic illnesses, a nominated staff member should liaise with others on behalf of the child and family.

Learning to live with a chronic illness can be challenging. Support and assistance is offered in the form of the ten guiding principles and strategies that will help you to ensure that children feel safe and secure in the classroom. If these are implemented, children with chronic illnesses can enjoy more participation in activities and their school experience can be positive.
TEN GUIDING PRINCIPLES AND STRATEGIES FOR SUPPORTING CHILDREN WITH CHRONIC ILLNESSES

The first guideline concentrates on the importance of making your classroom a safe place in which your learners can grow and achieve physically and psycho-socially. Be honest about how dealing with children fighting illness makes you feel. Do not label unwell children or decide what they are capable of. Keeping undisclosed conditions confidential is very important. You can adopt a proactive role to de-stigmatising diseases and be a role model by setting an excellent example of good hygiene and health practices.

1. Create a positive environment

You are probably skilled at building warm, honest relationships with your learners. You are friendly, open and trustworthy. Your classroom is free from anxiety and uncertainty. You are also firm and consistent so that your learners know what is expected from them and what behaviour is unacceptable. In this way, an enabling environment is established.

Staff members and structures within the school need to work together to make sure that a supportive environment for teaching and learning includes both the physical and psycho-social environment.

Physical resources

Some learners may need specific aids to make learning easier. These may include things like work cards, counting equipment, or plastic letters and boards. Other physical considerations include pupils' safety within the school grounds, possibilities for food gardens and feeding schemes, and easy access for learners with special needs such as those in wheelchairs.

Psycho-social environment

- **Psychology** is the study of the human mind and how it works. It looks at how people behave and why they feel the way they do.
- **A society** is made up of communities living together. Community members have relationships with one another.

A school is an example of a social institution made up of groups including the learners, the teachers, the parents/caregivers, and the school governing board. Our involvement in an institution can help to shape who we are and the identity of the children in our care. (See Guideline 2: Consider the psycho-social needs of children.)

---

Dealing with our own feelings about illness

Having a sick child in your classroom may be a reminder of the fact that we are all vulnerable to disease. You need to get over your fears and misunderstandings about the conditions that your pupils might have. One way of doing this is to get information about illnesses (See Guideline 5: Arm yourself with knowledge about chronic illness) so that you can be compassionate. By reaching out and trying to understand children’s situations, teachers can provide care, guidance and support.

The self-fulfilling prophecy

Inclusive schools do not label learners. Children perform according to our expectations of them. When we expect a child to do badly, they actually do, even if they are capable of doing better. When we expect them to do well, they usually rise to the challenge. This is called the self-fulfilling prophecy. When working with a child experiencing illness, it is important that you do not allow the illness to influence your expectations of the child.
Practical tips to create a positive environment

1. Do not decide what sick children can and cannot do. In this way you do not discriminate.

2. Safeguard the rights of all children, especially sick ones. This means maintaining confidentiality at all times. The National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions sets out guidelines in points 6.4 and 6.5. Find a balance between providing enough information and still respecting the child’s privacy. Do not give personal health information to the child – some children infected by HIV, for example, may not know their status.

3. Look out for health problems and barriers to learning. Because you teach and watch pupils all day you can possibly identify conditions that may have been missed such as hearing or eyesight problems.

4. Be flexible – make allowances and change classroom routine. Let sick children visit the toilet as often as necessary, allow extra rest periods or give snacks if needed.

5. Watch for bullying, teasing or isolating children. It is important that classmates are supportive. Encourage compassion and helpfulness amongst all learners.

6. Send children who are absent from school written messages or drawings from classmates to decrease their loneliness. A welcome back activity may help them fit in on their return.

7. Make changes to lessons in order to educate about particular situations at your school. If a child cuts a finger and it bleeds, use the opportunity to explain how germs enter the blood system. Relate health education to the life orientation programme.

8. Be a role model to your learners. Demonstrate high standards of personal and environmental hygiene. Stay fit and energetic. Children learn what is healthy and strive to live up to your standards.

9. Work to de-stigmatise illnesses such as HIV and AIDS and epilepsy in your school and broader community. Fear and lack of knowledge lead to stigmatisation and by educating and creating awareness about chronic illnesses, stigma can be reduced.
Did you know this about stigma?

Sometimes people’s particular qualities or life situations make others look down on them, leading to people feeling unwanted. This attitude towards other people is due to stigma – a negative label given to someone seen as different. To stigmatise a person means that you judge the person and treat them unfairly. Examples of situations that may be stigmatised include being divorced, having family trouble, being in jail or having a criminal record, or using drugs or alcohol.

Reflection activity

A young and inexperienced teacher at your school has come to you for advice on how to promote good health in her classroom. She wants practical tips – examples of things she can do. An example may be to put posters up about dental hygiene and include oral health in lesson plans to prevent tooth decay. Another could be to plan lessons in which age appropriate information on drug use and abuse is provided. The Department of Education Act: No 31 of 2007 and the Education Laws Amendment Act, 2007 provides guidelines.

List useful ideas that you would tell her about.

There are different parts of children’s growth that need to be stimulated so that children can achieve the most that they are capable of. You, as a teacher can, and probably do, contribute as a major source of psycho-social support. Think of the specific needs of children with chronic illnesses and use the guideline to plan further to support them.
2. Consider the psycho-social needs of children

Psycho-social support is the on-going process of meeting children’s emotional, social, mental and spiritual needs. All of these contribute to well-balanced development.

Case study

JOHANNES’S STORY

Read the case study carefully and then work through the exercise below in order to better understand the concept of psycho-social support.

Johannes was eight and lived in a mountainous, rural region. Despite being a young boy, he had already experienced difficulties and suffering. His mother had become sick and died a year earlier leaving him in the care of his aunt. She had four children of her own and relied on money sent home from the city by her husband. Johannes tried to not eat too much of the family’s food or be a nuisance. He was not a very healthy boy but never complained. What Johannes lived for was going to school. Each morning Johannes would rise before the sun, make the fire, wash, eat his bread and drink his tea. He would then begin his long walk to school in rain or sunshine.

The way to school took him past the little church. His mother had been a committed member of the congregation and had loved attending services. Some mornings he could hear women singing and if they saw him passing they would call out their hellos and use the names they had given him as a small boy. On the way home, Johannes got a cooked lunch from the feeding scheme run by the church and Father Moses. The Father would ask him about school and activities while he filled his tummy.

Johannes’s trip to school also took him past Peter’s house. There he would call for his friend to accompany him the rest of the distance. He would sometimes go in to greet Peter’s cheerful mother, Agnes. Johannes did not have many friends but he and Peter had grown very close and he appreciated having Peter, who was a big boy, at his side when surrounded by the playground bullies.

Peter and Johannes spent all of their spare time making and driving their wire cars around. Engines roared and brakes screamed! Mr Modise, their teacher, also loved cars and encouraged the boys’ interest bringing them old copies of ‘Car’ magazine when he could. He said his brother had a new Beamer and he would organise a ride in it for the boys the next time his brother came home to visit.
EXERCISE

a) Write down the ways in which Johannes is receiving support. Use the categories emotional, social, mental, spiritual and physical. Draw five blocks with these headings and add as many factors as you can think of.

b) Identify areas that need attention. For example, one might be what Johannes would do during school holidays.

c) Describe ways to improve his psycho-social support.
Practical tips for strengthening psycho-social support

1. **Build warm, trusting relationships with your learners.** Children generally know and trust their teachers (see Guideline 1: Create a positive environment). Try to understand that children are probably worried about their illness and imagine what it must be like for that particular child.

2. **Communicate effectively with your learners.** Feeling sick and insecure can have a negative effect on children’s psychological and emotional well-being. Give children opportunities to talk about their feelings because they may not be understood by the adults who care for them.

3. **Listen to children express what they are going through.** This helps to make them feel that they are not alone facing their problems. Once they trust you, they will open up and share personal experiences and feelings and from these you can identify their psycho-social needs.

4. **Take children’s viewpoints into consideration.** Make decisions with children, or, if not appropriate, think carefully about what would be in their best interests. Bear in mind children’s rights, family roots and cultural heritage. By doing this, ill children are empowered while you avoid making them too dependent on you. Giving advice and guidance is part of psycho-social support.

5. **Allow children to play, have adventures and be creative.** These are all part of growing up and are opportunities for children to participate in age appropriate activities with their peers. This is important for psychological development and well-being and may distract them from thinking about illness.

To fulfil yourself emotionally, socially, mentally and spiritually seems a full time job and now you are being asked to think about reaching the lives of those you teach in these ways! The good news is that you are already providing support during your interactions with children and their families.

The government has introduced laws making children’s health issues part of the responsibility of the school. You are now asked to be a health promoting teacher and include all learners, no matter what their difficulties or illnesses. You need to help children in various ways but remember that you are not expected to do this as an individual but as part of a team.
3. Network and map resources

The role of the family

The Department of Health has adopted the World Health Organisation’s Integrated Management of Childhood Illnesses (IMCI) to improve child survival, growth and development. The main responsibility for ensuring the health of children has, in the past, rested on parents/caregivers who need knowledge, skills and support. They need to know what to do in specific circumstances to provide appropriate care and solve problems. They need to be motivated to try and to sustain new practices.

Parents and caregivers should:
- Take children as scheduled to complete a full course of immunisations (BCG, DPT, OPV, and measles).
- Promote mental and social development by responding to a child’s needs for care, and talking to, and playing with the child.
- Continue to feed and offer more fluids to children when they are sick.
- Give sick children appropriate home treatment for infections.
Recognise when sick children need treatment outside the home and seek care.
• Follow the health worker’s advice about treatment, follow-up and referral.

The role of the community

Social and material support can be provided by the community and health system in the form of clinics and health workers able to give effective advice, drugs and treatments when necessary.

Actions within the community should support key family practices. The 12 key practices are set out in Annexure 1. These could include working with communities and using opportunities such as community events to educate families and reach sick children. A community feeding programme to improve nutrition, for example, could assist mothers in selecting and preparing food for their children, and identifying when to take children for health care.

Health workers could involve teachers and others to follow-up on malnourished or undernourished children. Community groups can support families with children needing urgent care, through transport, or help looking after children who remain at home.5

Promoting health in schools

Making sure that children are as healthy as they can be should be a partnership between all people who have their welfare at heart. No single person or organisation is responsible for dealing with the demands placed on all of us by health-related issues. To rise to this challenge, schools must promote health and link into a network that can provide resources and expertise. The education system does not, and cannot, operate in isolation from other stakeholders. For example, it cannot operate without interacting with the family, the community, the economy and the political system. (See the diagram on the next page.)

Here are examples of people and organisations that may join together to form a health team:
• the school (SGB, principal, HODs, teachers, parents).
• the Department of Education (National, Provincial and Local levels).
• the Department of Health (National, Provincial and Local level – especially the school health services division and personnel working at the clinic level).
• relevant government departments (e.g. Department of Public Works).
• relevant community organisations – health related NGOs.
• community recreation facilities (sports grounds, libraries etc.).
• community and family members.
• traditional healers.

Stakeholders, such as those listed above, can make up a health team. Not everyone has to be involved all the time. Depending on the situation, particular people will be selected. However, within the school environment, school leadership is very

5 http://www.who.int/topics/child_health/en/
important and so the principal and staff will probably be responsible for implementing, administering and maintaining this initiative.

So you should never be left on your own to manage a difficult situation that you feel you are not skilled enough to deal with. Where special skills exist e.g. at special schools in the district where teachers with specialised knowledge, paramedical specialists/therapists etc. are employed, or in the community itself, ask for help so that specialist teachers can collaborate and share skills with you in planning lessons that take into account differences between learners.

**Levels of the system that are related to the education process**

---

6 Donald et al. 1997: 35
Reflection activity

Read the following case study that explores the School Health Programme and then describe your own school in terms of the ideas introduced.

Case study

GREEN LEAVES PRIMARY SCHOOL

Green Leaves Primary School is situated in an urban area and has 700 learners from Grade R to Grade 7. Green Leaves has been working hard to become an inclusive, health promoting school. There are three teachers on the staff who have been assigned health as their portfolio – Mrs Buthelezi, Miss Jones and Mr Prince.

These three teachers have collected and looked at legislation and policies that influence health programmes. These include the Child Amendment Bill, Education White Paper 6 on Special Needs Education, and the Health and Safety Occupational Act. All policies and information on health-related issues is stored in a file in the school office.

According to the Occupational Health and Safety Act all schools should have a health and safety committee. Green Leaves is busy establishing this and already has a sick room, a health and safety check list and two level-one first-aiders. They still need to train one more teacher in level-one first aid.

A health policy for Green Leaves Primary School needs to be developed. This will provide guidelines on the type of health care and health services the school can offer. The policy must consider the children, the school's staff, the parents or caregivers, and the wider family. Consultation with the wider school community will help to ensure that parents ‘buy into’ the policies so that they can be easily and successfully implemented.

Some issues that the policies cover include safety in the school, environmental hygiene, the school's nutrition programme, the management of ill children during the school day, the compulsory HIV and AIDS policy and administration of medication (refer to Guideline 6: Develop action plans).

Mr Prince recently attended an exciting meeting with two other local primary schools. The schools want to join with other stakeholders to form a health team. All the teachers present drew up a list of possible people and organisations they could network with. These included a representative of each school's Governing Body, a local Department of Education representative, the matron from the local clinic, the person responsible for the School Health Services Division from the Department of Health, the provincial HIV and AIDS Coordinator from the Department of Social Development and some non-government organisations that focus on child health.
EXERCISE

Write a short case study about the approach to health promotion and education that your school has adopted or still needs to introduce. Find out the situation regarding:

- Compliance with the Occupational Health and Safety Act
- Your health and safety committee
- A health policy for your primary school – what is covered and who is responsible
- Opportunities to network with other schools and the broader community

Reflection activity

Develop your own lists of resources and places for health-related issues

The following adapted template is kindly provided by the Department of Health, Cotlands and UNICEF from their Training Manual *Psycho-social Care of Babies and Young Children Living with HIV and AIDS*. It is not complete and is only a guide to get you to start your own list of resources.

If you are open and direct you can establish clear communication between people involved in caring for, and supporting children. You can also gather and share important information.
<table>
<thead>
<tr>
<th>COMMUNITY RESOURCES</th>
<th>Here I am:</th>
</tr>
</thead>
<tbody>
<tr>
<td>My work place:</td>
<td></td>
</tr>
<tr>
<td>Work address:</td>
<td></td>
</tr>
<tr>
<td>Work phone number:</td>
<td></td>
</tr>
<tr>
<td>CLINIC</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Hospital telephone:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>HOSPICE</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Hospice telephone:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>JUNIOR PRIMARY SCHOOL</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>WELFARE</td>
<td></td>
</tr>
<tr>
<td>Department of Social Development</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>SECURITY</td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
<tr>
<td>Child Protection Unit (CPU):</td>
<td></td>
</tr>
<tr>
<td>LEGAL RESOURCES</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>CHURCH</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
<tr>
<td>Women’s group:</td>
<td></td>
</tr>
<tr>
<td>Men’s group:</td>
<td></td>
</tr>
<tr>
<td>SUPPORT GROUPS</td>
<td></td>
</tr>
<tr>
<td>Trauma Centre telephone number:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
4. Be an effective communicator

Get disclosure from the child’s parents or caregivers

• Because of the stigma of many chronic illnesses some people are still unwilling to tell the school about the child’s status. You may observe worrying signs in the child and not understand their cause. You may need to help the child, when caregivers are not present or capable, by giving prescribed drugs for example (see Guideline 6: Develop action plans). There is also the issue of prevention of transmission of diseases such as HIV.

• Once the child’s condition is known, remember that the information may be confidential (Refer to Guideline 1: Create a positive environment). Talk to parents/caregivers and find out about the specific illness – what causes an attack, how do the parents manage it, is the child on medication, what are the possible side effects, what should you do for this child? If this is not satisfactory, ask for this information from the child’s doctor or the clinic.

• It is important to maintain regular contact with the child’s parents/caregivers. The child’s condition may change – further medical appointments may be needed or medication changed – and you need to be kept updated. You may have noticed developments in the child’s condition or performance that can result in better management of the illness. Check with parents/caregivers whether precautions are required for outings or other unusual school or sporting events.

• Sick children may be absent from school for periods of time. Maintain contact with the child and family through periods of absence, and liaise with parents/caregivers about whether it is appropriate to send school work home.

Establish and maintain communication channels with other stakeholders within the network (see Guideline 3: Network and map resources)

• Establish and maintain good communication with your colleagues and the relevant members of the health team if you have one. Ask them to help with health related problems in the school. They may introduce appropriate health education or take children on an outing, e.g. visit to a hospital.

• Refer any possible problems for further investigation. You are not expected to diagnose illness but you must refer children to the correct authority if you suspect a possible health problem.
Practical tips for communicating with children

As a Foundation Phase teacher you are aware that talking to children differs from talking to adults.

Change your communication styles. Use words and expressions that are familiar. Consider the ages and circumstances of specific children.

Be aware of your non-verbal behaviour. Children are sensitive to feelings and tones in the voice and are quick to sense worry or a lack of sincerity.

Listen to children attentively in a posture that brings you down to their physical level. This communicates to them that they are important and shows that a caring, patient adult is interested.

Communicate with younger children through activities or play. It is difficult for them to sit still for long periods of time for conversation and they tend to get distracted. Use story telling, games, toys, glove puppets or masks to help you to learn about their pains and fears.

Be interested. Ask children about their ideas and opinions regularly. Talk about what they think and feel.

Extend conversation. Respond to their statements by asking a question that uses some of the same words the child used. When you use children’s own words, you strengthen their confidence in their verbal skills and reassure them.

Share your thoughts. If you are puzzling over how to help the child in providing food, involve the child with questions such as, “What kinds of food do you like to eat? Do you know what healthy foods are? What would you like me to bring?”

Watch for signs. When a child begins to stare into space, gives silly responses, or asks you to repeat comments, it is probably time to stop the conversation.

Communicate honestly. Children are often aware of their condition and are more perceptive than we think. Situations must be communicated to children in an honest and age appropriate way. In many instances, children are not told what is going on and in some cases are not told the truth. This can cause greater stress. Instead of communicating the finality of death, people may think it is kinder to tell young children that a sick person has gone to hospital. This is not advisable as the child will then wait for the person’s return.
**Reflection activity**

Think of a particular chronic illness that a child you teach or know has been diagnosed with (you can refer to Guideline 5: Arm yourself with knowledge). Write a story about this condition that you could tell your learners in order to educate them and get rid of their fear. Try to be creative and reassuring. Think about appropriate language. How would you involve your pupils in the story? What other aids could you use? Puppets, perhaps?

The next guideline provides you with basic knowledge and understanding of specific chronic diseases that may affect Foundation Phase children. It would be helpful to be able recognise some of the signs and symptoms of such illnesses, know how to deal with the child and when to seek medical help.

Build partnerships with parents. They often know their child best.
NOTES

We are proud of our happy, colourful classroom!
5. Arm yourself with knowledge about specific chronic illnesses in children

PHYSICAL CONDITIONS

Malnutrition and undernutrition

Description:
‘Malnutrition’ refers to a number of nutritional disorders. It may result from too little food or from the quality of food. Malnourished children are more likely to get sick. The most common form of malnutrition is iron deficiency.

- **Undernourishment** – when an individual does not get enough food.
- **Undernutrition** – lack of nutritional energy and protein, resulting in stunting, wasting, being underweight, and failing to thrive.
- **Overnutrition** – when an individual takes in too many calories over a period, resulting in being overweight and obese.

Nutritional disorders usually occur due to a lack of certain nutrients in the diet, an unbalanced diet, or a diet too low in kilojoules. Poor children or those living in poverty-stricken areas are at greatest risk. Some children may be malnourished because they cannot absorb their food properly. Although malnutrition affects people of every age, infants and children may suffer most because many nutrients are critical for growth and development.

Symptoms:
Symptoms include tiredness and low energy, dizziness, dry, scaly skin, muscle weakness, and bloated stomach.

Effects of the illness:
The heart muscle is affected and severe malnutrition can lead to death. Long-term starving or repeated malnutrition can lead to brain damage.

Teacher’s role:
Many school districts check whether a child is within a healthy range for his age. If there is an underlying condition, a doctor or dietician may recommend specific changes in the types and quantities of foods the child eats, and may prescribe dietary supplements, such as vitamins and minerals. Hungry and malnourished children need to be identified and enrolled in feeding programmes.
Reflection activity

Do some research within your school and community. Find out about feeding schemes or subsidised meals. Who qualifies to be fed at school? What other organisations feed children? These may be NGOs or faith-based organisations. Put their contact details on your resource list. This information will help you when faced with hungry learners.

HIV and AIDS

**Description:**
Acquired immunodeficiency syndrome (AIDS) makes it difficult for the body to fight infectious diseases.

The human immunodeficiency virus (HIV) causes AIDS by damaging cells that protect the body against infection. Over a period of five to ten years, immunity function gets worse. AIDS is the final stage of HIV infection that eventually results in death.

The majority of learners under the age of 13 with HIV and AIDS were infected as a result of mother-to-child transmission during pregnancy, at birth or through breastfeeding. Without antiretroviral therapy (ART), many of these children die within the first two to three years of life. Learners may become infected through unprotected sexual intercourse with an infected person – including rape or sexual abuse. A less common form of infection can be through unsafe health and cultural practices such as circumcision. Despite concerns, there are no reported transmissions of HIV within a school or childcare setting.

Educators should be familiar with The National Policy on HIV and AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions which sets out clear guidelines with regards to non-discrimination, testing, school attendance, disclosure, confidentiality, and maintenance of transmission during play and sport. Universal Precautions must be used by learners and educators at all times (see Guideline 6: Develop action plans).

**Symptoms:**
HIV and AIDS affects most parts of the body. Early symptoms include enlarged glands in the neck area, fever, and liver and spleen enlargement. The child may experience frequent infections as well as mouth problems, e.g. bleeding gums, and thrush. Infected children can experience chronic fatigue (tiredness), wheezing and shortness of breath, Tuberculosis, chronic diarrhoea, and skin problems. HIV positive children are often underweight. Plans adapted to meet changing educational needs of individual children need to be developed.

---

**Effects of the illness:**
Certain children may be developmentally delayed from birth and have a low IQ. Others may start to develop normally and then later show language, behavioural or learning disabilities. Frequent infections and malnutrition may lead to a chronically tired child who is unable to concentrate and learn.

**Teacher’s role:**
Make allowances for supplementary nutrients and extra rest periods. Bear in mind that the HIV-infected child on antiretroviral therapy needs to take this medication on time and with special instructions. With parental/caregiver consent teachers may need to take responsibility for giving medication (see Guideline 6: Develop action plans). Refer the child who needs special support to appropriate professionals such as occupational therapists, speech therapists, etc.

**Tuberculosis (TB)**

**Description:**
TB is a disease caused by bacteria which is usually found in the spit of infected people. It mainly affects the lungs, but may also involve the kidneys, heart, skeletal system, brain and brain lining.

When anyone with untreated TB coughs, sneezes or spits, the air is filled with droplets containing the bacteria. Inhaling these infected droplets is the usual way of becoming infected. TB occurs more often in poor socio-economic circumstances and spreads rapidly when people live in overcrowded areas and are malnourished. Learners with HIV infection are at high risk of contracting TB because of their poor immune systems.

**Symptoms:**
Usual symptoms of TB are significant weight loss for more than one month, failure to thrive, and a cough lasting more than three weeks. In older learners, additional symptoms include coughing up blood, night sweats, poor appetite, breathing difficulties and lack of energy.

**Effects of the illness:**
Learners are often unable to concentrate as a result of tiredness due to persistent coughing at night. TB meningitis usually has long-term effects varying from mild learning disabilities to retardation. These learners will need special educational services.

**Teacher’s role:**
Teachers should check that young learners’ BCG immunisation was done (usually soon after birth). Parents/caregivers need to be encouraged to take their children regularly to health clinics to be immunised, to monitor growth and treat any health problems at an early stage. Educate learners about the importance of good hygiene practices such as the proper disposal of tissues and the importance of not spitting. Refer learners from poor communities to food schemes.
Allergies

Allergies are over-reactions to substances, for example dust, pollen, or animal fur. Most allergies are irritating but only interfere with daily life to a small degree. In some cases though, such as asthma, they can be serious and sometimes even result in death.

It is not known why certain people suffer from allergies. If a parent is allergic to various substances, there is a good chance that children will also suffer from some allergy although not necessarily the same one. Allergies do not appear to be related to age, sex, nationality or race. They are increasing though, more commonly in urban populations where there is environmental and air pollution.

There are three groups of allergies – allergies of the respiratory tract include asthma and hay fever, skin allergies, such as eczema, and food allergies.

Asthma

**Description:**
Episodes that happen repeatedly, where the air passages in the lungs narrow, making breathing (particularly exhaling) difficult.

**Symptoms:**
Wheezing and coughing especially during exercise or at night.

**Effects of the illness:**
A medical doctor must confirm that the child has asthma. Children should make use of medication and inhalers prescribed for their condition. Medication can have side effects and you need to make allowances for this.

**Teacher's role:**
Discuss the child's condition with the parents or caregivers and together decide on how to manage any classroom episode. Parents/caregivers should always be informed if the child has an attack during the school day or if the number of attacks appears to increase. The child should be taken to the clinic regularly.

Epilepsy

**Description:**
Epilepsy is a disorder of the brain that results in abnormal discharges being sent out. These result in seizures or fits. In about 75% of epilepsy cases there is no known cause
although there is often a family history of the disease. A medical doctor must confirm that a child has epilepsy.

Seizures vary in seriousness, frequency and length. They typically last from a few seconds to several minutes. There are two main types of seizures – petit mal seizures (absences) which involve parts of the brain and grand mal seizures which involve the whole brain.

**Petit mal seizures:**
In petit mal seizures children experience a brief loss of consciousness. The child’s eyes become glazed and he/she does not respond. This lasts about 10-20 seconds. The child comes out of this state and continues as if nothing has happened. These attacks often occur in the morning. Often, because they are so short, the teacher does not notice them.

**Grand mal seizures:**
*Teacher’s role:*
It can be scary to watch a person having a grand mal seizure but you need to manage the situation calmly. Call for another teacher to take control of the class or send children to a different area. If possible gently pull the child away from furniture, stairs or heaters but do not force the child to move as his/her body will be stiff. Only if the child is in immediate danger forcibly move him. Don’t prevent the child from making involuntary movements. Never stick anything into the child’s mouth. Stay with the child and, if possible, place something soft under his head. Try to note how long the seizure lasts and what happens to the child – the doctor might need this information. Most seizures are not life threatening but if one lasts longer than five minutes you must call for medical help.

When the seizure is over, reassure the child. If the child has messed, help him/her to change. Take the child to the sick room to rest or sleep, or lie the child down in a corner of the classroom. If other children have witnessed the seizure have a discussion with them. Talk about the effects of the illness, and the importance of tolerance. Discuss epilepsy openly with the school community and explain that it is not an infectious disease. Do not allow bullying. Stress can cause seizures. Help the child to come to terms with the condition and assist him to overcome feelings of embarrassment.

Discuss the child’s condition with the parents or caregivers regularly and together decide on how to manage any classroom episode. Parents/caregivers should always be informed if the child has a seizure during the school day or if the number of seizures appears to increase. The child should be taken to the clinic regularly. Seizures can become more frequent if the medication is not altered to compensate for the child’s growth. Epileptic medication can cause drowsiness. If the child is sleepy and not able to concentrate, make allowances for this.

**Effects of the illness:**
Both grand mal and petit mal seizures influence learning ability. You might need to repeat work, or change the amount of work you expect the child to do. While epileptics
can participate fully at school, you need to be careful with certain activities and might provide extra supervision for swimming, for example. Possible complications need to be talked about with the parents/caregivers and perhaps an indemnity form should be signed.

Reflection activity

How would you debrief your class after a pupil has had a grand mal seizure? What strategies should you have in place so that children are not disturbed by what they see?

Diabetes

**Description:**
Diabetes causes high blood sugar levels because of too little of the hormone, insulin. Because of this, there is too much sugar in the blood stream and some of it is passed into the urine. Diabetic children are tired because the body does not have enough energy to function properly.

There are two type of diabetes. **Type 1 diabetes** is the more severe type. The sufferer will need insulin injections daily in order to manage the condition. **Type 2 diabetes** usually affects adults but more fat children are beginning to develop this type associated with an unhealthy lifestyle and too much over-processed food. Type 2 can be managed through medicine and altering one’s life style by eating healthily and exercising more.

There is no single cause of diabetes. Someone in the family or extended family will usually be a diabetic. Obesity is a major cause of diabetes. Stress has also been linked to causing diabetes.

**Symptoms:**
The child who has Type 1 diabetes will show the following signs:
- Listless and lack of energy.
- Poor appetite.
- Weight loss.
- Extreme thirst – constantly drinking liquid.
- Frequently passing urine.
- Sugar in urine and high blood sugar (this needs to be tested).
Teacher’s role:
The child with Type 1 diabetes needs to have immediate treatment. If his/her blood sugar gets too high, the child can pass into a life-threatening diabetic coma.

The diabetic child should be carefully supervised. As the teacher you need to ensure that the child has regular meals during the school day. This stops the blood sugar levels from sinking too low. The child must be encouraged to participate in all activities and to do sport. It is important to ensure that the child has approximately the same amount of exercise every day.

Work closely with the parents, caregivers, health personnel and members of the child’s health team. All relevant staff members need to know if a child is diabetic and if necessary what the appropriate interventions are. Meals must be eaten at the same time every day. If there is a delay, allow the diabetic child to have a snack. Make sure if there is a birthday party or baking activity in the classroom, that there is an alternative for the diabetic child. Life orientation lessons are an important opportunity to discuss how choices and decisions can affect our behaviour and have negative health consequences.
Cancer

Description:
Cancer results when cells in the body grow out of control, and form a mass that affects the normal functioning of surrounding tissue. If cancer is not successfully treated at this stage, cancer cells can break away and spread through the blood stream to other parts of the body. Cancer takes away a child’s strength, destroys organs and bones, and weakens the body’s defences against other illnesses. The causes of most childhood cancers are not known.

The most common childhood cancers are leukaemia (cancer of white cells), lymphoma (cancer of the lymphatic system), and brain cancer. The sites of cancer are different for each type, as are treatment and cure rates.

The treatment of cancer in children can include chemotherapy (use of medical drugs), radiation, surgery to remove cancerous cells or tumours and bone marrow transplants. The type of treatment needed depends on the type and severity of cancer and the child’s age.

The treatment of childhood cancers takes time, and there are both short-term and long-term side effects. Every child’s treatment differs, so the child may receive daily, weekly, or monthly treatments. Short-term effects include nausea, vomiting, hair loss, tiredness, anaemia, abnormal bleeding, and increased risk of infection. Longer-term effects can include infertility, growth problems, organ damage, or increased risk of other cancers.

Effects of the illness:
Most children undergoing cancer treatment wish to be treated like other children and not be singled out for special attention. Giving the child who has hair loss as a result of chemotherapy the option of wearing a cap or hat in the classroom may make it easier for them to come back to school. Be aware that children who have undergone cancer treatment could have long-term side effects, including learning difficulties. Exhaustion is common, and the child will have an increased susceptibility to infection. Develop a plan for emergencies in consultation with the child’s parents (Guideline 6: Develop action plans).

Chronic middle ear infection

Description:
Inflammation of the middle ear is often not thought of as a serious condition, however, it can result in hearing damage and hearing loss in children. This child will have had a history of colds or flu or other upper respiratory tract infections. He may also have had an allergic reaction, e.g. hayfever. Often parents delay or do not seek medical help. Although children will seemingly recover, they may be left with a low grade middle ear infection that becomes chronic.
Reflection activity

Read Busisiwe’s story and then answer the questions that follow.

EXERCISES

a) List the signs that Busisiwe displayed in the classroom that made Mrs Kubayi suspect that she was having difficulty hearing?

b) List the strategies that Mrs Kubayi introduced to help Busi.

Case study

BUSISIWE’S STORY

Busisiwe began Grade 1 when she was six. Her birthday was in March and she turned seven but, despite being one of the older children in the class her speech was not as developed as her peers. She had a limited vocabulary and mispronounced words. She did not listen to her teacher, Mrs Kubayi, and constantly talked while instructions were being given. Mrs Kubayi made her sit in the “thinking chair’ but this did not seem to help. Busi’s disruptive behaviour meant that she did not concentrate and argued with other learners, making her unpopular. She spent break time wandering about on her own not playing with others.

Mrs Kubayi worried about the fact that Busi was not grasping literacy and numeracy concepts and was also losing out on other important learning opportunities. She suspected that Busi was not hearing properly. She asked Busi’s mother to take the child to the clinic for a check up. The auditory (hearing) screening confirmed Mrs Kubayi’s suspicion.

Seating was rearranged in the classroom and Busi was placed near the front of the classroom so that she could hear better. Mrs Kubayi tried to look directly at Busi when she was talking to her. She also used visual aids like pictures and words on the blackboard to support her verbal messages. Simphiwe was appointed as Busi’s ‘buddy’ and began to enjoy helping her. She joked that she was Busi’s extra set of ears! Mrs Kubayi planned a Life Orientation lesson about disabilities and encouraged tolerance and respect for all people. She explained how difficult it was not to hear well and said it was good to be patient when dealing with those who are hard of hearing.
Hypertension

Description:
High blood pressure results when an excessive force of blood flows against the walls of the vessels, increasing the workload of the heart. The heart may become enlarged and thickened or the kidneys damaged. The most common reason for high blood pressure is that it is inherited but hypertension is often seen in children who are overweight. The only way to know if one's blood pressure is too high is to have it measured by a doctor or nurse.

Symptoms:
Hypertension, the silent killer, usually has no signs and symptoms. Most patients with hypertension feel fine and do not know that their blood pressure is elevated. When hypertension is advanced, symptoms may include headaches, fainting, and loss of kidney function. In late stages, fits and seizures may occur.

Effects of the illness:
Uncontrolled high blood pressure over time can harm the arteries that bring blood to the brain and cause a stroke. It can also damage the eyes – and cause loss of vision. Heart attacks, kidney failure, and strokes are uncommon as a result of hypertension in children, however, the processes that lead to these problems probably do begin in childhood. This is why children should have their blood pressure measured with regular health care visits.

Teacher’s role:
Teachers could help parents be aware that if blood pressure is found to be high, measuring it again is important. If the blood pressure elevation is on-going, lifestyle changes are recommended such as introducing a healthy diet and exercise for patients who are overweight. Salt should be cut out of the diet.

Cardiomyopathy

Description:
Cardiomyopathies are diseases of the heart muscle in which the muscle cells and surrounding tissues are sick. The cause of most cases of cardiomyopathy is unknown. A common cause is a viral infection of the heart. Cardiomyopathy can run in families.

Effects of the illness:
Children with congestive heart failure (CHF) may have difficulty with exercise. Their breathing is fast as if they have respiratory illnesses such as colds, bronchiolitis, and pneumonia. Other symptoms can include fatigue, dizziness and fainting. The patient may have an enlarged abdomen. Some children have no symptoms but abnormal lung and heart sounds such as a heart murmur alert doctors to the condition. A full physical examination needs to be done and history taken by a doctor.

Treatment of patients may be immediate and long-term. If the child is critically ill, treatment may require operations and placement on an artificial heart-lung machine.
Medications may improve blood pressure and heart function. Cardiomyopathy is a serious disease and each child should be evaluated and treated on an individual basis by a health professional.

**MENTAL HEALTH CONDITIONS**

Many children have mental health problems that interfere with normal development and functioning, however, often children do not receive needed treatment. Some mental health problems include the following:

**Depression**

*Description:* Childhood depression is different from the normal “blues” and everyday emotions. Just because a child seems sad, does not necessarily mean he or she has depression. If the sadness goes on, or if disruptive behaviour interferes with normal social activities, interests, schoolwork, or family life, it may show that he or she has a depressive illness.

*Symptoms:* The symptoms of depression in children vary. It is often undiagnosed and untreated because the signs are passed off as normal emotional and psychological changes that occur during growth. Symptoms include irritability or anger, continuous feelings of sadness and hopelessness, social withdrawal, increased sensitivity to rejection, increased or decreased appetite, sleeplessness or excessive sleep, vocal outbursts or crying, difficulty concentrating, fatigue and low energy, physical complaints (such as stomachaches, headaches) that do not respond to treatment, reduced ability to function during events and activities at home or with friends, in school, extracurricular activities, and in other hobbies or interests, and feelings of worthlessness or guilt.

*Effects of the illness:* Not all children have all of these symptoms. In fact, most will display different symptoms at different times. Although some children may continue to function reasonably well in structured environments, most with significant depression will suffer a noticeable change in social activities and loss of interest in school and poor academic performance.

*Teacher’s role:*  
- Take the condition seriously and encourage children to tell you how they are feeling.  
- Discuss the problem with the parents. If it is causing serious concern, the child should be taken to the doctor. Medication may be necessary.  
- Encourage the child to exercise, eat regular, healthy meals and take time for relaxation.

**Anxiety disorders**

*Description:* Everyone feels worried or nervous from time to time. If anxiety is severe, feelings of helplessness, confusion, and extreme worry that are out of proportion to the actual

---

8 Adapted from www.webmd.com
seriousness or likelihood of the feared event, develop. Overwhelming anxiety that interferes with daily life is not normal.

**Symptoms:**
Physical symptoms of anxiety include trembling, twitching, or shaking, feeling of fullness in the throat or chest, breathlessness or rapid heartbeat, dizziness, sweating or cold, clammy hands, feeling jumpy, muscle tension, aches, or soreness, extreme tiredness, and sleep problems.

Anxiety affects the part of the brain that helps control communication. This makes it more difficult to express oneself or function effectively in relationships. Emotional symptoms of anxiety include restlessness, irritability, feeling on edge, worrying too much, fearing that something bad is going to happen, feeling doomed and being unable to concentrate.

**Effects of the illness:**
Anxiety disorders occur when people have both physical and emotional symptoms. Anxiety disorders interfere with how a person gets along with others and affect daily activities. A complete medical examination may be needed before an anxiety disorder can be diagnosed. Often the cause of anxiety disorders is not known. Children who have at least one parent with depression are more likely to have an anxiety disorder.

**Teacher’s role:**
- Encourage the child to describe the things they are worried about. Talk about some of the things that used to worry you as a child.
- Displace fears with thoughts of things and people that help the child to feel safe. Create a self management ‘checklist’ to use at anxious moments.
- Teach the child how to breathe deeply, and do relaxation exercises. A simple, positive affirmation can also help e.g. ‘I feel calm and confident’ etc.
- Role play situations that cause anxiety. This can help defuse irrational fears.

**ADHD**

**Description:**
Attention-deficit/hyperactivity disorder (ADHD) also known as hyperactivity or attention deficit disorder (ADD) is a common condition in children. The exact cause of ADHD is not known. The fact that it tends to run in families suggests that it might be inherited. Experts believe an imbalance of chemicals may be a factor in the development of symptoms. Areas of the brain that control attention are less active in children with ADHD. Children who have been diagnosed with this condition are not to be seen as sick and it is not a disease.

**Symptoms:**
Children with ADHD exhibit three groupings of behaviour:

**Distractability:**
- Is easily distracted.
- Does not follow directions or finish tasks.
• Does not appear to be listening when someone is speaking.
• Does not pay attention and makes careless mistakes.
• Is forgetful about daily activities.
• Has problems organising daily tasks.
• Avoids or dislikes activities that require sitting still or a sustained effort.
• Often loses things, including personal items.
• Has a tendency to daydream.

**Hyperactivity**
• Often squirms, fidgets, or bounces when sitting.
• Does not stay seated as expected.
• Has difficulty playing quietly.
• Is always moving, such as running or climbing on things.
• Talks excessively.

**Impulsivity**
• Has difficulty waiting for his or her turn.
• Blurs out answers before the question has been completed.
• Often interrupts others.

It is important to note that eating too much sugar does not cause ADHD. ADHD is also not caused by watching too much TV, a poor home life, poor schools, or food allergies.

**Some solutions:**
• Stick to a routine. Warn the child ahead of change.
• Enable the child to be successful. Show the child how to begin and to finish a task because of their fear of failure. Tell others about their successes.
• Understand that children with ADHD may find it difficult to work with others. Put them with a quiet partner to help them and act as a buddy, making sure they have understood instructions.
• Give extra time to finish a task. Break tasks into smaller pieces and reward when each bit is finished.
• Write the homework into the right book and be sure that it goes home so that parents can help make sure it is done.
• Work closely with the parents/caregivers.
• Ignore inappropriate behaviour.
• Limit distracting noises and seat the child away from distracting visual aids on the walls.
• Look out for triggers of bad behaviour and try to avoid them.
• Assist the child to remember things – they do not have good short term memories.

Note: No teacher may insist on the use of medicine.
Autism and other developmental disorders

Description:
These are brain disorders that affect the ability to communicate, form relationships with others, and respond to the outside world appropriately. The signs of autism usually develop by three years of age. Autism is also not a disease and although children need special support to minimise barriers, they should not be seen as sick children.

Symptoms:
The symptoms associated with autism vary among people with the disorder. Some individuals function at a relatively high level with speech and intelligence unaffected, while others are developmentally delayed, mute, or have serious language difficulty.

Teacher’s role:
This is a complex condition and the following points are a few simple guidelines:
- Provide an individual work area.
- Help the child access understanding of work areas/timetables/behaviours and emotions in others through the use of pictures, symbols or word labels.
- Protect the child from distracting loud noises.
- Do not introduce more than one skill at a time.
- Teach routines through a structured approach.
- Encourage interaction through the use of activities the child enjoys. Use their own interests in order to involve the child socially.
- Verbal instructions should be brief and simple. Begin the instruction by using the child’s name to get attention.
- Respond to any attempts to use language.
- Set limits on obsessive and compulsive behaviours and use distraction when the child acts inappropriately.
- Be consistent in your responses to behaviour. Teach what to do, not what not to do. Consequences should be immediate and meaningful.

As a teacher you are committed to life-long learning and self-development. You have a responsibility to keep up with new developments and trends in health. You have now acquired some basic knowledge about illnesses but you should not feel nervous – everyone knows you are not a trained medical professional!

Although it may be frightening, you should be prepared to cope with health emergencies related to specific chronic illnesses in your classroom. Once you know which illnesses your learners suffer from, you can work out action plans, using the examples included in this guideline. Having updated telephone numbers of the child’s parents or caregivers as well as emergency medical contacts is essential. Written parental/caregiver consent for emergency medical treatment should be available in the child’s file.

Remember that although children may have been diagnosed with certain illnesses or conditions, they still remain children first and should not be treated as patients. Conditions such as autism and ADHD are not illnesses and children should not be considered as sufferers.
6. Develop action plans

Individualised health action plan

Teachers must ensure that each child with a chronic illness has a personalised action plan. This must be completed in consultation with parents or caregivers. This plan will:
- describe symptoms to look out for.
- provide specific information about the management of the illness.
- if necessary, provide information about medication to be given and specific dietary requirements.
- give written permission to manage serious situations during the school day.
- provide contact details and names of health personnel in case more information or help is needed.

This information must be easily accessible. Some teachers put it on the wall of the classroom so that they can see it and it acts as a reminder. The plan needs to be updated as necessary. An example of an action plan is included below. You can use the blank plan you will find in Annexure 2 and change it to best suit your learner.

**Individualised health action plan template**

<table>
<thead>
<tr>
<th>Child’s name:</th>
<th>(Asthma) treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Medicine:</td>
</tr>
<tr>
<td>Name of teacher:</td>
<td>Dose:</td>
</tr>
<tr>
<td></td>
<td>Time:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic illness:</th>
<th>Treatment for an (asthma) attack at school:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms of the disease (what to look for; how to recognise if the child is having an acute attack): e.g. My child has mild asthmatic symptoms about twice a month. He is allergic to dust and animal fur. OR: the attacks are severe and happen about four times a year.</td>
<td>Medicine:</td>
</tr>
<tr>
<td></td>
<td>Dose:</td>
</tr>
<tr>
<td></td>
<td>Frequency:</td>
</tr>
<tr>
<td></td>
<td>Additional medicine at school is kept at:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classroom management:</th>
<th>In the event of a serious (asthmatic) attack the school will act as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. avoid certain allergens, food etc. (this is specific for the specific illness)</td>
<td></td>
</tr>
</tbody>
</table>

| Possible side effects of the medication that might affect learning: |

<table>
<thead>
<tr>
<th>Parent's/caregiver's name, address and contact numbers:</th>
<th>Medical aid details (if relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home:</td>
<td>Name of medical aid:</td>
</tr>
<tr>
<td>Work:</td>
<td>Medical aid number:</td>
</tr>
<tr>
<td>Cell:</td>
<td>Family doctor/name of clinic/health personnel treating child</td>
</tr>
<tr>
<td>In case of an emergency please contact:</td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td>Telephone number:</td>
</tr>
</tbody>
</table>

| If relevant, changes to teaching and learning programme: |

<table>
<thead>
<tr>
<th>Parents’/guardian’s signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>
Reflection activity

With a specific learner in mind, complete the following individualised health action plan. Do you feel more organised and prepared once you have completed this form? Explain.

| Child’s name:  | __________________________ treatment |
| Age:          | Medicine:                  |
| Name of teacher: | Dose:               |
|               | Time:                   |

| Chronic illness: | Treatment for __________________________ attack at school: |
| Symptoms of the disease: (what to look for; how to recognise if the child is having an acute attack): | Medicine: |
|                 | Dose:               |
|                 | Frequency:          |
|                 | Additional medicine at school is kept at: |

| Classroom management: | In the event of a serious __________________________ attack the school will act as follows: |

| Possible side effects of the medication that might affect learning: |

| Parent’s/caregiver’s name, address and contact numbers: | Medical aid details (if relevant) |
| Home: | __________________________ |
| Work: | __________________________ |
| Cell: | __________________________ |
| In case of an emergency please contact: | Name of medical aid: |
| | __________________________ |
| | Medical aid number: |
| | __________________________ |
| | Family Doctor/Name of clinic/health personnel treating child: |
| | __________________________ |
| | Address: __________________________ |
| | Telephone number: __________________________ |

If relevant, changes to teaching and learning programme:

Parents’/guardian’s signature: Date:
Guidelines for the administration of medication

All medication is potentially dangerous and should be given to children under controlled conditions. If medication is to be effective it must be given according to the prescribed guidelines.

Sometimes Foundation Phase children do not have a responsible adult at hand to ensure that they receive their medicine at the stated times and in the correct dosage. This responsibility could fall on the teacher. You should form a partnership with children and gradually encourage them, and, if possible, the family, to take responsibility for the correct taking of medication.

To ensure an effective and safe regime you should:
- Be given written instructions about the administration of medication. Schools could develop a template form (like the example given in Annexure 3) that parents complete when children need to take medication at school.
- Where children are in a vulnerable situation a good working relationship between the school and the health clinic/hospital is useful. In this case the clinic nurse or doctor could outline the requirements and authorise the teacher to assist with the administration of medication.
The teacher needs to:

- Have instructions on how to store the medication. Many medicines need to be kept in a cool place or below a certain temperature e.g. 20°C for insulin and antibiotics.
- Make sure the medication is stored in a safe place away from the children.
- Check the expiry date to make sure the medication is still effective.
- Record the giving of medication every time you give a dose. Write the date, time and the dosage down. Provision for this could be made on the child’s health management chart. Report any unusual side-effects to the child’s parents or caregivers.
- Should medical treatment be required, try to integrate it into the everyday classroom routine without disrupting activities or embarrassing the child.
- Be sensitive to the learner’s right to privacy when giving chronic medication like insulin injections, or asthma medication using an inhaler.
- Alert parents to the importance of the child wearing a medic alert identification tag if necessary.
- Establish and maintain good communications with relevant members of the health team – you will find these tasks easier if you know you have support.

Some ideas to help a busy teacher remember medicine administration times include:

- Relate the time to break.
- Have an alarm clock.
- Have a wall chart with a reminder for all to see. This could be a big clock on which the learner’s name is stuck at the appropriate time. The ideal situation is if other learners are aware of children’s problem and help to remind you. They might enjoy this feeling of responsibility.

Universal safety precautions

It is not always known who has HIV and it is, therefore, very important that the message of universal precautions is promoted. All blood and other body fluids should considered to be infected. Universal precautions are the careful measures that help prevent the spread of all diseases. Here are some of them:

- Blood, especially in large spills such as from nosebleeds, and old blood or blood stains, should be handled with extreme caution.
- Skin exposed to blood should be washed immediately with soap and running water.
- All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or antiseptic cream.
- If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleansed under water, dried, treated with antiseptic and covered with a waterproof dressing.
- Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
- Disposable bags and incinerators must be made available to dispose of sanitary wear.
- All open wounds, sores, breaks in the skin, grazes and open skin lesions should at all times be covered completely and securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
• Cleansing and washing should always be done with running water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleansed. Schools without running water should keep a supply, in a 25-litre drum, on hand specifically for use in emergencies. This water can be kept fresh for a long period of time by adding a disinfectant, such as Milton, to it.
• All persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin wounds, body fluids and excretions should wear protective latex gloves or plastic bags over their hands to eliminate the risk of HIV transmission effectively. Bleeding can be managed by pressing on the area with material that will absorb the blood e.g. a towel.
• If a surface has been contaminated with body fluids or excretions which could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) that surface should be cleaned with running water and fresh, clean household bleach (1:10 solution) and paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags.
• Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can readily be flushed down a toilet.
• If instruments (for instance scissors) become contaminated with blood or body fluids, they should be washed and placed in a strong household bleach solution for at least one hour before drying and re-using.
• Needles and syringes should not be re-used, but should be safely disposed of.\(^9\)

Now that we have dealt with the practicalities of preparing for health related situations we are going to provide you with some strategies for use in your classroom. Begin by implementing co-operative learning. We are sure you will be very pleased with the results you can achieve!

\(^{9}\) The National Policy on HIV and AIDS for Learners and Educators in Public Schools, and Student and Educators in Further Education and Training Institutions – A Safe School and Institutional Environment (7.11 – 7.18)
7. Use co-operative learning

Children with chronic illnesses are often absent from school and miss out on academic work and social interaction. This can delay learning and feelings of inadequacy and isolation can result. By using the method of co-operative learning, learners are organised and activities are structured so that groups work together as teams. In this way knowledge is shared and peers can often help the learner who was absent catch up to some degree. Children learn so much from each other. Problems are collaboratively solved, decisions made, and tasks completed. This approach is important in an inclusive, health promoting classroom. Co-operative learning does not work where competition or indifference is allowed.

In order to make sure that learners work and learn co-operatively you need to know that:

- Every learner’s contribution is needed and it is the learner’s responsibility to the group to participate.
- Learners must work together, help and encourage each other and celebrate achievements.
- Learners must be taught how to listen, take turns, make decisions, build trusting relationships and solve conflicts.
- Learners need to understand why they need to develop skills. They can be taught to think about their progress, for example, “Did we take turns today?” or “Did we listen to each other?”
- Teachers need to constantly reinforce skills.

The teacher’s role

Teachers need to choose co-operative learning models according to the goals of the particular lesson and the outcomes that they wish to achieve. You have to:

- put the learners into groups.
- arrange the classroom to facilitate peer interaction.
- explain the task and co-operative goals.
- provide appropriate materials.
- ensure that each group member is given a role and participates fully. The role should be appropriate to each individual learner’s abilities.

Whilst the learners are busy in their groups, the teacher:

- listens and observes interaction.
- ensures that guidelines are being followed.
- provides feedback.
- explains misunderstandings.
- models skills needed for successful co-operation.
- assesses and evaluates group and individual learning.
- rewards co-operative behaviour.
The benefits of co-operative learning

Co-operative learning can result in higher achievement and greater productivity, more caring, supportive and committed relationships, and greater social ability and self-esteem. Improved attitudes to school, as well as acceptance of learners experiencing difficulties have also been noted. This is because all learners play a role and make a contribution, learning to care about each other and seeing that they need each other. Co-operative learning contributes towards the development of a sense of community in the classroom.

Practical strategies to promote a co-operative and inclusive classroom:

1. **Display all learners’ work**, not only that which is considered ‘the best’.

2. **Find a reason to praise and encourage each child.** This can be based on individual abilities, behaviour, or small improvements. If competitive symbols such as star charts are used give each learner a star, for example.

3. **Use inclusive language to contribute towards a sense of belonging.** For example, “We can all go outside when we have tidied up”, not “The learners who finish first can go outside and play.”

4. **Accommodate individual learners’ needs and abilities.**

5. **Ensure that every learner makes a contribution and plays a role.** An example of this is a group project of creating a mural. Each learner paints a section.

6. **Engage the entire class in problem-solving.** Asking the group or class, “What can we do about making sure that everything is tidy?” encourages learners to live and work together unselfishly.

7. **Create opportunities for learners to see each other as sources of information, instruction and support.** Learners who have a problem or a difficulty can consult each other to find a solution before going to the teacher for help. Teachers need to find out about individuals’ skills, talents and interests and then encourage class members to use those learners as resources. This gives learners status in the eyes of their peers, even if there are other areas where they are not as competent.

8. **Draw the attention to a learner’s positive acts and achievements.** In doing so, however, teachers must ensure that they find something positive about every learner.

9. **Select and read books that have co-operation and/or conflict resolution as a theme.** Hold discussions about how this can be applied in the classroom.

10. **Play games that involve learners helping one another.** This can be used most effectively to promote positive behaviour, because learners in the Foundation Phase love games.
Reflection activity

One of the five aspects of the Life Orientation Learning Area set out in the Revised National Curriculum Statement Grades R – 9 (Schools) is Health Promotion.

“Many social and personal problems are associated with lifestyle choices and high-risk behaviours. Sound health practices, and an understanding of the relationship between health and environment, can improve the quality of life and well-being of learners. The Life Orientation Learning Area Statement addresses issues relating to nutrition, diseases including HIV and AIDS and STDs, safety, violence, abuse and environmental health.”

Plan a lesson aimed at an aspect of promoting good health. Work out how you can encourage co-operative learning.

An obstacle to successful inclusion is the idea that learners of a particular age all have the same abilities. This results in teaching and learning strategies, and activities that cater for one level only. Multi-level teaching is an approach that looks at the strengths of individual learners, and includes everyone regardless of individual levels of skill.

---

10 Revised National Curriculum Statement Grades R – 9 (Schools)
8. Recognise learners’ varied abilities – try multi-level teaching

In contrast to preparing different lessons for learners, multi-level teaching uses one lesson, where learners all work on the same topic but at different levels. Teachers adapt their expectations, teaching and learning strategies, and the learning tasks, with the aim that all learners will understand the content being taught.

Look at the following simple example of a 30 minute differentiated/multi-level lesson.11

<table>
<thead>
<tr>
<th>LESSON PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class:</strong> 1</td>
</tr>
<tr>
<td><strong>Lesson:</strong> Adding numbers from 1 to 5.</td>
</tr>
<tr>
<td><strong>Lesson Introduction:</strong> All children sing finger song, counting on their fingers, counting from 1 to 10 (5 minutes)</td>
</tr>
<tr>
<td><strong>Demonstration of task:</strong> Put empty vase on table and add flowers, demonstrating the sums 0+2, 2+2, 4+1, 3+2 (5 minutes).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10 minutes</th>
<th><strong>Group 1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Come to the desk and work with the teacher on these sums: 1+1, 1+2, 3+2, 2+2</td>
</tr>
<tr>
<td>Assessment</td>
<td>Continuous as the teacher works with the group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 minutes</th>
<th><strong>Assessment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teacher checks answers of this group and talks to them about how they found the answers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 minutes</th>
<th><strong>Group 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Work in a group with a work card and counters to do these sums (no written work – the answer to each sum will be shown by the counters): 1+1, 1+2, 3+2, 2+2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 minutes</th>
<th><strong>Group 3</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Work in a group to complete worksheet of these sums (they can use counters if they want to): 1+1, 1+2, 3+2, 2+2, 4+3, 2+5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 minutes</th>
<th><strong>Assessment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teacher checks the work of the group</td>
</tr>
</tbody>
</table>

11 Winkler, Modise and Dawber 2004: 48
Recognise learners’ varied abilities – try multi-level teaching

Reflection activity

Use the example on the previous page to design your own simple lesson plan that works with learners at different levels.

**LESSON PLAN**

<table>
<thead>
<tr>
<th>Class:</th>
<th>Lesson:</th>
<th>Lesson Introduction:</th>
<th>Demonstration of task:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minutes</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td></td>
<td>Assessment</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td>Assessment</td>
<td></td>
</tr>
</tbody>
</table>

A multi-level approach needs careful planning of lessons. To achieve this, teachers have to:

**a) Adjust expectations for individual learners**

An example of adjusting expectations for individual learners would be to involve learners in co-operative learning groups where different roles are given based on the learners’ abilities. For example, learners may be using the telephone book. Some will be learning to dial 10111 in case of an emergency, while others may be looking up long distance dialing codes.
b) Plan for certain learners to show what they have learnt in different ways
One teacher had each learner in the group make an “I like” book. Some of the learners wrote stories or sentences – “I like walking in the rain” – whereas others cut out pictures of the things that they liked and pasted them in a book. Every learner was able to make a book, participating in the literacy activity. In addition, every learner was able to partner with another and share their book by ‘reading’ it to a friend.

c) Provide adapted learning materials and resources, including helpful devices, where necessary
Provide books written for different levels of ability on the same topic.

d) Involve learners in lessons
Use questions that are aimed at different levels of thinking (remembering, creating, problem solving, working things out etc.)

As the Foundation Phase teacher your role in including children with chronic diseases will require care and compassion. It is important for you to show empathy, but it is necessary to avoid an over-protective attitude. You need to encourage resilience.
9. Encourage resilience

Children with a chronic illness may feel singled out even though you are only concerned for their welfare. This may create problems for them with their peers. The same standard of behaviour and consistent set of classroom rules should be expected from, and applied to all children.

Children with chronic illnesses can contribute to creating their own positive environment by listing what they can do or what they aspire to. Self-esteem may be a factor in both learning abilities and social behaviour at school. Offer encouragement and reassurance. Concentrate on achievements, rather than on limitations imposed by health.

The resilience factor

Not all children are affected negatively by difficult circumstances. Some are resilient/strong – able to cope and ‘bounce back’ from difficulties. In other words, they can adapt well to their circumstances. Children with a high degree of individual resilience do not need as much support as a child who is not resilient.

Reflection activity

Characteristics of a strong child

In your work you can probably remember some children that you have interacted with, whom, despite dreadful experiences and trauma, remained strong. This activity aims to examine the characteristics of a resilient child. What makes one child able to cope better than another under similar circumstances?

1. Remember children who have managed to remain well-balanced despite the challenges they face. They have an inner strength.

2. Think about the characteristics of a strong child and write them down.

Factors that create resilient/strong children

- Good communication skills and the ability to solve problems and ask for help.
- A positive self concept, feelings of self-worth and strong inter-personal skills.
- A feeling of control over lives and hope for the future.
- The ability to plan and set goals.
- A caring and consistent relationship with at least one stable caregiver.
- A family that encourages competence in school performance and puts effort into work.
- A family that has a strong, coherent and consistent set of values.
• A network of peers.
• People outside of the family who act as positive role models.
• A supportive network amongst neighbours, relatives and local community members.
• Spiritual support from communities and congregations of religious or spiritual organisations.
• Pride in appearance – cleanliness.
• Ability to deal with challenges and frustrations.
• Takes responsibility and cares for siblings and family members.
• Despite tragedies and difficulties, continues with the routine of life.

Teachers need to understand what protective factors are working for each child and to build on these.

Many different feelings arise in all members of the school community when childhood illnesses become part of daily life. We have already looked at psycho-social health and the different parts of one’s character that must be developed and nurtured in order to be healthy and happy.

As an educator you may experience stress both in your job and your life outside the school. The support material below gives you information about stress and suggests positive coping strategies so that you can manage stress, continue to promote positive health – both physically and mentally – and avoid burn-out. It also provides tips about dealing with death.

The final part of the guideline looks at recognising and managing stress or depression in Foundation Phase learners.
10. Deal with emotions

Stress and coping skills

In life things do not always go the way we would like. Being able to cope and deal with problems is very important. When life gets tough, we need to change negative experiences into ones through which we can learn and grow.

Stress is an unpleasant state of mind brought on by experiencing difficult situations. It is linked to tension, worry and strain. Stress places demands on our bodies and our minds. Stress is not always a negative state – it can motivate us to deal with our problems, and, once we have solved them, we deserve to feel proud of ourselves. When we are unable to control our stress levels, we become victims of distress – a state that makes us miserable.

In difficult situations people tend to draw on habitual behaviour as a way of coping. This is behaviour that a person repeats. It is important that positive coping strategies are used rather than negative ones when people find themselves stressed. Examples of negative coping strategies are using drugs and alcohol, developing illnesses such as headaches and nervous stomachs, being stubborn, losing one’s temper, smoking, and withdrawing and worrying. Negative strategies provide no solutions and often make the problem worse.

Positive coping strategies

**Exercise**
Even if you are unfit or unwell, walk for up to 20 minutes per day. Increase this time slowly as you become fitter. Join a sports club. Being physically fit helps people feel better emotionally and improves self-esteem. An active person sleeps better. This begins a cycle of improved health.

**Get enough rest and sleep**
Although sleep needs vary from person to person, on average, adults require between 6 and 8 hours a night to maintain energy levels.

**Eat healthily**
Healthy eating habits make sure that we have the energy we need to cope with the demands of life. Good nutrition means eating a balanced diet that provides you with all the necessary daily nutrients.

**Stop smoking, drinking and drug taking**
Temporary escape from your problems may be found in alcohol and drug usage. When drunk or high problems seem less overwhelming or are forgotten completely. Your problems, however, will still be there when you wake up the next morning!
Smoking and heavy drinking are bad for your health. They damage the lungs, the liver and the immune system. Illegal drugs such as dagga and mandrax are also harmful. It is a criminal offence to have illegal drugs in your possession. Drug and alcohol usage often leads to poor decision making.

**Deal with emotions**

"A problem shared is a problem halved." Talk about your feelings and worries to people you trust and whom you know can offer you good advice and solutions. Be honest and say what needs to be said in situations where direct communication is needed.

**Understand and manage stress**

The first step in addressing stress is to understand what causes stress. Talk to a counsellor or friend about your stress or make a list of stressors.

Tips to reduce stress levels:
- Find an activity that keeps the mind and body busy, e.g. gardening.
- Deal with fear by naming it. Make a plan of action of what to do if whatever you are afraid of happens.
- Breathe slowly and deeply to get rid of feelings of fear and anxiety.
- Listen to calming or uplifting music.
- Laugh easily and often. Watch a funny television programme or film.
- Remember you are not alone in your emotions. Many people feel the way you do.
- Continue to do things that you enjoy.

**Find spiritual support**

Spiritual and social support is very important and can be found in communities and/or congregations of religious or spiritual organisations.
- Love can be healing. Continue to belong to a congregation where you can find fellowship and worship with others.
- Prayer and/or meditation can heal. Prayer may help people to accept and come to terms with problems. It may comfort and console.
- Gratitude is healthy. Concentrate on what you are thankful for. These may be small things like health, family or friends.
- Laughter and happiness are therapies. Keep the company of people who make you happy.

**Stay motivated**

- **Set goals to develop direction.** Small, realistic goals are possible to achieve and act as motivating factors.
- **Dream** about the future and make plans.
- **Spend time with people who are positive** and are achieving their goals.
- **Accept and believe** in yourself. Focus on your strengths.
- **Think positive thoughts.**
**Burnout**

One of the greatest problems of people working with others such as teachers is that they often do not take care of themselves. They take on too many tasks, work too many hours and never say no. Sometimes they even neglect their own families for the sake of others. Dedication is to be admired, but the effects on individuals, their families and organisations can be disastrous.

Continuous selflessness, and overwork results in ‘burnout’ or **emotional exhaustion** when a person can no longer function properly. Conscientious people are often the most vulnerable.

Here are the early warning signs:
- Exhaustion, tiredness, a sense of being physically run down.
- Anger at those making demands.
- Self-criticism for putting up with the demands.
- Pessimism, negativity and irritability.
- Feeling overwhelmed.
- Exploding easily over little, unimportant things.
- Headaches and gastro-intestinal disturbances.
- Weight loss or gain.
- Sleeplessness and depression.
- Shortness of breath.
- Feelings of helplessness.
- Increased risk taking.

Teachers should be examples of healthy living. This means taking the advice we give to others and leading a healthy lifestyle. Exercise, healthy eating, leisure and maintaining a sense of humour are a few examples of caring for ourselves and ensuring that we can give many years of service to others.

**Dealing with death**

Experiencing the death of children, or supporting children who lose parents or family members is painful for all involved. In many instances, children are not told what is happening and, in some cases, they are not told the truth about the situation.

**What can be done about this?**

- It is important to be as honest as possible with children and, while abstract ideas may be confusing, children need to be given information and to be appropriately involved in the rituals of death. Children are naturally concerned and will be anxious to know if their daily lives will change.
- Try to involve children in decisions by asking them about their wishes and maintain routines that allow children to feel safe and part of the community.
- If a child dies, be prepared to help the class deal with this experience in an appropriate way, bearing in mind different religious and cultural beliefs. Appropriate
Deal with emotions

Interventions might include attending the funeral, sending letters or drawings to the family, or talking about the missed classmate.

- Be aware of any siblings that attend the school.
- Educate and, where possible, arrange counselling for children. Counselling gives children permission to grieve and talk about their feelings in a safe environment. It also can provide hope where children are encouraged to believe that they can manage grief and loss.

Recognising and managing stress or depression in Foundation Phase learners

- Children do not react to stress like adults. Their response is influenced by age, and intellectual and emotional development.
- The adjustments children make show a coping style. A successful coping style reduces stress.
- An unsuccessful coping style results in feelings of incompetence, discomfort, frustration and/or disappointment.
- Children need to be helped to cope well.
- A healthy self esteem influences one’s coping style.

Reflection activity

Read the following three case studies that look at signs of stress in learners.

Andile is eight years old. He is an average student who lives in an informal settlement with his elderly granny. Andile has recently become aggressive towards the learners in his class and has been involved in some physical fights on the playground where he hit and kicked a younger child. He has also been climbing to the top of the tall trees on the school property and hanging from high branches. Andile was diagnosed with TB but he is complying with his treatment and his health has improved a lot. He will be finished his medication in a month's time.

Yasmin's teacher finds her very demanding. She is nine years old and is a diabetic who needs to have an injection of insulin every day. Lately she is always trying to hold her teacher's hand and be close to her. She has become babyish and cries easily if a teacher or another classmate says something to her that she does not like. Yasmin eats a proper diet and her parents and school manage her medical condition carefully. Her mother recently had another baby.

Rifilwe, a six year old girl, was always laughing and joking with her friends who loved her funny stories and crazy acts. She has recently become quiet and withdrawn appearing to lack energy and be unhappy. Often when her teacher asks her a question she hasn’t even heard her and is staring out of the window into space. Rifilwe has complained about a sore stomach and said that her mother has a new boyfriend who she doesn’t like.
EXERCISES

In each story:

a) Identify the signs of stress that the children are showing. Try to describe them in your own words.

b) Give reasons, where you can, as to why the children might be behaving in this way.

Strategies for support

- Most children stay optimistic if those around them have a positive attitude.
- Give support when facing changes. Accept feelings of discouragement but realise that depression can stop recovery.
- Encourage friendships.
- Help the child to set realistic goals.
- Encourage the development of new interests.
- Provide as much certainty as possible by giving explanations the child can understand.
- Teach the child how to handle stress in different circumstances.
- Build self esteem in children living with ‘invisible’ diseases – such as diabetes and epilepsy.
- Encourage parents/friends to become advocates (to support or help others understand the condition by speaking about it).
- Allow the child to ask for rest periods – give less homework if necessary or change deadlines.

Conclusion

Congratulations on working your way through this support material! We hope that with the extra knowledge, skills and reflection on attitudes and values you feel ready and determined to make your classroom a pocket of excellence that is a shining example of inclusive and health promoting education. You have an important role to play as an educator and activist in ensuring happy and productive lives at school for all of your learners, especially those with chronic illnesses. Thank you for your commitment and care. We salute and appreciate your efforts.
ANNEXURE 1: INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES – 16 KEY FAMILY PRACTICES

Integrated Management of Childhood Illnesses (IMCI) is an integrated approach to child health that focuses on the well-being of the whole child. IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age. IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities.

The strategy includes three main components:

- Improving case management skills of health-care staff.
- Improving overall health systems.
- Improving family and community health practices.

In health facilities, the IMCI strategy promotes the accurate identification of childhood illnesses in outpatient settings, ensures appropriate combined treatment of all major illnesses, strengthens the counselling of caretakers, and speeds up the referral of severely ill children.

In the home setting, WHO and UNICEF – World Health Organisation’s Integrated Management of Childhood Diseases (IMCI) – identified 16 key family and community practices that, if properly promoted and adopted by the targeted communities, would potentially contribute to improving child survival, growth and development. Effective interventions to promote these practices require systematic planning, well co-ordinated use of a combination of channels of communication, close follow-up, monitoring and supervision. The interventions need to go beyond knowledge acquisition to facilitate changes in behaviour. Behavioural changes take time to occur and, once initiated, need to be sustained over a relatively long period of time. Adequate resources must therefore be identified within and outside the community to support the intervention in the long term. The more actively the community is involved and participates in the intervention, the higher is the possibility that the intervention will be sustainable and result in the desired outcome. The health system plays an important role in supporting families in their child care responsibility.

The 16 family and community practices are:

**Exclusive breastfeeding.** Breastfeed infants exclusively for up to 6 months. (Mothers found to be HIV positive require counselling about possible alternatives to breastfeeding).

**Complementary feeding.** Starting at about 6 months of age, feed children freshly prepared energy and nutrient rich complementary foods, while continuing to breastfeed up to two years or longer.

**Micronutrients.** Ensure that children receive adequate amounts of micronutrients (vitamin A, iron and zinc, in particular), either in their diet or through supplementation.
Hygiene. Practices in the household should aim to prevent disease. Dispose of faeces, including children’s faeces, safely, and wash hands with soap after defecation, and before preparing meals and feeding children.

Immunisation. Take children as scheduled to complete a full course of immunisations (BCG, DPT, OPV and measles) before their first birthday.

Malaria. In malaria-endemic areas, take children with a fever for healthcare early. Communities should allow indoor insecticide house spraying.

Psycho-social development. Promote mental, social and physical development by being responsive to a child’s needs for care, and stimulating the child through talking, playing and other appropriate physical and affective interactions.

Ensure growth monitoring to detect growth faltering and take corrective action.

Prevent child abuse/neglect. Take corrective action when it has occurred.

Prevent and manage child injuries. Take appropriate actions in these instances.

Home care for illness. Continue to feed and offer more fluids to children when they are sick.


Care-seeking. Recognise when sick children need treatment outside the home and seek care from appropriate providers.

Compliance with advice. Follow the health worker’s advice about treatment, follow-up and referral.

Antenatal care. Ensure that every pregnant woman has adequate antenatal care. (This includes having at least five antenatal visits with an appropriate health care provider and receiving the recommended doses of the tetanus toxoid vaccination. The mother also needs support from her family and community in seeking care at the time of delivery and during the postpartum and lactation period.)

Ensure active participation of men in the provision of childcare, and involve them in reproductive health initiatives.

http://www.who.int/topics/child_health/en/
# ANNEXURE 2: ACTION PLAN

<table>
<thead>
<tr>
<th>Child’s name:</th>
<th>__________________________ treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Medicine:</td>
</tr>
<tr>
<td>Name of teacher:</td>
<td>Dose:</td>
</tr>
<tr>
<td></td>
<td>Time:</td>
</tr>
</tbody>
</table>

### Chronic illness:
- **Symptoms of the disease:** (what to look for; how to recognise if the child is having an acute attack):
- **Treatment for __________________________ attack at school:**
- **Medicine:**
- **Dose:**
- **Frequency:**
- **Additional medicine at school is kept at:**

### Classroom management:
- **In the event of a serious __________________________ attack the school will act as follows:**

### Possible side effects of the medication that might affect learning:

### Parent’s/caregiver’s name, address and contact numbers:
- **Home:** __________________________
- **Work:** __________________________
- **Cell:** __________________________
- **In case of an emergency please contact:**

### Medical aid details (if relevant)
- **Name of medical aid:** __________________________
- **Medical aid number:** __________________________
- **Family Doctor/Name of clinic/health personnel treating child:** __________________________
- **Address:** __________________________
- **Telephone number:** __________________________

### If relevant, changes to teaching and learning programme:

### Parent’s/guardian’s signature: Date:
ANNEXURE 3: PARENT’S CONSENT AND INFORMATION FORM – ADMINISTRATION OF MEDICINES AT SCHOOL

Child’s full name: ____________________________________________________________

Name of the medication: ____________________________________________________

Correct dose to give the child (how much): _____________________________________

Time(s) the medication should be given: _______________________________________

How it should be given – e.g. orally, inhaled: ____________________________________

CONTACT DETAILS OF

Parents/caregivers: __________________________________________________________

Doctor: ____________________________________________________________________

Health clinic: __________________________________________________________________

I ____________________________ (name)

give permission for the teacher to administer medication to my child.

Signature of parents or caregivers: ___________________________________________

________________________________________

Date: ________________________________
LINKS AND ADDITIONAL RESOURCES

You can access a list of recommended resources by visiting http://www.oxford.co.za/he/healthsciences/


Child with Chronic Conditions University of Michigan Health System. Available at http://www.bipolarfocus.org/1libr/yourchild/chronic.htm (accessed 13/12/2007)


Some other useful addresses:

**Allergies**
The Allergy Society of South Africa
Tel: (021) 447 9019

**Asthma**
The National Asthma Education Programme (NAEP) has information pamphlets available
Tel: (011) 643 2755
Fax: (011) 405 6302
E-mail: naepr@netactive.co.za

**Autism South Africa**
Tel: (011) 486 3696
Fax: (011) 486 2619
E-mail: autismsa@iafrica.com
Website: www.autism-sa.org

**Cancer**
Cancer Association of South Africa (Cansa)
Tel: (021) 689 5381
www.cansa.org.za

**Centre for Augmentative and Alternative Communication (CAAC)**
University of Pretoria
Tel: (012) 420 2001
Fax: (012) 420 4389

**Diabetes**
South African Diabetes Association National Office
Tel: (011) 792 9888/7
References

Down Syndrome South Africa
Tel: (011) 484 6116

Epilepsy
South African National Epilepsy League
www.epilepsy.org.za
E-mail: info@epilepsy.org.za
National Office – Tel: (021) 447 3014

Government Departments (www.info.gov.za/)
Department of Health (www.doh.gov.za) Tel: (012) 312 0059
District Health System for South Africa Tel: (012) 312 0753
National Drug Policy:
Essential Drug Lists and Standard Treatment Guidelines Tel: (012) 312 0335/0362

Helplines
National Health System Ethics Line Tel: 0800 20 14 144 14
Children’s Cancer Help Line Tel: 0800 333 0555
Mental Health Information Line Tel: 0800 567 567
AIDS Help Line Tel: 0800 012 322

HIV and AIDS
National HIV/AIDS Coordinator Tel: (012) 312 7500/7546
Directorate: HIV and AIDS and STIs Tel: (012) 312 0121/0146
Department of Health AIDS Helpline Tel: 0800 012 322 (toll-free)
AIDS Law Project Wits University Tel: (011) 377 6650
Treatment Action Campaign (TAC) Tel: (021) 788 3507
AIDS Training and Information Centres (ATICs) Tel: (021) 400 3400
Soul City Institute for Health and Development Tel: (011) 341 0360
Circles of Support Information Hotline Tel: 0860 222 777
National Association of People with AIDS (NAPWA)
National Office Tel: (011) 872 0975
CINDI (Children in Distress) Tel: (033) 345 2970
CHAIN (Children’s HIV/AIDS Network) Tel: (021) 685 4103

Nutrition
Department of Health Subdirector ate: Nutrition Tel: (012) 312 2000
Integrated Nutrition Programme (INP)
Department of Health Tel: (012) 312 0047

Society for Hard of Hearing Child
Tel: (011) 728 3960
Fax: (011) 728 3460

Sunshine Centre Association
Tel: (011) 642 2005/6/7
Fax: (011) 642 2008
E-mail: info@sunshine.org.za
TB
Department of National Health Tel: (012) 312 0000
Director of the TB Directorate Tel: (012) 312 0106
SANTA Tel: (011) 454 0260

TMI (Transvaal Memorial Institute for Child Health)
Assessment Clinic – Tel: (011) 481 5194
Child/Family – Tel: (011) 481 5103

Useful Health Policies and Legislation

REFERENCES


Gauteng Department of Education. 2007. Early Identification of and Intervention for Barriers to Learning and Participation E.C.D./Foundation Phase.


TRAINING RESOURCES

Training and capacity building activities and tools that can be used for integration in training programmes in a variety of contexts

TEN GUIDING PRINCIPLES AND STRATEGIES FOR SUPPORTING CHILDREN WITH CHRONIC ILLNESSES

CONTENTS

Introduction ................................................................................................................... 73

1. Create a positive environment ................................................................................... 73
Optimal environments for Foundation Phase learning 73
Dealing with our own feelings about illness 73
The self-fulfilling prophecy 73
Stigma 73

2. Consider the psycho-social needs of children ............................................................ 74
Personal reflection: building blocks of life 74
Games for children 74
Activity 3a. Gifts that you received as a child 74
Activity 3b: Gifts to make children strong 75

3. Network and map resources ....................................................................................... 76
The role of the community 76

4. Be an effective communicator .................................................................................... 76
Cultural awareness – a possible barrier to effective communication 76
Community awareness 77

5. Arm yourself with knowledge about specific chronic illnesses in children .......... 77
HIV and AIDS 77
Allergies 77
Diabetes mellitus 77
Cancer 78
Chronic middle ear infection 78

6. Develop action plans .................................................................................................. 78
The Educator Rap 79
Helpful ideas 79

7. Use co-operative learning .......................................................................................... 80
Grouping learners 80
8. Recognise learners’ varied abilities – try multi-level teaching ........................................ 81
Manage and assess academic performance 81
Curriculum differentiation 81
The process of curriculum differentiation 82
Designing down 84
Backtracking 85

9. Encourage resilience ................................................................................................... 86

10. Deal with emotions .................................................................................................. 86
Personal reflection writing activity 87
Understanding personal stressors and coping skills 87
INTRODUCTION

These training and capacity building activities and tools complement the teachers' support guide and have been designed for use for training and further exploration of issues by teachers and others involved in community development.

The exercises are designed with the aim of extending the participants by encouraging critical reflection. The activities make use of a range of highly interactive methodologies such as discussion, song, art and role play. Many of them have been used before in a modified form and they constantly produce lively responses. They aim to build self esteem and focus on strengthening psycho-social aspects – the emotional, social, mental, spiritual aspects – and improving life skills in teachers. The rationale behind this is that if teachers are healthy and happy, physically and mentally, their learners will benefit directly. The activities actively promote tolerance and mutual respect whilst viewing advocacy as an important part of a teacher’s role in society.

It is presumed that those leading workshops will select activities that best relate to the perceived needs of those who attend the workshops.

1. CREATE A POSITIVE ENVIRONMENT

Optimal environments for Foundation Phase learning
Participants discuss in groups the optimal environment for Foundation Phase learning. They are asked to come up with lists of words to describe qualities that teachers could exhibit and encourage in order to create best the environment for teaching and learning.

Dealing with our own feelings about illness
Teachers share personal experiences of illness in their families or communities. (It may be easier for participants to disclose if they are in pairs.) If this is painful they may choose to rather write a short diary entry reflecting the emotions that watching ill loved ones evokes. Stories about sick children could be shared.

The self-fulfilling prophecy
Explain this concept in your own words or language.

Can you think of concrete examples of where you have seen this phenomenon displayed? Tell these stories.

Stigma
Stigma is a difficult concept to understand. In a workshop more time could be spent explaining and exploring the concept so that teachers could actively work to break stigma down.

What ideas do you have about activities you can do, or strategies you can use with Foundation Phase learners to dispel stigma? Encouraging acts of kindness towards peers
might be one idea that could be incorporated into a lesson within the Life Orientation Learning Areas set out in the Revised National Curriculum Statement Grades R – 9 (Schools)

2. CONSIDER THE PSYCHO-SOCIAL NEEDS OF CHILDREN

Personal reflection: building blocks of life
Often, as adults, we think that we have the answers to children’s problems but we do not remember or think about how it feels to be a child. Children are growing and may view the world in a very different way. Events that may seem relatively unimportant to us as adults may hold significance for them. The next activity asks you to think back to your childhood so that you can be more in touch when working with children.

On a large piece of flipchart paper draw a wall made up of big bricks. In the bricks write down all the important things that you can think of that shaped your life when you were a child. Concentrate on events and happenings. They may be happy events such as being made a leader in your youth group, or times when you failed or experienced hardships or tragedy.

Individuals are invited to share an experience with the group. This exercise can be traumatic and painful for some people so the leader of the activity must be sensitive and may need to debrief the group. One way of doing this is to ask the question “What positive factors came out of these experiences?” This can be linked to Guideline 9: Encourage resilience. If individuals get emotional they might like to leave the room with a friend or peer to comfort them and return once they have recovered.

Games for children
You know that play is an important part of children’s growth. It is particularly important for children who are suffering from stress or feeling sad or anxious. In your work you sometimes play with children to allow them an escape from the cruel circumstances they live under and they may talk to you and tell you what is upsetting or bothering them while playing traditional games.

In groups of three, choose a game that you must explain and demonstrate to other group members. Make sure that all of the games are different and that each small group takes a turn teaching the game they chose to the whole group.

Activity 3a. Gifts that you received as a child
(Source: The Journey of Life Series: REPSSI)

This is a personal reflection writing exercise.

What made you strong when you were a child? In Activity 1: Building Blocks of Life – you were asked to explore your own psycho-social background. You looked at life events that shaped you either by boosting your self esteem if they were victories (wins) or causing you trauma.
In this exercise you are asked to reflect on the gifts that you received when you were young and to think about whom you received them from. The gifts you need to think about are not new clothes or toys wrapped up in bright paper. They are deeper, more meaningful attitudes, feelings or faith. You may have had parents who make you feel loved, safe and secure. You may have had a grandparent who taught you about your cultural heritage or brought you up in a faith.

By reflecting upon your own gifts, you will remember and appreciate how much we can give children through care, sharing and interest. Use the following questions to guide your reflection:

a) What gifts did you receive when you were a child?

b) Who gave you the gifts that made you what you are today? Write the names of those people down.

c) What happens to children who do not have parents? Do they miss out on gifts? Why do you think this?

d) How do children learn to be a part of a faith that believes in a god who could also give those gifts?

e) What gifts do you try to give the children that you work with?

f) If you have a child, what gifts are you trying to give them?

**Activity 3b: Gifts to make children strong**
(Source: *The Journey of Life Series: REPSSI*)

This activity is linked to the personal writing *Activity 3a: Gifts that you received as a child*. You are now going to share an aspect of your own reflection so that you can gain a better understanding of the gifts you, as teachers, give the children you work with to help them become stronger.

“We can help strengthen a child’s ability to handle problems. We can either help children to be strong when they face problems, or better still, give them strength before they experience problems.

Let us now think about what we can do as families and community to help strengthen children.”

Go out into the surrounding workshop area and find two objects that represent:

a) A gift that you received when you were young.

b) A gift that you would like to give to your learners.

In a ceremony, allow each participant to place their gifts on a cloth or piece of flip chart and say what each object represents – the objects may be leaves, soil, litter such as a tin etc.

The facilitator writes the list of gifts on a flipchart as they are named.

Remember that there are other gifts besides money, food and shelter. The emphasis should be on emotional, social and spiritual gifts such as love, acceptance, respect, and protection, feelings of belonging, encouragement, appreciation, attention, guidance and approval.
3. NETWORK AND MAP RESOURCES

Refer to Guideline 3:

THE ROLE OF THE COMMUNITY

Social and material support can be provided by the community and health system in the form of accessible clinics and health workers able to give effective advice, drugs and treatments when necessary.

Actions within the community should support key family practices. These could include working with communities to improve nutrition and child development, through feeding centres, and using opportunities such as community events to educate families and reach sick children. A community feeding programme, for example, could assist mothers in selecting and preparing food for their children, and identifying when to take children for health care.

Health workers could also involve teachers and others to follow-up on malnourished or undernourished children. Community groups can support families with children needing urgent care, through transport, or assistance with looking after children who remain at home.

1. In small groups consider the family and community involvement that you have experienced with regard to helping children with chronic illnesses. Draw up lists of possible responsibilities that families and the broader community can assume.

2. Present the various case studies on individual schools (See task after Reflection activity: Case study of Green Leaves School) and discuss how they are trying to promote health. Consider specifically:
   - Compliance with the Occupational Health and Safety Act.
   - Health and safety committees.
   - Health policies for a primary school – what is covered and who is responsible.
   - Opportunities to network with other schools and the broader community.

   Allow the rest of the group an opportunity to provide suggestions and comments on each presentation.

4. BE AN EFFECTIVE COMMUNICATOR

Cultural awareness – a possible barrier to effective communication

In small group of five or six people develop a short, five minute role play that highlights cultural traditions and activities that are practiced in a specific community.
It might deal with communication – for example, behaviour when entering a household, or illustrate customs with regard to marriage, childbirth, grieving or burial rites.

After the role-plays discuss the following question:

As teachers dealing with unwell children why do you think it is important to be aware of people’s cultures?

**Community awareness**
Schools are communities where people interact and learn. Inter-personal communication is very important but sometimes we need to reach a lot of people in an effective way. In small groups think up a simple yet important message that you, as teachers, wish to communicate about children with chronic illnesses. Your task is to formulate a realistic action plan in order to get this message across to all those involved with the school and the broader community. Think about the following:

- With whom are we communicating?
- Why are we communicating?
- What do we wish to communicate?
- How will we communicate?
- How will we create opportunity for feedback?

Once you have answers to the questions, create your strategy for community awareness and present it to other groups.

Some of the mediums (ways) for creating community awareness include brochures, handbills, newsletters, public meetings, loudhailers, posters, face-to-face meetings.

5. ARM YOURSELF WITH KNOWLEDGE ABOUT SPECIFIC CHRONIC ILLNESSES IN CHILDREN

**HIV and AIDS**
- **Reflection activity**
  Give reasons for your answer.

  - **Reflection activity**
    You are planning a day trip to the zoo for your Grade R class. You are aware that at least one of the learners is HIV infected. What particular precautions will you take to ensure the safety of all learners?

**Allergies**
- **Reflection activity**
  In the table below list all the allergies that learners you have taught or are teaching have suffered from. What strategies have you used to help relieve that allergy?
Supporting Grade R to Grade 3 Learners with Chronic Illnesses

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Strategies to relieve allergy</th>
</tr>
</thead>
</table>
| Example: Dust mites            | • Keep classroom well aired  
• Vacuum carpets regularly, don’t shake as this spreads mites  
• Don’t ask child suffering from this allergy to sweep  
• Keep soft toys clean and dust free  
• Replace carpets with rubber mats |

**Diabetes mellitus**
- **Reflection activity**
  Come up with some different, fun and healthy recipes for cooking and baking so that the diabetic child is included when these activities take place at school.

**Cancer**
- **Reflection activity**
  Wonderful organisations like the Reach for a Dream Foundation make sure that terminally ill children have their dreams come true. Make sure that you include organisations like this in your resource list in Guideline 3: Network and map resources.

**Chronic middle ear infection**
- **Reflection activity**
  In order to increase awareness about children being deaf or hard of hearing, develop an action song that does not rely on words in order to communicate a message. Schools for the Deaf usually have a repertoire of these and they convey powerful emotions and are lovely to watch as they are performed. Learn more about this (network using the list of contacts in Guideline 3: Network and map resources) and spread a new message throughout your school community.

**6. DEVELOP ACTION PLANS**

Rap music has become a very popular form of social commentary throughout the world. This means that rappers tell stories about the societies that they live in and the circumstances that they face. They express their feelings, often anger, and talk about problems, issues and life on the street. This rap song has a different message:
THE EDUCATOR RAP

Men and women of the educator clan
Wake and prepare – plan, plan, plan
Kids in our classroom have special needs
They rely on us at times to act with speed
Don’t turn your back on school problems today,
Chronic illness is with us, don’t turn away…
Attacks in the classroom, ill health inside the door
Epilepsy, asthma, HIV and more…
Diabetes, heart disease, tuberculosis, allergies
Malnutrition – another condition,
Cancer, ear infections,
Read the books – knowledge inspections!
Talk to parents, nurses, health teams
Get numbers, information, medical aid schemes
Don’t turn your back on school problems today,
Chronic illness is with us, don’t turn away…
Attacks in the classroom, ill health inside the door
Epilepsy, asthma, HIV and more…
Know your kids’ conditions – that’s a good start
Write out details and numbers on a big chart
Keep protective, latex gloves tightly on your hands
Don’t disclose status, teach Universal safety plans
Don’t turn your back on school problems today,
Chronic illness is with us, don’t turn away…
Attacks in the classroom, ill health inside the door
Epilepsy, asthma, HIV and more…
Network and find solutions
To these development pollutants
The task is demanding but you are up to it
You’re another parent to these children you’ve got to do your bit.

Come up with a song in a group to spread a message to other Foundation Phase teachers. The song should help them to realise the importance of the need to plan and be prepared to deal with health related issues in the classrooms. Form groups of no more than eight members.

Helpful ideas
• Come up with a chorus (the main part of the song) that you keep repeating throughout the song.
• Use a song that the whole group knows and change it, or change the words. You do not need to rap if you don’t wish to.
• Include actions and dance.
### 7. USE CO-OPERATIVE LEARNING

**Grouping learners**

In order for co-operative learning to work well the teacher needs to think carefully about grouping learners in order to achieve a variety of learning outcomes. Flexibility and variety in groupings should be encouraged, however there are times when it is appropriate to group learners of similar ability. Look at the table below for examples of the different types of groups and the reasons for using them. (Perhaps trainees could be given a copy of this to use in their teaching?)

<table>
<thead>
<tr>
<th>Types of grouping</th>
<th>Possible uses</th>
<th>Points to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Whole class group</strong></td>
<td>Introducing new themes, units of work and concepts. Class discussions, sharing information and experiences.</td>
<td>Ensure that all learners are given the opportunity to make a contribution. Remember that physical inclusion does not mean educational inclusion.</td>
</tr>
<tr>
<td><strong>Small groups</strong></td>
<td>Either mixed ability or groupings of similar ability. In same ability groups the focus can be on developing a specific skill. Mixed ability groups are useful for project work, problem solving, revision of skills, etc.</td>
<td>Same ability groups should not become permanent because this causes isolation and labelling. In mixed ability groups ensure that each learner is given a role and responsibility consistent with individual skills and abilities.</td>
</tr>
<tr>
<td><strong>Paired groups</strong></td>
<td>In paired groups, two learners work together. This provides opportunities to build social skills and develop friendships. Useful for ‘buddy teaching’, paired reading, and groupings that are based on specific interest or talents. Also useful for pairing learners of the same language, where one learner serves as a translator. These groups can be either same ability or mixed ability.</td>
<td>The skills necessary for ‘buddy teaching’ or paired reading will need to be taught. Pairing needs to be grounded on learning for both. Teachers can organise activities where learners with specific barriers to learning can share their skills and knowledge, e.g. greeting in sign language, teaching a buddy to greet in another language, etc.</td>
</tr>
<tr>
<td><strong>Interest groups</strong></td>
<td>These are paired or small groups where learners share the same interest. Interests can be a topic, skill, or Learning Area.</td>
<td>Let different interest groups share with other learners to increase learning of all.</td>
</tr>
</tbody>
</table>
8. RECOGNISE LEARNERS’ VARIED ABILITIES – TRY MULTI-LEVEL TEACHING

In recognising the varying abilities of your learners it might be necessary to think about using different methods and strategies for different learners to manage and assess academic performance. The issue of assessment is an area that might cause anxiety to a number of teachers. It is difficult enough to assess learners with no barriers to learning according to assessment standards and now you are being asked to think about ways to change assessments to meet the different ability levels of children!

What follows are some guidelines that will assist teachers who want to accommodate learners who deserve to be taught and assessed in different ways. They are broken up into three categories: curriculum differentiation, designing down and backtracking

Curriculum differentiation
- The process of curriculum differentiation.
- What do I do first to differentiate the curriculum?
- Example of an adapted/differentiated approach.

Designing down
- Example of designing down as part of the curriculum.

Backtracking
- When do I backtrack?
- Example of the use of backtracking to an assessment standard from a lower grade.

Manage and assess academic performance
Assessment in the new educational system has changed and now tries not to look at what children cannot do. Contextual factors – the influences and circumstances that lead to children failing to perform – need to be thought about because these form barriers to learning. Examples of these may be not understanding the language the teacher uses or experiencing abuse at home. These factors have a negative effect on learning and health-promoting and inclusive schools try to involve the family and community to support learners.

This section provides guidance to teachers on how to work with curriculum and assessment strategies. The Guidelines on Inclusive Learning Programmes, (Department of Education, 2005) gives advice with regard to curriculum differentiation including support in assessment.

Curriculum differentiation
Adapted from Early Identification of, and Intervention for Barriers to Learning and Participation ECD/Foundation Phase, 2007. Gauteng Department of Education.

Curriculum differentiation does not mean that you have to come up with a new or different set of subjects and knowledge to be learned by pupils needing support. You may need to think about changing various parts of teaching and learning such as the methods or techniques that you use and the material.
The environment refers to the physical surroundings of the child. The organisation and management of the classroom must accommodate the needs of the child. Make sure that the classroom environment, where possible, makes allowances for specific children's chronic diseases. e.g. pets should be removed from a classroom if the child is allergic to animal fur, extra space should be allowed where possible for children in wheelchairs, etc.

The atmosphere in your classroom influences the way your learners feel, behave and learn (refer to Guideline 1: Create a positive environment).

The teaching methods that you use may benefit only some of your learners. By using the co-operative techniques and multi-level approaches described in Guidelines 7 and 8, you may be able to be more inclusive. Materials refer to the things that you need for an activity such as readers, counters and stationery.

By thinking deeply about your choices and making accommodating changes, a learner's performance can improve and the learner can participate (in some ways) in learning activities, programmes and assessment processes.

**The process of curriculum differentiation**

Think about the following:
- The barrier being experienced by the learner. What is it that is stopping the learner from participating and achieving the best they are capable of?
- The learner’s current level of functioning/achievement.
- The content of what is to be taught.
- The resources to be used.
- Expectations of the learners.
- Teaching methods стрategies.
- Learning styles of the learners. How does each learner learn best?
- Devices that will help and support learners.
- Time and pace of teaching.
- Assessment methods that will be appropriate.

**What do I do first in order to differentiate the curriculum?**

Meet with the child’s parents or caregivers – they usually have in-depth knowledge and can guide you as you begin to develop an educational plan. If a child’s health is getting worse, certain plans can be made in order to give the learner the opportunity to achieve more.

The kind and amount of curriculum differentiation needed can only be decided after a thorough assessment of an individual learner. Ask yourself practical questions such as, “How long did the learner stay away from school? Does the medication make him sleepy or less alert? Is he experiencing any discomfort as a result of his condition? What will make it easier for him to learn?”

Decide on what is causing the child to experience barriers to learning and how serious these barriers are. This will allow you to work out what the learner is achieving at present and how you can maximise the learner’s potential. It is important that both the
strengths and weaknesses of the learner are identified. Do not assume that learners experiencing chronic illness are unable to work at the level of the class as a whole.

Identify differentiated teaching methods and strategies – how can you teach the class in order to improve performance and participation of children experiencing barriers to learning? Here are some ideas:

- Support learners and give clear instructions. Allow enough time and opportunities for the learner to master tasks and to experience success, thereby building confidence.
- Time allocation and pace of tasks and activities should be flexible and adapted to the needs of the individual learner.
- The teaching methods and strategies must accommodate the needs of the child.

What do all of your learners expect in terms of teaching and learning? How differently do your learners learn – what learning styles should you consider in order to make the curriculum more accessible? Resources and assistive devices – specially designed educational tools such as letter manipulatives (plastic, brightly coloured letters), word cards etc. – can also be used in order to achieve more.

Think about differentiating assessment. Provide some simple examples of how you might change your strategies to allow your learners to demonstrate knowledge or skills. Further ideas are provided after the exercise – try not to look at them while you think about your responses.

**I could use:**

**Verbal and/or written form. Learners could talk about their ideas rather than write them down.**

Simple examples of how you might change your strategies to allow your learners to demonstrate knowledge or skills.
Use:
- Verbal and/or written form.
- Use concrete objects or pictures as cues.
- Give extra time for answers.
- Reduce the information needed for an answer.
- Refer to portfolios and individual criteria decided on for assessment.
- Prompt responses.
- Use picture sequences of stories rather than writing.

Example of an adapted/differentiated approach:

<table>
<thead>
<tr>
<th>Languages learning area: first additional language</th>
</tr>
</thead>
<tbody>
<tr>
<td>LO 4: Writing</td>
</tr>
<tr>
<td>AS 8: Spells familiar words correctly from memory</td>
</tr>
<tr>
<td>Barrier experienced by learner: learner cannot write</td>
</tr>
<tr>
<td>Adaptation:</td>
</tr>
<tr>
<td>Expectations</td>
</tr>
<tr>
<td>Time</td>
</tr>
<tr>
<td>Materials</td>
</tr>
<tr>
<td>Assistive devices</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Designing down
For some learners, for example those who have missed a great deal of work, specific barriers may mean that the teacher will need to break up the assessment standards in a particular Learning Area. This process is referred to as designing down and is an important principle of Outcomes Based Education and the NCS.

When you design down, look at an Assessment Standard and divide the minimum expected set standard for the year into smaller, achievable parts. Spread these across the learning year.

Here is a simple example of how you would design down this part of the curriculum:
Example of designing down a part of the curriculum

<table>
<thead>
<tr>
<th>Learning Area: Mathematics</th>
</tr>
</thead>
<tbody>
<tr>
<td>LO 1 – Numbers, operations and relationships</td>
</tr>
<tr>
<td>AS 1 – Counts at least 34 objects</td>
</tr>
<tr>
<td>Barrier experienced by learner: Learner can only rote count to 9</td>
</tr>
</tbody>
</table>

Adaptation: Designing down

<table>
<thead>
<tr>
<th>Expectations</th>
<th>Design down and adjust expectations: work towards child counting up to 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Longer time, and increase opportunities for practice</td>
</tr>
</tbody>
</table>
| Assistive devices | • Concrete apparatus, number line  
|               | • None – uses same as other learners                                   |

When working with learners who miss a great deal of school it may not be possible to complete the Assessment Standards of a grade within the year.

**Backtracking**

If designing down or breaking up the Assessment Standards into smaller units will not help a specific learner, consider backtracking through the curriculum. This means choosing Assessment Standards from a lower grade, so that a particular learner can cope with the work.

If you do have to do this, you must first:

1. Design baseline assessments from a lower grade.
2. Administer the assessment.
3. Analyse the results.

Through this process you will see which Assessment Standards are applicable and find a starting point for designing appropriate learning units, tasks and activities.

**When do I backtrack?**

Based on the learner’s answers and your analysis of the Baseline Assessments you will be able to decide whether it is necessary to backtrack. This is essential when the learner does not have the necessary knowledge or skills for work at a particular level or grade and when they are working significantly below age-related expectations.
Example of the use of backtracking to an assessment standard from a lower grade
Ronald has no one at home to practice reading with him, or even to encourage him to do his homework. He has missed much of the basic work at school through his absences, so he struggles to read. This is an example of how you could support Ronald through the use of backtracking:

<table>
<thead>
<tr>
<th>Languages Learning Area: Home Language Grade 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>LO 3: Reading</td>
</tr>
<tr>
<td>AS 2: Makes meaning of written text. Reads the story alone, describes the main ideas, identifies key details</td>
</tr>
<tr>
<td>Barrier experienced by learner: Learner cannot read</td>
</tr>
<tr>
<td>Backtrack: LO3: Reading Grade 1 AS 1. Uses visual cues to make meaning</td>
</tr>
<tr>
<td>Adaptation</td>
</tr>
<tr>
<td>Backtracking</td>
</tr>
<tr>
<td>Expectations</td>
</tr>
<tr>
<td>Grade 1 AS 1</td>
</tr>
<tr>
<td>Time</td>
</tr>
<tr>
<td>More given</td>
</tr>
<tr>
<td>Materials</td>
</tr>
<tr>
<td>Visual clues, pictograms, personal reader</td>
</tr>
<tr>
<td>Assistive devices</td>
</tr>
<tr>
<td>Pictures, photographs</td>
</tr>
</tbody>
</table>

9. ENCOURAGE RESILIENCE

a) Share experiences in a whole group situation about incidents in your life that made you stronger – more resilient. This activity could be linked to Exercise 1, Personal Reflection, Guideline 2: Consider the psycho-social needs of children.

b) Test your artistic talents by designing a poster for your staff room that promotes developing resilience in children.

c) Independence is a wonderful life skill.
In a small group come up with a list: Practical Ways to Encourage Independence in children that you teach.

Modify the list when complete to specifically enable children with chronic illnesses.

10. DEAL WITH EMOTIONS

In your work as a teacher you may suffer from emotional stress regularly and need to use positive strategies to overcome personal and work-related stressors (the things that cause stress).
**Personal reflection writing activity**

The following exercise aims to help you to become more aware of what you find stressful, how you usually cope with stresses, whether it is a positive or negative reaction, and, if negative, what would be a healthier response.

**Understanding personal stressors and coping skills**

A list of positive coping strategies is provided in Guideline 10 of the teacher’s support material. These strategies can be applied to the lives of all people – whatever form the stressor that is being dealt with takes. Apply these rules for positive living to your own life. Refer to the strategies and add in ideas if you get new good ones.

### Understanding personal stressors and coping skills

<table>
<thead>
<tr>
<th>Identify your own stressors</th>
<th>Identify your own habitual behaviour</th>
<th>Identify whether the way you cope is positive or negative</th>
<th>Identify a replacement behaviour that would be more positive and healthy (if necessary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What situations/people make me feel nervous, uptight, anxious or worried?</td>
<td>How do I usually act in these circumstances?</td>
<td>Is the way I behave good for me physically and emotionally?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

