



Erasmus + VET Strategic Partnership

IENE 8 - Empowering migrant and refugee families with parenting skills

Bite-sized Learning Tool no. 3.2

PLAY AND PROTECT (2-6 YEARS)

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PLAY AND PROTECT IN CHILD DEVELOPMENT

This bite-sized learning unit will focus on the importance of establishing playful parent-child relationships while also equipping parents with basic notions devoted to safeguard the health and safety of their young children.

LEARNING OBJECTIVES

1. To discuss the importance of play in child development
2. To introduce play in everyday relationships with children
3. To discuss how to keep children safe from common risks and hazards
4. To provide advice on how to act in case of risk of choking, bleeding, and allergic reaction

THE ROLE OF PLAY AND SAFETY IN CHILD DEVELOPMENT

It is established that play has a positive impact on child development. Play facilitates a child's intellectual, verbal and motor skills development as well as their social skills (Papadopoulos and Lay 2004). Play can be incorporated in almost all routine situations of child-adult interactions where children can also learn many skills. Children are said to need to play as the route into learning at least until the age of seven. However, play must take place in a safe environment, and parents and carers are responsible of their children health and safety.

The extreme and unique conditions of refugee families often imply a scarcity of resources and appropriate environments to facilitate children's play. Toys and art&craft tools are not something normally refugees would take with them when fleeing their home countries. Equally, camps and shelters are not usually equipped with safe, dedicated play areas and playgrounds. On the contrary, refugee's accommodation and their surroundings are often places with very low levels of hygiene, numerous environmental challenges and risks. It is therefore important to equip refugee parents and carers with skills to establish playful relationships with their pre-schoolers as well as with skills to prevent and appropriately intervene in case of health risk.



KEY POINTS

Play and everyday activity

There are different types of play which depends on the child's personality and their age range. Between two and three years of age, children enjoy sensorimotor play, which helps them to discover objects, their body and how these two can interact. As they grow, children progressively enjoy pretend play and social play: they like to engage in make-believe play, by themselves or interacting with peers. (Papadopoulos and Lay 2004).

Besides children's specific play needs, it is crucial that a joyful and playful dimension is introduced into daily activities. Not only turning daily situations into playful interactions is beneficial for a child's cognitive development, but also for improving the parent-child relation and wellbeing. There are many practical examples of making fun activities "out of nothing" and they all rest on the principle that ourselves, our bodies, and the environment around us are actually full of resources. Children's innate creativity is in addition a further source of support for parents. We are giving you here two examples, while more ideas and activities can be found for example in Vroom (<https://www.vroom.org/>), a set of evidence-based tools and resources (available as a website, an app, or via text messages) which is increasingly being tested and used among displaced populations.



Example 1. Washing the dishes. Involve your child in this chore. When they are just two you can give them plastic cutlery to play, comment on their colours, or on the feeling of cold/warmth of the water, play with the sponge and the bubbles, possibly in a designated area next to you. When they are a bit older, they can start using the sponge to rub the dishes, and rinse them too. You can comment more on the materials of the cutlery, dishes, and hobs, and explain them the

dangers of knives for example. When they are five and six, they can try washing the dishes by themselves under your supervision. You can start commenting on the chemical reaction between the soap and the water, what makes the water warmer (if available), and how much water is precious for the environment.

Example 2. Waiting in a line. Either if you are waiting for food or clothes supply, or for the bus, at the doctor, or for some documents, you can turn waiting into a fun activity with your child. When your child is only two or three, you could play at finding and naming colours and objects around you, and find opposites. You could also play at making up new songs based on what you see around you, by using known melodies. You could also make up imaginary stories around other people in the queue, or play 'beat and repeat' (make rhythms by clapping your hands or stamping your feet, and

invite the child to repeat after you). When your child is older you can do the same activities but making them more complicated, such as turning them into a race between you two, or with the involvement of more difficult numbers, storylines, and rhymes.

Risk assessment: common risks and hazards

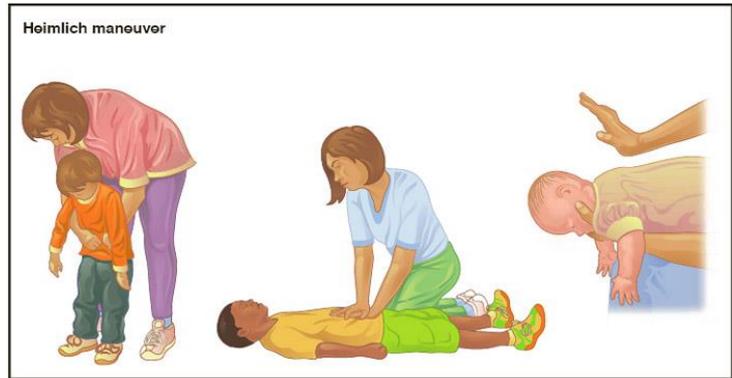
Parents should be able to run risk assessments of the areas where their children play and make those areas as safe as possible. Older children should be instructed regarding risks as well. Here some common risks and hazards which should be checked and prevented:

- **Heights.** Heights, such as walls, roofs, ladders, are extremely dangerous because if children fall, they can break a limb, or even the spine, or hit their heads with chance of head injury and cerebral bleeding.
- **Sharp objects.** Sharp objects – such as knives, sharp stones, glasses, nails, rusty metals – can always be around or even lying on the floor. Sharp objects can cause severe cuts leading to bleeding, infections, and the transmission of dangerous diseases, such as Tetanus and AIDS. Small objects for children under three of age are also very risky as they can be ingested and cause choking.
- **Animals and other poisons.** Stray dogs, insects and spiders, and plants are potentially dangerous as well as cleaning products or other chemicals. Dogs' or spiders' bites can be fatal, plants and mushroom could be poisonous. Children should be made aware to stay away from animals and plants without the supervision of an adult. Remove all chemicals that children may swallow. Instruct young children not to accept new food from strangers, as they may develop a life-threatening allergic reaction.



If you think a child is in danger, the first thing to do it to call out or send for help. Never leave the child. Here are some specific recommendations on what to do if a child is:

- **Chocking.** With a small child, sit down and lay your baby face down along your thighs, supporting their head with your hand. Give up to 5 sharp back blows with the heel of 1 hand in the middle of the back between the shoulder blades. Alternatively, lay your baby face up along the length of your thighs. Find the breastbone and place 2 fingers in the middle. Give 5 sharp chest thrusts (pushes), compressing the chest by about a third. For older and bigger children, stand or kneel behind your child. Place your arms under the child's arms and around their upper abdomen. Clench your fist and place it between the navel and ribs. Grasp this hand with your other hand and pull sharply inwards and upwards. Repeat up to 5 times. Make sure you don't apply pressure to the lower ribcage, as this may cause damage. For more information go to:



<https://www.nhs.uk/conditions/pregnancy-and-baby/helping-choking-baby/>

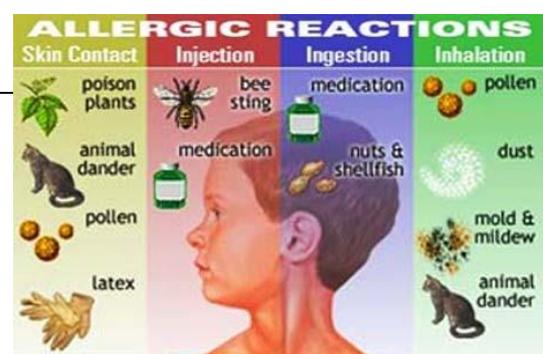
- **Bleeding.** If your child's wound does not stop bleeding on its own, act quickly to prevent too much blood loss and shock. Signs of shock include pale skin, a drop in temperature, sweating, fast breathing and loss of consciousness. If your child is showing any sign of shock, emergency help is needed ASAP. Raise the wound so it is above the heart. This will reduce the amount of



blood flowing to the wounded area. Be sure your hands are clean, or wear disposable gloves, when treating your child's wound. If an object is embedded in your child's body, do not remove it. Apply direct pressure on the wound (Cover the wound with a clean cloth and apply pressure by pushing directly on it with both hands). Take any clean cloth (for example, a shirt) and cover the wound. If the wound is large and deep, try to "stuff" the cloth down into the wound. Apply continuous pressure with both hands directly on top of the bleeding wound. Push down as hard as you can. Hold pressure to stop bleeding. Continue pressure until relieved by medical responders. For more information go to:

<https://www.aboutkidshealth.ca/Article?contentid=1043&language=English>

- Is poisoned or having an **allergic reaction**. Swallowed poisons include chemicals (e.g. bleach), drugs, plants, fungi and berries. If you think a child may have swallowed poison, these are the five key things to look for: nausea and vomiting (sometimes blood-stained); cramping stomach pains; a burning sensation; partial loss of responsiveness; seizures. If the child is conscious, ask them what they have swallowed, how much and when. Look for clues, like plants, berries or empty packaging and containers. Keep checking their breathing, pulse and level of response. Never try to make the person vomit, but if they vomit naturally then put some of their vomit



into a bag or container and give it to the ambulance. This may help them identify the poison.

Common allergens include animal hair, insect stings, specific drugs, and foods – especially fruit, shellfish and nuts. If possible, collect any information on what may have triggered the allergic reaction (e.g. an insect sting, or certain food, like peanuts). If the child knows what their allergy is, they may have medication with them, like an auto-injector (for example Epipen®, JEXT® or Emerade®). This is a pre-filled injection device, containing adrenaline/epinephrine, which when injected can help reduce the body’s allergic reaction. Check if they have one, and if they do, help them to use it or do it yourself following the instructions. Help them into a comfortable sitting position, leaning forward slightly, to help their breathing. For more information go to:

<https://www.stanfordchildrens.org/en/topic/default?id=first-aid-for-poisonings-90-P02815>

ACTIVITY

Turn a risk assessment of a playing area, or simply the surrounding around them, into a playful moment of learning and fun. You could for example frame it as “I see something...”, and look for and name dangerous things. Give tips to the child in terms of shape, colours, first letters of the name, to help them. Or the children can ask questions, such as: “which colour is it?”, “is it near or far?”, “does it move?”, etc.



REFLECTION ON ONE ISSUE FROM THIS BITESIZED TOOL

SELF ASSESSMENT

1. List three immediate actions to take when a child is bleeding.
2. List three reasons underlying the importance of play in child development.

REFERENCES

- Papadopoulos I. and M. Lay 2004 “Evaluation of the ‘Play and Information’ project at the Albion Health Centre Child Health Clinic”, Middlesex University in partnership with Sure Start Collingwood, Stepney Local Programme and Half Moon Young People’s Theatre Company
- www.vroom.org
- <https://www.nhs.uk/conditions/pregnancy-and-baby/helping-choking-baby/>
- <https://www.aboutkidshealth.ca/Article?contentid=1043&language=English>
- <https://www.stanfordchildrens.org/en/topic/default?id=first-aid-for-poisonings-90-P02815>
- http://www.sja.org.uk/sja/first-aid-advice.aspx#first_aid_advice (with a list of first aid posters to be downloaded and used)

PHOTOS’ CREDITS

Page 3 Photo by Valentina Petrova

Page 4 Photo by International Rescue Committee

Page 5 Photo by REUTERS/Nour Kelze

Page 7 Photo by Hadi Mizban