

CARE FOR KIDS PROGRAM SUPPORTING LITERATURE

The CARE FOR KIDS program came into being in the context of a community response to the largest multi victim/multi perpetrator child sexual abuse crisis in Canadian history. The year was 1990. For a two-year period of time, a very specialized interdisciplinary team was assembled to deal with the many different aspects of the situation. (To access full details of the community response, go to <http://careforkids.ca> and scroll down past the children’s sessions to the title JERICHO).

When it is said that CARE FOR KIDS is researched based, it does not mean the children involved in the program were rigorously evaluated on whether or not they could demonstrate tasks or communicate information related to program content, better than children who did not participate. Research based to us means that the Care for Kids program content and activities are thoroughly researched and purposely selected from the best early childhood education materials to facilitate adult- child conversations. (We have many adult satisfaction/self assessment evaluations indicating that they feel more able to communicate with their child and significant others, about healthy sexuality matters after involvement in the program.) This is in fact the primary goal of the CARE FOR KIDS program.

TABLE 1 – CARE FOR KIDS PROGRAM SUPPORTING LITERATURE FOLLOWS.

CARE FOR KIDS is applied developmental theory. During the creation of the program we had regular access to professionals who had expertise in socializing and educating healthy preschool and primary grade children in our community. We also consulted with those experts who were providing therapy to children who were behind in developmental markers and/or who were found to have been sexually abused during the incident referenced above. It was the sex therapists who initially came to the sexuality educators, saying “stop the prevention programs in the schools – they are re- traumatizing our clients and doing nothing to protect the uninvolved children.”

In considering the research which supports the existence of early childhood sexual abuse, and thus the need for early parent child communication, see the Canadian Incidence Study of Reported Child Abuse and Neglect Final Report 2001. <http://www.phac-aspc.gc.ca/publicat/cisfr-ecirf/index-eng.php>

CARE FOR KIDS has recently been examined to determine if it measures up to 2012 child development benchmarks. The Search Institutes’ 40 Developments Assets at <http://www.search-institute.org/developmental-assets> is one such tool. In this review it was found that CARE FOR KIDS’ children’s activities, ECE training and parent resources, specifically support 21 of 40 assets.

TABLE II – CARE FOR KIDS PROGRAM DEVELOPMENTAL ASSETS FOLLOWS.

Care for Kids Program Supporting Literature

Table 1

<i>Researcher/Author</i>	<i>Research Literature</i>	<i>Care for Kids Activities</i>
<p>Jean Piaget, 1970</p>	<p>Body Schema: Children learn categories of knowledge that help them interpret and understand their world. Piaget used the example of an animal to illustrate a schema. A child might first learn that a dog is an animal; small, with white fur and four legs. As experience happens, new information is used to modify, add to, or change the previous schema. The child can add to its knowledge that dogs can also be large and have black fur. This is called assimilation and accommodation.</p> <p>The Pre-operational Stage of Child Development: Children 2-4 years old need concrete, physical situations in which to learn. Objects are classified in simple ways by important features (hair). Repeated exposure, presented in different ways, is important.</p>	<p>Bodies Session</p> <ul style="list-style-type: none"> • Using concrete props such as dolls; body parts are labeled from head to toe. Children learn that boys and girls bodies have many parts that are the same and a few that are different. • “The Bare Naked Book” a catalogue of body parts is used to re-enforce body parts labels. • Life size body tracings use paper or fabric to cover private parts so tracings can be displayed in public. The concepts of public and private are abstract and too difficult for young children. Care for Kids teaches the words as labels not as concepts. Things we don’t show or share with others are called private; places where lots of people go are public. Things we do share and show to others are called public; places where lots of people go are public; places where we go to ourselves are private. The genitals, buttocks and breasts are private on girls and women and the penis, testicles and buttocks are private on boys and men. We colour clothes on private parts so we can post them in the public school room. <p>Babies Session</p> <ul style="list-style-type: none"> • The bath and diapering stations, using anatomically detailed baby dolls, encourage and support further discussions about genitals, self care vs. other care and the concepts of public and private. These activities allow children to assimilate and accommodate new information into their body schema.

<i>Researcher/Author</i>	<i>Research Literature</i>	<i>Care for Kids Activities</i>
<p>Maria Montessori, 1964 Burton White, 1995</p>	<p>These psychologists fostered the idea of the “teachable moment,” teachings that take place during every day, unremarkable situations. Parents or caregivers let the children take the lead, and are careful that events are child led.</p>	<p>Parent Support and Involvement</p> <ul style="list-style-type: none"> • Parents nights and homesheets teach parents to reinforce messages taught from each session (repetition) planned through activities and in the course of daily life. • Parents and caregivers are encouraged to have dolls and books available that facilitate conversations about sexuality. Books i.e., “The Bare Naked Book”, used in the curriculum are placed where children may select them to read outside of the teaching session.
<p>American Academy of Pediatrics’ Policy Statements (link below)</p>	<p>Encourages breastfeeding as the normal way of feeding infants and toddlers.</p>	<p>Babies Session</p> <ul style="list-style-type: none"> • Children role play breastfeeding dolls, which introduces the function to the schema of breasts.
<p>Alberta Health Services “Talking to your Preschool Child about Sexuality” pg. 7 (link below)</p>	<p>Children from 4-6 have many questions re: pregnancy and birth.</p> <p>Between the ages of 5 and 9 children are developmentally capable of understanding simple information about a baby being made from a cell from a mother and a father, babies growing in the mother’s uterus and coming out the vagina.</p>	<p>Babies Session</p> <ul style="list-style-type: none"> • The “Mother/Baby Fold-out” facilitates conversations about pregnancy and caring for babies before they are born. <p><i>It is the parent’s responsibility to decide when to talk about pregnancy and birth with their child. Provide parents with support and guidance. It is important for them to realize that their child will be exposed to pregnancy more frequently in their preschool/kindergarten years than at any other point in their life. Teaching that the private parts are involved in becoming a Mom or Dad provides a reason for their special status.</i></p>
<p>Crimes Against Children Research Center (link below) Finkelhor, et al., 1995</p>	<p>Children in school-based prevention programs were not able to lessen the seriousness of assaults and, in fact, received more injuries in sexual assaults. <i>Apparently because they were more likely to fight back.</i></p>	<p>Bodies Session</p> <ul style="list-style-type: none"> • All activities focus is on giving children good information about their own bodies, including an understanding of public and private. <i>Care for Kids does NOT teach children to protect themselves.</i> • Adult education builds skills for protecting children.

Researcher/Author	Research Literature	Care for Kids Activities
Thackeray & Reddick 2003/2004	Children, prior to 4 years, typically find it difficult to name the genitals probably due to lack of teaching by parents.	<p>Bodies Session</p> <ul style="list-style-type: none"> • Body Tracing (see above). • Song “Head and Shoulders” (modified) to reinforce body schema and assimilate the words public vs. private.
<p>Dr. Sarah Landy, 2009, Pg. 92</p> <p>Pg. 106</p> <p>Pg. 105</p> <p>Pg. 528</p> <p>Pg. 561</p>	<p>Body schema and body image awareness (including sexual parts), develops between the ages of 1-4.</p> <p>Encourage parents to introduce the words for genitals to children as they learn names for their other body parts. Parents usually appreciate importance of teaching correct words for genitals in case child is touched or coerced sexually.</p> <p>It is important to respond to a child’s early sexual curiosity by providing answers and acceptance of interest. Setting appropriate limits is important, but shaming can have negative consequences.</p> <p>Memories of past events may be very important for children to help them create goals and plans about complex situations.</p> <p>Young children are egocentric, so it is important to encourage them to understand another’s viewpoints and feelings. Role playing is a way to encourage perspective taking.</p>	<p>Bodies Session</p> <ul style="list-style-type: none"> • Body Tracing (see above). • Song “Head and Shoulders” (modified) to reinforce body schema and assimilate the words public vs. private. <p>Babies Session</p> <ul style="list-style-type: none"> • Play Centres create/allow “teachable moments” when children see diaper changes, bathing, and feeding. <p><i>Note that other activities at the childcare facility and/or at home generate opportunities to answer questions and keep open communication about sexuality such as, diapering, toilet training, bathing together (especially 0 – 3 years old).</i></p> <p>Babies Session</p> <ul style="list-style-type: none"> • Use photos and role playing of themselves as babies, how they acted, what they did, etc. and provide a sense of mastery and self-esteem. • Reading the Book “I Loved You Before You Were Born” describes child’s importance to family even before birth. • Three Play Centres – children role play nurturing adults who care for their babies.

<i>Researcher/Author</i>	<i>Research Literature</i>	<i>Care for Kids Activities</i>
<p>Pg. 243</p> <p>Pg. 528</p> <p>Pg. 465</p>	<p>Difficulties with social relatedness, empathy and caring can contribute to a number of behavioural and emotional disorders, including conduct disorders, depression, and anxiety.</p> <p>Songs and music encourage language development. Music may help children with developmental delays and emotional problems where other approaches have failed.</p> <p>See above</p> <p>Principals to encourage emotional regulation.</p>	<p>Babies Session</p> <ul style="list-style-type: none"> • Three Play Centres (see above) <p>Feelings Session</p> <ul style="list-style-type: none"> • Song “If you’re happy and you know it...” (modified). Kids create and observe facial expressions. • Homesheet: parents talk to kids re: experiences that made them feel a specific emotion (remember when you got your bike - how did you feel?) <p>Feelings Session</p> <ul style="list-style-type: none"> • Craft – “Mixed-Up Faces”: Children identify feelings through facial expressions by studying the mouth and the eyes. The label “mixed-up” is introduced for when we do not quite know what we’re feeling or for when have more than one feeling at the same time. • Book “How are You Peeling?” Children learn that there are not right answers about feelings. • Homesheet encourages parents to talk to their kids about positive and negative experiences and the emotions that arise.
<p>Goleman, 2006, Pg 571</p>	<p>Recent research has discovered the presence of mirror neurons in the brain. These neurons reflect back an action that we observe in someone else, making us copy that action. The brains of two people can actually make a functional link that can be observed through neuroimaging and be felt by the observing person as “empathic resonance” or attunement.</p>	<p>Babies Session</p> <ul style="list-style-type: none"> • Song “When Baby’s Happy and she Knows it...” (modified) allows children to mimic and express emotions/feelings. Because babies can’t speak, parents have to attend to baby’s sound and body cues. This is a nurturing behavior. <p>Feelings Session</p> <ul style="list-style-type: none"> • Expressive photos allow kids to look at and mimic faces. The adult directs children to look at the eyes and mouth for cues to label the expressions.

Researcher/Author	Research Literature	Care for Kids Activities
G.L. Robinson, P.R. Whiting, 2003	This study shows that a group of individuals with learning disabilities find facial recognition and interpreting facial affect as difficult as reading words.	<p>Feelings Session</p> <ul style="list-style-type: none"> • <i>All activities</i> <p><i>When a child has consistent difficulty reading facial or body cues, the teacher should notify parents and encourage them to have child evaluated by a speech and language specialist.</i></p>
Rothschild, 2000 Van der Kolk, 2003	Children who have suffered trauma usually experience emotional dysregulation, which can affect the child’s capacity to form relationships, concentrate, learn, and develop a sense of self.	<p>All Sessions</p> <p>The Care for Kids program was created as a trauma-informed approach to promote the social emotional development and healthy sexuality of young children. This program does NOT put the burden on children to protect themselves, but emphasizes adult responsibility to protect children.</p> <p><i>When a teacher notices repeatedly that a child has trouble with emotional regulation it needs to be discussed with the parent. It can be the result of trauma, including abuse. If the teacher suspects abuse, however, a report must be made to child protective services.</i></p>
Debra Allnock, 2010	<p>Creating safe space for children to tell is critical in breaking down barriers to disclosure</p> <p>Also, they did not find gradual disclosure of abuse during extended visits to a therapist to be common. Instead the child more often disclosed full details about the entire event at one time.</p>	<p>Bedtimes Session</p> <ul style="list-style-type: none"> • Role playing bedtime routines allows children to share information about their family routines and to help them learn differences in other families. <p><i>Because bedtime/bath time activities can be used to camouflage sexual abuse, several children previously disclosed abusive activity in a very nonchalant manner to their teacher during this session.</i></p> <p>Asking for Help Session</p> <ul style="list-style-type: none"> • By eliminating the instruction to “tell”, the message in this session gives children <i>permission</i> to disclose without making them feel guilty if they cannot do it. <p><i>The adult components build skills to nurture open communication about sexuality, thereby breaking silence and secrecy that surrounds child sexual abuse. Adults must create an environment in which children feel they can discuss sexuality.</i></p>

<i>Researcher/Author</i>	<i>Research Literature</i>	<i>Care for Kids Activities</i>
Stipek, Recchia & McClintic, 1992	Help-seeking has been seen as an important problem-solving strategy that emerged out of children’s evaluative awareness of their own capacity in relation to goals.	<p>Bedtime Session</p> <ul style="list-style-type: none"> • Book “All by Myself” is used to discuss mastery or competence. It identifies activities Critter can do. When we read this book a second time in the Asking for Help Session we point out the ways that Critter still needs help.
Klaus & Kendell, 1976	For infants and young children, body experiences are the primary means for establishing relationships with others. Without touch, holding, and rocking, children may develop a body schema that is distorted or lacks integration.	<p>All Sessions</p> <ul style="list-style-type: none"> • Activities promote healthy touch boundaries. • TOUCH IS ESSENTIAL FOR THE HEALTHY DEVELOPMENT OF CHILDREN. Zero touch policies are often used as a “quick fix” for inadequate adult supervision. Care for Kids does not subscribe to zero touch policies.
Davidson, et al, 2006	The ability to act by choice rather than by impulse and to resist inappropriate behaviour is not in place until about 4 years old. Some children have a protracted developmental progression until early adulthood.	<p>Touching Session</p> <ul style="list-style-type: none"> • The “May I” game uses the paper hugs and the song to practice asking permission to touch; accepting or refusing the request; and listening and looking to hear or see the other child’s response. • Book “Uncle Willy’s Ticks” teaches the right to say “no” to touch. Children discuss what kinds of touches, i.e., tickles, they like and discover and validate their own personal boundaries.
Jan Hindman, 1993	<p>In order to teach children how to distinguish between appropriate and inappropriate touch, the concept of secrets became a point of distinction.</p> <p>When we give children lists of people to avoid we are giving external tools with which to protect themselves. This does not work. We need to emphasize that whenever a child has doubts or</p>	<ul style="list-style-type: none"> • Circle: Children are encouraged to look at posters of “touch situations” (getting off playground equipment, hugging after a scary dream, sharing a shower with an adult). Children are asked how the child in the poster feels, how they can tell, whether the child likes the touch, and if it is a secret kind of touch. <p>Asking for Help Session</p> <ul style="list-style-type: none"> • Circle: Children are encouraged to look at the posters showing situations where children need help. They are asked how they would feel being touched in each situation. Messages from the Touch and Feelings session is reinforced.

<i>Researcher/Author</i>	<i>Research Literature</i>	<i>Care for Kids Activities</i>
	confusions about touch they can ask for help and support from adults.	
M. Nora Klaver, 2007	<p>It is a challenge to ask for help, living in a society with a philosophy of independence that can create feelings of isolation instead of strength.</p> <p>We must make sure that when abuse occurs, kids will be able (and inclined) to report it. In situations where children report immediately, treatment and rehabilitation is usually very successful.</p>	<p>Asking for Help Session</p> <ul style="list-style-type: none"> • Game/Activity: Children play a circle game, practicing asking for help in order to build a colour puzzle. Children also colour drawings of activities that they may need help with. Adults discuss activities children can do on their own vs. ones that they need help with. Asking for help is presented as a positive act. <p>Asking for Help Session</p> <ul style="list-style-type: none"> • Book: “All by Myself” is repeated in this session focusing on what Critter needs help with, as well as what he can do by himself. • Song: “Do you Know who to Ask” is an activity that has the children identify many specific people who are available to help them. Children tend to initially focus on Mom or Dad, but with prompting add grandparents, other family, teachers, childcare providers, etc.
Sherry Galey, 1995	<p>Leeds and Grenville Counties’ total victims were 275. Children <16 yrs. were 162.</p> <p>Conviction rate was 93%.</p> <p>For sexual assaults in the province it is about 50%, even less (30%) for the age group we were working with.</p>	<p>History</p> <p>During the introductory phase of the CARE FOR KIDS Program, in the early 1990’s, 14 children out of 350 children reported suspicious information which was reported to the Children’s Aid Society. All 14 cases were substantiated as sexual abuse and interventions were undertaken to protect the child.</p>

American Academy of Pediatrics’ Policy Statements:

<http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552.full.pdf+html>

Alberta Health Services “Talking to your Preschool Child about Sexuality”:

http://www.tascc.ca/wp-content/uploads/2010/11/parentpackage_6andunder.pdf

Crimes Against Children Research Center:

<http://www.unh.edu/ccrc/prevention/index.html>

Bibliography for the Review of the Literature Supporting the CARE FOR KIDS Curriculum

References

Alberta Health Services, Alberta, Canada

http://tascc.ca/wp-content/uploads/2010/11/parentpackage_6andunder.pdf

Allnock, Debra (2010) *Children and young people disclosing sexual abuse: An introduction to the research*. NSPCC Fresh Start.

Davidson, M.C., Amos, D., L.C. and Diamond, A. (2006). *Development of cognitive control and executive functioning from 4 to 13 years: Evidence from manipulation of memory, inhibition, and task switching*. *Neuropsychologia*, 44, 2037-2078.

Galey, Sherry (1995). *From Crisis to Co-ordination*. Brockville, ON. Leeds Grenville Children Services Advisory Group. (CSAG) <http://www.healthunit.org/carekids/jericho/Start.htm>

Finkelhor, David, Nancy Asdigian, and Jennifer Dziuba-Leatherman (1995). *Victimization Prevention Programs for Children: A Follow-Up*. *American Journal of Public Health*, Vol. 85, No. 12, pp 1684-1689.

Goleman, D (2006). *Social Intelligence: The new science of human relationships*. London, UK: Hutchison.

Hindman, Jan (1993). *Abuses in Sexual Abuse Prevention Programs*. Baker City, OR. Alex Andria Associates.

Klaus, M.H., and Kennell, J.H. (1976). *Maternal-infant bonding: The impact of early separation or loss on family development*. Saint Louis: Mosby

Klaver, M. Nora (2007). *Mayday!: Asking for Help in Times of Need*, London: BK-life Publishers Inc.

Landy, Sarah (2009). *Pathways to Competence*. Baltimore: Paul H. Brookes.

Montessori, M. (1964). *The Montessori Method*. New York: Schocken Books.

Policy Statement: American Academy of Pediatrics.

<http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552.full.pdf+html>

Robinson, G.L. & Whiting, P.R. (2003). *Interpretation of emotion from facial expression for children with visual processing problems*. *Australasian Journal of Special education*, Vol. 27, Issue 2, 5067.

Rothchild, B (2000). *The body remembers: The psychobiology of trauma and trauma treatment*. New York: W.W. Norton and Co.

Stipek, D., Recchia, S. & McClintic, S. (1992). *Self evaluation in young children*. Monographs of the Society for Research in Child Development, 57 (1, Serial No.226).

Thackeray, A.D., & Reddick, C.A.A. (2003/04). *Preschoolers' anatomical knowledge of salient and non-salient sexual and non-sexual body parts*. *Journal of Research in Early Childhood Education*, 18, 141-149.

Van der Kolk, B.A. (2003). *The neurobiology of childhood trauma and abuse*. *Child and Adolescent Psychiatric Clinics*, 12, 168-193.

White, B. (1995). *The first three years of life*. New York: Fireside.

Search Institute and Care For Kids Intersects

Table 2

Developmental Assets

SUPPORTS

Positive Family Communication
 Caring Climate in Child Care & Educational Settings
 Parent Involvement in Child Care and Education

EMPOWERMENT

Children Seen as Resources
 Service to Others
 Safety
 Family Boundaries
 Boundaries in Child Care and Educational Settings
 Positive Expectations

CONSTRUCTIVE USE OF TIME

Play and Creative Activities

COMMITMENT TO LEARNING

Motivation to Mastery
 Engagement in Learning Experiences
 Home Program Connection

 Early Literacy

POSITIVE VALUES

Caring
 Responsibility
 Self-regulation

SOCIAL COMPETENCIES

Interpersonal Skills
 Cultural Awareness and Sensitivity
 Resistance Skills

Care For Kids Program (CFK)

Homesheet communication
 CFK Curriculum training is available for Child Care/Kindergarten Staff
 Parent education sessions and access to CFK at careforkidsa.ca

High Quality activities in all six sessions
 BABIES-2

Personal safety in all six sessions
 BODIES-1, BEDTIME-4, TOUCHING-5
 BODIES-1, BEDTIME-4, TOUCHING-5

High Quality activities in all six sessions

Each session includes a story, craft, song and circle time and Out of Home and Community Programs

Mastery in all six sessions
 High Quality activities in all six sessions
 Parent Education Session prior to the program being offered and Home Activity Sheets are provided to reinforce session messages
 Quality children's books are included in each session

BABIES-2, FEELINGS-3, TOUCHING-5
 BEDTIME-4, ASKING FOR HELP-6
 FEELINGS-3, TOUCHING-5

Interpersonal skills in all six sessions

BODIES-1, FEELINGS-3, TOUCHING-5

BEDTIME-4, TOUCHING-5, ASKING FOR HELP-6

<http://www.search-institute.org/developmental-assets>

Health and Physical Activity

Care For Kids Program	Full Day Early Learning – Kindergarten Program
<p>BODIES, BABIES, BEDTIME</p> <p>BODIES, FEELINGS, BEDTIME, TOUCHING, ASKING FOR HELP</p> <p>FEELINGS</p>	<p>Overall Expectation 1</p> <p>Demonstrate an awareness of health and safety practices for themselves and others and a basic awareness of their own well being.</p> <p>1.3 Practice and discuss appropriate personal hygiene that promotes personal, family and community health</p> <p>Responding Acknowledge children’s practices that demonstrate good personal hygiene.</p> <p>Challenging <i>“In what ways do we take care of all parts of our body?”</i></p> <p>1.4 Discuss what action to take when they feel unsafe or uncomfortable, and when and how to seek assistance in unsafe situations (e.g. <i>acting in response to inappropriate touching...</i>)</p> <p>1.5 Discuss what makes them happy and unhappy and why.</p> <p>Challenging <i>“How can people tell when we are feeling happy or sad?”</i></p>

Personal and Social Development

Care For Kids Program	Full Day Early Learning – Kindergarten Program
<p>FEELINGS, TOUCHING, ASKING FOR HELP</p> <p>TOUCHING</p> <p>ASKING FOR HELP</p>	<p>Overall Expectation 1</p> <p>Identify and use social skills in play and other contexts.</p> <p>1.1 Act and talk with peers and adults by expressing and accepting positive messages.</p> <p>Challenging While reading a book aloud, pose questions about the character’s feelings, how the child would feel and how he could make himself feel better.</p> <p>Overall Expectation 2</p> <p>Demonstrate an ability to use problem solving skills in a variety of social contexts.</p> <p>2.1 Seek assistance when needed, develop awareness of honesty, and talk to peers about possible solutions.</p> <p>Representing After listening to a story, the children at the dramatic play centre represent their solution to the problem that one of the characters in the book has.</p> <p>Extending The team lists members of an “expert group” of children to whom other children can go to for help with their zippers, buttons and gloves. Children’s names are added as they become “experts” and are able to help others.</p>

Personal and Social Development

Care For Kids Program	Full Day Early Learning – Kindergarten Program
<p>FEELINGS, TOUCHING</p> <p>BODIES</p> <p>ASKING FOR HELP</p> <p>BABIES</p>	<p>Overall Expectation 3 Demonstrate a beginning understanding of the diversity in individuals, families and the wider community.</p> <p>3.1 Develop empathy for others and acknowledge and respond to each other’s feelings.</p> <p>Challenging <i>“How does someone’s face show us his or her feelings”?</i></p> <p>3.2 Demonstrate respect and consideration for individual differences and alternative points of view.</p> <p>Doing With their reading buddies, the children read books about helping others</p> <p>3.3 Talk about events or retell stories that reflect their own heritage and cultural background and those of others.</p>