

South African Early Years 24-hour Movement Guidelines

Meeting of the consensus panel

11-12 April 2018, Sports Science Institute of South Africa

Newlands, Cape Town

Consensus panel members:

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| Early childhood movement researchers | Catherine Draper (MRC/Wits DPHRU) Simone Tomaz (University of Cape Town) Tony Okely (University of Wollongong) Alessandra Porieschi (MRC/Wits DPHRU) Dale Rae (University of Cape Town) Caylee Cook (University of Cape Town) Anita Pienaar (University of the North West) Monique de Milander (University of the Free State) Soezin Krog (University of South Africa) |
| Media and marketing partner | Tam Liebenberg (Sports Science Institute of South Africa) |
| Funder | Cyndi Mendoza, Laureus Sport for Good Foundation |
| Early childhood development specialists | Kamesh Flynn (independent) Linda Biersteker (independent) Sonja Giese (The Innovation Edge) |
| Physical activity specialist | Vicki Lambert (University of Cape Town) |
| Clinicians | Terri Barrow (Paediatrician) Prof Louis Reynolds (Paediatrician, previously UCT) |
| Other health professionals | Jacqui Couper (Occupational Therapist) Mariza van Wyk (sleep specialist) |
| Sport specialist | Ricardo Siljeur |
| Government representatives | Marie-Louise Samuels (Director, ECD, Department of Basic Education) Jody Urion (Western Cape Department of Cultural Affairs and Sport) |
| Stakeholders – parents and educators (NGOs) | Nafeesa Rahbeeni (Foundation for Community Work) |

Meeting agenda:

| | |
|--------------------------------|---|
| <i>Wednesday 11 April 2018</i> | |
| 08h00 | Arrival and registration |
| 08h30 | Welcome and introductions |
| 08h45 | ADOLOPMENT of early years guidelines – the Australian experience |
| 09h30 | Review and discuss findings from WHO systematic reviews, and SA scoping reviews |
| 10h30 | <i>Tea</i> |
| 10h45 | Review and discuss findings from WHO systematic reviews, and SA scoping reviews |
| 12h30 | <i>Lunch</i> |

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|--------------------------|--|
| 13h30 | Review and adopt/adapt the preamble from the Australian guidelines |
| 15h00 | <i>Tea</i> |
| 15h15 | Review and adopt/adapt the recommendations from the Australian guidelines |
| 16h45 | Closing remarks for Day 1 |
| 17h00 | End |
| 19h00 | Dinner |
| <i>Thursday 12 April</i> | |
| 08h30 | Recap of Day 1's discussions and decisions |
| 09h00 | Discuss stakeholder consultation |
| 10h30 | <i>Tea</i> |
| 10h45 | Continue stakeholder consultation discussion Identify research gaps |
| 12h30 | <i>Lunch</i> |
| 13h30 | Plan launch and dissemination of SA guidelines |
| 15h00 | <i>Tea</i> |
| 15h15 | Continue discussion on launch and dissemination Closing remarks for Day 2 |
| 16h00 | End |

Presentation and discussion notes:

See attached presentation slides for the content presented on the morning of Wednesday 11 April. In the afternoon, the recommendations and preamble from the Australian guidelines were presented and discussed. Following the input of the consensus panel, these were revised, and a revised draft was circulated to members of the consensus panel after the meeting. Further comments were incorporated from the consensus panel, and the revised versions used for stakeholder consultation are included at the end of this document.

Overall, the consensus panel agreed that the adapted guidelines (from the Australian guidelines) would be feasible and acceptable in South Africa, and there was consensus that such guidelines were relevant and important in South Africa.

The notes below outline the discussions that took place on Thursday 12 April regarding stakeholder consultation, as well as the launch and dissemination of the guidelines.

Following the example of the Australian guidelines, it was agreed that the stakeholder consultation would involve the distribution of an online survey, for those with access to internet; and that focus groups would be conducted with stakeholder groups for whom internet access is a challenge.

Questions in the online survey and FGs should cover/include the following aspects:

- readability
- understandability
- usefulness
- how to use
- importance
- relevance
- barriers to use (how easy/difficult)

- format
- resources (flyers/posters/online) to support implementation
- dissemination/communication (how best to)
- provide options and when answers are negative ask what needs to change

Target groups for stakeholders:

| <i>Target group</i> | <i>Online survey</i> | <i>FGs</i> | <i>Additional notes</i> |
|--|----------------------|--|--|
| Parents of 0-5yos | y | y | Include parents of children with disabilities (speak about disabled children and their use of screens) |
| Pregnant moms | y | | Antenatal classes, DG Murray Trust |
| ECD practitioners | y | y | Source through training institutions |
| Health professionals | y | | Public and private sector; Include kinderkineticists, physios, bios, chiros, paediatricians, family medicine |
| Heads of Department of academic institutions | y | | |
| Government departments and National ECD structures | | y, or as a presentation/ face-to-face discussion | Can go straight to the top (minister) |
| Academics in other ECD areas | y | | Target academics in education |
| CHWs | | y | Lesley Bamford |

Focus group questions to address:

- Packaging, language
- Languages used
 - Preamble – English only
 - Guidelines – pictures and in all eleven languages
 - Communication
- Use of a tree analogy
- Link to NHI pilot sites

Dissemination ideas/avenues:

| <i>Target</i> | <i>Link</i> | <i>Additional notes</i> |
|--|---------------------------------|--|
| Children's Institute | Louis | Child Gauge |
| Ilifa Labantwana | Sonja | Kids review |
| NGOs | | |
| Parents of 0-5yos | Yogan Pillay, Bev Draper | Mom connect (broaden scope); 6-week check-ups at clinics |
| Pregnant moms | | Antenatal classes (high-income), DG Murray Trust |
| CHWs/WBOTs | Lesley Bamford | |
| Parents of children with disabilities | | Speak to their use of screens |
| RTHCs | | When presenting to DoH |
| Training of teachers, ECD practitioners and health professionals | Marie-Louise, Soezin | Through ECD forums and ECD service providers; Online training (from DBE has ±30000) |
| SASSA child grant pay-outs | Louis | |
| Social workers at district offices | | |
| Radio | SSISA (use ambassadors) | LeadSA, Ilifa radio, sound bites for radio |
| Video stories | Louis | Such as Philani (mentor mothers) |
| TV | | Morning live, Espresso, Cape Town TV (JP Naude), KykNet, SuperSport Let's Play, Hello Dr |
| Applications | | Hello Dr |
| Nappies distributors | | |
| Phelophepa Train | | |
| Website | | |
| Social Media | | Have own ID, Have feedback to website, link to other FB sites |
| E-Newsletters | SSISA | |
| Faith-based organisations | | NGOs, Soweto (HeLTI) |
| Text messaging | Innovation Edge mobile platform | |
| "Please Call Me's" | | Link to website or bit of information |
| Magazines | SSISA | Child, Living and Loving, Link with a publishing company |
| Webinars | SSISA | |
| Medical journals or associations | | SASMA, SAMA, BASA, OTSA, PSA |
| Mama Magic Expo | | JHB in November 2018 |
| Hand outs | | Photo frames/calendars for home |

Other considerations for dissemination:

- Messaging for different government departments (e.g. age range, define healthy etc.) and programmes for parents (e.g. taking cues from children as in serve & return/responsive parenting).

Pictures on the guidelines should include:

- Dancing
- Tyre pushing
- Baby in tummy time
- Baby on parent's chest
- Include male and female parents
- Hopscotch
- Soccer
- Disabled child in action
- SA flag (to represent all groups)
- Pie chart showing time distribution
- Child sitting on caregiver's lap to read/tell a story

Launch:

- November/December 2018
- Invite the minister of Health
- In JHB only, look at having the NMCF host
- Live stream the event
- Host local 'activations'
 - 1hr of energetic/active play (have videos to show at the launch)
 - Play streets
 - Move for health
 - Clinics
 - Out of centre activities
 - Therapists in ECD centres
- Toy stores can be associated with the launch
 - Can arrange posters

Preamble: South African 24-Hour Movement Guidelines for the Early Years

“Our children are the rock on which our future will be built, our greatest asset as a nation.” Nelson Mandela

Early childhood is widely acknowledged as a key developmental period in South Africa. However, after 20+ years of democracy, a significant number of 0-5 year old children in our country live in difficult and often harsh conditions. Their reality is one of poverty, overcrowding, single-parent households, food insecurity, and exposure to violence and sexual abuse. Stunting and underweight, alongside overweight and obesity; HIV and other infections; and inadequate immunisation coverage are some of the health issues impacting young children, and despite progress, under 5 and infant mortality rates remain high.

These guidelines support national priority areas among children from birth to 5 years including nutritional support, stimulation for early learning, support for caregivers, child and maternal health, and social services. Intervention in these areas can help improve outcomes such as healthy growth and physical development (e.g. fine and gross motor skills), as well as cognitive, social and emotional development. In the early years, the activities in which children participate, along with their sleep habits, have an impact on these outcomes.

The guidelines presented here are intended to be a tool for those who have an interest in the health and development of all children of all abilities from birth to 5 years old. They are particularly relevant for those who care for children of these ages, either at home, or in an early childhood development setting. The guidelines apply to all apparently healthy infants (birth to 1 year old); toddlers (1 and 2 years old); and pre-schoolers (3, 4 and 5 years old). They apply to children of all cultural ethnicities, language backgrounds, income settings, and children living in all parts of South Africa. These guidelines may need to be adapted for young children with a medical condition, but it would be best to first consult with a health care professional.

To promote healthy growth and development, young children should receive support from parents and family, educators, and caregivers, that helps them lead a more active lifestyle with a daily balance of physical activities, seated behaviours, and sleep.

MOVING

Young children should participate in a range of play-based physical activities that are appropriate for their age and abilities and involve free play and structured activities. These activities should be fun and safe and take place in different environments (e.g., home/early childhood development settings/community; indoors/outdoors; all year-round). Children should be encouraged to do these activities independently as well as with adults and other children. For infants, supervised activities could include tummy time, reaching, grasping, and crawling. For very young infants, tummy time can be on the caregiver’s chest.

SITTING

These guidelines recommend that screen time when sitting or lying down be limited. Screens include televisions, cell phones, smart phones, tablets, video games, and computers. It is also recommended that time being strapped in and not free to move is limited in young children. The quality of what is done when sitting matters. For young children, interactive, non-screen-based activities should be encouraged, such as reading, storytelling, singing, puzzles, playing with blocks, drawing, colouring in and painting.

SLEEPING

Developing healthy sleep habits in the early years is important. This includes having a bedtime routine that helps children relax and having consistent sleep and wake times. The quality of their sleep is also important, and this includes things like falling asleep easily and not waking up frequently during the night. It is important for young children to avoid screen time before sleep. It is also important that other family members avoid using screens in shared sleeping areas, especially while children are falling asleep. As far as possible, children should be encouraged to sleep during dark hours and play during light hours.

With the support of their caregivers, young children meeting these movement guidelines are likely to grow up healthier, fitter and stronger. They will also have better motor skills, be better prepared for school, manage their feelings better, and enjoy better quality of life. The benefits of following these guidelines are greater than the potential harms.

Helping children to stick to these guidelines may be challenging at times! For children who aren't meeting these guidelines, it is recommended that small changes are made to help them start working towards what is stated in the guidelines.

These guidelines were put together based on the best available research, expert consensus, stakeholder consultation, and consideration of what is considered important, applicable, feasible and equitable across all South African settings.

The specific guidelines and more details on the background research, their interpretation, guidance on how to achieve them, and recommendations for further research and surveillance are available at www.ssis.com.

South African 24-Hour Movement Guidelines for the Early Years

A balance of physical activity, beneficial seated activities, and sufficient sleep helps promote healthy growth and development in infants, toddlers and pre-schoolers.

Babies (Infants) (birth to 1 year old)

For infants, a healthy 24 hours includes:

- **Physical activity:** Being physically active several times in a variety of ways through interactive floor-based play, including crawling. For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake, and other movements such as reaching and grasping.
- **Seated activity:**
 - Engaging in activities with a caregiver such as playing with safe objects and toys, baby conversations, singing, and storytelling.
 - NOT being strapped in and unable to move for more than 1 hour at a time (e.g., in a pram, high chair, or on a caregiver's back) while awake. Screen time is NOT recommended.
- **Sleep:** 14 to 17 hours (for those aged 0-3 months) and 12 to 16 hours (for those aged 4-11 months) of good quality sleep, including naps.

Toddlers (1 and 2 years old)

For toddlers, a healthy 24 hours includes:

- **Physical activity:** At least 180 minutes spent in a variety of physical activities including very active play, spread throughout the day; more is better.
- **Seated activity:**
 - Engaging in activities such as reading, singing, games with blocks, puzzles, and storytelling with a caregiver.
 - NOT being strapped in and unable to move for more than 1 hour at a time (e.g., in a pram, high chair or strapped on a caregiver's back) or sitting for extended periods. For those younger than 2 years, screen time while sitting or lying down is NOT recommended. For those aged 2 years, this type of screen time should be no more than 1 hour; less is better.
- **Sleep:** 11 to 14 hours of good quality sleep, including naps, with consistent sleep and wake-up times.

Pre-schoolers (3, 4 and 5 years old – but not yet at primary school)

For pre-schoolers, a healthy 24 hours includes:

- **Physical activity:** At least 180 minutes spent in a variety of physical activities, of which at least 60 minutes is very active play, spread throughout the day; more is better.
- **Seated activity:**
 - Engaging in activities such as reading, singing, puzzles, arts and crafts, and storytelling with a caregiver and other children.
 - NOT being strapped in and unable to move for more than 1 hour at a time (e.g., in a pram or car seat) or sitting for extended periods. Screen time while sitting or lying down should be no more than 1 hour; less is better.
- **Sleep:** 10 to 13 hours of good quality sleep, which may include a nap, with consistent sleep and wake-up times.

To further support young children in their movement behaviours over a 24-hour period, encourage them to do more very active play, choose age-appropriate interactive seated activities instead of sitting or lying in front of a screen, and to get enough sleep. This will help them enjoy greater benefits to their health and development.