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PSYCHO-SOCIAL SERVICES
SPECIAL NEEDS EDUCATION SERVICES

GUIDELINES FOR EDUCATORS: MANAGING LEARNER STRESS

OCTOBER 2020

***There is a great difference between
worry and concern.
A worried person sees a problem,
and a concerned person
solves a problem”***

~ Harold Stephen ~

Acknowledgements

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Enquiries: (i) Khumsila Naidoo, Chief Education Specialist: SNES-Psycho-social Services
Email: Khumsila.Naidoo@kzndoe.gov.za

(ii) Madhumati Jeena, Deputy Chief Education Specialist: SNES-Psycho-social Services
Email: Jeena.madhumati@kzndoe.gov.za

(iii) Mafika D. Hadebe, Assistant Director: SNES-School Social Work Services
Email: Mafika.Hadebe@kzndoe.gov.za

KwaZulu-Natal Department of Education
194 Langalibelele Street
Pietermaritzburg
3201

PREFACE

Exposure to natural, or man induced disasters can happen at any time and to anyone. The emotional experience of such events can leave one feeling overwhelmed, isolated, helpless, frightened and fearful for ones' safety. Globally, the current health crisis brought on by the emergence of COVID-19 has profoundly affected families, communities and every aspect of our daily lives. The threat of serious illness, possible death, loss of loved ones, dislocation of relationships, suspension of educational programmes, and the uncertainty of what the future holds, have consumed the life of communities. These reactions have been exacerbated by the imposition of lockdowns and curfews in an effort to contain the spread of the virus.

Heightened levels of stress, fear, anxiety, loneliness and depression can result in abuse of drugs and alcohol, depression, self-harm and suicidal behavior, as individuals attempt to deal with the challenges they face. For children these are very challenging times as their young and developing minds cannot always make sense, cope or make good choices in such stressful situations. The children of our country had to face a sudden disruption to their learning, day-to-day activities, social interactions, play and peer relationships. Some learners had to also deal with social insecurities, such as lack of food, lack of family income, exposure to domestic violence and abuse. Over and above these pressures, the re-opening of schools have forced learners to adjust to a new normal in their familiar routines and environments of their school. The mental state of learners has been further challenged by the pressure to complete curriculum coverage in lieu of the time lost due to the national lockdown.

It is acknowledged that not all children will respond in the same way to a crisis and the dramatic changes it can bring to their daily life, it is therefore critical that educators are vigilant, alert to the concerns of learners and take time to comfort and reassure them. Childhood trauma, chronic stress and anxiety if undetected or untreated can end up being carried over to adulthood, setting the stage for a host of adult traumas. Schools, in particular educators, due to their regular and close contact with children are best positioned to not only equip learners with basic skills to manage stress and anxiety, but also to promote a classroom and school atmosphere that is calm and reassuring.

This guideline aims to provide educators with exercises that could assist them to consciously work towards equipping learners with skills to manage stress and anxiety, to create a relaxed, calm and nurturing classroom and school environment. Whilst this guideline was developed in response to the stress and anxieties caused by the impact of COVID-19 on the lives of learners, the exercises contained in this guideline can be effectively used to assist learners to cope whenever they feel stressed or anxious.

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ACRONYMS

COVID-19	: Corona Virus Disease of 2019
DOH	: Department of Health
DSD	: Department of Social Development
KZN	: Kwa-Zulu Natal
LSA	: Learner Support Agent
NICD	: National Institute for Communicable Disease
NSNP	: National School Nutrition Scheme
PED(s)	: Provincial Education Department(s)
SBST	: School Based Support Team
SIAS	: Screening, identification, assessment and Support Strategy :
SMT(s)	School Management Team(s)
SNES	: Special Needs Education Services
SOPS(s)	: Standard Operating Procedures
UNICEF	: United Nations Children's Fund
WHO	: World Health Organisation

1. PURPOSE

The guidance provided in this document is aimed at supporting educators with:

- (i) information about stress and anxiety in children
- (ii) indicators for early detection of children in distress
- (iii) practical classroom exercises to reduce stress and anxiety among learners, and
- (iv) available support networks.

Educators can help reduce the fears and anxieties of learners by firstly, arming themselves with information and facts about the trauma or crisis situation which is the cause of the learners' fears and anxieties. Armed with facts of the situation an educator can assist to correct any misinformation or myths surrounding the event that is causing unnecessary stress. Secondly, by arming learners with skills to cope with the secondary impacts of the event on their mental health and well-being, will assist them to be better able to manage and overcome their fears and anxieties. Such skills are life-long tools which learners could use whenever they feel overwhelmed or anxious.

2. HOW TO USE THIS GUIDELINE

This guideline contains a list of practical exercises to do with learners in order to promote calm, reduce stress and anxiety. It gives educators step by step instructions on how to conduct these exercises with learners. In some exercises, references are made to YouTube videos that visually and practically illustrate how to conduct these exercises. For maximum impact, it is critical that educators practice these exercises prior to conducting them with learners.

These activities can easily be integrated into the programme of the school day. It is advised that time is deliberately scheduled within the school/classroom routine to intermittently conduct these exercises with learners. Time can be identified at either the start of the school day, after breaks, before starting a lesson or at the end of the day. Consistent implementation of these exercises in classrooms and schools could lead to calmer and more focused learners. Thus, contributing to a better teaching environment.

Some of the activities can be taught as part of the Life-skills programme. They can also be used as ice breakers in between more serious or pressurized classroom activities. The exercises can be conducted with individual learners, small groups or with larger class groups.

3. STRESS AND ANXIETY IN CHILDREN

Stress and anxiety is caused when we lose control of things that usually make us feel safe. Feeling stressed or anxious does not always have negative implications for our functioning. Both anxiety and stress can be viewed as normal survival instincts. They heighten all our senses and focus our mind to overcome the obstacle we face. Sometimes it is difficult to differentiate between stress and anxiety as they share many of the physical symptoms. Stress is a bodily reaction to a threat for example, lack of focus, rapid heartbeat, headaches, muscle tension. This is generally a short-term experience and tends to fade as the threatening situation improves.

Anxiety is an emotional response to a threat. It is a normal emotion that causes us to react when we face danger or a situation for the first time or dealing with something that is unpredictable. Anxiety is a mental condition that doesn't easily fade away once the threat is gone. Stress can trigger an anxious response.

Stress and anxiety can have negative consequences if we spend our time and energy worrying, feeling anxious or overwhelmed to the extent that it takes control of our thoughts, energy and your ability to effectively conduct our activities of daily living. Both stress and anxiety exists in all our lives, throughout our lives and we cannot get rid of it. We need to learn to control it and live with it.

Children react to stress differently and their stress responses are generally linked to their developmental stage. A six year old may for example, present with regression of already achieved milestones (eg. loss of bladder and bowel control), develop separation anxiety, tantrums or outbursts. Common signs among older learners may include sadness, lack of interest in activities that were once enjoyed, biting of fingernails,

crying for no obvious reason, lack of interest in school work, absenteeism, out of character behaviours, complaints of headaches, tiredness and loss of appetite, body language shows fear and anxiety, expressing irrational thoughts, negative self-talk, such as wanting to hurt or kill themselves. Educators as frontline workers, and by virtue of being in daily contact with learners, are best positioned to observe early signs of stress in their learners.

Some of the stressors that learners had to contend with as a result of the hard National lockdown aimed at containing the spread of COVID-19 include the following:

- sudden disruption to education and school attendance
- radical changes to methods of learning namely, remote learning, use of digital media
- adjusting to the role of the parent as educator
- the sudden loss of connection with educators, friends, grandparents, relatives, community, places of worship and recreation
- the fear of losing the academic year
- for matriculants, the anxiety about their future
- in some cases the loss/reduction of family income
- experiencing illness and/or death of dear ones
- having to live in stressful or abusive situations with restricted access to supports
- the lack of or limited access to food
- the lack of access to life saving services eg. health, water and sanitation.

Most stress rating scales identify incidences of serious illness, poor health, loss of job, separation, and death. Notable of the stressors brought on by a health crisis like COVID-19, is that it does not only touch on all these life events but also has the potential for these stressors to occur on a wide-scale level in communities.

Children exposed to heightened and prolonged stress levels are more likely to have longer lasting and more intense reactions. Consequently, if we do not take deliberate steps to ensure that we provide a safety net for them by promoting a relaxed, calm, safe and nurturing environment, such children are at risk to resorting to harmful methods such as abuse of drugs and alcohol, self-harm and suicidal behavior to deal with the challenges they face.

4. IDENTIFYING LEARNERS AT RISK

Schools are found in all communities and it is a place where you find children in large numbers and on a regular basis, therefore they are ideally positioned to play a supportive role for vulnerable learners. Educators can play a critical role in identifying and ensuring that vulnerable learners gain access to necessary supports.

Below is a list of indicators that can help educators identify learners who maybe under stress or are highly anxious. The observation of one of these indicators does not necessarily suggest that a learner is highly stressed or anxious and requires additional support. It could just be that the learner had a bad start to the day.

In identifying vulnerable learners that require additional specialized support, educators are advised to look out for changes in behaviour across the different areas of functioning. Disruptions in the generally expected behavior of the learner across different areas of functioning maybe be an indication that the learner is experiencing some sort of stress or is fearful and anxious. Engagement with the learner will determine whether there is a logical explanation for the changes in behavior, whether there is something that requires further investigation and additional support. If an educator is uncertain as to whether the changes observed suggest that a learner is at risk and in need of additional support, they can consult the

district Special Needs Education Services, Psycho-social services Section. Refer to Annexure 1 (i) for contact details.

Indicators of stress and anxiety that suggests further investigation and/or support is needed:

HEALTH	
Personal care and hygiene	Loss of interest in personal hygiene and appearance. Appears dirty and unkempt.
Physical appearance	Pale, distressed, sudden loss or gain in weight, dark circles and puffy eyes, cold sweats, low energy levels.
Changes in sleep patterns	Complains about excessive fatigue, difficulty sleeping or sleeps excessively, sleeps in class. Reports of nightmares, sudden awakening, wakes up fearful and nervous.
Regression in development	Learner regresses in previously achieved milestones, such as losing control of bladder (bedwetting) and /or bowel (soiling), using the language of an earlier developmental stage, greater dependency on caregivers/ parents, separation anxiety.
Illness	Psychosomatic complaints- presents with frequent complaints of illness/ pain such as headaches, nausea, stomach ache, constant vomiting or diarrhea for which there is no medical explanation.
BEHAVIOUR	
Aggression and irritability	Unprovoked anger, hostility, mood swings, irritability. Physical aggression (biting, kicking, hitting), verbal aggression (screaming, use of offensive language, name-calling, insulting, bullying). Such reactions may occur even over trivial matters. Restlessness- Learner experiences difficulty in remaining seated, walks around, disturbs other learners. Blaming others for everything. Expresses rage.
Disruptive and attention-seeking	Constantly seeking attention, speaking loudly, repeatedly demanding the educator's attention, walking out or around the class, asking inappropriate questions, fighting, screaming, having outbursts and disturbing others.
Changes in socialization	A significant shift in pattern of behaviour. Avoids/withdraws from participating in social activities he/she usually enjoyed. Spends more time alone, in isolation, does not want to communicate with close friends, and spends far too much time with one friend/person. Having difficulty in giving or accepting help. The contrary may also prevail- overly dependent on friends, fear of being alone or losing friendships.
MOOD	
Low mood and feelings of worthlessness	Learner displays sadness, appears depressed, withdraws from previously enjoyed activities, isolates' himself/herself, weepiness, heightened levels of anxiety, feelings of hopelessness, disengaged and disinterested in schoolwork or in life in general, thoughts of death and suicide. Crying frequently. Inability to feel pleasure or have fun. Worries excessively. Unusual lack of energy.
LANGUAGE	
Self- defeating Language	Regularly uses phrases such as- <i>"No one likes me!", "I'm stupid.", "Nothing is fun", "I wish I could die.", "I, don't care", "My life is a total write-off", "Everything bad happens to me".</i>
SCHOLASTIC	
Deterioration in the participation and quality of schoolwork	Sudden and unexplained regression in academic performance. Poor listening and concentration during lessons or on tasks. Does not follow instructions. Easily losing work, incomplete work, feels overwhelmed by the workload. Frequent requests for extensions for submission of work. Difficulty in recalling information or daily routines. Constantly making excuses for the lack of performance. Poor school attendance, absent on certain days, school refusal and/or truancy.

5. CLASSROOM STRATEGIES TO REDUCE LEARNER STRESS AND ANXIETY

With the right support from adults and educators, children and youth can manage their stress and take steps to maintain their emotional and physical health, prevent the risk of poor academic performance and psychological breakdown. The best way to help and support learners during the time of crisis is to make them feel safe, cared for and valued. There are a number of simple activities that educators can do to reassure their learners and assist them to be less anxious, stay calm and be positive.

Below are some simple classroom activities aimed at reducing the stress and anxiety levels of learners. When conducting these exercises during the current threat of COVID-19, ensure that learners wear a cloth mask and maintain 1 to 1.5 metre distance from each other at all times when doing the practical exercises. Learners should be advised to avoid touching their face (eye, nose, mouth) and engaging in direct contact with others, such as shaking hands or hugging.

5.1 CREATING A SAFE SPACE TO ADDRESS MYTHS AND MISINFORMATION

Lack of information or misinformation of a traumatic life event can be the root cause of much stress and anxiety for example, the current uncertainty and lack of clarity surrounding the emergence, spread and treatment of COVID-19 has contributed to the spread of misinformation and myths about the disease. The first level of intervention would therefore be to reduce stress or anxiety caused by any myths and misinformation that learners may have about the virus. Creating space within the school routine to have short regular focused discussions about COVID-19 can help learners feel less fearful and anxious about the current developments and impact of the virus.

Create safe spaces for learners to talk about the stressful event.

Time, Place and Frequency

This activity may take place on certain days of the week or during planned school-based awareness programmes. It can be conducted as a whole school or as a classroom based activity. The duration of the activity will depend on the time available for such an activity. Ideally such learner engagements should be short (\pm 15 minutes), focused and regular. Address a particular aspect of the crisis at a time for effective impact. Addressing all concerns at the same time can be overwhelming for learners.

Requirements

In planning for this activity educators need to identify the focus of their discussion, to be clear about the facts associated with the identified focus area. This may require educators to read about the topic or details of the event. Whilst this activity can be conducted as a discussion between the educator and learners, and do not necessarily require any additional resources or equipment, educators may want to use a variety of strategies to facilitate the discussion and correct any myths or misconceptions. With the current health crisis viz. COVID-19 educators could facilitate discussions using a newspaper article, flyers, a case study, posters, adverts, a short video clip, or inviting a specialist like a school nurse, a survivor or local doctor to talk to learners about the crisis.

This activity can be done with learners of all grades and cognitive levels. However, with the different grades and cognitive levels, there may need to be variations with regards to the content, frequency and duration of the activity. A resource sheet on facts and myths about COVID-19 is included in **ANNEXURE 2** to assist educators to address misinformation related to the current health crisis. (*Information obtained from: sacoronavirus.co.za*)

Instructions

Keep the discussions short and focused. Identify the virus-related concern or area that learners need more understanding or information on. One can deal with a few myths and facts about the virus at a time. Allow learners the opportunity to lead the discussion. If uncertain create an opportunity where you can together with the learners research the issue raised. Listen to learner's views, fears and feelings about the virus. Correct any misunderstandings and look out for learners that appear to be overly anxious, stressed or fearful.

The educator's role in such learner engagements related to any crisis is to ensure that the discussion is grounded on the facts of the crisis, discussion is positive and realistically reassuring. Avoid dispensing with learners' questions even if it sounds simple. Respond to any concerns or questions that the learners' present.

5.2 MINDFUL BREATHING

Encouraging learners to incorporate mindful breathing into their daily life can help them release body tension, ease stress and anxiety. When you take in deep breaths your heart rate quickens slightly. As you exhale your heart rate slows. Repeated deep breathing will help to bring the heart rate in line with your breathing. This causes the brain to release endorphins, which are bodily chemicals that have a calming effect. Being aware of one's breathing or breathing with mindfulness refers to being in control of how you breathe, paying attention to how the air flows in and out of your body. There are three key elements to this exercise: STOP, BREATHE and PAY ATTENTION. Pay attention to where you feel your breath in your body and the sensation the breath gives that part of the body, focusing on relaxing your body.

Time, Place and Frequency

This exercise can be done in 5-10 minutes. Whilst there is no restriction as to how many times one can do this exercise, the positive benefits of this exercise will be felt if it is done on daily basis. It can be done at any time of the day, in the morning, mid-morning or at the end of the day. This exercise can be done inside or outside the classroom, as a group or as an individual activity.

Requirements

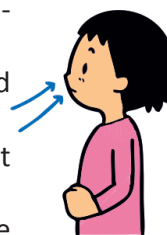
No additional resources, equipment or contact with others are required. This exercise can be done with learners in all grades, fitness and cognitive levels. Variations may need to be made with respect to the frequency and duration of the exercise, depending on the concentration level of the learners. The learners can stand, sit down or lay in a comfortable position for this exercise. It can be done with their eyes open or closed. Closed eyes will help them to be more focused on their breathing. Make learners aware of their posture, their spine must be straight, and their shoulders must be relaxed.

Instructions:

Ask learners to stand up or sit with their feet slightly apart, their hands on their sides. Lead the group through the instructions below. To guide the learners through this activity, it is advised that educators do the exercise with the learners. As you give the instructions to the learners, allow them time to experience the breathing before you continue with the instructions. **Do not give all instructions at one go or rush the instructions.** Instructions must be deliberately slow.

Breathing Instructions

- Warm-up activity: slowly breathe-in through your nose and breathe-out through your mouth (repeat 3 times).
- Now, let us slow down our breathing, make sure your "out-breath" is longer than your 'in-breath'.
- Breathe-in until the count of 4 (slowly counting to 4), hold the breath for 2 counts (1,2) and breathe-out slowly on 6 counts (1,2,3,4,5,6).
- Now, as you breathe-in slowly focus on your breath, focus on the path your breath takes as it moves in through your body.
- Notice any part of your body that feels tight or tense, let the air flow over it and release the muscle.
- Now focus back onto your breath and follow it as it continues to move through the body. Notice how your body feels as your breath moves through the different parts of your body.
- Now slowly breathe out. Notice how your body feels as the breath slowly makes its' way out of your body... let the air out...let the air out ...open your eyes.
- Repeat 3 times or until you feel a sense of calm among the learners.
- Take a deep breath in through your nose and stretch your hands towards the sky. Breathe out through your mouth ...aaahhhh..., shake out your hands, legs and roll your necks.



- NB.** (i) Let learners know that they may find their minds wandering at times- that is okay, just recognize what has distracted them, let it go and refocus their attention on their breath.
- (ii) Advise learners that they could use mindful breathing to calm themselves whenever they feel stressed or anxious.

5.3. INTENTIONAL LAUGHTER



Heard of the saying *'laughter is the best medicine'*? The simple act of laughter can be a powerful complementary therapy to medicine. Pause, and think about how difficult it is to be sad or angry when you are laughing. Whilst there are no quick fixes for anything in life, a good laugh can help a learner to relax, recharge and boost his/her overall mental well-being.

When we are highly stressed our bodies release high levels of the stress hormone known as cortisol. This keeps us tense, anxious and challenged to act. Laughing reduces the presence of stress hormones, increases oxygen levels, increases blood flow and triggers the release of chemicals called endorphins in our bodies. Endorphins are our body's natural feel-good chemicals. It helps to relax muscles, strengthens the immune system, boosts mood, connects us to others, release anger and promotes an overall sense of well-being.

Intentional laughter or self-induced laughter involves a combination of breathing, stretching and laughter exercises. It does not refer to laughter that results in response to an external stimulus like jokes or comedy shows. Rather, it refers to laughter deliberately brought on through deliberate bodily actions. Whether a laugh was forced or spontaneous, it can still have positive spin-offs, as the body does not differentiate between self-induced or spontaneous laughter. As you do this activity, you will observe that laughter that is initially forced leads to real and contagious laughter.

Time, Place and Frequency

This activity can take about 10-15 minutes. To reap the benefit of the laughing exercises it should be done daily. It can be conducted as a class or small group activity. Whilst it could be done at any time of the day, conducting the exercise in the morning or end of the day can well position the learners to be more positive to face the challenges of both the school day and/ or at home. It can be done inside or outside the classroom.

Requirements:

No additional resources, gear or equipment are required. Ask the learners to get comfortable by removing heavy coats and jerseys. This activity can be done with learners of all ages, fitness and cognitive levels. Learners can stand alongside their desks or they can be organized in a circle if space allows. No physical contact between learners is required. Make sure learners observe the 1.5m physical distance during this activity.

This activity would require educators to practice how to do it prior to trying it with the class. Educators are strongly encouraged to view the YouTube videos (links below) prior to doing this exercise, on how to conduct intentional laughing exercises with learners: <https://youtube/r1v1WvakrYY> or <http://robertrivest.com/>. These videos will assist educators to become more proficient in facilitating this exercise.

Instructions

Since this activity is intentional and does not rely on external stimulus to provoke laughter, there is a need to engage learners in warm-up exercises aimed at addressing inhibitions and promoting a conducive environment where learners feel safe and comfortable to laugh for no reason. There are 4 steps outlined below to guide educators to create this conducive environment. Also included below is a list of examples of laughing exercises that educators can choose from to do with their learners.

INTENTIONAL LAUGHTER

WARM-UP : Step 1 FACIAL EXERCISES

- Start the session with warm-up activities aimed at relaxing learners and to break any inhibitions learners may have about laughing for no reason. Say to learners : -
 - ✓ Open your mouth wide...wide as you can... and now force your breath out (x 3).
 - ✓ Open your mouth wide and laugh without making a sound... keep laughing without making a sound.
 - ✓ Now turn to greet as many of your fellow classmates without moving from your spot. Keep laughing with your mouth open wide.
 - ✓ Make eye contact with your classmates' nod or wave at each other ensuring you that your mouth is still open wide and you are laughing without making a sound.
 - ✓ Let this continue until learners managed to greet most classmates.
- End this step by allowing learners to laugh out loud (20-30 seconds).

WARM -UP : Step 2 CLAPPING

- Indicate that for this exercise the learners will be required to clap according to a certain rhythm and with their hands in a particular position: tips of fingers touching and palms placed top of each other to stimulate the pressure points in the fingers and palm
- Practice the rhythmic clapping that will be used in this exercise, it goes as: Slow, Slow, Quick, Quick, Quick. Then raise your hands up to the sky and say Yay!



Slow



Slow



Quick



Quick



Quick

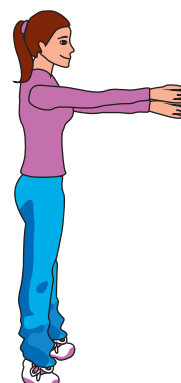
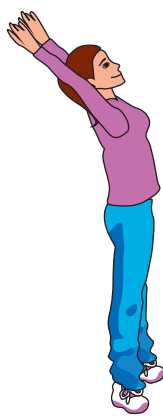
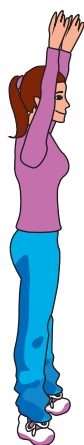


YAY!

- Now we are going to clap according to the above rhythm but this time we are going to add laughter as we clap. Clap and say 'ho, ho, ha, ha, ha', (do this at least three times) end the activity by asking learners to raise their hands after clapping and say 'YAY!' with a broad smile.

WARM-UP: Step 3 DEEP BREATHING

- Now we are going to activate our breathing –inhale deeply from your belly through your nose for the count of 4, hold it for 2 counts then exhale slowly from your belly through your mouth for the count of 6 (x 3 times).
- Now we are going to breathe moving our body:
 - Hands to your side
 - Slowly raise your hand above your head as you take a deep breath from the belly,
 - Hold your breath as you bend back and open your chest
 - Then breathe-out by dropping down your hands in front of you slowly, as you do this bring in intentional laughing – ha!ha!ha!ha!ha!, laugh out heartily as you breathe out.



LAUGHING ACTIVITIES: Step 4 CHILDLIKE PLAYFULNESS

Motivate learners to relax or lighten the mood through childlike playfulness. The purpose of this step is to encourage laughter, to make learners laugh like a child without any reason.

- Let learners laugh heartily together as they make eye contact with each other. Draw their attention to facial expression, sound, pitch and rhythm of their laugh. Allow this to continue for a while before you go to the next step, where you do a range of laughing exercises to provoke spontaneous contagious laughter.
- After the exercise ask learners to clap and say 'Very Good, Very Good, Yay! Say the words out loud with lots of energy and with arms stretch out in a "Y" shape to reach up to the sky with a broad smile. Do this twice.



- Choose one or more laughing exercises from the list below

LAUGHTER EXERCISES :

In this step indicate to the learners that we are going to bring the above clapping, breathing, and laughter together. Below are examples of quick laughing exercises, you can also get creative and make up your own laughter exercises. You need not do all the exercises at one go from the list below. You may want to choose one or a few exercises depending on your available time and how successful the group has been in reaching spontaneous contagious laughter in the previous steps. Flow from one activity to another- try not to allow long time lapses between exercises, this will disturb the momentum built up towards reaching spontaneous contagious laughter. Choose from the different exercises below to conduct with learners

1. HEARTY LAUGH



Remaining in your spot, imagine you are Santa. Imitate Santa's laugh, pay attention to Santa's tone and pitch of voice. Place your hand on your belly make eye contact with as many classmates and start laughing like how you hear Santa laugh - Ho! Ho! Ho! Ho! Ho! Ho! as soon your eyes meet.

2. ARGUMENT LAUGHTER



This exercise promotes communication through laughter. It is more effective if you organise your class into two groups and get the groups to compete with each other. If this is not possible, ask learners to turn and face the learner across them. Ensure that the physical distance of at least 1.5m is maintained at all times.

Look at each other. Point and wag your forefinger at each other. You are involved in a serious argument with each other, the only way you can prove your argument is to use laughter no words. Ask learners to pay attention to the tone and pitch of their laughter. The group with the louder, deep belly laughter is the one who is making a stronger point. Let the group/ learners continue for 3-4 minutes.

3. WAVE LAUGHTER



Stretch your hands over your head and laugh out loud like you have no cares in the world. Wave your hands and stretch as you laugh louder and louder and reach for the sky.

4. CLAP LAUGHTER



Clapping when we are happy is a common practice. Clap making sure your fingers and palm are in position. As you clap make eye contact with classmates and give each other deep belly laughs. Clap and laugh at the same time. See how many people you can make eye contact with and give them a belly laugh and check how many people give you a deep belly laugh.

5. ELECTRIC SHOCK LAUGHTER



Imagine you got an electric shock - think about how you will react, what bodily movements you will make. Do these movements with your body and at the same time laugh-out loud. Keep doing this until you are asked to stop.

6. GOOD JOB LAUGH



This is a good exercise to do at the end. Ask Learners to position themselves so that they can make eye contact with all classmates and give each classmate the 'thumbs up' and a deep belly laugh. Once all have finished as a group they clap and say "VERY GOOD, VERY GOOD, YAY!(raise hands towards the sky).

5.4 PROGRESSIVE MUSCLE RELAXATION

Anxiety and stress can often manifest physically as tense muscles. We hold tension in our muscles, especially our necks, shoulders and face. Becoming aware of tense muscles and learning to relax them will lower tension and stress levels. It also helps with headaches, stomach aches and improves sleep. Muscle relaxation is a two-step process, first you systematically tense certain muscle groups (between 5 to 15 seconds) then you release the tension and notice how the muscles feel when relaxed.

Time, Place and Frequency

This activity takes 10 to 15 minutes and can be done daily or weekly or as time permits. It could be done at any time of the day, in the morning, mid-morning or at the end of the day. This activity can be done with learners of all ages, fitness and cognitive levels. As it is an easy activity, learners can be encouraged to practice muscle relaxation at home, whenever they feel tense or stressed.

Requirements

No additional resources or equipment is required. Learners are required to sit comfortably on their chairs. Learners are to focus on themselves and not disturb others. This exercise can be done with the eyes open or closed. Closing one's eye can assist one to concentrate better on the exercise.

Instructions

If the concept of progressive muscle relaxation is new to the educator, it is suggested that the educator prepares and practices for these activities by watching the video links below, each video is about ten minutes long. The following links are recommended:

Progressive Muscle Relaxation- an Essential Anxiety skill on YouTube https://youtu.be/SNqYG95j_UQ

Progressive muscle relaxation - on YouTube <https://youtu.be/Li6BNa75TQw> .

As this maybe a new type of exercise for learners, they may initially be restless, laugh and look around, this is a normal reaction. Gently keep refocussing them to the activity. After few minutes, they are likely to become more comfortable and settle into the activity. The educator is required to verbally direct the session, gently guiding learners to focus their attention on different muscle groups starting at the feet, and moving up to the face.

Instruction to Learners - Muscle relaxation

- Muscle relaxation is a good way to reduce stress. In this exercise we are going to relax our body by tightening and releasing different muscle groups within our bodies.
- Sit comfortably in your chairs, shoulders relaxed, uncross your legs with your hands-on your laps. Close your eyes.
- Move your neck from side to side and backward and forwards.
- We are going to take 3 deep breaths: Take a deep breath in and slowly breathe out. Breathe inslowly breathe out Breathe inslowly breathe out
- Now focus your attention on your muscles.
- As I call out a muscle in your body, you are going to focus on that muscle and tighten that muscle, hold that muscle for 5 seconds, and then relax that muscle. (Muscle tightening can be progressively increased to 10 and then 15 seconds if learners are comfortable with the exercise).
- The educator starts by calling on learners to focus on various muscle groups at a time. To tense the muscle and hold for 5 seconds then release completely. Move from the feet to the calves, thighs, stomach, hands, lower back shoulder blades...all the way up to the neck.
- Say: “Now focus on your feet, curl your toes as tightly as you can, hold it for 5 seconds: 5... 4... 3... 2... 1...now release and relax the toes. This instruction is repeated for each muscle group as the educator moves along the body.
- Move through the body from toes, calves, knees, thighs, hips, lower back, abdomen, upper back, chest, shoulders.
- After the body muscles focus on face. Say: Now focus on your face, raise your eyebrows, wrinkle your forehead, make a frown, release, close your eyes as tightly as you can, release.
- Open your mouth as wide as possible, close it. Feel the warmth and calmness on your face.
- Keep your eyes closed, slowly stand up, shake your entire body to release all tensions and have a good stretch, feel the calmness and focus on how relaxed your body feels. Take a deep breath inopen your eyes as you slowly breathe out.
- You might want to end the exercise with the “Good Job laugh” activity reflected on Page 13.

5.5 CIRCLE OF CONTROL, INFLUENCE AND CONCERN

Everything in our lives can be classified as either things we have **control** over or in charge of, things we do not have complete control over but can **influence** and things we have no control over but **concern** us. Having the skill to identify which factors in a stressful situation we are in control of, which we are not in control but have the ability to influence the outcome of and those that we have little or no influence over, can help us to change the things we can change, to accept and let go of the things we cannot control or change and prevent unnecessary stress and anxiety. The nature of the energy arising from taking action and addressing the things one can do something about, is positive. It helps to reduce feelings of hopelessness, uncertainty or helplessness. This interactive exercise guides educators on how to teach learners to manage stressful situations using the circles of control, influence and concern.

Time, Place and Frequency

This activity can be used as a personal problem solving exercise, individually with a learner or with a group of learners. It can be incorporated in the Life-Orientation lesson, as part of an English lesson or as an enrichment extra curricula exercise. It can be repeated when an individual, group of learners or school is experiencing a crisis for as example the current COVID-19 health crisis. It can be customized to the details of the crisis or trauma being experienced.

Requirements

Copies of worksheets Learner Worksheet (Annexure 5) and Poster on circles of control (Page 16), influence and concern below. Learners can use any writing stationery that they have.

Instructions

This activity can be done individually or as a group. You can focus on all aspects of your life, or on one specific area (e.g. coping with school work demands, examination preparation, problems with friends, sport/team work difficulties, domestic problems such as separation or divorce of parents).

1. Print out the “Circles of Control” poster (Page 16).
2. Select the issue you want to address eg. COVID-19. On small sticky notes, or pieces of paper, write down all the factors that are concerning you about the issue you are addressing and put them in the Circle of Concern circle.

At this stage you may have a lot of stress and anxiety over the things you’ve written down and may feel you don’t have any control over them. Having no control can be alarming and a source of much worry and stress.

3. Look at all the things you’ve written down and decide which things you can actively control. Move all the sticky notes with the things that you can actively control from the outer, big Circle of Concern into the small Circle of Control. Things that you can do to address or change the situation you face.

At this point, you may think that there aren’t many items that you can actively control. Maybe that’s true - you can’t control them, so ask yourself, “Can I influence them?”

4. Think about ways you might be able to influence the things that are still in your Circle of Concern.

E.g. could you develop a better relationship with the person outside of the team who’s making impossible demands and get to the root cause of their behaviour?

Go through all the notes that are still in your Circle of Concern and see how many you can try to move into the Circle of Influence.

As you explore these further, and think about them differently, you might find that some of the concerns can go straight into the Circle of Control.

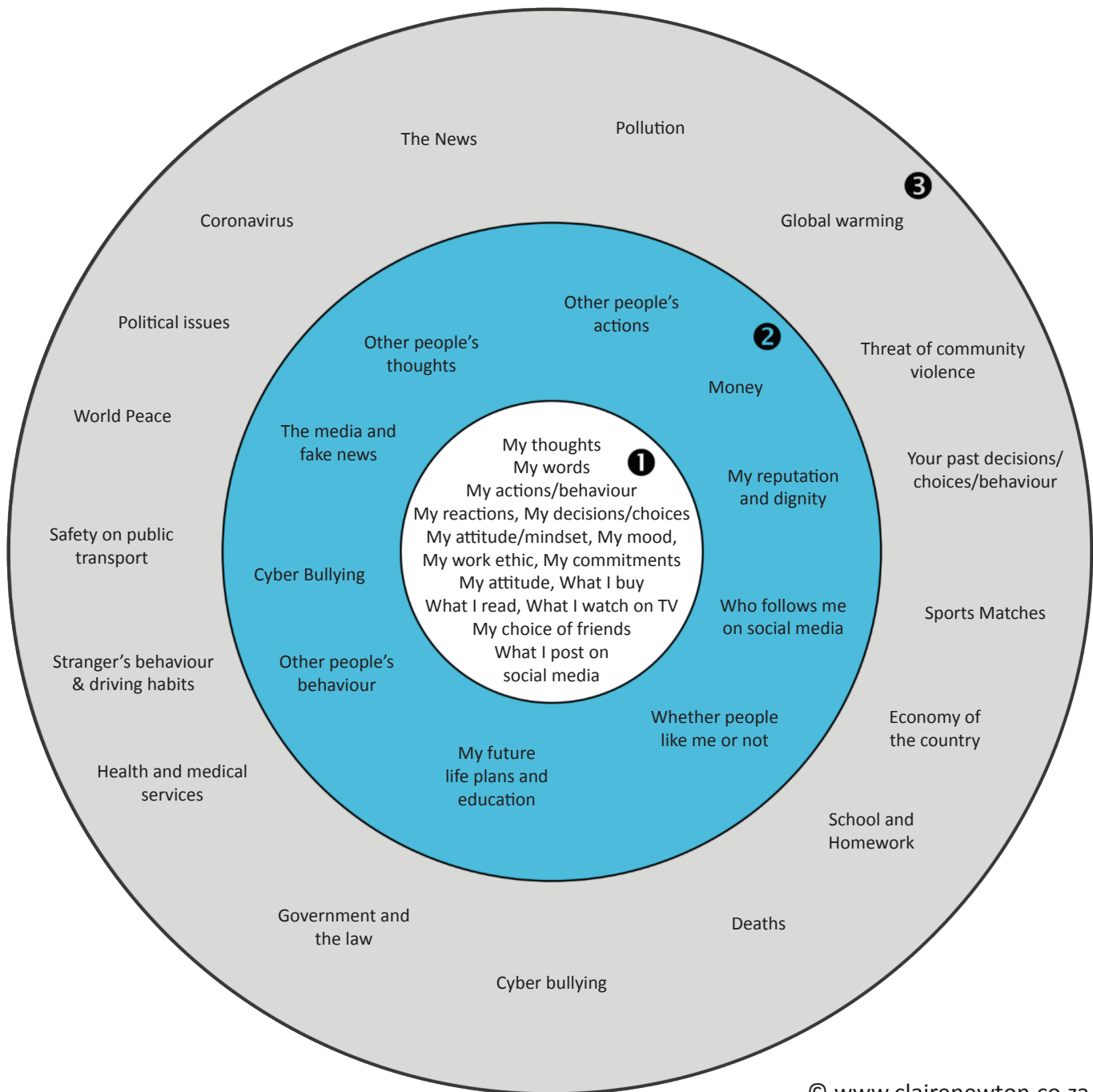
5. When you have worked with the sticky notes until you can’t move anything anymore, write the circumstances/issues/problems onto the actual poster and put the poster up in a place where you can easily see it every day. (The inside of a cupboard door that you open every day is a useful place to put your poster if you don’t want anyone else to see it).

6. Identify what behaviours/actions/thoughts/emotions that you need to focus on developing, doing more of and consciously go about doing it. This will help reduce any feelings of helplessness, uncertainty or hopelessness.

7. Your poster will then be a daily reminder of just how much you can control and where you need to focus your time and energy.

8. As you make progress there is likely to be movement of issues that fall in the three circles. Renew your action plan to adjust to the changes that occur in the circles of control, influence and concern.

Circles of Control, Influence & Concern



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*Adapted for school going learners

1 Circle of Control

Circle of Control

This encompasses those circumstances/issues/problems that we have direct control over.

Circle of Influence

This encompasses those circumstances/issues/problems that we have indirect control over.

Circle of Concern

Also known as the circle of 'no control'. This encompasses the wide range of circumstances/issues/problems we have, but over which we have no control.

Invest your time, energy & emotions here

Reference Sheet: Using Circles of Control, Influence and Concern to reduce stress related to Covid-19

- Learners are given time to complete their own Circle of Concern, Influence and Control (Learner worksheet) in relation to the current COVID-19 pandemic.

Ask learners to respond to the following questions.

- **Circle One – What I can control or can do by myself to protect myself from an infection.** Fill in your responses in Circle One.
 - **Possible responses:** Washing my hands as often as possible to 30 seconds, sanitizing my hands, wearing a mask, keeping physical distancing, not going into crowded places, coughing into my elbow, not hugging or holding my friends hands and by telling an adult if I am not feeling well.
 - **Circle Two – I can influence:** I do not have direct control over these factors but can influence it to become reality? Fill in your responses in Circle Two.
 - **Possible responses:** I can help reduce the spread of the virus by obeying and encouraging others to follow the lockdown regulations, reading about the virus, listening to the news, talking about safety with my friends, Creating and putting up posters on safety measures, and encouraging people to follow the safety protocols.
 - **Circle Three – What I cannot do anything about.** Fill in responses in Circle Three.
 - **Possible responses:** The lockdown regulations, the progress of the virus, ensuring everyone sanitizes and wears their mask
- Once learners have completed filling in their circles, in an interactive plenary session discuss their responses focussing on: Are they in the right circles? Why? If not which circle do they belong and why? As an educator comment on responses where necessary to clarify misunderstandings, incorrect information and provide alternatives.

Concluding the exercise

- Round up the discussion inspiring hope, control and a sense of being positive.
- This activity can be concluded by reading out the Serenity prayer below.

*God grant me the serenity
To accept the things I cannot change
Courage to change the things I can
And wisdom to know the difference.*

By Reinhold Niebuhr (1951)



5.6 MOOD LIFTING SINGING



Music and singing can be a stress reliever and mood booster. Whether one is listening to music, playing music, creating music, singing along or moving to music, it can be a powerful tool to use to reduce stress levels and anxiety and promote learner mental health and well-being.

Faster music can make you feel more alert and a slower tempo can quieten your mind and relax your muscles. If you add some movement like dancing or tapping to the beat, it can lift your spirits, giving your body the extra boost and easing tension. Singing may cause the release of endorphins (*the feel good hormone*) in the body and as well as stimulate the release of oxytocin, a hormone that reduces anxiety and stress. It allows for more oxygen into the blood and to circulate in the body, promoting an improved mood. Sing-

ing can therefore serve as a natural anti-depressant, giving learners an opportunity to release emotions, negative energy and to process loss and grief. It does not require any special skill, resources or equipment.

Time, Place and Frequency

Singing a song or having a music break, can be done at any time to help learners de-stress and refocus. Singing can be led by the educator, a talented learner or the class can sing in chorus. All children can sing. The focus should not be on perfection of tone, tune or rhythm, rather than on the messages, behaviour and feelings the song promotes. It can be conducted in the classroom, playground or on the school transport.

Requirements

Select songs that will relieve fears and worries that are evoked by the crisis that is being experienced. Ensure the words and meaning of the songs are age appropriate, positive and mood lifting. No additional musical equipment or background music is compulsory. The song sheet is all that is needed, if it is a song that is not familiar to all learners.

In relation to the fears, anxiety and stressed evoked by the current health pandemic, COVID-19, this guideline provides related song sheets of songs that can be sung with learners to release stress and tension. The song sheet in **Annexure 3** will have to be printed for the learners. If the song is unfamiliar, versions of the song are on YouTube, links are listed on the song sheet.

Instructions

Present the song to the learners and unpack the messages, behaviours and feelings that the song promotes. If it is an unfamiliar song teach it first to the learners. You can even play the recorded version.

The following songs are recommended and listed below as they inspire and promote protection and safety and will uplift the mood of the learners in the time of the current health crisis:

1. Gloria Gaynor's 1978 hit song "I will survive". The parody version is called, "We will survive- Quarantine" by Tracey and Zoe Carter found on <https://youtu.be/sPbh-E0Nih0>. The words for this song are in **Annexure 3** (Page 32)
2. "This little light of mine, I'm gonna let it shine." This happy feel good song is another mood lifter. The words for this song are in **Annexure 3**. (Page 33) Various versions of the song can be accessed on YouTube.
3. A sing along that is enjoyed widely by adults and children...Wash your hands with Baby shark doo doo doo, <https://youtu.be/L89nN03pBzI>
4. The Sesame street Washy Wash song, <https://youtu.be/yQn0z6xa8II>



5.7 USING STORIES FOR HEALING

Story telling is a great tool for starting conversations with learners about fears, conflicts, death, loss and the developmental issues they face. Stories not only serve as a window into the minds of learners, but also affords us with an opportunity to provide them with **comfort and reassurance**. In the classroom situation, educators can use stories **diagnostically** to determine learners' feelings, needs, conflicts, fears, developmental issues and understanding of relationships.

Stories that speak metaphorically to conflicts, developmental, social and health issues that learners experience can be used as a non-threatening stimulus to initiate discussions on such issues. When using written stories for this purpose, the role of the educator is not to lead the discussion to promote appreciation of the literature, but rather to focus on the



‘conflict’ or ‘issue’ that the story highlights. Zooming in on any **appropriate, inappropriate or maladaptive management** of the issue expressed in the story. The focus is not for the educator to lead the response but to prompt learners to identify the issues, share their views, thoughts, own stories and experiences with the aim of learners arriving at a mature **or** healthier mode of adaptation or understanding that may or may not be reflected in the story.

Below are guidelines on how educators can use story telling/writing to address fears, conflicts, developmental, social and health related issues that learners may experience.

Time, Place and Frequency

Stories in any form can either be incorporated into the Language or Life Orientation lessons, or done as an extension activity. It can be included as part of the regular school programme or introduced when there is a particular issue that is causing learner stress and anxiety. Story-telling for the purpose of assisting learners to manage stress is less threatening and most effective if it is conducted as an interactive classgroup activity.

Requirements

Select stories that relate to the issues, behaviours, emotions or life experiences that are of concern at a given time for learners. Stories for healing purposes and general well-being may take the form of either a written story book, stimulus cards to initiate story-telling, or story-writing. You would need the copy of the story book or flash cards containing stimulus words to initiate the story-telling or basic stationery to encourage free writing in response to issues raised in stories.

Instructions

Story-telling or story reading is by nature a form of drama, so educators are encouraged to be expressive in their presentation. Make it an interactive experience.

The objective of the exercise is to:

- provide opportunities for learners to explore and discuss their feelings and experiences,
- provide appropriate information, reassurance, comfort, coping strategies and healing, and
- to listen to and observe learners who may appear fearful, stressed or anxious and would require further support.

You can obtain material for story telling from places such as the school library, magazines, newspapers, Youtube or create a story. There are four steps to follow when using stories to reduce fears, anxieties and stress. They are:

- firstly, reading out the story to the learners, providing explanation and clarification of the main messages surrounding the psychological issue the story highlights
- secondly, engage learners on messages in the story, allowing learners to express themselves freely, share ideas, acknowledge good adaptive behaviour, correct and/ or explore with learners alternative strategies for maladaptive behavior
- thirdly, engage learners in an exercise associated with the main message of the story. Giving learners a chance to participate in an activity that inspires hope, releases tension and gives them a sense of control
- fourthly, summary and closure. Here the educator brings the main messages of the story together with the main points raised in the discussions and possible coping strategies identified in the story and through the discussions.

Below are three suggested activities you could do using the above 4 steps to address fears and anxieties related to COVID-19.

Activity 1: Using newspaper articles, YouTube clips, or feature stories in magazines

This activity requires a story of someone's life experience. The story serves as a stimulus to conduct discussions and conversations that are explorative, reassuring and healing on issues related to the COVID-19 pandemic. The questions posed to the learners become crucial in reaching the objectives of this exercise. Below are some sample questions that can be adapted to suit the context of the story that has been chosen.

1. How do you think the person who is infected feels?
2. Is it the only thing you think he/she is feeling?
3. What do you think they possibly meant when he/she said.....?
4. How should others have treated him/her?
5. What was he/she supposed to do when they feel alone and angry?
6. Where could he/she have gone to get help?
7. What could she have done differently?
8. How would you change the story so that it has a happy ending?
9. What is the best thing to do if you get infected?
10. If you were in this situation what would you do?

Activity 2: Using a Storybook

Example: *The invisible string* by Patrice Karst. (See Annexure 4).

This story is suitable for Grades R to Grade 6. It addresses the issue of separation and provides reassurance by using the idea of a magical invisible string that symbolizes the connection, bond and caring between an individual and his/her loved ones, even though they are not always physically together. Thus reassuring that one is never alone and is always protected and loved. This story can be used to initiate discussion on coping with separation, death and grief.

Step 1: Read the story to the Learners

Step 2: Engaging Learners on the main messages in the story.

The following are suggested questions/ideas to initiate a discussion:

1. What made Liza and Jeremy scared?
2. Who did they go to, to feel safe?
3. What makes you scared?
4. Who do you talk to if you are scared, lonely or sad?
5. Are they always around, for you to talk to?
6. How do you feel when the people that care and protect you are not around?
7. In the story the Mom says that there is an invisible string that connects her to Liza and Jeremy. What does she mean by that?
8. Do you feel that you have an invisible string connection with your family or friends? Name a person/persons you have this kind of connection with.

9. Can you reach your invisible strings whenever you want to?
10. Which string is the strongest and always there?
11. Do you miss any strings? What message would you like to send towith your string that connects you both?

Step 3: Learner Activity

- Choose a person/s with whom you feel you have a close relationship but is not always with you or you can't see again or someone that is sick.
- draw hearts on the paper provided (for younger learners, the educator may have to draw the hearts or provide a template for the drawing of the heart).
- draw a picture and write the name of the person you are connected to on each heart and attach a string to the heart. Learners can take their art home to hang in their rooms or to keep it with them so that everytime they feel the need to feel the love and protection of that person they can tug at the string.

Step 4: Discussion and closure:

The educator provides appropriate assurance and comfort in relation to responses. Provide suggestions for alternatives or makes referral for supports needed for any learner. End the sessions with inspiration and hope.

Activity 3: Story Telling using Stimulus Card/object

Educators can also make use of a story-telling technique that adopts a stimulus to initiate the story telling or discussions on developmental, social and health issues affecting learners. With this technique, the educator can present a stimulus such as a flash card, phrase, poster, or an object such as a toy image. The nature of the stimulus will depend on the issue of concern addressed by the educator. The educator encourages learners to create a story (with beginning, middle, and end) about random stimulus. A group of learners or the whole class can be involved in creating different parts of the story. The story must highlight an issue or teach a lesson. As the story develops, the educator can also offer a response into the development of the story if he/she wants to prompt learners to explore or challenge aspects that are coming through. Here again, the focus of the activity is to determine the developmental issues and conflicts faced by learners and to promote a mature or healthier way of adapting or understanding conflict, developmental, social or health issues.

Below are some suggested examples of stimulus objects/ phrases:

Stimulus object	Grade	Example
<p>Pictures</p> <p>Ask learners to tell the story behind this picture</p>	Grade R - 6	<ul style="list-style-type: none"> • A crying child • A car accident scene • Child holding an adult's hand • A scene of a learner passed out with images of drugs/alcohol around him/her • A person with a face mask
<p>Incomplete story:</p> <p>Ask learners to tell or write a story starting or end with the phrase.....</p>	Grade 3-5	<p>Once upon a time my fairy God mother came to me and said....</p> <p>"You are special, you are loved because ..."</p> <p>"You can do this, you just have to ..."</p> <p>"You are the coronavirus Hero because...."</p>
	Grade 6-12	<ul style="list-style-type: none"> • This too shall pass... • ...the calm after the storm • Sometimes life throws you lemons...
<p>Flash cards- stimulus:</p> <p>A flash card containing a phrase is presented. Choose a phrase and build a story related to the chosen issue</p> <p><i>Learners are required to add to building the story .. move slowly through the group asking learners to continue the story from the last response, adding one sentence at a time. The educator will prompt using words like 'and'....'then'....'the next thing that happened'.... 'or' 'and then'.....' it all ended with'....'in the end'</i></p>	Grade R -12	<ul style="list-style-type: none"> • Thandi just found out that she was infected with COVID-19. She • It was day 26 of the lockdown, we were..... • My dad's boss told him that they didn't have a job for him anymore. My Dad..... • I could not see my dad during lockdown..... • During the lockdown Patricia often sat quietly wishing and praying that her grandmother was living with her • My mum switched on the TV and we saw a very sick man on a ventilator..... • Our President is going to make an announcement tonight about.....

6. COPING STRATEGIES FOR LEARNERS

There are some simple strategies that can be taught to learners to help them cope with not only the pressures of daily life but also during times of stress. These coping strategies can be taught either in the Life Orientation lessons or as part of extra-curricular activities. In teaching these strategies provide an explanation of the strategy and its value to mental health and well-being. These strategies can be repeated and reinforced throughout the year. A list of these strategies can be written up and displayed in class.

Activity	Briefing notes for discussion.
Maintain a daily routine	Routine gives our lives structure and discipline that helps you feel more in control. Your day should be scheduled (more or less the same time every day in respect to daily activities) for meals, bathing, chores, homework, exercising and family time. Routine enables us to know exactly what tasks need to be done and when, this means less decision-making about routine tasks or procrastination. Activities become standardized and we become more efficient.
Get enough sleep	A good night's sleep is incredibly important for your health. Good sleep improves concentration and knowledge acquisition in class. Lack of sleep is also linked to increased stress, anxiety and depression. On average, the learner should sleep 8 hours a day. Set a regular "go to bed" and "rise" time.
Try to eat healthy meals with plenty of fruits and vegetables	Good nutrition is an important part of leading a healthy lifestyle. Poor or imbalanced diet can lead to diabetes, heart problems, obesity and a range of other medical conditions. Poor health increases fatigue and stress levels which impact your academic performance.
Food/drinks to avoid	Caffeine has a disruptive effect on your sleep, as it makes you alert and reduces your sleep time. This can lead to tiredness and fatigue in class. It is advised that you avoid caffeinated drinks. Drink water, fruit juice and drinks without caffeine. Stay away from alcohol or drugs, these compound your problems, makes you spend more money and negatively affects your mind and body.
Exercise regularly	Exercise increases your overall health and your sense of well-being. Exercise pumps up your endorphins, this chemical (neurotransmitter) results in a feel-good state of mind. In doing so, the stress hormone is reduced. You can run, take a brisk 20-minute walk, dance, skip, walk-up and down the stairs or do simple exercises.
Mental Health	To keep a healthy mind during a crisis like Covid-19: <ul style="list-style-type: none"> • Limit the amount of time you spend watching news/ scanning social media as it can unnecessarily increase anxiety. • Be aware of "fake news" don't believe everything you receive on your WhatsApp. Also, don't resend/forward fake news. • If you are on prescribed medication, remember to take it. • Replace negative self-talk "My grade will never improve" with positive self-talk "I can do better if I work harder." Ask for help, work on past papers. This change in focus will make you feel in control and in charge of your life and your future. • Acknowledge your feelings and focus on the things you can control. • "Laughter is the best medicine" a good laugh and having a sense of humor can reduce anxiety. So, go ahead laugh out loud (LOL), enjoy a joke and share one. • Do things that you enjoy and unwind. Listen to some relaxing music, read, draw, take a walk or get a hobby. • Keep in touch via social media platforms with your family and friends.
Seek help	If you are worried and stressed and feel that you cannot cope, it's okay to seek help. Most people have had to seek help at times. You can: <ul style="list-style-type: none"> • Talk to a friend or caring adult/ educator/ a LSA if there is one at your school • Seek professional help, see the contact numbers provided at the end of the document. (Annexure 1 (ii) – Toll Free Helplines and counselling services.

7. SUPPORT

A whole-school approach to the provision of support is required. All staff, teaching and non-teaching staff must communicate correct information (eg. COVID-19), monitor learners closely and provide/ facilitate additional support for learners who require help. The SBST (School-based support team) is mandated to lead and coordinate the provision of support to learners. As such, the school must identify organizations, stakeholders and partners in the community or district that can provide additional social, emotional and psychological support.

Educators are advised to be observant in class for learners showing signs of stress (see Section 3 and 4 of this guideline booklet). The timely identification and support of learners at risk of psychological breakdown is critical to preventing school dropout, poor scholastic achievement and life threatening behaviour.

7.1 Accessing Support for Learners

Step One	<p>Educator identifies learners in need of care and support. Or</p> <p>Learners disclose to an educator that they need help. Or</p> <p>Educator receives information about a learner who may require help.</p>
Step Two	<p>The educator speaks to the learner in order to determine the exact support needs. Educator engages the learner on his /her observations. Depending on the nature and severity of the problem, the educator will make a professional decision on the way forward. Suggested options are listed in Step Three.</p>
Step Three	<p>Option A: Managed by educator with or without additional support.</p> <p>The case can be managed by the educator. The learner is supported with the required information, coping strategies, and general care and support. The educator continues to observe and support the learner.</p> <p>Option B: Managed at school level by educator/s in collaboration with SBST.</p> <p>Educator requires additional support and refers the case to the SBST. The SBST determines the exact support requirements and either provides in-house counselling or requests for assistance from either the school Transversal Support Team - Department of Health, Department of Social Development, Department of Education or NGOs.</p> <p>Option C: SBST collaborates with Network of support providers to facilitate the provision of specialized support services.</p> <p>If the learner displays high levels of distress or if the home circumstances are unsafe and life threatening, the school can call the KZN Department of Education- Psycho-social services immediately for urgent intervention, contact numbers can be found in Annexure 1 (i).</p> <p>In such cases of extreme distress or safety emergency, the regular procedures detailed in the SIAS Policy (Screening, intervention, assessment and Support) to be followed by the SBST are by-passed.</p> <p>In non-emergency cases, SBST must request for assistance from district SNES: Psycho-social services using the process outlined in the SIAS Strategy.</p>
Step Four	<p>Once the learner has been referred for assistance, it is the responsibility of the school to ensure the required support is accessed to monitor progress and provide feedback on the effectiveness of the support provided on learner school attendance, scholastic achievement and general well-being.</p>

7.2 Social Stigma and Discrimination

There are two important considerations that educators need to be vigilant about when identifying learners in distress and requiring additional specialized support. These are social stigma and discrimination.

According to information from UNICEF and WHO, social stigma in the context of disease (in this context COVID-19) is the negative association between a person and the disease. People who have contracted the disease are labelled, stereotyped, discriminated against, treated differently, separated, and or experience loss of status because of the perceived link to the disease. Such treatment does not only affect the person who has contracted the disease but also their caregivers, family, friends and community.

There are three main reasons for fueling harmful stereotypes associated with COVID-19 namely:

- the disease is new and unknown
- people are generally afraid of the unknown
- it is easy to associate fear with “others.”

The current COVID-19 outbreak has provoked stigma against people of certain ethnic backgrounds or specific religious groups and race. It is understandable that there can be confusion, anxiety, and fear among the public, but such treatment can cause people to hide their illness to avoid discrimination, avoid seeking health care and to be discouraged from adopting healthy behaviours. This in turn is likely to have negative implications for the spread of the virus, people’s health and life.

How can stigma from COVID-19 be prevented?

A big contributor to promoting stigmatisation and discrimination is the lack of factual knowledge about the incident, issue or condition. Therefore the first step to contain the issue of stigma and discrimination is address myths and misinformation. Ensuring clear communication of the facts promoting the Safety protocols would help to reduce the risk of learners engaging in discriminatory behaviour and use of stereotypical statements. Appropriate communication and the use of non-discriminative vocabulary is very important to avoid promoting stigma and discrimination. Below are words to use and words to avoid:

- Don’t talk about people “transmitting COVID-19” or “spreading the virus” or “infecting others” , these phrases imply blame and suggest intentional transmission. Rather say” People who “acquire” or “contract” COVID-19.
- Do speak accurately and factually about COVID-19 based on scientific data and latest official health advice.
- Avoid using, repeating or sharing unconfirmed rumours and information or language that generates fear and anxiety, example “plague” or “apocalypse”.
- Use positive language, “we will overcome this pandemic”, “a vaccine will be discovered”, “we have science and technology to support us”, “things are different, for now”
- Avoid using criminalising or dehumanizing language or terminology (eg.” People with coronavirus are poisoned/infested”) creates the impression that those with the disease have somehow done something wrong.

Trust in the health services and advice, showing empathy with those affected, having a better understanding of the disease, and adopting safety protocols as advised by the health services, helps to reduce the risk of engaging in discriminatory behaviours and making stereotypical statements.

Should a staff member or learner test positive with COVID-19, the patient will have to be informed that reporting will have to be done in accordance to Government COVID-19 Regulations. Confidentiality outside of these regulations will have to be maintained and such results will not be made known to any other person.

8. Disclaimer

The exercises and activities contained in this guideline is not intended to be a substitute for any specialist therapeutic or medical intervention. Learners requiring access to such support should be referred appropriately.

9. Reference

1. Reference

- Claire Newton, (2013), Circles of Control, available on: <http://www.clairenewton.co.za/my-articles/circle-of-control.html>
- COVID-19 Online Resources and News Portal (SA), (2020), available on: <https://www.sacoronavirus.co.za>
- Department of Basic Education (SA), available on: <https://www.education.gov.za>
- National Department of Health (SA), (2020), Corona Virus Outbreak, available on: <http://www.health.gov.za>
- Intentional laughter, Resources available on: Intentional Laughter: <https://youtube/r1v1WvkrYY> and <http://robertrivest.com/>
- Patrice Karst (2018), The invisible string, available on: https://youtu.be/_cOLBBtAl
- Progressive Muscle Relaxation- an Essential Anxiety skill, available on YouTube: https://youtu.be/SNqYG95j_UQ
- Progressive muscle relaxation, available on YouTube <https://youtu.be/Li6BNa75TQw>
- World Health Organisation (2020) – COVID-19 Resources and guidance <https://www.who.int/health-cluster/news-and-events/news/COVID19-resources/en/>

2. Songs

- Tracey and Zoe Carter (2020), “We will survive- Quarantine”, available on: <https://youtu.be/sPbh-EONihO>.
- Sesame street, Washy Wash song, available on: <https://youtu.be/yQnOz6xa8ll>
- Wash your hands with Baby shark doo doo doo, available on: <https://youtu.be/L89nN03pBzl>

ANNEXURE 1

CONTACT NUMBERS FOR SUPPORT

(i) KZN DEPARTMENT OF EDUCATION: SNES-PSYCHO-SOCIAL SERVICES

DISTRICT	DESIGNATION	NAME OF OFFICIAL	OFFICE NUMBER	CONTACT NUMBER	EMAIL
Head Office	CES	Dr K Naidoo		083 595 6384	Khumsila.naidoo@kzndoe.gov.za
	DCES	Mrs M Jeena		082 441 7605	Jeena.madhumati@kzndoe.gov.za
	Social Worker	Mr MD Hadebe		078 509 3736	Mafika.hadebe@kzndoe.gov.za
Amajuba	CES	Mr R Khuzwayo	034 989 9881	082 618 2385	Reggie.khuzwayo@kzndoe.gov.za
	Act. DCES	Ms T.T Thwala		079 8182 128	theresa.thwala@kzndoe.gov.za
	SES	Ms B Mathenjwa		072 789 9999	g.cina@live.com
Ilembe	Act. CES	Mr SK Ndlovu	032 439 6000	065 857 0897	Sandile.ndlovu@kzndoe.gov.za
				082 830 4482	
				082 373 3766	
	Act. DCES	Mr SK Ndlovu	032 439 6138/6/7	065 857 0897	mpongosk@gmail.com
	SES	Mr SC Ngcobo		082 830 4482	sngcobo172@gmail.com
Harry Gwala	CES	Mr MI Thango	039 797 3724	072 379 1379	Msizi.Thango@kzndoe.gov.za
					thangomsizi@gmail.com
					Esha.Pillay@kzndoe.gov.za
	DCES	Ms N Mafumana		072 2304 442	Khosi199@gmail.com
	Social Worker	Ms Mtsi		073 263 2268	thabisilemtsi72@gmail.com
King Cetshwayo	CES	Ms C.S. Busane	035 901 1525	082 930 3266	Synthia.Busane@kzndoe.gov.za
	DCES	Ms CW Khanyile		082 9506 189	celiwe.Khanyile@kzndoe.gov.za
Pi-netown	CES	Ms N.J Mchunu	031-7162711	082 336 3984	Namisile.Mchunu@kzndoe.gov.za
				081 464 9105	Niroshani.Haripersad@kzndoe.gov.za
	DCES	Dr B Naidoo		072 189 7329	mervynn@telkomsa.net
	Social Worker	Ms N Dlungwana		073 562 9329	Nomlindo.Dlungwana@kzndoe.gov.za
Ugu	CES	Ms T. Madikiza	039-688 8620	072 921 6722	Thandiemadikiza@gmail.com
					Queeneth.Madikiza@kzndoe.gov.za
	DCES	Mr C.Z Machi	039 688 8675	083 763 8078	Cedric.machi@kzndoe.gov.za
	Sch. Couns	MS N Lushaba		073 886 5891	Lushaba28@gmail.com
Umlazi	Act. CES	Mr J. Naidoo	031-251 4501/ 38	084 972 8800	Jabu.Hlongwane@kzndoe.gov.za
	DCES	Ms SAL Govender	031-251 4538/ 00	083 783 8894	Salgov57@gmail.com
	SES	Dr Yoga Gramani		083 301 0838	sal.govender@kzndoe.gov.za yogavathi.gramani@kzndoe.gov.za

Umgungundlovu	CES	Ms N Zondi	033 897 7900	073 424 0880	Nomlindo.Dlungwana@kzndoe.gov.za
	Act. DCES SES	Ms L Mngadi Ms L Armstrong	033 897 7909/16	084 399 8670 083 656 0289	Lungile.Mngadi@kzndoe.gov.za Lara.Armstrong@kzndoe.gov.za
Umkhan-yakude	Act. DCES Social Worker	Ms P.J Madika Ms Z Mthembu		079 5915 841 072 095 5755	pjmadike@gmail.com zinhlesma@gmail.com
Uthukela	CES	Mr N Ndlovu	036 638 5204	079 311 4921 082 568 7926	Nkosinathi.Ndlovu@kzndoe.gov.za Manisha.Ramdewo@kzndoe.gov.za
Uthukela	Act. DCES	Mr B.P Ngozo	036 638 5200	082 977 9988	ngojobp@gmail.com
Umzin-yathi	CES	Mr S. Myeza		073 173 5919	Siphomyeza.sm@gmail.com
	DCES Social Worker	Mr Q Nkabinde Ms G.P. Khuzwayo	034 219 2768	073 335 5255 076 023 3743	Qiniso.Nkabinde@kzndoe.gov.za Goodness.Khuzwayo@kzndoe.gov.za
Zululand	Act. CES	Ms Z Mdakane	034 928 6660	082 942 0957	zodwamdakane07@gmail.com
	DCES	Ms E.N. Vilakazi	034-328 4588	082 470 6206	Eunice.Vilakazi@kzndoe.gov.za

(ii) TOLL FREE HELPLINES AND COUNSELLING SERVICES

Life can be difficult sometimes. If you need someone to talk you may contact any of the call centres below:

ORGANISATION	CONTACT NUMBER
COVID EMERGENCY HOTLINE	0800 029 999
COVID Whatsapp Support line	0600 123 456
Childline	08000 55 555
Lifeline	0861 322 322
South African Depression and Anxiety Group (SADAG)	0800 567 567 SMS 31 393
SMS 31393	0800 204353
Gender based Violence DSD Hotline	0800 428 428
KZN DoE Helpline	0800 204 353
South African Police	08600 10 111
National Crisis line	0861 322 322
National SASSA call centre	0800 60 10 11
KZN SASSA call centre	033 846 3400/3300
ER24	084 124
Emergency call	10 111
Substance abuse line	0800 12 13 14 SMS 32312
Human Trafficking	0800 222 777

Annexure 2

Facts and Myths of COVID-19

Myths vs Facts

Myth: COVID-19 cannot be transmitted in areas with hot and humid climates.

Fact: COVID-19 can be transmitted in ALL AREAS, regardless of climate.

Myth: Cold weather and snow can kill COVID-19.

Fact: There is no indication that cold temperatures can kill COVID-19. The normal human body temperature remains around 36.5°C to 37°C, regardless of the external temperature or weather.

Myth: Taking a hot bath prevents COVID-19.

Fact: Normal body temperature remains around 36.5°C to 37°C, regardless of the temperature of your bath or shower. Actually, taking a hot bath with extremely hot water can be harmful, as it can burn you.

Myth: Coronavirus can be transmitted through mosquito bites.

Fact: There is no evidence to suggest that mosquitoes can transmit the virus. Coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose.

Myth: Hand dryers effective in killing COVID-19.

Fact: Hand dryers are not effective in killing the virus.

Myth: An ultraviolet lamp can kill COVID-19?

Fact: UV lamps should not be used to sterilize hands or other areas of skin as UV radiation can cause skin irritation.

Myth: Spraying alcohol or chlorine all over your body can kill COVID-19.

Fact: Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body. Spraying such substances can be harmful to your mucous membranes.

Myths: Pets can spread COVID-19.

Fact: At present, there is no evidence that pets such as dogs or cats can be infected with Coronavirus.

Myth: Vaccines for pneumonia protect you against Coronavirus?

Fact: Vaccines against pneumonia, such as pneumococcal vaccine and haemophilus influenza type B (Hib) vaccine, do not provide protection against COVID-19. The virus is so new and different that it needs its own vaccine.

Myth: Regularly rinsing your nose with saline can help prevent COVID-19 infection.

Fact: There is no evidence that regularly rinsing the nose with saline has protected people from Coronavirus infection.

Myth: Eating garlic can help prevent COVID-19 infection.

Fact: Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the Coronavirus.

Myth: Only the elderly can contract COVID-19.

Fact: People of all ages can be infected by COVID-19. But older people, and people with pre-existing medical conditions, appear to be more vulnerable to becoming severely ill with the virus.

Myth: Antibiotics are effective in preventing and treating COVID-19.

Fact: Antibiotics do not work against viruses, only bacteria.

Myth: There are medicines to prevent or treat COVID-19.

Fact: To date, there is no specific medicine recommended to prevent or treat COVID-19.

Myth: Masks can affect the ability to breathe and promote CO2 poisoning.

Fact: Masks if worn correctly does not cause CO2 poisoning nor oxygen deficiency

Myth: COVID-19 infection is a sure death sentence

Fact: Most people who get COVID-19 have mild or moderate symptoms and recover from it with supportive care.

Myth: Drinking alcohol can protect you from COVID -19 infection

Fact: Drinking alcohol will not protect you from COVID-19 infection, it can harm you and cause serious health problems.

Myth: Thermal scanners can detect COVID-19

Fact: Thermal scanners do not detect COVID-19, they measure body temperature

(Information obtained from the World Health Organisation and the South African Department of Health.)

ANNEXURE 3 Theme songs

We will survive – Quarantine Parody by Tracey and Zoe Carter

At first I was afraid, I was petrified
When I heard that schools were closed
And kids must stay inside
I spent oh so many nights
Thinking how it could go wrong
But I grew strong

I told them put the TV on
But you get back, I need some space
I want you 2 meters away
Can't have you too close to my face
All it takes is just a cough
Or a simple little sneeze
I ain't catching COVID-19
I ain't wanting no disease
Now COVID go, walk out the door
Just turn around now
Cause you're not welcome anymore

Yes you're the one the reason
We're all locked inside
But we won't crumble
If it means you'll lay down and die
Oh, yes I, I will survive
Oh if we all play it by the rules
And always sanitize
We'll have all our lives to live
Our kids a future we can give
If we abide, we will survive
Hey, Hey
Hush... Hush... Hush... Hush

There is no other way
At home we've got to stay
It takes all the strength I have
Not to go outside
Cause I miss my zinger wings
And my MacDonalds fries
I spent oh so many nights
Feeling sorry for myself
Now is my time, turn my body
From a 6 into a 9
Then you'll see me somebody new
Learning how to do the things
I wouldn't usually do
Oh I baked 3 loaves of bread
Finally had the time to read

Oh this lockdown it ain't easy
But it's what the whole world need
Now go COVID GO, walk out the door
Just turn around now
'Cause you're not welcome anymore
Yes you're the one the reason
We're all locked inside

<https://youtu.be/sPbh-EONih0>

This Little Light of Mine

Chorus

This little light of mine
I'm gonna let it shine
This little light of mine
I'm gonna let it shine
This little light of mine
I'm gonna let it shine
Let it shine, let shine, let it shine

Verse1

I'm going to hold my light up in the air
I'm gonna let it shine
I'm going to hold my light up in the air
I'm gonna let it shine
I'm going to hold my light up in the air
I'm gonna let it shine
Let it shine, let shine, let it shine

Verse2

I'm going to take my light around the world
I'm gonna let it shine
I take my light around the world
I'm gonna let it shine
I take my light around the world
I'm gonna let it shine
Let it shine, let shine, let it shine

Verse 3

I won't let anyone blow it out
I'm gonna let it shine
I won't let anyone blow it out
I'm gonna let it shine
I won't let anyone blow it out
I'm gonna let it shine
Let it shine, let shine, let it shine

Repeat Chorus (x2)

ANNEXURE 4

Story: The Invisible String by Patrice Karst

To the children of the world, and the magic of their strings.....

Liza and Jeremy the twins, were asleep one calm and quiet night.

Suddenly it began to rain very hard. Thunder rumbled until it got so loud that it woke them up.

"Mommy, Mommy!" they cried out as they ran to her.

Don't worry you two! It's just the storm making all that noise.

Go back to bed."

"We want to stay close to you," said Jeremy.
"We're scared!"

Mom said, "You know we're always together, no matter what."

But how can we be together when you're out here and we're in the bed?" said Liza

Mom held something right in front of them and said, "This is how."

Rubbing their sleepy eyes, the twins came closer to see what Mom was holding. "I was about your age when my Mommy first told me about the INVISIBLE STRING."

"I don't see a string said Jeremy."

"You don't need to see the Invisible string. People who love each other are always connected by a very special string made of LOVE."

"But if you can't see it, how do you know it's there?" asked Liza.

"Even though you can't see it with your eyes, you can feel it with your heart and know that you are always connected to everyone you love."

"When you're at school and you miss me, your love travels all the way along the string until I feel a tug on my heart." and when you tug it right back, we feel it in our hearts," said Jeremy.

Does Jasper the cat have an invisible string?" Liza asked.

"She sure does," said Mom.

"And best friends like me and Lucy?" asked Liza.

"Best friends too!"

"How far can the string reach?"

"Anywhere and everywhere," Mom said

"Would it reach me even if I were a submarine captain deep in the sea?" asked Jeremy.

"Yes" Mom said, "Even there".

"A mountain climber", "Even there"

"A ballerina in France?" "Even there"

"A jungle explored?" "Even there"

"How about an astronaut out in space?"

"Yes, even there."

Then Jeremy quietly asked, "Can my String reach all the way to Uncle Brian in Heaven?"

"Yes ... even there."

Does the string go away when you're mad at us?"

"Never." Said Mom

"Love is stronger than anger, and as long as love is in your heart, the string will always be there."

"Even when you get older and can't agree about things like what movie to see....or who gets to ride in the front seat...or what time to go to bed.

Oh! That's right! You two should be in bed!"

And with that, they all laughed as Mom chased the twins back to their beds.

Within a few minutes, they were asleep even though the storm was still making the same loud noises outside.

As they slept, they started dreaming of all the Invisible strings they have, and all the strings their friends have,

And THEIR friends have,

And THEIR friends have,

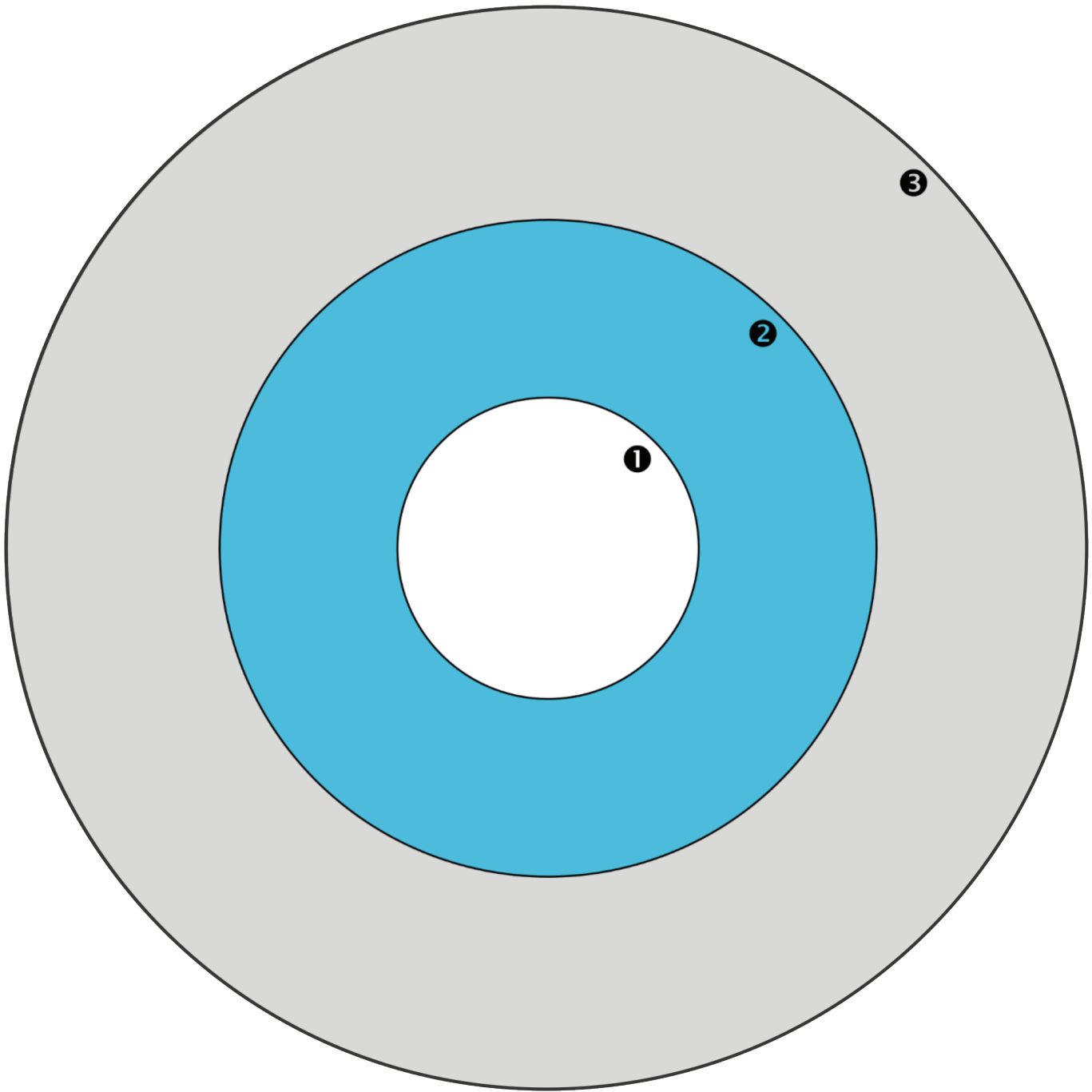
Until everyone in the world was connected by INVISIBLE STRINGS.

And from deep inside, they now could see.....

NO ONE IS EVER ALONE.

Circles of Control, Influence & Concern

WORKSHEET



1 Circle of Control

2 Circle of Influence

3 Circle of Concern

MY LIFE! MY FUTURE CAMPAIGN

MY LIFE
MY FUTURE.

MY EDUCATION FIRST