CHAPTER 1

INTRODUCTION AND EXPLANATION OF THIS RESEARCH

1.1 INTRODUCTION

Traditionally, childcare has been considered as a service to mothers, so that they can go to work. The researcher is of the opinion that caretaking of an infant by a trained caregiver is a developmental and educational service to the infant that is filled with love, care and understanding. The importance of quality care for the infant in a familiar, secure place by a secure attachment figure deserves attention and further research (Sagel & Berke, 1999: viii and Honig 1983:126).

In-home care is distinct from other more formal kinds of day care in allowing the infant to remain in a familiar, secure place. The infant can stay in his routine and can receive the full attention of his personal caregiver. The mother has the opportunity, to some extent, to monitor the behaviour of the caregiver whom, if not one already, becomes like one of the family (Clarke-Stewart, Gruber, & Fitzgerald, 1994:5). According to Raffin (1996:21) the use of a caregiver provides the best control over the quality of care that the infant receives.

The aim of this study, with the training programme for the caregiver, is not only to provide a warm and loving environment for the infant, but also to foster the infant's growth and development in order to prepare him to be a self-actualized individual. The caregiver will be trained to never take the mother's place, but to be a substitute for the mother while she is not at home.

For the purpose of this study, research was done within the context of the United States of America. Both the mothers and the caregivers, that were voluntarily the respondents for this study, are females. These respondents live in San Bernardino County, California, USA.

As an introduction to this research study, there is a focus on the motivation and formulation for the choice of subject. A goal and objectives are formulated. The research methodology that was used includes the research design and procedures. Through the process of exploring, new technology was developed in the form of a training programme. Concepts of this study are defined. In order to have insight in this study as a whole, this chapter is concluded with the division of the following chapters.

1.2 MOTIVATION FOR CHOICE OF SUBJECT

The motivation for this study revolves from the problem of quality care for the infant during the time the mother is working. Parents want their children to receive the best care possible, to be loved, nurtured, and educated and to be stimulated in a healthy environment. There are difficulties in finding childcare that fulfils these requirements and expectations that is still safe, legal and affordable, especially for infants up to two years (Sagel & Berke, 1999: viii). According to Helburn and Bergmann (2002:160) the parents' ability to pay for care, as well as their preferences for certain types of care, have determined the amount and quality of services available.

Mothers have gone to work in order to maintain or improve the family's standard of living; because rising costs and high inflation have created a need for increased income in most families. Mothers have also return to the workplace because they want careers, like their jobs, want to get out of the house and meet people, while having new and interesting experiences (Sagel & Berke, 1999: vi). The feminist movement has made it easier for woman to work and created the expectation that they would (Clarke-Stewart, et al. 1994:1). Sagel and Berke (1999:vi) states that according to the United States Department of Labor, 60 percent of all women with children under the age of six are currently working. Most women return to work within three months after the birth of their children. Over twenty-nine million American children presently require childcare.

Honig (1983:126) is of the opinion that secure attachment of infants to caregivers is essential for the health of infants. This is one of the most important research findings that caregivers need to absorb. Socio-emotional and intellectual development is related to the amount of attention the infant receives from the caregiver. Social attachment is essential for the individual's ability to establish interpersonal relationships (Newman & Newman, 1987:181). Continuity in the relationships with a caregiver is beneficial for the infant. The infant learns trust if he is with the same caregiver over a period of time, and could experience a change of caregiver as abandonment (Helburn & Bergmann, 2002:107-108 and Sagel & Berke, 1999:192). Infants that experience secure attachments will explore new things and will have a positive attitude towards the unknown (Louw & Louw, 1992:227-228). It is important, therefore, for the caregiver to become an attachment figure in the infant's socio-emotional development, in order for him to grow and develop as a self-actualized individual.

The infant will have more advanced social and intellectual skills if the caregiver is stimulating, educational, and respectful, and offer him intellectually valuable experiences. The caregiver trained in child development will be positive, involved, interactive, helpful, talkative, and didactic, and less authoritarian toward the infant in her care (compare Clarke-Stewart et al. 1994:12). According to Watkins

and Durant (1987:126) quality care is not possible if the caregiver did not have relevant training. Caregivers need training as they are mostly young and inexperienced with children.

The caregiver should have a good knowledge of infant development, including physical development, cognitive development, and socio-emotional development. This will prevent the caregiver from having expectations that are too high for the infant's developmental stage and discouraging the infant in his process of self-actualization (compare Watkins & Durant, 1987:126 and Van der Merwe, 1996:22). For this purpose, and for the purpose of this study, the researcher developed a training programme, with the use of play techniques and mediums. These techniques and mediums are adopted within the gestalt approach and supported by relevant aids. This programme is developed in accordance with the developmental needs and tasks of infancy to enable the caregiver to care optimally for the infant. By being part of this programme, the caregiver was stimulated on two levels of training, namely by internalizing theory and through practical experimental learning, whereby she was actively involved. The caregiver must have insight in the implementing and value of using this knowledge. The theoretical knowledge obtained during this programme was used as a strong foundation for practical outreach strategies during caring for the infant.

Training programmes for alternative caretaking of the infant do exist. These programmes and programmes in day care centres are based on the field of education to primarily stimulate the child's cognitive development. The teacher-child ratio is one teacher to ten children (for two-year-olds), with practical no time during a daily programme to address socio-emotional needs. Some day-care centres have a policy to enrol only children that have already been potty-trained. There is a gap in programme development, therefore, for optimal caretaking of the child, especially in the most essential age group, from birth to two years.

During her practical experience as social worker doing play therapy with children, and as a mother attending groups for mothers with infants, the researcher has identified the problem to address the need of alternative care. The need among personnel at day care centres and mothers is especially to address the socio-emotional development of infants.

1.3 PROBLEM FORMULATION

Many parents are unable to pay what standard quality services currently cost; much less what they would cost if quality should improve. Childcare in day care centres requires a large amount of labour which makes it too expensive in comparison with the parents' resources, yet people who perform childcare receive low incomes (Helburn & Bergmann, 2002:2-4).

According to Sagel and Berke (1999: vi-x) the childcare industry is one that has yet to arrive. There are limited licensing laws, limited profit margins, and no national standards. The demand for childcare is so high, yet many child care businesses and agencies provide substandard services because there is no nationally recognized system for parents to research and compare the relative effectiveness, background, and performance of a caregiver. Quality childcare is hard to find, and the field is filled with unskilled, untrained, overworked, unsupervised workers, and the potential for financial rewards is limited.

According to Thomas (1981:594) the existence of such a problematic human condition is often not recognized by the public or professionals. The researcher who brings about such recognition and who addresses the problem of important constituencies will receive more support from the target population, professional community, and general public.

Home childcare is the best and sometimes only solution to childcare problems. Many parents work hours that are incompatible with day care schedules. Some parents cannot afford the cost of, or even get their children into, quality day care centres in their area. Having a caregiver come into the home rather than taking the infant to a day care centre seems to be better for the infant (Raffin, 1996:2). According to Helburn and Bergmann (2002:107) the main advantage of hiring a full-time caregiver, especially if she lives with the family, is the flexibility it allows the parent.

According to Harris (1979:28) the financial cost of childcare and the emotional conflict that the mother experiences by leaving her infant in the care of someone else is a problem. It is essential that the mother understand the uniqueness of the infant as well as the needs of the family when selecting a caregiver. The researcher is of the opinion that the family will have an added measure of comfort knowing that the care of their infant takes place in their own home. Familiar surroundings and routine will make the adjustment much easier for the infant and will be more convenient for the family.

The caregiver must have the appropriate knowledge and experience of the infant in each developmental stage. Quality care depends on the mother and caregiver working together by sharing information about the infant and by the mother supporting the caregiver. Daily activities must be in accordance with the infant's age and developmental stage (compare Sagel & Berke, 1999:190). The researcher is of the opinion that the environment at home must be more child-orientated and organized, and must contain creative activities, academic materials, and a great array of toys and outdoors equipment, in order for the infant to optimally achieve his developmental tasks.

The research problem can, therefore, be summarized as the need for a training programme for a caregiver who wants to be formally trained in the theoretical aspects in addition to gaining practical experience in the developmental stage of an infant. Caregivers should be trained to provide in the infants' physical, cognitive, emotional and social needs, in order to care optimally for them in the safe and familiar environment of their own homes. At present, no such programme exists for social workers to use in training caregivers.

1.4. GOAL AND OBJECTIVES OF STUDY

In consideration of formulating the problem, a goal and objectives were formulated. A goal, according to Nel and Nel (1993:14) is a general and long-term conception which is not specifically measurable, because it is seen as a future idealistic condition. A goal implies the broader, more abstract conception of the end toward which effort is directed. The objective denotes the more concrete, measurable and speedily attainable conception of such end toward which effort is directed. The goal can be seen as the dream, while the objective is the steps one has to take realistically at grass-root level, within a certain time span, in order to attain the dream (De Vos, Schurink & Strydom, 1998:7).

1.4.1 Goal

The goal of this study was to develop, implement and evaluate a social work training programme for the caregiver of an infant, in order to provide in the infant's primary needs and development.

1.4.2 Objectives

The study achieved the goal through its objectives, which are:

- To build a theoretical frame of reference on existing training programmes for caregivers, early childhood development, and play therapy techniques and mediums, the gestalt approach, and tasks and roles of social workers in early childhood intervention.

- To do a need assessment to understand the needs of mothers of infants and their expectations for a training programme for caregivers of infants.

- To do a need assessment to understand the caregiver's needs and their expectations of a training programme.

- To develop a training programme for caregivers of infants while taking into account the literature study and the knowledge gained from the needs assessments of the mothers of infants and of the caregivers.

- To implement the training programme with caregivers.

- To evaluate the impact of the training programme on the caregivers.

- To come to conclusions and recommendations regarding the dissemination of the programme.

1.5 RESEARCH HYPOTHESIS

Leedey (1993:14) defines a hypothesis as an intuitive feeling, a hunch, a supposition, or an educated guess with respect to the outcome of the problem. According to Bless and Higson-Smith (1995:11) a hypothesis is a tentative explanation for certain facts that will become part of a theory as soon as it is confirmed by sufficient evidence. It is usually expressed as the statement of a relationship between dependent and independent variables that give direction to the study. The hypothesis is tested through investigation and may be accepted, should the results of the study correlate with the assumptions made in the hypothesis, or rejected, should the findings of the study contradict the statement made in the hypothesis (De Vos & Van Zyl, 1998:116).

In light of the aim of this study, the following research **hypothesis** was formulated:

If a caregiver is trained in accordance with the social work training programme, then the caregiver's knowledge and skills toward caregiving will be enhanced.

Sub-hypotheses were formulated from the main hypothesis:

- Training the caregiver in accordance with the social work training programme (independent variable) will improve her theoretical knowledge about an infant (dependent variable).

- Training the caregiver in accordance with the social work training programme (independent variable) will improve her skills in caring for the infant in her care (dependent variable).

1.6 RESEARCH APPROACH

A **combination of qualitative and quantitative research** methods was used in this study. When qualitative and quantitative methods of data collection are mixed, we term the process **triangulation** (De Vos, 1998:359). Cresswell (1994:173-190) presents three models to design a study that combines the qualitative and quantitative paradigms in a single project. The three models are the two-phase model, the dominant-less-dominant model, and the mixed methodology design model. For the purposes of this study the researcher used the **two-phase model**. Cresswell (1994:173-190) describes the two-phase model in which the researcher proposed to conduct a qualitative phase of the study and a separate quantitative phase. The advantage of this approach is that the two paradigms are clearly separate; it also enables a researcher to thoroughly present the paradigm assumptions behind each phase.

The first phase in this study existed of doing a need assessment with the mothers of infants and a need assessment with caregivers. During this phase, the qualitative approach was the best to gain the most and richest data. During the second phase of the research the quantitative approach was used to measure the impact of the training programme on the caregivers.

1.7 TYPE OF RESEARCH

The researcher made use of **applied research**. Applied research addresses the current problem that the professional person experiences in practice (Arkava & Lane, 1983:12). De Vos, Schurink and Strydom (1998:20) define applied research as research "geared to the development of knowledge and technology with a view to achieving meaningful intervention."

For this study, **intervention research** in the context of applied research is the most appropriate type of research. According to Schilling (in De Vos, 2002:396), social work interventions include strategies that draw on, and seek to strengthen, the social ties between the individual and the social environment. Intervention is an action undertaken by a social worker to enhance or maintain the functioning and well-being of an individual, family, group, community, or population.

Fouché and De Vos (1998:69-70) outline three specific types of intervention research. All three types of intervention research aim to further knowledge in an already identified field of research, and consequently also aim at improving intervention. According to Fouché and De Vos (1998:69) "as applied research, all three are directed towards shedding light on or providing a possible solution to

practical problems″. These are:

- Empirical research to extend knowledge of human behaviour relating to human service intervention – referred to as *intervention knowledge development*, or *KD*;

- The means by which the findings from intervention knowledge development research may be linked to, and utilized in, practical application – referred to as *intervention knowledge utilization*, or *KU*; and

- Research directed towards developing innovative interventions – referred to as *intervention design and development*, or *D&D*.

For the purposes of this study, the D&D model of intervention research was followed in order to develop a training programme for the caretaking of an infant, to implement the programme (intervention), and to evaluate the effectiveness of the programme.

The **intervention research model of Rothman and Thomas (D&D model)** (1994:28) is a phase model consisting of six phases. For the purposes of this study, the researcher focused only on the first five phases of the intervention process. The first five phases includes: problem analysis and project planning, information gathering and synthesis, design, early development and pilot testing, and evaluation and advanced development. Dissemination, the sixth phase, was not the intention of this study. The research procedures are discussed during the process of intervention research.

1.7.1 Problem analysis and project planning

According to Thomas (1984) in De Vos (1998:386) there are two factors involved in identifying a condition as a problem:

- Recognition that professional and/or community standards or norms are based on social values that define given levels of behaviour or well-being as appropriate.

- Discrepancies between the standards or norms and the existing behaviour or states of well-being of given individuals or groups.

Through problem analysis, a problematic human condition can be identified that precedes the development of technology to address such a condition. Problem analysis consists of determining one or more of the following (De Vos, 1998:386):

- The extent of the difficulty, such as its incidence or prevalence.

- The component aspects of the problem.
- The possible causal factors.
- The effects of the problem including the behavioural, social and economic accompaniments.
- Intervention shortcomings in the way in which the problematic conditions are confronted.

The next phase in this step was to determine the procedures of the intervention. It was necessary to determine whether relevant interventions already existed, and, if so, whether further development would be merited (De Vos, 1998:386-389).

1.7.1.1 Identifying and involving clients

The intervention researcher chooses a population with whom to collaborate. A population is selected whose issues are of current interest. The problem that was analyzed in this study was the need of a caregiver to care for an infant at the infant's home so that the infant's mother could return to work. The existence of such a problematic human condition is often not recognized by the public or by professionals. The objective of the analysis phase is to bring about such recognition. Researchers who address the problem of important constituencies will receive more support from the target population, the professional community, and the general public (Rothman & Thomas, 1994:29-30). The researcher identified the target population as working mothers with infants, and as caregivers who are working for more than six months in San Bernardino County, California.

1.7.1.2 Gaining entry and cooperation from settings

De Vos (1998:388) is of the opinion that the researcher should form a collaborative relationship with representatives of the setting by involving them in identifying problems, planning the project, and implementing selected interventions. By working together with the facilitators, the researcher will gain the cooperation and support necessary to conduct intervention research. The possibility of a training programme for caregivers, as well as the need for such a programme, was discussed with mothers of infants and with caregivers.

1.7.1.3 Identify concerns of the population

The intervention researcher must avoid imposing external views of the problem and its solution. Once the researcher has access to the setting, she must attempt to understand the issues of importance to the population. As mentioned, 60 percent of all women with children under the age of six are currently working (in the United States of America). The infant needs quality care for the time when

his mother is at work. Mothers and the personnel at day care centres are especially concerned about the socio-emotional development of infants.

1.7.1.4 Analyzing identified problems

The difference must be analyzed between the ideal conditions and the actual conditions that define the problem. Questions are asked to explore the consequences that help explain why the problem exists and why interventions have not succeeded or been attempted (Rothman & Thomas, 1994:30). The problem of quality care for the infant of a working mother was analyzed.

1.7.1.5 Setting goals and objectives

After identifying the problem, goals and objectives were formulated. This phase helps to structure the next phase of knowledge-gathering and synthesis.

1.7.2 Information-gathering and synthesis

When planning an intervention research project, it is essential to discover what others have done to understand and address the problem. This involves identifying and selecting relevant types of knowledge and using and integrating appropriate sources of information.

1.7.2.1 Using existing information sources

A literature review consists of an examination of selected empirical research, reported practice, and identified innovations relevant to the particular problem. Relevant literature in various fields is integrated in this study, since societal problems are not confined to the various human and social science disciplines.

1.7.2.2 Studying natural examples

Rothman and Thomas (1994:32-34) suggest that one should observe how community members faced with the specific problem which is being studied, or a similar problem, have attempted to address it. The researcher had interviews with working mothers of infants, as they experience the problem of quality care for their infants. Professional people were consulted for their knowledge and insight into the intervention.

1.7.2.3 Identifying functional elements of successful models

Once information has been gathered, the researcher must analyze the critical features of the programmes and practices that have previously addressed the problem being studied. By studying successful and unsuccessful programmes that

have attempted to address the problem, the researcher identifies potentially useful elements of an intervention. Existing knowledge helps to guide, design, and develop activities. Literature, resources, and functional aids were used to design a training programme for the caregiver of an infant.

1.7.3 Design

Thomas (in De Vos, 1998:392) views the design as the planned and systematic application of relevant scientific, technical, and practical information to the creation and assembly of innovations. The researcher should give clear indications as to what exactly is to be done during this phase. An observational system and specifying procedural elements of intervention must be designed to ensure that this study can be repeated.

The **two-phase methodology** approach fitted well into this intervention research model. The first phase of the research was formed by the first three steps of this model, in which the qualitative approach of research was used to do needs assessments of the mothers and caregivers for a training programme. The second phase was formed by steps 4 and 5 of this model and then the quantitative approach was used to measure the impact of the training programme.

1.8. RESEARCH DESIGN

Research design, according to Huysamen (1994:10), is "...the plan or blueprint in accordance with which data is to be collected to investigate the research hypothesis or question in the most economical manner. It deals with the proposed operationalization of variables and with the involvement of research participants ... In this kind of definition, known as an operational definition, the procedures required for bringing about the construct are explicitly described." The research design offers structure to enable the researcher to complete her study in a goal oriented manner.

The researcher implemented the **exploratory design** in the qualitative **first phase** of this study. The researcher explored the needs of the mothers and their expectations for a training programme for the caregivers that care for their infants. The needs of caregivers themselves were explored in accordance with a training programme.

According to Babbie (1992:90) exploratory studies are done for three purposes:

- to satisfy the researcher's curiosity and desire for better understanding,
- to test the feasibility of undertaking a more careful study, and

- to develop the methods to be employed in a more careful study.

The quantitative **second phase** of the study: The **quasi-experimental one-group pretest-posttest** design was used to measure the impact of the training programme on the caregivers.

According to Fouché and De Vos (1998:129-130): "the one-group pretest-post-test design is measurement of a dependent variable when no independent variable is present, and then an independent variable is introduced, followed by a repeated measurement of the dependent variable at a subsequent time." These authors state that there must be reliable, valid, and accurate measuring, and all elements in the unit studied must be measured. In this study, the dependent variables are the knowledge and skills of the caregivers about optimal caretaking of an infant. And the independent variable is the social work training programme. By using this design, it was possible to measure the level of enhancement of the caregiver's knowledge and skills about caregiving to infants. The pre-test of the dependent variable (knowledge of the caregivers) was used as a basis of comparison with the post-test results.

The dependent variables are defined as specific, measurable indicators that allowed the researcher to evaluate any changes produced in the study. Behaviours that were measured for the purpose of this study are the enhancing of the knowledge and skills of caregivers so that they will be able to care optimally for an infant.

The independent variable is the intervention programme, which includes the knowledge, specific techniques, and skills that were used to change the caregiver's knowledge and skills. The independent variable can be expected to have an effect on the dependent variable (compare Bloom & Fischer, 1982:17 and Strydom, 1986:219). The presented training programme is the independent variable in this study.

1.9. RESEARCH PROCEDURE AND STRATEGY

The research procedures and strategy followed in this study are in accordance with the phases of the **intervention research model**.

1.9.1 Data collecting and analysis

Phase 1: Qualitative phase, focusing on groups with:

- working mothers of infants; and
- caregivers who were working for more than six months.

A focus group interview could be described as a purposive discussion of a specific topic or related topics taking place between eight to ten individuals with a similar background and common interests. Focus group interviews are conducted in a series to generate data about people's perceptions of phenomena, products and services (Schurink, 1998:315). According to Brotherson (1994:110), focus group interviewing is a qualitative data-gathering method. The aim of focus group interview is to obtain specific information from clearly identified groups of individuals. Schurink, Schurink and Poggenpoel (1998:314) state that the "focus group interview enables the researcher to develop inductively, i.e. from the bottom up rather than from the top down, concepts, generalizations and theories that are grounded in or reflect the intimate knowledge of the people participating".

According to Schurink (1998:298) "qualitative researchers are not non-directive therapists... instead, they direct interviews by means of a definite research agenda in order to gain information on the specific phenomenon they study" (compare Epstein in Grinnell, 1988:186 and Mouton & Marais, 1994:167). Krueger's (in De Vos, 1998:319) categories of questions were taken into consideration. For the purposes of this study, focus group interviewing focused on the knowledge and skills of the caregivers. The intended programme was communicated to both the mothers and the caregivers in order to obtain information about their perceptions on theoretical and practical training on infant growth and development. Interviewing took place prior to composing the training programme for the caregivers. Focus group interviewing was used with two groups. The first group was composed of two groups of six mothers of infants each. The second group was composed of two groups of five caregivers each. Interviewing took place at an office building in Chino, California, USA.

Analysis of the data of phase 1

Qualitative data obtained through focus groups is analyzed in accordance with Tesch's eight-step approach (Poggenpoel, 1998: 343-344). Clustering, coding and categorizing the information obtained allowed accurate conclusions to be drawn.

Information gathered from the focus groups was then compared with information gathered from the literature study and from interviews with experts, in order to develop the training programme for caregivers. The training programme was then implemented.

Phase 2: Quantitative data gathering

Data was gathered by making use of the one-group pretest-post-test with a self-developed questionnaire.

Categories measured include:

- Whether the caregiver has learned theoretical knowledge and practical skills about the growth and development of an infant.

Training of the caregivers included didactic lecturing, group discussions, and being observed in role-play.

Analysis of the data of phase 2

Quantitative data obtained through the one-group pretest-post-test method was analyzed by means of statistical methods (De Vos & Fouché, 1998:204-214). Questionnaires were used to measure theoretical knowledge. Skills were measured through structured observation with a schedule and a checklist.

Evaluation and advanced development

De Vos (1998:397) emphasis that the use of research methods in the evaluation phase is not to provide programme appraisal or to contribute to the knowledge of human behaviour. Evaluation is done to produce outcome information as an integral part of the research process. By using the quasi-experimental one-group pretest-post-test design, the researcher measured the training programme for evaluating purposes.

Dissemination

De Vos (1998:398) quoted Rothman and Thomas: "...that once the community intervention has been field tested and evaluated, it is ready to be disseminated to community organizations and other target audiences. A need was identified for a programme to be developed for providing optimal care to an infant of a working mother. This programme will be feasible to social work organizations, educational and training institutes for caregivers, and individuals or groups that want to develop their knowledge and skills concerning caring for an infant.

Rothman and Thomas (1994:28) mention that although performed in a stepwise sequence, some of the activities associated with each phase continue after the introduction of the next phase. As difficulties are encountered or new information is obtained, looping back to earlier phases is possible. The researcher is of the opinion that structure is given to the research procedures through these phases and steps. For the purpose of this study, the researcher focused only on the first five phases of the intervention process.

Dissemination is phase six, the last phase of the intervention research model. Dissemination of the programme for training caregivers was not the purpose of

this study, and the researcher will not conclude her research by disseminating the programme.

1.10 PILOT STUDY

The pilot study is defined as the: "process whereby the research design for prospective survey is tested" (New dictionary of social work, 1995:45). According to Huysamen (1993:205) the purpose of a pilot study is to investigate the feasibility of the planned project, and to bring possible deficiencies in the measurement procedure to the fore. It is important to conduct a pilot study, whether it is a qualitative or a quantitative study. In qualitative research the pilot study is usually informal and a few respondents processing the same characteristics as those in the main investigation can be involved in the study, merely to ascertain certain trends. The purpose is to determine whether relevant data can be obtained from the respondents. A statistically correct pilot study does not play as important a role in qualitative as in quantitative research.

1.10.1 Literature study

A literature study was done to determine whether relevant interventions exist and whether further development is merited. According to Bloom and Fischer, (1982:86) the review of literature helps the researcher establish some idea about what variables might be relevant to the study, what some of the relationships between variables might be, and what might best effect or change them.

The aim of a literature study, according to Arkava and Lane (1983:25), is to provide the researcher with:

- information about the subject,
- better insight about the complexity of the problem, and
- structure for research procedures.

The following avenues were explored with the assistance of librarians at the Universities of Cape Town, Pretoria and Stellenbosch in South Africa:

- HRSC printouts for current and completed South African Research.
- CD-ROM-data Base Optical and DIALOG-Dissertation Abstraction on-line, for international periodicals and articles.
- SABINET for all South African journals and books.
- Literature on gestalt therapy, play therapy, and infants and caregivers.
- Literature on different disciplines, including psychology, sociology and education, national and international.

No existing technology within social work was found during literature studies about the identified problem for this study. Literature does exist within the field of education and psychology, but not within social work intervention and practice. De Vos (1998:390) urges that intervention researchers must look beyond the literature of their particular field, because societal problems are not confined to specific compartments within specific human and social science disciplines. National and international literature is available about intervention within gestalt therapy. To the knowledge of the researcher, no source applies to a programme for the caregiver for optimum caretaking of an infant. It seems that a need exists for a programme within the gestalt approach and play techniques and mediums to train a caregiver who will care for an infant.

1.10.2 Consulting with experts

Cilliers (1973:135) is of the opinion that, in spite of the wealth of literature that exists, it usually represents only a section of the knowledge of people involved daily in the specific field. According to Strydom (1998:180), it is valuable to utilize these resources. The researcher must have developed her ideas and progressed some distance with the literature study before consulting the experts. They may not only confuse a researcher with too many ideas about the prospective research, but may also attempt to force their own ideas on her.

The following professional persons were contacted through telephone conversations, personal interviews, and Internet:

- Pastor Dave Stoecklein – senior pastor of Inland Hills Church, California, regarding the needs of parents in the community.
- Mr. Sony Herr – Director of Inland Hills Children Center, California, regarding the needs of parents, infants and caregivers.
- Mrs. Gelene Grim – Centre Director of KinderCare, California, regarding the needs of parents, infants and caregivers.
- Mrs. L. Nicholson – director of 'Mommy Works', in-home quality childcare for working mommies, California, regarding the needs of parents, expectations of caregivers, and the content of the training programme for caregivers.

By consulting with experts that are involved daily in the specific field of children, their experience and knowledge can be valuable to the research problem as well as to bring about recognition of the planned intervention.

1.10.3 Feasibility of the study

It is vital that a researcher considers the feasibility of her study prior to conducting the research. The study should be limited to variables which can be

investigated in the available time, should bear the costs of the investigation, should obtain co-operation from all involved, and should not clash with the ethics of conducting a study (Collins,1990:253).

The study was feasible in accordance with time required for the study. The cost of the empirical part of the study was budgeted for sixty dollars, which included fuel for the researcher's vehicle, telephone calls to the respondents, stationery used for the purpose of completing questionnaires, and study material.

There was a question as to whether or not the subjects of the study would cooperate with the study: The researcher did not experience any problem in finding mothers of infants to take part in the research. When the researcher contacted mothers and caregivers, they were interested and exited about the programme. The researcher obtained written informed permission from the mothers and caregivers to become part of this research study. (See Appendixes 1 & 2 for examples of the written consent forms.)

The focus groups meetings and the training took place is an office building in Chino, California, USA. Permission was granted to use the premises and it did not cost the researcher any money.

1.10.4 Pilot test of focus groups, interview schedule, questionnaire, and programme

This phase includes the developing of a preliminary intervention, conducting a pilot test and applying design criteria to the preliminary intervention concept (De Vos, 1992:395-396).

For the qualitative part of the study, the researcher pilot-tested the questions that were used for the focus groups in a small group. The small group consisted of two mothers and two caregivers who have similar characteristics to those of the target group of respondents in the main investigation. De Vos (2002:337) states: "By testing the nature of questions in an interviewing schedule or for focus groups in the pilot study, the qualitative researcher is able to make modifications with a view to quality interviewing during the main investigation."

The researcher thoroughly planned the training programme for the caregiver and then tested it practically on a small scale with two caregivers. These caregivers were exposed to the same conditions and programme as for the planned main intervention. Feedback was taken in consideration in order to determine the effectiveness of the intervention. The self-developed questionnaire that was used for the one-group pretest-post-test was also pilot-tested by these caregivers.

1.11 DESCRIPTION OF THE RESEARCH POPULATION, DELIMITATION OF SAMPLE, AND SAMPLING METHOD

A definition of the term sample implies the existence of a population of which the sample is a smaller section. Seaberg (1988:240) defines a population as the total set from which the units or individuals of the study are chosen. It is the totality of individuals or objects with which the research problem is concerned (Grinnell & Williams, 1990:118). Arkava and Lane (1983:27) view population as a term that sets boundaries on the study units and refers to individuals in the universe who possess specific characteristics.

A sample is the element of the population in which the researcher is interested for inclusion in the study. A sample is composed of elements that contain the most characteristic, typical attributes representative of the population. The sample is studied to understand the population from which it was drawn (compare Arkava & Lane, 1983:27, Huysamen, 1993:46, Powers, Meenaghan, & Toomey, 1985:235 and Strydom, 1998:198).

For the purposes of this study, the researcher drew three samples from the population in San Bernardino County, California, USA:

- mothers with infants for the focus groups
- caregivers for the focus groups, and
- caregivers who were trained for care taking of an infant.

The researcher obtained references from the personnel of the day-care centres, pre-schools, and pre-natal classes of mothers of infants who were included in the survey. The researcher used her judgment to select mothers who fitted the criteria for inclusion in this study. Grinnell and Williams (1990:126) refer to purposive sampling as a type of non-probability sampling, "used when we want to purposely choose a particular sample". Not all individuals in the population have the same probability of being included in the sample. In purposive sampling, a sample is composed of elements which contain the most characteristic representatives of the population. Non-probability sampling is often used in exploratory research studies where the purpose is to collect as much data as possible (compare Brotherson, 1994:110, Grinnell & Williams, 1990:125 and Singleton, Straits, Straits & McAllister, 1988:153).

Twelve mothers of infants who were willing to participate in this research were selected for the two focus groups, in accordance with the following criteria:

- a mother of an infant,
- living in San Bernardino County, California, USA, who is
- making use of or in need of a caregiver for her infant.

The researcher selected ten caregivers for the purpose of this study, which were all females. The caregivers for the focus groups and training programme were the same persons. The caregivers were selected in accordance with the snowball technique. Non-probability snowball sampling involved selecting a few individuals from the population who would be involved in the training programme. These individuals were then requested to identify further individuals from the same population who may make up the sample (Barker, 1999:159 & Huysamen, 1993:46). The researcher proceeded with the snowball method until ten caregivers were identified to make up for needs assessment and the sample.

Caregivers fitted the following criteria:

- lived in the demographic area of San Bernardino County, California, USA;
- did not have children of their own;
- had cared for children for at least six months;
- were between the ages of 19 to 26 years;
- had finished school (grade 12 level); and
- wanted to do a training programme about infancy.

1.12 ETHICAL ISSUES

Ethics is defined by Strydom (1998:24) as ... "a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students". Strydom (1998:23) stresses that the responsibility for ethical conduct rests with the researcher concerned, who will be accountable for the positive and negative consequences of every decision. The researcher should internalize ethical principles into her personality and lifestyle in order for her to make ethical decisions.

The following ethical issues were identified by Strydom (1998:24-34):

- Harm to experimental subjects and/or respondents
- Informed consent
- Deception of subjects and/or respondents
- Violation of privacy
- Actions and competence of researchers
- Release or publication of the findings

Dane (1990:44) is of the opinion that emotional **harm to subjects** is more difficult to predict and to determine than physical discomfort, but often has more far-reaching consequences for respondents. Strydom (1998:25) reasons that a

researcher is ethically obliged to change the nature of his research rather than expose his respondents to the possibility of physical and emotional harm of which he may be aware. The researcher is aware of her ethical responsibility to protect the respondents against any form of physical or emotional harm.

Informed consent implies complete and accurate information being supplied to the respondent about all aspects of the research, and the respondent's consent to participate in such research while aware of these aspects. Such aspects include, the goal of the research, the procedures to be followed, and the disadvantages to which respondents may be exposed. The credibility of the researcher must be rendered to potential subjects or their legal representatives. Subjects were aware that they were at liberty to withdraw from the research at any time. This allowed the subjects to make a voluntary and reasoned decision about their possible participation (compare Corey, Corey & Callanan, 1993, Grinnell, R.M., 1993 and Loewenberg & Dolgoff, 1988:62). When subjects are involved without their consent, their right to self-determination is impaired. According to Judd, Smith and Kidder (1991:486) this causes a value conflict between the researcher's assignment to broaden knowledge and her responsibility to protect participants. The researcher is of the opinion that a formal contract between participants is preferable, in order to avoid any misunderstanding about roles and participants' involvement in the research project. Appendixes 1 and 2 are examples of letters on which mothers and caregivers respectively gave written informed consent to participate in this research study.

Deception of subjects is described by Corey et al. (1993:230), as the withholding of information, or the offering of incorrect information, in order to ensure participation when subjects would otherwise have refused it.   Three reasons why subjects may be deceived are offered by Judd et al. (1991:496-497):

- to disguise the goal of the study,
- to hide the function of the actions of subjects, and
- to hide the experiences that subjects will go through.

When deception occurs of which the researcher is not aware, or which happens inadvertently during research, it must be discussed with the respondents immediumstely or during the restoration interview (Strydom, 1998:27). The mothers and the caregivers that participated in this research were informed about the goal and procedures that they were part of. Inclusion in this research study and participation was willingly.

Privacy is defined by Singleton, et al. (1988:454) as "the individual's right to decide when, where, to whom, and to what extent his or her attitudes, beliefs, and behaviour will be revealed". The use of video taping, microphones, one-way mirrors, and tape recordings of sessions must be handled confidentially, and with

the consent of respondents, must be given to examiners for evaluating the research, and must be destroyed afterwards.

When planning to undertake a proposed research issue, the researcher is ethically obliged to ensure that she is **competent** and adequately skilled. The researcher must be continually aware of her ethical responsibility in order to complete the research project in an ethically correct manner. The researcher must refrain from value judgments about the points of view and actions of subjects.

In order to obtain good cooperation from the community, the researcher must respect the cultural customs of a certain community in all his **actions**. All possible risks and advantages of the research should be evaluated, and promises made to the subjects must be honoured (Strydom, 1998:30-31). All these aspects were taken into consideration by the researcher.

According to Strydom (1994:18-19), even a highly scientific investigation will mean very little and will not to be viewed as research if the **findings** of the research are not introduced to the public **in written form**. The researcher should compile the report as accurately and objectively as possible, in order to avoid misappropriation by subjects, the general public and even colleagues (Dane, 1990:52-53). Babbie (1990:345) states that science progresses through honesty. Findings should be **released** in such a manner that utilization by others is encouraged, which is the goal of research.

Ethical responsibility rests upon the researcher to research and present a study that fulfils all ethical requirements.

1.13 PROBLEMS EXPERIENCED DURING THIS RESEARCH

The researcher did this research study in California, USA while enrolled at the University of Pretoria. The time difference between the two countries (South Africa and the United States of America) made it difficult to contact the promoter whenever the researcher experienced difficulties and needed guidance.

Two of the respondents did not show up for the second intervention session. The researcher had no problem to select two respondents, in accordance with snowball sampling, to join the group. An additional session was scheduled for these two respondents, in order for them to gain the knowledge and skills of the first intervention session. They also had to complete the questionnaire for evaluation purposes (pre-test/post-test).

1.14 DEFINITIONS OF KEY CONCEPTS

For the purposes of this study, the concept caregiver, nanny, infant, and social work(er) are defined.

1.14.1 Caregiver

Barker (1999:46) defines a caregiver as: "One who provides for the physical, emotional, and social needs of another person, who often is dependent and cannot provide for his or her own needs" (compare Hooyman & Gonyea in Edwards & Hopps, 1995:952). According to Spock and Parker (1998:599), a caregiver provides the child with the affection, the firm guidance, and the responsiveness to their questions and achievements that good parents do not usually give. The caregiver is responsible for cleaning, meal preparation, and childcare. She can work full-time or part-time without supervision. The caregiver may live in with the family, or she may live out.

Nanny

The International Nanny Association defines a nanny as a full-time employee who is hired to handle all tasks related to the care of children, and whose duties are restricted to the domestic chores related to child care. The nanny must have actual experience. She may or may not have had formal training. She generally works unsupervised and can live in or out. A nanny cares for, and provides a safe, happy, and stimulating environment for, children. This person should be experienced in caring for children and be able to follow the guidelines and household rules of her employer's home (Sagel & Berke, 1999:8). Spock and Parker (1998:107) describe a nanny as a non-relative who cares for a child in the child's own home. The nanny is expected to do little or no housework.

For the purpose of this study, a nanny, as defined, is a caregiver who is a stable attachment figure who provides in an infant's physical, cognitive, emotional and social needs during the time she cares for him. The caregiver is formally trained in theoretical aspects with practical experience in accordance with the proposed training programme to care optimally for the infant at home. A nanny works unsupervised and receives compensation in accordance with her level of education, training and experience.

1.14.2 Infant

Infancy is the period from birth to two years (Newman & Newman, 1987:160). Louw and Louw (1992:157) distinguish between the neonatal phase, which is from birth to four weeks, and the infant years, which is from the end of the neonatal phase to two years. For the purpose of this study, no distinction will be

made between these phases, as the neonatal phase will be integrated in the infant years. Infancy will therefore be viewed as the period from birth to two years. Working with children is an area of specialization. The infant has special characteristics that demand special skills and knowledge. Training of a caregiver is essential in order that the caregiver will care optimally for the infant.

1.14.3 Social work(er)

Barker (1999:455) defines social work as: "The applied science of helping people achieve an effective level of psychosocial functioning and effecting societal changes to enhance the well-being of all people". According to the National Association of Social Workers (Barker, 1999:455), social work is defined as: "... the professional activity of helping individuals, groups, or communities enhance or restore their capacity for social functioning and creating societal conditions favourable to this goal ... The practice of social work requires knowledge of human development and behaviour...". By training the caregiver theoretically and practically in accordance with the training programme, the caregiver gained knowledge about infant growth and development, which enhanced her inner strength and caretaking abilities. This training programme can be used by social workers as a guideline to train caregivers to care optimally for an infant in the safe and familiar surroundings of his own home.

1.15 CONTENTS OF RESEARCH REPORT

This research study consists of six chapters, and is divided as follows:

In chapter one the introduction, motivation, goal and the research methodology of the study is discussed, in order to make justifiable conclusions to expand professional knowledge about human behaviour.

In chapter two the developmental stages of the infant are discussed with reference to developmental theories. Developmental tasks that must be achieved during infancy are essential in order to grow and develop as a self-actualizing organism and an integrated whole. Forms of play as well as techniques are discussed, with examples for intervention.

Chapter three is a theoretical chapter in which the caregiver is discussed within the family system. The researcher developed insight in the characteristics, roles and tasks of the caregiver. It is important for the caregiver to be in contact with herself in order to be in contact with the infant in her care. The focus is on the gestalt approach and the incorporating thereof in caretaking of an infant. The researcher obtained adequate knowledge and skills in order to effectively implement the gestalt approach in the programme.

Chapter four is a theoretical chapter that focuses on the training programme for the caregiver. Play techniques and mediums are adopted within the gestalt approach, which are supported by relevant aids.

In chapter five, the empirical study is discussed. This involves the developing, implementing, and testing of the programme for the caregiver, which is the aim of the study. Training (theoretical and practical) of the caregivers, and the processing of the test results are discussed.

In chapter six the conclusions and recommendations of this study are put forward in accordance with the process that was followed in developing the training programme for optimal caretaking of an infant.

The research is concluded with a bibliography.

The infant is a unique individual, and in order for him to grow and develop as an integrated whole, it is essential for the caregiver to be educated in the tasks and skills that he has to accomplish. Chapter two is a discussion of theoretical findings on the growth and development of an infant.