

CHAPTER 5

EMPIRICAL FINDINGS WITH THE DEVELOPMENT AND IMPLEMENTATION OF THE TRAINING PROGRAMME FOR IN-HOME CARE OF AN INFANT

5.1 INTRODUCTION

In chapter one of this research report, the researcher gave an explanation of the introduction, motivation, goal, and research methodology, in order to be able to justify conclusions on expanding professional knowledge about human behaviour. In chapter two, the developmental stages of the infant were discussed with reference to developmental theories. Chapter three is a theoretical chapter in which the caregiver is discussed within the family system. The caregiver is the respondent in this research and the researcher developed insight in the characteristics, roles and tasks of the caregiver. Chapter four is a theoretical chapter that focuses on the training programme for the caregiver, in order to care optimally for the infant in the safe milieu of his own home.

The goal of this chapter is to process the empirical findings of this study. Findings will be discussed according to the qualitative first phase of this research, namely the focus groups held with the mothers of infants and caregivers for the purpose of developing the programme for in-home care of an infant. The quantitative second phase will also be described, in order to evaluate the impact of the training programme. The research methodology that was used in this study will be discussed shortly.

5.2 GOAL AND OBJECTIVES OF THIS STUDY

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.

In order to achieve the goal, the following **objectives** were formulated:

- A theoretical frame of reference was built upon existing training programmes for caregivers, early childhood development, play therapy techniques and mediums, the gestalt approach, and tasks and roles of social workers regarding early childhood intervention. This was done in chapters two and three.

- A needs assessment was done to understand:
 - the mother's of infant's needs and expectations of a training programme for caregivers of infants.
 - the caregiver's needs and expectations of a training programme.The result of this needs assessment will be described as part of this chapter.
- A training programme was developed 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 the caregivers, as described in chapter four.
- The training programme was implemented with ten caregivers.
- The goal of this chapter is to describe and evaluate the data gathering and the analysis of the focus groups with the mothers of infants and caregivers, as well as the impact of the training programme on the caregivers.
- In chapter six, the researcher will come to conclusions and recommendations about dissemination of the programme.

5.3 HYPOTHESIS

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).

5.4 RESEARCH METHODOLOGY

5.4.1 Research approach

The researcher used a combination of the qualitative and quantitative research methods in this study. The two-phase model combines the qualitative and quantitative paradigms in this study. During the first phase of this model the researcher did a needs assessment with the mothers of infants and a needs assessment with caregivers. During this phase, the qualitative approach was used to gain the most and richest data. The results of this qualitative phase will be described in this chapter. As part of this chapter, the researcher will also do the second phase in which the quantitative approach would be followed to measure the impact of the training programme on the caregivers.

5.4.2 Type of research

The researcher used intervention research in the context of applied research, 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. For the purposes of this study, the researcher followed the intervention research model of Rothman and Thomas (D&D model) (1994:28 & 2002:397). This model consists of six phases, and for the purposes of this study, the researcher only focused on the first five phases.

5.4.3 Intervention research process

5.4.3.1 Problem analysis and project planning

Problem analysis and project planning form the first phase of the intervention research process. The problematic human condition that was analyzed in this study was the need for a caregiver to care for an infant at home, so that his mother can return to work. This problem was addressed by developing and implementing a social work training programme for the caregiver of an infant, in order to provide in the infant's primary needs and development, while caring for him at home.

The researcher identified the target population, which consisted of working mothers and caregivers. A collaborative relationship was formed with the mothers of infants and with the caregivers. The possibility of a training programme for the caregivers as well as the need for such a programme was discussed. Once the researcher had access to the target groups, she attempted to understand and analyze the issues of quality care for the infant while the mother is working.

5.4.3.2 Information gathering and synthesis

This is the second phase of the intervention research process. In order to understand and address the problem of quality care of the infant of a working mother, a literature review was done to research whether relevant interventions existed and to integrate such facts in this study. No existing technology was found within the field of social work during literature studies about the problem. The researcher had interviews with twelve working mothers of infants, for they experienced the identified problem of this study. Their experience, knowledge, and insight were valuable to the research problem. The researcher looked beyond the field of social work, since societal problems do not confine themselves to the various human and social science disciplines. Literature, resources, and functional aids were used to design and develop a training programme for the caregiver of an infant.

The researcher had telephone conversations, personal interviews, and contact through the Internet with professional persons, for they are involved in the daily field of children. All this knowledge was utilized to develop the training programme.

The twelve mothers and the ten caregivers were selected for the focus groups involved in identifying problems of quality care for infants. The researcher selected working mothers that experience the problem of quality care for their infants for the time they are working. Samples were selected from the population in San Bernardino County, California, USA. Twelve mothers were selected for two focus groups. Two of the mothers were asked to be part of the preliminary research for this study. During pilot testing with two mothers and two caregivers, the researcher thoroughly explained the goal and objectives of this research. The mothers and caregivers were given the opportunity to ask questions about the procedures and any uncertainties.

The mothers of infants who were willing to be part of this research were selected by purposive non-probability sampling in accordance with certain criteria as described in Chapter 1. Caregivers for the focus groups, and caregivers who were willing to be trained for giving care to an infant were the same group, and non-probability snowball sampling was used. Data gathering and analysis of the focus groups will be described under 5.5. In the focus groups, the mothers and caregivers participated in giving suggestions for quality care, which were included in the programme. During this meeting, the mothers and caregivers completed a letter of consent, and any concerns or uncertainties were clarified. The researcher gained the cooperation and support to conduct the interventions. After identifying the problem, the researcher formulated a goal and objectives for this study. This helped structure the second phase of information gathering and synthesis.

5.4.3.3 Design

Design is the third phase in the intervention research process. The researcher followed the **two-phase methodology** approach, since it fits well into the intervention research model. The first phase of this research included the first three steps of the intervention research model of Rothman and Thomas (D&D model). The qualitative approach of research was used to do needs assessments of the mothers and caregivers for the training programme. The researcher implemented the exploratory design in this first phase of this study to explore the needs of the mothers and the caregivers.

The quantitative approach was used to measure the impact of the training programme on the caregivers. During this phase the researcher designed the training programme for optimal caretaking of the infant. A decision was made about which information should be included in the training programme. The researcher used the quasi-experimental one-group pretest-post-test design to measure the dependent variable (knowledge and skills of caregivers), where no independent variable (training programme) was present, and then an independent variable was introduced. This process was repeated by measuring the dependent variable after intervention had taken place. A measuring instrument was therefore designed for the purpose of this study. This design made it possible to measure the level of enhancement of the caregiver's knowledge and skills regarding caregiving to infants.

5.4.3.4 Early development and pilot testing

The second phase of this study was step four of the intervention research process, namely early development and pilot testing of the training programme for caregivers. The pilot test was implemented in an office building in Chino, California, USA, which was the same location and circumstances in which the intervention took place.

Prior to pilot testing, the researcher compiled, communicated, completed, and authenticated information on the goal of the research, the procedures to be followed, disadvantages to which the respondents may be exposed, and the credibility of the researcher. The subjects were aware that they were at liberty to withdraw from the research at any time. This allowed the subjects to make an informed, voluntary, and deliberate decision about their possible participation. In order to avoid any misunderstanding about roles and participants' involvement in the research project, the mothers of infants and the caregivers completed written consent forms upon agreement of participation in this research study (see Appendix 1:200 & Appendix 2:202, for examples of consent forms).

With the consent of the respondents, the researcher used video taping and audiotape recordings during training sessions. Information gathered was handled confidentially and destroyed after completion of this research study.

During these meetings, interview skills including asking questions, listening and observation, were as important as they were during the main study. The researcher had to pay attention to what was being said, suggested, and asked during the meetings. Practical preparation included the designing and developing of consent forms, the focus group schedule and questionnaire, and the explaining of the procedures for completion thereof. The respondents were not allowed to discuss the questions among themselves. The researcher was present to give certain instructions and clear up uncertainties (compare Creswell, 1994:155).

Phase one of this research study: For the qualitative part of the study, the researcher pilot-tested the schedule for the focus groups with the two mothers and the two caregivers. Respondents participating in these small groups had similar characteristics to those of the respondents that willingly participated in the main intervention.

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 into consideration in order to determine the effectiveness of the intervention. The self-developed questionnaire used for the one-group pretest-post-test evaluation of the impact of the training programme (see Appendix 6:208) was also pilot-tested by these caregivers.

5.4.3.5 Evaluation and advanced development

Evaluation and advanced development is the fifth phase in the intervention process. Evaluation was done to produce outcome information as an integrated part of the research process. The researcher measured the training programme for evaluating purposes by using the quasi-experimental one-group pretest-post-test design. The researcher developed a questionnaire that was used for pre-test and post-test evaluation (see Appendix 6:208).

Ten caregivers were selected according to non-probability snowball sampling. Two of these caregivers willingly participated in the preliminary research, during which the researcher gathered information for developing the training programme. Two caregivers were asked to be part of the pilot test. Both of these groups of caregivers were exposed to the same conditions as those to which the caregivers were exposed during intervention of the programme.

The ten caregivers who willingly participated in this research completed the self-developed questionnaire during the first intervention session. These questionnaires were completed for the purpose of pre-testing (see Appendix 6:208). Intervention followed where the caregivers were trained in accordance with the practical training programme which the researcher has developed for the purpose of this study. During the last session of training, the caregivers completed the same questionnaire for the purpose of post-testing (see Appendix 6:208) that was used during the pre-test. Qualitative responses on questions during the pre-test were compared to qualitative responses during the post-test for evaluation purposes. The purpose of completing the same questionnaire during the pre-test and the post-test was to evaluate if the goal of this study had been achieved.

5.4.3.6 Dissemination

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.

Quantitative findings evaluated through questionnaires during the quasi-experimental one-group pretest-post-test design will be discussed.

5.5 QUALITATIVE FINDINGS

The qualitative data gathered and analyzed during the first phase of this research will now be discussed. The qualitative approach gave the researcher the opportunity to compare the information gathered during focus groups with the literature study and from information from interviews with experts. (Phase one of this research study.) Qualitative data obtained through the focus groups were analyzed according to Tesch's eight-step approach (Poggenpoel, 1998:343-344). Analyzing of the data through the use of clustering, coding, and categorizing of the information obtained allowed for accurate conclusions to be drawn.

Tesch's eight-step approach:

- The researcher gained a sense of the whole by reading carefully through all the transcriptions. The researcher then jotted down some ideas as they came to mind.
- The researcher selected one interview (group discussion). She then asked, "What is this about?" and pondered the underlying meaning in the

information. While doing this, the researcher noted in the margin any thoughts that came up.

- When the researcher had completed this task, a list was made of all the topics. Similar topics were clustered together and formed into columns.
- The researcher then took the list and returned to the data. The topics were abbreviated as codes and the codes written next to the appropriate segments of the text.
- The researcher found the most descriptive wording for the topics and turned them into categories. Topics that related to each other were grouped together. Lines were drawn between the categories to show interrelationships.
- The researcher made a final decision on the abbreviation for each category and alphabetized the codes.
- The data material belonging to each category was assembled in one place and a preliminary analysis was performed.
- The researcher recoded existing data as necessary.

In consideration of the above eight steps, the qualitative data that was gathered during focus groups with the mothers of infants and with caregivers, will be discussed.

Qualitative findings collected from schedules for focus group interviews with mothers and caregivers were interpreted in terms of relevant findings and supported by literature. Responses from the mothers and the caregivers are divided into themes and sub-themes in accordance with questions asked during the focus groups. Table 5.1 is a schematic presentation of the categories, themes and sub-themes.

Table 5.1 Schematic presentation of the categories, themes and sub-themes: Mothers of infants.

CATEGORIES	THEME	SUB-THEME
Category 1: The primary task of the caregiver.	1. Housework and caring of the infant.	1. Caring of the infant will be incorporated in the caregiver's daily responsibilities.
Category 2: Mutual communication between the mother and the caregiver, regarding the infant.	1. Communication between the mother and the caregiver is essential.	1. Communication is only necessary regarding problems experienced with caregiving to the infant. 2. Communication is necessary regarding the daily routine of the infant.
Category 3: Planning of the infant's daily care routine in cooperation with the caregiver.	1. Daily caregiving should be planned in cooperation with the caregiver.	1. Mother knows what the infant's evening and morning has been like. 2. Mother wants the caregiver to enforce certain milestones.
	2. Daily caregiving should not be planned in cooperation with the caregiver.	1. If the caregiver has been trained, her input is unnecessary.
Category 4: The mother will hire a caregiver who has experience or training in caretaking of infants, to take care of her infant at home.	1. Experience in caregiving to infants.	1. Check references. 2. Interviews. 3. Observe caregiver with infant. 4. Contract.
	2. Training in caregiving to an infant.	1. Training ensures appropriate knowledge and skills. 2. Television is not a "baby sitter".

Table 5.2 Schematic presentation of the categories, themes and sub-themes: Caregivers of infants.

QUESTION	THEME	SUBTHEME
Category 1: Mutual communication between the caregiver and the mother of the infant, about caring for the infant.	1. Communication is necessary.	1. Wants to feel part of the family. 2. The mother's expectations and trust. 3. Wants to feel free to communicate concerns and personal problems.
Category 2: Caretaking of the infant should be independent of housework or incorporated with the daily housework routine.	1. Independent of housework.	1. Caring for an infant is a big responsibility and a lot of work.
	2. Incorporated with the daily housework routine.	1. Light housework.
Category 3: Response of the caregiver if the infant tries to do something by himself (for instance, to put away his toys).	1. Destructive handling of the situation.	1. Do it for him to get it done quicker?
	2. Constructive handling of the situation.	1. Praise him for his effort, and encourage him to keep on trying?

The themes and sub-themes will be discussed according to the categories that were discussed during the focus groups with the mothers and the caregivers, prior to developing and implementing the training programme for optimal caretaking of the infant.

5.5.1 Discussion of the schematic presentation of the categories, themes and sub-themes: Mothers of infants

Category 1: The primary task of the caregiver

Since all the mothers worked or would be returning to work shortly, they were of the opinion that caretaking of the infant includes keeping his environment tidy and organized. Two of the mothers believed that it is more important that the

caregiver attends to their infant's needs and that they would understand if the caregiver did not get to do any chores. Most of the mothers expected of their caregivers to feed their infants and give them a bath before the mother came home. They also expected the caregiver to do the infant's laundry. Only one mother expected her caregiver to clean and wash for the entire family. The researcher came to the conclusion that the mothers expect the caregivers to do a combination of housework and caring of the infant. According to Mason (2002:154) the caregiver's responsibilities may include caring for the infant and light housework that is related to childcare.

Theme one: Housework and caring for the infant

The researcher came to the conclusion that, although all the mothers would appreciate coming home to a clean infant and house, it is more important to them that their infant's needs should be met first. It seems that caregivers have a lot of responsibilities in doing housework and caring for the infant. It cannot be possible for the caregiver to attend to the infant's developmental needs when the mother expects of her to do all the housework as well.

Sub-theme one: Caring for the infant will be incorporated in the caregiver's daily responsibilities.

Responses of the mothers were as follows:

"Hiring a caregiver is a lot of money and she can't just sit around all day."

"Taking care of a baby includes the whole package. She should clean up his toys and room before I get home. I work long hours and I pay her good money..."

"If she doesn't get to the tidying-up part, it's O.K. with me. I just throw ... (infant's name) laundry in the washer with mine, no big deal."

It is essential that the mother and the caregiver agree upon the tasks and duties that the caregiver has to incorporate while caring for the infant.

Category 2: Mutual communication between the mother and the caregiver regarding the infant.

According to Bishop and Whitehead (2004:112), hiring and managing someone to take care of an infant at home is a unique experience. The labour market is open and unregulated. The mother needs to navigate cultural and language differences. She needs to know where her infant and the caregiver are during the day. Hiring an in-home caregiver requires more interactions on the part of the mother than any other type of caregiving. The mother should invest in this relationship, since the caregiver will become a close partner in the daily care and education of the infant (Mason, 2002:347).

Theme one: Communication between the mother and the caregiver is essential.

Bishop and Whitehead (2004:112) are of the opinion that, given the discretion and autonomy of the caregiver, the range of environments she may encounter with the infant, and the fact that her cultural background may be different from theirs, the mother needs to talk often and clearly to the caregiver. The researcher is of the opinion that the mother and the caregiver should have an open and trusting relationship. The mother should respect the caregiver's cultural background and should direct her in caring for the infant according to the mother's beliefs, values and norms.

Sub-theme one: Communication is only necessary regarding problems experienced with caretaking of the infant

One of the respondents felt that it is not necessary to become familiar with the caregiver. According to her, the caregiver is hired just like she is, to do a job that she was trained for, and that she is supposed to do it to the best to her abilities. Her response was as follows:

"I hired her to do what she is trained for. Therefore I see no need in getting to know her personal life, and I don't see why she should know anything about mine. All the caregivers in our apartment building belong to this clique, and when they get together, they only gossip about their employees. So I feel that the less she knows the less there is to go around."

Regular discussions are essential in order to define and redefine what the mother's expectations are in light of the infant's changing needs and the caregiver's experience (Bishop & Whitehead, 2004:112). It is essential that the caregiver feels free to discuss any concerns or problems with the mother, even though they may not be directly associated with caring for the infant. The caregiver spends a big part of the day with the infant, and it is important for the mother to get to know the caregiver as a person.

Sub-theme two: Communication regarding the daily routine of the infant is essential.

Most of the respondents felt strong about the fact that they want to know how their infants will be spending the day. Their responses were as follows:

"I will feel more at ease at work if I know that my baby is enjoying her day."
"We need to discuss ... (infant's name) day, because I have to provide her with money for the zoo or wherever they are going for the day."

"... (caregiver's name) has access to our SUV, so I have to discuss with her when she has to take ... (infant's name) to play dates and Mommy-and-me classes or even to the doctor's."

"By discussing ... (infant's name) daily routine with ... (caregiver's name), I can tell if she prepared for this day and if it seems that she lacks of ideas, I always have a few suggestions ready for her. I don't want her to sit around all day watching television or chatting on her cell. At least if I see crafts when I get home, I know that she spend time with ... (infant's name)."

The caregiver should communicate her plans for the day. She should call the mother to alert her of any changes in plans (Bishop & Whitehead, 2004:134). The researcher is of the opinion that if the mother expects the caregiver to take her infant to doctor's appointments or play dates, she should provide her with a cell phone. This will ensure accessible communication in case of an emergency or a change of plans.

Category 3: Planning the infant's daily caretaking routine in cooperation with the caregiver.

Although all the mothers want to know how their infants will be spending their days, they do not necessary want to be involved in planning a day programme. They feel strongly about the fact that their caregivers must stimulate their infants to grow and develop during these crucial first years. Safety of the infant was also communicated, and therefore they want the caregivers to give their infants undivided attention. Responses were as follows:

"... (caregiver's name) is constantly educating herself in child development, and she always has the greatest ideas for activities. She makes her own concoctions of play dough and likes to do crafts with ... (infant's name)."

"I expect of the caregiver to read to my child daily. I can see that she does this, because my son loves books and he talks about the stories in the books."

"Part of my daily departure routine is to have the caregiver tell me what she has planned for the day. I often tell her that they are great ideas and that I am sure that ... (infant's name) will enjoy them."

"As long as my child is happy, healthy and safe, I can take care of the rest during my off-days and the weekends."

According to Bishop and Whitehead (2004:134), the mother should establish basic rules, but should let the caregiver have the discretion to establish and change plans. That does not obviate the need for communication. Einon (2004:9)

alleges that planning the day's activities can make things easier for all concerned, because children find chaos difficult and organization reassuring. The researcher is of the opinion that not all caregivers can improvise or are creative in order to plan a day programme that will stimulate the infant's growth and development. By discussing some ideas with her, the caregiver will be able to plan her day in order to stimulate the infant as well as to do the light housework they agree upon.

Theme one: Daily caretaking should be planned in cooperation with the caregiver.

If the mother has concerns about how the infant spends his day, Bishop and Whitehead (2004:137) suggests that the mother can make a chart for the caregiver to fill out daily, with two-hour increments. The caregiver can write down what transpired in those hours, which will give the mother an idea of the infant's day. The authors also suggest using friends, relatives or neighbours to check on the doings of the new caregiver.

Sub-theme one: Mother knows what the infant's evening and morning has been like.

Mothers know their infants best and by communicating their evenings and mornings to the caregivers, they will have a better understanding of the infant's mood. The caregiver can then plan activities accordingly. During interviewing, it was clear that the mothers were concerned about the emotional state of their infants when they leave for work. They feel that informing the caregiver about the circumstances that had an influence on their infant will help her to deal with the infant.

The following responses were recorded as well:

"If ... (infant's name) had a bad night he'll be cranky the next morning. If I tell ... (caregiver's name) about it, she can then take things slower and maybe just let ... (infant's name) be until he feels that he's ready to play with her."

"If he had a fever the night before, I'll want her to check on him during the day. If it gets worse she knows that she's supposed to call me and take him to the emergency."

The mother should let the caregiver know how the infant is doing and if there are any changes in her schedule. This will facilitate a real, personal relationship among the parent and the caregiver. Quality childcare is about relationships and relationships deserve time to develop (compare Mason, 2002:347-348).

Sub-theme two: Mother wants the caregiver to enforce certain milestones.

Two of the respondents had strong opinions about stimulating the infant's developmental tasks. They are raising their infants, as they stated it, "by the book". They focus on which milestones should be met at what month and they make it clear to their caregivers what they must focus on. Responses were as follows:

"I know ... (infant's name) should have been crawling by now, but I just don't think she encourages her enough or practices with her."

"I tell the baby-sitter whenever I buy new educational toys and how she should use them so that my baby can benefit from it."

The infant is a unique individual, however, and the achieving of milestones will not happen at the same pace for every infant. The process will happen when the infant is physically and emotionally ready. Encouragement is essential for the infant to achieve success and to build a positive self-esteem.

Theme two: Daily caretaking should not be planned in cooperation with the caregiver.

One of the mothers hired a trained caregiver that she is satisfied with. The mother's opinion is that she went through the whole research process in finding "the right caregiver". They have a good, trusting relationship, and she will not interfere in the caregiver's daily plans. The caregiver communicates her planning for the week and gives her regular feedback on her infant's progress.

Sub-theme one: If the caregiver is trained, her input is unnecessary.

A mother felt that her purpose of hiring a caregiver was to hire a person that had experience and training. She has a demanding work and therefore she trusts her caregiver to care optimally for her infant. The response of the mother was:

"I work long, hard hours, and even when I tuck ... (infant's name) into bed at night, there is always work I have to do. I leave the planning of ... (infant's name) day up to ... (caregiver's name). She loves ... (infant's name) and I know she takes good care of her".

Another mother responded with:

"If she is trained it will be less of a burden before work to make time to tell her what to do."

Category 4: The mother will hire a caregiver who has experience or training in caretaking of infants to care for her infant at home.

Theme one: Experience in caretaking of infants.

All of the mothers felt that experience and training were equally important, in optimally stimulating the infant's growth and development. It is difficult to find this combination as well as somebody who is willing to work flexible hours and for a salary they can afford.

Sub-theme one: Check references.

All the mothers agreed on this fact, and it seemed that they really made an effort to check and cross-check references. Two of the mothers even had private investigators to make sure that the caregivers were who they appeared to be. Their responses were as follows:

"In this time and day, you just can't trust anybody. My baby is my life and my responsibility, and I should do whatever is best for her. "

"How can I go to work and leave ... (infant's name) with a stranger? Now I at least know where she comes from and where her family lives. I will never let her know that I did this, but if something should happen, forbid, I will have all the facts ready for the police."

When the mother checks references she should concentrate on the facts: Ask about names, ages of children, dates of employment, compensation, holidays, and reasons for termination, to make sure that the information from the caregiver is reliable (Bishop & Whitehead, 2004:130-131).

Sub-theme two: Interviews

It seems that first impressions were a strong decision point in hiring caregivers. The mothers were of the opinion that if they did not make a connection with the caregiver during their first eye-to-eye contact, they will definitively not consider her for the job. One of the mothers responded as follows:

"If I don't connect with her, surely my baby won't accept her."

According to Bishop and Whitehead (2004:130) the mother should keep perspective on this part of her evaluation, since how the caregiver "performs" in the interview may not be reflective of the person. If she had no experience of an interview situation she may find it intimidating. Others may have been brought up to be respectfully polite in such situations, which unfairly may appear at odds

with the interactive, outgoing personality the mother may be seeking. Some may just not be that comfortable in English. The caregiver will become part of the family and therefore she must be someone the mother will feel comfortable with. The caregiver must respect her values, beliefs, and the fact that she is a working mother (compare Davis & Keyser, 1997:127-130, Meadow & Rocchio, 2003:61-65 and Shelov & Hannemann, 1998:426).

Sub-theme three: Observe caregiver with infant

All the mothers observed the caregivers with their infants prior to leaving them together alone. They wanted to be sure that the caregiver attended to all the infant's needs and knew what their special cues were. Most of the mothers prepared a list of the infant's daily schedules and routines, which they discussed with the caregiver. Meadow and Rocchio (2003:65-66) are of the opinion that the mother should go over the list, which includes caretaking of the infant and duties she expects from the caregiver, a few times during the first days. This will ensure that the caregiver will understand and accept the responsibilities. Responses were as follows:

"I had to go over and over a few stuff, but at least now I'm sure she knows what to do."

"I wanted her to know little things about ... (infant's name); like she'll bounce her head against her chest when she's hungry or that she'll rub her eyes and ears when she's ready for her nap..."

Sub-theme four: Contract

Only one of the mothers had a written contract with her caregiver. Most of the mothers experienced difficulties with rules and facts they had initially agreed upon, and which the caregivers question or disagree on when circumstances changes. Responses were as follows:

"I wish I had thought of setting up a written contract when I hired her, because every time I enforce something we initially agreed on, she really gets upset with me."

"We didn't really have an agreement, but every time I ask her to do something new or when my circumstances changes, she gives me a hard time about it."

"We didn't discuss time off during the holidays, and now whenever I get time off from work, she just assumes that she doesn't have to come to work..."

A contract ought to be drawn up that both the mother and the caregiver will agree upon. It will cover both parties if a situation occurs that may lead to difficulties in the working relationship. The contract should include the caregiver's responsibilities, salary, and benefits (compare Douglas(a), 2004:201-202).

Theme two: Training in caretaking of an infant

As mentioned in chapter one, quality care is not possible if the caregiver did not have relevant training in child development to offer the infant intellectually valuable experiences (compare Clarke-Stewart, et al., 1994:12 and Watkins & Durant, 1987:126). Appropriate age and developmental stimulation is essential.

Sub-theme one: Training ensures appropriate knowledge and skills

The caregiver should have training in order to internalize the knowledge and skills about infancy. She will then be able to develop and stimulate the infant to achieve his developmental tasks.

Sub-theme two: Television is not a "baby sitter"

Most of the mothers communicated their concerns about the fact that their caregivers might let the infants watch too much television. They expect of the caregivers to be actively involved with the infants and do not want the television to be used as a medium of entertaining or distraction. Although some mothers do allow their infants to watch television, they do not want them to watch for longer than thirty minutes a day. They also do not want their infants to watch their programmes unsupervised. The caregivers should be present to clarify any concerns or uncertainties. Constructive creativity implies that the caregiver engage and interact with the infant (Einon, 2004:8). The mothers responded with the following concerns:

"I don't allow my caregiver to let the baby watch television."

"We don't believe our son should watch the action on his own on television, and the baby-sitter knows that."

"I have no problem with ... (infant's name) watching "Barney", or "Mr. Rogers", or programmes like "Clifford the big red dog". I just don't want her to sit in front of the television all day long. She should be active and run around or do some crafts."

"I think my daughter will benefit more if ... (caregiver's name) reads a story to her, than if she just sits there passively."

"Watching television means a one-way communication process. I doubt if ... (infant's name) will learn anything from it. She should be talking and playing with the sitter."

5.5.2 Discussion of the schematic presentation of the categories, themes and sub-themes: Caregivers of infants.

Category 1: Mutual communication between the caregiver and the mother of the infant, about caring for the infant

Theme one: Communication is necessary

According to Bishop and Whitehead (2004:138) the caregiver deserves a full and thorough orientation, not just a list of rules. It is ideal to spend at least a half day with her to introduce her to the circle of people she is liable to often see, who may include the neighbours, tradespeople and parents of the infant's friends. If the mother expects of her to do chores or to take the infant to the museums, she should take the caregiver around the neighbourhood.

Sub-theme one: Wants to feel part of the family

Mason (2002:427) states that the caregiver is not only an employee, but she becomes like a family member and she is like a friend or adviser. The conclusion was made that caregivers want to be appreciated and to feel that they belong. Responses were as follows:

"Taking care of somebody else's baby comes from the heart, you know; a thank you now and then will be good."

"I don't feel part of the family. I have five years of experience and consider myself as a professional, but they treat me like hired help".

"... (mother's name) always gives me these books about child development. I like it, because it helps me to understand ... (infant's name) better. They give me ideas, like what to do when se cries."

Sub-theme two: The mother's expectations and trust

One caregiver responded as follows:

"I can be myself with kids, but when I have to speak to the mothers I really get nervous... I think it is because they always expect more of you and they will never be satisfied or appreciate what you do."

Most caregivers will not be satisfied if they feel that the mother is controlling them while she is at work. If the caregiver is someone the mother trusts enough to take care of her infant, she should be able to trust her to organize his daily activities (Moorhead, 2002:146-147). The caregiver's responses were as follows:

"If she hires me to care for the child, she should trust me with the child".

"If the mother doesn't feel that she can trust me with her baby, she shouldn't have hired me in the first place. If she trusted me enough to hire me, she must let me do what I think is best while the baby is with me".

Sub-theme three: Want to feel free to communicate concerns and personal problems.

Most of the respondents felt that their employees do not really care about them as individuals and about their well-being. The mothers will ask about the infant's day, but they will hardly ever ask how they are doing or if they can be of any help for them. Two caregivers were of the opinion that their employees cared about them and respect the effort they put into their infants. They also feel comfortable to discuss personal problems with their employees, because they know that the mothers will help where they can.

A negative response from a caregiver:

"I listen to what she wants me to do with the baby. She has all these rules and I try my best to follow through. It is just that I never get the opportunity to tell her what bothers me. She is always in a hurry and late for work, so I don't feel comfortable taking up her time."

A positive response from a caregiver:

"I really feel that my employee goes out of her way to make my life easier. When I tell her about ... (infant's name) day, she always asks me how my day has been. When she gets off work early I get to go home early. She also surprises me with little 'thank you' gifts. I must say, I really feel appreciated".

Mason (2002:429) suggests to be generous, be kind and to go the extra mile for a great caregiver. The mother can figure out what can make a real difference for the caregiver and then try to provide that.

Category 2: Caretaking of the infant should be independent of housework or incorporated with the daily housework routine.

All the caregivers were of the opinion that caring for the infant should be their primary task. The researcher is of the opinion that they should not think of routine work as just a series of tasks to be completed but as precious moments of caregiving that can be shared with the infant. The caregiver can stimulate his skills by letting him help her sort his clothes according to colours or counting them as he throws them in the washer. She can turn routine chores into a learning experience by stimulating the infant's growth and development. The tasks may take longer, but her attitude can make a difference in how they enjoy this time (compare Mason, 2002:352-354).

Theme one: Independent of housework

Most of the caregivers were of the opinion that if they could only take care of the infant, they will be more creative and will be more involved in the infant's growth and development.

Sub-theme one: Caring for an infant is a big responsibility and a lot of work

The conclusion that the researcher came to was that most of the mothers expected more of the caregivers than caring for their infants and doing light housekeeping related to their infants. Although they hire caregivers, they expect of them to take care of all aspects of the household as well. Responses from the caregivers were as follows:

"Some mothers expect a clean house, a happy baby-sitter (caregiver) and a happy infant."

"I work in an apartment building and the mother expects me to do the washing in the laundry basement room. I have talked to her about how difficult it is to get a load of washing down there with the baby in my one arm, but she still wants me to do it. Now I just run down there when the baby is taking a nap."

Theme two: Incorporated with the daily housework routine

The caregiver should look for natural opportunities to incorporate learning into the infant's day. She must recognize that the infant will learn a lot simply by being part of a typical household (Douglas(b), 2004:53).

Theme one: Light housework

The researcher came to the conclusion that most of the caregivers do not mind to do light housework related to caring of the infant. They do not want to be responsible for housekeeping, and they do not like doing housework. Responses were as follows:

"To me a clean house is a happy environment. I cannot function when I have to climb over things or lift things to search for something... I will clean up after the kids and keep their rooms clean, but that is how far I will go."

"I will clean up after ... (infant's name), but what I don't like is when ... (mother's name) expect of me to, like do the dishes from the night before, or tidy up the house and then it's mostly their shoes or junk mail lying around."

"... (infant's name) is good at picking up his own toys and books. We sing the "clean-up song" together and he enjoys this."

"There is this big rocking chair in the baby's room, and when he cries or something, I just curl up in there with him. I can't work anyway, if he cries all the time. I think being there for him when he needs TLC is more important than a clean house."

Category 3: Responses of the caregiver if the infant tries to do something by himself (for instance, to put away his toys)**Theme one: Destructive handling of the situation**

The way the caregivers approach and handle any situation during caring for the infant, will affect his zest for life and his enthusiasm in the process of achieving his developmental tasks.

Sub-theme one: Do it for him to get it done quicker?

Some caregivers were of the opinion that their employers have high expectations of them, which include taking care of the infants, educating them, and doing housework. To fit this all in one day, they work in a time schedule. They do not think it is possible to take the time to do cleaning with the infant. Their responses were as follows:

"I just don't have the time to sit down with ... (infant's name) and let him throw all his toys in a basket. I'll run behind and then ... (mother's name) will think I was just sitting around, doing nothing."

"I can't teach him anything. Everything seems to be a power struggle with him ... I usually clean up when he's taking a nap."

Effective communication is essential in order to come to an agreement on what the main focus of caretaking should be. The infant should be encouraged to do age-appropriate chores independently, which will stimulate the developing of his self-esteem. He should be given the opportunity to experience success as well as failure, in order for him to learn responsibility. Once he has mastered a developmental task, he will feel in control (compare Gil, 1994:40 & Landreth, 1991:196).

Theme two: Constructive handling of the situation

It is essential that the infant feels in control of himself and the situation. The caregiver should give him responsibility to grow and develop as a self-actualized individual.

Sub-theme one: Praise him for his effort, and encourage him to keep on trying?

Most of the caregivers agree that it is good to praise and encourage the infant for his efforts, since it helps to develop his self-esteem. When they see the excitement when the infant succeeds in his efforts, it makes them feel good as well. Responses were as follows:

"I always tell him to try and try again and if he still doesn't get it right he must try even harder. I will only help him if he tried it by himself first."

"If he doesn't try, how will he ever learn? If he, for example, can't get the puzzle piece in the slot at first, I will let him try again. Even if he doesn't succeed today, we will try again tomorrow, so that he can learn perseverance."

The caregivers believe that the infant's abilities are vital to his development. If the infant feels that he can do something, he is more likely to succeed. He may not achieve success at first, but while he believes that he can, and the caregiver believes, he will almost always do his best. It takes courage to try something new. The caregiver should concentrate on letting the infant know he is unique and extraordinary, and that she appreciates his efforts (compare Douglas(b), 2004:54-55 & Eino, 2004:7). The infant should be allowed to develop as a whole person.

The researcher came to the conclusion that both the mothers and the caregivers communicated the need for a programme that will include developing and stimulating of the infant. They suggested a practical "hands on" programme that will be easy to understand and to follow. They also made the suggestion to

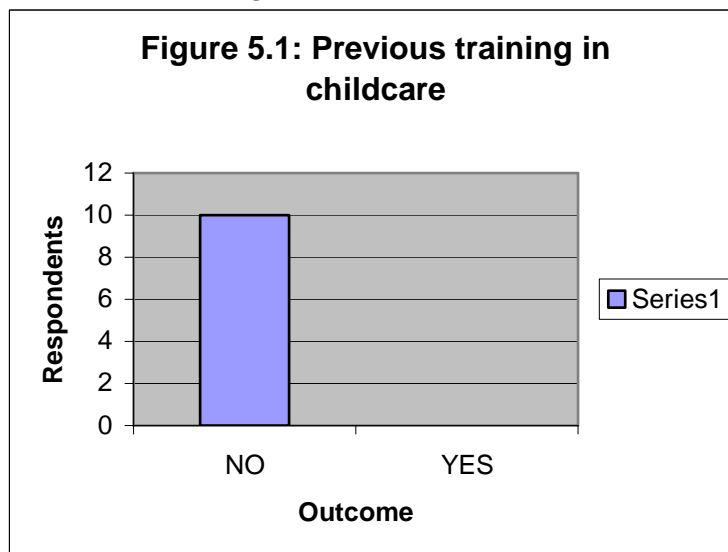
develop a programme for daily or weekly activities in the form of a day or week planner. The caregivers were of the opinion that the programme should include a variety of activities that can easily be used or adjusted as the infant grows and develops. Variety will also provide the caregiver with options in accordance with her preferences as well as with the age and personality of the infant in her care. The programme should be a holistic approach that will constructively stimulate the growth and development of the infant.

5.6 EVALUATION OF THE PROGRAMME FOR THE CAREGIVER OF AN INFANT

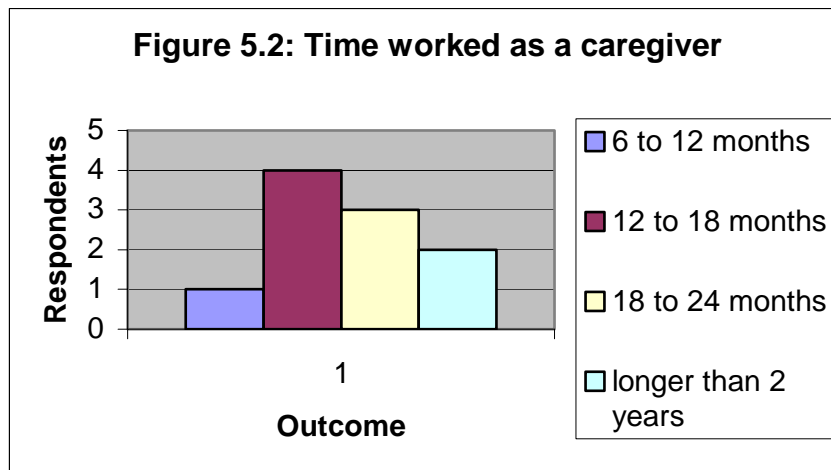
The quantitative approach was followed to measure the impact of the training programme (chapter 4) that the researcher had developed and implemented with the ten caregivers over the period of ten sessions. The self-developed questionnaires consisted of six divisions with questions in each division. The caregivers were asked to give a subjective response on each question. (See Appendix 6:208 for the questionnaire for the caregiver: Pre-test/Post-test.) Evaluation will be done in accordance with the six divisions of the questionnaire, namely the caregiver, programme for the physical development of the infant, programme for the cognitive development of the infant, programme for the emotional development of the infant, programme for the social development of the infant, and programme for the development of the infant's self-image. The quantitative findings will be supported by literature.

5.6.1 Evaluation of questions about the caregiver.

- The first question asked was **“do you have previous training in childcare?”** All ten of the respondents replied “no” on this question as illustrated in figure 5.1.

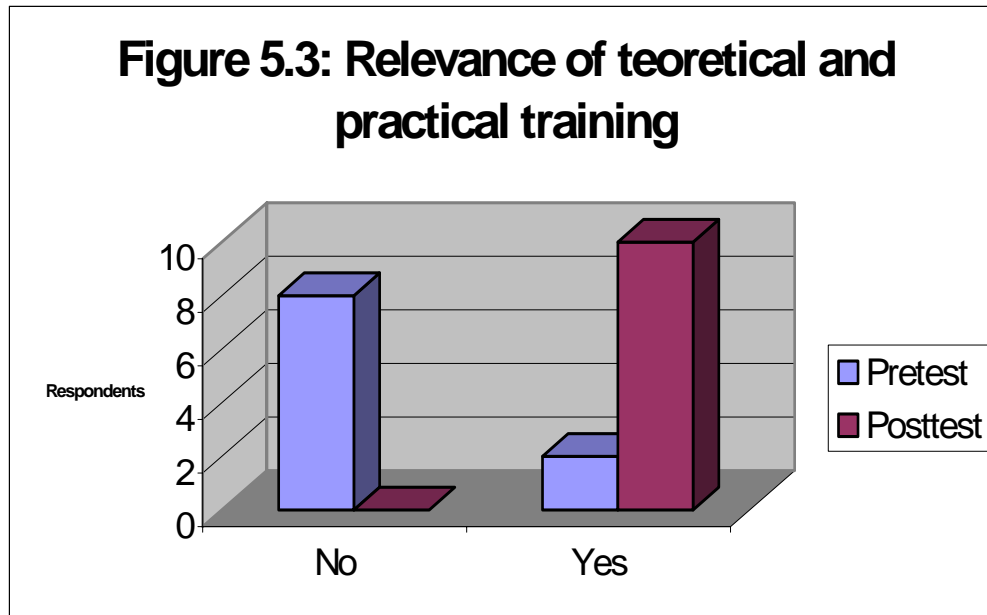


- The question was asked **how long the respondents had been working as caregivers**. Figure 5.2 is a schematic presentation of the duration of time in monthly increments.



From figure 5.2 it appears that one of the respondents had been caregiving for less than twelve months. Four respondents had been caregivers for between twelve and eighteen months. Three respondents had been caregivers for between eighteen and twenty-four months. Two respondents had been caregivers for more that two years. The conclusion was that, although none of the caregivers had previous training, they all have practical experience in childcare of at least six months. The respondents willingly agreed to be part of this training programme. They came to the sessions prepared, they were verbally active during training, and they were eager to participate in role-play. Through being part of this research process, the respondents gained insight in and knowledge about infancy. If they internalized this newly-gained knowledge and skills, they will be able to care optimally for the infant at his home.

- The caregivers' opinions were asked on whether **theoretical and practical training about the growth and development of an infant is necessary in order to be a good caregiver**.



According to figure 5.3, eight of the ten caregivers replied “no” to this question during the pre-test. Only two caregivers were of the opinion that training is necessary in order to become a good caregiver during evaluation for pre-test purposes. When completing the same questionnaire for post-test purposes, all ten of the respondents answered “yes” to this question. Watkins and Durant (1987:126) state that quality care is not possible without relevant training, since caregivers are mostly inexperienced. The researcher comes to the conclusion that the caregivers have insight in the value of gaining knowledge and skills about the infant. With adequate knowledge about the developmental tasks that the infant has to achieve during this phase, the caregiver will be able to optimally stimulate him during the time she cares for him. If the caregiver implements the daily programme, she will know how to make contact with the infant on his level and how to stimulate him on his level through play.

5.6.2 Evaluation of the programme for the physical development of the infant.

- The respondents were given a list of five mediums and asked which of them they thought could stimulate the infant physically. They were given the opportunity to select any number of activities on the list. Table 5.3 is a schematic presentation of the mediums that can be used to stimulate the infant physically.

Table 5.3 Evaluation of the programme for the physical development of the infant.

Respondent (s)	Looking at pictures and listening to cassettes.		Listening to music and moving one's body to the beat of the music.		Playing with clay and dough.		Eating snacks.		Smelling flowers and coffee.	
	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
1		X	X	X	X	X		X		X
2		X	X	X		X		X		X
3	X	X	X	X	X	X		X		X
4		X	X	X		X		X		X
5		X	X	X		X		X		X
6		X	X	X		X		X		X
7		X	X	X		X		X		X
8		X	X	X	X	X		X		X
9		X	X	X		X		X		X
10		X	X	X	X	X		X		X

Looking at **pictures** and listening to **cassettes**: One (10%) of the respondents selected this medium during the pre-test as something that can be done with an infant in order to stimulate him physically. When completing the same questionnaire for post-test purposes, 10 (100%) of the respondents were of the opinion that this medium will stimulate the infant's physical development.

Listening to **music** and **moving one's body** to the beat of the music: All 10 (100%) of the respondents selected this medium during the pre-test and the post-test as an activity that can be done with the infant in order to stimulate his physical development.

Playing with **clay and dough**: Four (40%) of the respondents selected this medium during the pre-test as an activity that can stimulate the infant's physical development. During the post-test, 100% of the respondents were of the opinion that this medium can be applied successfully.

Eating **snacks**: During the pre-test, none of the respondents selected this medium. For post-test evaluation, all 10 (100%) of the respondents selected eating snacks as an activity that can stimulate the infant physically. This medium

is used within the gestalt approach as an awareness-enhancing activity to enhance the infant's awareness, and to stimulate his sense of taste (compare Thompson & Rudolph, 1992:121). By actively being part of this training programme, the caregivers gained knowledge of, and insight into the value and use of this medium.

Smelling flowers and coffee: None (0%) of the respondents selected this medium during the pre-test. During the post-test, 10 (100%) of the respondents selected smelling flowers as an activity that can be done with an infant to stimulate him physically. The caregiver should motivate the infant to come into contact with the environment through his sense of smell. By working in polarities, the infant will be able to discriminate between items in the environment. His enhanced awareness will bring him in contact with himself and his environment.

The researcher came to the conclusion that activities that initiate physical activity, such as moving one's body to the music, or dancing, indicates physical movement rather than sensory stimulation, to the caregivers. Through this programme, the respondents gained knowledge and skills about the five different senses that need to be stimulated in order for the infant to grow and develop optimally. They developed insight into the importance of stimulating the five senses through the mediums mentioned above, as well as how to incorporate these mediums into their daily caregiving to the infant at home.

5.6.3 Evaluation of the programme for the cognitive development of the infant.

- The respondents were asked to indicate, on a success scale of 1 to 5 (with 1 as very unsuccessful and 5 as highly successful), to what extent they think that the following four mediums can contribute to, and enhance the infant's cognitive development. Table 5.4 is a schematic evaluation of responses from the ten respondents on cognitive development.

Table 5.4 Evaluation of the programme for the cognitive development of the infant.

Respondents n=10	Reading books with the infant.		Building puzzles with the infant.		Preparing food with the infant.		Reading or reciting rhymes with the infant.	
	Pre- test	Post- test	Pre- test	Post- test	Pre- test	Post- test	Pre- test	Post- test
1	5	5	4	5	3	5	5	5
2	5	5	5	5	1	5	4	5
3	4	5	3	4	1	5	3	5
4	5	5	4	5	2	5	5	5
5	5	5	5	5	2	5	4	5
6	5	5	5	5	1	5	3	5
7	5	5	5	5	2	5	5	5
8	5	5	5	5	2	5	5	5
9	5	5	4	5	3	5	5	5
10	5	5	5	5	3	5	5	5

Reading books with the infant: One (10%) of the respondents indicated a "4" on the success scale during the pre-test. Nine (90%) of the respondents were of the opinion that reading books with the infant is highly successful in order to contribute to or enhance the infant's cognitive development. During the post-test, all ten (100%) of the respondents indicated a "5" on the success scale. The researcher is of the opinion that early exposure to reading is essential to develop a love for reading and learning. According to the responses from the pre-test, the researcher came to the conclusion that the respondents are aware of the value of early reading.

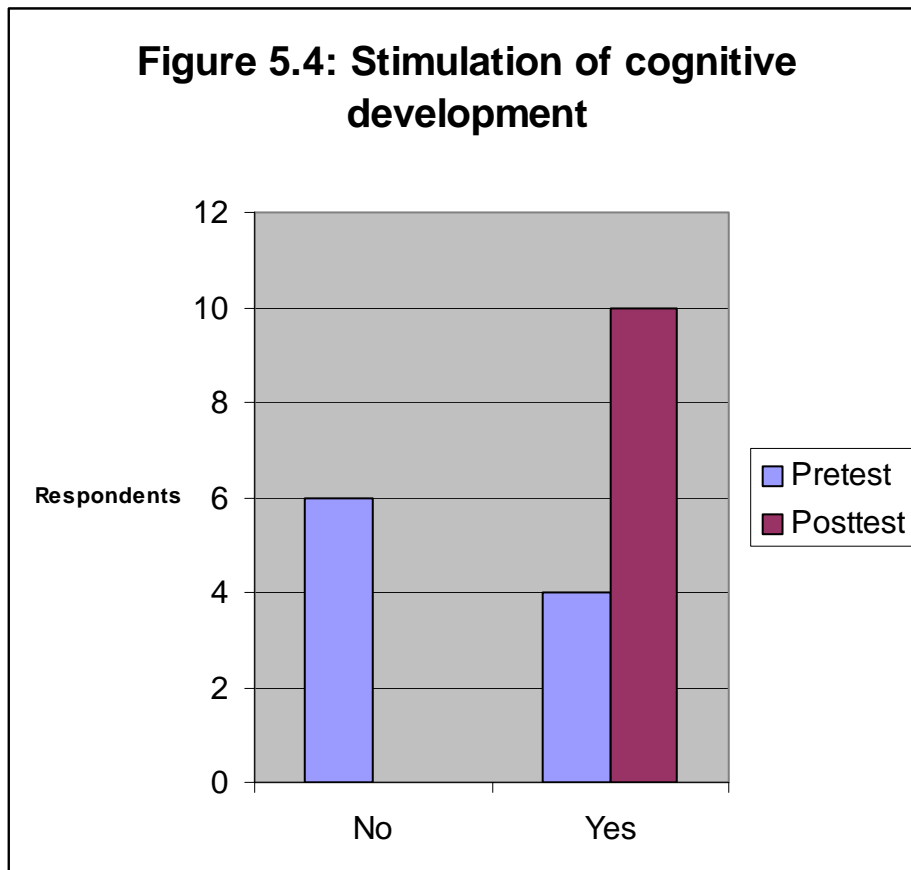
Building puzzles with the infant: During the pre-test, one (10%) of the respondents indicated a "3" on the success scale. Three (30%) indicated a "4", and six (60%) of the respondents indicated a "5" on the success scale. During the post-test, 10 (100%) of the respondents indicated a "5" on the success scale and were of the opinion, therefore, that building puzzles with the infant is a highly successful medium for enhancing the infant's cognitive development. The respondents gained the knowledge and skills to be able to select an age-appropriate puzzle for the infant that will encourage him to build and complete it at his own pace and time.

Preparing food with the infant: Three (30%) of the respondents indicated a "1", four (40%) indicated a "2", and three (30%) indicated a "3" on the success scale during the pre-test. The researcher came to the conclusion that the respondents gained knowledge and skills on preparing food with the infant, in order to

stimulate him as a whole. This medium is not only about the food, but it includes the whole process of planning the meal, preparing the food, and being proud of the end result.

Reading or reciting rhymes with the infant: During the pre-test, the respondent's indications on the success scale were as follows: Two (20%) indicated a "3", two (20%) indicated a "4" and six (60%) indicated a "5". All 10 (100%) of the respondents indicated a "5" on the success scale during the post-test. During practical participation in role-play, the caregivers gained knowledge and skills in using gestures to complement rhymes, and to make them more interesting for the infant. According to Masi (2000:35) repeating the same rhymes is necessary in order for the infant to memorize it and to stimulate his cognitive development

- The respondents were asked to give their opinion on playing a game of "peek-a-boo" and hide-and-seek.



During the pre-test (according to figure 5.4) only 4 (40%) of the respondents were of the opinion that playing a game of “peek-a-boo” and hide-and-seek can stimulate the infant’s cognitive development. After training, all 10 (100%) of the respondents indicated that these mediums could stimulate cognitive development. The researcher come to the conclusion that these mediums were only viewed as leisure activities, and that the caregivers did not view them as mediums that can contribute to the cognitive development of the infant. Since play is the language the infant knows best, he grows and develops while having fun.

5.6.4 Evaluation of the programme for the emotional development of the infant.

The respondents were asked for their opinions, as to the extent to which they had the knowledge and skills to apply the following techniques and mediums with the infant in order to stimulate his emotional development. They were asked to evaluate their knowledge and skills of applying the following technique and mediums by using the success scale, 1 to 5 (with 1 as very unsuccessful and 5 as highly successful). Table 5.5 is a schematic evaluation of responses from the ten caregivers on their knowledge of and skills in emotional development.

Table 5.5 Evaluation of the programme for the emotional development of the infant.

Respon- dents n=10	Making a book about himself/ Herself and people who care about him.		Painting and drawing.		Playing with hand- puppets.		Playing with clay.		Making a chart with drawings of faces ex- pressing different emotions.	
	Pre- test	Post -test	Pre- test	Post -test	Pre- test	Post -test	Pre- test	Post -test	Pre- test	Pre- test
1	2	5	4	5	1	5	3	5	4	5
2	3	4	3	5	2	5	4	5	4	5
3	2	5	3	4	1	4	2	5	1	5
4	3	5	3	5	1	5	2	5	3	5
5	2	5	4	5	2	5	3	5	3	5
6	4	5	3	5	1	4	4	5	4	5
7	3	5	5	5	1	5	3	5	3	5
8	3	4	4	5	1	4	2	5	4	5
9	4	5	5	5	2	5	4	5	4	5
10	4	5	5	5	3	5	4	5	5	5

Making a book about himself and people who care about him: During the pre-test three (30%) of the respondents indicated a “2” on the success scale

regarding their knowledge of, and skills in, this technique with the infant, in order to stimulate his emotional development. Four (40%) of the respondents indicated a "3," and three (30%) indicated a "4" on the success scale. After the respondents had completed the training programme, two (20%) of the respondents indicated a "4" on the success scale. Eight (80%) of the respondents indicated a "5" on the success scale during the post-test. Although the life book should develop spontaneously out of play, and can be viewed as a fun activity, the caregiver should be sensitive, positive and empathetic toward the infant, since they are working with emotional issues. Seeing a picture of his mother can make the infant cry. Emotional growth and development will occur, since this technique provides the infant with the opportunity for reconstructing the past and developing his own identity (compare Harrison, 1988:378 & Porter, 1983:294-299).

Painting and drawing: Four (40%) of the respondents indicated a "3", three respondents (30%) indicated a "4", and three (30%) indicated a "5" on the success scale during the pre-test. During the post-test, one (10%) of the respondents indicated a "4" on the success scale, while nine (90%) indicated a "5" regarding their knowledge and skills to apply this technique with the infant. The infant projects his emotions onto paper when he is painting or drawing, and therefore the caregiver should not evaluate his creation. The caregiver is not trained to be a therapist, and should let the infant evaluate his own painting or drawing in order for him to develop internal motivation and satisfaction (compare Landreth, 1991:243).

Playing with hand-puppets: During the pre-test, six (60%) respondents indicated a "1", three (30%) indicated a "2", and one (10%) indicated a "3" on the success scale (with 1 as very unsuccessful and 5 as highly successful). After completion of this training programme three (30%) of the respondents indicated a "4" on the success scale and seven (70%) indicated a "5". The researcher came to the conclusion that not all of the respondents have adequate knowledge of, and skills in applying this medium with the infant in order to stimulate his emotional development. It might be that they are not comfortable with applying this technique to stimulate communication between themselves and the infant. This technique requires skill, creativity and imagination to bring the hand-puppet "to life" (compare Schaefer & Cangelosi, 1993:85).

Playing with clay: Three (30%) of the respondents indicated a "2", three (30%) indicated a "3", and four (40%) indicated a "4" on the success scale in accordance with their opinion on their knowledge and skills about playing with clay. During the post-test, all 10 (100%) of the respondents were of the opinion that they had gained adequate knowledge and skills to stimulate and develop the infant emotionally. The respondent can get actively involved in this natural

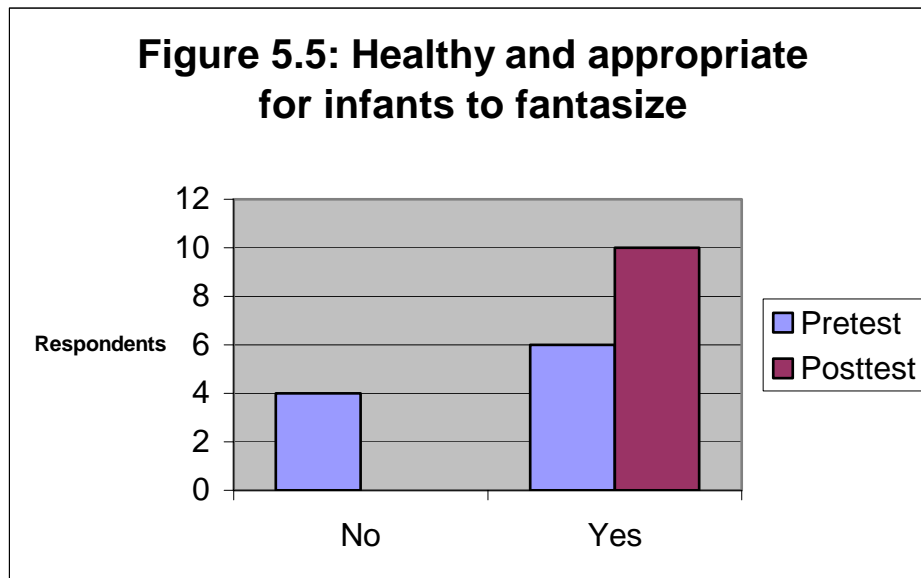
medium and can create figures or scenes. She should motivate and stimulate the infant to get actively involved in the clay and explain his creations to her.

Making a chart with drawings of faces expressing different emotions:

One (10%) of the respondents indicated a “1” on the success scale. The respondents were of the opinion that they did not have the knowledge and skills to make a feeling chart. Three (30%) of the respondents indicated a “3” and five (50%) indicated a “4” on the success scale. During the post-test, 100% of the respondents indicated that they had gained sufficient knowledge and skills to stimulate and develop the infant emotionally. The respondent can stimulate the infant to identify his emotions, to own them, and to express them through this technique.

5.6.5 Evaluation of the programme for the social development of the infant.

- The respondents were asked whether they thought it is healthy or appropriate for an infant to **fantasize**.



Six (60%) of the respondents indicated “Yes,” on the question whether they thought fantasizing was healthy for an infant. Four (40%) of the respondents indicated “No” to this question, i.e. it is not healthy for an infant to fantasize. When evaluating the same question during the post-test, all 10 (100%) of the respondents indicated “Yes”. When fantasizing, the infant exercises the power of

his imagination, as he envisions characters coping with situations similar to his life, which will enhance his social development (Webb, 1991:35).

- The respondents were asked to indicate on a success scale of 1 to 5 (with 1 as very unsuccessful and 5 as highly successful), to what extent they thought the following mediums could contribute to and enhance the infant's social development. Table 5.6 is a schematic evaluation of responses from the ten caregivers on their knowledge of, and skills in social development.

Table 5.6 Evaluation of the programme for the social development of the infant.

Respondents N=10	Playing pretend play with a toy telephone.		Playing board games with the infant.	
	Pre-test	Post-test	Pre-test	Post-test
1	2	5	4	5
2	2	5	4	5
3	1	5	2	5
4	1	5	3	5
5	3	5	4	5
6	1	5	3	5
7	2	5	4	5
8	3	5	4	5
9	2	5	3	5
10	3	5	5	5

Playing pretend play with a toy telephone: During the pre-test three (30%) of the caregivers indicated a "1" on the success scale, which means that they were of the opinion that playing pretend play with a toy telephone as a medium is very unsuccessful in developing the infants social development. Four (40%) of the respondents indicated a "2" on the success scale and three (30%) of the respondents indicated a "3" on the success scale. All ten (100%) of the respondents indicated that this medium is highly successful for social development during the post-test. The infant can practice two-way communication and social skills through the use of this medium. The caregiver can pretend to have a conversation on the other end of the line or the infant can pretend play by himself. Through using this medium, the infant will practice his social skills by talking, listening and reacting to the telephone conversation he is having.

Playing board games with the infant: One (10%) of the respondents indicated a “2” on the success scale during the pretest. Three (30%) of the respondents indicated using this medium as a “3” on the success scale. Five (50%) of the respondents indicated a “4” on the success scale. One (10%) of the respondents were of the opinion that playing board games with the infant is highly effective, or “1” on the success scale for developing the infant’s social skills. During the post-test all 10 (100)% of the respondents indicated a “5” on the success scale. Playing board games requires two or more players who will interact, cooperate, communicate and make decisions together, which the infant can practice in the safe environment of his own home. These factors are essential in developing social skills.

5.6.6 Evaluation of the programme for the development of the infant’s self-image.

- In order to evaluate the respondents’ knowledge and skills on the infant’s self-image, they were asked to indicate on a success scale of 1 to 5 (with 1 as very unsuccessful and 5 as highly successful), to what extent they thought that the following mediums can contribute to, and enhance the infant’s self-image. Table 5.7 is a schematic evaluation of responses from the ten caregivers on their knowledge and skills on developing and enhancing an infant’s self-image.

Table 5.7 Evaluation of the programme for the development of the infant’s self-image.

Respondents n=10	Looking at himself in a mirror.		Drawing pictures of himself.		Making music.		Playing with sand.	
	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
1	3	5	2	5	2	5	1	5
2	2	5	1	5	1	5	1	5
3	1	5	1	5	1	4	1	5
4	1	5	1	5	2	4	1	5
5	3	5	1	5	1	5	1	5
6	3	5	2	5	1	5	1	5
7	3	5	2	5	2	5	1	5
8	2	5	1	5	3	5	1	5
9	4	5	2	5	3	5	1	5
10	4	5	3	5	3	5	2	5

Looking at himself in a mirror: During the pre-test two (20%) of the respondents evaluated this medium as a “1” on the success scale of 1 to 5 (with 1

as very unsuccessful). Two (20%) of the respondents indicated a "2", four (40%) indicated a "3" and two (20%) indicated a "4" on the success scale of 1 to 5. During the post-test, 100% of the respondents evaluated this medium as a "5" (highly successful) and therefore they were of the opinion that looking at himself in the mirror and telling the caregiver what he sees will help the infant to explore his uniqueness and enhance his self-image (compare Thompson & Rudolph, 1992:121 and Masi, 2001:60). By gaining the knowledge and skills through this programme, the respondents now have insight in applying this medium as well as the advantages it holds for the infant.

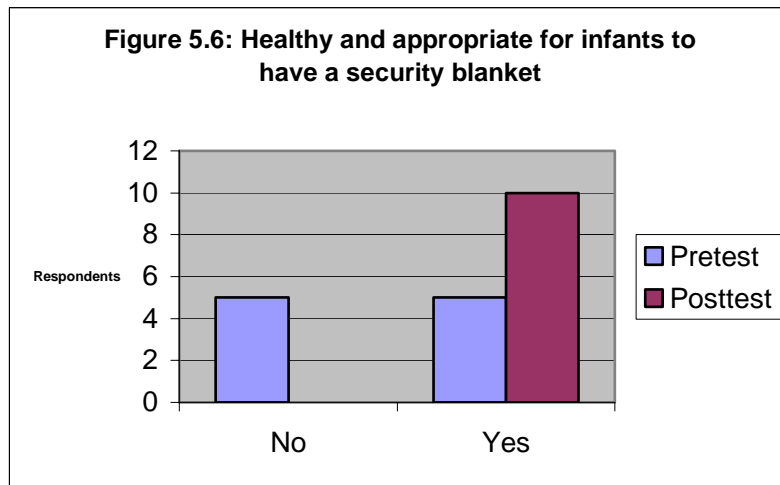
Drawing pictures of himself: Five (50%) of the respondents evaluated this medium as a "1" on the success scale during the pre-test. Four (40%) evaluated this medium as a "2" and one (10%) evaluated it as a "3". The researcher came to the conclusion that the respondents initially were of the opinion that drawing pictures of himself would not enhance the infant's self-image. However, during the post-test, 100% of the respondents evaluated this medium as a "5" on the success scale. They gained knowledge and skills in order to help the infant to focus on himself and to be aware of himself, which will bring him in contact with himself in the here and now (compare Oaklander, 1988:284).

Making music: During the pre-test four (40%) of the respondents evaluated "making music" as a "1" or very unsuccessful for enhancing an infant's self-image. Three (30%) of the respondents evaluated this medium as a "2" and three (30%) of the respondents evaluate it as a "3" on the success scale. During the post-test, two (20%) of the respondents evaluated this medium as a "4" on the success scale. Eight (80%) of the respondents were of the opinion that making music is a "5" or highly successful as a medium to enhance the infant's self-image. The respondents developed insight in the value of making music with the infant. According to Oaklander (1988:113), allowing sound to enter our awareness is the beginning of contacting the world and of communication. Music should be part of every individual and by introducing it to the infant, this medium can stimulate the development of a positive self-image.

Playing with sand: During the pre-test 9 (90%) of the respondents were of the opinion that playing with sand is very unsuccessful for enhancing the infant's self-image, and therefore they selected "1" on the success scale. One (10%) of the respondents selected "2" on the success scale. When completing the same questionnaire during the post-test all 10 (100%) of the respondents were of the opinion that this medium can be highly successful for enhancing the infant's self-image, and they selected "5" on the success scale. The infant can manipulate the sand and the toys in the sand(box), which leads to a feeling of power and control. This medium will enhance the infant's confidence and self-esteem (compare Masi, 2001:68 & McMahan, 1992:11-12). The researcher is of the opinion that the caregivers have insight in the value of sand play, since it is not a purposeless

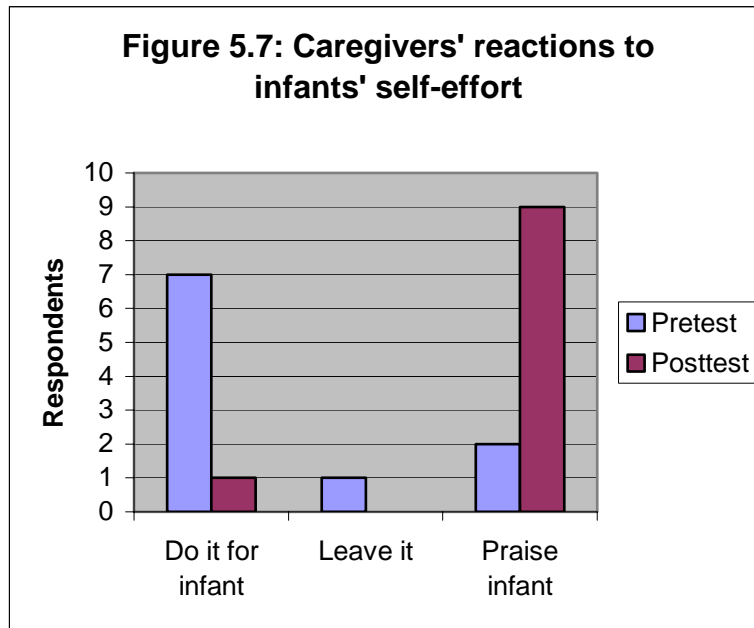
activity. By becoming actively involved in the sandbox with the infant, she can stimulate his imagination and encourage him to manipulate the sand and the toys, in order to enhance his feeling of power and control.

- In order to evaluate the caregiver's knowledge and skills on the development of an infant's self-image, they were also asked to give their opinion on whether they thought it is healthy or appropriate for an infant to have a "security blanket" or a favourite toy that he carries around with him?



In figure 5.6, it is obvious that during the pre-test, five respondents (50%) indicated that they thought it was healthy, and five respondents (50%) indicated that they thought it was unhealthy for the infant to have a "security blanket". With evaluation of the percentages in the post-test, all 10 (100%) caregivers indicated their opinion as "Yes", it is healthy and appropriate for an infant to carry a "security blanket" or a favourite toy around with him.

- The caregivers were also asked whether, if the infant tries to **do something by himself** (for instance, put away his toys), they would:
 - do it for him to get it done quicker;
 - tell him to leave it, because he is still too young to be doing it;
 - praise him for his effort, and encourage him to keep trying.



According to figure 5.7, it is obvious that during the pre-test, seven (70%) of the respondents indicated that they would “do it for the infant to get it done quicker”. One (10%) indicated that she would “tell the infant to leave it, because he is still too young to be doing it”. Only two (20%) of the respondents indicated that they would “praise the infant for his effort, and encourage him to keep on trying”. During evaluation of the post-test, one (10%) was still of the opinion that they will “do it for the infant to get it done quicker”. Nine (90%) of the respondents indicated during the post-test that they would “praise the infant for his effort, and encourage him to keep on trying”. Doing tasks for the infant will only foster dependence. By doing something independently, the infant will experience feelings of mastery and control. According to Landreth (1991:197), the infant needs to take responsibility for himself and his actions, which can only be learned through experience.

When comparing the caregivers’ responses during the pre-test to their responses on the post-test, the researcher came to the conclusion that the theoretical information and practical skills which they learned through being part of this programme are sufficient to come to a good understanding of the growth and development of an infant.

5.7 SUMMARY

The goal with this chapter was to process the empirical findings of this study. Findings were discussed in accordance with the focus groups as phase one of the qualitative part of this study. The measuring of the intervention programme as the quantitative phase two is described and discussed.