A SOCIAL WORK TRAINING PROGRAMME FOR CAREGIVERS OF INFANTS IN SAN BERNARDINO COUNTY, CALIFORNIA

by

MARIA-LINA LUSITANO CALITZ

Submitted in partial fulfilment of the requirements for the degree

D Phil (Social Work)

in the Human Sciences Faculty

of the

University of Pretoria

PROMOTER: DR J.M.C. JOUBERT

December 2004

ACKNOWLEDGEMENTS

I would like to give thanks and appreciation to the following individuals:

- To my Heavenly Father for Your presence, guidance and strength.

- To my husband, Kobus, for your patience, your help, your understanding and your love. Thank you for all the pretend play with Nikita – having tea parties with her and all her baby dolls, bears and rabbits, and having concerts on stage, and with D'Artagnan – playing Buzz Lightyear, Superman, Bob the builder or catching fish. You are truly one in a million and the best Dad to our children.

- Nikita and D'Artagnan, it is amazing to experience the world through your eyes. You experience every day with genuine sincerity and the innocence of a child. Thank you for your unconditional love, hugs and kisses and little notes all over my work, throughout this study. You gave me the strength and perseverance to complete this research.

- To my parents, Luis and Rina, mother-in-law, Lina, sisters Luiza and Charmaine, brother Luis, and sister-in-law, Jeannette, thank you for your interest and support.

- Dr J.M.C. Joubert, thank you for your meaningful guidance and patience throughout this study.

- Henry Pinkham of Professional Language Services for the language editing.

- The mothers of infants and caregivers for your enthusiastic participation and input that made this study possible.

"... anyone who will not receive the kingdom of God
like a little child will never enter it."

(Mark 10:15)

Dedicated to my two children,
Nikita and D'Artagnan.

ERKENNING

Ek wil graag my dank en erkenning oordra aan die volgende individue:

- Aan my Hemelse Vader vir U teenwoordigheid, leiding, en krag.

- Aan my man, Kobus, vir jou geduld, jou hulp, jou begrip en jou liefde. Dankie vir al die verbeelding-speletjies met Nikita – dat jy teepartytjies gehou het met haar en al haar "babas", beertjies en hasies, en vir konserte op die verhoog, en met D'Artagnan – met wie jy Buzz Lightyear, Superman, en Bob the builder gespeel het, en visgevang het. Jy is werklik een uit 'n miljoen, en die beste pa wat ons kinders maar kon hê.

- Nikita en D'Artagnan, dit is verbasend om die wêreld deur julle oë te kan ervaar. Julle ondervind elke dag met eerlike opregtheid en die onskuld van 'n kind. Dankie vir julle onvoorwaardelike liefde, drukkies en soentjies en klein notatjies orals in my werk, regdeur my studie. Julle het my die krag en deursettingsvermoë gegee om hierdie navorsing te kon voltooi.

- Aan my ouers, Luis en Rina, skoonmoeder Lina, susters, Luiza en Charmaine, broer, Luis en skoonsuster Jeannette, dankie vir julle belangstelling en ondersteuning.

- Dr J.M.C. Joubert, dankie vir u betekenisvolle leiding en u geduld dwarsdeur hierdie studie.

- Henry Pinkham van Professionele Taaldienste vir die taalversorging.

- Die moeders van babas en die versorgers vir julle entoesiastiese deelname en insette wat hierdie studie moontlik gemaak het.

"...Wie die koninkryk van God nie soos
'n kindjie ontvang nie, sal daar nooit ingaan nie."

(Markus 10:15)

Opgedra aan my twee kinders,
Nikita en D'Artagnan.

ABSTRACT

A SOCIAL WORK TRAINING PROGRAMME FOR CAREGIVERS OF INFANTS IN SAN BERNARDINO COUNTY, CALIFORNIA

by

MARIA-LINA LUSITANO CALITZ

Promoter: Dr J.M.C. Joubert
Degree: D Phil (Social Work)

This research concentrates on the developing, implementing, and evaluating of a practical training program for the caregiver of an infant in order to provide in the infant's primary needs and development. The research problem of quality care for the infant during the time that his mother is working was identified and discussed in chapter 1.

Intervention research was used as research methodology. This methodology implies a combined quantitative and qualitative approach. The first part of this research (chapters 2 & 3) addresses the problem analysis and information gathering linked to the development of a theoretical basis for the intervention model.

Infancy as developmental stage is discussed as well as the developmental tasks that the infant must achieve during this phase in order to grow and develop as a self-actualized individual (chapter 2). It is essential for the caregiver to gain knowledge and skills about infancy, the needs and the developmental tasks of this phase. The tasks, roles, and responsibilities of the caregiver were discussed in chapter 3.

The second part of this research (chapter 4) is related to the design of the intervention program, the conducting of a pilot test and the refining of the intervention. This in-home care program is theoretically funded, and it is divided practically into the five workdays of the week, in accordance with the five developmental tasks that the infant must achieve in this developmental phase. Ten caregivers willingly participated in this intervention program.

In chapter 5, the empirical findings with the development and implementation of the training program for in-home care of an infant are discussed. From the information gathered during the focus groups with the mothers of infants and caregivers as well as the results from the questionnaires from pre-tests and post-tests, the researcher came to the conclusion that the research problem of quality caretaking of an infant for the time his mother is working is addressed. Through

internalizing theoretical knowledge and practical skills during the training program, the caregivers are able to care optimally for an infant at home. They are equipped with play techniques and mediums which are adapted within the gestalt approach and supported by relevant aids. The caregiver is able to stimulate the infant's developmental needs and tasks in this developmental phase.

Conclusions and recommendations (chapter 6) of this study are put forward in accordance with the process that was followed in developing and implementing the training program for optimal caretaking of the infant in the safe and familiar environment of his own home.

Key words:

Training program
Infant
Caregiver
Quality in-home care
Developmental phases
Developmental tasks
Optimal caretaking
Self-actualized individual
Knowledge and skills
Intervention program
Intervention research
Qualitative and quantitative research
Applied research
Exploratory design

OPSOMMING

'n MAATSKAPLIKEWERK OPLEIDINGSPROGRAM VIR VERSORGERS VAN BABAS IN DIE DISTRIK VAN SAN BERNARDINO, KALIFORNIË

deur

MARIA-LINA LUSITANO CALITZ

Promotor: Dr J.M.C. Joubert

Graad: D Phil (Maatskaplike Werk)

Hierdie navorsing fokus op die ontwikkeling, implementering en evaluering van 'n praktiese opleidingsprogram vir die versorger van die baba, ten einde te voorsien in sy primêre behoeftes en ontwikkeling. Die navorsingsprobleem van kwaliteitsorg vir die baba gedurende die tyd dat sy moeder werk, is geïdentifiseer en bespreek in hoofstuk 1.

Intervensienavorsing is as metodologie gebruik. Hierdie metode behels dat daar van 'n kwalitatiewe en kwantitatiewe benadering gebruik gemaak word. In die eerste gedeelte van hierdie studie (hoofstukke 2 & 3) is daar gefokus op die probleem-analisering en data-insameling, waardeur daar 'n teoretiese onderbou vir die ontwikkeling van die intervensiemodel geskep is.

Die babajare as ontwikkelingsfase is bespreek met meegaande ontwikkelingstake wat tydens hierdie fase bereik moet word, ten einde as 'n self-geaktualiseerde individu te groei en te ontwikkel (hoofstuk 2). Dit is noodsaaklik vir die versorger om kennis en vaardighede op te doen rakende die baba, sy behoeftes, en die ontwikkelingstake van hierdie fase. Die take, rolle en verantwoordelikhede van die versorger is bespreek in hoofstuk 3.

Die tweede gedeelte van hierdie navorsing (hoofstuk 4) hou verband met die ontwikkeling van die intervensieprogram, die uitvoer van die voorondersoek, en die verfyning van intervensie. Die tuisversorgingsprogram is teoreties gefundeer en dit is prakties ingedeel in die vyf werksdae van die week, volgens die vyf ontwikkelingstake wat die baba moet bereik in hierdie ontwikkelingsfase. Tien versorgers het vrywilliglik deelgeneem aan die intervensieprogram.

In hoofstuk 5 is die empiriese bevindings met die ontwikkeling en implementering van die opleidingsprogram vir tuisversorging van die baba bespreek. Uit die inligting wat ingesamel is gedurende die fokusgroepe met die moeders van die babas en die versorgers, asook die resultate van die vraelyste van die voorondersoek en na-toetse, kom die navorser tot die gevolgtrekking dat die

navorsingsprobleem aangespreek is van kwaliteitsorg vir ‘n baba vir die tydperk wat sy moeder werk. Deur die teoretiese kennis en praktiese vaardighede te internaliseer gedurende die opleidingsprogram, is die versorgers bevoeg om die baba optimaal tuis te versorg. Hulle is toegerus met speltegnieke en mediums binne die gestaltbenadering, en met relevante hulpmiddels. Die versorger is daartoe in staat om die baba se ontwikkelingsbehoeftes en -take in hierdie ontwikkelingsfase te stimuleer.

Gevolgtrekkings en aanbevelings (hoofstuk 6) vir hierdie studie is gedoen volgens die proses wat gevolg is in die ontwikkeling en implementering van die opleidingsprogram vir optimale tuisversorging van die baba in die veilige en bekende omgewing van sy huis.

Sleutelterme:

Opleidingsprogram
Baba
Versorger
Kwaliteit tuisversorging
Ontwikkelingsfases
Ontwikkelingstake
Optimale versorging
Self-geaktualiseerde individu
Kennis en vaardighede
Intervensieprogram
Intervensienavorsing
Kwalitatiewe en kwantitatiewe navorsing
Toegepaste navorsing
Verkennende ontwerp

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDIX

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.

CHAPTER 2

INFANCY: DEVELOPMENTAL TASKS AND STAGES, FORMS OF PLAY AND TECHNIQUES

2.1 INTRODUCTION

In this chapter reference will be made to several developmental theories in the development of an infant. Developmental theories strive to systematically describe and explain the development of an organism from a specific viewpoint. The purpose of this chapter is for the caregiver to develop a better concept and understanding of the influence which the working mother and caretaking at home has on the growth and development of the infant.

For optimal caretaking of the infant, the caregiver must have knowledge and insight in the developmental tasks and skills that the infant must achieve in order to grow and develop into a self-actualized organism and an integrated whole. There will be a distinction between the physical, cognitive, language, personality and social development of the infant. Techniques such as forms of play, massage techniques, and music as a technique are discussed, and examples are given.

2.2 THE INFANT

It is important to remember that all individuals are unique and therefore will grow and develop at different rates. The "right time" will be when the infant is ready. The following information can only offer a general guide to how infants grow and develop. The caregiver cannot speed up the development timetable, but if she gives the infant a lot of love and undivided attention, she gives him what he needs in order to grow and develop at his own pace. The infant's development does not happen in a vacuum or in isolation from the rest of the world. He can learn and progress only by being part of his surroundings. He learns by example. He needs acknowledgment, love, and encouragement from the people around him in order to reach his full potential. By doing what comes naturally, like cuddling him, talking to him, and going to him when he cries, the caregiver is giving him a sense of security and confidence that allows him to learn. As the infant grows, develops and learns, the caregiver will also learn from him as her skills develop.

Infancy involves dramatic and rapid growth and development. A primary characteristic of infancy is the amount of energy that is used to explore and

discover the world. Infancy can be seen as a critical, dangerous, and challenging stage (Louw, 1990:177):

- critical, because the basis for behaviour patterns are established,

- dangerous, because fatal accidents may occur because of the infant's inability to foresee accidents, and

- challenging, because of the infants increasing strive for independence.

According to Newman and Newman (1987:160) there is an element of vulnerability during the infancy period. Severe, prolonged deprivation of adequate sensory stimulation and responsible caretaking can cause disruption in development. The rate of success that the infant will achieve depends on the opportunities and the guidance that he will receive. The infant that does not have optimal stimulation in this developmental period will have difficulty to achieve the developmental tasks in future periods. Continued support, motivation and a positive caring environment can result in successful achievement of the developmental tasks in this period.

2.3 DEVELOPMENTAL TASKS

The first two years get specific meaning when the developmental tasks of this period are taken into consideration (Havighurst & Hurlock in Louw, 1990:158):

- The infant learns to walk, although the success rate varies.

- He learns to eat solid foods.

- The infant learns the basic language skills. He can use different words in sentences, and he understands simple phrases and commands. Although he learns to pronounce the words he often uses correctly, his ability to communicate and understand is still on a lower level.

- He learns to partly control his body functions.

- The infant develops emotional communication with his parents and siblings.

The rapid development of the nerve system, the improvement of the bone structure and the improvement of the muscles, makes it possible for the infant to achieve these developmental tasks. How successful he will be in achieving these developmental tasks depends on the opportunities he will get and the help and guidance he will receive. Infants that are not as developed as their peer group

will have a handicap when they reach early childhood, and it will be expected of them to achieve the developmental tasks of this stage. Successful achieving of developmental tasks has the advantage that his peers will accept him, which is one of the most important developmental tasks of the early childhood (Louw, 1990:158-159).

2.4 PHYSICAL DEVELOPMENT

Growth and development happen rapidly during the first two years of life. At birth, the infant's weight included excess body fluids, which he lost during his first few days. The average newborn gains weight at a rate of 2/3 of an ounce (20-30 grams) per day, and by one month weighs about nine pounds (4kg). He will grow about one inch (3cm) during this month. In the first two and a half years, the birth weight gain is 300 percent, and his height 80 percent. His big forehead, big eyes, small nose, high shoulders, short neck and prominent abdomen characterize the infant. At birth the weight of the brain is 25 percent of the total body mass, and by two years the brain is 75 percent of the total mature brain. No new brain cells develop after birth. The increase in weight gain is because of the increase of the blood supply and nerves. The paediatrician will pay particular attention to the infant's head growth, because it reflects the growth of his brain. The skull should grow faster during the first four months than at any other time in the infant's life (compare Du Toit & Kruger, 1991:71-72; Louw & Louw, 1992:177-180; and Shelov & Hannemann, 2004:143-144).

2.4.1 Development of motor functions

Motor development depends on the total physical development of the infant. In order to crawl, walk, climb and hold, the skeleton, nerve system and muscles must be developed. Infant reflexes include sucking, grasping, rooting, coughing, and stepping. With time, each of these behaviours will make a transition from an involuntary to a voluntary behaviour. According to Newman and Newman (1987:162) the transition from involuntary to voluntary reaching and grasping take place as a result of a process of repeated discovery, exploration, and practice of controlled, coordinated muscle movements. Other motor skills are achieved as a result of physical growth, maturation of bones and muscles, and maturation of the nervous system. **Cephalocaudal development** is the development and control of muscles from the infant's head to his feet (or "tail"). The infant first gets control over his eyes, then his head, neck, arms, upper body, and then downwards to his legs and feet. **Proximodistal development** implies development of the body outwards. The infant will firstly gain control over his body and shoulders, before he can control his arm movements, hand movements, and finger movements (Du Toit & Kruger, 1991:73-74).

During the first twelve months the infant develops rapidly. During the infant's first weeks, his body will gradually straighten from the tightly curled position he held inside the uterus. His legs and feet may continue to rotate inward, giving him a bowlegged look. This condition usually will correct itself gradually over the next six months. By the third week, the stump from the infant's umbilical cord should have dried and fallen off. Leaving behind a clean, well-healed area (Shelov & Hannemann, 2004:144-145).

Between one and four months the infant will undergo a dramatic transformation from a totally dependent newborn to an active and responsive infant. He will lose many of his newborn reflexes while acquiring more voluntary control of his body. The caregiver will find him spending hours inspecting his hands and watching their movement. An important development during the early months is the infant's increasing neck strength. If placed on his stomach before two months, he will struggle to raise his head to look around. If he succeeds for only a second or two, this success will allow him to turn for a slightly different view of the world and to move his nose and mouth away from the blanket in his way. These momentary "exercises" also will strengthen the muscles in the back of his neck. By the fourth month, he will be able to hold his head and chest up to look all around at will, instead of just staring at the mobile directly overhead. The caregiver no longer has to support the infant's head quite as much when carrying him. When the caregiver uses a front or back carrier, the infant will be able to hold his own head up and look around as the caregiver walks.

By two to three months, the soft spots at the back of the infant's head should be closed, but the spot on the top of his head will still be open. He will look round and chubby, but as he starts using his arms and legs more actively, muscles will develop and fat will begin to disappear. By the end of the third month, it is possible for the infant to turn over from stomach to back while in a lying position. The caregiver needs to be vigilant whenever the infant is lying on the changing table or on any other surface above floor level (Shelov & Hannemann, 2004:177-180).

By four months, the most important changes are taking place within the infant. It is a period wherein the infant's personality and unique character traits will be recognized. He will smile and play with everyone he meets. This is a good time for the mother to take advantage of the infant's sociability to acquaint him with his new caregiver. Instead of reacting primarily by reflex, as he did during his earlier months, he will now choose what he will and will not do. He will be able to communicate his emotions and desires. (For example, he will not only cry when he is hungry or uncomfortable, but also when he wants a different toy.) He will learn to coordinate his emerging perceptive abilities and his increasing motor abilities to develop skills like grasping, rolling over, sitting up, and crawling. The infant's physical coordination improves, and he will discover his different body

parts as he is lying on his back. The infant will grab his feet and toes and bring them to his mouth. He will also start to understand the function of his body parts. The infant will then take on a greater challenge: sitting up. He will accomplish this as his back and neck muscles gradually strengthen and he develops better balance in his head, neck and trunk. First he will learn to raise his head and hold it up while lying on his stomach. The caregiver can encourage this by placing him on his stomach and extending his arms forward. The caregiver can then hold a rattle toy in front of him and shake it to get his attention. Once he has mastered the action of holding up his head, he will start pushing up on his arms and arching his back to lift his chest. This will strengthen his upper body so that he can remain steady and upright when he will be sitting. Once the infant is strong enough to hold up his head, the caregiver can help him practice sitting up. She can hold him up in a sitting position or support his back with pillows as he learns to balance himself. Placing his favourite toy in front of him will help the infant to focus as he gains his balance. By the end of this period, he will be able to roll over in both directions. When the caregiver places him on his feet on the floor he will practice bouncing (Shelov & Hannemann, 2004:2001-2005). By maturing his motor skills, the infant increases his process of making and maintaining contact with his caregiver, which will enhance his sense of security and well-being.

The infant will be able to stand at six months, and walk from nine months. Each of these accomplishments requires practice, refinement, struggle, and mastery. The achievement of competence in each of the motor tasks depends on the infant's maturation level, environment conditions, and the strength of the infant's desire for mastery. As he achieves a motor task, it brings him in contact with the environment, in order to experience more varied stimulation, explore objects more deliberately, and voluntarily pursue his goals (Newman & Newman, 1987:163-165).

At seven to ten months the infant will master the skill of crawling. For a while he may rock on his hands and knees. Since his arm muscles are better developed than his legs, he may even push himself backward instead of forward. With practice he will discover that, by digging with his knees and pushing off, he can propel himself forward across the room toward the target of his choice (Shelov & Hannemann, 2004:230-231).

During the age of eight through twelve months, the infant will be standing without support. His posture will look unusual, because his belly will protrude, his behind will stick out, and his back will have a forward sway to it. When he takes his first steps, his feet may turn outward. This occurs because the ligaments of his hips are still so loose that his legs naturally rotate outward. During the first six months of his second year, the ligaments will tighten and then his feet should point nearly straight. The infant will become increasingly mobile. Being able to

move around gives the infant a sense of power and control and will promote his self-esteem. His newfound physical independence is also frightening to him, since he will be upset about being separated from his mother or caregiver. At this stage the infant has no concept of danger, and only a limited memory of the caregiver's warnings. Childproofing the house, will allow the infant a greater sense of freedom. Fewer areas will be off limits, and he will be able to make discoveries on his own, without the caregiver's intervention or assistance.

The more opportunities the infant finds to discover, test, and strengthen his new capabilities, the more confident and adventurous he will become (Shelov & Hannemann, 2004:231-234). The infant's physical development enables him to be independent and to explore his environment. Through his exploring, the infant is exposed to situations that can be dangerous (stairs, a hot oven or a swimming pool). The infant's mobility requires a lot of time, energy and patience from the caregiver. The caregiver must guide the infant in his process of self-realization.

2.4.2 Development of sensory functions

The human being is born with an internal set of sensory mechanisms. Human sensory mechanisms have been created so skilfully that a multitude of physiological transactions takes place before an individual can really experience an impulse. The human sensory system is a highly complex system, which enables beings to experience the world and make contact through their involvement in the world. It is essential for the infant's sensory skills to develop in order for him to make sense of his surroundings (compare Schoeman & Van der Merwe, 1996:41-42 and Thompson & Rudolph, 1992:121). Oaklander (1988:109) agrees: "It is through these modalities that we experience ourselves and make contact with the world". The researcher is of the opinion that the infant experiences, discovers, develops and internalizes his surroundings, and the world, as well as the self, through his senses. The mother and the caregiver must be aware of stimulating the infant's senses through caregiving and play. Sensory contact with his environment and his world is made through sight, hearing, touch, smell, taste and talking.

Sight

A newborn baby is born with peripheral vision, which means he has the ability to see to the sides. He can see everything at a fixed focus of eight to ten inches (twenty to twenty five centimetres). He will learn to follow, or track, moving objects. Normal development of the infant's eyesight depends on visual stimulation (compare Shelov and Hannemann, 2004:155-156 & Stoppard, 2001:176). Since a newborn baby's vision is more limited than an older child's, the caregiver will have to arrange activities in accordance with the infant's developmental level.

At birth, the infant is sensitive to bright light, and his pupils are constricted to limit the amount of light that enters his eyes. At two weeks old, his pupils will begin to enlarge, allowing him to experience a broader range of shades of light and dark. As his retina (the light-sensitive tissue inside the eyeball) develops, his ability to see and recognize patterns also will improve. The more contrast there is in a pattern, the more it will attract his attention, which is why he is most attentive to black-and-white pictures or high-contrast patterns, such as sharply contrasting stripes, bull's-eyes, checks, and very simple faces (Shelov & Hannemann, 2004:155-156).

Although his eyesight is limited, the infant's eyes are sensitive to the human face and to anything that moves. At first he will not be able to focus on anything farther than ten inches away, but if the caregiver brings her face close to his, he will see her. She will notice that his eyes move in recognition and his expression changes. By eight weeks, the infant will be able to fully focus, and he should recognize the caregiver's face and respond to it with smiles and waving arms. By three months, the infant can take in details, and is able to build up a three-dimensional picture of the world. This is an essential step before he becomes mobile, since he needs to understand depth as well as height and width before he starts crawling. Colour vision does not fully mature before four months. The infant's good vision is essential in his early motor and cognitive development. At four months he can distinguish subtle shades of reds, blues, and yellows. From six months, he can identify objects and he can adjust his position to see people and things that interest him. Visual development from this stage on is the way his brain interprets the information his eyes see (Stoppard, 2001:176).

According to Sears and Sears (2002:56-57) it is more educational for the infant to be on the mother's or caregiver's shoulder or hip while she walks around the house, (sorting the mail, talking on the telephone or unpacking a variety of groceries), than to lie in a crib, watching a developmentally appropriate mobile turn in the air or in a playpen well stocked with the latest in educational toys. When the caregiver goes to the mall (with the mother's consent) the environment will be more stimulating in the caregiver's arms, than in a stroller eighteen inches off the ground. By carrying the infant as the caregiver goes about her daily tasks and errands, he will get the stimulation he needs to develop his sight, his hearing, and his understanding. He will also get the added input as the caregiver talks to him and shares her observations and feeling with him. The infant that is carried more will cry less, thereby giving him more time for productive interaction with his environment. The closeness to the caregiver and the gentle motion of her walking will keep the infant calm. The infant who is carried spends more time in the state of quiet alertness, which helps him to adapt more quickly to the outside world.

To stimulate the sensory awareness of sight and keep his visual interest, the infant can be motivated to become aware of different aspects within his surroundings. The caregiver can take him for sightseeing in his stroller, so that he will be able to look all around him. The following guidelines are proposals:

- hang a photo of his mother's face (or any significant person in the infant's life) at the side of the crib (Stoppard, 2001:176);

- hang a mobile over the crib or string brightly coloured objects across it to catch his eyes once colour vision is more developed (Stoppard, 2001:176);

- give the infant an unbreakable mirror so that he can look at his own reflection. The reflected image is constantly changing, which fascinates him (compare Shelov and Hannemann, 2004:207 & Stoppard, 2001:176);

- look at the sun through different colours of cellophane or sunglasses;

- look at footprints on the sand;

- look at the forms, shapes and colours of different stones, shells or flowers;

The caregiver must use her initiative and creativity to stimulate the infant's sight through interaction and play.

Hearing

The newborn baby needs to be able to hear the full range of sounds that are essential for speech if he is to be able to talk correctly. Even though the newborn baby does not understand sound, he reacts to noises. If he is startled by a sudden loud noise, such as a door slamming, he may throw out his arms and legs in a "startle" reflex action. As he grows and develops he will blink or open his eyes when he hears a loud noise. By four weeks, he will begin to notice noises of longer duration, such as the vacuum cleaner (Stoppard, 2001:178). The infant will pay close attention to human voices during the first month, especially high-pitched ones speaking "baby talk". When the caregiver talks to him, he will turn his head to search for the caregiver and will listen closely as she sounds out different syllables and words (Shelov & Hannemann, 2004:155-156).

By the time the baby is four months old, he should be able to discriminate between certain sounds. He might react to the caregiver's voice with a smile and by turning his head into the direction he hears the caregiver's voice coming from. A nine-month-old baby should be babbling to hear his own voice, and will listen attentively to familiar sounds (Stoppard, 2001:178).

The researcher is of the opinion that, depending on their surrounding, activities will take on different dimensions. The caregiver and the infant can listen to the sounds in their surroundings and name or imitate them, for example, the chirping of a bird, a car blowing its horn or the leaves of a tree waving in the wind. Stoppard (2001:178) suggests being theatrical about explaining sounds. For example, to put your finger to your lips and say, "Sssh, let's be quiet as mice," to explain the idea of quietness. The caregiver can describe sounds and music with appropriate adjectives such as "loud" and "soft". She can name new sounds, such as the cat purring, and imitate it. "Allowing sounds to enter our awareness is our first step toward contacting the world, the beginning of communication" (Oaklander, 1988:113). The infant can be in contact with himself and make contact outside himself through sound.

Touch

The infant is equally sensitive to touch and the way the caregiver handles him. He will nestle into a soft piece of material (satin or flannel), but will pull away from scratchy material (burlap or sandpaper). When the caregiver strokes him gently with the palm of her hand, he will relax and become quiet. If she picks him up roughly, he will probably take offence and cry. Holding, stroking, rocking, and cuddling him will quieten the infant when upset and make him more alert when he is drowsy. It will also send a message of her love and affection for him. Long before he understands a word she says, he will understand her moods and feelings from the way that she touches him (Shelov & Hannemann, 2004:157-158).

The most obvious way to make contact is through touching. The sense of touch is not only centred on the fingers and hands, but the whole skin. Physical contact with other human beings has an impact on the infant's development. Especially during infancy, socialization takes place through touch. Physical contact being reciprocated is in a sense necessary for survival. The infant explores his surroundings and world through touch (compare Schoeman, 1996:47). The researcher is of the opinion that the caregiver must guide the infant in acceptable behaviour. When he touches something that he is not supposed to, the caregiver should explain to the infant why he is not allowed to touch it or why it is not acceptable to touch it. The infant can rather use his other senses, for example looking at it or smelling it. Giving him an alternative or a reason why he should not touch something will help the infant understand, as he grows, why certain behaviour is acceptable and others not.

The best way for the infant to learn to walk is barefoot. By walking barefoot he can learn to balance on the different textures that he feels with his feet.

To stimulate the sense of touch the caregiver can give the infant the following commands, which they can discuss:

- "bury" each other under the sand, which will stimulate the sense of touch over the whole body;

- feel the roughness of the sand between your fingers and toes (let him feel the difference between dry and wet sand);

- focus on polarities, for example hard and soft and cold and warm.

By using natural mediums such as sand, water, paint, and dough, the infant can be stimulated creatively by using different body parts, for example to paint with the feet.

Smell

According to Schoeman (1996:45) the sense of smell is used to gather information about the environment, and to discriminate between pleasant and unpleasant smells. Experimenting with breathing through the nose, mouth, and each nostril can stimulate awareness of the sense of smell, according to Oaklander (1988:119). As the air is blown out, it can be felt in the palm of the hand.

The researcher is of the opinion that the infant's sense of smell and awareness of his surroundings can be stimulated by letting him identify different aromas around the house. According to Schoeman (1996:45) aromas are connected to certain emotions, pleasant memories, anxiety, or sadness. The caregiver can stimulate the infant's sense of smell and try to connect different smells with memories through the following examples:

- Letting the infant smell his mother's perfume will remind him of her.

- The smell of cinnamon can remind the infant of his favourite comfort food.

- Smelling an orange reminds him of picking oranges with his father in the orchard.

- The aroma of flowers can bring back memories of a picnic in the park.

By connecting different experiences with smell, the infant can own the smell and his awareness will be stimulated. Through these experiences he will come in contact with other people and his environment.

Taste

Taste is a sensory observation, and the organ associated with taste is the tongue. The tongue is very sensitive and is part of the individual's uniqueness to develop a taste for certain food and liquids. The researcher is of the opinion that the caregiver should stimulate the child's sense of taste by experimenting with different tastes and textures (sweet, salty, sour, bitter and soft, hard, lumpy, coarse) and respects what he prefers. According to Schoeman (1996:47) the individual who does not value food and tasting loses out on an important opportunity to be in contact with the environment.

The researcher is of the opinion that the infant specifically makes contact with and experiences his environment by sucking and licking everything he can reach. The tongue is used for the verbalization of feelings and emotions (by sticking one's tongue out at someone to satisfy the expression of anger or greetings). The tongue is an important organ as it helps with the processing of food and is essential for talking (compare Oaklander, 1988:119).

Talking

As a contact function, talking has two dimensions, namely voice and language. The caregiver can make contact with the infant and can encourage the development of speech by talking to the infant (Sears & Sears, 2002:60-63):

- The caregiver should engage the infant's eyes before beginning a conversation. By doing this she will be able to hold his attention longer and it is more likely that she will get a response from him.

- Infants tend to watch a speaker's mouth and try to mimic the tongue and lip movements. The caregiver can encourage this by making fun sounds, exaggerating words, and encouraging the infant to repeat them. Mimicking the infant's sounds will encourage him to practice his sounds and try new ones. The caregiver can encourage speech by repeating the infant's sounds back to him, but turning it into a word that it sounded like.

- While the infant may not at first associate a name with himself, hearing it frequently will trigger pleasant associations of caring and recognition.

- Speech can be encouraged by using short word sentences and one-syllable or two-syllable words with drawn-out, exaggerated vowels: "sweeeet baaby".

- The caregiver could say, "Wave bye-bye to Mama," as she waves to the infant's mother when the mother leaves for work. Infants are more likely to

recall words that are associated with animated gestures, which is why they love sign language. The caregiver can vary her speech with inflection at the end of a sentence or exaggerate cue words. The infant will be more attentive when she talks in a singsong way.

- Talking in a question fashion will naturally raise the pitch at the end of a sentence, as the caregiver anticipates the infant's response.

- As she goes through the infant's daily routine of dressing, changing diapers, feeding, and playing, the caregiver should talk about what she is doing. This may feel awkward at first, but the caregiver should keep in mind that the infant's developing brain processes every word he hears. This may help him to become talkative and a good listener.

- Singing uses more language centres in an infant's brain, than do words alone. Infants like songs they hear over and over again. The caregiver can make up her own songs or borrow them from familiar sources and repeat them frequently.

- Expanding on an infant-initiated word is a valuable language-learning tool. For example, when the infant point to a "bu" (bird), the caregiver can add "Birds fly in the sky." Words or ideas that an infant imitates present a teachable moment, and the caregiver should not let this moment go by. A responsive relationship that the mother and the caregiver establish during infancy will carry over into future learning. Secure, confident children learn better no matter what their natural abilities. The knowledge of the infant begins with responding to his cries and other cues, which will help him in future homework in school and the workplace.

- Reading to the infant involves more than just following the text. While reading to the infant the caregiver will do more talking about the pictures than actually reading words on the page. The authors suggest using books with one large, simple picture on each page. The caregiver should ask, "See the dog? What does the dog say?" The infant will love the ritual of barking together. They can then talk about his puppy dog or the stuffed dog on his bed. The caregiver can involve the infant in the reading time process by saying "turn" at the end of each page so the infant knows that he can then turn the page. Lift-the-flap books will also involve the infant. With the older infant, the caregiver can ask him what he thinks is happening in the story or what might happen next.

- Books can initiate conversations about important events in the infant's life. A book about a visit to the doctor's office can prepare him for his upcoming appointment. A book about his day can bring back memories about the

previous week's outing to the local zoo. A book about an airplane trip can help prepare him for his vacation. A book about a new baby can help her explain the changes that are expected in his home. Besides reading for pleasure, the infant will enjoy looking forward to reading as a ritual.

The researcher views reading time as a special alone time between the caregiver and the infant, where they can have an enjoyable conversation while the infant is learning.

2.5 COGNITIVE DEVELOPMENT

Cognitive development is an ongoing process and happens rapidly during the infant years. The infant is eager to accumulate knowledge of his environment in order to give meaning to his life. At birth, the infant experiences being comfortable or uncomfortable and being secure or insecure. As he grows and develops, he learns to give meaning to actions and to form associations. The infant orientates himself through his actions and what he perceives (Du Toit & Kruger, 1991:78-79).

2.5.1 Piaget's theory of intelligence

Piaget (in Newman & Newman, 1987:79-80) viewed intelligence as following regular, predictable patterns of change. The researcher is of the opinion that the infant's development will progress best when he is allowed to discover on his own, with guidance. The caregiver must allow the infant to learn through discovery and must not provide him with instructions on how to solve a problem or complete a task.

2.5.1.1 Structures

According to Piaget, (in Bjorklund, 1989:17) cognition develops through the refinement and transformation of mental structures. Structures refer to unobservable mental knowledge that underlies intelligence and intelligent behaviour. The infant knows his world in terms of structures which represent reality. These structures change as development progresses.

2.5.1.2 Intrinsic activity

Piaget (in Bjorklund, 1989:17) viewed the child as intrinsically active and a curious seeker of stimulation. The child initiates interactions with objects and people in his world, and is therefore primarily responsible for his own development. It is essential that the caregiver stimulate the infant in a playful manner in his process of growth and development.

2.5.1.3 Construction nature of cognition

During the developmental process, the infant interpret the objects and events that surround him in terms of what he already knows. Reality is not an absolute, rather a construction based on past experiences and current cognitive structures. New knowledge must be built on what the infant already knows. It is an active construction process, in which the infant, through his own activities, builds increasingly differentiated and comprehensive cognitive structures (compare Piaget in Bjorklund, 1989:18-19 & Crain, 2004:116).

2.5.1.4 Epigenesis

Piaget (in Bjorklund, 1989:19) believes in the bi-directional relationship between structure and function, in that the infant's activity (structure) influences development of those structures. New structures arise as a result of changes in the organization of earlier structures. Cognitive development develops gradually though a series of transformations. Piaget uses the term "genesis" to refer to the transformation of one structure into a more advanced structure. The researcher is of the opinion that routine and repetition gives the infant security. Activities must therefore be repeated until they are part of the infant's cognitive structures.

2.5.2 Sensory-motor intelligence

According to Piaget's theory, there are four stages of cognitive development, namely the sensory-motor stage, the pre-operational stage, the concrete operational stage, and the formal operational stage. At each new stage, the competences of the earlier stages are not lost but are integrated into a qualitative approach to thinking and knowing. For the purposes of this study, the sensory-motor stage will be discussed, which begins at birth and continues until the infant is two years old.

Piaget (in Biehler, 1981:252-261) refers to the first two years as the sensory-motor period, because the infant develops schemes primarily through sensory-motor activities. There are six stages in the sensory-motor period:

Stage 1: (Birth to one month). The use of reflexes

As early as the first days of life, the infant assimilates and adapts to developing schemes through his sucking behaviour. At first the infant makes sucking movements between feedings, and then sucks almost anything that touches his lips. In addition to sucking for food, he engages in sucking for the sake of exercise. The infant sucks, gasps, or roots in response to specific types of stimulation. These responses are the genetic origins of intelligence (compare Biehler, 1981:252, Newman & Newman, 1987:174 and Crain, 2004:117).

Stage 2: (One to four months). Primary circular reactions

The infant engages in an activity (sucking on any part of the hand, developing a preference for the thumb) that satisfies him, which he then repeats to make it part of his behaviour. He makes the necessary accommodations (bringing his hand in contact with his mouth) in order to assimilate his hand into the sucking scheme. Intellectual development is a construction process, according to Piaget (in Crain, 2004:117). The infant actively organizes and coordinates separate movements and schemes after repeated failures. Piaget (in Biehler, 1981:254) believes the self-starting aspect of human behaviour is due to curiosity and to the inborn tendency of the infant to seek stimulation.

Rheingold (in Biehler, 1981:255) endorses the hypothesis that boredom bothers infants. She notes that placing an infant in a non-stimulating environment (empty crib) often leads to fussing and crying. An infant, who had no playthings to handle or objects or people to look at, had an irrepressible urge to occupy himself. The infant who had access to too many interesting objects seem to possess an innate urge to explore with zest and enthusiasm whenever the opportunity arises. Assimilation and accommodation can be distinguished as the infant starts to alter his sensory-motor action patterns (schemes) on the basis of the responses of his environment and the caregiver.

Stage 3: (Four to ten months). Secondary circular reactions

Developments during the second stage are called primary circular reactions because they involve the coordination of parts of the infant's own body. Secondary circular reactions occur when the infant discovers and reproduces an interesting event outside him. The intellectual development of the infant consists of adding to reactions centring on the body and to those involving the external environment. He understands that an object continues to exist even when it is no longer perceived.

The key aspect of secondary circular reactions is the ability of the infant to reproduce activities involving objects initially discovered by chance. A feature of this stage is that, if the infant can produce a sound by hitting a rattle, he will repeat the act. He has the ability to interrupt an act and to then return to it after a while (compare Biehler, 1981:256, Crain, 2004:117-118 & Thomas, 1992:287).

Stage 4: (Eight to twelve months). Coordination of secondary schemes

In stage three, the infant performs a single action to get a result. In stage four his actions become more differentiated as he learns to coordinate two separate schemes to get a result. He can, for example, move an obstacle out of the way in order to reach an object. At this stage, the infant shows a sense that some

objects are in front of others in space, and that some events must precede others in time (Crain, 2004:118).

The average infant develops the ability at nine months to pick up an object between the thumb and fingers. When he can manipulate objects with considerable precision and control, he has reached the point where his interactions with the environment have produced a repertoire of schemes. The switch from playful to purposeful manipulation are separate skills learned in interacting with the environment which are put together or coordinated to achieve a specific goal (compare Biehler, 1981:258-259 and Newman & Newman, 1987:174).

The infant also begins to comprehend cause and effect that certain acts will bring about predicted results. His behaviour is intentional, which is the beginning of practical intelligence (Thomas, 1992:288).

Stage 5: (Twelve to eighteen months). Tertiary circular reaction

At stage five, the infant will experiment with different actions to observe the different outcomes. When the infant is able to walk, his investigation of the environment takes on greater self-direction. He actively seeks new and interesting things on his own. The first type of circular reaction centres on the infant's own body, the second on external objects or events, and the third is characterized by exploration and interest in novelty (Biehler, 1981:259).

The tendencies to seek equilibration, and to assimilate and accommodate, stimulate the infant to examine new objects carefully, and to either incorporate them into an existing scheme or form a new one. This potential for both physical and mental exploration leads the infant to engage in constant manipulation of his world.

As he investigates things, the infant expands his understanding of relationships between himself and the objects he handles, thereby learning to institute and imitate all kinds of actions. These imitations are not exact repetitions of the original act. According to Piaget (in Thomas, 1992:288) the infant tries through a sort of experimentation, to find out in which respect the object or the event is new. In other words, he will not only submit to, but will even provoke, new results instead of being satisfied merely to reproduce them once they have been revealed fortuitously. He is learning on his own, without adult teaching. He is developing his schemes solely out of an intrinsic curiosity about the world (Crain, 2004:118-119). The caregiver should give the infant the space and time to discover and experiment on his own, in order to grow and develop successfully through the six stages of infancy.

Stage 6: (Eighteen months to two years). Beginning of thought

Before he is two years of age, the infant will show the first signs of substituting thinking for action. A cognitive image has been formed in imitating an action hours or days after the model was observed. If an object is removed from sight, the infant will show comprehension that it still exists (Biehler, 1981: 259-261). The infant can now anticipate the outcome of some actions in his mind, without going through a variety of physical manipulations. This mental experimentation leads to the development of insight (Newman & Newman, 1987:174-175).

By using his senses, the infant assimilates similar experiences into schemes. The researcher is of the opinion that the infant is capable of learning how to stimulate himself and his environment. These capabilities make the infant independent, with a unique personality. Continuous support, interest and stimulation by the caregiver are essential for the infant to grow and develop to his fullest potential and as a self-actualized individual.

2.6 LANGUAGE DEVELOPMENT

The infant's cognitive abilities help him to gather information about his social and physical environment. The ability to speak a language helps the infant to communicate. To learn a language is a complicated and creative task. Even before the infant can speak a language, he has an understanding thereof. The infant develops the ability to look at what he is listening to (Louw, 1990:197-198).

2.6.1 Language development

During the infant's first year, there is a high degree of sensitivity to spoken language. He uses vocalization in a playful way as a source of sensory stimulation. The infant gradually produces vocalizations that imitate spoken language. In the second year he will be able to understand words and phrases and will develop a vocabulary by forming two-word phrases. Lenneberg (in Newman & Newman, 1987:206-207) and Lerner and Hultsch (in Louw, 1990:199-200) distinguish various phases of vocalization in relation to approximate age periods:

- Undifferentiated crying – birth to one month. The infant uses crying as a means to get his needs met. Undifferentiated crying is viewed as a reflex action. The mother or the caregiver can not distinguish whether the infant is crying because he is hungry, uncomfortable or in pain.

- Differentiated crying – from the second month. The infant communicates better, because the mother and the caregiver can distinguish between the different patterns and forms of crying.

- Cooing and babbling – two to six months. Cooing are the sounds the infant makes when he is happy, pleased and exited. Babbling refers to the repeating of vowel-like sounds and consonantal sounds, for example "ma-ma-ma-ma" or "da-da-da-da". These sounds are usually made when the infant is happy and alone. At twelve weeks there is markebly less crying. When the infant is talked to, he smiles and makes squealing-gurgling sounds. He responds to human sounds more definitely, by turning his head and searching with his eyes for the speaker. According to Shelov & Hannemann (2004:209) the infant will accomplish the following language milestones at between four and seven months: responds to his own name, begins to respond to no, distinguishes emotions by tone of voice, responds to sound by making sounds, uses voice to express joy and displeasure, and babbles chains of consonants.

- Lal – seven to eight months. The infant now repeats words and sounds that he has heard, which forms an important base for communication.

- Eggolali – nine to ten months. Unlike in the previous stage where the infant repeated words and sounds without meaning, he is now able to use words in the correct contents and purposefully.

- Single word sentences – from one year. The infant now can use words that are understandable. He also uses a single word to communicate complex ideas, for example the single word "mamma" to get his mother's attention, to communicate that he is hungry, and to ask to be picked up. The infant is using single words to express entire sentences. The caregiver must, however, not read too much into the infant's speech.

- Two word sentences – beginning at eighteen months, the infant puts words together and his language becomes structured. He has a definite repertoire of words, which consists of more than three but less than fifty. His understanding of the spoken word is rapidly increasing (compare Crain, 2004:356).

The infant has the ability to learn any language. Having started even before he was born, the sounds and patterns will not seem foreign to the infant. he will be able to associate certain sounds as definable speech and language, and will reject sounds that do not fit a linguistic grid that is established very early in life. According to Gordon & Adderly (1999:76-77) the best time to begin language training for the infant is before he is six months old. After age three the child's ability to learn a second language will gradually decline, as he becomes "deaf" to

sounds other than those from his native tongue. The caregiver must keep in mind that the infant is taking in everything around him. He will not only pick up the caregiver's speech, but also her tone, temperament, and facial expressions when she speaks. Music and song can be helpful, because it generally ensures that you will be animated and happy. To stimulate the infant's brain, and help him develop language abilities, the caregiver can sing, talk and read aloud to the infant.

Leach (2002:299-302) is of the opinion that a lot of loving, interesting, two-way talk is the best overall help that the caregiver can give to the infant's development. The following are suggestions:

- Talk directly to the infant. He cannot pay attention and listen carefully to general conversation in a room filled with other family or friends. The caregiver should focus on talking directly to the infant during alone time.

- The mother should hire a caregiver who is fluent in the mother's language. A caregiver cannot model good speech for the infant unless she is fluent herself. If the mother feels a good fit with the caregiver, but the caregiver is not fluent in the mother's language, she might still consider employing her. They must come to the understanding that the caregiver should only speak to the infant in her own language, and the mother in her own language, and the infant will therefore be brought up as a bilingual person.

- Make sure to use the key labelling words when talking to the infant. When the caregiver is looking for the infant's shoes, she should say, "Where are your shoes?" instead of saying, "Where are they?"

- Talk to the infant about things that are physically present. This will enable him to make a connection between the object and the recurring key word.

- Talk about things that will interest the infant according to his specific developmental stage.

- The caregiver should overact while talking to the infant, by using gestures and expressions.

- Try to understand the infant's words or invented words. This will motivate him toward increasing efforts at speech if the caregiver shows that she cares what he says.

- Help the infant to use his own few words in obviously useful situations. While playing together and you can both see where the ball has rolled to, ask him to

go get it. When he crawls back, the caregiver can confirm that he understood her correctly, by thanking him and by using the word again: "Good boy, you have brought the ball".

- Do not correct or pretend not to understand own-words. It is important to give the infant the correct version of a word he has mispronounced, but trying to make him say that word again "properly" will only bore him. The infant is not imitating language, but developing it.

2.7 PERSONALITY AND SOCIAL DEVELOPMENT

According to Hurlock (in Louw, 1992:212-213) development of personality is a critical period during infancy, because the base for future development is being laid. The infant's environment and experiences are limited. The nature and quality of his surroundings will have an influence on his developing personality. The views of Maslow, Freud and Erikson on personality and social development are discussed.

2.7.1 Maslow's hierarchy of needs

Maslow (in Thompson & Rudolph, 1992:11-13) believes that human beings have basic needs that must be met in order to become self-actualized and to reach our potential in all areas of development. Lower basic needs must be met successfully, in order to meet higher order needs. Maslow's hierarchy of needs consists of five levels:

The **first level** comprises **physiological needs**, which include the need for food, shelter, water, and warmth. There is a correlation between a child's diet and academic as well as behavioural problems. A poor diet may be related to problems like hyperactivity and the inability to learn. In conjunction with the parent, the caregiver must give the infant a nutritionally balanced diet as part of meeting his physiological needs.

Maslow's **second level** of the hierarchy is the **need for safety**. Some children feel afraid in their own homes, because they fear for their physical safety. Adults, frustrated that their own needs are not adequately met, may take their frustration out on children through physical or psychological abuse.

The term *shaken baby syndrome* refers to shaking a baby, which is a serious form of child abuse. It occurs mostly in infants in the first year of life. A parent or caregiver severely or violently shakes an infant, which is often the result of frustration or anger in response to the infant's constant crying or irritability. As the infant is shaken, his fragile brain moves back and forth within the skull.

Serious injuries associated with this syndrome may include blindness or eye injuries, brain damage, damage to the spinal cord, and delay in normal development. Signs and symptoms may include irritability, lethargy (difficulty staying awake), tremors (shakiness), vomiting, seizures, difficulty with breathing, and coma. The American Academy of Paediatrics feels that no one should ever shake an infant. If the parent suspects that the caregiver has shaken her infant or if the caregiver has done so in a moment of frustration, they should take the infant to a paediatrician or an emergency room immediumstely. Any brain damage that might have occurred will only get worse without treatment. Shelov and Hannemann (2004:155) suggest that if the caregiver feels as if she might lose control when caring for the infant, she should:

- Take a deep breath and count to ten.
- Put the infant in his crib or another safe place, leave the room, and let him cry alone.
- Call a friend or relative for emotional support.
- Give the paediatrician a call, since there might be a medical reason why the infant is crying.

It is essential that the caregiver be in contact with herself. The caregiver must deal with her own unfinished business, in order to be aware of her responsibilities and has the energy to care for the infant optimal.

The **third level** is the **need to feel loved and to belong.** It emerges after the infant's physiological and safety needs have been met. Humans are social beings and want to feel part of a group, to satisfy the need of love and belonging. While the parent is at work, the caregiver must fulfil in the infants need to be loved and accepted. This will help him build meaningful personal relationships.

The **fourth level** in Maslow's hierarchy is the **need for self-esteem**. Children are often ordered, criticized, ignored, and put down. All humans, adults and children, need to be respected as worthwhile individuals, capable of feeling, thinking, and behaving responsibly. While caring for the infant, the caregiver must avoid cruel and thoughtless remarks, reduce criticisms, and rather engage in positive interactions to build self-respect and self-confidence.

Self-actualization is the **fifth level** in Maslow's hierarchy. Fulfilling the need of self-actualization implies that the lower needs have been met successfully. When the child reaches the fifth level of Maslow's hierarchy, hunger, fear, lack of love or feelings of belonging or low self-esteem should not block him. With the help of

the caregiver, the infant can learn problem-solving skills and can move forward to become all that he can be.

2.7.2 Freud's psychoanalytic theory

According to Newman and Newman (1987:65-67) Freud's psychoanalytic theory focuses on the development of the individual's emotional and social life. He focused on the impact of sexual and aggressive drives on the individual's psychological functioning. Freud differentiated the impact of sexual drives on mental activity from their effect on reproductive functions. Freud recognized the influence of sexuality on the mental activity of children, and argued that although they are incapable of reproduction, their sexual drives operate to direct aspects of their fantasies, problem solving, and social interactions. Freud suggested that all behaviours are motivated. He hypothesized that there are two basic psychological motives, namely sexuality and aggression. Freud also hypothesized that the conscious as well as the unconscious motives may simultaneously motivate behaviour.

2.7.2.1 Personality development

Freud described three components of personality, namely the id, the ego, and the superego. The **id**, which exists at birth, is the source of instincts and impulses. The id operates according to the pleasure principle and avoids pain regardless of the constraints or norms imposed by society. The **ego** is the composite term for mental functions that are involved with reality, which includes perception, memory, judgment, self-awareness, and language skills. The **superego** evolves later in childhood, and includes prohibitions about moral behaviour and ideals about one's potential as a moral person (compare Louw, 1992:53-55 and Newman & Newman, 1987:67-68).

2.7.2.2 Psychosexual development

According to Freud (in Newman & Newman, 1987:68-71) the most significant developments in personality take place during five life stages occurring from infancy through adolescence. Freud viewed sexuality positively, suggesting that sexual impulses convey a thrust toward growth and renewal. Each of the five stages identifies a period of life during which a particular body zone is thought to be of heightened sexual importance. The five stages in Freud's theory of psychosexual development include the oral, anal, phallic, latent, and genital stages.

For the purposes of this study, the oral stage, and the anal stage will be discussed:

During the **oral stage**, which occurs during the first stage of life, the mouth is the site of sexual and aggressive gratification. The mother's breast is the most natural object to satisfy the infant's oral sexual needs. Around the sixth month, when the infant starts teething, he tends to bite on everything he can bring to his mouth. Freud viewed this biting as the first expression of the oral-aggressive needs (Meyer & Van Ede in Louw, 1992:55-56). It is natural for the infant to suck and bite on everything he can bring to his mouth. It is important to follow a feeding routine according to the age and developmental stage. The caregiver must secure the infant's surroundings and pay attention to small and dangerous objects lying around that he can put in his mouth.

The **anal stage** begins during the second year, and is the period in which the anus is the most sexualized body part. The infant becomes increasingly aware of the pleasurable sensations that bowel movements produce on the mucous membranes of the anal region. With the development of the sphincter muscles, the infant learns to expel or withhold faeces at will. Conflict during this stage focuses on the subordination of the infant's will to the demands of the culture, via the parents and the caregiver, for appropriate toilet habits (compare Crain, 2004:256, Meyer & Van Ede in Louw, 1992:56 and Newman & Newman, 1987:69). The researcher is of the opinion that toilet training is an important milestone that must be handled positively and with patience. Through toilet training the infant will become more aware of his body. Once he achieves this milestone, it will enhance his self-image. It is essential that the mother and the caregiver utilize the same method of toilet training, since the caregiver will be responsible for continuing the training in a positive manner while caring for the infant.

2.7.3 Erikson's theory of development

Erikson's theory addresses growth across the lifespan, and divides development into eight stages. In each stage there is a psychosocial crisis situation, which refers to the individual's psychological efforts to adjust to the demands of the social environment. The outcome of the crisis at each developmental stage is an integration of the two opposing forces. The central process for coping with the challenges of each life stage provides personal and societal mechanisms for taking in new information and reorganizing existing information. It also suggests the means that will lead to a revision of the inner space in order to resolve the crisis. The infant will create his own strategies for coping with life's challenges. The infant's unique coping behaviour will reflect his talents, motives, and the responses of relevant others to a particular strategy in his developmental stage. For the purposes of this study, the two stages, basic trust versus basic mistrust, and autonomy versus shame and doubt, will be discussed, since they occur during

the first two years of life (compare Erikson, 1993:247-254; Meyer & Van Ede in Louw, 1992:62; and Newman & Newman, 1987:30-45).

2.7.3.1 Basic trust versus Basic mistrust (synthesis: hope)

Trust emerges in the course of the relationship with the caregiver as the infant seeks warmth, nurturing, comfort, and stimulation. A trusting relationship links confidence about the past with faith about the future. For the infant, trust is an emotion, an experiential state of confidence that his needs will be met, and that he is valued by his caregiver. His sense of trust is an emotional state that provides an undifferentiated sense of oneness with the world (compare Meyer & Van Ede in Louw, 1992:62 and Newman & Newman, 1987:182).

According to Newman and Newman (1987:183-184), experiences of mistrust during infancy can arise if the caregiver is unable to differentiate between the infant's needs and respond appropriately to them. The infant can also experience the power of his own rage, by doubting his own lovability as he encounters the violence of his own capacity for anger. The growth of mistrust stems from the infant's inability to gain physical or psychological comfort, and can manifest in withdrawal from interaction and in symptoms of depression, lack of emotion, and loss of appetite. The caregiver can play a central role in helping the infant resolve the conflict between trust and mistrust. The energy expended to resolve the psychosocial conflict serves as an integrating force in the individual's efforts to succeed in the developmental tasks of the stage. A positive resolution of the crisis of trust versus mistrust will facilitate psychological growth.

2.7.3.2 Autonomy versus Shame and doubt (synthesis: will power)

During his second year, the infant becomes aware of his separateness. Through a variety of experiences he discovers that his caregiver does not always fulfil his needs, or understand his feelings. In the early phase the infant uses primitive devices to explore his independence. He may say no to everything offered to him, whether he wants it or not. The infant may develop well-ordered rituals for going to bed or getting dressed. The infant will then insist that these rituals be followed precisely and will threaten to become extremely angry if the rituals are violated. These rituals represent efforts to bring control, order and predictability to the environment. In the development of autonomy, behaviour is characterized by the phrase "I can do it myself". The infant is less concerned with doing things his way and more concerned with doing them on his own. Each new accomplishment gives the infant great pride, and the sense of autonomy grows (compare Meyer & Van Ede in Louw, 1992:62 and Newman & Newman, 1987:219-220).

Erikson (1993:252) is of the opinion that outer control at this stage must be firmly reassuring. The infant must come to feel the basic faith in existence and that he will not be jeopardized by this sudden violent wish to have a choice, to appropriate demandingly, and to eliminate stubbornly. The caregiver must be firm with the infant in order to protect him against the potential anarchy of his as yet untrained sense of discrimination and his inability to hold on and let go with discretion. As his environment encourages him to become independent, it must protect him against meaningless and arbitrary experiences of shame and of early doubt.

The infant can develop an overwhelming sense of shame and self-doubt, because of failure at most attempted tasks or continual discouragement and criticism from the parent and the caregiver. In order to avoid the experience of shame, the infant may refrain from all kinds of new activities. The acquisition of new skills becomes slow and painful, because he lacks confidence in his abilities, and expects to fail at what he attempts to do. The caregiver must allow the infant to experience autonomy, in order for him to have a strong foundation of self-confidence and feelings of delight in behaving independently. To establish a sense of autonomy requires tremendous effort by the infant and patience and support from the parent and the caregiver (Newman & Newman, 1987:220).

2.7.4 Layers of neuroses (structure of personality)

According to Sinay (1997:169) neurosis is defined in the gestalt approach as a state of rupture of the homeostatic equilibrium in the individual. It appears when a person, group, or the environment of which the person forms part, experiences different necessities and the individual cannot determine which is the dominant one. Perls (in Sinay, 1997:169) states that “the neurotic is not able to see his own necessities clearly, and so is not able to satisfy them”. By fragmenting his life the neurotic prevents himself from succeeding and maturing. Neurosis is a series of unfinished gestalts in a relation between the organism and his medium (Sinay, 1997:84).

The five layers of neuroses form a series of counselling stages for the counselling process. According to Thompson and Rudolph (1992:112) they could be considered as five steps to a better gestalt way of life. The researcher views these five layers of neurosis as a process of healing. It is essential that the organism reaches equilibrium through awareness in every layer. Caretaking of the infant is discussed within each of the five layers. Although a caregiver is not a therapist, it will be helpful to have this knowledge, in order to understand the infant’s behaviour.

2.7.4.1 Phoney layer

The outer layer is known as the phoney layer and represents the different roles the infant conveys. The infant in the phoney layer find himself trapped in trying to be what he is not. This places pressure on him to deny those parts of himself that do not fit his fantasy and games. Denial of certain parts of the personality leads to unfinished business and to not being satisfied. This layer is characterized by many conflicts that are never resolved (compare Aronstam, 1989:635-636, Belkin, 1995:242 and Thompson & Rudolph, 1992:112). The infant will strive to please the caregiver in order for him to befriend her. By pleasing the caregiver, the infant suppresses his feelings and withholds himself from personal growth.

2.7.4.2 Phobic layer

The client becomes aware of his phoney games, which is often a frightening experience. He becomes aware of his fears that maintain the games (Thompson & Rudolph, 1992:112). This layer is characterized by the client's resistance to function as an integrated whole (Aronstam, 1989:636). In this layer the infant can experience conflict between the true self and the ideal self.

2.7.4.3 Impasse layer

An impasse is a situation in which external support is not forthcoming and the client believes he cannot support himself. It is largely due to the client's strength being divided between impulse and resistance. The coping mechanism that the client uses is to manipulate others. External support becomes a replacement for self-support, rather than a source of nourishment for the self (Yontef & Simkin in Corsini & Wedding, 1989:337).

According to Sinay (1997:167) impasse arises when the client gets close to being a phobic in the course of the therapeutic process point. He generally falls into repetitions, refuses to go on, and all his mechanisms of avoidance arise. He has to adopt new paths that should gradually allow crossing the successive layers of neurotic conduct to touch the most authentic layers. This generally occurs with an emotional outburst that breaks the block. In gestalt therapy, clients can get through the impasse because of the emphasis on loving contact without doing the clients work, by rescuing or infantilizing (Yontef & Simkin in Corsini & Wedding, 1989:337). The infant realizes that external support is not forthcoming, and may show resistance by revolting against discipline and authority. The caregiver must be a consistent secure attachment figure to the infant. She must show him unconditional support, love, and understanding in order for him to adopt new paths in his strive to become his true self.

2.7.4.4 Implosive layer

In the implosive layer, the client becomes aware of how he limits himself, and he begins to experiment with new behaviours (Thompson & Rudolph, 1992:112). By experimenting with new behaviours, the infant discovers his internal strengths and resources. The caregiver can teach him new problem-solving strategies by encouraging him to try to achieve his goals on his own. She must be aware that she should not do everything for the infant, even if it takes longer. The infant will become more aware of the self and will behave according to his internal locus of satisfaction.

2.7.4.5 Explosive layer

The explosive layer is the last layer and can be reached if experiments with the new behaviours are successful. This layer is characterized by an explosion where the intention differs from client to client. The client will find much unused energy that had been tied up in maintaining a phoney existence. he will experience a feeling of complete satisfaction in this layer (compare Belkin, 1995:242 and Thompson & Rudolph, 1992:112).

Perls (in Thompson & Rudolph, 1992:112-113) believes that progress through the five layers of neurosis could best be achieved by observing how psychological defences might be associated with muscular position. The infant's body language would be a better indicator of the truth than his words. Perls also believes that by acting out feelings, awareness of hidden issues could be facilitated. The researcher is of the opinion that every infant will progress through the five layers of neurosis, according to his own process, in his striving towards a better gestalt. During the training of the caregiver, she will be equipped with the necessary skills, techniques and aids to identify the infant's emotional state and make him aware thereof. Handling his emotions in a constructive manner will help him to develop appropriate and acceptable social skills.

2.7.5 Attachment

The infant will develop a strong emotional attachment with the people who provide him with a caring and nurturing relationship. He will show his desire to be held by his mother or caregiver, and will become upset or distressed when separated from them. According to Warwick and Bolton (2004:256-258), attachment derives from three key factors in the mother/caregiver-infant relationship, namely body contact, familiarity, and responsive parenting. The soft, warm body gives the infant a safe haven from which to explore his surroundings. It is also a safe place to turn to when he needs emotional support. The caregiver's body allows the infant a sense of security. Familiarity is based on the critical period shortly after birth in which the infant is exposed to stimuli that will

produce proper development. According to Newman and Newman (1987:165-172), social attachment refers to the process through which people develop specific positive emotional bonds with others. An infant may establish an early positive emotional relationship with his mother, as well as with any other person who is performing a large portion of child care activities, and who expresses warmth and affection toward him.

2.7.5.1 Stages of attachment

Ainsworth (in Newman & Newman, 1987:166) describes four sequential stages in the development of social attachment. In the first stage, which occurs during the first three months, the infant uses a variety of behaviours in order to maintain closeness with the caregiver. These behaviours include sucking, grasping, smiling, cuddling, and visual tracking. The infant learns about the unique features of his caregiver through these sensory contacts.

The second stage occurs at three to six months. During this stage the infant smiles more when he interacts with a familiar person, shows more excitement at that person's arrival, and appears to be upset when that familiar person leaves.

In the third stage, which occurs at seven months to nine months, the infant actively tries to get close to the objects of his attachment and tries to maintain contact.

In the fourth stage, which occurs at about nine months, the infant uses a variety of behaviours to influence the behaviour of his parents and other objects of attachment, in order to satisfy his continuing needs for closeness, contact, and love. The infant may ask to be read to, to be cuddled at bedtime, or to be taken along on errands.

The researcher is of the opinion that the infant is not a passive participant in the relationship, but rather influences the type of relationship and attachment between himself and his mother or caregiver. An infant with a positive temperament can have a positive influence on the development of the attachment. This will benefit the relationship so that it can become one in which he can feel safe and cared-for.

2.7.5.2 Quality of attachment

The caregiver should act with sensitivity and attentiveness toward the infant, in order for him to develop secure attachment. Her acceptance of the infant and her ability to respond to his varying communications are important for a secure attachment (Tracy & Ainsworth, 1981:1341-1343). Three general patterns of

attachment are described by Ainsworth, Blehar, Waters, and Wall (in Newman & Newman, 1987:168 and Louw, 1992:227):

Secure attachment. The infant who has a secure attachment will actively explore his environment and will interact with strangers while his mother or caregiver is present. After a brief separation, the mothers' return reduces his distress and permits him to return to exploration of the environment (compare Warwick and Bolton, 2004:257-258).

Anxious-avoidant attachment. After separation form his mother, the infant who shows anxious-avoidant attachment will avoid contact with his mother or will ignore her efforts to interact. He shows less distress at being alone than other babies. Even in his mother's presence, this infant is not eager to explore his environment.

Anxious-resistant attachment. Even before the mother leaves, the infant shows signs of anxiety. This infant seems angry with his mother after separation but resists being comforted. He is cautious of strangers, even in his mother or caregiver's presence. The infant is not eager to explore his surroundings or the environment.

A secure attachment is a representation based on the infant's confidence that his attempts to make contact with the caregiver will be accepted. A caregiver who repeatedly rejects an infant's efforts to make contact will produce an insecure avoidance attachment. A caregiver may be unpredictable, sometimes allowing the infant access and other times blocking, rejecting, or even punishing attempts to make contact. This behaviour will produce an insecure, ambivalent representation of the relationship (Newman & Newman, 1987:169-171). The infant who uses the mother as a security base will be eager to become independent and will explore the unknown with a positive attitude. Secure attachment relationships are essential for the infant to establish interpersonal relationships and to show greater resilience, self-control, and curiosity (compare Louw, 1992:227-228).

The infant's first social achievement, according to Erikson (1993:247), is his willingness to let his mother or caregiver out of sight without undue anxiety or rage, because they have become an inner certainty as well as an outer predictability. Such consistency, continuity, and sameness of experience provides a rudimentary sense of ego identity. It depends on the recognition that there is an inner population of remembered and anticipated sensations and images, which are correlated with the outer population of familiar and predictable things and people.

2.7.6 Interaction with peers

As the infant grows, the boundaries of his social world expand. When he gets into contact with other children of his age, it will enable him to interact with a new source of social stimulation. Interaction between infants of six months is very simple, in the sense that they primarily smile, touch, or make noises at each other. This is the beginning of peer interaction, which is an important component of social development (Vandell, Wilson & Buchanan, 1980:481-488). Infants between the age of ten months and twelve months cry when they hear other children cry. At thirteen months, the infant will cuddle and comfort a crying child. By eighteen months the infant will help the child by, for example, trying to fix a toy and giving a bandage for a cut (Louw, 1992:236).

2.7.7 Developing the self and self-confidence

If the infant expresses negative self-feelings, the caregiver must be careful not to contradict him. Contradicting the infant's openly expressed feelings would serve only to increase his bad self-feelings, not to change them, because the implicit message is that he is wrong to think so. The change must come within the infant himself, who can accomplish the change only by allowing and accepting his bad feelings. An infant with low self-esteem needs many activities involving experiences with the senses focusing on similarities and differences between himself and objects, animals, people, and fruits. Through awareness of differences he can begin to view himself with new appreciation and can begin to see, approach, and contact others in the same light (Oaklander, 1988:283-284).

For Oaklander (1988:284), body awareness is basic to a strong sense of self. A technique to promote self-awareness is to let the infant lie down on a sheet of paper so that the caregiver can draws around his limbs to make a live silhouette. While filling in the silhouette, the caregiver and the infant can discuss each part of the body, every feature, and each piece of clothing. Schoeman (1996:67) suggests that the infant be asked to name all the bad and good characteristics of the silhouette. When he gets the opportunity to project all his own characteristics into the silhouette, he is busy growing and changing from the way he manifests, to a fuller manifestation of his potential. The researcher is of the opinion that infants enjoy looking at their reflections in a mirror. A similar technique can be carried out with the infant standing, looking at himself in a mirror.

The caregiver must keep in mind that although she is taking care of an infant, he has the potential to develop and grow to self-regulation and self-actualization. When the caregiver is leading the infant, is dictating to him or is doing the interpretations of his projections, she hinders his development of self-confidence and denies him as an individual. She must provide her unconditional support and

acceptance in order for the infant's self-acceptance to come to the fore and to determine the infant's optimal growth.

2.7.8 Emotional expression

Emotions are central in infant-caregiver communication. They mark the infant's changing awareness of the self, the situation, and the predictable and unpredictable events in his life. According to Wolff (in Newman & Newman, 1987:177), emotions during infancy are characterized by differences in respiration, muscle tone, motor activity, and alertness. The earliest differentiation is among distress (crying), interest (alert inactivity), and excitement (walking). The infant's state of arousal will influence his capacity to respond to the environment, which serve to cue different responses from the caregiver. The caregiver will usually try to comfort and soothe the crying infant. Visual alertness is likely to prompt social interaction. Mothers and caregivers are led to believe that if they pick up their infant every time he cries, he will not learn to settle himself and will become more demanding as time goes by. According to Sears (1997:94) an infant whose cries have been promptly responded to early on learns to trust and to anticipate that a response will be forthcoming. The infant cries to communicate, not manipulate. Crying is the only way in which he can communicate his needs, it is necessary for his survival and for developing his mother and caregiver's caregiving skills (Sears & Sears, 2002:15).

The infant is learning that being friendly is rewarding because of the way the caregiver responds to him with cuddles, love, and soothing sounds. According to Cooper (2003:159) at two to four months one of the most significant developments that the infant's sharpened memory brings is that he now has a very detailed image of the people closest to him, and he can recognize them as individuals. Now that his memory has developed, he may have distinct responses to the caregiver's voice that may make him exited. At this stage the infant will be naturally outgoing and not shy or self-conscious. He will charm everyone with his smile, and will love to "talk" to people, even to his own reflection. He is learning to take the lead, which is important for his self-confidence. As the caregiver follows his lead, she can learn more about his emerging character and sense of fun. By his fourth month, he may be in a routine of regular naptimes, walks outside, feeding, bath time and bedtime. This helps him learn to anticipate the events of the day, and teaches him that his life has a pattern to it. It will help him feel emotionally secure and will increase his confidence. Establishing a routine also helps him to trust that the caregiver is near, even if he cannot see her.

Between four and six months, the infant may be happy to be held by strangers, but he is now able to distinguish between people, and will show a definite preference for familiar faces. He will enjoy social situations such as watching

other children play, sitting in his high chair at family mealtimes, and being taken to the park. These events also help him to interact with other people and to feel comfortable in new situations. As the infant becomes more mature emotionally, he will show a wider range of emotions in different situations. He will bounce up and down to demonstrate his excitement. He may remain quiet and watch warily when he is unsure of a situation (Cooper, 2003:159).

During the period of six to eight months, the infant will join in conversations, responding to the caregiver with a range of gestures and facial expressions. Part of his deepening attachment to the caregiver comes from his realization that he is a separate individual from the caregiver. Cooper (2003:171) considers this a huge and important milestone. Over the next few months, he may become much clingier and increasingly anxious when separated from his mother and caregiver, even for a moment. The caregiver must reassure him with love and attention, and in time he will be more relaxed when left alone for a while. He may be sociable and confident one minute, then fearful and shy the next. When he meets new people, he will cling to the caregiver and cry. Becoming anxious when unfamiliar people directly approach him is one of his first emotional milestones. Stranger-anxiety is normal and can last for up to two years. The caregiver should not force the infant to be friendly, and she should not tell him that he is silly if he is shy, because this will undermine his self-confidence. Instead, she should praise him when he has the confidence to smile back at someone.

As the infant's self-awareness develops, he will become more assertive and turn everyday activities into a battle of wills. He may arch his back when he does not want to be put in his car seat or shake his head if the caregiver tries to feed him something he does not like. As frustrating as this behaviour can be, the caregiver should remember how easily he can be distracted. His memory is short, and some fast thinking can refocus his attention. The infant is also developing a sense of humour during eight to ten months. He will enjoy teasing the caregiver by doing things she will probably not like, which includes running to a forbidden door and then looking back to see if she is watching him. At the other extreme, this is the time when the infant may develop fears about things that have not upset him before, for example the noise of the vacuum cleaner. If he seems frightened of something, the caregiver should stay relaxed, comfort him and reassure him that he is safe. Slowly familiarizing him with the object of his fear can help conquer this tendency (Cooper, 2003:175).

From ten to twelve months the infant will be eager to get involved in household chores, and will become attached to a comfort object. He may become attached to a blanket or a stuffed animal, which he may insist on taking everywhere. Known as a "transitional" or "comfort" object, this item will have a special place in his life. This object will help him sleep when he is tired and will reassure him if he is unhappy, especially if his mother or caregiver is not around to comfort him.

This will help comfort the infant when his mother leaves for work in the morning, while he is dealing with anxiety separation. Feeling at ease in the company of other infants will help him take his first steps toward learning how to make friends. The caregiver should discuss with the mother whether the infant should join a playgroup. The infant is still egocentric at this stage, and although he will play alongside other infants, he will assume that all the toys there is just for him alone. He will not be able to understand the concept of sharing for another year or so (Cooper, 2003:159).

Making sure that all the infant's physical needs have been met will help his emotional development during twelve and sixteen months. It is difficult to concentrate on learning if he is tired or hungry. Whenever possible, the caregiver should plan new activities or experiences for the infant when he is well rested, in order for both of them to have an enjoyable time (Cooper, 2003:187).

Between sixteen to twenty months, the infant now knows what pleases the caregiver. He will try out new behaviours to see what her reactions are. This is an extension of his learning about how he can influence his world, and it is a way that he learns to engage the caregiver's attention. It is best if the caregiver ignores any behaviour that displeases her, so that the infant does not get attention for doing them. Positive feedback should be given for desirable behaviour (Cooper, 2003:191).

At between twenty and twenty-four months, the infant will learn to think about others, since he is developing empathy to those individuals who are closest to him. Oaklander (1988:122-123) alleges that children are not familiar with what feelings are and they have limited ability to communicate their feelings. The infant should be given experience with the vast variety of feelings and their nuances. By using songs, books, games and exercises, the caregiver can help the infant contact his own feelings. He needs to know what kinds of feelings there are, that everyone has feelings, that feelings can be expressed, shared, and talked about. He needs to learn that he can make choices about ways of expressing feelings and what the constructive ways are. The caregiver must talk to the infant about feeling words, in order for him to become familiar with the many variations of feelings, and to help him get in touch with what he is feeling. The caregiver may try to point out that an older child is upset, and the infant may express sympathy by giving the child a kiss and a hug. As the infant experiences more of the world, and develops the language to talk about his experiences, he begins to think more about both how he feels and how others feel. This may become apparent through expressions of his own feelings, which can sometimes feel overwhelming and may be expressed in a tantrum. Feelings can now be expressed in a variety of ways, and learning how to manage them, especially in a group, is the beginning of the infant's social development.

The infant's inability to manage overwhelming feelings may result in negative behaviour toward other children. The caregiver will want to help the infant to deal with this, but he has to have experiences with a social group in order to practice managing his feelings.

The caregiver should remember that a hungry, tired, or bored infant is much more likely to exhibit negative behaviour (Cooper, 2003:159). When planning group activities (example, going to the park or joining a reading session at the library) the caregiver should take along some healthy snacks and drinks in an insulated container. She should also schedule play dates after the infant's naptime, so that he is well fed and rested for social interaction with his peers.

The body has a relationship to feelings, because all feelings are experienced through body sensation and expressed through body musculature. Body posture and breathing patterns manifest what the individual is feeling. The caregiver can help the infant become aware of what he is doing with his body to express the feeling. It is only when he acknowledges his feelings and experiences them that he can release them and use his total organism for other things. Otherwise a part of him is continually harbouring the feelings he ignores, leaving him with only part of himself for the process of living. Oaklander (1988:123) suggests the awareness continuum technique for helping the caregiver and the infant to be more aware of their bodies.

By taking turns, they report inside and outside awareness:

- I am aware of your brown eyes/the flowers in the vase/the picture on the wall – outside awareness;

- I am aware that my heart is pounding/my mouth is dry/my shoulders are hunched up – inside awareness.

Through this technique, the infant will learn how to listen to his body to get to his feelings. The infant will come to learn that his body sensations are always changing just as the environment is always changing.

2.8 FORMS OF PLAY AND TECHNIQUES

Assessment play, biblio-play, dramatic play, and creative play are forms of play which the caregiver can include in her daily programme with the infant. By engaging in these various forms of play, the infant will grow and develop in a relaxing, natural, and playful manner in the safe environment of his home.

2.8.1 Assessment play

The caregiver can learn about the infant's attention span, his preferences, his temperament, his strengths, and his weaknesses through play. She can enter his world through play. By encouraging different kinds of play, the caregiver can challenge the infant to focus his energies and skills into new areas. The caregiver should select toys that will stimulate the infant's senses. Toys should be developmentally appropriate, build on skills he has already mastered, and provide some challenges. The selection should include toys that the infant can share with friends as well as enjoy alone. The caregiver must remember that she is the best "toy" the infant could ever have (Sears & Sears, 2002:67-70).

2.8.2 Biblio-play

Biblio-play is a form of play using books, reading, the written word and audio-visual mediums. Although the infant is unable to read, the caregiver can still use books. The infant can look at the pictures while she reads to him. The caregiver can select fantasy stories, which will expand the infant's knowledge. The infant must be stimulated to react verbally to the fantasy stories, in order to develop his verbal skills. After reading the fantasy story, the caregiver and the infant can discuss it. Discussions can centre on the characters' behaviour, feelings, relationships, causes and effects. The infant who is unable to verbalize his thoughts and feelings may find them expressed in books. Biblio-play offers possibilities for new behaviour patterns by providing models for positive behaviour modification. Awareness and insight will lead to growth and social development (compare Newman & Newman, 1987:204-205 and Thompson & Rudolph, 1992:199). The researcher is of the opinion that although the caregiver will not be doing the therapeutic process with the infant, the quality time spent together and the discussion in itself will have therapeutic value.

2.8.3 Dramatic play

According to Porter (1983:216-232) and Dunne (1988:149) dramatic play is a form of play that offers the infant the opportunity to grow by acting out situations and dramatizing in a safe, non-threatening environment. By acting out his experiences, the infant will come into contact with reality. It is a constructive way for the infant to remember situations through play and to have the opportunity to

repeat them and work through them. The researcher is of the opinion that emotional growth and development can occur when the infant plays out the situation of his mother going off to work while he and the caregiver stays home and play, and then his mother returns home from work. While playing through situations, the infant can manage his, as he prefers it to be. The infant might want to play a situation over and over. The caregiver can play along or just let the infant play it out by himself, giving him the opportunity to develop insight in certain aspects of his life. According to Oaklander (1988:139) creative dramatics can increase self-awareness. The infant can develop a total awareness of the self, the body, the imagination, and the senses. Dramatic play becomes a natural tool to help him find and give expression to lost and hidden parts, and to build strength and selfhood.

The researcher is of the opinion that telephone play is an effective way for the infant to pretend to make contact with his mother when he longs for her. By placing a picture or photo of his mother by the telephone, he can see her face while pretending to talk to her. It is advisable that the infant uses a toy telephone in order not to block incoming calls. According to Spero (1980:58), the use of a telephone is an accepted way of communicating. It has potential symbolic value as it combines talking and listening, and gestures of self-assertiveness that are invisible to the person at the other end of the line. Dialling a number and talking to someone is a mastery of adult skills, which can give the infant a feeling of power, pride and control.

2.8.4 Creative play

Creative play is inventive, as it can manifest in various forms of arts and handcrafts (Porter, 1983:242-271). Various authors are of the opinion that art is an important medium of communication with infants whose verbal skills have not yet developed properly (compare Crompton, 1980:156; Allan & Clark, 1984:116-124 and Oaklander, 1988:53). Crompton (1980:158) regards art therapy as a specialist area for which therapists are equipped through advanced study. The interpretation of children's art is a specialist area. Creative play is functional in establishing a rapport between the infant and the caregiver and thus promotes communication (compare Porter, 1983:242-271 & Van der Merwe, 1991:277). Artwork can be relaxing to the infant, and offers him an opportunity to release his feelings. This can be followed by personal growth as it activates change and leads to insight. When the caregiver praises the infant for his creativity, she may be enhancing his self-image, and he may experience a feeling of success (Porter, 1983:242-271). The caregiver is not trained as a therapist and will only engage in creative play with the infant with the infant as a means of play activity. By encouraging the infant to participate in various forms of art and mediums which can be utilized for creative play, such as drawings, paintings, clay, and the use of

puppets and masks, will provide him with opportunities for growth and development.

2.9 MASSAGE TECHNIQUES

An infant's future can be shaped by natural inclination of a need for bonding and by his desire for human contact and sensory stimulation. Active, loving adult involvement in an infant's first years is essential, because this is the time when his brain is receptive and his ability to learn is established. According to Gordon and Adderly (1999:1-2) infant therapeutic massage can dramatically improve an infant's test scores on every available scale of alertness, good health, and potential intelligence quotient (IQ) development.

According to Gordon and Adderly (1999:4) there are mainly two reasons why massage is essential:

- The principle of *vis medicatris naturae* means that "the body heals itself". Massage prompts the body to release natural healing agents, specifically endorphins, that are the body's natural painkillers, and it increases the levels of serotonin, a natural antidepressant.

- Humans benefit from being touched. Kneading the muscles stimulates the vagus nerve, which is the largest and most complex nerve. The vagus nerve has two major branches – one links the brain to the heart, and relates to speech, alertness, relaxation, and stress hormones; the other links the brain to the gastrointestinal tract, and relates to digestion and hormones such as insulin, which promote food absorption.

2.9.1 The science of baby massage

By massaging the newborn and continuing massage throughout infancy, it will become a skill the caregiver can use for a lifetime. The power of touch is so vibrant, that the massage-giver enjoys as many significant health benefits as the massage recipient, which includes a decrease in depression and anxiety, increased feelings of self-worth, and improved sleeping patterns (Gordon & Adderly, 1999:11).

The Kangaroo Pouch

Gordon and Adderly (1999:15) recommended a method of touch therapy by using a sling, backpack, or frontpack to carry the infant. The important thing about "baby-wearing" is to have skin-to-skin contact, and it also offers the infant mental stimulation of all the sounds, smells, and sights of the outdoor world, as well as

the smiles, caresses, and speech of the person caring him. It has a physical benefit through encouraging the infant to exercise by flinging his arms and kicking his legs. It can even help develop a sense of balance, because the motion offered by baby wearing stimulates the vestibular apparatus of the infant's inner ear. The researcher is of the opinion that if the caregiver knows how these aids work and what they can achieve, she can create a more stimulating environment for the infant.

Massage promotes sleep

Massage teaches the infant how to relax. According to Gordon and Adderly (1999:15-16) drowsiness and quiet sleep increases immediumstely following a massage. Massaged infants make more baby noises, restlessness during infant play decreases and infants are more easy to soothe.

Massage stimulates appetite and digestion

For optimal development, which includes sleeping right through the night without crying, an infant needs a healthy appetite and a healthy digestive system that is not prone to constipation, gas, and colic. By using the correct massage techniques, typical observations reported during a study included: "eager eater," "retains feedings well," and "alert" (Gordon & Adderly1999:17).

Improved breathing

An infant's respiration is characteristically shallow, unstable, and often inadequate in the first weeks after birth. This is stimulated reflexively through sucking and through physical contact with the mother. The infant who does not suck vigorously does not breathe deeply. Touch and massage can have the effect of higher hematocrit levels (ratio of red blood cells to whole blood), requiring less oxygen and fewer blood transfusions, which can reduce the risk of infant apnoea with infants who have respiratory distress syndrome (Gordon & Adderly, 1999:17-18).

Massage improves muscular coordination and physical development

Massage helps an infant who is uncurling from the fetal position to stretch his muscles and joints. It supports his flexibility and encourages coordination of his movements (Kluck-Ebbin, 2003:16-17). According to Gordon and Adderly (1999:18-19), the obvious benefits of massage are that it stimulates the muscular system, and relaxes and tones muscles. When the infant is relaxed, the activity of the sympathetic nervous system (the heart rate, blood pressure, and respiration) decreases and the parasympathetic nervous system (blood flow to the kidneys) increases. In infants, massage increases the production of growth

hormones. Massage helps with the aches and pains of growing muscles attached to the fast-growing bones of the infant, by reducing stiffness and tightness, and it keeps the growing body flexible. Massage increases the production of growth hormones in the infant. Because massage stimulates and activates receptors in the skin, muscles, and joints, it assists the infant in learning to coordinate his muscular movements. Improved general body tone, better head control, and improved hand-to-mouth coordination are possible through touch therapy.

Massage as an alternative to drugs

Gordon and Adderly (1999:18-19) do not imply that by using massage one should discontinue using medicine prescribed by a doctor, when pointing out that relaxation, produced by massage, aids in reducing the effects of certain disorders, by reducing the amount of stress hormones in the body. Tactile stimulation increases the body's production of a substance, which helps produce T-cells responsible for cellular immunity. Massage brings comfort to the infant who is teething, because it signals to the brain to release hormones that will help him bear the pain better (Kluck-Ebbin, 2003:17).

Massage enhances self-assurance

The stimulation of growth hormone production through massage is important in itself, but also in relation to the brain of the infant. During the first year of the infant's life, his brain more than doubles in volume, reaching almost sixty percent of its adult size. At the age of three, the brain has stopped growing, although learning continues over the lifespan (Gordon & Adderly, 1999:19).

Massage is a stress reliever

The infant will relax while he is being massaged. As the caregiver strokes and touches him, she will notice that he may "coo" or make other happy noises. This is a sign of contentment and of being comfortable. Her gentle stroking and words will ring of harmony and wholeness, helping the infant to be less fussy and irritable because he is getting enough multisensory attention.

2.9.2 The basics of infant therapeutic massage

Baby massage offers a unique way to communicate with the infant, and in a way that he will recognize from the time in the uterus. Massage continues that intimate physical bond from when he was constantly massaged by the amniotic fluid. Soft, loving, rhythmic massage can help give the infant a secure and positive attitude to life outside the womb (Mother & child, 1999:49).

The Adderly Method of Infant Therapeutic Massage is a type of massage especially developed for infants and young toddlers. Knowing the basics of the Adderly method, the caregiver can use this technique in addition to stimulating the infant toward greater intellectual and physical development.

It is important, in co-ordination with the mother, to check with the infant's physician before beginning to massage the infant. Massage can be repeated throughout the day and can be done any time of the day.

The caregiver must keep in mind, however, that infants like the comfort of a schedule, and should therefore stick with the time of day that works best. The researcher suggests that a massage will be effective just after bath time, followed by the infant's bedtime.

The caregiver must keep in mind that there are certain times and situations that are not recommended to massage the infant (Gordon & Adderly, 1999:21-22):

- Immediumstely after the infant has eaten - at least a half an hour is necessary to digest food.

- If the infant has an infectious disease, or has a skin irritation, infection, or rash. A massage can spread the infection or inflame the already irritated skin. Sickness often reduces tolerance for touch.

- When he has a fever - because massage increases body temperature.

- When there is a break in the infant's skin, or when he has an open wound or a cut. Massage will interfere with the body's natural attempt to bring the skin together and to close the wound, because it stretches the skin. It will be painful if the caregiver massages over purple or blue bruises.

- Against the infant's will. Massage should be a pleasurable experience for both the infant and the caregiver, not a power struggle. Massaging should be stopped if the infant cries and should be attempted again when he is more receptive. If the infant is not amenable the first time when the caregiver tries to massage him, she can stroke his back gently for about five minutes. Gradually he will get used to this new kind of touch and allow longer sessions. To comfort the infant while introducing massage, the caregiver can gradually add the legs, the arms and the tummy while the infant is playing with a toy, or take breaks and hold him as reassurance.

The caregiver can introduce the infant to massage by practicing this technique while bathing him. Soap acts as a natural lubricant, allowing the caregiver to glide her hands along to get her accustomed to massage movements. Baby oils

should be avoided when massaging the infant. Massage oil helps the hands to flow smoothly over the infant's skin. Mineral oil, which is a non-organic product (distilled from crude petroleum), forms the basis of baby oil. It is too heavy and thick for infants, and tends to clog pores, smother skin, and may require scrubbing with soap and water to remove. When choosing oil, one that is formulated especially for baby massage is recommended. A cold-pressed fruit or vegetable oil is recommended over commercial baby oils. Essential oils are aromatic liquid substances, which are extracted from certain species of flowers, grasses, leaves, trees, and fruit. Lavender, geranium, chamomile, eucalyptus, and tea tree are essential oils that are recommended for babies. Essential oils in their pure state are too concentrated to use directly on the skin. They are diluted in base oils, which includes vegetable, nut, or seed oils. The oil should first be tested on a small patch of the infant's sin, to observe whether the area develops a reaction. Oil should not be used on the infant's face, as it can get into his tender eyes, nose, and mouth. The oil should never be poured directly on the infant's skin. The caregiver should pour the oil onto her hands and rub her palms together to warm the oil (compare Gordon & Adderly, 1999:22-25 & Kluck-Ebbin, 2003:27-29).

Preparing for the therapeutic massage

According to Gordon and Adderly (1999:26-29) the following items should be organized before messaging the infant:

- the massage oil

- extra diapers (the infant may urinate during massage, as his sphincter muscles relax)

- a towel and pillow for the infant to lie on

- a soothing music selection – preferably classical music (Mozart). Playing the same music at each massage will teach the infant to relax, and will provide the comfort of routine.

- the room temperature should be an average of 75˚F (24˚C) and should be free from draughts.

It is important that the caregiver takes a few minutes to relax, because if she is tense, it can be communicated to the infant through her touch. The infant must be positioned in a position that is comfortable for both the infant and the caregiver. Before the caregiver begins the massage, she should ask the infant's permission to touch him. Even though she thinks that the infant does not understand at this age, or that he can not verbally respond, by asking his

permission she is showing respect for the infant's body and personal limits (Kluck-Ebbin, 2002:32).

The caregiver must develop her own massage routine, beginning with the same body part and follow the same sequence to reassure the infant of what is coming. To begin, she can hold the specific body part she wants to massage in her hands. Doing this will produce a calming contact and reassure that the next movements will be alright. All the massage strokes should be gentle, slow, long, rhythmic, and smooth. By watching the infant's facial expressions and listening to the satisfying sounds he makes, the caregiver can determine what he prefers. Sullivan (1998:200) states that one does not need to learn any special strokes to massage the infant. By exploring his body with gentle rhythmic or stroking movements, he will let you know what feels good. The caregiver must find a sequence of strokes that calm the infant rather than stimulate him. It is essential for the infant to see the caregiver's face while she is massaging him. Looking at the infant and smiling at him will comfort the infant, it will benefit the relationship, and it will build his self-esteem. Talking to the infant during the massage is important, because calming words will reassure him of what the caregiver is doing. Talking to the infant while providing increased attention, when his brain is relaxed yet attentive and receptive to stimuli, will contribute to his intellectual and language development.

2.9.3 The Mozart Effect: A link to baby intelligence

Classical music can enhance intelligence and shape minds. This phenomenon is called the "Mozart effect". Mozart's music has unique transforming properties, because of its rhythm, and its mathematical elegance which combines complexity and clarity, stimulates the body's autonomic nervous system, and rewires brain cell connections. Mozart's music provides feelings of well being, and develops brain connections needed for higher-order thinking. Mozart is well-known for the operas he wrote. The opera is an effective way to expose the infant to a Mozart Effect "tofer", which greatly enhances musical and foreign language skills (Gordon & Adderly, 1999:69-70).

Early exposure to music lessons can change the capacity of the brain in favour of musical ability. It is not the number of hours spent playing musical instruments that are important, but the age when the child starts playing instruments (Gordon & Adderly, 1999:71).

The researcher is of the opinion that it is essential with the infant to generate sound. For example loud sounds can imply an angry feeling, where as a lighter, softer sound can imply a happy mood. When the caregiver suggests using a wooden spoon to play out different emotions on a kitchen pot, the medium

evolves around experienced emotions, which are generated through the medium of sound.

2.10 MUSIC AS A TECHNIQUE

The interest in music as a cerebral stimulant stems from observation that premature infants seem to thrive better when exposed to classical music. Studies done in schools have shown that the attention and performance of students improves when they are listening to classical music in the background. Scientists theorize that music helps organize the brain areas associated with creative reasoning. The calming effect of music releases endorphin hormones, which can be viewed as the body's own mood-calmer (Sears & Sears, 2002:64-65).

According to Schoeman (1996:44-45), music offers the infant the opportunity to come into contact with what he hears and experiences. When reacting to music, the infant can come into contact with his own body, and particularly with the muscles in his body.

Oaklander (1988:128) professes: "As children become disconnected from their bodies, they lose a sense of self and a great deal of physical and emotional strength as well". The caregiver must make the infant aware of the relationship between body and emotions.

Through music and musical instruments, emotions are allowed to come forth that might otherwise be repressed. According to Oaklander (1988:116-117), there are songs about every feeling and life situation. Music can be used as a way of getting the infant to express himself and talking about a life situation which he experiences. Classical pieces are especially conducive for getting in touch with feelings and evoking moods and images. The researcher is of the opinion that music as an aid can empower the infant to make contact with his inner and outer worlds.

2.11 SUMMARY

Chapter two is a discussion of theoretical funding of the development of an infant. The infant is a unique individual and he will grow and develop at his own special pace. In order to grow and develop as an integrated whole, the infant needs to interact with, and be part of, the environment. Infancy involves dramatic and rapid growth and development. Optimal stimulation is essential during this life stage, in order to achieve the developmental tasks in future periods. For optimal care-taking of the infant, it is essential that the caregiver be educated in the tasks and skills which the infant has to accomplish.

From the above information, it is obvious that caretaking of an infant at home is an all-inclusive approach, which includes the total organism and his environment. The value of the internal interdependence between the organism and his environment is that the infant is not in isolation when his mother returns to work. The external factors have an influence on his socio-emotional functioning, which must be integrated during his caretaking.

The rapid development of the nerve system, the improvement of the bone structure, and the improvement of the muscles make it possible for the infant to achieve his developmental tasks. Cephalocaudal development is the development and control of muscles from the infant's head to his feet. Proximodistal development implies development from the body outwards.

How successful the infant will be in achieving his developmental tasks, depends on the opportunities he will be exposed to and the help and guidance he will receive from his mother and caregiver.

Achievement of competence in each of the motor tasks depends on the infant's maturation level, environment conditions, and the strength of his desire for mastery. As he achieves a motor task it brings him in contact with the environment in order to experience more varied stimulation, explore objects more deliberately, and to voluntarily pursue his goals.

The caregiver should childproof the infant's environment (house), in order for him to have a greater sense of freedom. Fewer areas will be off limits, and he will be able to make discoveries on his own, without the caregiver's intervention or assistance. The more opportunities he gets to discover, test, and strengthen his new capabilities, the more confident and adventurous he will be.

The human sensory system is a highly complex system, which enables individuals to experience the world and make contact through their involvement in the world. It is essential for the infant's sensory skills to develop in order for him to understand his surroundings. The infant experiences, discovers, develops and internalizes his surroundings and the world, as well as the self, through his senses. The mother and the caregiver must be aware of stimulating the infant's senses through caretaking and play. Sensory contact with his environment and his world is made through sight, hearing, touch, smell, taste and talking.

Cognitive development is an ongoing process and happens rapidly during infancy. The infant is eager to accumulate knowledge about his environment in order to give meaning to his life. He orientates himself through his actions and what he perceives. His cognitive abilities help him to gather information about his social and physical environment. The ability to speak a language helps him to communicate. To learn a language is a complicated and creative task. Even

before the infant can speak a language, he has an understanding thereof. He develops the ability to look at what he is listening to.

Piaget viewed intelligence as following lawful, predictable patterns of change. His theory explains the underlying structures and processes involved in the development of the infant's thinking and problem solving. According to his theory, there are four stages of cognitive development. At each new stage, the competence of the earlier stages is not lost but is integrated into a qualitative approach of thinking and knowing. For the purposes of this study, the sensory-motor stage is discussed, which begins at birth to two years.

The views of Maslow, Freud and Erikson on personality and social development are discussed. The infant's environment and experiences are limited. The nature and quality of his surroundings will have an influence on the infant's developing personality. Maslow believes that human beings have basic needs that must be met in all areas of development, in order to become self-actualized. Lower basic needs must be met successfully, in order to meet higher order needs. Maslow's hierarchy of needs consists of five levels, namely physiological needs, the need for safety, the need to feel loved and to belong, the need for self-esteem, and the need for self-actualization.

Freud's psychoanalytic theory focuses on the development of the individual's emotional and social life. He focused on the impact of sexual and aggressive drives on the individual's psychological functioning. He recognized the influence of sexuality on the mental activity of children, and argued that although they are incapable of reproduction, their sexual drives operate to direct aspects of their fantasies, problem solving, and social interactions. Freud suggested that all behaviours are motivated, and that there are two basic psychological motives, namely sexuality and aggression. Freud also hypothesized that the conscious as well as the unconscious motives may simultaneously motivate behaviour. Freud described three components of personality, namely the id, the ego, and the superego. The id, which exists at birth, is the source of instincts and impulses. The ego is the composite term for mental functions that are involved with reality, which includes perception, memory, judgment, self-awareness, and language skills. The superego evolves later in childhood, and includes prohibitions about moral behaviour and ideals about one's potential as a moral person. According to Freud, the most significant developments in personality take place during five life stages occurring from infancy through adolescence. Freud viewed sexuality in a positive way, suggesting that sexual impulses convey a thrust toward growth and renewal. Each of the five stages identifies a period of life during which a particular body zone is thought to be of heightened sexual importance. For the purposes of this study, the oral stage and the anal stage are discussed.

Erikson's theory addresses growth across the lifespan, and divides development into eight stages. In each stage there are psychosocial conflicts that must be resolved by the developing individual. The infant's unique coping behaviour will reflects his talents, motives, and the responses of relevant others to a particular strategy in his developmental stage. For the purposes of this study, the two stages, basic trust versus basic mistrust, and autonomy versus shame and doubt are discussed, since they occur during the first two years of life. Erikson and Piaget view change as a more active process in which the infant tries to solve conflicts and problems.

Neurosis is defined in the gestalt approach as a state of rupture of the homeostatic equilibrium in the individual. He experiences different necessities, and cannot determine which is the dominant. Neurosis is a series of unfinished gestalts in a relation between the organism and his medium. The researcher views the five layers of neurosis as a process of healing where the organism reaches equilibrium through awareness in every layer. Caretaking of the infant is discussed within each of the five layers. Although a caregiver is not a therapist, it will be helpful to have this knowledge, in order to understand the infant's behaviour.

The infant will develop a strong emotional attachment to the people who provide him with a caring and nurturing relationship. Attachment derives from three key factors in the mother/caregiver-infant relationship, namely body contact, familiarity, and responsive parenting. The infant who has a secure attachment will actively explore his environment and interact with strangers while his mother or caregiver is present. Secure attachment is a representation based on the infant's confidence that his attempts to make contact will be accepted.

As the infant grows, the boundaries of his social world expand. When he makes contact with his peers, it enables him to interact with a new source of social stimulation, peer interaction, which is an important component of social development.

Body awareness is basic to a strong sense of self. The infant can be asked to name all the bad and good characteristics of his silhouette. When he gets the opportunity to project all his own characteristics into the silhouette, he is busy growing and changing from the way he manifests himself to a fuller manifestation of his potential. Through awareness of differences he can begin to view him with new appreciation and begin to see, approach, and contact others in the same light.

An infant whose cries have been promptly responded to early on, learns to trust and to anticipate that a response will be forthcoming. The infant cries to communicate, and not to manipulate. Crying is the only way in which he can

communicate his needs. He may become attached to a blanket or a stuffed animal, known as a “transitional” or “comfort” object. This item will have a special place in his life, and he may insist, on taking it everywhere. It will help him sleep when he is tired and will reassure him if he is unhappy, especially if his mother or caregiver is not around to comfort him. The infant should be familiar with what feelings are and should be able to communicate his feelings. By using songs, books, games, and exercises, the caregiver can help the infant contact his own feelings, express them constructively, share them, and talk about them.

Assessment play, biblio play, dramatic play, and creative play are forms of play which the caregiver can include, in her daily program with the infant. By engaging in these various forms of play, the infant will grow and develop in a relaxing, natural, and playful manner in the safe environment of his home. The caregiver can enter the infant’s world through play and can learn about his attention span, his preferences, his temperament, his strengths, and his weaknesses. The caregiver should select toys that will stimulate his senses, and which are developmentally appropriate, that will build on skills which he has already mastered, and that will provide him with some challenges. The infant who is unable to verbalize his thoughts and feelings may find them expressed in books. Biblio-play offers possibilities for new behaviour patterns by providing models for positive behaviour modification. Awareness and insight will lead to growth and social development. Dramatic play is a form of play that offers the infant the opportunity to grow and develop by acting out situations and dramatizing in a safe, non-threatening environment. By acting out his experiences, the infant will come into contact with reality, which will increase self-awareness. Creative play is inventive, as it can manifest in various forms of art and handcrafts. Artwork can be relaxing to the infant and offers him an opportunity to release his feelings. When the caregiver praises him for his creativity, she may be enhancing the infant’s self-image, and the infant may experience a feeling of success.

Baby therapeutic massage techniques are included, because by knowing the advantages of these techniques, and practicing the skill, the infant’s growth and development, as well as the relationship between the caregiver and the infant, will benefit from it. Classical music can enhance intelligence, shape minds, provide feelings of well-being, and will develop brain connections needed for higher-order thinking. This phenomenon is called the “Mozart effect”. The opera is an effective way to expose the infant to a Mozart Effect “tofer”, which is great for the enhancing of foreign language and musical skills.

Premature infants seem to thrive better when exposed to classical music. The attention and performance of infants improve when they are listening to classical music in the background, since it helps organize the brain areas associated with

creative reasoning. Music offers the infant the opportunity to come into contact with what he hears and experiences.

Chapter three is a theoretical chapter in which the caregiver is discussed within the family system. Attention will be given to the characteristics, roles and responsibilities of the caregiver, while caring for the infant at home.

Leaving her infant with a stranger can be difficult for the mother at first, as well as for the infant. The infant will gradually accustom himself to anyone who takes care of him, and who makes him feel secured, loved and nurtured.

Procedures for recruiting a caregiver will be discussed. A job description and an application profile are advisable when the mother decides to recruit a caregiver. Developing a good working relationship will start with the interview between the mother and the caregiver. Apart from the information the mother gathered from the interview, a reference check on the caregiver is essential, in order to gather information about her capabilities and her potential. When hiring a caregiver, she becomes part of the family, and should thus be someone the mother can trust and feel comfortable with. During the interview the caregiver can spend time with the infant. This will give the mother an opportunity to observe the caregiver's interaction with her infant. When hiring the caregiver, she should be given a "trail period," in which the mother can evaluate the infant, as well as the family's relationship with the caregiver.

Safety hazards in the infant's environment will be discussed. The caregiver should be aware of them and should eliminate them.

CHAPTER 3

CHARACTERISTICS, ROLES AND RESPONSIBILITIES OF A CAREGIVER WITHIN THE FAMILY SYSTEM

3.1 INTRODUCTION

A responsible caregiver can be a great help to the working mother as well as to her infant. An experienced caregiver can help the mother through challenging and confusing moments of parenthood and can be a valued source of parenting advice. Good childcare can also be a beneficial element in the infant's development, and can augment the infant's foundations for later success in school and in life. Finding the right caregiver for one's infant and for the family's needs, and finding high quality care, will form the focus of this chapter.

The role of the caregiver within the family system will be discussed. Caring for an infant at home requires specific characteristics that will enable the caregiver to enjoy her roles and tasks. For the working mother, childcare is an essential link that helps her balance the responsibilities of work and family (Dowshen, Izenberg & Bass, 2002:445).

The idea of leaving the infant with someone else, who may be a stranger at first, seems to go against everything the mother feels about good parenting. Dowshen et al. (2002:445), hold the opinion, however, that, if the mother takes time to choose the right caregiver, the experience for both her and her infant can be positive. Leaving an infant with a caregiver and saying good-bye can be hard for the mother as well as for the infant. Mothers sometimes ask, "Will my baby be safe without me?" "Am I neglecting my duties as a mother if I leave my infant with a caregiver to go back to work?" "Will he remember me when I come back, or will he be cross with me for leaving him?" Davis and Keyser (1997:116-117) states that separation is an inevitable part of life. In the first five years of life, children go from being merged with their primary caregiver to developing a completely separate, autonomous identity. Infants are generally happy for short periods with anyone who holds them securely and lovingly, even though they can differentiate a familiar face, voice, touch, or smell from those that are unfamiliar. Infants whose temperaments make them more highly sensitive to touch or change sometimes balk at a new caregiver, crying because that person feels different. Infants need to gradually accustom themselves to anyone new who takes care of them.

3.2 CHARACTERISTICS, ROLES AND RESPONSIBILITIES OF A CAREGIVER

The researcher agrees with Sears and Sears (1997:169) that the caregiver will be a substitute while the mother is working, and therefore she will not be replacing the mother. Oaklander (1988:62), stresses that the caregiver must have knowledge about the working of the family system. She must be aware of the environmental influences on the infant. It is important for the caregiver to be aware of the culture expectations placed on the infant. The infant is a unique, worthwhile individual entitled to human rights.

A caregiver must have special characteristics, skills and knowledge, because every infant is unique, and his behaviour is complex. A person who wants to successfully take on the role as a caregiver should live by the objectives of a relationship as set by Landreth (1991:5):

> *"I am not all-knowing,*
> Therefore, I shall not even attempt to be.
>
> *I need to be loved.*
> Therefore, I will be open to loving children.
>
> *I want to be more accepting of the child in me.*
> Therefore, I will with wonder and awe allow children to illuminate my world.
>
> *I know so little about the complex intricacies of childhood.*
> Therefore, I will allow children to teach me.
>
> *I learn best from, and am impacted most by, my personal struggles.*
> Therefore, I will join with children in their struggles.
>
> *I sometimes need a refuge.*
> Therefore, I will provide a refuge for children.
>
> *I like it too when I am fully accepted as the person I am.*
> Therefore, I will strive to experience and appreciate the person of the child.
>
> *I make mistakes. They are a declaration of the way I am – human and fallible.*
> Therefore, I will be tolerant of the humanness of children.
>
> *I react with emotional internalization and expression to my world of reality.*
> Therefore, I will relinquish the grasp I have on reality and will try

to enter the world as experienced by the child.

It feels good to be an authority, to provide answers.
Therefore, I shall need to work hard to protect children from me!

I am fully me when I feel safe.
Therefore, I will be consistent in my interactions with children.

I am the only person who can live my life.
Therefore, I will not attempt to rule a child's life.

I have learned most of what I know from experiencing.
Therefore, I will allow children to experience.

I hope I experience and the will to live came from within me.
Therefore, I will recognize and affirm the child's will and selfhood.

I cannot make children's hurt and fears and frustrations and disappointments go away.
Therefore, I will soften the blow.

I experience fear when I am vulnerable.
Therefore, I will with kindness, gentleness, and tenderness
Touch the inner world of the vulnerable child".

In order to live by these objectives of the relationship, the caregiver should integrate them as part of her personality. It will enable her to care optimally for the infant, which will help the infant to become a self-regulated individual.

3.2.1 Characteristics of a caregiver

Only because an individual thinks infants are cute and adorable, does not mean that she will be able to successfully play the role of caregiver. The caregiver must continually strive to expand her knowledge about the growing and developing infant. The caregiver must be willing to learn from others, but especially from the infant in her care. She will be able to learn more about herself through her experience with the infant.

The mother must look for specific qualities in the caregiver that are congruent with her family's lifestyle. With the infant present, she can observe the caregiver and examine her nurturing qualities. The mother will be able to see if the caregiver looks at, touches, and talks to her infant with the message that she cares, that she is interested in him as a person with needs, and that she is sensitive to him as a unique individual. The mother should keep in mind that no substitute caregiver has a biological attachment to her infant. The caregiver will

not be able to intuitively respond to her infant's cues as the mother does. She must give the caregiver detailed instructions on how to recognize the infant's cues and how to respond to them (Sears & Sears, 1997:169).

Oaklander (1988:62) believes it is essential to be open and honest with the infant. With the self-monitoring approach, the caregiver who has goodwill will be able to make contact with the infant, and will refrain from interpretations and judgments. The caregiver must have a sense of humour to allow the playful expressive child in her to come through.

3.2.2 Roles of a caregiver

An actively involved caregiver will find that caring for an infant will come effortlessly and naturally. An infant is always eager to learn new things, so she must make the experience fun and mutually rewarding. Stimulating the infant to become a self-actualized individual is not a formal process. Caregiving should be playful while stimulating his curiosity and need for new experiences. The caregiver should introduce new concepts, answer the infant's queries, and praise him at every developmental stage. While caring for the infant, the caregiver should stop any activity when the infant shows any sign of boredom and should take care not to put him under any pressure. If he experiences learning as fun at infancy, he will experience it as fun throughout his life and will thrive on knowledge (compare Stoppard, 2001:152-153).

Mason (2002:121-123) describes a variety of roles which a caregiver must adopt in daily caring for an infant:

- The caregiver should be warm and nurturing, and should engage with the infant. She should frequently hold and cuddle the infant.

- The caregiver must understand that infants go through different phases of growth and development and, therefore, the interactions and environment she provides must evolve as well.

- Every child develops at a different pace, with his own interests and preferences. The caregiver should be responsive to the individual needs and preferences of the infant in her care.

- The infant should be guided to learn positive behaviours. He should be helped to learn from his mistakes and should be redirected to acceptable behaviour. Clear and consistent limits should direct the infant on what path to take. Discipline should teach him rather than humiliate him.

- The caregiver should actively encourage language and conversation. She should listen to the infant, encourage him to express himself verbally, value and respect what he says, and should clearly explain the reasons for things. The caregiver should understand the importance of books and reading, even in infancy.

- As the infant grows, he should have a variety of toys, materials, games, art, and puzzles that stimulate his interest and development. These materials should evolve in complexity as the infant grows, so that he can test and stretch evolving skills. The infant should be allowed some choices in his activities, so that he can learn to think on his own. Activities should be varied: They should include individual activities and activities with his caregiver, quiet and active play, building, make-believe, as well as music and art.

3.2.3 Responsibilities of a caregiver

When the caregiver takes on the responsibility of caring for the infant, she will become part of the family. It is her responsibility to make the infant's world an interesting and exciting place, in which he can grow and learn. The caregiver's responsibilities will include caring for the infant, and may include light childcare-related housekeeping (Mason, 2002:154) such as:

- supervising and playing with the infant. The researcher is of the opinion that play facilitates (non-verbal) communication and expression of feelings, because it is the language the infant knows best. The infant does not have the language skills to communicate verbally with the caregiver. The caregiver will therefore use the method of play techniques and its forms to enter the world of the child in her care and to achieve optimal growth and development.

- being responsible for the infant's personal hygiene. While caring for the infant, the caregiver should keep his body, clothes and environment clean. If the caregiver is responsible for giving the infant a bath before his mother returns from work, it should become part of her daily routine. She should cleanse his body and hair and brush his teeth after mealtimes. The caregiver should model good personal hygiene, which includes washing her hands after changing the infant's diapers and before snack or meal times. When the infant starts potty training, he should learn to wash his hands after he had used the bathroom.

- preparing the infant's meals, and shopping for his food. Meals and snacks should include healthy nutritious food. Fruits and vegetable should be offered rather than cookies or candy. Water, milk and fruit juices should be offered instead of carbonated sodas. The infant can help select seasonal fruits at the market and can also help in the kitchen to prepare his meals. Being part of the

preparation of his lunch will make him interested in the meal and will promote the infant's self-esteem.

- straightening the infant's room, playroom, and bathroom. An organized and clean environment is more inviting for playing, discovering, and growing. The infant should be part of the organizing and cleaning of his environment. The caregiver can turn cleaning-up into a learning experience. They can sort toys into categories, and the infant can count them or name the colours while putting them in their appropriate places.

- doing the infant's laundry. The caregiver can teach the infant to sort his clothes by categories and colours. All his T-shirts can be folded into a drawer. The infant can match his socks into pairs and store them in his drawer.

- driving the infant to appointments (for example, an appointment with the Doctor). The infant should always be in a car seat while travelling. The caregiver can take along some toys and snacks to keep the infant entertained during the car trip and in the doctor's office. His diaper bag must be packed with a clean set of clothes and diapers. The caregiver is responsible for the safety and well-being of the infant, and can tailor activities and appointments to the infant's needs and interests (Shelov & Hannemann, 1998:427 and Debroff, 2002:458-459).

- help the infant to grow and develop optimally. Optimal growth and development is essential during the infant phase, in order for the infant to function as a self-actualized individual. Through successfully completing this programme , the caregiver will be empowered to fulfil the infant's physical, emotional, cognitive and social needs. This connects with the aims of gestalt therapy, namely self-support, awareness, and integration.

A caregiver should be organized, creative, understanding, patient, reliable, and adjustable. She has to be able to handle adversity and must be ready to make quick decisions. She should be full of ideas about what to do with the infant while caring for him, and she should be ready to share these ideas with the mother. She must keep abreast of all pertinent information about the infant's day and developmental needs, which should be shared with the mother. The caregiver must form a caring, nurturing, and responsive relationship with the infant (compare Brazelton, 1992:113).

3.3 FACTORS IN RECRUITING A CAREGIVER

Finding a caregiver who will care for one's infant is a personal decision. According to Raffin (1996:25) the first two steps in recruiting a caregiver to care for an infant at home, is to develop a job description and an application profile. A job description is a written synopsis of the caregiver's position, which can include her responsibilities, working hours, and salary.

The job description, drawn up by the mother, will also be the written contract for the caregiver. An application profile is a list of personal traits, skills and prior experience, drawn up by the caregiver.

Since no policies or rules have been established in advance, the mother and the caregiver together will have to work out the ground rules. Developing a good relationship requires time, clear communication, and organization. The other part of the relationship is a business agreement. They should discuss their agreement on salary, vacation time, sick days, raises, and other benefits. A written agreement signed by both the mother and the caregiver is suggested. DeBroff (2002:472-473) argues that a written agreement will provide the mother and the caregiver with a mutual understanding of what her responsibilities entail, and reassure both the mother and the caregiver that their interests are understood.

The agreement should cover everything related to the caregiver's responsibilities (DeBroff, 2002:473-473), which include:

- Salary and pay schedule for regular caretaking hours.
- Compensation for overtime hours.
- Benefits provided by the mother (e.g. health insurance and dental benefits).
- Number and names of paid holidays.
- Policy for personal, vacation, and sick days, as well as a requirement that the caregiver notify the family by a certain time in the morning on a day she will be out sick.
- Whether all or some of her vacation time must coincide with the mother's vacation.
- How the mother will reimburse expenses if the caregiver uses her own car to transport the infant. If the mother provides the caregiver with a car, the caregiver must know that she will be responsible for higher deductible

automobile insurance if she causes an accident, and shall pay for traffic violations.

- Year-end bonus and pay raise schedule.

- Special child-care duties, household chores, and carpooling.

Both the mother and the caregiver should sign the agreement. The mother should explain to the caregiver that the agreement is a starting point that she expects to evolve, based on changes in the family's needs. A clause should be included that states that the agreement will be adjusted as circumstance change. Amending of the original agreement should only occur after such amendment has been discussed during a meeting of mutual agreement.

Interviews are the mother's opportunity to explore a caregiver's motivation for wanting this job, her background, relevant child care experience, and time commitment. The usual starting point when hiring a caregiver is to talk to her by telephone.

3.3.1 Telephone interview

The mother can save a lot of time by doing her initial screening by telephone. This call should be short, but the mother must make sure to obtain a few details about the caregiver that are important to her. Moorhead (2002:146) mentions that, if it will be expected of someone to work until 8 p.m. every Wednesday, this factor should be mentioned at this time. It may eliminate a candidate from the start. The mother can ask about basics such as cost, availability, hours, training, and experience. She can then ask about the issues that most clearly reflect her values (compare Davis & Keyser, 1997:129-130). The mother's instinct is the most important thing to go on. If she has a bad feeling about something or someone, she should not ignore it. DeBroff (2002:456-465) states that, just because a caregiver has a good job description or resume and gets strong references, it does not mean that she is compatible with the mother's household or with the infant. She suggests paying attention to what the caregiver asks, as her questions will reflect her priorities. The interview should be terminated if the caregiver seems most concerned with salary and benefits, as opposed to making a good match with the family.

According to Lee (1998:373) the mother must be prepared with written questions when she interviews a prospective caregiver. The mother must request from the caregiver proof of her identity, current address, and names and numbers of references. When checking the references, the mother must be sure to ask why the caregiver is no longer working for that family, and whether that family will hire her back.

The following are questions to ask the caregiver that will help the mother evaluate the potential caregiver. The mother should not do all the talking or be asking all the questions during the interview. The mother should ask open-ended questions, and try not to appear critical of the caregiver's answers. The more comfortable the mother's tone and the interview atmosphere are, the more information the caregiver will share about herself.

The following is information the mother should ask of the caregiver during the telephone interview (compare DeBroff, 2002:466-470, Douglas(a), 2004:192-196, Dowshen et al., 2002:449, Lee, 1998:373, Mason, 2002:145-146, and Meadow & Rocchio, 2003:60-61):

- Why are you interested in a caregiver job now?
- Why did you leave your previous job?
- What kind of childcare experience do you have? Ask her to explain the best as well as the worst experience and how she handled them.
- What was a typical day like in your previous job? What did your duties include, which can include: Did you drive, prepare meals, host play dates, and perform light housekeeping?
- Are you legally permitted to work in the United States of America?
- Are you willing to undergo a background check at our expense?
- Are you willing to undergo a pre-employment medical exam?
- How do you handle issues of discipline? The mother should be specific, asking her what she will do if the infant is crying for an hour or more. Does she believe in spanking or time-out?
- How do you feel about television? Would she watch television while the infant is playing or napping? Would she offer television as a regular activity?
- What are your interests? What do you do in your spare time? Ask her if she smokes or takes alcoholic beverages.
- Do you like to read? Which are your favourite children's books?
- Do you have any health restrictions or dietary preferences we should know about?

- Tell me about your background, where you grew up, and about your family.

- What are you looking for in a family?

- How do you feel about the rules I have set for the infant? Will you be able to follow our standards if your philosophy differs from ours?

- How will you provide new experiences to enhance the infant's mental and physical development? What are the opportunities you can offer to experience art, music, group and individual play, and indoor and outdoor play?

- What do you know about nutrition? Do you limit snacks to nutritional foods like fruits and vegetables?

- What would you do in case of an emergency? Be specific, for example: when the infant chokes, or when a fire breaks out in the house.

- When can you start working?

If the telephone interview went well, the mother should tell the caregiver more about her family and the job requirements. This information will give the caregiver the opportunity to ask questions about the position. When both the mother and the caregiver think that they will make a good fit, they can schedule a face-to-face interview (Douglas(a), 2004:196).

The telephone interview is important, not only to inquire into the caregiver's background and views, but also to clearly outline the needs of the job and the full range of responsibilities.

3.3.2 Face-to-face interview

The mother must have realistic expectations and must be very clear about how she wants the caregiver to care for her infant. The caregiver must realize that circumstances might change as the infant grows older, and that the mother may need to add or subtract responsibilities. These changes must be discussed with the caregiver during regular scheduled meetings (Raffin, 1996:27-28). Moorhead (2002:146) states that most good caregivers are not going to want a job where they feel the mother is controlling them while she is at work. If the caregiver is someone you trust enough to take care of your infant, she should be someone you trust enough to organize his day and activities.

The following is a list of questions the mother can ask the caregiver during the face-to-face interview (Douglas(a), 2004:197):

- If you are offered this position, are you prepared to make at least a one-year commitment to our family?
- What are your salary expectations?
- May I see the documents that prove you are eligible to work in the United States?
- May I have a list of references?
- Would you like to meet the child(ren)?

After the interview, the mother should thank the caregiver for her time and should let her know when she will be getting back to her with a decision.

3.3.3 Checking references and doing background checks

It is essential to thoroughly check references, otherwise the mother will be limited to what she learns through the interview and her observation of the caregiver with her infant. By having an in-depth conversation with prior employers, the mother will have a better idea of the caregiver's capabilities and potential for a match with her family (Mason, 2002:159).

In-home caregivers are not required to be licensed, so the mother will have to check references very carefully. Checking references with previous employees can be challenging. One cannot be sure that the names and numbers one is given are not a caregiver's friend or relative. When calling a reference the mother must be open and friendly and must identify herself in detail. It is important to know the kind of household the caregiver has worked in, as it may be very different from one's own. The mother should not be afraid to ask detailed questions about whether the caregiver is reliable and capable. She can ask what they specifically liked about the caregiver and what their child enjoyed about her. She can also ask about the caregiver's approach to discipline, scheduling, feeding, and comforting, to try to determine whether she is right for the family, the infant, and her own style of child rearing. The caregiver whom the mother ultimately selects will become part of the family, therefore the mother must be sure that she is hiring someone who respects her values, beliefs, and lifestyle (compare Davis & Keyser, 1997:127-130, Mason, 2002:159-161, Meadow & Rocchio, 2003:61-65 and Shelov & Hannemann, 1998:426).

No matter how good a caregiver's references are, the mother should feel a sense of trust and rapport with her. She must rely on her instinct when she decides whether the caregiver is right for her and her infant.

TrustLine is the only background check authorized by the State of California to use three databases which the general public (including private investigators) cannot access. These databases include fingerprint records from the California Department of Justice Criminal History System, the Child Abuse Central Index of California and fingerprint records of the FBI Criminal History system. If the mother wants to perform her own background check, she can perform a variety of searches, including a social security trace, criminal records search, a DMV search, credit report, education and employment verification, professional license verification, and sex offender registration. Some of these reports may require a signed release by the caregiver (Meadow & Rocchio, 2003:62).

3.3.4 A second interview

Moorhead (2002:148) is of the opinion that the mother should have a second interview with the caregiver she is close to hiring. This interview should take a half-day or a full day, during which the caregiver can spend time with the infant and the family. During this time, the mother can observe the caregiver-to-be and can see how she interacts with her infant. The infant also has the opportunity to explore the new person with his mother present. Once the mother knows that the caregiver understands her infant's cues and communication system, she can leave, feeling more confident. When the infant and the caregiver have some sense of knowing each other, neither of them is left with a stranger (compare Davis & Keyser, 1997:130-131 & Sears & Sears, 1997:169-170).

Davis and Keyser (1997:127) describe three main components for building a strong bridge to child care: making a good initial choice, supporting the infant's transition, and nurturing the family's relationship with the infant's caregiver over time. The mother knows the needs of her family, and choosing a caregiver who is compatible with her family will make the transition easier for the family as a whole. A good caregiver will have the insight and the knowledge in the emotional process of separation and adaptation. The caregiver can be a great help during this period by showing a positive, loving, and caring aptitude. A good working relationship can develop when the family as well as the caregiver has the infant's best interests in mind and at heart.

3.3.5 The caregiver is hired

When the mother has found the right person to care for her infant, it is essential that she draw up a contract in a written agreement between herself and the caregiver. The contract is designed to anticipate situations that can lead to

difficulties in the working relationship. In the case where the mother and/or the caregiver want to end the working relationship, the contract will also cover that situation. The following information should be included in the written contract (Douglas(a), 2004:201-202):

- Basic contract information for each party, which includes names and addresses.

- The caregiver's Social Security number to ensure that she is legally allowed to work.

- The date on which the caregiver will start working for the family, should be recorded for future discussions about wage increases and contract reviews.

- The caregiver's hours of work should be in full compliance with state and federal labour laws.

- Standard wages on a per-day period. Indicate the net amount which the caregiver will be receiving on her paycheck after all the appropriate state and federal taxes have been deducted from her wages.

- Overtime wages should be stated within the guidelines of the applicable labour laws.

- Benefits may include a health and dental plan, paid sick days, or a free gym membership.

- Probationary period. The term should be stated clearly after which the caregiver will become a permanent caregiver for the family, and whether she will get a small raise at the end of this probation period.

- General house rules might include whether she is allowed to work on the computer when the infant is napping, and whether she is allowed to smoke in the house.

- Job responsibilities can be written up in detail, which can be attached as a separate appendix to the contract.

- Transportation includes whether the caregiver is expected or permitted to drive the infant to the market or to doctor's appointments. The mother should state whether she has permission to drive the family car and whether she might use it for personal errands (provided that she has a driver's license).

- Discipline policy. The caregiver should respect and follow the mother's discipline policy.

- Emergency contact information is essential, so that the caregiver knows what to do and who to call in case of an emergency. It is wise to attach signed releases authorizing the caregiver to administer medication or make emergency medical decisions on the mother's behalf, since time can be precious when an infant is seriously injured or ill.

- A confidentiality clause can state that the caregiver is forbidden from discussing, publishing, or otherwise disclosing any confidential information related to the family's personal or business affairs.

- The time period that the contract covers.

- An exit clause. The contract should indicate how much notice the mother requires from the caregiver if she decides to quit, and how much notice she will give the caregiver if she decides she no longer needs her services. The contract should also state that, upon termination, the caregiver is required to hand over the keys to the house and the family car as well as any property belonging to the mother and her infant.

When the mother and the caregiver are both in agreement about the contract terms, they will sign and date two copies (one for the mother and one for the caregiver) for their record keeping.

It is important to watch how the caregiver interacts with the infant in order to make sure that they are comfortable with each other. Meadow and Rocchio (2003:65-66) suggest that the mother prepare a list of duties as well as a list of what is expected of the caregiver on a daily basis aside from childcare. The mother must sit down with the caregiver and go over everything a few times during the first days, to ensure that the caregiver understands and accepts the responsibilities of the job. The mother must set a date for a follow-up meeting in two weeks to discuss what is working, and what is not working. The caregiver must understand that she is only being hired for a "trail" period to be sure the relationship is a match before being hired full-time. Effective indicators of a good child care match, according to Davis and Keyser (1997:131-132), is the infant's overall demeanour, his relationship with the caregiver, the reports the caregiver gives the mother about the infant's day, and her own observation. The mother must evaluate whether she is continuing in a comfortable relationship with the caregiver, and whether the caregiver is continuing to support her and her infant through this difficult adjustment period.

3.3.6 Building a relationship with the caregiver

Good two-way communication is essential to a positive parent-caregiver relationship. The purpose of regular scheduled meetings is twofold, according to Raffin (1996:178), namely to discuss the infant as well as to resolve any issues between the mother and the caregiver. The mother should impress upon the caregiver the importance of acknowledging newly-acquired accomplishments and developmental skills. If the caregiver does not respond to his developmental skill, the infant may be less motivated to exercise it (Sears & Sears, 1997:170). Shelov and Hannemann (1998:440) suggest that the mother and the caregiver should periodically have longer discussions to review any problems and to plan for future changes in the infant's care. Enough time should be allowed to discuss all the facts and opinions that both the mother and the caregiver might have on their minds. The mother should start the conversation on a positive note by acknowledging the caregiver's contribution to the family, and thank her for it. Thereafter she can move on to her concerns. After presenting her own thoughts, the mother should ask for the caregiver's opinions and pay careful attention to them (compare Moorhead, 2002:152-153).

Both the mother and the caregiver should feel free to bring up concerns, problems, or issues as well as joys and accomplishments. Each should feel that their perspective is being understood and valued (Davis & Keyser, 1997:132). It is essential to agree on specific objectives and plans, in order to reach a positive and working relationship. It is advisable to make a list of topics beforehand. DeBroff (2002:457) suggests discussing concerns with the caregiver in a non-confrontational manner. The mother must set up an atmosphere of trust and openness that encourages the caregiver to do the same. According to Shelov and Hannemann (1998:440) there is little that is strictly right or wrong when it comes to child rearing, and most situations have several "right" approaches. The mother must try to be open-minded and flexible in her discussions. The conversation should be closed with a specific plan of action and a date to meet again. Both the mother and the caregiver will be more comfortable if something concrete comes out of the meeting.

It is important for the infant to know that his mother feels good about the caregiver with whom she is leaving him. He needs to know that she is someone his family has embraced, and that she can be trusted. The mother needs to let her infant know that it is all right for him to bond with his caregiver, to depend on her, to enjoy her, and to love her. Some parents find it difficult, and they might feel threatened to let their infant care for someone outside of the family.

A strong relationship between the caregiver and the infant will make him feel secure, and will help him to expand the universe of people he trusts and loves. A positive relationship between the caregiver and the infant will ensure that he gets

the warmth, supervision, and individual attention he needs. Teaching the infant that the world is full of nurturing people, is an important part of opening up the world for him (DeBroff, 2002:458 and Davis & Keyser, 1997:132). A secure relationship that is built on trust, love and individual attention, is an essential stepping stone in character building, as well as for optimal growth and development.

3.4 SEPARATION BETWEEN MOTHER AND INFANT

Daily separations have a quality of predictability and regularity that, over time, the infant can learn to anticipate and grow used to. Consistency helps make separations easier for the infant. Davis and Keyser (1997:119-120) states that even regular separations may be difficult at first or even later, after they have already been successfully established. The infant may experience difficulty saying good-bye, which may be related to changes, development, stress, or temperament factors over which his mother or the caregiver may not have control.

Davis and Keyser (1997:119-120) are of the opinion that, although daily separations can sometimes be difficult for the infant, they can also be valuable and worthwhile. They help the infant to establish trust and give him opportunities to build significant relationships with other caring adults.

3.4.1 Strategies for dealing with separations

It is essential that the mother and the caregiver work together in order to help the infant to deal with separation when his mother goes to work. Consistency, clarity, and confidence can all help ease daily separations between the mother and the infant (Davis & Keyser, 1997:120-126):

- **Make leaving and arriving home as regular as possible.** The only way an infant can anticipate that his mother is going to come back is through practice. Leaving and arriving home at predictable times will make it easier for him to get used to the schedule. The infant's internal clock begins to except the routine, which helps him deal with the separation.

- **Always say good-bye.** When the infant is struggling with separation, it can be tempting to slip away unnoticed. The infant may grow up with the idea that he cannot get involved in a relationship, because somebody he cares about might slip away. Even if the mother has to interrupt her infant, saying good-bye is important.

- **Having confidence in her infant's capacity to make a successful transition.** When the mother takes the time to say goodbye to her infant, she lets him know that she is leaving. She will be coming back, and that she trusts that he is going to be okay while she is gone.

- **Develop a good-bye routine.** Leaving rituals can make separations easier. The infant might walk to the front door with the caregiver, standing at the window with the caregiver, or even blowing kisses at his mother. Such rituals reassure infants.

- **Leave a token behind.** The mother can leave something with her infant to make separation easier. A familiar shirt that has her smell on it or a plastic-covered photograph is a cherished article, which the infant can touch and smell throughout the day.

- **Respond to the infant's needs for reassurance.** During those times when the infant clings more and it seems that he needs his mother more, it is useful to be more available. Even when it is difficult, separation teaches valuable lessons. When the infant is nurtured and well cared for by the caregiver, he learns to trust other people, to see the world as a safe and friendly place.

- **Make the infant's activities away from his mother special.** The mother can leave a treat or suggest a favourite activity for the infant and caregiver to do while she is at work.

- **Encourage the caregiver to talk about his mother.** The caregiver might think it is better not to mention the mother when she is gone, because she does not want to make the infant sad. Actually, talking about his mother helps the infant to remember her and gives him a chance to express whatever feelings he is already carrying. Inevitably, he will have some sadness and confusion about his mother being gone. It is beneficial if he can express some of his feelings while she is gone, instead of saving it all for his mother's return.

- **The telephone has its limitations. Make a tape of the mother's voice.** The infant is often confused by hearing his mother's voice on the telephone, because he does not understand why he can hear her voice but not see her or climb onto her lap. The mother can use a tape recorder to make a special tape recording for her infant. She can sing his favourite songs or tell him stories. Having a tape recording which can be turned on or off can be preferable to the telephone, because the infant can listen to the tape whenever he wants to hear it. Since he does not have control over when his mother leaves or when she comes back, it is helpful for him to have control over a small piece of her while she is gone.

- **The caregiver can prepare the infant for his mother's return.** The caregiver can reassure the infant about his mother's return and tell him when to expect it. She can help him pick some leaves or draw a picture to share with his mother when she gets back. Doing something with his mother in mind will help the infant feel connected and prepares him for her homecoming.

The caregiver must keep in mind that she is also responsible for the infant's safety while he is in her care. She must therefore be aware of the safety hazards in his environment and eliminate them in order to keep him safe.

3.5 INFANT SAFETY

Reducing hazards in the infant's environment, and promoting safe practice in everyday living, can reduce the chance of injuries and even death during childhood. The caregiver needs to know how infants are injured and how those injuries can be prevented. By being part of the family system, the caregiver must observe the infant's environment and be aware of dangerous elements. The growing and developing infant will soon be rolling, sitting up, crawling, and walking, in order to explore his world. While playing with the infant on the floor, the caregiver will be at the infant's level where she can see his world from the infant's viewpoint. At this level, the caregiver can look out for objects or circumstances that can be of harm or danger to the infant.

According to Sears and Sears (2002:44) the mother and the caregiver can structure the infant's environment to make it easier to stay within the limits of a childproof environment. Structure does not mean suppressing the exploring infant, but rather setting conditions that discourage dangerous behaviour and that allow safe and desirable behaviour. Structure protects and redirects, freeing the infant to be a child. It will provide a positive "yes" environment, which lessens the number of no words the caregiver will need to use. For example, instead of saying "No, do not put your finger in the electrical outlet", the caregiver can put safety plugs in the outlets.

3.5.1 Indoor safety

According to the American Heart Association (1997:9), one of the most important items in an area where children spend time, is an emergency sticker on the phone. This sticker should include the telephone numbers of the police, fire department, ambulance, local hospital, physician, and poison control centre in the area, as well as your home telephone number and address.

The caregiver should be aware of safety methods regarding burns and smoke inhalation, falls, firearms, poisoning, toy injuries, choking and suffocation, and drowning (American Heart Association, 1997:9-14):

- **Burns and smoke inhalation**

Fire and burns are frequent causes of injury and death in infants. When the infant comes into contact with hot irons, curling irons, or heating sources, such as stoves and fireplaces, he can burn himself. By keeping appliances out of reach of the infant, and by placing barriers around heating sources, these burns can be prevented. Many scalds from a hot liquid occur in the kitchen when infants grab pot handles extending over the stove, spilling the boiling contents on themselves. The infant can also be scalded by hot water in sinks or tubs when the caregiver leaves him alone momentarily. By reducing the temperature of the hot water heater to 120˚ F (50˚ C) , this injury can be prevented.

Flame burns most commonly occur when a house catches fire. Many burn injuries have been prevented by the development of flame-retardant children's sleeper. Using appliances with frayed cords or damaged plugs can cause electric short circuits, which may cause house fires and deaths.

Installing and maintaining smoke detectors on each level of the house can prevent smoke inhalation. Smoke detectors must have batteries, and these batteries must be changed twice a year (American Heart Association, 1997:9-10).

- **Falls**

A common fall occurs when an infant climbs out of a crib. Many crib injuries result from an unsafe crib. If the infant's arm, leg or head becomes wedged between the crib rails and the mattress, the infant can sustain a fracture. The infant can suffocate and die if his head becomes caught between the widely spaced bars or if his clothing gets caught on corner posts.

The use of infant walkers is discouraged, because of the dangers they create, especially near stairs or ramps. Gates should be put over the lower portion of windows in high-rise buildings, to prevent falling. It is important to keep stairways safe by providing adequate lighting, removing toys, tacking down loose carpets, and using appropriate gate enclosures.

Sears and Sears (2002:17) maintain that the connected mother and caregiver will set limits while providing structure that makes it easy for the infant to obey. By shaping the infant's environment, they say no to the infant when he is heading for the stairs, and also put a safety gate on the stairs. Childproofing the house is a

form of discipline, a way of setting firm limits and a way of helping the infant obey them.

- **Firearms**

According to the American heart association (1997:11), injuries from firearms are a leading cause of death and permanent injury in children. These firearm injuries result mostly from handguns, which can be found in the home loaded and readily accessible to children. If a gun is kept at home, adults should ensure that it cannot be found or operated by infants. The gun should be stored unloaded, and the ammunition should be stored in a location separate from the gun.

- **Poisoning**

Curious and exploring infants are often victims of poisoning. Resourceful infants who stack objects and climb up them have reached high shelves that were thought to be safe for storing medications and harmful chemicals. Safe storage of medicine and household cleaning supplies are the most important methods of poison control and prevention of poisoning. Poison should never be stored in empty food or drink containers. It should be stored in labelled containers, in high places out of the infant's sight and reach. Staff at the poison control centre can provide accurate, immediate information about poisonous products, and will also provide first-aid instructions and treatment recommendations.

- **Toy injuries**

Toy-related injuries include children falling on, tripping over, or being hit by toys, and choking from inhalation of small toys or parts of toys. Electric or battery-powered toys can overheat, melt, and start fires, causing other toy-related injuries. The caregiver should examine the toys available to the infant, for small or broken pieces that can cause an accident. It is therefore important that the infant only play with age-related toys, under supervision.

- **Choking and suffocation**

Choking and suffocation are common causes of preventable death in children younger than one year. While choking is caused by the inhalation of food or objects, suffocation is caused by constriction about the neck or blockage of the nose, mouth, or windpipe. Choking or suffocation results in blockage of the airway passages, which interferes with breathing, and can cause death or brain damage.

Common objects that choke or suffocate infants are:

- Food items, such as hot dogs, grapes, nuts, popcorn, and hard candy. Fluids can cause choking if they are given to an infant who is lying down, especially from a propped bottle.

- Toys and parts of toys that are small enough to be placed in the mouth.

- Drapery and extension cords, as well as cords from which toys and pacifiers are hung around the infant's neck.

- Plastic bags and balloons are frequent causes of choking and are difficult to remove.

- **Drowning**

Drowning is suffocation by immersion in water, resulting in death. The household bath is the most common site for drowning in the infant's first year of life. Infants must always be supervised while taking a bath or playing near a container of water, including toilets.

3.5.2 Outdoor safety

When infants play outdoors, they are expected to be active. Infants should play away from streets, which eliminates the temptation to follow a ball into the street. When the infant is playing outside, the caregiver should supervise the infant. Drowning and playground injuries are the most common leading causes of injuries or deaths among infants (American heart association, 1997:14-15).

- **Drowning**

Drowning in backyard swimming pools is a leading cause of death and permanent brain damage in infants. An infant is inquisitive by nature, and water offers exciting possibilities. The infant's natural curiosity, his inability to appreciate the danger and depth of water, and the attraction of water play is a dangerous combination. Contrary to belief, the drowning infant often sinks quietly without screaming for help. The caregiver should supervise the infant when he plays in or around the water. All toys must be removed from the pool area at the end of every supervised swim and play period, so that the infant is not lured back into the water. It is essential that the caregiver know CPR.

- **Playground injuries**

Ensuring that all the equipment is safe can reduce the number and severity of playground injuries. When taking the infant to the playground, the caregiver can regularly inspect the attachments, cables, and seats of swings, before letting the infant play on them.

With these safety guidelines in mind, the caregiver can help make the infant's daily environment as safe as possible, by inspecting the areas where the infant spends his day.

3.6 CONCLUSION

The characteristics, roles and responsibilities of the caregiver were discussed in this chapter. The caregiver becomes part of the family system, which focuses this chapter upon finding the right caregiver for the needs of the family.

Leaving her infant with a stranger can, at first, be difficult for the mother as well as for the infant. Separation is part of life, and the infant will gradually accustom himself to anyone who takes care of him, and who makes him feel secure, loved and nurtured.

The mother should develop a job description and an application profile when she decides to recruit a caregiver. Developing a good working relationship starts with the interview between the mother and the caregiver. Interviews are the mother's opportunity to explore a caregiver's motivation for wanting this job, her background, relevant child care experience, and time commitment. The usual starting point when hiring a caregiver is to talk to her by telephone.

During the telephone interview, the mother and the caregiver should agree on the policies and rules for hiring the caregiver to care for the infant. When both the mother and the caregiver think that they will make a good fit, they can schedule a face-to-face interview. A written agreement is advisable, which must be signed by both the mother and the caregiver when a mutual agreement is reached and mutual interests are understood.

Apart from the information the mother gathered from a telephone interview and a face-to-face interview, a reference check on the caregiver is essential, in order to gather information about her capabilities and her potential. When hiring a caregiver, she becomes part of the family and should therefore be someone the mother can trust and feel comfortable with. The mother can depend on various resources when doing a background check on a potential caregiver, including TrustLine.

A second interview is advisable, which should take approximately a half-day or a full-day, where the caregiver spends time with the infant and the family. The mother can observe the caregiver's interaction with her infant, and the infant gets to explore the caregiver with his mother present. After this interaction, neither the caregiver nor the infant will be left with a stranger. A caregiver who is compatible with the family will make the transition easier.

In order to develop a good working relationship, with the infant's best interest in mind, the mother should take the time to develop a list of duties and chores that she expects of the caregiver daily. She must ensure that the caregiver understands and accepts the responsibilities of her job. The caregiver should be given a "trail" period of two weeks, in which the mother can evaluate the infant, as well as the family's relationship with the caregiver.

Regular scheduled meetings are essential for discussing the growth and development of the infant, as well as to resolve issues between the mother and the caregiver. Each should experience these meetings as positive, during which their perspectives are being understood and valued.

The infant will learn to anticipate and grow used to his daily separation from his mother when there is consistency, clarity and confidence in his daily routine.

While caring for the infant, the caregiver must be aware of safety hazards in his environment and must try to eliminate them. She must keep in mind that the infant is growing and developing. In order to promote a safe practice, she must get down on the infant's level in order to observe the environment from his rolling, sitting, crawling or walking position, inside the house as well as outdoors.

A practical training programme for optimal in-home-care of an infant by a caregiver will be developed in chapter four. In order to develop this programme, a need assessment will be done to understand the needs and expectations of the mothers of the infants and of the caregivers. This information will be combined with the information gained from the literature study, in order to develop the programme.

CHAPTER 4

A PRACTICAL PROGRAMME FOR IN-HOME CARE OF AN INFANT

4.1 INTRODUCTION

The goal of this chapter is to develop a practical training programme for optimal caretaking of an infant by a caregiver in the safe familiar environment of his own home. This programme will be developed within the context of the gestalt approach and play therapy.

In order to develop this training programme, a need assessment was done to understand the needs and expectations of the mothers of the infants and of the caregivers. When developing the training programme, the researcher took into account the information gained from the need assessments and the knowledge gained from the literature study. The researcher strives to integrate the theoretical guidelines of the gestalt approach and the developmental phases of the infant. Play techniques and mediums are adopted within the gestalt approach, which are supported by relevant aids.

The goal of this programme is to guide the caregiver to make contact with the infant, and to optimally care for him within the safe milieu of his home. By following this programme, the caregiver will be able to use and integrate gestalt principles and techniques and play techniques and mediums, to guide the infant to successfully master his developmental tasks. Through this programme, the caregiver will obtain the necessary knowledge and skills that will empower her and will help her to care for the infant in a preventative manner. Such knowledge and skills will enable her to function in a problem solving way and developmental within the home environment.

In order to integrate this study into a whole, this chapter should be read in conjunction with chapters two and three. Gaining knowledge and developing skills is an ongoing process. The researcher suggests that training of the caregivers should take place in a group setting over a period of ten days. Although training will be done in a group setting, the caregivers should feel free to ask for individual help and guidance.

4.2 A PROGRAMME FOR THE DEVELOPMENT AND ENHANCEMENT OF THE DEVELOPMENTAL TASKS AND SKILLS OF INFANCY

In order to have structure in this training programme, the programme will be divided into the five workdays of the week. Each day programme will focus on

developing and stimulating the infant's physical, cognitive, emotional, social, and self-image skills. Daily caring of the infant will be in accordance with this programme and the presented techniques or mediums. For purposes of this study, the researcher suggests a variety of alternative techniques and mediums for each of the five developmental tasks. In her daily planning, the caregiver should select and apply one technique or medium in each developmental task. A variety of alternatives in the programme will ensure that the infant will be stimulated in achieving his developmental tasks. The infant will be in different developmental stages as he grows and develops during infancy. It is essential that the caregiver only apply techniques and mediums that are appropriate for his spesific developmental stage in order for him to benefit from the advantages of the techniques and mediums. The variety of alternatives in the programme also provides the caregiver with a variety of alternatives for her individual needs, preferences and circumstances. The caregiver should keep in mind that, depending on the characteristics of the infant she is caring for, the infant's mood on that particular day, as well as his situation or circumstances in his life will effect the planned technique or medium. The infant is a unique individual, and each day will be unpredictable.

When promoting the infant's physical development, the caregiver must know how to stimulate and develop his sense of sight, hearing, touch, taste, and smell. The suggested mediums to stimulate and develop his senses are pictures and cassettes, music, movement of the body, clay and dough, snacks, and items in the environment. These are only suggested mediums, and the caregiver must know how to use and apply them in order to benefit the infant's development.

The suggested mediums for cognitive development are books, puzzles, preparing food, rhyme time, "peek-a-boo" and hide-and-seek. These mediums are all fun activities, which the caregiver and the infant can enjoy together. Since play is the infant's work, the caregiver can stimulate and develop him cognitively by using and applying these mediums. The caregiver should know how to use the mediums, what aspects to focus on when applying them, and how they will benefit the infant. Once she understands the goals and benefits of these mediums, she can become creative and can introduce him to other mediums.

For emotional development, the suggested techniques are a life book and feeling chart and the mediums are painting and drawing, hand-puppets, and clay. It is essential for the infant to know what emotions are, how to communicate his emotions, and how to get in touch with his own experienced emotions. When using the suggested techniques and mediums, the caregiver will focus on developing the infant's emotions. She must study the information and knowledge in this programme, in order to be aware of when the infant experiences and expresses emotions while she cares for him. She must know how to use the moment constructively and developmentally.

The infant is a social human being, and therefore he should have regular contact and interaction with his peers and his environment. Through contact and interaction with his environment, he will learn social skills, norms and values, moral rules and regulations, and what his boundaries are. The suggested technique is a fantasy story and the mediums are social interaction, board games, telephone play, and a train trip. The caregiver must know how to use the technique and mediums in order to enhance and develop the infant's social development. The suggested technique and mediums lend themselves to be applied and practiced at home in the infant's safe and familiar environment.

When developing the infant's self-image, the caregiver must encourage awareness of his body, his posture, his facial expression, and his gestures. In order for him to function independently, the infant must define himself from the environment. The suggested mediums are awareness of the self, "mirror-mirror", drawing, haiku, music, self-nurturing, and sand. The suggested technique is an accomplishment chart. These mediums and techniques are only suggestions, which the caregiver can use and apply in order to develop the infant's self-image. The caregiver should integrate the information and knowledge in this programme in order to care optimally for the infant. She should care for the infant in the here and now and focus on what is presently happening.

The infant does not grow and develop in a vacuum. In order to grow and develop as an integrated individual, he must gather information from, and interact with his environment, of which he is a part. The infant ultimately strives to become independent and self-sufficient. With the unconditional guidance, help, respect, care and love of his mother and caregiver, the infant can develop his potential and become a self-actualized individual.

	MONDAY	TUESDAY	WEDNES-DAY	THURS-DAY	FRIDAY
PHYSICAL DEVELOP-MENT	SIGHT MEDIUM: Pictures and Cassettes	HEARING MEDIUM: Music and Movement of the body	TOUCH MEDIUM: Clay and Dough	TASTE MEDIUM: Snacks	SMELL MEDIUM: Items in the environment
COGNITIVE DEVELOP-MENT	MEDIUM: Reading books	MEDIUM: Puzzle	MEDIUM: Preparing food	MEDIUM: Rhyme time	MEDIUM: "Peek-a-boo" and Hide-and-seek
EMOTIONAL DEVELOP-MENT	TECHNIQUE: Life book	MEDIUM: Painting and drawing	MEDIUM: Hand puppets	MEDIUM: Clay	TECHNIQUE: Feeling chart

SOCIAL DEVELOP-MENT	TECHNIQUE: Fantasy story	MEDIUM: Social interaction	MEDIUM: Board games	MEDIUM: Telephone play	MEDIUM: Train trip
DEVELOP-MENT OF THE SELF-IMAGE	MEDIUM: Awareness of the self – "Mirror-Mirror"; Drawing; Haiku.	MEDIUM: Music	TECHNIQUE: Accomplish-ment chart	MEDIUM: Self-nurturing	MEDIUM: Sand

Table 4.1 A programme for the development and enhancement of the developmental tasks and skills of infancy.

Table 4.1 is an explanation of the programme, which summarizes the techniques and mediums that the caregiver should select daily, while caring for the infant.

4.2.1 MONDAY'S PROGRAMME

4.2.1.1 Physical development of the infant

In order to grow and develop as an integrated whole, it is essential that the infant discovers and is aware of his five basic senses, namely his sense of sight, hearing, touch, taste, and smell. The infant can develop a total awareness of and make contact with the self, with others and the world through his senses (Oaklander, 1988:139). Sight is the main coordinating sense, enabling the infant to see himself and the world around him. While caring for the infant, it is essential that the caregiver stimulate the infant's sense of sight.

Sight

It is important for the infant to observe what is happening around him in order to position himself in the world and make contact outside the self. As an infant matures, his sensory curiosity develops. He looks at things in his environment, stares at it, and even point his finger at it, and sometimes asks questions about what he has noticed or tells one what he has seen. Oaklander (1988:111) confirms this: "They see, observe, notice, examine, inspect everything, and often seem to stare." The infant discovers the world through his senses, and it is important, therefore, that the caregiver stimulates his five senses through caregiving and play.

- **Suggested medium: Pictures and cassettes**

In order to stimulate the infant's sensory awareness of sight, the caregiver must guide him to look and to see various objects in his environment. According to Botha, van Ede and Piek (1992:274-276), the infant will remember visual information better than auditive information. The caregiver can use pictures or

photos of different animals (visual) and a cassette with coordinating animal sounds (auditive). When the infant is very young the caregiver can stimulate his sight by pointing to a picture of an animal when the coordinating sound it makes is played. As the infant grows and develops, he will be able to identify the correspondent animal to the sound it makes. The infant will then be able to point to the animal with the corresponding sound he hears, and also to name the animal he sees and hears. By using this medium, the caregiver will also stimulate the infant's cognitive development, through helping him to organize and share his memories (compare Masi, 2001:70). When they see animals on their way to the park or during outside play, the caregiver can stimulate the infant's sense of sight by pointing to the animal and asking the infant to name the animal as well as to imitate the sound the animal makes (animals in the neighbourhood may include, birds, dogs and cats). With the mother's consent, the caregiver can take the infant for an educational outing to the zoo or a patting zoo to stimulate his senses and his cognitive development. When they use the pictures and cassettes at home, the infant's cognitive development can be stimulated when the caregiver asks him what animals they saw on their way to the park (or at the zoo). He can share his memories and can identify the animals on the pictures and cassettes.

The infant is able to store and retrieve memories from six months old. The caregiver can stimulate his sense of sight and memory by gluing pictures or photos to construction paper and laminating it for a personalized place mat. She can attach stories to the faces: "You baked cookies with Grandma", or "We played at the park with Jason". This medium will help him learn how to tell stories and that people are interested in them. He will be able to cognitively process familiar faces with events (Masi, 2001:70).

4.2.1.2 Cognitive development of the infant

Gordon and Adderly (1999:99) is of the opinion that while it is important to start teaching the infant early, it is also important not to overwhelm him, not to forget that his childhood is his and the caregiver's, to enjoy. Reading to the infant is a cognitive and tactile experience. He will be just as interested in having been read to as in turning the pages. He will be just as interested in interacting with the pictures and pointing at them, as he will be in linking them to words.

- **Suggested medium: Reading books**

Although parents are exhorted to read to their children, a 1994 report by the Carnegie Corporation found that only half of all American babies and toddlers receive this attention. Early exposure to reading is essential for learning and pleasure. Even when the infant wants to hear his favourite book over and over, the caregiver should not be concerned that he will get bored or needs more variety. Repetition is important at his developmental level. Repeating the same

story every day is helping him to stimulate the brain cells that allow him to make the association between words and the objects they represent. The caregiver must take cues from the infant and watch for signs of frustration or restlessness, but if he wants the same book to be read again, she must do it with enthusiasm (Masi, 2001:51-52).

The caregiver must plan developmental activities in order to expand the infant's frame of reference. Activities to stimulate his cognitive development can be visual or audio-visual. The researcher is of the opinion that through the form of play, namely biblio-play (see chapter 2:26), the caregiver can use books to cognitively stimulate the infant. The infant will learn a language and the rules of grammar by hearing people speak and read to him. According to Masi (2001:50) the size of an infant's vocabulary depends on how much speech he hears in a meaningful context. The more the caregiver reads to the infant, the easier it will be for him to develop strong language skills. It will fascinate him if the caregiver reads with rhythm, alters her voice to differentiate the characters, and uses appropriate non-verbal facial expressions. The researcher is of the opinion that it will also help him to connect emotions and feelings to different tones of voice. The caregiver must be in contact with the infant in order to sense his emotional state from his tone of voice. Gordon and Adderly (1999:93) agrees that the infant is able to learn gestures that, if reinforced by the mother and the caregiver, will enhance his ability to talk and stimulate his intellectual development.

Depending on the infant's developmental level, the caregiver should select books with clear pictures of familiar objects. When reading a book to the infant, the caregiver can eventually point to the pictures on the page, which will help him learn the words. When the infant is older, he will point to pictures, and may even talk about the story and ask questions. The caregiver can motivate the older infant to give an ending to the story. It will stimulate his creative and cognitive development. The infant should experience reading time as exiting, in order to develop insight, growth and cognitive stimulation. Masi (2001:50) recommends that the caregiver tailor the reading session to the infant's attention span. Infants can not sit still and concentrate for long periods of time. The caregiver should end this session while it is still fun. This will ensure that the infant builds a positive association with reading.

4.2.1.3 Emotional development of the infant

The infant's ability to communicate his emotions is limited. Some infants are not familiar with what feelings are. Oaklander (1988:122-123) believes that emotional development during infancy is essential: "They needs to know what kinds of feelings there are, that everyone has feelings, that feelings can be expressed, shared, and talked about." The caregiver should talk to the infant about emotions and explain that he has different ways to express his emotions.

He has to know about different feelings in order to get in touch with what he is feeling.

When the infant experiences an emotion, the caregiver can help him to get in touch with his body and to become aware of what he is doing with his body movement to express his feeling at that moment. She can determine whether the infant's verbal behaviour is congruent with his non-verbal behaviour, and make him aware of it. If the infant is sad when his mother leaves for work, and his head sags onto his shoulder, the caregiver can talk to him about feeling sad. She can point out to him that she can see that he is sad, because of his non-verbal body language. According to Oaklander, (1988:123) it is only when the infant acknowledges his feelings and experiences them that he can release them that he can use his total organism for other things.

- **Suggested technique: Life book**

The life book is a technique that can be used as a transitional object to minimize the separation anxiety and provide the infant with a sense of security. The life book can be a visual or written composition of the infant's life wherein he can glue photographs or draw pictures of meaningful people, places and items. While they compose the book, communication is stimulated and a trusting relationship is built.

When composing the book, the caregiver must keep in mind the infant's developmental phase, and the developmental tasks he needs to fulfil during infancy. She can provide (or ask the mother for the material after explaining this technique and its goal to her) a big book with blank pages. She will need aids, which includes scissors, glue, crayons, markers, colourful paper, magazines, and photographs of the family and friends. The caregiver must explain the goal with this medium to the infant. The infant can then decide how his book must look and what he wants to include.

- The preparatory phase should be spontaneous and can develop out of a play situation or during conversation. Since play is a "language" the infant understands best, he must view composing the life book as a fun activity.

- The life book should cover the significant events of the infant's life. These events can include photos of his parents, grandparents, friends, his dog, the park where he loves to play, and a picture of Santa Claus at Christmas time.

- The infant can decide whether the book should start in the past (when he was born) or in the present (a picture of him at eighteen months).

- The life book will help the infant to develop a better understanding of the past and a sharper focus on the future. This can be accomplished by a picture of

him and his mother versus a drawing of him and the caregiver that comes in to care for him when his mother is at work.

- Using this technique can break down emotional barriers and defence mechanisms. The infant who initially cries, kicks or hits, and even ignores the caregiver when his mother leaves for work, will warm up to the caregiver and accept her as a loving, friendly individual who is interested in him and who takes care of him during the day. His situation and environment will become more accepting and realistic to him .

- Through making this book, the infant is provided with the opportunity for reconstructing the past and developing an own identity. The infant will always be part of his family system, but now he can draw a picture of himself and view himself as an individual and not only as a part of his mother.

- Constructing this book can be beneficial to the relationship and can stimulate communication between the caregiver and the infant. The infant will sense whether the caregiver is sincere, and working on this book together will benefit the relationship.

- The infant can request the caregiver to compile a report of circumstances or events, and can then illustrate it with photos or drawings.

- The caregiver can draw faces with different emotional expressions to identify the infant's emotions about certain incidents.

- The infant determines the tempo at which the book is constructed. When he loses interest, the caregiver should stop the work on the life book.

- Using a life book can be a slow, intense process that makes emotional demands on both the infant and the caregiver. The caregiver should be sensitive and positive and show him empathy in order for him to feel secure. The infant may start to cry when he sees a picture of his mother. Infants tend to be more emotional and demanding just before mealtime or naptime. This technique can be planned for early morning after breakfast, when the infant is awake and well fed.

The researcher is of the opinion that the life book is a composition of the infant's gestalt and his interaction with his environment. After completion, this book will include his past, present, and future in the here-and-now.

4.2.1.4 Social development of the infant

Since the caregiver will not be doing therapeutic work with the infant, the fantasy

story she will be telling must be interesting to the infant, keeping in mind his developmental level and his verbal abilities. The caregiver can make the story more vivid by using gestures, facial expression, laughter, and variations of voices. Puppets or dolls can be used in conjunction with fantasy story telling, in order to stimulate the infant verbally and visually.

- **Suggested technique: Fantasy story**

When reading to the infant, the caregiver can choose fantasy stories that are similar to his circumstances and characteristics. The infant will be able to identify with the fantasy, which can enhance his social development. Webb (1991:34-35) notes that story telling involves distancing, identification, and projection. In listening to fantasy stories, the infant learns to exercise the power of his imagination as he envisions animal or human characters coping with situations similar in some respect to those in his own life. Fantasy story-telling techniques assist infants to communicate, and they could serve as an apt vehicle for verbalizing fantasies. Through them, the infant can reveal his inner drives and conflicts (Gil, 1994:139-140). Schoeman (1996:90) states that fantasy stories are important to the infant because they aid in the establishment of moral values. This is especially true of stories where good triumphs over evil. Through this metaphor, the infant learns important lessons about social development. He absorbs these messages mostly on an unconscious level, for example, hope and setbacks, and respect for nature, animals, and other people.

Brooks (1993:214) uses a technique called “creative characters”, in which the therapist selects the major emotional issues confronting the child and develops characters (usually animals) who become involved in situations (elaborated on by the child and the therapist during therapy) that reflect the core issues in therapy. The goal of this technique is to relate what is learned in the story with its problem-solving strategies to real-life situations. The infant might be afraid to go to the doctor for his scheduled immunizations. The caregiver can tell him a fantasy story about an animal, for example a pony that needs to visit a veterinarian. The pony needs to get some vaccinations in order for him to gallop, run and jump with the other ponies on the farm. If he does not go to the veterinarian and get his vaccinations like all the other ponies on the farm, his legs will not be as strong as those of his pony friends, and he might even get very sick. He will then have to stay in the barn all alone, while the other ponies get to play outside in the warm sun and tall grass. It is important that the caregiver tells him that the immunizations will hurt, but that they will put a warm pack on it to make it feel better. The pony will feel very proud of himself when he shows his pony friends his Band-Aid and the sticker he received for being a brave pony. The caregiver and the infant can talk about the pony’s fear and concerns. When preparing the infant for his doctor’s visit, the caregiver should be honest about the pain that he will experience, but that it will only last for a little while. The

infant needs to know that it is alright if he cries and that the caregiver will be there to hold his hand and to comfort him. They can keep the Band-Aid on his arm and his sticker on his shirt, so that he can show it to his mother. The caregiver must use her imagination and be creative to make up fantasy stories that are similar to the infant's circumstances, if she cannot find books at the library.

4.2.1.5 Development of the self-image of the infant

Oaklander (1988:123) suggests a technique called the awareness continuum for helping the infant to be more aware of his body. The caregiver and the infant can play this game while taking turns reporting inside and outside awareness:

- I see your smile (outside awareness).

- My mouth feels dry (inside awareness).

By encouraging awareness of his body, his posture, his facial expression, and his gestures, the caregiver can tell the infant that just as his body sensation (a smile or a sad face), changes, so does the environment (the sun shines, and then a cloud moves in front of it, and there is shade).

- **Suggested medium: Awareness of the self: "Mirror-Mirror"; Drawing; Haiku.**

Within the gestalt approach, the infant must define himself from the environment in order to function independently. Thompson and Rudolph (1992:121) suggest bringing the infant to a mirror and letting him look in it. He must look at himself and tell the caregiver what he sees. The caregiver can encourage him, gently but persistently, to tell her more and more what he sees. She can also use pictures or videotape of the infant and ask him what he sees in the picture to build self-awareness. Masi (2001:60) says that labelling the parts of his body in front of the mirror will help him understand the names of those parts. It will encourage him to further explore his own identity. Sears and Sears (2002:67) agree that mirroring is a powerful enforcer of an infant's self-awareness. In playing face-imitation games, the caregiver can mirror the infant's expressions back to him. When the infant frowns, opens his eyes or mouth wide, she can mimic his expressions and exaggerate them. The infant can see his face in the caregiver. The researcher is of the opinion that a positive body image is essential for self-acceptance. He will know that although there are similarities among all people, he is unique and different in his own way, and that it is good.

Awareness is always in the present, here and now. Even the past exists in the present as memory. For the caregiver to help the infant to become aware of

himself, she must focus on what is in the present, what he can see, hear, feel, or touch to make an exercise more realistic to him. Letting the infant lie down on a large sheet of paper and drawing around his limbs to make a silhouette can stimulate awareness of the self. They can together discuss each feature, each article of clothing, and each part of the body. This exercise will help the infant to focus on himself, and to be aware of himself, which will bring him in contact with himself (compare Schoeman, 1996:67 & Oaklander, 1988:284).

Haiku poetry is an exercise, which can enhance the infant's awareness of the self. The first line of the haiku is read aloud, and the person doing the exercise then has to move his body spontaneously to express the words he has heard. The next line of the haiku is then read, and again the person must make a movement to express the haiku (Oaklander, 1988:131). The caregiver can initially demonstrate this exercise to the infant as motivation.

Examples of haiku poetry:

- An airplane flying (taking a position with his arms stretched out beside him).
- A puppy dog (going down on his hands and knees).

This exercise can be done with background music. Music is a stimulant that will help the infant to move more freely and spontaneously.

4.2.2 TUESDAY'S PROGRAMME

4.2.2.1 Physical development of the infant

The researcher is of the opinion that music can be used as an aid for the development of sensory and physical skills. Schoeman (1996:44-45) states that music offers the infant the opportunity to come into contact with what he hears and experiences. When the infant reacts to music, he will come in contact with his muscles, and with his body. Oaklander (1988:128) proceeds: "As children become disconnected from their bodies, they lose a sense of self and a great deal of physical and emotional strength as well." The caregiver can improvise and motivate the infant to become involved in generating music or to dance to the rhythm while using all his muscles and his body.

Hearing

The focus must be on the infant's whole body awareness and movement. The popular children's game "Simon says" will be appealing to the infant, and will stimulate his sense of hearing and body movements.

The caregiver can give the following commands:

- "Simon says", jump up in the air!

- "Simon says", march on the beat of the music (while playing this game with background music)!

- "Simon says", copy the sound of a crying baby!

After this fun exercise, they can talk about sounds and how different sounds make them feel. An example is that the infant feels excited when he hears the electric garage opener, because that means that his mother is home from work, and he can run to greet her. They must take turns to share their awareness of different sounds and of how meaningful those sounds are to them.

- **Suggested medium: Music and movement of the body**

Freeze dance is a stop-and-go musical fun. The caregiver can record a musical tape with sudden silences. When the music starts, she can hold the infant in her arms (an older infant would be able to dance on his own), and can exaggerate dance moves by twirling and swaying from side to side. When the music stops, he must hold his stance. When the music starts again, she must continue dancing, then "freeze" each time it stops. The infant will experience the rhythm of music, which is essential in developing both language and music skills. When the caregiver freezes in mid-action, he learns to balance himself in her arms. Reacting on the sudden turning on and off of the music will stimulate his listening skills (Masi, 2001:39).

The caregiver can use music in different ways while caring for the infant. The researcher suggest classical music as background music, while they participate in activities such as building a puzzle, drawing and painting, and playing with clay. Music with a more lively rhythm can be used when music is the focus of the activity. Thompson and Rudolph (1992:120) are of the opinion that musical instruments can be helpful in calling forth emotions that might otherwise be positively evaluating himself. The infant and the caregiver can generate music, which will stimulate his hearing sense, as well as his physical skills. They can use various musical instruments and make music together (if a drum is not available, the infant can beat a pot with a wooden spoon, or shake a jar filled with beans or rice). Toys with sound or visual input stimulate cognitive skills, but it is essential that the infant be able to interact with them.

The infant will benefit from the raucous noise that results from his kitchen concert, since it is better to bang two pans together than to push buttons to

create noises produced by hidden electronic parts. The infant should be able to link cause and effect and to see the parts of the toy work (Masi, 2001:45).

The infant can use his imagination while making music, and he can dance to the rhythm of the music. Colourful ribbons, and off-cut pieces of material or a balloon on a string can be used to add to the excitement and pleasure of dancing, and he can swing the ribbons, the material, or the balloon around in the air. The researcher is of the opinion that music as an aid can empower the infant to make contact with his inner and outer world.

Music can also be used to soothe or relax the infant. Oaklander (1988:124) states that relaxing does not mean that the infant must lie down. By bending and stretching their bodies together, the infant and the caregiver can feel more relaxed. The infant can sometimes express his physical and emotional tension through behaviour that on the surface seem to be irrational. Helping him relax through body movement and music can benefit the infant and their relationship. Playing the infants favourite lullabies at naptime can be a soothing routine, which can help him to relax and fall asleep. Classical music that can soothe and help the infant to relax, are, for example, Symphony No. 6 in F Major by Beethoven and the Nutcracker Suite by Tchaikovsky.

4.2.2.2 Cognitive development of the infant

In order to function as a balanced individual, the infant will have to analyze and resolve tasks and problems. The infant gathers information from interaction with his environment, which will enable him to be independent. It is therefore essential that the caregiver provide the infant the opportunity to do things and to try to solve problems on his own. The caregiver can put a toy rattle just out of reach for the infant to grab and then let him try to reach it while she encourages him. He will soon learn to try a little harder by pulling himself forward, or by reaching at it with another toy. This activity will teach him spatial relationships, and how to use his body.

- **Suggested medium: Puzzle**

The researcher is of the opinion that problem-solving skills can be learned through building puzzles. When selecting a puzzle for the infant to build, the caregiver must ensure that it is age-appropriate and in accordance with his developmental level. If the infant finds it too difficult to build, the puzzle will discourage him, and might have a negative effect on his self-esteem. A variety of puzzles is available in toy stores. The researcher suggests the wood board kind for this level, since the wood pieces that have to be taken out of their slots and need to be manipulated back in, are big and solid for tiny hands to hold onto. The caregiver and the infant can make and build puzzles together, which is a

relaxing activity. They can select vibrant colour photos or pictures from magazines, calendars or cereal boxes and glue these on a poster board. The picture is then cut up into big enough pieces (avoid sharp corners) for the infant to manipulate in order to form a meaningful whole.

The caregiver can encourage and motivate the infant while he is building the puzzle. When he gets stuck and cannot find pieces to fit the whole, he can ask the caregiver for help. The caregiver can use this opportunity to talk to the infant about a possible support system that he can ask for help when he encounters trouble in the building of his "life puzzle". They can even build a puzzle of his support system, which may include pictures (photos or hand drawings) of his family and friends, and even his dog (compare Van der Merwe, 1991:147).

4.2.2.3 Emotional development of the infant

When the caregiver is confronted with the infant wanting her judgment or evaluation on a drawing or painting he did, she should be sensitive to his feelings and perception of the self. When asking her praise, the caregiver should respond that the important matter is not whether or not the caregiver thinks the infant's picture is pretty, but rather what the infant thinks of his own picture. Landreth (1991:241-243) advocates that: "praise directs children's behaviour, restricts their freedom, creates dependency, and fosters external motivation". By letting the infant evaluate his own creation he will be able to appreciate his own creative beauty, to evaluate his own behaviour, and to develop an internal system of reward and satisfaction.

- **Suggested medium: Painting and drawing**

The researcher is of the opinion that the infant can communicate his experience of the world through drawing and painting. The infant will be able to express his emotions through the medium of art, since he does not yet have the vocabulary to verbalize his feelings. Oaklander (1988:48) agrees: "As paint flows, often so does emotion." The researcher is of the opinion that when an infant is given the opportunity to draw or to paint, he projects a part of himself. Drawings and paintings project accurate statements of the infant's life and of his environment. A drawing symbolically captures on paper some of the infant's thoughts and feelings. The very lines, firmly, boldly or savagely drawn, make a portion of the inner self visible. His drawing is a conscious or unconscious perception of the infant himself and significant other people in his life (Klepsch & Logie, 1982:6). Masi (2001:74) professes that by letting the infant choose his colours and scribble in whatever way he pleases allows him to give colour and shape to his sense of identity.

Finger painting has tactile and kinaesthetic qualities. The infant can make trail designs and pictures, because he does not need much skill to finger-paint. He does not experience failure, since he can quickly erase or change any picture he has painted.

Oaklander (1988:50-52) also suggests foot painting. The infant's feet are very sensitive, and they are mostly locked up in shoes, where they cannot feel anything. The infant who is cared for by a caregiver in the safe environment of his own home has the advantage of being able to go barefoot all day long. Precautions must be taken when the infant plays outside, and it is best to wear socks and shoes to protect his feet. The infant can experience painting with all parts of his feet, walking over the paper provided to make footprints, painting with various toes, painting with the heel, and painting with the sides of the foot. After this enjoyable, relaxing, sensual experience, the infant can wash and dry his hands and feet, or the caregiver can do it for him. The infant can use this opportunity to massage the infant's hands and feet, which will add to the feeling of calmness and joy (see the advantages of massaging, chapter 2:61). The caregiver can motivate him to tell a story about his finished painting or what it reminds him about.

The researcher likes to use a medium called "Flubber" that has a paint-like consistency. By adding glue, however, it becomes a thicker medium to work with. When working with "Flubber", the infant will enjoy mixing it with his hands, because it will run through his fingers when squeezed. He can even mix it with his feet, which will allow the consistency to squeeze through his toes. "Flubber" can be used to finger-paint, feet paint, and by using a paintbrush. See appendix 3 (page 204) for a recipe to make and enjoy flubber together.

The squiggle-drawing game is a technique that seeks to establish communication with the infant's inner thoughts and feelings. Claman (1993:178-179) has adapted this technique and suggests that this game be continued as long as it is interactively enjoyable. Both the caregiver and the infant will have a piece of paper and a pencil. The caregiver will inform the infant that she will draw a squiggle and then he will make any kind of drawing out of it. The infant will then make up a story about his drawing. The infant then gets a turn to make a squiggle. The caregiver will make a drawing, and tell a story about it. Since the caregiver will not be doing therapeutic work with the infant, this technique will give the infant the opportunity to verbally and non-verbally express his emotions, while enjoying quality alone-time with the caregiver. Drawing gives the infant a feeling of control over his own creation, since he can manipulate the circumstances. Insight and personal growth results from the changes in his circumstances.

4.2.2.4 Social development of the infant

The caregiver can easily adapt to the needs and desires of the infant while caring for him individually. When she organizes a play date with a friend, she has to exercise more imagination and diplomacy. It is recommended that she stock up on duplicate toys and supplies when possible (two sets of rainbow-coloured balls and a few sidewalk chalks), keeping in mind that infant's personalities and interests differs. Both children should get fairly equal measures of attention. At this developmental age, they will not be eager to share their toys, but words of praise will encourage them (Masi, 2001:92).

- **Suggested medium: Social interaction**

In connection with the discussion on social interaction (chapter 2:54), the researcher is of the opinion that it is essential for the infant to have regular contact with his peers. Through interaction with other infants, he will get the opportunity to practice and develop his social skills, and respect rules and boundaries. The caregiver, in conjunction with the mother, can organize play-dates where they invite other infants over to play for a hour or two. The caregiver and the infant can join programmes that is organized through the community (for example "Mommy-and-Me" group classes), where they will get the opportunity to participate in songs, movement, and participation in arts and crafts with other infants. The mother and the caregiver can decide together which classes they think will be appropriate for the infant. Such classes are very popular and fill up quickly. Advance registration is encouraged.

The caregiver can take the infant to the Neighbourhood Park, where he can play in the company of other children. If it is the infant's first trip to the park, everything will be new and exiting to him. The trees, flowers, cars, and other children will fascinate him. The caregiver should talk to him on the way to the park, pointing to people at work, busses, clouds, and anything that catch his interest. He will be aware of the environment around him, and that he is part of it (Sullivan, 1998:182-183).

At home, the caregiver can facilitate play and fantasy with costumes, songs and stories. When playing out different roles and characters, the infant is pretending anticipated behaviour. They can try on various costumes and hats and giggle in front of a mirror. The caregiver can use this opportunity to expand the infant's vocabulary by using adjectives to expand the infant's vocabulary ("This big hat is red"). When she puts a red hat on the infant's head, the caregiver can mimic special sound effects, such as a fire engine siren, which will add to the imaginative play (Masi, 2001:38).

Play becomes increasingly more symbolic as the infant grows and develops. Reality play includes using blocks to build a tower. Object fantasy includes using a block as a piece of pie. Person fantasy is where the infant pretend to be a robot or policeman. By creating these unique characters and situations, they serve as outlets for the expression of inner feelings (Newman & Newman, 1987:202).

Through play, the infant learns that there are different roles which can be switched, that different roles require different behaviour, and that one needs someone else with whom to act out these roles. Play should be unstructured, and the infant should be able to choose how he would like to play and which characters he would like to pretend to be. By allowing him this freedom of play in the safe and encouraging environment of his home, he can explore his world and social interaction. Through developing skills of social interaction, the infant will develop autonomy, responsibility, and self-confidence.

4.2.2.5 Development of the self-image of the infant

Axline (1989) is of the opinion that if the caregiver is seeking to relieve tensions and pressures and to give the infant a feeling of adequacy, she will not follow the "hurry pattern". She will recognize the value of giving the infant an opportunity to gain his equilibrium and of letting him take his time. The researcher is of the opinion that the infant can be himself during music time, and play as he pleases on his own pace, without being hurried or criticized.

- **Suggested medium: Music**

Participating in musical activities can stimulate the development of a positive self-image. The infant can experiment with a variety of musical instruments that can lead to a positive self-image (Heunis, 1981:15). The shy, withdrawn child usually chooses an instrument that makes a soft sound, such as bells or the triangle. The researcher suggests that the caregiver should choose an instrument that makes a loud noise, such as the drums or cymbals. They can play the musical instruments together, and then the caregiver can suggest that they swap instruments. Hopefully the shy infant will lose himself in the activity by banging away. The shy child should lead the musical activity, in order to enhance his self-image (Thompson & Rudolph, 1992:120). The infant can take the lead and can decide when the music starts and when it should stop. Having control over the music that he generates, and over how it should be enjoyed, will enhance his self-image and self-confidence. They can even sing songs to the music or create their own songs, suited to their situation or mood. Music can bring an element of fun into the day and their relationship that will enhance the infant's motivation.

4.2.3 WEDNESDAY'S PROGRAMME

4.2.3.1 Physical development of the infant

To provide the necessary stimulation, the infant's toys and games should be full of variety so that they will appeal to all his senses. Playing with the infant is essential, but it is also important that he learn to play by himself, so that his senses of exploration and imagination are given free rein (Stoppard, 2001:188).

Touch

- Once the infant has established the idea of push, pull, stack, and pull down, it is important that he learns the connection between action and reaction. An example is when he squeezes his rubber duck toy, it will release a squeak. The sense of responsiveness and responsibility can be taught so that commands are linked to consequences. The caregiver should teach this through repetition (Gordon & Adderly, 1999:95).

- **Suggested medium: Clay and Dough**

Clay and dough affords an opportunity for flow between itself and the infant. It is easy to become one with these medium. They offer both tactile and kinaesthetic experiences. According to Oaklander (1988:67-75) children with perceptual and motor problems will benefit from experience with clay. A union occurs between the medium and the infant, because of the flowing quality of the clay. It seems to penetrate the protective barriers of an infant. The caregiver and the infant can talk about their experience with the clay and dough. She can ask him to describe the clay or dough while he handles it (the clay or dough feels soft, hard, cold or warm; it glides through my fingers when I close my hand; I can poke it or pinch little pieces off). Infants like to play with clay and talk, and they can resist too much direction. While handling the clay or dough, the infant uses both his hands, which stimulates the development of bilateral coordination of the hands, fingers and arms (Schaefer & Cangelosi, 1993:14).

The researcher enjoys making her own play dough, which has a soft, smooth, and fine texture. The caregiver and the infant can make it together. See Appendix 4 (page 205) for the play dough recipe.

4.2.3.2 Cognitive development of the infant

When the caregiver plans to bake something (scones), she can write the recipe with coordinating symbols and picture on construction paper or a poster board. For example: pictures of two cups and a carton of milk can suggest that the

recipe ask for two cups of milk. The infant will learn how to read a recipe, which will cognitively stimulate him.

- **Suggested medium: Preparing food**

When organizing this medium, the caregiver must do it according to the infant's developmental level. The caregiver must allow the infant to compose a menu (for this specific day) and let him help to prepare the food. From magazines, they can select pictures that they can cut out to make their own menu.

According to McMahon (1992:114) an opportunity to prepare food has the following advantages:

- Stimulating of the gross and fine motor skills
  - measuring ingredients and using a hand mixer.

- Learning moral values
  - washing hands, and leaving the workplace and utensils clean.

- Stimulating language development
  - discussing the recipe, and listening and following the instructions, in order to expand the infant's vocabulary.

- Stimulating cognitive development
  - expanding of scientific knowledge (how certain foods change or rise, for example a cake in the oven).
  - learning of mathematical concepts (adding two cups of sugar and counting each one as the infant adds it to the mixture).

- Stimulating creativity
  - decorating a cake.

- Sensory stimulating
  - while preparing food, the infant's sight, hearing, touch, taste and smell senses are stimulated.

- Developing the self-image
  - by being proud of the whole process and of his accomplishment. The researcher is of the opinion that it is important for the infant to help with cleaning-up, in order to experience this medium and process as completed.

- Emotional development
  - although this medium will ensure a lot of fun, it will also give the infant the opportunity to express his emotions in a constructive way. He can express his aggression by crumbling the biscuits for a piecrust.

The caregiver must be on the level of the infant and must plan activities and mediums according to the infant's pace, in order for him to benefit optimally from each activity.

4.2.3.3 Emotional development of the infant

The caregiver also fulfils the role of the infant's first teacher and very best toy. The caregiver and the infant will constantly learn from each other. The infant will try and imitate the caregiver's facial responses and movements when she talks or sings to him. The caregiver will respond when the infant touches her, or when he makes his first sounds, which will encourage him to do more to attract her attention. He will be happy when the caregiver encourages and admires his achievements (Sullivan, 1998:167).

- **Suggested medium: Hand puppets**

Hand puppets are a medium in dramatic play. Hand puppets are fun to use with infants, because they are easy to manipulate, offer richness in symbolism, and provide opportunities for spontaneity. By using puppets, the infant will have the opportunity to project emotional aspects and interpersonal relationships through the characters (Gil, 1994:45). Although the caregiver will not act as a therapist, she can use puppets as a means to stimulate communication between herself and the infant.

According to Kruger (1990:8) it is essential that the caregiver distinguish between ordinary dolls and puppets. The infant often talks *to* the doll, but *through* the hand puppet. Schaefer & Cangelosi (1993:85) states: "puppets are more vivid, more alive, more unusual and more intriguing than are dolls". The infant uses his hand and arm to bring the hand puppet "to life", and therefore he owns and manipulates the puppet according to his own situation and emotions.

The caregiver can introduce puppet play by telling the infant that she has brought puppets and that he can take a few minutes to choose the puppet that he would like to play with. When using puppets, the caregiver can make contact with the infant and his world in a natural, non-threatening way. After choosing a puppet, the caregiver should ask him to make up a story and play it out with his puppet. The infant will identify with the puppets and will project his own feelings onto the play figures. He can displace his conflicts onto them, which will allow him to talk about feelings or thoughts that "belong" to the puppet and that he does not have to acknowledge as his own (Webb, 1991:33). Landreth (1991:119) agrees that

"puppets provide a safe way to express feelings without being threatened since characters of the puppets are the ones expressing the feelings". Oaklander (1988:104) states that it is easier for an infant to talk through a puppet than it is to say directly what he finds difficult to express.

The researcher concludes that the caregiver and the infant can talk about the emotions and thoughts that "belong" to the hand puppet. This will ensure that the infant does not have to take responsibility for the emotions and actions of the hand puppets. By acting out his emotional experience when his mother leaves for work, he comes into contact with reality. It is constructive for the infant to act out this problematic situation in the safe environment of his own home. Replaying his situation and work through his emotions, may lead to emotional growth and development. The infant who plays spontaneously and actively, experiences the hand puppet(s) as part of himself. He therefore is in contact with his feelings and thoughts. When playing with hand puppets, the infant will be in charge of his situation, which will enhance his self-esteem.

The researcher has a wide variety of dolls and puppets. Fisher Price has a whole series of "Little People" figurines (including a mother, a father, a baby and siblings, a police officer and a fireman), houses and buildings. Hand puppets are the most popular among children, because they are easy to use and to manipulate using their bodies. Some children like finger puppets, especially when they act out a family situation, and therefore need more than one character at a time. Finger puppets work better with older children, since they are more difficult to manipulate. Gluing a hand drawn picture or photo on a popsicle stick is an easy way to create stick puppets. A variety of books are available in the children's section of bookstores or the library, where the caregiver can find ideas and instructions on how to make puppets with the infant. The caregiver must use her creativity, imagination, and available material, to make dolls and puppets with the infant.

4.2.3.4 Social development of the infant

Through playing board games, the infant can learn to develop social acceptable moral values and norms, role expectations, and behaviour. Social skills are learned in a safe, acceptable environment, and will enhance the infant's self-esteem. By playing board games with the caregiver, the infant gets the opportunity to learn and practice socially acceptable behaviour which he can practice outside the safe environment of his home milieu.

- **Suggested medium: Board games**

Board games require two or more players to interact, and consequently they can elicit interpersonal communication, cooperation, and shared decision-making.

Through this medium, the infant's ego functions can be enhanced, and his socialization skills can be improved (Gil, 1994:200). Social skills that can be learned through board games are taking turns, playing without cheating, watching someone else be ahead of him on the board, and losing to the game. Learning these social skills through board games will help the infant to learn about relating to others in life. As he grows stronger in his life, his game-playing attitudes will improve.

Oaklander (1988:171-173) promotes game playing as a means of focusing activity for the infant, and for the infant who has trouble communicating. Contact skills improve as the infant gets involved in the excitement of the game. The researcher views game-playing as a fun and relaxing way for the infant and the caregiver to get to know each other, to promote mutual trust and confidence, and to learn social skills in a non-threatening environment.

The caregiver should keep in mind the infant's developmental level when selecting a game. The infant might select a game he already knows and likes to play. When selecting a game, it should be uncomplicated, should not require intense concentration, or be time consuming. Keeping in mind that the infant does not have a long attention span, the caregiver should let him have fun while they are playing board games, as well as focus on developing his social skills. Gardner (1986:23) agrees that board games can teach the infant valuable lessons, especially when the caregiver verbally confirms this. The infant can learn that a person is responsible for himself, and that everyone has to bear the consequences of his own actions. By planning carefully, the result is usually better than when one leaves it all to chance. He will also learn about his co-existence in this world, since other individuals play a part in it as well. Board games provide a learning experience, namely that each player (the infant and the caregiver) has to take responsibilities for their actions.

Landreth (1991:195-198) makes the point that: "Children cannot discover and develop their inner resources and, in the process, experience the power of their potential unless opportunities to do so exist. Responsibility cannot be taught; responsibility can only be learned through experiencing". The caregiver should be aware not to make decisions for the infant, because she will limit his opportunity to assume responsibility and will foster dependence. When responsibility is returned to the infant, he will think of creative solutions that might never occur to the caregiver. The caregiver should allow the infant to be himself and experience the game within the rules of the game. The researcher is of the opinion that the infant can come into contact with himself, and can become aware of his potentials through experience, which will empower him .

4.2.3.5 Development of the self-image of the infant

The infant will achieve feelings of mastery and control through play, which is a necessity to achieve a good self-image and positive self-regard (Gil, 1994:40). The infant needs to struggle with the process of self-discovery. Landreth (1991:241) advocates that if the infant is not allowed to struggle with doing things for himself, he cannot discover his worth, and if no one believes in him enough to allow him to set his own direction, he will not be able to believe in himself. The researcher concludes that the infant needs the opportunity to make his own choices in order for him to create his own control.

- **Suggested technique: Accomplishment chart**

An accomplishment chart is a practical technique that the caregiver can use in order to motivate the infant to achieve success with activities he has difficulty with. According to Korb, Gorrell, and Van de Riet (1989:48) it is important for the infant to experience tasks that he has accomplished, as positive and successful**.**

By using a poster board, the caregiver and the infant can draw pictures of all the different tasks and chores the infant wants to do and needs to accomplish. They can also cut pictures from magazines and glue them to the poster board. These pictures can include:

- A container full of toys, symbolizing that the infant helps at clean-up time.

- A picture of an infant sleeping can symbolize that the infant is good about taking his naps.

- A picture of a neat bed can symbolize that he is able to make his own bed.

At the end of each task or day (depending on the infant's developmental level) the caregiver and the infant can evaluate his potential. The caregiver must acknowledge the activities and behaviour that the infant achieved successfully. he can earn a sticker for each task that he has successfully accomplished. This technique will help to enhance the infant's potential and his awareness of the self.

4.2.4 THURSDAY'S PROGRAMME

4.2.4.1 Physical development of the infant

The infant's main food for the first year of his life will be milk (not milk from an animal). The infant is able to digest milk easily and it provides all the nutrition that he needs. Weaning him from the bottle can be a time-consuming and long-term project. It is advisable to introduce new tastes one at a time. It is likely that the infant will reject solid food at first. He will let the caregiver know when she is ready. Forcing solid food on him too soon can result in problems, which will manifest in later months.

The infant may be ready to start on solid foods when he shows signs of being interested in food. He might reach out for food on the caregiver's plate, or he may seem determined to eat his toys. It is not advisable to give solid food to an infant who is younger than three months, since his digestive system is not yet able to cope with solids before that. He will be more prone to food allergies, rashes, diarrhoea and stomach ache, if he starts on solid food too early (Sullivan, 1998:170-171).

Taste

Gordon and Adderly (1999:95) suggest that, as the caregiver spoons food into the infant's mouth, she should say the words, "More food", with each spoonful. When the infant refuses to eat more, she should put the spoon down, swing her hands or finger in a "west-to-east motion" and several times repeat the phrase: "No more food", then immediumstely cap the food and put it away. She should repeat this process every mealtime. The researcher is of the opinion that this repetition will also teach the infant to take responsibility for his actions. He will establish healthy eating habits and table manners, which include not eating more than he is able to and not playing with, and messing with his food.

- **Suggested medium: Snacks**

"Taste time" is used within the gestalt approach as an awareness-enhancing activity. When preparing this activity, the caregiver can have a plate with several bite-sized foods and fruits available. The infant can help her select and prepare these items for snack-time. The caregiver can assist the infant in cutting up the items, scooping them into bowls, and decorating them in a plate, which will physically stimulate him. These can include apples, oranges, cheese, meat, and pasta.

When tasting each of the items, the infant must focus on the taste of the food. He must feel the texture of the food with his lips, tongue, teeth, and his mouth.

He must try to differentiate between soft, crisp, juicy, and strong-tasting foods (compare Thompson & Rudolph, 1992:120-121). The caregiver can use this opportunity to work in polarities (a sweet strawberry and a sour lemon), to enhance the infant's awareness and to stimulate his sense of taste. According to Schoeman (1996:47), it is part of every individual's uniqueness to develop a taste for certain foods and liquids. The infant and the caregiver can discuss their favourite foods and foods that they do not like that much. Individual tastes should be encouraged and respected. The infant should be stimulated to make choices and to decide what he prefers, in order to be in contact with the environment.

4.2.4.2 Cognitive development of the infant

Gordon and Adderly (1999:94) suggests a game of "a pea under a cup" to start building the infant's memory. The caregiver can put a pea under one of three cups and encourage the infant to tap the cup with the pea. She can repeat this process, occasionally moving the pea to a different cup. While playing this game, the caregiver should play classical music, which will entertain them. The Mozart Effect (see chapter 2:66) will enhance the infant's ability to concentrate as he plays this game and builds his memory.

- **Suggested medium: Rhyme time**

Nursery rhymes have been entertaining infants for centuries. Masi (2001:28-29) states that there is something infectious about rhyming words. Rhymes make language more interesting and memorable. Rhyme time will help the caregiver to talk to the infant on a level they can both enjoy. The caregiver should not hesitate to create hand movements or gestures to complement the nursery rhymes and make them more fun and interesting. The infant will eventually participate by imitating the caregiver's hand motions. The researcher suggests the following nursery rhymes, namely Little Miss Muffet, Hickory-dickory-dock, Round-and-round, and Itsy-bitsy Spider. See Appendix 5 (page 206) for the words to these nursery rhymes. As the infant grows and develops, he will memorize the words of the rhymes as the caregiver repeats this medium frequently. Repeating the words of the rhymes with fun-to-mimic hand motions and gestures, will stimulate the infant's auditory development, and promotes his listening and language abilities. As his fine and gross motor skills and memory develop, he will readily imitate the hand gestures and participate in saying the rhymes (Masi, 2001:35, 42).

4.2.4.3 Emotional development of the infant

According to Oaklander (1988:67), clay is a good link to verbal expression for nonverbal children, and therefore a good medium to use with the infant that does not yet have the necessary vocabulary. Clay can be used as a bridge between the infant, his emotions, and his awareness. The infant who is not in contact with his emotions will have difficulty creating something out of clay (compare McMahon, 1992:120).

- **Suggested medium: Clay**

Clay is a natural medium that will leave the infant and the caregiver relaxed when they play with it. The caregiver must become actively involved in playing with clay, because of the stimulating effect that this medium offers. Kneading, rolling, and shaping the clay is a relaxing activity. The infant usually sits down at a flat surface, such as a table, or on the floor, while playing with the clay, which attributes to a calm and relaxing atmosphere.

By using clay, the infant is able to make figurines that are three-dimensional. It creates the illusion of reality, and gives the infant the opportunity to be more creative (Schaefer & Cangelosi, 1993:141-143). Van der Merwe (1996:147) indicates that the infant can make clay figures of significant people in his life and can move them around on drawings of his house. He can make figurines that represent his family and pretend-play a scene where the mother leaves for work in the morning and the infant stays at home with a caregiver. The caregiver can talk to the infant about his clay creation. The caregiver will not be doing therapeutic work, and therefore she should not be making any interpretations or conclusions. She must motivate and stimulate him to explain his creation subjectively.

Original clay is a harder compound, which the infant can throw, pound into and cut up to relieve emotions, such as anger. The researcher is of the opinion that clay can be used effectively to handle anger constructively. The caregiver must inform the infant about the principle of the gestalt approach, namely that he is not allowed to hurt himself or somebody else, or to damage any property when he experiences anger. When the infant experiences anger feelings, she can motivate the infant to throw the clay against a wall or to punch it. He will be emotionally and physically tired after he has disposed of his anger. Afterwards the caregiver must work in polarities by letting the infant do something he enjoys and has fun with.

Play-Doh is a soft modelling compound, which is a popular formula in the USA. The soft clay substance moulds easily, and comes in an array of vibrant colours. Play-Doh can be bought in separate packs or in sets with different shaped cutters

and moulds. Play-Doh is recommended for ages three and up, but the researcher is of the opinion that infants can successfully play with it under supervision of the caregiver. Depending on the infant's developmental level, he can use these shape cutters and create different shapes. The infant is in control of his own creations, while he is using his imagination to create these shapes and scenes. The more experience the infant has with the flexibility and versatility of this medium, the greater opportunity he will have to express himself. Oaklander (1988:67) states that clay is a medium that can be used with an infant who is insecure and fearful, since he can feel a sense of control and mastery through clay. It is a medium that can be "erased" and that has no rules for its use. The infant who needs strengthening of self-esteem experiences a unique sense of self through its use (compare Webb, 1991:338).

4.2.4.4 Social development of the infant

Newman and Newman (1987:2001) state that, during infancy, play consists primarily of the repetition of motor activity. The infant sucks his toes, or drops a spoon from his high chair, which are examples of sensory motor play activity. Toward the end of infancy, sensory motor play includes deliberate imitation of adult acts. At first, these imitations occur only when stimulated by the sight of the adult's activities (example: the infant who sees his mother washing dishes, might climb up on a chair and get his hands wet too). As he grows and develops, he will begin to imitate adult acts without the adult or activity being present. This represents the beginning of symbolic play, where the infant is able to direct his play in response to mental images that he has generated.

- **Suggested medium: Telephone play**

Telephone play is a form of dramatic play that the infant can use to develop his social skills. When using this medium during caregiving, it is advisable to let the infant use a toy telephone. The infant should not use the home telephone for dramatic play, as this can block incoming calls. It is also possible that the infant might dial invalid numbers or emergency numbers when he uses the home telephone for dramatic play. It is essential that the infant be taught how to dial the emergency number, 911, as a preventative way of precaution. He must therefore be able to distinguish between an emergency where he must use the home telephone and dramatic play when he can use his toy telephone.

When using the telephone during dramatic play, the infant may use it as he wishes. The caregiver can play along as the infant plays out his imagination, while pretending to have a conversation on the telephone. Van der Merwe (1991:198) states that the infant will often talk as himself and also pretend to be the person at the other end. He might also talk on his own and pretend to listen to someone else, without telling the caregiver what he imagines hearing. The

infant can request the therapist to play herself or to play a different role or character at the other end of the line. When longing for his mother, the caregiver can suggest that the infant call her and pretend to have a conversation with her.

Using a telephone to develop social skills has the advantage that it is an accepted way of two-way communication. A telephone conversation combines talking and listening, as well as reactions and gestures. The infant can role-play dialling a telephone number and having a two-way conversation, as he has seen an adult doing it. Mastering adult skills will give him a feeling of self-esteem and empowerment. He also has the power of control, since he can choose the topic of conversation, direct the flow of the conversation, and end the conversation as he pleases.

While using telephone play as a medium, the caregiver can focus on teaching the infant telephone ethics. She can teach him the socially acceptable way to answer a telephone, how to wait for the other party to respond, and how to respond back. She can also teach him how to dial his mother's telephone number at work, as well as her cellular phone number. Emergency telephone numbers and contact numbers should be attached to the telephone, and the infant must learn how and when to use them.

4.2.4.5 Development of the self-image of the infant

The mother and the caregiver should learn to give clear messages to the infant and to acknowledge and respect him as a separate, unique, worthwhile individual. This will promote his own feelings of self-worth and self-support, and will enhance his contact skills and abilities. They should view the infant in all his uniqueness and separateness, in order for him to sharpen his own abilities to experience his environment and to cope with it (Oaklander, 1988:309).

- **Suggested medium: Self-nurturing**

The infant must be taught to create a "place of safety" for himself that he can take with him everywhere he goes. It will become a favourite place where he can spend special time, away from reality, where he can experience balance. When the infant feels sad or lonely, he can think of this special place (which can be Grandpa's orchard or Disneyland) and how it makes him feel when he visits there.

Some infants have "security blankets" which they take with them everywhere. Holding onto this blanket all day long, and even falling asleep with it, gives the infant a sense of security and safety. It is something he can physically touch, play with, cover himself up with, or even chew on, as a means of comfort. He feels empowered by this blanket which belongs to him and nobody is allowed to

take it away from him (not even his mother in order to wash it). Other "security items" include a favourite plush toy or a pacifier (dummy).

The researcher is of the opinion that the infant is able to learn skills in order for him to nurture himself. The caregiver must encourage him to do something special for himself which will make him feel positive about himself. Together, they can make a "nurturing poster", by drawing or sticking pictures on a poster of favourite things that the infant enjoys doing (playing in the park, walking with his dog). By being engaged in activities that he enjoys, the infant will feel good about himself.

When planning her day programme, the caregiver can set aside an hour (depending on the infant's developmental stage), and let the infant decide how he wants to spend the time (within reasonable limits). He will be in full control to play or do any activity he desires. This can lead to feelings of power, control and responsibility. The researcher is of the opinion that, by encouraging self-nurturing during this developmental stage, the infant will not be depending on the external environment to make him feel good about himself, because he can support himself in order to experience integration.

4.2.5 FRIDAY'S PROGRAMME

4.2.5.1 Physical development of the infant

By six months, the infant will be taking an increasingly active part in life, and he will be aware of everything around him. He will be learning by smelling, feeling, tasting, looking, and hearing. His increasing mastery of his body, and his capacity to explore his environment enables him to take on a more active and assertive role in the family dynamics.

Smell

Letting the infant smell different items in the environment can stimulate awareness of the sense of smell.

- Suggested medium: Items in the environment

To initiate this medium, the caregiver and the infant can discuss the nose, nostrils and breathing. They can experiment with breathing through the nose, the mouth, and each nostril. The infant can feel the air with the palm of his hand as it is breathed out (Oaklander, 1988:119-120). Schoeman (1996:45) mentions that the sense of smell is used to gather information about the environment, and to discriminate between pleasant and unpleasant smells.

The infant that is sensory stimulated, will be more aware of himself and his environment. Items that the caregiver can use for the infant to smell can include flowers, coffee, lemon juice, fruit, soap and perfumes. They can talk about the smells, how it makes them feel, and what a specific smell reminds them off. When he smells his mother's favourite perfume, he can identify it as how his Mother smells. The aroma of coffee might remind him of his father when he reads the morning paper at breakfast. The smell of fruit can bring happy memories of visits to the Farmers' Market on Saturday mornings. Worn shoes can have a very unpleasant smell. By working in polarities of pleasant and unpleasant smells, the infant can choose his own favourite smell. The researcher is of the opinion that when the infant is guided towards awareness, insight, and acceptance of opposites, he can grow and develop as an integrated whole.

4.2.5.2 Cognitive development of the infant

For the infant, play is a serious learning process, which begins in the first few weeks of life and continues throughout childhood. Through play the infant learns to use his five senses, at first by watching and listening, and then by touching, tasting, and smelling everything in reach. Play enables him to explore, discover, experiment, and practice new skills, and once he has mastered them, he will explore greater challenges (Sullivan, 1998:167).

- **Suggested medium: "Peek-a-boo" and Hide-and-seek**

A newborn baby thinks that when an object disappears, it no longer exists. "Peek-a-boo" games are a great way to explore object permanency with the infant. At six months, the infant starts to understand that objects continue to exist, even when they are not present. The caregiver can hold a blanket in front of her face while she says "Where am I?" and then peeks out from behind. She can also put a light blanket over the infant's face, then whisk it off, calling "Peek-a-boo"! when his face emerges. When the infant becomes old enough to put a blanket over his own face, he will kick and squirm with joy, as he is now in control of the disappearing act (Masi & Leiderman, 2001:67).

Initially the infant enjoys a game of "peek-a-boo," and as he grows and develops, the caregiver can play a game of hide-and-seek with him. The caregiver can find a nearby tree or chair to hide behind. She can then call out to the infant: "I am hiding, try to find me!" As he searches, she can urge him closer with her voice. Soon he will learn to follow the sound of her voice until he finds her hand, leg, shoulder, and, finally, her face. She can give him a congratulatory hug and play the game again. She must teach him to hide so that she can seek him out. He will mostly hide his head, not knowing yet that she can see his body sticking out. She must make a big show of pretending she does not see him and then act surprised when she happen to find him. This medium will enhance the infant's

cognitive development, his concept development, his listening skills, his social skills, his visual discrimination, and his visual memory (Masi, 2001:79).

4.2.5.3 Emotional development of the infant

The caregiver does not assess the infant therapeutically, but by using the "feeling chart", this technique will help her to plan her day programme with the infant according to his emotional state. The infant will learn and respond best in an environment and programme that caters for his specific needs.

- **Suggested technique: Feeling chart**

The "feeling chart" is a technique that will be used in this programme to assist the infant to identify his emotions, to stimulate awareness, and to develop insight. The researcher is of the opinion that the infant will develop insight in polarities of emotions and will learn to express them through this technique.

Figure 4.1 is an example of a feeling chart (partly adapted from Social Work Practice: 1.93 by Van der Merwe, 1993:31-32), for the purposes of this study. The caregiver and the infant can make this feeling chart together, by using different materials and colours to their preference. According to Jewett (1982:53-58) the five main feelings are, happy, sad, angry, afraid and lonely. They can use construction paper to draw the five different faces that symbolize the five different emotions. The faces can be glued or laminated to magnetic paper. The feeling chart may be expanded to include more feelings, according to the infant's developmental level and situation.

Every morning when the caregiver takes the infant to the kitchen for his milk or breakfast, he can choose a feeling/face that symbolizes how he feels that particular morning, and attach it to the refrigerator. The caregiver and the infant should discuss the emotion the infant is experiencing. The caregiver can ask the infant what they can do, for example to keep a happy feeling or to change a sad feeling into a happy feeling. The researcher also suggests that the caregiver spreads the card face down on the floor, and asks the infant to pick up the cards one by one. When picking up a card the infant will see the facial expression on the card and the caregiver can read the emotion on the card that symbolizes that emotion. The caregiver can then encourage the infant to talk about the last time he experienced that particular emotion. This will stimulate cognitive discussion and awareness about the different emotions.

Figure 4.1 Feeling chart

HAPPY ***SAD***

ANGRY ***AFRAID*** ***LONELY***

4.2.5.4 Social development of the infant

The infant's development will centre on play, which is the most natural way for him to learn. According to Stoppard (2001:153) it is only in the last twenty years that the full value of development through play has been recognized, since playing was previously regarded as an empty activity, used to fill the time when children could not be usefully employed. Play is now recognized as an essential means of acquiring adult skills, particularly social skills. The infant will learn to

form relationships and to share with his peers through play, and toys will have a significant educational role in all his developmental milestones.

- **Suggested medium: Train trip**

The caregiver can harness the infant's abundant stream of power by taking him on an imaginary train trip. She can announce their destination (first stop, her lap), then pretend to pull the whistle ("whoo-whoo"), and then invite the infant to sit on her lap. As she chant "chug-a-chug-a-choo-choo," pushing her hands in a circle like rolling train wheels. They can both "chug" around the house (next stop, his bedroom) with the infant as the engine and the caregiver as the caboose. She can pretend to navigate around curves by bending both their bodies from side to side. They can go through "tunnels" (don't forget to duck their heads) and stop from time to time to let passengers off at the station. They can even sing a favourite song while they chug around the house together. In order to enhance his social skills and to come in contact with his environment, the caregiver can take him (with the mother's consent) to a real train station or even the subway and show the "young conductor" what it is like to ride the rails (Masi, 2001:108).

4.2.5.5 Development of the self-image of the infant

The quality of the relationship between the infant and the caregiver is significant. According to Coopersmith (in Branden, 1994:172-174) there are five conditions associated with quality care and a positive self-esteem:

- The infant should experience total acceptance and his thoughts and feelings should be accepted.

- He should operate in a context of clearly defined and enforced limits that are fair, non-oppressive, and negotiable. In order to experience a sense of security, the caregiver should not give him unrestricted "freedom".

- The infant must experience respect for his dignity as an individual. The caregiver should never use violence, humiliation, or ridicule to control and manipulate the infant. She should take his needs and wishes seriously, negotiate his family rules within limits, and focus on what she wants him to do, rather on what she does not want him to do.

- The caregiver should uphold high standards and high expectations in terms of behaviour and performance. The infant should be challenged to be the best he can be.

- The caregiver should have a high level of self-esteem, and should model self-efficiency and self-respect.

Infancy is a period of total dependence. The infant's environment should be safe and he should feel nurtured, loved and respected. In this context, the process of separation and individualization can unfold.

- **Suggested medium: Sand**

Sand is a natural medium which brings the infant in contact with himself and his environment (leaves, stones, grass, and sticks). Infant's loves to play and dig in sand. Miller and Boe (1990:249) states that the infant is in control when he plays with sand, because this medium allows freedom of play. Ryce-Menuhin (1992:14) relates that the intentional choices of the infant to grasp sand and release it, provides him with a sense of control. The infant decides how he wants to play in the sand and with the sand, which gives him a feeling of power. Borders are defined by how big the sandbox is, which will help him to define his own boundaries (Carey, 1990:198).

The caregiver can give the infant various toys to play with in the sandbox, which will add to the fun of spontaneous play. He can then manipulate the toys in the sandbox, which will provide him with a sense of control and empowerment. According to Masi (2001:68) sand play allows artistic exploration, and by using tools he can manipulate this medium. He exercises his fine and gross motor skills through sand play, while stimulating his sense of touch. The caregiver can show him how he can erase his creation by running his hand over the sand or dumping a bucket of water on top of his mini masterpieces. This will enable him to wipe out and re-create his sand structures and patterns as many times as he pleases. The infant's confidence and self-esteem will increase as he demonstrates control of himself in his environment (McMahon, 1992:12). The researcher is of the opinion that the infant who is in control of his play (sand play or other mediums) is in control of himself. Control leads to the development of a positive awareness of the self.

4.3 SUMMARY

A practical, training programme for optimal caretaking of an infant is composed by integrating the theoretical components of the gestalt approach, techniques and mediums in play therapy, and the developmental theories of infancy. By training a caregiver according to this programme, the imbalance of optimal caretaking of an infant in the community will be addressed.

A programme is developed for the development and enhancement of the developmental tasks and skills of infancy. Structure is lent to this training programme by dividing it into the five workdays of the week. Each day programme focuses on developing and stimulating the infant's physical, cognitive,

emotional, social, and self-esteem skills. A variety of alternative techniques and mediums are suggested for each of the five developmental tasks of infancy. The caregiver must daily select one suggested alternative in each of the five developmental categories and apply it. A variety of alternatives provides for stimulating the infant's individual needs, preferences and circumstances.

To stimulate the infant's physical development, the programme provides for five mediums that the caregiver can apply in order for him to discover and be aware of his five basic senses, namely his sense of sight, hearing, touch, taste, and smell. In order to stimulate the infant's sensory awareness of sight, the researcher suggested pictures and cassettes as the medium. The caregiver must make the infant aware of different objects in his environment by stimulating him visually through pictures and auditively through cassettes.

The suggested medium for cognitive development is to expose the infant to reading books. Early exposure to reading is essential for the developing of learning and language skills.

The infant needs to know about different emotions to help him get in touch with feelings. The life book is a technique which can be used to as a transitional object to minimize the separation anxiety and provide the infant with a sense of security. The researcher views the completed life book as a composition of the infant's gestalt as a whole in the here-and-now.

A fantasy story is the suggested technique to stimulate the infant's social development. The goal of this technique is to generalize what is learned in the story with its problem-solving strategies to real-life situations. Moral values are established on an unconscious level.

Within the gestalt approach, the infant must define himself from the environment, in order to function independently and as a whole. "Mirror, Mirror", drawing, and Haiku are suggested mediums to stimulate the infant's self image. Looking in a mirror will stimulate self-awareness and encourage further exploring of his identity. Drawing a silhouette of the infant on paper and discussing each part his body and his clothing, will bring him in contact with himself. Haiku is poetry where the caregiver reads the poem and then the infant has to move his body spontaneously to express what she has read.

Tuesday's programme provides the caregiver with a variety of mediums to stimulate and enhance the infant's growth and development. Music and body movement are suggested mediums from which the infant can benefit physically and sensory. "Simon says" and "freeze dance" are popular and fun activities among infants. These mediums stimulate the infant's sense of hearing and body

movements. The caregiver and the infant can do stretching and bending exercises to classical music, which will be soothing and relaxing.

Puzzle-building is the suggested medium to stimulate the infant's cognitive development and problem-solving skills. The puzzle pieces should be age-appropriate and large enough for the infant to manipulate. They can custom make a personalized puzzle with pictures or photos of meaningful people and events in the infant's life.

The infant can connect with his emotions through painting and drawing. The medium of art enables him to experience him self and the world of which he is a part. Consciously or unconsciously he projects a part of himself and his environment on paper. The infant experiences a feeling of control over his creation and his emotions since he can erase or change his picture as he pleases.

Regular contact with his peers and his environment is essential for social interaction and social development. Play dates with peers, community classes or a visit to the neighbourhood park are opportunities where the infant can interact with his peers and develop his social skills. Play can be facilitated through the medium of fantasy where the infant can play out different rolls, characters, and situations. By developing his social interaction skills, the infant will become more responsible and confident.

The caregiver must expose the infant to musical activities, where he can experiment with a variety of musical instruments. Taking over control of the music he generates will enhance his self-image and self-confidence.

The infant's sense of touch can be stimulated through the mediums of clay and dough. The flowing qualities of these mediums offer tactile and kinetic experiences, which stimulate the development of bilateral coordination.

Preparing food is the suggested medium to stimulate the infant cognitively. The infant must be actively involved in planning the menu as well as in preparing the food. He should also be responsible for cleaning-up afterwards, in order to experience this medium and process as completed.

Hand puppets are a medium that the caregiver can use to stimulate communication between herself and the infant in order to enhance emotional development. The infant can identify with the hand puppet and projects his feelings through the hand puppet in a safe, unthreatening way.

Playing board games is the suggested medium through which the infant can learn to develop socially acceptable moral values and norms, role expectations, and behaviour. By playing with the caregiver, he can practice his social skills in the

safe environment of his home milieu. The infant must have the opportunity to discover and develop his inner sources and to experience the power of his potential, which will empower him.

The accomplishment chart is a practical technique through which the infant can experience feelings of success, mastery and control with activities with which he has difficulty. Pictures of age and developmentally-appropriate tasks can be drawn or glued onto a poster board. At the end of each day they can evaluate his potential. Acknowledgment and encouragement are essential for stimulating his self-concept.

For Thursday's programme, snacks are the medium to enhance the infant's physical development of taste. The infant must be aware of the different tastes and textures of food, in order to discriminate between them, and to develop his individual preferences.

Rhyme time is the suggested medium to stimulate the infant's cognitive development and language development. Body movements and gestures will complement the rhymes, which will enhance the learning experience.

Clay can be used as a bridge between the infant, his emotions, and his awareness. He can be creative when playing with clay, since the medium allows him to create three-dimensional figurines. The infant can relieve his emotions constructively while playing with clay, since he can throw it; pound it or cut it up. Since the caregiver is not doing therapeutic work with the infant, she must motivate and stimulate him to subjectively explain his creations. The caregiver should always work in polarities when dealing with emotional issues, and let the infant do something fun and enjoyable afterwards.

Telephone play is a form of dramatic play which can be used to stimulate social skills. The infant should be taught to distinguish between play and an emergency when using the telephone. For playtime it is best to use a toy telephone. He can learn the social acceptable way to answer a telephone, have a two-way conversation, and end a conversation. He must be taught how to dial the emergency number, 911, as a preventive way of precaution.

It is essential for the infant to create his own "place of safety" that he can take with him everywhere he goes. In his "place of safety" he can spend special time, away from reality, in order to experience balance. The infant must learn skills to nurture himself, which can include sleeping with his favourite blanket and walking with his dog.

The caregiver can stimulate the infant's awareness of the sense of smell by letting him smell different items. By smelling these different items, the infant gathers information about the environment, and about himself.

A game of "peek-a-boo" and hide-and-seek can stimulate the infant cognitively and encourage him to explore object permanency. It also stimulates his concept development, his listening skills, his social skills, and his visual discrimination and memory.

By using the feeling chart the caregiver will be able to plan her day programme according to the infant's emotional state. This technique will assist the infant to identify his emotions, to stimulate awareness and to develop insight in his emotions. The caregiver and the infant can make the feeling chart together, which will include the five main feelings, namely happy, sad, angry, afraid and lonely. The infant should learn about the different feelings and what he can do to change his feelings, by working in polarities.

The caregiver can take the infant on a train trip to enhance his social skills and to come into contact with his environment. Play is a natural way for the infant to learn, grow and develop as a self-actualized individual.

Sand is a natural medium, which brings the infant in contact with himself and his environment. The borders of the sandbox help the infant to define his own boundaries. This medium allows freedom of play and manipulation of the sand, the toys, and his creations. It leaves the infant with a feeling of power and control, which will enhance his self-esteem.

This programme functions autonomic of therapeutic intervention, but form an integrated part of the gestalt and playtherapeutic goal with the infant. Caretaking of the infant is not therapeutic, but has therapeutic value for the optimal growth and development of the infant.

The empirical research and findings from implementing this programme for optimal caretaking of the infant will be reported in chapter five.

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 use 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 he 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 aught 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 there 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 approaches and handles any situation during caring for the infant, will effect 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 & Einon, 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.

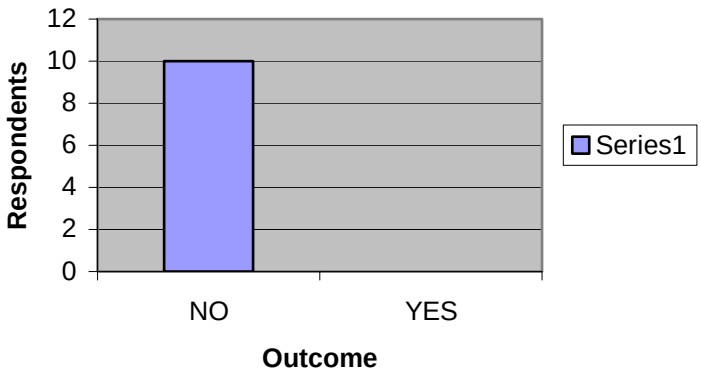
5.6 EVALUATION OF THE PROGRAMME FOR THE CAREGIVER OF AN INFANT

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.

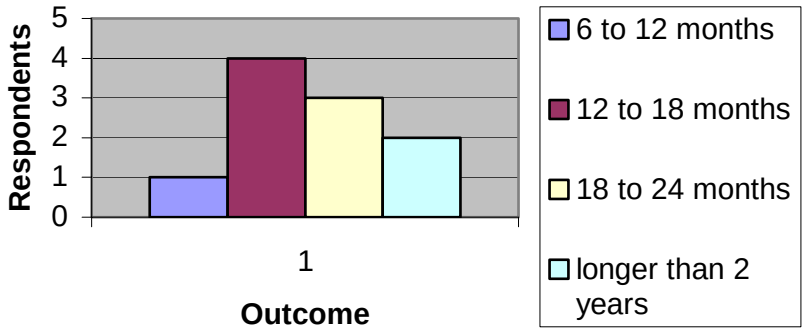
- The first question asked was **"do you have previous training in childcare?"** All ten of the respondents replied "no" on this question as illustrated in figure 5.1.

Figure 5.1: Previous training in childcare



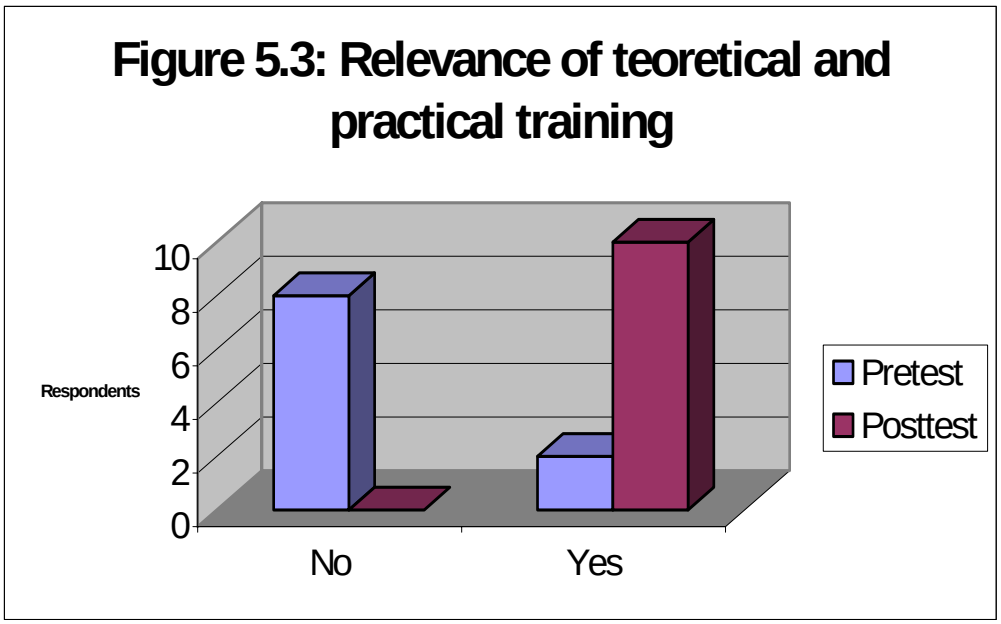
- The question was asked **how long the respondents had been working as caregivers.** Figure 5.2 is a schematic presentation of the duration of time in monthly increments.

Figure 5.2: Time worked as a caregiver



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.

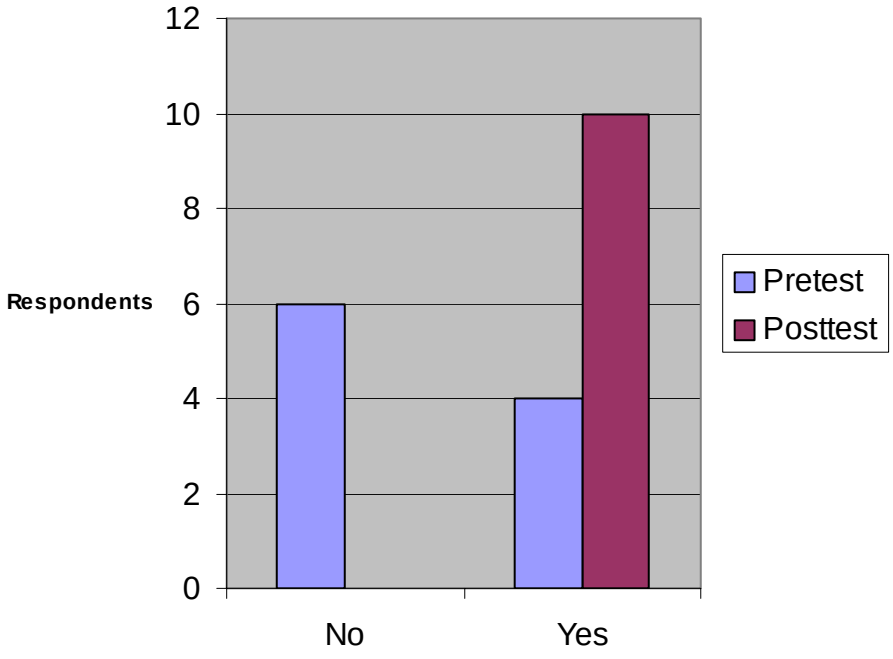
Preparing food with the infant: Three (30%) of the respondents indicated a "1", four (40%) indicated a "2", and three (30%) indicated a "3" on the success scale during the pre-test. The researcher came to the conclusion that the respondents gained knowledge and skills on preparing food with the infant,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

Figure 5.4: Stimulation of cognitive development



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).

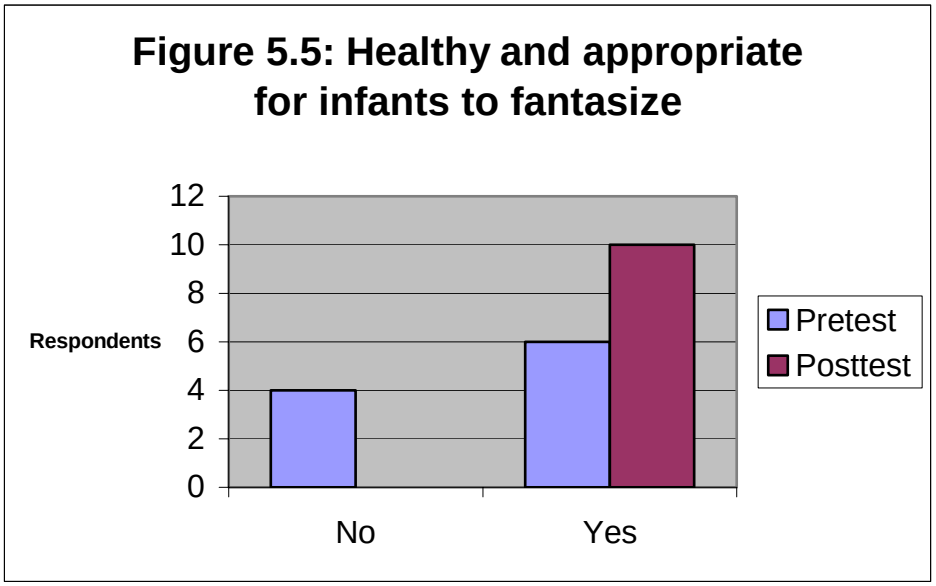
Playing with clay: Three (30%) of the respondents indicated a "2", three (30%) indicated a "3", and four (40%) indicated a "4" on the success scale in accordance with their opinion on their knowledge and skills about playing with clay. During the post-test, all 10 (100%) of the respondents were of the 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 extend 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).

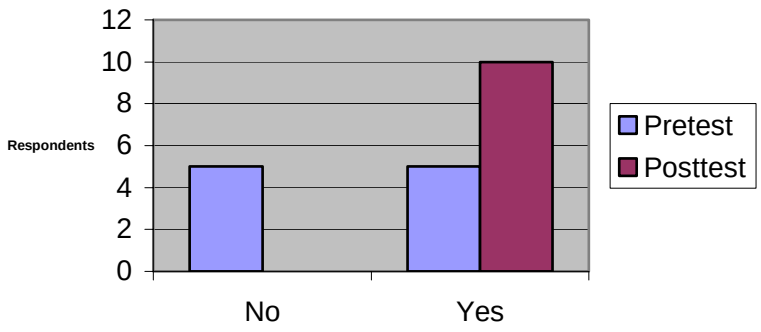
Making music: During the pre-test four (40%) of the respondents evaluated "making music" as a "1" or very unsuccessful for enhancing an infant's self-image. Three (30%) of the respondents evaluated this medium as a "2" and three (30%) of the respondents evaluate it as a "3" on the success scale. During 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 & McMahon, 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?

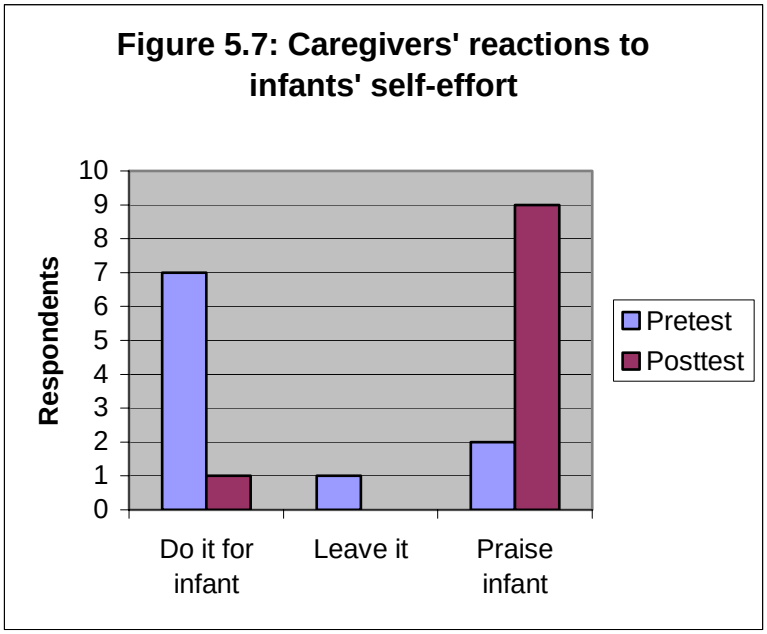
Figure 5.6: Healthy and appropriate for infants to have a security blanket



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.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

In this chapter, the conclusions and recommendations of this study are put forward in accordance with the process followed in developing and implementing the training programme for optimal caretaking of the infant at the safe and familiar environment of his own home. The research problem of quality care for the infant during the time that his mother is working was identified and discussed in chapter 1. In order to care optimally for an infant, it is essential for the caregiver to gain knowledge and skills about infancy and the developmental tasks that the infant should achieve during this phase, in order to grow and develop as a self-actualized whole. The development and developmental tasks of the infant were discussed in chapter 2. Chapter 3 is a theoretical chapter in which the caregiver was discussed, including her roles, tasks and responsibilities. Development and intervention of the practical training programme were discussed in chapter 4. In chapter 5, the empirical findings with the developing and implementing of the training programme for in-home care of an infant was discussed. From the information gathered during the focus groups with caregivers and with the mothers of infants, as well as from the results of the questionnaires from pre-tests and post-tests, the researcher was able to address the research problem.

6.2 EVALUATION OF THE 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.

This goal was achieved through a combination of relevant information gained through a literature study, namely interviews with professionals and focus groups held with caregivers and with mothers of infants (chapter 1). The researcher developed a training programme for optimal caretaking of the infant at his home, and implemented it with ten caregivers over a period of ten sessions (chapter 4). A self-developed questionnaire was used for the purpose of pre-test and post-test evaluation (chapter 5).

6.3 EVALUATION OF THE OBJECTIVES

The goal is achieved, trough intervention research, implementation and evaluation of the training programme for this study. The following objectives were formulated:

- **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.**

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 in early childhood intervention. In order to achieve this goal, a literature review was done by examining selected empirical research, reported practice, and identified innovations in relevant quality in-home care of an infant. Relevant literature in various fields was integrated into this study, since societal problems are not confined to the various human and social science disciplines. The researcher also had telephone conversations, personal interviews, and contact through the Internet with professional persons involved in the daily field of children. Their experience, knowledge and insight were valuable to the research problem (chapter 1:15 & 16).

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

A need assessment was done to understand the needs of mothers of infants and their expectations for a training programme for caregivers of infants. The researcher followed the two-phase methodology approach. The first phase of this research included the first three steps of the intervention research model of Rothman and Thomas (D&D model), which included problem analysis, project planning, information gathering, and synthesis and design. During this phase, the exploratory design was implemented and the qualitative approach was applied to gain the most and richest data from the mothers of infants for the training programme. The researcher had focus group interviews with twelve working mothers of infants, because they experienced the problem of quality care for their infants (chapter 1:12).

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

A need assessment was done to understand the caregiver's needs and their expectations of a training programme. Similar procedures as those followed during the needs assessment with the working mothers of infants were followed during needs assessments with the caregivers. A collaborative relationship was formed with the caregivers. The researcher had focus group interviews with ten caregivers. They participated in providing suggestions for quality care of an infant, which were included in the programme. 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 (chapter 1:12).

- **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.**

A training programme was developed for caregivers of infants while taking into account the literature study and the knowledge gained from the assessments of the needs of the mothers of infants and the caregivers. The researcher analyzed the critical features of the programmes and practices that have previously addressed the problem of interest. By studying successful and unsuccessful programmes that have attempted to address the problem, the researcher identified potentially useful elements for intervention. Existing knowledge helped to guide, design and develop the training programme. Literature, resources, and functional aids were used in designing the training programme. 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 (chapter 4:96).

- **To implement the training programme with caregivers.**

The training programme was implemented with ten caregivers over a period of ten sessions. The intervention research model of Rothman and Thomas (D&D model) was followed in order to implement this programme (chapter 4:96).

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

The impact of the training programme that was designed, developed and implemented for the purposes of this study was evaluated in chapter 5.

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

In this chapter, the researcher will come to conclusions and recommendations regarding the dissemination of the programme.

6.4 RESEARCH HYPOTHESIS

Bless and Higson-Smith (1995:11) defines a hypothesis as 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, 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).

Ten caregivers were selected, and they willingly agreed to be part of this research (chapter 1). These ten caregivers were part of the intervention programme for the duration of 10 sessions. They were trained in accordance with the self-developed social work training programme (chapter 4). Through preparation, active verbal participation during sessions and involvement in role-play, these respondents all developed theoretical knowledge and practical skills about the infant. Their knowledge and skills toward optimal caring of an infant at home was enhanced. The caregiver has developed insight in the value of the various

mediums and techniques, in order to apply them with the infant at home for the purpose of stimulating his developmental tasks (chapter 5).

In light of the quantitative findings (chapter 5) from the evaluation with the quasi-experimental one-group pretest-post-test design, the researcher came to the following conclusions:

- The caregivers developed insight into the value of gaining knowledge of infants and skills in infant care, in order to optimally care for infants in the safe and familiar environment of their own homes.

- With the knowledge and skills which the caregivers had gained about the developmental tasks which the infant has to achieve, they will be able to optimally stimulate the infants during the time they care for the infants.

- The caregivers will know how to make contact with infants on the infants' level and how to stimulate the infants on this level through play. They are equipped to apply the various medims and techniques in which they gained theoretical knowledge and practical skills.

- Although none of the caregivers had previous training in childcare, they all had practical experience of at least six months in caring for children. By internalizing this newly-gained knowledge and skills about the infant, they were empowered to optimally care for infants at the infants' homes.

- Through this intervention programme, the caregivers gained knowledge and skills about the five different senses that need to be stimulated in order for the infant to grow and develop optimally. The caregivers developed insight in the importance of stimulating the five senses through various mediums. Through practical experience/role-play they now know how to implement these mediums and how to incorporate them into their daily caretaking of the infant at home.

- Mediums such as reading books, building puzzles, preparing food, and reading or saying rhymes, were included in the training programme in order to stimulate the infant's cognitive development. The researcher came to the conclusion (in chapter 5) that the caregivers initially viewed these mediums as leisure activities during the pre-test. They developed insight in the value of applying these mediums in order to stimulate the cognitive development.

- Through gaining knowledge and skills about the emotional development of the infant, the caregivers will be able to stimulate the infant to identify his emotions, to own it, and to express it through various mediums and techniques.

- The caregivers developed insight into the use of “pretend play with a toy telephone” and “board games” in order to stimulate the infant’s social development. By applying these mediums with the infant, the infant will be enabled to practice his social skills in the safe environment of his own home.

- Through being part of the training programme for this study, the caregivers now have insight into the value of applying the mediums “mirror”, drawing pictures, making music, and playing with sand with the infant, in order to stimulate the infant’s self-image.

- They gained the 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.

- The caregivers now know that it is healthy and appropriate for the infant to have a “security blanket” or a favourite toy to carry around with him, in order to stimulate his self-image.

- The caregivers have the insight, knowledge and skills to let the infant take responsibility for himself and his actions, which the infant can only learn through experience. They will now be able to allow infants to do things for themselves, since they know the value of these actions.

From the evaluation results of chapter 5, the researcher came to the conclusion that the theoretical information and practical skills which the caregivers learned, and the insight that developed through being part of this research study, are sufficient to come to a good understanding of the growth and development of the infant and of how to stimulate him while caring for him at home, in order for him to grow and develop optimally as a self-actualized whole.

The researcher therefore is of the opinion that the caregiver is trained according to the social work training programme (independent variable), and that the caregiver’s knowledge and skills (dependent variable) toward caregiving is enhanced. The researcher comes to the conclusion that the independent variable had an effect on the dependent variable. Therefore the hypothesis of this research study is accepted.

6.5 SUMMARIZED CONCLUSIONS OF THIS RESEARCH

The researcher will come to a conclusion of this research by discussing the value of each chapter.

- In chapter one, the researcher gave an introduction to this research. The choice of this subject was motivated, and the problem was formulated. The goal and the research methodology were explained in order to make justifiable conclusions to expand professional knowledge about human behaviour.

- In chapter two, the developmental stages of the infant were discussed with reference to developmental theories. The purpose of this chapter was for the caregiver to develop a better concept and understanding of the influence of the working mother and of caretaking at home on the growth and development of the infant. For optimal caregiving to the infant, the caregiver must have knowledge and insight into the developmental tasks and skills which the infant must achieve in order to grow and develop as a self-actualized organism and as an integrated whole. Caregiving to an infant at home, within the guidelines of the gestalt approach, is an all-inclusive approach which includes the total organism and his environment. The value of the internal interdependence between the organism and his environment is that the infant is not in isolation when his mother returns to work, because the external factors have an influence on his socio-emotional functioning which must be integrated during his care. Caregiving to an infant is integrated within the gestalt approach, which provides the caregiver with guidelines, principles and techniques to stimulate the infant to optimal growth and development.

- Chapter three is a theoretical chapter in which the caregiver was discussed within the family system. The caregiver was 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 focused on the training programme for the caregiver, in order to optimally care for the infant in the safe milieu of his own home. In order to develop this training programme, a needs assessment was done to understand the needs and expectations of the mothers of the infants and of the caregivers. When developing the training programme, the researcher took into account the information gained from the needs assessments and the knowledge gained from the literature study. The researcher strived to integrate the theoretical guidelines of the gestalt approach and the developmental phases of the infant. Play techniques and mediums, supported by relevant aids, were adopted within the gestalt approach. The goal of this programme is to guide the caregiver to make contact with the infant and to care optimally for him in the safe and familiar surroundings of his home, while his mother is at work. By following this programme, the caregiver will be able to use and integrate gestalt principles and techniques and play techniques and mediums to guide the infant to successfully master his developmental tasks. Through this programme, the

caregiver obtained the necessary knowledge and skills that will empower her and help her to care for the infant in a preventive manner, to solve problems, and to develop within the infant's own home environment.

A practical training programme for optimal caretaking of an infant is composed by integrating the theoretical components of the gestalt approach, techniques and mediums in play therapy, and the developmental theories of infancy. By training a caregiver according to this programme, the imbalance of optimal caretaking of an infant in the community was addressed.

A programme was developed for the development and enhancement of the developmental tasks and skills of infancy. Structure is provided to this training programme by dividing it into the five workdays of the week. Each day programme focuses upon developing and stimulating the infant's physical, cognitive, emotional, social, and self-esteem skills. A variety of alternative techniques and mediums is suggested for each of the five developmental tasks of infancy. The caregiver must daily select and apply one suggested alternative in each of the five developmental categories. A variety of alternatives provide in the stimulation of the infant's individual needs, preferences and circumstances.

This programme does not constitute therapeutic intervention, but rather forms an integrated part of the gestalt and play-therapeutic goal with the infant. Caregiving to the infant is not therapeutic, but has therapeutic value for the optimal growth and development of the infant. It was not the researcher's goal to view the caregiver as a therapist. Through the researcher's training as gestalt play therapist, the researcher could utilize the aspects of gestalt play therapy. From the researcher's background as a therapist, it was important that these caregivers gain knowledge and skills of the developmental phases of the infant, and that they take it into consideration while caring for the infant at his home.

- In chapter five, the empirical findings of this study were processed. Findings were discussed in 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 research results were evaluated in accordance with various gestalt therapeutic and play therapeutic techniques and mediums implemented to enhance the caregiver's knowledge and skills. The research methodology used in this study was discussed.

The goal with chapter 5 was to process the empirical findings of this study:

- Phase one of the qualitative part of this study: Findings were discussed in the focus groups held with the mothers of the infants and the caregivers.

- Phase two of the quantitative part of this study: Measuring of the intervention programme was described and discussed.

The researcher used the intervention research model of Rothman and Thomas (D&D model) in the context of applied research. The problematic human condition 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 in his growth and development, while caring for him at home.

In order to understand and address the research problem, a literature review was done, and no existing technology was found within the field of social work. The researcher had interviews with twelve working mothers of infants and telephone conversations, personal interviews and contact through the Internet with professional persons. Their experience, knowledge and insight were valuable to the research problem. Literature, resources and functional aids were used to design and develop a training programme for the caregiver of an infant.

For the purposes of this study, the researcher drew three samples from the population in San Bernardino County, California, USA. The researcher used purposive sampling, which is a type of non-probability sampling.

Twelve mothers were selected for two focus groups, and they willingly took part in this research. Two of the mothers were selected to be part of the preliminary research for the purposes of need assessment. The pilot test was conducted in an office building in Chino, which was the same location and circumstances in which the intervention took place.

Ten caregivers were selected in accordance with 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 selected from the group of ten caregivers, to be part of the pilot test for the purpose of needs assessment.

Evaluation of the qualitative findings collected from the focus groups was interpreted in terms of relevant findings and supported by literature. Responses from the mothers and the caregivers were divided into themes and sub-themes according to questions asked during the focus groups.

The mothers were of the opinion that it is the primary task of the caregiver to provide optimal care of the infant. Since they are all working mothers, they expect the caregiver to keep his environment tidy and organized. They also expect the caregiver to give the infant a bath before the mother comes home and

to do the infant's laundry. The programme was developed with these opinions in mind, and therefore the researcher developed a training programme wherein the caregiver can incorporate these mediums and techniques into her day programme.

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. Qualitative data obtained through the focus groups was analyzed according to Tesch's eight-step approach. Analyzing of the data through the use of clustering, coding and categorizing of the information obtained, allowed for accurate conclusions to be drawn. The quantitative approach was used to measure the impact of the training programme on the caregivers. A self-developed questionnaire was pilot-tested and used for evaluation purposes, of the pre-test and the post-test. The researcher used the quasi-experimental one-group pretest-post-test design to measure the dependent variable (knowledge and skills), 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. This design made it possible to measure the level of enhancement of the caregiver's knowledge and skills regarding caregiving to infants. As a result, the independent variable (training programme) had an effect on the dependent variable (knowledge and skills).

The caregivers were actively involved during intervention of this programme, and gained valuable knowledge and skills about optimal caretaking of the infant. They came to the sessions prepared and participated verbally during the sessions. The caregivers eagerly participated in role-play and thus gained practical skills.

In the focus groups, the majority of the mothers were of the opinion that communication between themselves and the caregiver is important. They were concerned about how their infants spend their days as well as about the background of the person to whose care they entrust their infant. Although the mothers wanted to know how their infants would be spending their days, they did not necessarily want to be involved in planning a day programme. They feel strongly about the fact that their caregivers must stimulate their infants in order to grow and develop during these crucial first years. The importance of the safety of the infant was also communicated, and their requirement for the caregivers to give their infants undivided attention.

The mothers communicated their concerns about the emotional state of their infants when they leave for work. They felt that by informing the caregiver about the infant's evening and morning will help her to make contact with him.

A few of the mothers had strong opinions about stimulating the infant's developmental tasks and focusing on achieving their milestones. The mothers were of the opinion that experience and training were equally important, in order to optimally stimulate the infant's growth and development. They realize that it is difficult to find the combination as well as somebody willing to work flexible hours and for a salary they can afford.

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.

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 would not consider hiring her.

All the mothers observed the caregivers with their infants prior to leaving them alone together. 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.

Only one mother had a written contract with her caregiver. Most of the mothers experienced difficulties about rules and facts which they had initially agreed upon.

The mothers communicated their concerns about the fact that their caregivers might allow the infants to watch television too much. 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. They also do not want their infants to watch the programmes unsupervised. The caregivers should be present to clarify any concerns or uncertainties.

All of the above information was taken into consideration, and was discussed with the caregivers during the implementing of the training programme. The researcher is of the opinion that support groups will be valuable for both the mothers of infants and caregivers caring for children. Through these support groups, the mothers can voice their concerns and recommendations for optimal caring of their infants. The caregivers, on the other hand, can voice their experienced difficulties and problems about caring for the infant, being unfairly treated, or not being understood by their employees. The mothers and the caregivers should be brought together for the purpose of discussing and resolving these issues in order for the infant to benefit from these constructive sessions.

During focus groups with the caregivers, their opinions were asked about mutual communication between them and the mothers of the infants about caring for the

infants. The conclusion was made that the caregivers want to be appreciated and to feel that they belong.

Most of the caregivers felt that their employees do not really care about them as individuals. The mothers would ask about the infant's day, but they would hardly ever ask how they are doing or if they can be of any help to 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.

Most of the caregivers were of the opinion that if caring for the infant was their primary task, they would be more creative and involved in the infant's growth and development. The conclusion that the researcher come to was that most of the mothers expected more of the caregivers than caring for their infants. Although they hire caregivers, they expect of them to take care of all aspects of the household as well. 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, however. The researcher came to the conclusion that there are not sufficient training opportunities for the caregiver. After completion of a training programme, the caregiver should qualify with a certificate to prove that she has been adequately trained to care for an infant and to achieve the infant's developmental tasks at home. If the mother is concerned that caretaking of her infant should be the primary task in order for him to grow and develop according to his developmental tasks, then she should not expect of the caregiver to do house chores.

Some caregivers were of the opinion that their employees have high expectations of them, which include taking care of the infants, educating them, as well as doing housework. To try and fit this all in one day, they work within a time schedule. The caregivers were of the opinion that they will not have the time to encourage the infant to independently do age-appropriate chores which will stimulate the developing of his self-esteem.

Most of the caregivers agreed 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.

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 the infant. They suggested a practical "hands on" programme that will be easy to understand and to follow. They also suggested that a programme be developed 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 according to her preferences, as well as the age and personality of the infant in her care. The programme should be a holistic approach that will address the constructive stimulation of the growth and development of the infant.

The researcher used the single system design to measure the training programme for evaluation purposes. The researcher developed a questionnaire that was used for pre-test and post-test evaluation.

The ten caregivers who willingly participated in this research completed this questionnaire during the first intervention session for the purpose of pre-testing. Intervention followed where the caregivers were trained in accordance with the practical training programme that was developed for the purposes of this study. During the last training session, the caregivers completed the same questionnaire for post-test purposes.

The quantitative approach was followed to measure the impact of the training programme. The questionnaires consisted of six divisions with questions in each division to which the caregivers were asked to give a subjective response.

The first question asked was whether the caregivers had had previous training in childcare, and none of the ten respondents had. During the pre-test, two of the ten caregivers were of the opinion that theoretical and practical training about the growth and development of an infant is necessary in order to be a good caregiver. When completing the same questionnaire for post-test purposes, all ten respondents agreed to the value of theoretical and practical training. The researcher came to the conclusion that the caregivers have insight in the value of gaining knowledge and skills about infancy. They will know how to make contact with the infant on his own level and how to stimulate him on his level through play. Although none of the caregivers had previous training in childcare, they all had practical experience in caring for children for at least six months.

The respondents were given a list of five mediums and asked which of them they thought could stimulate the infant physically. These mediums included 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, and smelling flowers and coffee. The researcher came to the conclusion that the respondents selected activities that initiate physical activity. Through this programme, the respondents developed insight in the importance of stimulating the five senses through the mediums mentioned above, as well as in how to incorporate these mediums into their daily caregiving to the infant at home.

The respondents were asked to indicate, on a success scale, to what extent they thought that, reading books, building puzzles, preparing food, and reading or reciting rhymes can contribute to, and enhance the infant's cognitive development.

The conclusion was made that the caregivers were aware of the value of all the mediums mentioned above, except of preparing food with the infant. 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 enhancing the infant's self-esteem with the end result.

The respondents were asked to give their opinions on playing a game of "peek-a-boo" and hide-and-seek. There was a sufficient change in the opinions of caregivers, since during the pre-test four (40%) of the respondents indicated that these mediums can stimulate the infant's cognitive development. During the post-test, all 10 (100%) respondents were of the opinion that these mediums can stimulate the infant's cognitive development. The researcher came to the conclusion that these mediums initially 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.

The respondents were of the opinion that they had the knowledge and skills to apply most of the techniques and mediums, except for applying hand puppets. By gaining knowledge and skills through actively participating in this programme, they are now able to use hand puppets with the infant in order to stimulate his emotional development.

The respondents were asked whether they thought it is healthy or appropriate for an infant to fantasize. With the pre-test six (60%) of the respondents were of the opinion that it is healthy for an infant to fantasize. When evaluating the same question during the post-test, all 10 (100%) of the respondents indicated "Yes" to this question. They developed insight in the power of the imagination as the infant envisions characters coping with situations similar to his life, which will enhance his social development. Feedback from the caregivers indicated that information and skills they learned about fantasizing were valuable, since they did not know that fantasizing had any value to an infant, and that through applying this medium, the infant can gain valuable socializing skills.

The respondents were asked to indicate on a success scale to what extend they thought that playing pretend play with a toy telephone and playing board games with the infant could contribute to, and enhance the infant's social development. During the pre-test most of caregivers did not view "playing pretend play with a toy telephone" and "playing board games with the infant" as very successful in

developing the infants' social development. During the post-test, all 10 (100%) of the respondents indicated that these mediums are highly successful for social development. They gained insight in the fact that the infant can practice two-way communication and social skills through the use of these of these mediums.

In order to evaluate the respondents' knowledge of, and skills on the infant's self-image, they were asked to indicate on a success scale to what extend they thought that, looking at himself in a mirror, drawing pictures of himself, making music, and playing with sand can contribute to, and enhance, the infant's self-image. During the pre-test the respondents were of the opinion that looking at himself in a mirror can enhance an infant's self-image. The other mediums did not obtain high ratings on the success scale. By gaining knowledge through the programme and practicing skills through role-play, the respondents gained insight in applying these mediums in order to enhance the development of the infant's self-image.

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. During the pre-test, 50% of the respondents indicated that they thought it was unhealthy. With the post-test, 100% of the caregivers indicated that they were of the opinion that it is healthy and appropriate for an infant to have a "security blanket" or a favourite toy to carry around with him.

The respondents were asked if, when the infant tries to do something by himself, 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, or praise him for his effort, and encourage him to keep on trying. During evaluation of the responses on the pre-test, seven (70%) respondents indicated they would "do it for the infant to get it done quicker. During evaluation of the post-test, one (10%) was still of the opinion that she would do it for the infant to get it done quicker. Nine (90%) respondents indicated during the post-test that they would "praise the infant for his effort, and encourage him to keep on trying". They gained insight in the fact that doing tasks for the infant will foster dependence. By doing something independently, the infant will experience mastery and control, which will stimulate his self-image.

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.

6.6 RECOMMENDATIONS

In consideration of this completed study, the researcher would like to make the following recommendations on micro-level, meso-level and macro-level:

- Implementing of this programme occurred positively and successfully. The infant will gain developmentally and socio-emotionally through the insight, theoretical knowledge and practical skills that the caregivers had developed through being part of this research study.

- This programme, which was developed and implemented for the caregiver of an infant can also be used with the toddler in order to stimulate the essential growth and development tasks. The mediums and techniques included in this training programme can be adapted for the growing infant and toddler years.

- An intervention programme should be developed and implemented with the mothers of infants in light of the following:

  - The researcher is of the opinion that it is essential for the mothers to gain insight, knowledge and skills in stimulating the infant in order for him to optimally achieve his developmental tasks.

  - It is also important for the mother to come to an understanding of the caregiver's tasks, roles and responsibility.

  - Regular and efficient communication between the mother and the caregiver is necessary, since it has a direct influence on the quality of the care which the infant will receive.

- Training programmes should be implemented in group settings. The respondents will learn from each other through active verbal participation, in light of the following:

  - During these programmes, the caregivers should have an opportunity for ventilation, where they can learn from each other. The focus should be on experiencing the tasks and roles of caregiving as positive. Advice should be given on how to positively and constructively communicate to the mother of the infant in order for the infant to benefit from the caring relationship.

  - Support groups should be formed with the aim of a learning experience.

- Advanced programmes for caretaking should be developed and implemented for the purpose of ongoing training in the development and development tasks of the growing and developing child.

- The training programme that was developed for the purposes of this study can be used by social workers for the training of caregivers. New technology was developed in the form of a complete practical training programme with various gestalt and play therapy techniques and mediums. The techniques and mediums can be adapted in accordance with the developmental level and emotional state of the infant. They can also be adapted according to the caregiver's preference and situation.

As a recommendation for further research, the following hypotheses are formulated:

If a caregiver becomes part of a support/training group, it can lead to a positive attitude towards caring for the infant at home.

If mothers become part of a training group for caregivers, they will understand the needs of the infant and the needs of the caregiver.

As a recommendation for further research, the following statement can be formulated:

Caregivers who participate in advance in a caregiving programme could be better equipped for caring of infants as a primary task.

6.7 FINAL CONCLUSION

The conclusions and recommendations of this research study were discussed in this chapter, according to the process that was followed in developing and implementing the training programme for optimal caretaking of the infant in his own home. This programme can be used as is or can be adapted as a guideline for training caregivers to care for a child (infant or toddler) at home. This programme can be refined and expanded when implementing it with different focus groups (mothers or grandparents) and by implementing it with children in different life stages.

The researcher would like to complete this research with a thought by Oaklander (1988:324):

Children are our finest teachers.
"They already know how to grow, how to develop,

how to learn, how to expand and discover,
how to feel, laugh and cry and get mad,
what is right for them and what is not right for them,
what they need.
They already know how to love and be joyful
and to live life at its fullest,
to work and to be strong and full of energy.
All they (and the children within us)
need is the space to do it."

BIBLIOGRAPHY

Allan, J., & Clark, M. 1984. Directed art counseling. *Elementary school guidance and counseling, 19* (2): 116-124.

American Heart Association. 1997. *Pediatric basic life support.* Dallas: AHA.

Arkava, M.L., & Lane, T.A. 1983. *Beginning social work research.* Massachusetts: Allyn and Bacon.

Aronstam, M. 1992. Gestaltterapie. In Louw, D.A. (Red.). *Suid-Afrikaanse handboek van abnormale gedrag. 1ste uitgawe, derde druk*. Halfweghuis: Southern.

Axline, V.M. 1989. *Play therapy.* Singapore: Longman

Babbie, E. 1990. *Survey research methods*. California: Wadsworth.

Babbie, E. 1992. *The practice of social research.* 6th ed. California: Wadsworth.

Barker, R.L. 1999. *The social work dictionary.* 4th ed. Washington, DC: NASW.

Belkin, G.S. 1995. *Contemporary psychotherapies.* Chicago: Rand McNally.

Biehler, R.F. 1981. *Child development: An introduction.* 2nd ed. Boston: Houghton Mifflin.

Bishop, K., & Whitehead, J. 2004. *The city parent handbook: The complete guide to the ups and downs and ins and outs of raising young kids in the city.* USA: Holtzbrinck.

Bjorklund, D.F. 1989. *Children's thinking: Developmental function and individual differences.* California: Brooks/Cole.

Bless, C., & Higson-Smith, C. 1995. *Social research methods: An African perspective.* 2nd ed. Kenwyn: Juta

Bloom, M., & Fischer, J. 1982. *Evaluating practice: Guidelines for the accountable professional.* New Jersey: Prentice-Hall.

Botha, A., van Ede, D.M., & Piek, J.P. 1992. Die kleutertydperk. In Louw, D.A. *Menslike ontwikkeling.* 2de uitgawe, derde druk. Pretoria: HAUM.

Branden, N. 1994. *The six pillars of self-esteem.* New York: Bantam.

Brazelton, T.B. 1992. *Touchpoints: Birth to 3. The essential reference for the early years.* USA: Perseus.

Brooks, R. 1993. Creative characters. In Schaefer, C.E., & Cangelosi, D.M. (Eds.) 1993. *Play therapy techniques.* Northvale: Jason Aronson.

Brotherson, M.J. 1994. Interactive focus group interviewing: A qualitative research method in early intervention. *Topics in early childhood special education,* 14(1): 101-118.

Carey, L.J. 1990. Sand play therapy with a troubled child. *The arts in psychotherapy.* 17:197-209.

Cattanach, H.P. 1992. *Play therapy with abused children.* Great Britain: Biddles.

Cilliers, S.P. 1973. *Maatskaplike navorsing.* Stellenbosch: Kosmos.

Claman, L. 1993. The squiggle-drawing game. In Schaefer, C.E., & Cangelosi, D.M. (Eds.). 1993. *Play therapy techniques.* Northvale: Jason Aronson.

Clarke-Stewart, K.A., Gruber, C.P., & Fitzgerald, L.M. 1994. *Children at home and in day care.* New Jersey: Lawrence Erlbaum.

Collins, K. 1990. Social work research. In McKendrick, B. (Ed.), *Introduction to social work in South Africa.* Pretoria: HAUM: 250-286.

Congress, H.P. 1995. Gestalt. *Encyclopedia of social work.* 19th ed. Washington, DC: NASW.

Cooper, C. 2003. *Johnson's mother & baby.* New York: DK.

Corey, G., Corey, M.S., & Callahan, P. 1993. *Issues and ethics in the helping professions.* California: Brooks/Cole.

Corsini, R.J., & Ozaki, B.D. 1984. *Encyclopedia of psychology,* 2(84): 60-61. Canada: John Wiley.

Corsini, R.J., & Wedding, D. 1989. *Current psychotherapies.* 4th ed. Itasca: Peacock.

Crain, W. 2004. *Theories of development: Concepts and applications.* 5th ed. New Jersey: Pearson/Prentice Hall.

Creswell, J.W. 1994. In De Vos, A.S. (Ed) *Research at grass roots: A primer for the caring professions.* Pretoria: Van Schaik.

Crompton, M. 1980. *Respecting children: Social work with young people.* London: Edward Arnold.

Dane, F.C. 1990. *Research methods.* California: Brooks/Cole.

Davis, L., & Keyser, J. 1997. *Becoming the parent you want to be: A sourcebook of strategies for the first five years.* New York: Bantam Doubleday Dell.

DeBroff, S.M. 2002. *The mom book: 4,278 of mom central's tips … for moms, from moms.* New York: The Free Press.

Denzin, N.K., & Lincoln, Y.S. 1994. *Handbook of qualitative research.* California: SAGE.

De Vos, A.S. 1998. Conceptualisation and operationalisation. In De Vos, A.S. (Ed) *Research at grass roots: A primer for the caring professions.* Pretoria: Van Schaik.

De Vos, A.S. 1998. Intervention research. In De Vos, A.S. (Ed) *Research at grass roots: A primer for the caring profession.* Pretoria: Van Schaik.

De Vos, A.S. 1998. *Research at grass roots: A primer for the caring professions.* Pretoria: Van Schaik.

De Vos A.S., Schurink, E.M., & Strydom, H. 1998. The nature of research in the caring professions. In De Vos, A.S. (Ed) *Research at grass roots: A primer for the caring professions.* Pretoria: Van Schaik.

Dooley, D. 1990. *Social research methods.* 2nd ed. New Jersey: Prentice Hall.

Douglas, A. 2004a. *Choosing childcare for dummies.* New Jersey: Wiley.

Douglas, A. 2004b. *The mother of all toddler books.* New York: Wiley.

Dowshen, S.A., Izenberg, N., & Bass, J. 2002. *Kids' health guide for parents: Pregnancy to age 5.* Chicago: Contemporary books.

Duffy, M.E. 1993. Methodological triangulation. In Leedy, P.D., *Practical research: Planning and design.* 5th ed. New York: MacMillan.

Dunne, P.B. 1988. Drama therapy techniques in one-to-one treatment with disturbed children and adolescents. *The arts in psychotherapy,* 15: 139-149.

Du Toit, S.J., & Kruger, N. 1991. *Die kind: 'n Opvoedkundige perspektief.* Durban: Butterworths.

Edwards, R.L. & Hopps, J.G. 1995. *Encyclopedia of social work.* 19th ed. USA: NASW Press.

Einon, D. 2004. *How children learn through play.* New York: Barron's Educational Series.

Epstein, I. 1988. Quantitative and qualitative methods. In Grinnell, R.M. *Social work research and evaluation* 3rd ed. Illinois: Peacock.

Erikson, E.H. 1993. *Childhood and society.* New York: Norton.

Fouche, C.B. & De Vos A.S. Problem formulation. In De Vos, A.S. (Ed) *Research at grass roots: A primer for the caring professions.* Pretoria: Van Schaik.

Gardner, R.A. 1986. *The game of checkers in child therapy.* In Schaefer & Reid: 215-232.

Gil, E. 1994. *Play in family therapy.* New York: Guilford.

Gordon, J., & Adderly, B. 1999. *Brighter baby.* Washington: LifeLine

Grinnell, R.M. 1981. *Social work research and evaluation.* 1st ed. Itasca: Peacock.

Grinnell, R.M. 1988. *Social work research and evaluation.* 3rd ed. Itasca: Peacock.

Grinnell, R.M. 1993. *Social work research and evaluation.* 4th ed. Itasca: Peacock.

Grinnell, R.M., & Williams, M. 1990. *Research in social work: A primer.* Itasca: Peacock.

Harris, B. 1979. Two loves, one 24-hour day. In Roland, A., & Harris, B. *Career and motherhood.* New York: Human Sciences Press.

Harrison, J. 1988. Making life books with foster and adoptive children. In Schaefer, C.E. (Ed.). 1988. *Innovative interventions in child and adolescent therapy.* New York: Wiley.

Helburn, S.W. & Bergmann, B.R. 2002. *America's child care problem: The way out.* New York: Palgrave Macmillan.

Heunis, G.J.L. 1981. Remediërende gebruik van musiek. *Suid-Afrikaanse tydskrif vir musiekterapie*, 1(4), Desember 1982: 10-16; 2(1), Maart 1983: 4-6 & 2(1), Junie 1983: 4-6.

Honig, A.S. 1983. Quality training for infant caregivers. *Child care quarterly, 12* (2): 121-135.

Hooyman, N.R., & Gonyea, J.G. 1995. Family care giving. In Edwards, R.L., & Hopps, J.G. *Encyclopedia of social work.* 19th ed. USA: NASW.

Huysamen, G.K. 1993. *Metodologie vir die sosiale en gedragswetenskappe.* Pretoria: Sigma.

Huysamen, G.K. 1994. *Methodology for the social and behavioural sciences.* Pretoria: Southern.

Jennings, S. 1993. *Play therapy with children. A practitioner's guide.* Oxford: Blackwell Scientific.

Jewett, C.L. 1982. *Helping children cope with separation and loss.* Massachusetts: Harvard Common Press.

Judd, C.M., Smith, E.R. & Kidder, L.H. 1991. *Research methods in social relations.* London: Holt, Rinehart & Winston.

Klepsch, M., & Logie, L. 1982. *Children draw and tell. An introduction to the projective uses of children's human figure drawings.* PA, USA: Brunner/Mazel

Kluck-Ebbin, M.R. 2003. *Hands-on baby massage.* Pensylvania: Running Press.

Korb, M.P., Gorrell, J., & Van de Riet, V. 1989. *Gestalt therapy: Practice and theory.* New York: Pergamon.

Kottman, T., & Schaefer, C. (Reds.). 1994. *Play therapy in action: A casebook for practitioners.* London: Jason Aronson.

Kruger, M.S. 1990. *Poppespel: 'n Gids vir beginners.* Cape Town: Delos.

Landreth, G.L. 1991. *Play therapy: The art of the relationship.* Muncrie: Accelerated Development.

Latner, J. 1986. *The Gestalt therapy book.* New York: Gestalt Journal Press.

Leach, P. 2002. *Your baby & child: from birth to age five.* 3rd ed., completely revised. New York: Alfred A. Knopf.

Lee, S. 1998. *The parents answer book: From birth through age five.* St Martin's Griffin: New York.

Leedy, P.D. 1993. *Practical research: Planning and design.* 5th ed. New York: MacMillan Pub. Comp.

Loewenberg, F & Dolgoff, R. 1988. *Ethical decisions for social work practice.* Itasca Illinois: Peacock.

Louw, D.A. 1992. *Menslike ontwikkeling.* 2de uitgawe, derde druk. Pretoria: HAUM.

Louw, D.A. 1992. *Suid-Afrikaanse handboek van abnormale gedrag.* 1ste uitgawe, derde druk. Halfweghuis: Southern.

Louw, D.A., & Louw, A.E. 1992. In Louw, D.A. *Menslike ontwikkeling.* 2de uitgawe, derde druk. Pretoria: HAUM.

Masi, W. 2001. *Gymboree play & music. Toddler Play.* California: Creative Publishing.

Masi, W., & Leiderman, R.C. 2001. *Gymboree play & music. Baby Play.* California: Creative Publishing.

Mason, L. 2002. *The working mother's guide to life: Strategies, secrets, and solutions.* New York: Three Rivers.

Maudry, M., & Nekula, M. 1939. Social relations between children of the same age during the first two years of life. *Journal of genetic psychology,* 54: 193-215.

McMahon, L. 1992. *The handbook of play therapy.* New York: Routledge.

Meadow, L.F., & Rocchio, L. 2003. *City baby L.A.* Los Angeles: Real Moms.

Miller, C., & Boe, J. 1990. Tears into diamonds: Transformation of child psychic trauma through sand play and storytelling. *The arts in psychotherapy,* 17: 247-257.

Moorhead, J. 2002. *Keep it simple series guide to baby and child care.* New York: DK.

(Author Unknown) *Mother & child - The book on your child's first year.* 1999. Bristol: Sandvik.

Mouton, J., & Marais, H.C. 1994. *Basic concepts in the methodology of the social sciences.* Pretoria: HSRC.

Nel, J.B.S., & Nel, Z.J. 1993. 'n Geïntegreerde ontwikkelingsmodel. *Die maatskaplikewerk navorser-praktisyn: 'n Tydskrif oor die toepassing van navorsing in die praktyk,* 5(3): 12-18.

New dictionary of social work. 1995. Revised and comprehensive ed. Terminology committee for social work. Pretoria: Government Printer.

Newman, B.M., & Newman, P.R. 1987. *Development through life: a psychosocial approach.* 4th ed. Chicago: Dorsey.

Oaklander, V. 1988. *Windows to our children: A gestalt therapy approach to children and adolescents.* 2nd ed. New York: The Gestalt Journal Press. Inc.

Oaklander, V. 1994. From meek to bold: A case study of Gestalt play therapy. In Kottman, T. & Schaefer, C. (Reds). *Play therapy in action: A casebook for practitioners.* London: Jason Aronson.

O'Connor, K.J. 1991. *The play therapy primer: An integration of theories and techniques.* Canada: John Wiley.

O'Leary, E. 1992. *Gestalt therapy: theory, practice and research.* London: Chapman & Hall.

Poggenpoel, M. 1998. Data analysis in qualitative research. In De Vos, A.S. 1998. *Research at grass roots: A primer for the caring professions.* Pretoria: . Van Schaik.

Porter, C. 1983. Spelterapie met die sorgbehoewende kind. Unpublished MA thesis. Pretoria: University of Pretoria.

Powers, G.T., Meenaghan, T.M., & Toomey, B.G. 1985. *Practice focused research: Integrating human service practice and research.* New Jersey: Prentice-Hall.

Raffin, P.M. 1996. *The good nanny book: How to find, hire, and keep the perfect nanny for your child.* New York: Berkley.

Rothman, J. & Thomas, E.J. 1994. *Intervention research: Design and development for human service.* New York: Haworth.

Royse, D. 1991. *Research methods in social work.* Chicago: Nelson-Hall.

Ryce-Menuhin, J. 1992. *Jungian sandplay: The wonderful therapy.* New York: Routledge.

Sagel, G., & Berke, L. 1999. *Making child care choices: How to find, hire, and keep the best child care for your kids.* Holbrook: Adams.

Schaefer, C.E. (Ed.). 1988. *Innovative interventions in child and adolescent therapy.* New York: John Wiley.

Schaefer, C.E., & Cangelosi, D.M. (Eds.). 1993. *Play therapy techniques.* Northvale, NJ: Jason Aronson.

Schaefer, C.E., & Reid, S.E. (Eds.) 1986. *Game play: Therapeutic use of childhood games.* New York: John Wiley.

Schoeman, J.P. 1996. Sensory contact with the child. In Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach.* Pretoria: Kagiso Tertiary.

Schoeman, J.P., & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach.* Pretoria: Kagiso Tertiary.

Schurink, E.M. 1998. The methodology of unstructured face-to-face interviewing. In De Vos, A.S. (Ed) *Research at grass roots: A primer for the caring professions.* Pretoria: Van Schaik.

Schurink, W.J., Schurink, E.M. & Poggenpoel, M. 1998. Focus group interviewing and audio-visual methodology. In De Vos, A.S. (Ed) *Research at grass roots: A primer for the caring professions.* Pretoria: Van Schaik.

Seaberg, J.R. 1988. Utilizing sampling procedures. In Grinnell, R.M., *Social work research and evaluation,* 3rd ed. Itasca, IL: Peacock, 240-257.

Sears, W. 1997. Laleche League International. *The womanly art of breastfeeding.* 6th revised ed. England: Penguin.

Sears, W., & Sears, M. 1997. *The complete book of Christian parenting & child care: A medical & moral guide to raising happy, healthy children.* Nashville: Boardman & Holman.

Sears, W., & Sears, M. 2002. *The successful child: What parents can do to help kids turn out well.* Boston, USA: Little, Brown.

Shelov, S.P., & Hannemann, R.E. 1998. The American academy of pediatrics. *Caring for your baby and young child: Birth to age 5. 3rd ed.* New York, Bantam.

Shelov, S.P., & Hannemann, R.E. 2004. The American academy of pediatrics. *Caring for your baby and young child: Birth to age 5. 4th ed*. New York: Bantam.

Sinay, S. 1997. *Gestalt for beginners.* New York: Writers and Readers.

Singleton, R., Straits, B.C., Straits, M.M., & McAllister, R.J. 1988. *Approaches to social research.* New York: Oxford University Press.

Spero, M.H. 1980. Use of the telephone in child play therapy. *Social Work,* 25(1): 57-60.

Stoppard, M. 2001. *Complete baby & child care: Every parent's essential guide for raising a happy and healthy child from infancy through preschool.* New York: Dorling Kindersley.

Strydom, H. 1986. Die enkelstelselontwerp in maatskaplikewerk-navorsing en maatskaplikewerk-praktyk. *Social work/ Maatskaplike werk,* 22(4): 216-221.

Strydom, H. 1994. *Maatskaplikewerk-navorsing.* (D 172/94.) Potchefstroom: Potchefstroom University for Christian Higher Education.

Strydom, H. 1998. Ethical aspects of research in the caring professions. In De Vos, A.S. (Ed). *Research at grass roots: A primer for the caring professions.* Pretoria: Van Schaik.

Suid-Afrika (Republiek). 1995. Departement van Gesondheidsdienste en Welsyn: Kinder- en Gesinsorgdienste. *Handleiding vir die arbeidsmark.* November, Pretoria: Staatsdrukker.

Sullivan, K. 1998. *A practical guide to pregnancy and childcare.* London: Grapevine.

Thomas, E.J. 1981. Development research. In Grinnell, R.M. (Ed.). 1981. *Social work research and evaluation.* Illinois: Peacock.

Thomas, R.M. 1992. *Comparing theories of child development.* 3rd ed. California: Wadsworth.

Thompson, C.L., & Rudolph, L.B. 1992. *Counseling Children.* 3rd ed. California: Brooks/Cole.

Tracy, R.L., & Ainsworth, M.D.S. 1981. Maternal affectionate behavior and infant-mother attachment patterns. *Child development,* 52: 1341-1343.

Van der Merwe, M. 1991. Maatskaplikewerk-beraad met jong kinders in egskeidingsituasies met fokus op speeltegnieke. Unpublished MA thesis. Stellenbosch: University of Stellenbosch.

Van der Merwe, M. 1996. Assessment play. In Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach.* Pretoria: Kagiso Tertiary.

Van der Merwe, M. 1996. Basic components of play therapy. In Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach.* Pretoria: Kagiso Tertiary.

Van der Merwe, M. 1996. Biblio-play. In Schoeman, J.P., & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach.* Pretoria: Kagiso Tertiary.

Van der Merwe, M. 1996. Creative play. In Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach.* Pretoria: Kagiso Tertiary.

Vandell, D.L., Wilson, K.S., & Buchanan, N.R. 1980. Peer interaction in the first year of life. *Child development,* 51: 481-488.

Warwick, L.L. & Bolton, L. 2004. *The everything psychology book: Explore the human psyche and understand why we do the things we do.* Avon, Ma: Adams.

Watkins, K.P. & Durant, L. 1987. *Day care: A source book.* New York: Garland.

Webb, N.B. (Ed.). 1991. *Playing for their lives: Helping troubled children through play therapy.* New York: Free Press.

Yontef, G.M., & Simkin, J.S. 1989. In Corsini, R.J., & Wedding, D. 1989. *Current psychotherapies.* 4th ed. Itasca: Peacock.

Appendix 1: Example of a written consent form signed by mothers

Participant's name: _____ **Date:** _____

Researcher: Calitz, Maria-Lina L., D.Phil. (Social work) student at the University of Pretoria, South Africa.

Promoter: Dr. J.M.C. Joubert, Department of Social Work, University of Pretoria, 0002, South Africa.

Informed consent

1. **Title of study:** A Social Work training program for the caregiver of an infant in San Bernardino County, California.

2. **Purpose of the study:** The purpose of this study is to develop a training program for the caregiver of an infant in order to provide in the infant's primary developmental needs while caring for him at home.

3. **Procedures:** I will be a participant in a group meeting with six mothers-to-be and mothers with infants. The researcher will ask me to share my opinion about a caregiver caring for my infant at home in opposition to enrolling my infant in a day care centre. My active participation during group discussions will be valued. Topics of discussion will include my expectations for a caregiver, whether I think that formal training of a caregiver is necessary, and what aspects should be included in a training program for a caregiver. The duration of the meeting will be approximately 2 hours. The place and time for the meeting will be scheduled at the researcher's convenience.

4. **Risks and discomforts:** There are no known medical risks or discomforts associated with this research, although I may experience fatigue and/or stress when participating in the group discussions and giving feedback to the researcher.

5. **Benefits:** I understand that there are no direct benefits to me for participating in this research. However, results of the study may help social workers in training caregivers for optimal caretaking of an infant at his own home. The infant will gain from the developmental program, and the caregiver will gain from the theoretical knowledge and practical experience of participating in the training program.

6. **Participant's rights:** Sharing my opinion is voluntary, and I am at liberty to withdraw from the research/meeting at any time.

7. **Confidentiality:** In order to record exactly what I say in the meeting, a tape recorder will be used. The tape will only be listened to by the promoter and authorized personnel of the University of Pretoria, South Africa. I understand that the results of the meeting be kept confidential unless I ask that they be released. The results of this study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

_____ _____

Subject's signature Date

_____

Researcher's signature

Appendix 2: Example of a written consent form signed by caregivers

Participant's name: _____ **Date:** _____

Researcher: Calitz, Maria-Lina L., D.Phil. (Social work) student at the University of Pretoria, South Africa.

Promoter: Dr. J.M.C. Joubert, Department of Social Work, University of Pretoria, 0002, South Africa.

Informed consent

1. **Title of study:** A Social Work training program for the caregiver of an infant in San Bernardino County, California.

2. **Purpose of the study:** The purpose of this study is to develop a training program for the caregiver of an infant in order to provide in the infant's primary developmental needs while caring for him at home.

3. **Procedures:** I will be part of a group of five caregivers to participate in this research study. I will undergo theoretical and practical training in order to gain knowledge and skills that will enable me to care optimally for an infant at his own home. Preparation is essential for active and meaningful participation during training. In addition, there will be written tests as well as practical tests for which I will have to prepare. The tests will be composed of literature about the infant and his socio-emotional development, as well as safety in and around the house. During practical testing I will be expected to role ply the techniques and skills necessary to optimally care for an infant. The tests will each take approximately one hour. The duration of the training will be a period of ten days, from 17:00 to 21:00.

4. **Risks and discomforts:** There are no known medical risks or discomforts associated with this research, although I may experience fatigue and/or stress when stating my opinion during training and taking these tests.

5. **Benefits:** I understand that there are no direct benefits to me for participating in this research. However, results of the study may help social workers in training caregivers for optimal caretaking of an infant at its own home. The infant will gain from the developmental program, and I will gain from the theoretical knowledge and practical experience of participating in the training program.

6. **Participant's rights:** Sharing my opinion is voluntary, and I am at liberty to withdraw from the research/training at any time.

7. **Confidentiality:** My test results can be sent to the promoter and authorized personnel of the University of Pretoria, South Africa. I understand that the results of the training program will be kept confidential unless I ask that they be released. The results of this study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

_____ _____

Subject's signature Date

_____

Researcher's signature

Appendix 3: Flubber recipe

"Flubber" recipe

In bowl one, mix together:

One cup hot water
Two teaspoons borax

In bowl two, mix together:

Two cups white wood glue
One and a half cups hot water

Add bowl one all at once to bowl two, and stir together. Enjoy.

Appendix 4: Play dough recipe

Play dough recipe

Two cups of flour
One cup salt
Six teaspoons cream or tarter
Two cups water
Six teaspoons oil
Three teaspoons vanilla essence
Two teaspoons food colouring (let the infant choose the colour)

Mix the ingredients together in a pot. Stir the mixture over low heat, until the dough forms a ball and all the moisture has dissolved. Let the dough cool off before use. Store the dough in an airtight container for future use.

Appendix 5: Suggested nursery rhymes: Little Miss Muffet, Hickory-dickory-dock, Round-and-round and Itsy-bitsy Spider

Little Miss Muffet

Little Miss Muffet sat on a tuffet
(caregiver sets the infant on her lap)
eating her curds and whey.
(pretend to feed him from a bowl)
Along came a spider
(caregiver crawls her hand toward the infant like a spider)
and sat down beside her
(caregiver sat her "spider" hand on his lap)
and frightened Miss Muffet away!
(holding the infant, caregiver jumps off her seat).

Hickory-dickory-dock

Hickory-dickory-dock,
(caregiver moves her index finger from
side to side, mimicking a ticking clock)
the mouse ran up the clock.
(run two fingers up the infant's arm)
The clock struck one,
(caregiver holds up one finger)
the mouse ran down.
(run fingers down the infant's arm)
Hickory-dickory-dock!
(mimic the ticking clock).

Round-and-round

Round and round the garden
goes the little bear.
(caregiver sets the infant in front of her and
runs her finger in a circle around his tummy)
One, two, three, four,
(caregiver gently squeezes each hand
and foot, one on each count)
tickle under there!
(caregiver tickles the infant under his chin).

Itsy-bitsy spider

The itsy-bitsy spider went up the waterspout,
(caregiver walks her fingers up in the air)
down came the rain and washed the spider out.
(caregiver wiggles her fingers downward to make rain)
Out came the sun and dried up all the rain,
(caregiver forms a circle with her hands above her head)
and the itsy-bitsy spider went up the spout again.
(caregiver walks her fingers up again).

Appendix 6: Program evaluation: Questionnaire for the caregiver: Pre-test/Post-test

---

A QUESTIONNAIRE FOR THE CAREGIVER TO EVALUATE THE PROGRAM

Name of respondent …… Date ……

All information will be confidential. The fact that identification is required is for administration use only and will not be used in the research report.

Instructions: Mark your choice of option, "Yes" or "No" with an "X", in the space provided for your response. In the case were you are given options to choose from, please circle the letter(s) next to your chosen response(s). Circle your choice of rating "1 to 5" on the "success scale". Study each question thoroughly and feel free to ask if you have any uncertainty. Thank you for willingly cooperating in this research.

A: THE CAREGIVER.

1. Do you have **previous training in childcare**?

Yes	No
1	2

2. **How long** have you been a **caregiver**? Please mark your choice of response with an "X" in the space provided.

6 to 12 months	12 to 18 months	18 to 24 months	Longer than 2 years

3. According to your opinion, do you think that **theoretical and practical training** about the **growth and development of an infant** is necessary in order to be a good caregiver?

Yes	No
1	2

B: PROGRAM FOR THE PHYSICAL DEVELOPMENT OF THE INFANT.

1. Which of the following activities (mediums) do you think can **stimulate the infant physically**? Please circle the letter(s) next to your chosen response(s).

   a Looking at **pictures** and listening to **cassettes**.
   b Listening to **music** and **moving your body** to the beat of the music.
   c Playing with **clay and dough**.
   d Eating **snacks**.
   e Smelling **flowers and coffee**.

C: PROGRAM FOR THE COGNITIVE DEVELOPMENT OF THE INFANT.

1. On a success scale of 1 to 5 (with 1 as very unsuccessful and 5 as highly successful), to what extend do you think that the following mediums can contribute to and enhance the infant's **cognitive development**?

   - Reading **books** with the infant. 1 2 3 4 5
   - Building **puzzles** with the infant. 1 2 3 4 5
   - **Preparing food** with the infant. 1 2 3 4 5
   - Reading or saying **rhymes** with the infant. 1 2 3 4 5

2. According to your opinion, do you think that playing a game of **"peekaboo" and hide-and-seek** with the infant can stimulated his cognitive development?

Yes	No
1	2

D: PROGRAM FOR THE EMOTIONAL DEVELOPMENT OF THE INFANT.

1. According to your opinion, to what extend do you have the knowledge and skills to apply the following activities (technique and mediums) with the infant in order to stimulate his **emotional development**? Evaluate your 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).

- **Making a book** about himself and the people that cares about him. 1 2 3 4 5
- **Painting and drawing**. 1 2 3 4 5

- Playing with **handpuppets**. 1 2 3 4 5
- Playing with **clay**. 1 2 3 4 5
- Making a **chart/poster with drawings of faces expressing different emotions**. 1 2 3 4 5

E: PROGRAM FOR THE SOCIAL DEVELOPMENT OF THE INFANT.

1. According to your opinion, do you think that it is **healthy or appropriate for an infant to fantasize?**

Yes	No
1	2

2. On a success scale of 1 to 5 (with 1 as very unsuccessful and 5 as highly successful), to what extend do you think that the following mediums can contribute to and enhance the infant's **social development**?

- Playing pretend play with a toy **telephone**. 1 2 3 4 5
- Playing **boardgames** with the infant. 1 2 3 4 5

F: PROGRAM FOR THE DEVELOPMENT OF THE INFANT'S SELF-IMAGE.

1. On a success scale of 1 to 5 (with 1 as very unsuccessful and 5 as highly successful), to what extend do you think that the following activities (mediums) can contribute to and enhance the infant's **self-image**?

- Looking at himself in a **mirror**. 1 2 3 4 5
- **Drawing** pictures of himself. 1 2 3 4 5
- Making **music**. 1 2 3 4 5
- Playing with **sand**. 1 2 3 4 5

2. According to your opinion, do you think that it is healthy or appropriate for an infant to have a "security blanket" or a favorite toy that he carries around with him?

Yes	No
1	2

3. If the infant tries to **do something by himself** (for instance, put away his toys), will you:

Do it for him to get it done quicker.	Tell him to leave it, because he is still to young to be doing it.	Praise him for his effort, and encourage him to keep on trying.