The Development of a Personal Growth Programme to Address the Emotional Needs of Early Childhood Development Practitioners in Previously Disadvantaged Communities

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2011

UNIVERSITEIT VAN PRETORIA
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The Development of a Personal Growth Programme to Address the Emotional Needs of Early Childhood Development Practitioners in Previously Disadvantaged Communities

by

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Submitted in partial fulfilment of the requirements for the degree

MAGISTER ARTIUM
COUNSELLING PSYCHOLOGY

DEPARTMENT OF PSYCHOLOGY
FACULTY OF HUMANITIES
UNIVERSITY OF PRETORIA

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PRETORIA
2011

ACKNOWLEDGEMENTS

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DECLARATION

I, **Jacqueline Nomsa Bokaba (s20233389),** declares that this dissertation titled:

The development of a personal growth programme to address
the emotional needs of early childhood development practitioners
in previously disadvantaged communities

submitted for the degree of Master in Counselling Psychology at the University of Pretoria, is my own work and it has never been submitted for any examination at any other institution. All the sources consulted have been acknowledged.

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J.N. Bokaba   **Date**

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ABSTRACT

This research was based on the development of a Personal Growth Programme to address the emotional needs of ECD practitioners dealing with vulnerable children in previously disadvantaged communities, mostly in Gauteng. Early childhood development practitioners placed emphasis on their emotional needs and the kind of interventions necessary to assist them in dealing effectively with the emotional needs of children in their care. A Personal Growth Programme was designed with the aim of stimulating and sustaining reflexive practices and emotional growth through self-exploration, role-play and sharing of experiences. Relying on semi-structured interviews, the practitioners' evaluations of the Personal Growth Programme were presented. All agreed that the programme had benefited them as individuals and as practitioners. They reported that the most important skills they had learnt were self-knowledge and empathy with the children in their care, both of which improved their practice. Some cited how these skills had benefited not only their practice but their personal relationships with family. Some of the skills were thus cited as life-changing. Regarding the sustaining of support groups, only three groups managed to meet at least once after the personal growth programme, with the aim of discussing their work or other issues related to it. The programme therefore made a difference for individuals but its sustainability revealed less success, suggesting that sustainability needed more attention.

KEY WORDS

Personal Growth Programme, Early Childhood Development, Early Childhood Development Practitioners, Emotional Development Orphans and Vulnerable Children.

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CHAPTER ONE
BACKGROUND AND AIM OF THE STUDY

1.1   INTRODUCTION

The significance of early childhood development in the life course has been widely confirmed by various local and international studies (Denham, Blair, DeMulder, Levitas, Sawyer, Auyerbach-Major & Queenan, 2003; Padayachie, Atmore & Bierster, 1994). It is "during early care that a child develops all the key elements of emotional intelligence, curiosity, purposefulness, self-control, connectedness, capacity to communicate and co-operativeness" (South African Government Education White Paper 5 on Early Childhood Education, 2001, p. 8). This explains the salience placed on early childhood development by virtually all responsible governments and the South African one is no exception. Academics stress that children's emotional adjustment is crucial as it predicts not only their likelihood of school success but also their emotional competence (Raver, 2004; Izard, 2000). Thus, the development of both enabling and crippling self-capacities and functions happens during early childhood with parents and guardians playing a pivotal role. Another important group of people entrusted with children's emotional development and school readiness are Early Childhood Development (ECD) practitioners, who are the focus of this study. The role of ECD practitioners has increasingly become central given the increasing numbers of working mothers as well as, in some cases, compulsory pre-primary school education.

The significance of ECD practitioners can never be overemphasised given their onerous task of nurturing both academic and social skills as well as cultivating prosocial behaviours in children in their care. Thus, ECD practitioners are expected to provide nurturing and responsive care-giving relationships to learners. The practitioners are expected to be well-adjusted emotionally in order to effectively teach emotional, social and other skills to children in their care. Some of these children, like the ones this study focuses on, come from low income or poor families, a situation further compounded by HIV and AIDS in South Africa. Such children are exposed to multiple stressors and are likely to suffer from emotional and early school difficulty. The problem of poverty, neglect and disease is so

widespread that the urgency of the situation is described as follows: "Unless the conditions under which poor children are raised and nurtured are addressed, the risk of irreversible brain damage and stunted physical growth is inevitable in 40% of our children" (South African Government Education White Paper 5 on Early Childhood Education, 2001, p. 8). Given the magnitude of the problem in poor communities, this research befittingly focuses on disadvantaged or low-income communities. ECD learning centres in these areas have the task of providing a supportive environment for economically challenged and emotionally vulnerable children. These centres are only as good as the practitioners who run them. The need for good caregivers however, has not been matched by a corresponding focus on them, especially their emotional needs and competence, both of which must be in good stead if caregivers are to deliver high quality education and interventions (Dunlap & Fox, 2009).

To that end, this research describes the development and implementation of the Personal growth Programme under the auspices of Head Start. Head Start is a Non-governmental Organisation that facilitates the training and development of community and home-based ECD centres in peri-urban, rural and informal settlements situated in Gauteng (*viz*. Katlehong, Vosloorus, Soshanguve, Mabopane, Garankuwa, Atteridgeville, Mamelodi) and North West Province (viz. Hammanskraal, Madidi, Klipgat, Mabopane). Head Start focuses mainly on training of ECD personnel in cognitive development of children. In response to the needs of children, a new part of their programme is to focus additionally on the emotional development of children. However, the focus on the emotional development of children is not accompanied by programmes that train personnel to deal with their own emotions.

1.2   PROBLEM STATEMENT

Considerable research has focused on explaining and measuring early childhood programme quality while underplaying the importance of the practitioners' characteristics, attitudes and emotional growth (Hill, 2007). The person delivering the programme will surely impact on the quality of the programme and will have an effect on the behaviour and well-being of the children. For example, a practitioner who experiences emotional exhaustion can often feel overwhelmed and anxious. In

such a case, each problem that the individual faces can be exaggerated and seen as evidence that things are bad and will naturally become worse. On the other hand, a practitioner who has a positive outlook in the face of adversity or emotional exhaustion can remain optimistic. Such a person can recognise real tragedies without being lost in trivia or exaggeration. This crucial point, the focus on practitioners, led to the carrying out of a needs assessment amongst practitioners in this study.

1.3 THE AIM OF THE STUDY

The Personal Growth Programme was derived from a needs assessment indicating that early childhood development practitioners placed emphasis on their emotional needs and the kind of interventions necessary to assist them in dealing effectively with the emotional needs of children in their care. A programme was designed with the aim of stimulating and sustaining reflexive practices and emotional enhancement or growth through self-exploration, role-playing and sharing of experiences. This programme was developed and implemented by Masters Community Psychology students from the University of Pretoria in 2008. Based on the findings of the needs assessment, the ultimate aim was to empower ECD practitioners through raising their awareness of and enhancing their connectedness with their emotional experiences. Additionally, the aim was to develop support for ECD practitioners through support groups. It thus became apparent that the personal dimensions of the caregivers themselves can have an impact on the emotional and cognitive development of children. To that end, the Personal Growth Programme was developed and implemented. The practitioners' experience of the programme will be reported in this study. At this stage however, a brief historical background of ECD in South Africa is instructive.

1.4 HISTORY OF EARLY CHILDHOOD DEVELOPMENT IN SOUTH AFRICA

It was not until the 1980s that the then South African government began to acknowledge the relevance of Early Childhood Development (ECD). Due to the high drop-out and failure rates among African pupils, the 1981 report of the De Lange Commission emphasised the need for pre-primary education for children from disadvantaged communities. This report recommended the creation of a bridging

course to prepare children for entry into formal education. Inadequate ECD provision especially for African children continued until NGOs intervened with alternative systems of provisioning and educator training. Nonetheless, the ECD sector remains largely marginalised and devalued (The Nationwide Audit of ECD Provisioning in South Africa, 2001). The Nationwide Audit report (2001) pointed out that ECD had been marginalised and fragmented with disadvantaged communities being the most affected. Although there have been efforts by the South African government to improve ECD provisioning such as for example, the National Integrated Plan for ECD of 2005, support for ECD centres is still fragmented and inadequate (Biersteker, Streak & Gwele, 2008). Currently, ECD is a shared responsibility mainly between the Departments of Social Welfare, Education and Health. Funding for ECD centres is provided through these departments.

Over the past decade there has been a significant rise in the number of pre-school children in group care settings, including child care, Head Start, public and private preschools. The demand for high quality early education and care is also growing. The benefits of quality services for young children remain undisputed. It has been stated that the early years, particularly the first five years are critical for children's development since they shape their emotional and mental capacities which in turn allows them to maximise their potential as they grow older (Osgood, 2006). Yet according to the 2001 census data as reported by Visser and Chamberlain (2005), there were 6,4 million children 6 years and younger in South Africa but only 17% of these children received pre-school or educare services.

1.5   POVERTY, EMPLOYMENT AND SOCIO-ECONOMIC SECURITY

The ECD centres that were selected by Head Start satisfied the following criteria:
- They must provide employment for between two and five women (sometimes as volunteers).
- They accommodate between 60 to 120 children aged 0 to 6 years.
- They are either run by a School Governing Body (SGB) or individual owners/principals.
- They lack sufficient resources and capacity such as infrastructure, space, trained staff, educational resources, business/entrepreneurial skill.

The last mentioned point was given salience. Porteus (2004) argued in his study that children were disproportionately represented among the poor. It has been estimated that between 58% to 75% of South African children live below the poverty line. Extreme income inequalities persist, resulting in poverty being concentrated among black households and in rural areas. Porteus (2004) raised serious questions related to children's development:

- What is best for the children?
- What is best for the primary caregiver?
- Given that the majority of caregivers in South Africa are women, what forms of ECD services open up space for both child and women's development (economically, educationally and emotionally)?
- Where is the best place for the child to receive educational care?
- What ECD strategies could be developed to support families and communities to provide conducive environments for their children?
- What is the best form and function of early childhood provisioning with reference to 'education'?

The above questions aim at examining the socio-economic and health status of young children and attest to an urgent need for an integrated, developmental approach to early childhood. It can be concluded that under the current South African situation, the questions raised above cannot be adequately answered as minimal progress has been made in terms of addressing needs of young children.

In the 1980s, adults working with young children were often viewed as "babysitters" who were not considered part of the teaching profession. Contrary to this view, Clark and Huber (2005) indicated that all early childhood professionals, needed to continuously update their knowledge and skills on working with young children. An emphasis on constant professional development is viewed as an important aspect of educational reform at all levels of education (Biersteker *et al*., 2008).

The expansion of early education opportunities for children has been supported by the South African government, laying emphasis on the social and cognitive development of children. ECD has been defined in the Education White Paper (March, 1995) as the "process by which children from birth to nine years grow and

thrive" (p.33). The government has good policies and commitments that resonate with most aspects of ECD. Some of the policies and commitments include:

- Recognition of the preventative value of good services for the young and most vulnerable children;
- Recognition of multiple approaches, including direct services and services targeted at the parents, families and communities;
- Focus on those most at risk – the poorest, and people with disabilities;
- Focus on need for health and good nutritional status, and
- Commitment to integrated service delivery and optimal use of existing resources and services.

These policies also recognise that all children are developmentally vulnerable, particularly poor children from disadvantaged communities, who may have special needs as a result of lack of resources or growing up affected and/or infected with HIV/ AIDS.

Early childhood care and development, together with the challenges faced by this sector, are increasingly on national agendas of governments. Training, leadership and capacity building are critical to address the multitude of ECD challenges (Pence & Marfo, 2008). However, there is limited research on the emotional support given to the practitioners.

ECD practitioners are said to be very significant to the success of interventions aimed at the appropriate development of children. According to *The Nationwide Audit of ECD Provisioning in South Africa* (2001), a sizable portion of pre-school educators had not received any training and others held qualifications which were not recognised by the Department of Education. It has also emerged that rural ECD and day care sites need significant support regarding educator training as well as the development of programmes and activities for children. Above all, as is contended in this research, ECD practitioners need training programmes or refresher courses that target the practitioners' emotional needs given the emotionally taxing task of dealing with not only their own emotions but those of children in their care as well.

The emotional growth of practitioners is not addressed by any of the programmes that have been initiated by government (Kutnick, Brighi, Avgitidou, Genta, Hannikainen, Karlsson-Lohmander, Ruiz, Rautamies, Colwell, Tsalagiorgou, Mazzanti, Nicoletti, Sansavini, Guarini, Romera, Monks, & Lofqvist, 2007). Thus, the personal growth of practitioners is often neglected since the primary focus in training is to develop their skills to assist the children in their care. The motivation for this research is to focus on this crucial but neglected aspect of ECD. ECD practitioners who are sensitive to their own and others' emotional needs, can contribute to the emotional development of children. This is an essential part of adequate care and education as set out in the Bill of Rights in the South African Constitution of 1996. As such, there is an urgent need to increase support for young children. The training of ECD practitioners can contribute to the achievement of this goal by promoting better care of children and thereby demonstrating an understanding of their social and emotional needs (Taylor & Kvalsig, 2008).

Various organisations provide ECD practitioners with training to stimulate the cognitive and emotional development of children in their care. Their training focuses on the first three to six years of a child's life, which are generally held to be critical for the development of future potential. During this time, children are equipped with knowledge, skills, values and attitudes to meet the challenges of the future (Daniel & Ivats, 1998). Kutnick *et al.* (2007) have shown that the relationship ECD practitioners have with the children they care for, is the main source of interaction to stimulate development in the child. That being the case, the acquisition of skills should not be viewed in isolation from the emotional states and needs of ECD practitioners.

1.6 SIGNIFICANCE OF ECD PRACTITIONERS IN THE DEVELOPMENT OF CHILDREN

The quality of the early childhood workforce is a critical factor and may be of overriding importance in determining whether early education and intervention is of high or poor quality, along with a safe and well-equipped early learning environment. It is the characteristics and behaviours of the practitioners themselves that contribute most to the quality of the implementation of the ECD programme and its effectiveness in the development of young children (Buysse & Hollingsworth,

2009). Professional development designed to help practitioners acquire knowledge and intervention practices should reflect the vital connection between the quality of the workforce and the programme offered.

People working in the human services professions often work with emotionally demanding situations over longer periods of time, a situation that exposes them to certain degrees of stress (Pines, Aronson & Kafry, 1980). Too much stress tends to compromise the quality of service offered by caregivers and some of the stress may impact negatively on children in their care. The following section briefly discusses stressors, their effect and how the impact of the stressors can be lessened.

1.7 STRESS AMONGST EDUCATORS

Two types of stress affect a practitioner's ability to manage situations effectively. The first type emanates from the practitioner's reaction to the current situation of ECD itself and the other type is the amount of chronic background stress the practitioner has experienced in both the remote and immediate past. Background stress directly affects the practitioner's ability to manage the children and in turn affects the outcome and reaction of the children. Management of practitioners' stress is thus an integral part in enhancing caring for children. Practitioners can benefit by closely inspecting how stress is manifested in various ways and learn specific preventative measures to counteract and manage stress to be able to understand the emotional needs of the children in their care (Donald, Lazarus & Lolwana, 1997).

ECD practitioners are likely to be faced with the following stressors, most of which are taken from O'Riley (2005):

➢ **Work overload**
Role overload has been stated as the key variable in job stress. Practitioners often lose track of what they should reasonably expect of themselves. Whatever their input, it seems that more is always necessary. Sometimes the job requires skills and knowledge exceeding those of the practitioners. In many child-care centres, the ratio of children to staff is unreasonable and leads to work stress. According to The

Nationwide Audit of ECD in South Africa (2001), the learner/educator ratio averages 19:1.

> **Overwhelming responsibilities**

The dynamics associated with overload also apply to the feeling of being overwhelmed by responsibilities. The practitioners sometimes assume limitless responsibilities. In such a situation, practitioners need to step back and set their own priorities. The formation of a support system is also essential for keeping one's workload in perspective

> **Inability to detach from job**

Teaching children can be emotionally draining since it involves dealing with lives of young people. The plight of an individual child or family can seem unsolvable. The burdens of overload and perceived responsibilities can weigh down practitioners during the time that they should be resting and revitalising their lives. Practitioners tend to mix their work with their personal lives, particularly when dealing with vulnerable children or children in need. Practitioners would like to help children in need and as a result try to be rescuers or family fixers. Practitioners need to learn that problems belong with children and their respective families. They need to refer children in need to the relevant professionals. Similarly, they need to understand that as human beings, children will have complex problems that sometimes cannot be fixed over a short period of time (Johnson, 1989). This leads us to the expected role(s) of practitioners.

1.8 ROLE(S) OF ECD PRACTITIONERS

Practitioners can provide several valuable services to children. First, the practitioner can become aware of the various emotions that children experience and display. Some of the emotions are accompanied by specific behaviours that mark distress. By identifying a child who experiences specific emotions of distress, early intervention is possible. Thus, observant practitioners can inform the parents about a behaviour that suggests emotional distress in order to seek early professional intervention where necessary. An ECD practitioner in touch with their own emotional being can help a child in various ways. In order to achieve this, however, the practitioner needs to be honest with themselves. Being knowledgeable about one's

own limitations is an advantage, as difficult situations can be referred to other personnel who may be in a better position to assist (Johnson, 1989).

A practitioner's emotionally positive responsiveness to children's observed emotions predicted pre-schoolers' successful emotional adjustment. This was found in a study by Linsey and Colwell (2003). Positive responsiveness included reacting with happiness to children's happiness, with tenderness to their sadness, and with calmness to their anger. Practitioners who were more tolerant and positive were able to assist children in identifying their own emotions and reactions. Negative responsiveness by practitioners included reacting inappropriately to children's emotions, for example reacting with anger or indifference to children's sadness. This model of responsiveness tends to make children feel alienated and is thus unbeneficial to them (Denham, 1998).

It is crucial for educators to understand that preschoolers learn to regulate their own emotions in various ways, given that each child is a unique individual with different coping mechanisms. Some emotions can exceed a child's resources and end up flooding their conscious awareness. This is normally the case with vulnerable children who face more emotional hurdles than those children in stable environments. When a child is emotionally overwhelmed, his/her behaviour can become disorganized. Consequently, negative emotions need to be managed often (Linsey & Colwell, 2003). Preschoolers constantly process both positive and negative emotions. They begin to deal with the stress caused by emotions and emotional situations at an early age, at times as early as two years old (Denham, 1998). Children who understand their emotions are better equipped to regulate their own emotions and react to those of others. Thus, emotions matter not only for proper emotional adjustment in general but to the academic success and interpersonal functioning of children.

Positive affect in particular has great appeal since it promotes social interaction. A person in general prefers to be around those who show joy and happiness, and young children are no exception to this rule. Positive emotion is important in the moment, but it also has a far reaching influence in the future (Linsey & Colwell, 2003). For this knowledge to become available and useful to the practitioner, effective training on the inculcation and display of positive emotion is required.

1.9   ECD TRAINING FOR PRACTITIONERS

In order to prepare the ECD practitioners to address the emotional needs of children they care for, training programs that provide appropriate content and practical experiences that reflect a comprehensive approach need to be developed. Programmes should include among others, the interventions for dealing with vulnerable children and emotional development of children. A Teaching Pyramid, designed by Hemmeter, Santos and Ostrosky (2008), helps in explaining the identified gap in this study:

Interventions for OVCs

Social & Emotional Teaching Strategies

Designing supportive environments

Building Relationships with Children
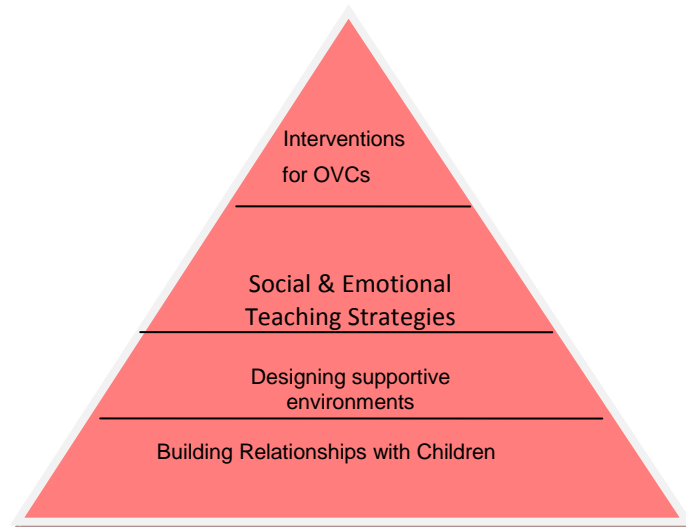
FIGURE 1: The Teaching Pyramid Model

The above Teaching Pyramid Model describes how to improve early childhood practices that promote social skills and emotional development in dealing with vulnerable children. The four levels of practices represented in the Teaching Pyramid address the social-emotional development and needs of vulnerable children. The four levels are: a) building relationships with children, families and colleagues; b) designing supportive environments; c) social-emotional teaching strategies and d) individualised interventions for vulnerable children or children with challenging behaviour. The Teaching Pyramid provides a comprehensive model to ECD practitioners because it covers key aspects of child development (Hemmeter *et al.,* 2008). Ideally, then, an ECD practitioner should be aware of the issues highlighted in the Teaching Pyramid, especially the first point about building relationships with orphans and vulnerable children in their care.

A challenge may arise in the effective implementation of a comprehensive training framework as suggested above because it requires expertise and experienced professionals in child development. It also requires a systemic approach to address the needs of children. In some instances, as will be demonstrated in this research, a comprehensive training programme may not be effective if ECD practitioners are not in touch with their own emotions.

Thus, this research identified the emotional needs of ECD practitioners and their potential impact on the emotional development of the children they care for as a gap that needs to be filled in practice and scholarship. By providing emotional support to the practitioners, it is hoped that positive change in their lives may be elicited, which in turn may positively affect the children they care for. Several programmes have been developed to stimulate children emotionally but it is difficult to find programmes that aim at stimulating caregivers (McNiff, 1998).

The research aimed at developing and implementing an intervention, with emphasis on the emotional development and self-exploration of ECD practitioners who were part of the Head Start programme. This research specifically focuses on the experiences of ECD practitioners who participated in the intervention. Their experiences during and after the intervention were analysed to understand the impact of the intervention in their lives. Their ability to form support networks within their local community was also assessed.

1.10   OUTLINE OF CHAPTERS

The research report is divided into five chapters. Chapter 1 is the introduction to the research. It maps out the goal of the research, as well as key issues addressed. Chapter 2 discusses the literature on ECD, emotional needs of children and challenges faced by ECD practitioners when addressing needs of vulnerable children. Chapter 3 focuses on the qualitative research methodology employed in the study, action research as well the research procedure. Chapter 4 presents the results of the three phases that were implemented throughout this study. Chapter 5 comprises the discussion, conclusions and recommendations for further research.

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CHAPTER TWO
LITERATURE REVIEW

If I am not for myself, who will be for me, if I am only for myself,

what am I, and if not now, when?

Hillel, Wisdom of our fathers.

2.1   INTRODUCTION

This chapter discusses literature that addresses the personal growth of a person and its influence on how the person relates to others. It follows on the first chapter which sketched the importance of emotional management for both ECD practitioners and children in their care. In this chapter, specific attention is directed at early childhood development, the roles of practitioners and emotional challenges they face, as well as how practitioners relate to the emotional needs of the children they serve.

2.2   GROWTH VERSUS ADJUSTMENT

The metaphor of growth suggests that just as life forms mature physically, individuals also have the capability to mature psychologically. Growth implies a movement that is in some sense "onward and upward", not merely one that returns a person to their original position (Critelli, 1987, p. 43). Adjustment emphasizes reacting to the changes in the environment, whereas growth points to the more active ways in which people seem to initiate change in their lives. Rogers (in Critelli, 1987), suggests that growth often involves behaviour that is carried out spontaneously, for its own sake, because of the pleasure or satisfaction that it generates, not because it leads to a particular outcome. The significance of this theory to this study is that it alerts us to the fact that the attainment of emotional growth is a process for both children and adults. As such, its attainment is as equally important as physical growth

2.3 FULLY FUNCTIONING PERSON, ON BECOMING A PERSON – CARL ROGERS

Rogers (cited in Critelli, 1987) developed a theory that became central to the humanistic theoretical orientation. The person-centered approach offers a dynamic, process-focused account of personality development and functioning. It also highlights the vulnerability to and development of psychopathology, and therapeutic growth toward psychological wellbeing (Patterson & Joseph, 2007).

Rogers' (cited in Critelli, 1987) person-centered theory emphasizes the concept of self-actualization. This concept implies that there is an internal, biological force to develop one's capacities and talents to the fullest. The person's central motivation is to learn and to grow. Growth occurs when individuals confront problems, struggle to master them and through that struggle develop new aspects of their skills, capacities and views about life. Growth is thus proactive and suggests reflexivity. For Rogers (cited in Critelli, 1987, p. 10), "self-actualization" is a natural process yet it requires the nurturance of a caregiver. In other words, it needs correct stimulation. This is where the role of ECD practitioners becomes pivotal given their centrality in nurturing children's emotional and psychological growth. ECD practitioners also need unconditional acceptance to be able to grow.

According to Rogers, unconditional positive regard is necessary for self-actualisation given that human growth requires the experience of being valued for one's self, regardless of the degree of which behaviours are approved or disapproved. For Rogers, personal growth comes about as a natural unfolding of our genetic potential. Given a supportive environment in which an individual's need for unconditional love and acceptance is met, the actualization tendency flowers, yielding a life that:

> *Involves a wider range, a greater richness, than the constricted living in which most of us find ourselves. People who have the capability of living more intimately with their feelings of pain, anger, ecstasy and love. And this is the reason that they can live fully in a wider range and they have an underlying confidence in themselves, a trustworthy instrument for encountering life* (Critelli, 1987, p. 72).

Rogers pictures the fully functioning person not as someone who is always happy, but as someone who is more fully alive, more sensitive to experience and more aware of his or her own emotions (Critelli, 1987). In that regard, people working with other people, such as ECD practitioners, need to be in contact with and understand their own feelings to be able to connect with and understand the feelings of others (Critelli, 1987).

2.4 CHILDHOOD DEVELOPMENT – DEPENDENCY ON PARENTS AND SIGNIFICANT OTHERS

Rogers (cited in Critelli, 1987) offered the following scenario of childhood development. Initially the child is loved by parents and experiences feelings of being loved and valued. The child in the process finds much behaviour to be pleasurable, such as breaking toys, hitting elder or younger siblings and perhaps excreting. These behaviours at first are accompanied by positive feelings towards themselves. As children start to experience negative feedback from the parents when they hit their siblings, for example, they come to know that it is bad to hit other people and as a result reduce the level of hitting others. In that way, they learn to behave socially appropriately.

Rogers reminds us how dependent children are on their parents and caregivers for healthy emotional adjustment and growth (cited in Critelli, 1987). Children tend to adopt the behaviour that is portrayed and supported by caregivers. When a child grows up with certain conditions set, he/she may develop behaviour to achieve approval from parents or caregivers and not develop his/her real inherent capacities. Rogers distinguishes between two fundamentally different types of values. We begin life with direct, unlearned, natural experiencing. Through normal socialization, we also acquire learned values from caregivers and peers (Critelli, 1987). To that end, ECD practitioners should be good models and understand children's development well enough to direct their behaviour without setting up unrealistic conditions for approval. For them to be good models, ECD practitioners need to be fully functioning individuals.

2.5 CHARACTERISTICS OF A FULLY FUNCTIONING INDIVIDUAL

Rogers developed a description of a fully functioning person that has the following characteristics:

2.5.1 OPENNESS TO EXPERIENCE

Openness is the most central feature of the fully functioning individual. It refers to a non-defensiveness in which a person is available to experience anything in their own environment. Only when the individual is open to all experiences can the actualization tendencies function to capacity. The level of openness can be rated on the following:

- Owned feelings: The person can communicate his or her feelings immediately as they experience them without fear of losing control.
- Self-disclosure: The individual can identify, discuss and express emotions and experiences to another person without fear.
- Taking responsibility: People need to accept personal responsibility and show willingness to understand and confront challenges.

2.5.2 TRUSTING ORGANISMIC EXPERIENCE

Fully functioning people identify and attend to their own feelings rather than relying on what others say. Rogers (cited in Critelli, 1987) stresses the importance of relying on one's intuitive feelings as basis for action. The fully functioning person does not look to others for approval or for standards, but rather realises that all the responsibility lies in him or herself to choose the preferred course of action. Trust in one's self is closely linked to openness. For example, if a man has to choose who to marry, his openness to experiences allows him to use all the available information in order to arrive at a decision. He will use the information from friends, parents and his own feelings and impulses. He is also aware of social and other set taboos and remembers how he reacted in past situations. He then uses all this information to make decisions. Effective ECD practitioners are expected to have attained characteristics of the fully functioning individual in order to respond appropriately to their own emotions and those of children, especially vulnerable ones.

2.5.3 LIVING-IN-THE-MOMENT

Living-in-the-moment is usually interpreted as giving attention to the "here and now". Optimal functioning implies using our awareness to the best advantage. In most cultures, people generally run into problems because they continue to worry about past failures or future ones. This type of thinking forces a person to avoid dealing with events in the present. These barriers from past experiences then influence behaviour in the present. Obviously there are times when living effectively in the moment requires re-thinking past events or planning for the future. We can learn from past mistakes and use that information to change current behaviour (Critelli, 1987).

The significance of Rogers' theory to this research is that if people's needs are not satisfied this can impact on their behaviour. Regarding ECD practitioners, they may be too preoccupied with their own needs and developmental flaws as a result of which they may not give the required or full attention to the needs of children in their care.

2.6 THE STANDARDS APPROACH TO EARLY CHILDHOOD DEVELOPMENT

Having discussed characteristics of a fully functioning individual above, the research now turns to Standards Approach to early childhood development. Some aspects in the Standards Approach, for instance emotional development, are directly linked to characteristics of a fully functioning individual. Knowledge of early development by ECD practitioners can help them to empathise with children and consequently, to consciously choose the best possible response to children's problems.

Standards of children's early psychosocial development have been pioneered in the United States of America (USA) as part of an effort to increase accountability and performance in early childhood care. There are various definitions of psychosocial development used in Standards Approaches. The following commonly used domains for setting standards for child development are adapted from Scott-Little, Kagan & Frelow (2003). These are the areas that need stimulation:

- *Motor development* includes gross motor skills, fine motor skills, oral motor skills, sensori-motor skills and functional performance.

- *Social development* refers to children's ability to form and sustain social relationships with other children and adults. Socially competent children are able to communicate and enter co-operative role relationships with adults. Social development also refers to the child's concept of self and ability to understand social behaviour.

- *Emotional development* refers to the child's ability to regulate emotions and understand feelings of others. A sense of self-efficacy and security are also central to emotional development.

- *Language development* refers to the understanding of content, form, and use of language. It includes skills such as listening, speaking, social uses of language, vocabulary and meaning. Questioning, creative use of language and literacy skills are also important in language development.

- *Cognition and general knowledge* include a number of components. First is the physical knowledge of the properties of objects within the world around a child. Second is the social-conventional knowledge or awareness of the agreed-upon conventions of society and the socially learned knowledge.

Practitioners should be aware of these stages in order to make informed interventions and respond appropriately as per the requirements of a specific stage of a child in their care.

2.7   EMOTIONAL DEVELOPMENT AND NEEDS OF CHILDREN

The emotional development of children predicts whether they become fully functioning adults or not.

The following emotional development stages of children are important and should, ideally, comprise part of every ECD practitioner's knowledge about children. Although ECD practitioners were not directly trained about children's emotions, the exercises that they were engaged in, such as the one in which they had to imagine they were children, were meant to elicit, refresh and construct such knowledge during the Personal Growth Programme. A discussion of emotional development stages is thus instructive as it suggests some of the factors that ECD practitioners

should be aware of in their practice so that these do not become barriers in working with children's emotional development. The stages are drawn following the ideas of Santrock (2010):

➢ **0 – 6 months**

From birth to six months the child can tell apart basic facial expressions such as anger, happiness, and sadness. The baby responds to negative emotions such as anger by turning away, or looking away.

➢ **7 months – 1 year**

From seven months to one year, the baby's emotions become more apparent and easy to decipher – such as frustration, fear, happiness, and sadness. The baby can more easily recognize positive and negative emotions in caregivers and can react by rocking him/herself or chewing toys.

➢ **1 – 3 years**

When the child is between one and three years old, self-conscious emotions appear. This refers to emotions they can use to respond to other people such as caregivers. Children of this age can distract themselves by turning away and playing with a toy. They learn to use emotions to get a specific reaction from their caregiver.

➢ **3 – 4 years**

Children between three and four years start taking big developmental steps as they are curious and interested in exploring their environment and the world around them. They want to see, touch, taste, smell, hear, and test things for themselves. They may put objects into their mouths, try to climb up onto furniture, pull on curtains, and open cupboards to explore what is inside. Children at this age learn by experiencing and by doing – by using their senses. They also learn through playing. Three and four year olds begin to learn to share toys and playing space and also start to take turns playing with a toy. They want to be independent as evidenced by trying to feed themselves and putting on their own shoes. Children of this age need to start learning about rules such as sitting down while eating and not running around with food in their mouths, or not biting and hitting other children or adults. Four year olds start modelling (imitating) behaviour of important people in their lives, such as pretending to be a teacher, or pretending to be a mother by feeding a baby

doll. They also start to appreciate and value praise for their achievements and building their self-esteem. For example, caregivers can boost the children's self-esteem by saying "Well done, you are sharing your toys".

> ### 5 – 6 years

At five and six years old, children begin to understand different emotions with more clarity. They may respond appropriately to others' emotions like feeling sad when another child is crying, or feel angry when another child takes someone else's toy. It is important however to keep in mind that every child is different and will develop at their own pace, in their own special and unique way (Shaffer, 2002).

By the time a child is three years old, his/her sense of self is well integrated. The beginning of self-recognition occurs during infancy. Self-knowledge, the awareness of certain attributes becomes clearer during the second year. During the second year, the peak of stranger anxiety increases, toddlers then tend to use familiar adults as secure bases for exploration. They begin to learn to coordinate their behaviour and their emotions, signifying the emergence of an organised sense of self.

A wide range of emotions is expressed by children for example joy, anger, surprise, pleasure, sadness, anxiety and indifference. They also express fear and frustration and this they either label as "good" or "bad" feelings. All feelings, either positive or negative have a purpose, and they provide important messages that feed into self-direction. Adults act as models by showing appropriate mode of expression, thereby facilitating emotional development in children (Turner & Hamner, 1994).

Children can have special needs. If these needs are not met, then normal social, emotional and cognitive development processes are put at risk. Sharp and Cowie (1998) provide a good summary of these needs as:

- *Basic physical care:* Children need basic things such as shelter, food, rest and warmth.
- *Protection:* They need to feel safe from harm, such as sexual and physical violence.
- *Security, guidance, support and control:* They need to have a sense of continuity of care and expectation that the family unit will remain stable.

They need good role models from adults who will offer guidance on acceptable social behaviour.

- *Love, affection and respect:* Children need to have affectionate, respectful physical contact. They need to be encouraged to share feelings of anger, fear, hurt as well as happiness.

- *Stimulation to learn and access to schooling:* During the pre-schooling years, children need to have freedom to explore their world and have stimulating materials, playthings and books. This is hardly the case in low income ECD centres given that lack of funds means fewer or no learning and other materials necessary for stimulating emotional and cognitive growth.

- *Autonomy and responsibility:* Children need to gain the experience of being responsible in an age appropriate manner. For example, by tidying away toys and helping with house chores.

2.8   THE NEED FOR LOVE AND ACCEPTANCE

It has been stated that everyone has a need for love and acceptance. This corresponds to the two highest levels of deficiency motivation in Maslow's hierarchy (cited in Hemmeter, Ostrosky & Fox, 2006). According to Maslow, if this need is not met, one will always fight for gaining love and acceptance instead of growing as a person. Attempts to gain love and acceptance then take precedence over activities that would likely contribute toward actual emotional enrichment. In other words, the person becomes obsessed with looking for love rather than growth. Love and acceptance in early childhood have a strong influence on the child's future development. Children tend to internalise the values of caregivers, and adopt the same attitude the caregivers had towards them. That being the case, caregivers need to be aware of the behaviour they portray in front of children as well as what they say to them as it has an important impact on the child's development.

2.9   IMPORTANCE OF EMOTIONAL DEVELOPMENT IN CHILDREN

There is an increasing recognition that emotional abilities have been underrated in the role they play towards a successful and fulfilling life. Emotional abilities are now

seen as influential in determining how people enjoy and what they achieve in life (Dowling, 2005).

Children tend to seek approval from emotionally significant people in their lives. Feelings of self-worth, a positive self-image and security are formed very early in the child's life. It has been argued that many societal problems experienced by communities have strong emotional undercurrents (Denham, 1998). Mental health difficulties are said to be centred on unusual patterns of emotional expressiveness and understanding. For example, issues such as child abuse, marital difficulties or serial killing have an underlying core such as anger, shame and guilt (Denham, 1998). Thus, the lack of emotional competence is central to behaviour problems experienced by most children. In other words, during child development, when basic milestones of emotional development are not reached successfully, such children are at risk of developing some form of psychopathology later in life (Denham, 1998). It is therefore crucial for caregivers to understand and cultivate emotional development in children.

Most of a child's basic emotions are in place by the time he/she is two years old (Hemmeter *et al.*, 2006). Young children also quickly develop their unique means of expressing their feelings and then use them to suit certain circumstances. This observation contrasts the common assumption that children as young as two years old cannot experience intense emotions such as grief, for example. On the contrary, on experiencing the death of a loved relative or a close family friend, children will show their grieving through withdrawal, anger or denial. It is important for adults to allow children to recreate their understanding of the loss through play. ECD practitioners play a crucial role in responding to each child's needs at the time when the child's family members are still distressed and vulnerable after the loss (Dowling, 2005).

Dowling (2005) further argues that negative emotions can have an effect on children's working memory. If a child is new at a preschool and worries about various things such as getting dirty or is anxious about new people he/she will be meeting, these emotions can block his/her working memory. The child may be in turmoil as a result of feeling uprooted and anxious about being "abandoned." This

child can become unsure, confused and could even forget things in which he/she was previously competent.

Children initially show feelings through what they do. However, their spoken language is important for them to learn to deal with emotions. In order to cope with tasks as they start in new learning environments, children need to talk to express their feelings and also to make sense of what is happening around them (Dowling, 2005). As such, it is important for ECD practitioners to be able to communicate effectively with children and in the process empower the children to vocalise their ideas and feelings.

Viewing relationships in a wider social context, Bronfenbrenner (1979) proposes the model of a system within a system. From this perspective, it is not only the family which influences the emotional and social growth of the child, but also the environmental settings such as friends, school and teachers. Schools and other organizations can create an environment which fosters emotional resilience.

2.10   CREATING A CONDUCIVE CLIMATE FOR EMOTIONAL GROWTH IN PRESCHOOLS

It has been argued that schools and early learning centres should provide care and support for vulnerable children. However, Hoadley (2007) discovered that schools in South Africa were already struggling to meet their three core functions: teaching, learning and management. She indicated that a recent study on teacher-workload at both ECD and school level revealed that most of the teaching time in schools was crowded by other functions that teachers were expected to perform. ECD centres are often overcrowded and poorly resourced resulting in stressful situations for ECD practitioners as pointed out in Chapter 1.

The importance of having a 'significant other' relationship within a pre-school or at home for effective coping, has been strongly emphasized (Denham *et al.*, 2003). A strong pastoral system within a pre-school, which involves all staff in the development of a child's social and emotional welfare in order to make a child feel valued and respected, is needed in most centres.

"Circle time" has become a common means of encouraging children to converse about things that matter to them. In the hands of sensitive practitioners, children can explore their emotions and talk freely about issues that affect them. Children, like adults, are more likely to talk about things that affect them with people who show that they are genuinely interested, who are prepared to listen and also reciprocate with some of their experiences. Children who are emotionally vulnerable desperately need a calm and safe environment (Denham *et al.*, 2003). They need a practitioner who can convey the message that the distress they are facing is only temporary. This can be explained through the metaphor "*after the storm there will be sunshine*". Dowling (2005, p. 46) emphasises that "so long as the love and care are prevalent, children will flourish and grow given the healthy emotional repertoire".

The most frequently experienced stresses that put a child in a vulnerable position have been outlined by Sharp and Thompson (1992) as the following:

- Death of a close family member;
- Illness/ injury of a close family member;
- Personal illness/ injury;
- Divorce of parents;
- Arguments and constant conflict in the family, and
- Poverty in the family.

As pointed out by Brannen, Mooney and Statham (2009), children who are socially and emotionally vulnerable in most instances come from poor families. It is therefore important for the ECD practitioner to understand the conditions that each child comes from.

- ECD practitioners can apply various strategies when dealing with young and vulnerable children. These strategies include identifying and labelling feelings, as well as managing them. Practical suggestions as propounded by Dowling (2005) in stimulating emotional development in children are the following:
- Organise a broad range of activities which enable children to express their feelings in different ways.
- Provide resources: a punch bag on which to vent angry feelings, a large soft animal or woolly scarves for lonely/upset children to cuddle; a large stuffed

figure of a granddad sat in an armchair to whom children can confide their worries.

- Have regular displays of adults and children expressing different emotions. Use these in discussions with small groups and encourage children to identify with the feelings and to share their own experiences.
- Introduce a worry bag, and display a selection of shells nearby. If a child is worried, he/she can be encouraged to select a shell, take it to the practitioner, and share her concern. After the worry has been discussed, the child visibly gets rid of the worry shell by putting it away in the bag.

2.10.1 FACILITATORS OF PERSONAL GROWTH

Personal growth is possible in supportive relationships, where one can reflect on feelings and behaviour and where there is commitment to core values. Supportive relationships allow individuals to talk about their experiences, and so reflect on them. Reflection promotes learning where a change in one's consciousness and understanding of an event occurs and results in personal or professional development. Reflection also enables people to critically evaluate their emotional responses and behaviours Dowling (2005). As such, if ECD practitioners are self-reflective, they can evaluate their feelings and behaviour and in the process become better caregivers.

It is commonly held that spending time with people who encounter similar problems alleviates the sense of loneliness and isolation (Visser, 2007). In the case of ECD practitioners, regular support networks and meetings can become beneficial. Support groups meet for the purpose of giving and receiving emotional support and sharing information among persons with common problems (Kurtz, 1997). They are often facilitated by professionals or by peers and usually do not charge a fee. A support group aims at eliciting change in some aspect of the individual members' behaviour or practice. The therapeutic factors in support groups include group cohesion, instillation of hope and universality (Kurtz, 1997). Hope comes when new members listen to veteran members tell their stories of dealing with their problems. Newcomers identify with the 'what we used to be like' portion of the story. Most support groups impart information through sharing experiential knowledge. Additional factors are the provision of support, imparting information, conveying a

sense of belonging, communicating experiences and teaching coping methods (O'Riley, 2005). The Emotional Enhancement Programme in this study had, as one of its cardinal aims, the establishment of support groups by ECD practitioners in underprivileged areas.

The primary purpose of every support group is to support its members (O'Riley, 2005). Imparting information is also a critical function. Participants share life experiences as a form of sharing knowledge. Sharing one's experiences brings relief for one individual and at the same time others learn from these experiences (Kurtz, 1997). Group members model problem solving behaviour to one another. There is a possibility that members of a support group can be far more genuine with each other than a group of people in a different context such as a sports club. Yalom (1995) states that, for example, the group can attempt to identify and eliminate social and sexual games or insincerity, thus allowing members to work through real life experiences together.

However, there are certain risks involved in self-disclosure and Yalom (1995, p.85) comments:

> Every self-disclosure involves some risk on the part of the disclosure. The degree of the risk depends on several factors – the nature and intensity of the disclosed material, if the disclosure is of highly personal nature, emotionally charged and previously undisclosed will result in the risk becoming greater.

Self-disclosure is a prerequisite for the formation of meaningful interpersonal relationships in a group situation. As disclosure proceeds in the group, the entire membership gradually will increase their level of involvement, responsibility and obligation to one another. Too little self-disclosure results in several limited opportunities for reality testing. A member, who fails to share personal experiences in a group, does not get an opportunity for valid feedback. She also prevents the relationship to grow further (Yalom, 1995).

Be that as it may, peer relationships can never be overemphasised as they are of critical importance to ECD practitioners. It is through these interactions that one can learn about oneself, others and the social world. Being close to someone, sharing

experiences, having disagreements and resolving differences are part of personal growth. Through sharing personal experiences, ECD practitioners can gain invaluable opportunities to take the perspective of others and try to see things from other perspectives (Sharp & Cowie, 1998). With regard to this study, effective ECD practitioners should have the ability to see things from different perspectives such as the perspective of vulnerable children or parents and guardians of the children.

It is usually recommended that ECD practitioners form a "Circle of Friends" which consists of other practitioners from the same or different centre. The group can meet weekly and aim at the following:

- To create a support network for the practitioner;
- to reduce the range of challenges practitioners may face;
- to enable the practitioner to deal with issues as they arise in everyday situations;
- to help the practitioner understand his/her own behaviour more clearly, and
- to help the practitioner to learn more about dealing with children.

The Circle gives the practitioner the opportunity to think about issues, to explore such issues in face-to-face interaction with others and in the process resolve challenges in a safer group. The group also has the ability to improve interpersonal skills which are critical to positively modifying behaviour (Sharp & Cowie, 1998). The figure below outlines some of the benefits of the circle of friends.
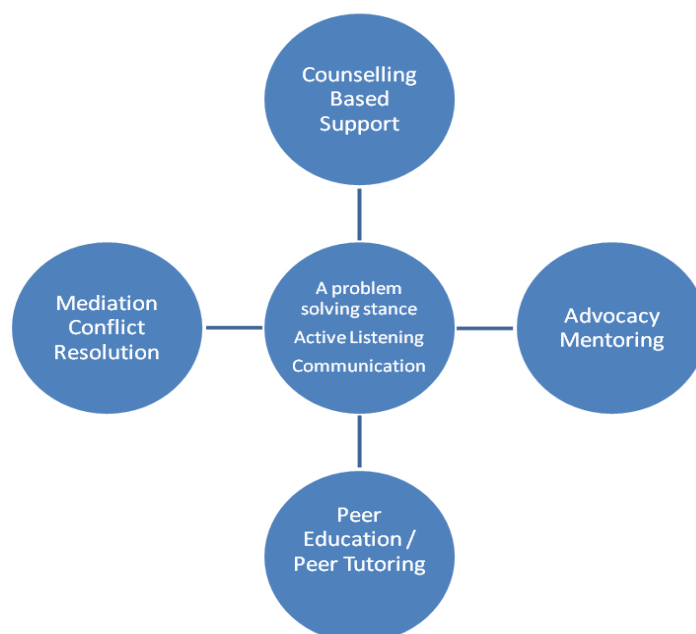

FIGURE 1: A MODEL OF SUPPORT (DESIGNED BY DON BRIGGS)

The benefits of implementing the Circle of Friends are enormous. First, there is involvement in teamwork as an integral part of the process. Practitioners can discuss real problems that they face in a safer environment. Secondly, practitioners in some studies reported the value of the communication skills they learned from each other (Sharp & Cowie, 1998). The skills include listening, reflecting skills, allowing space of time before responding to others' emotions, managing own emotions, learning not to offer advice too early and collaborating with other practitioners to develop a problem-solving stance towards interpersonal issues (Sharp & Cowie, 1998).

By sharing in support groups, practitioners become more open to the idea that a problem may be profitably shared with others rather than keeping it to themselves. One benefit seems to be a growing awareness that other members experienced similar difficulties when dealing with children (Sharp & Cowie, 1998).

In conclusion, it is noticeable in existing literature that there is a gap in training or support of ECD practitioners to handle emotional needs of vulnerable children. The South African government is starting to put more emphasis on ECD programmes to lay a good foundation for future citizens. ECD practitioners' wellbeing should be on the agenda of such initiatives as good programmes could be doomed if not well implemented. ECD cannot be implemented effectively without attending to the emotional development of children. For this reason, ECD practitioners need to be assisted to deal with their own emotional growth to enable them to be open to the emotional experiences of children and to deal with them in a constructive way. In Chapter 3 the methodology for developing and implementing an emotional enrichment programme for ECD practitioners is discussed as well as the evaluation of the programme through interviews with participants.

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CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In research, it is always essential to have a clear understanding of the lens through which one sees the topic, the research design and the data collection methods. It is important when carrying out research to have a clear map that will guide the entire process. In this study, a phenomenological approach was used to understand the practitioners' experiences regarding the Personal Growth Programme they participated in. The process was driven by action research. This chapter will present the notion of phenomenological research followed by the action research model as well as the research procedure.

3.2 RESEARCH DESIGN

In simple terms, research design means the "research plan" (Chikoko & Mhloyi, 1995, p. 20). Murimba and Moyo (1995, p. 17) explicate this term to mean "the underlying logic" for a particular plan of research. Research design is therefore more than mere technique. This chapter will declare and qualify the research approach employed in this study, identify and discuss research instruments and justify both the approach and choice of instruments.

The research follows a qualitative approach which according to Midgley (2004) does not try to reduce data to a numerical form, does not primarily aim to quantify or to correlate or treat its respondents in terms of a set of variables. Qualitative research aims at discovery and increased understanding of the human world. It is appropriate when the aim of the research is to elucidate or illuminate the meanings which people employ to make sense of their experiences and to guide their actions. Midgley (2004) further explains that the qualitative approach is especially relevant when faced by a relatively unexplained area, helping to generate rather than confirm hypotheses. It is appropriate when the original data is in the form of rich descriptions rather than highly focused answers from questionnaires. This study fits this description

Qualitative methods have a number of advantages in some areas of research. Lyons and Coyle (2007) indicated that the qualitative method is concerned with meaning, sense-making and subjective experiences rather than preconceived variables. There is high level of interaction between the researcher and the participants. The open dialogue between the researcher and the participant also means that the researcher is less likely to be misinterpreted or misrepresent the participants' information.

3.3 THE PHENOMENOLOGICAL APPROACH

The phenomenological perspective refers to the description of meaning of experiences of a phenomenon, topic or concept. In a phenomenological approach, data are collected from the individuals who have experienced the phenomenon. In this approach, the researcher reduces the experiences to a central meaning or the essence of the experience (Creswell, 2007).

The phenomenological framework focuses on obtaining detailed descriptions of experiences as understood by those who have that experience. It is not concerned with producing an objective statement of an experience, but rather an individual's own subjective account of events or issues (Lyons & Coyle, 2007).

In this study, the hermeneutic phenomenological approach was used as the researcher observed and also took part in the study. Phenomenology is not only a description, but also an interpretive process in which the researcher makes an interpretation of the meaning of lived experiences. Methods under the phenomenological approach include interviews, conversations, participant observation, action research, focus meetings and analysis of personal texts (Moustakas, 1994). This approach was appropriate for this study given that the aim was to elicit deep and subjective information from the participants through the establishment of good rapport and empathy. The overall method utilised in the research is action research, while data about the experiences of the practitioners was gathered using individual interviews.

3.4   ACTION RESEARCH

Action research has been selected as it is context-bound and combines the quest for knowledge with addressing real life problems (Visser, 2007). The main objective of action research, in the words of Pollard (1996, p.44) is to "improve action" or to "enhance the quality of action." The aim in this study was to contribute to the theoretical as well as practical knowledge that ECD practitioners had about themselves and caring for vulnerable children.

Action research is thus based on values such as recognition of human potential, respect for people in their communities and their democratic rights. The meanings constructed in the inquiry process lead to social action, and reflections on action lead to the construction of new meanings. The social basis of action research is involvement. Its operation demands changes in people's lives (McNiff, 1988).

Action research is used as a method for exploring the needs of participants and developing an intervention to address these needs. The participants in this study were involved in the entire process, from needs assessment to evaluation of the programme, thereby bringing change to the way they interpreted their experiences in various environments. The characteristics of action research as outlined by Visser (2007) include the ideas that:

- Action research combines action and research.
- It is a collaborative process of knowledge creation.
- It is an empowering process.
- It is a spiral process consisting of various steps.
- The researcher forms part of the action itself.

Reason and Bradbury (2000) describe the steps as follows: identifying the problem, planning an intervention strategy, implementing the strategy and evaluating the outcome. This study followed this useful charting of steps under action research.

Action research is an inquiry where participants and researcher co-generate knowledge through collaborative communication, and where participants' contributions are taken seriously. The notion of 'research as if people were human' is a core value for action research (Reason & Bradbury, 2000, p. 69). This implies

that researchers do not hide behind roles; they form part of the researched. In line with this observation, the researcher also took part in the programme, exercising due care and ethical considerations, all leading to reflection on how the study was conducted as well as the findings.

Action research makes use of standard research techniques and provides a methodology for involving communities in developing and assessing various programmes. As a way of taking action, action research uses the knowledge generated by literature reviews, surveys and community meetings to directly empower community members to create social change (Kelly, 2005). That is why action research was appropriate to empower the ECD practitioners towards better practice and upliftment of their communities.

Thus the programme being reported on here, shares with other programmes in action research, three broad goals, namely: (a) to investigate some aspect of reality to transform it; (b) to develop critical consciousness and (c) to improve the lives of those involved in the research process. This approach changes the relationship between theory and practice by producing knowledge and not only for its own sake but also to produce change. It requires a paradigm shift, as it changes the relationship between the researcher and the subjects and the problem addressed. Both groups during action research work as collaborators to define a problem, take action and evaluate their work (Park, 1992).

Reason and Bradbury (2000) outline the following five principles that govern action researchers:

- direct involvement with and observation of human beings or social systems;
- commitment to a process of self-scrutiny;
- willingness to change theory or method in response to the research experience during the research itself;
- offer description of social systems that is dense or thick and favours depth over breadth, and
- study participation in the social system, with the assumption that much of the information of interest is only accessible through participation.

3.5   RESEARCHER'S ROLE

The role played by the researcher in a qualitative study is vital as the researcher enters into the lives of the participants (Marshall & Rossman, 1995). Researchers bring their own metaphors, images and hopes for the world and what it should be like. The researcher is not the only person making decisions about her role, but participants also make and remake these decisions as the research processes unfold (Graue & Walsh, 1998).

As researcher, and following the action research model, I assumed a number of roles in this study. I participated in the needs assessment and development of the Personal Growth Programme. I also facilitated a group of practitioners during the implementation phase to stimulate emotional enhancement. I therefore established relationships with some of the practitioners. In the evaluation of the intervention, I interviewed the ECD practitioners. As an interviewer, I used empathetic listening skills to assist practitioners to tell their story without fear of feeling judged. A minimal number of questions were asked to elicit responses from the practitioners.

3.6   RESEARCH PROCEDURE

Every community is unique and every action research project is different. However, there are general guidelines for developing and implementing an action research project (Levin & Greenwood, 2001). The programme in this research was developed through a process of action research, that of identifying the problem, planning an intervention strategy, implementing the strategy and evaluating the outcome. It involved the following four broad steps:

> The problem that ECD practitioners could not successfully implement an emotional development programme for children was identified through the experiences of Head Start personnel. Head Start personnel approached the Masters Community Psychology students (referred to as "we" below) to address this problem.

- We then conducted needs assessment of ECD practitioners involved in the Head Start Programme.

- We planned an intervention strategy based on the identified needs.

- We implemented the intervention strategy.
- We evaluated the experiences of participants and made recommendations.

The study was divided into three phases. These were: Assessment Phase, Intervention phase and Evaluation of the Intervention Programme. These phases are highlighted below.

3.6.1 NEEDS ASSESSMENT

A needs assessment was done in March 2008 in order to clarify priorities and opportunities for intervention. Needs assessment has been defined by Bhana and Kanjee (2001) as a systematic process of obtaining specific information necessary for making decisions for bringing about positive change as desired by the majority of the participants. The results of the needs assessment were used as background to develop the intervention and will be presented in Chapter 4 (results chapter).

The assessment was conducted through semi-structured interviews with ECD-trained principals of four pre-schools in Soshanguve, Mamelodi and Atteridgeville using a set of questions as a guideline. Questions included:

- What have been your happiest/saddest moments in life?
- How do you cope with tiredness that emanates from your work as an ECD practitioner?
- Who do you share your burdens with?
- Would you like to be trained on taking care of your emotional well-being?
- What specific areas would you like such training to target?

The participants were asked to provide biographical details such as their age and if they wanted, information about their family, i.e. whether they were married or had any children. Additionally, practitioners were asked to provide background information about their pre-school, such as enrolment figures, payment of school fees, staff complement, and history of the pre-school. A third dimension in the interviews targeted the emotional welfare of the practitioners, with regard to their practice and family.

The four interviews were conducted in Sotho, recorded, transcribed and then translated into English. These principals were selected as a convenient sample, since the Head Start facilitator provided the names of the practitioners that could be interviewed. The practitioners' experiences, given in the next chapter, are important in order to understand why they found it difficult to deal with both children's as well as their own emotions. The results are presented in terms of a description of important themes raised by each participant.

3.6.2 INTERVENTION PROGRAMME

A step by step structure of the programme was designed in order to enable facilitators to implement the programme in a uniform manner. The intervention was developed based on the outcome of the needs assessment. Activities that had the potential to elicit practitioner's self-knowledge, exploration and emotions were selected. In session one, practitioners created a tree of life collage. The focus on this activity was the positive experiences that happened in each practitioner's life. Session two focused on the role assumption of being a child. The aim of the activity was to allow practitioners to tap into the world of being a child. The activity also aimed at uncovering the perceived perceptions of being a child and understanding the world from a child's view. The last session aimed at exploring practitioners' experiences gained in the programme and how they would support each other once the programme ended.

The intervention programme was implemented in five groups involving 65 ECD practitioners. The intervention was facilitated by five Masters Psychology students. The participants were ECD practitioners who were part of the Head Start training programme and resided in the townships around Tshwane in Gauteng Province. The practitioners were divided into five manageable groups to participate in group activities. Each facilitator worked with one of the five groups. Groups were divided according to the residential areas in which their schools were located. This was done to enable participants to form support groups in their area after participation in the sessions. The groups consisted of all participants in the training, including practitioners and principals of the schools. The participants agreed to participate and signed informed consent forms to participate in the intervention stage (see

Appendix B). It was made clear to them that participation was voluntary and they could withdraw at any point if they so desired.

The intervention programme was implemented in August 2008 and aimed to provide the need for emotional support expressed by the participants in the needs assessment. The programme consisted of three sessions: "Self-exploration," "Self-reflection" and "Circle of Friends" respectively. Self-exploration aimed to elicit participants' self-knowledge and feelings. Self-reflection was designed to explore the participants' emotions as well as to induce personal reflection. Lastly, "Circle of Friends" aimed at introducing the concept of trust and cooperation through support groups. Each session ended with a reflection or evaluation. In a circle, the practitioners read out their thoughts and feelings about each session. The circle was appropriate for the evaluation process given that first, structurally, a circle has no beginning and as such no one is in a position of prominence in terms of where he/she is seated. Second, the people in the circle can make eye-contact easily. Third, the circle encourages a closeness amongst members.

Each facilitator observed and directed activities in his/her group. Facilitators compiled group process reports after each session. These reports had no standard format. At the end of the Personal Growth Programme, all facilitators jointly worked on the group process reports by analysing the data. They did this through highlighting themes that emerged in each session, relevant display of emotions by the practitioners and their ability to share experiences, as well as any insights the practitioners verbalised about the exercises they were involved in. All the facilitators' reports were eventually merged into one composite report which consisted of themes that emerged during the sessions.

3.6.3 EVALUATION PHASE

The evaluation took place a year after the intervention, that is, in November 2009. In this phase, a sample of six ECD practitioners who participated in the intervention were interviewed about their experiences during the intervention. Purposive sampling (Meredith, 2010) was used to select participants for the interviews. In seeking to discover the broadest range of experiences of the ECD practitioners, one participant from every group that participated in the programme was selected to be

interviewed. One more participant was included because she was keen to be involved in the evaluation and had contributed meaningfully during the discussions. Thus, another criterion used in selecting research participants was their ability to provide rich descriptions of their experiences. The selected practitioners were telephoned and visited individually for interviews at their centres. Interview times that were convenient for the practitioners were set and each interview lasted approximately an hour. Participants signed consent forms and were reminded that they could withdraw from the interviews should they find it necessary or should the interviews be uncomfortable for them.

Semi-structured interviews were conducted with the six practitioners in evaluating the effectiveness of the programme. After their participation in the Personal Growth Programme, practitioners continued with their work as ECD practitioners at their various centres. In the evaluation phase, interview questions were designed to discuss the participants' experience of participation in the intervention as well as how they implemented the experiences in their practice. The following questions were asked:

- Can you please tell me about your experience after participating in the personal growth programme?
- How did the course influence your way of communicating with the children you serve?
- Do you feel that the same course can be implemented to other ECD practitioners?
- Are there any changes that need to be effected in order to improve the course?
- Did you form support networks with fellow practitioners?
- What topics were discussed?
- How is the support network contributing towards your personal development?

The interviews were conducted with varying degrees of flexibility consisting of seven broad questions which were followed by probes. The researcher took the following considerations when compiling questions. The first consideration was language. Language had to be simple in order to convey the meaning of the question clearly, easy to read and clearly relevant to the subject. A good question should create a

feeling of importance in the respondent and also a feeling that the research is relevant and that cooperation is important. The suggestion by Marshall and Rossman (1995) that the questions should not be too long, too complex, or too confusing and must be varied in format was followed in developing interview questions. Interviews for both the needs assessment and evaluation phases were conducted in Sesotho, the language that the interviewees were fluent and comfortable in. The responses were translated into English and verified by an Educational Psychologist fluent in both languages (see Appendix C).

3.7   INTERVIEW AS RESEARCH INSTRUMENT

The needs assessment as well as the evaluation phases used semi-structured interviews to collect data. As such, some remarks about interview as a research instrument will be instructive. Babbie (2005, p. 484) defines an interview generally, as a "data collection encounter in which one person (an interviewer) asks questions of another (a respondent)." According to Meredith (2010) a semi-structured interview is a dialogue between an interviewer and interviewee and its goal is to elicit rich, detailed material that can be used in analysis. A semi-structured interview is different from a structured one. Whereas the structured interview uses standardised and set questions, the unstructured interview has some latitude in terms of following up responses given by respondents. Semi-structured interviews are appropriate and widely used to supplement and extend our knowledge about individuals' thoughts, feelings and behaviours, or how the participants *think* they feel and behave.

Data yielded through semi-structured interviews can be qualitative and can reveal participants' thoughts, feelings and behaviours (Meredith, 2010). Semi structured interviews are therefore suitable in research about sensitive and complex topics, such as the exploration and discussion of emotions and child care practices as happened in this research. Rubin and Rubin (2004) expand further by saying that semi-structured interviews are one of the most common methods to collect qualitative data. One reason for the popularity of semi-structured interviews is that they are very effective in giving a human face to research problems. In addition, conducting and participating in interviews can be a rewarding experience for participants and interviewers alike because semi-structured interviews, alongside

other interviews, offer the participants the opportunity to express their thoughts and opinions in a way ordinary life rarely affords them. Many people find it flattering and even cathartic to discuss their opinions and life experiences and to have someone listen with interest.

Interviews are designed to elicit a vivid picture of the participant's perspective on a research topic and the researcher used this method because of the desire to gather as much data as the participants could share about their self-knowledge and experiences as ECD practitioners (Lofland & Lofland, 1995). This method was also considered appropriate because it gives the researcher the opportunity to engage with participants by posing questions in a relatively neutral manner, listening attentively to participants' responses and asking follow-up questions and probes based on those responses in order to elicit the most comprehensive data possible (Chikoko & Mhloyi, 1995). The researcher did not lead participants following any preconceived notions, nor did she encourage participants to provide particular answers by expressing approval or disapproval of what they said.

3.8   DATA ANALYSIS

Crotty (1998) gave guidelines for analysing phenomenological data. He suggested that interview transcripts are highlighted based on significant statements, sentences or quotes that provide an understanding of participants' experiences. Clusters of meaning are then generated from the statements then followed by emerging themes. These significant statements and themes are then used to write a description of what the participants experienced. This informed the processing of interview data for both the needs assessment and evaluation phases.

- Lyons and Coyle (2007) give clear steps that need to be followed when analysing data using the phenomenological approach:
- Close and detailed readings of data to obtain a holistic perspective so that future interpretations remain grounded.
- Identification of initial themes and organising them into clusters.
- Refining of themes and seeking connections.
- Production of direct accounts or quotes of participants' experiences in their own words.

- The main aim is to provide a close textual reading of the participants' account.

The following steps were taken in analysing the data in this research:

➢ **Step 1 - Interviews**

A semi-structured interview schedule was used to interview four principals as part of the needs assessment phase and then six trained practitioners in the evaluation phase. Both sets of interviews were tape recorded. The participants were informed about the procedure involved prior to the commencement of each interview, and they signed an informed consent form before the interview (Appendix A).

➢ **Step 2 - transcription**

The interviews were transcribed by the researcher from audio tape to text followed by an English translation as the practitioners used Sotho throughout the interviews. Transcribing tapes is very time consuming, and as Graue and Walsh (1998) state, no transcription, even assuming wonderful clarity on the tape and no covering noises, is exact. In this context, practitioners were interviewed at their various learning centres where background voices of children playing were noticeable. Graue and Walsh (1998) further argue that the level of accuracy required depends on one's purposes. As a quality control measure, a translator was engaged to listen to the tape recordings and verified both the transcription and translation as accurate (see Appendix C).

➢ **Step 3 - Cluster of meanings**

The third step in phenomenological data analysis involves formulation of clusters based on the participants' statements. Themes or meanings are identified and overlapping and repetitive statements removed (Creswell, 2007). As Riessman (1993) notes, how we arrange and rearrange the interview text in light of our discoveries is a process of testing, clarifying and deepening our understanding of what is happening in the phenomenon. As Crotty (1998) indicates, the phenomenological approach is an effort to identify, understand, describe and maintain the subjective experiences of respondents. Regarding this research, after each interview was analysed, common and unique themes were identified.

3.9   LIMITATIONS

Bias cannot be ruled out completely in how this study was conducted. The study used convenient sampling. As such, it focused on the experiences of only a few of the participants. Secondly, interview data may well be subject to self-report biases. However, Bauer and McAdams (2004) indicated that self-report biases come in many forms. The common one is that what people report about their life stories does not actually reflect how their life experiences operate. Interest was on how certain kinds of interpretations (in emotional development) improved practitioners' day to day interactions with children they served. To that end, the next chapter presents findings from both the Needs Assessment and Evaluation phases.

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CHAPTER FOUR
RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter provides an analysis of results from the three phases of the study, namely the needs assessment, intervention and evaluation phases. Various sampling and research methods were employed in each phase as discussed in the previous chapter.

4.2 NEEDS ASSESSMENT PHASE

(a) Participant 1 from Soshanguve

The practitioner interviewed at the pre-school in Soshanguve was a 55 year old widow with three grown-up children. She expressed the view that the practitioners did not have forums where emotional problems could be discussed. Since they were dealing with orphans and vulnerable children (OVC), there was a need for them to have "debriefing" sessions with a professional therapist or to share with people who experienced similar problems.

She also expressed the need to have a social networking group where all the ECD practitioners could retreat (have fun once in a while). She remarked that after receiving training on how to care for children, they had not received any training on how to care for themselves emotionally. She explained that it is stressful at times to be faced with multiple problems without anyone to discuss them with. The interviewee had lost a partner and had not managed to deal with the loss effectively. She explained that she was constantly reminded of the loss when dealing with HIV/AIDS infected children.

The practitioner pointed out that parents of the children were not cooperative since they would sometimes send children without proper clothes to the care centre. The interviewee remarked that there was a parents committee which was non-functional. She also indicated that the pre-school had financial difficulties since it relied on the monthly fees paid by the parents. In most cases, those responsible for paying the

children's fees did not do that. Since they came from poor family backgrounds, such children could not be sent home for non-payment of fees. She said she did not receive any financial assistance from the government. This concurs with Motala's (2009) report, in which she discovered that parents from poor communities paid R50 or less per month for their children's pre-school. She further noted that the government did not subsidise all ECD Centres and as a result poor communities struggled to provide funds for ECD centres.

(b)   Participant 2 from a pre-school in Mamelodi

The practitioner was a 57 year old woman with four children of her own with whom she had very good relationships. She also shared a strong bond with her mother, brothers and sisters. She had acquired a teaching diploma. She had been an educator for 24 years when she got very ill. The removal of one of her kidneys led to early retirement and her starting the centre.

Her role at the school was to see that everything went smoothly; that meetings took place and payment of fees was up to date. There were four other practitioners working under her supervision. The school consisted of 27 children aged 0 to 6 years. Most of these children's parents were unemployed. The children did not have regular meals at home (breakfast and lunch was provided at the school), some had lost a parent(s) and some parents were affected by AIDS or TB.

The interviewee had good relationships with the children in the pre-school and their parents. She did not have difficulties with payments at the moment of interviewing and the parents were also open to discuss difficulties with her. She had had problems with parents previously, but those had since been resolved. She turned to her own children as well as to the parents of the pre-school children when she had a difficult day.

When asked about her difficulties and challenges at the school, she first mentioned that she wanted to be more organized. However, that issue was addressed by the Head Start program in the form of management skills. She commented that it hurt when people took her for granted. It sometimes happened that a few parents did not pay fees but continued to send their children to her pre-school. She felt that she

could not expel the children from the pre-school because the payment of fees was out of the children's control.

The happiest moment in her life was when she received her diploma. Her motto was: no-one can take education away from you. Her saddest moment was when she was forced to leave teaching. She was too ill to continue and had to be hospitalized for a couple of months. Another disappointment in her life was when she discovered her husband's gambling problem and his irresponsibility. She talked about life's unfairness and her hurt because she thought her husband would be her lifetime partner. Nonetheless she also emphasized how lucky she was to be able to cope so well with one kidney.

(c)   Participant 3 from Atteridgeville

The practitioner was 50 years old, married and had three children of her own who had completed school. Her husband was employed.

When she started the pre-school she began with three children. The pre-school grew steadily to thirty six children, ranging in ages from one to five. She currently had three more practitioners who looked after babies and older children. The practitioner joined the Head Start group in 2008 and had attended other courses such as HIV/AIDS courses.

She said that she loved her job and explained that the children made her 'very happy'. The happiest moment in her life was the graduation ceremony of the children. She also showed a high sense of responsibility towards the children when she said that if anything went wrong with them while in her care, it would be devastating for her. She expressed worries, doubts and fears for them, especially if a child was ill. She felt that she could do nothing but inform the child's parents in that case. She said that she blamed herself at times if a child got sick at her pre-school.

Regarding her role as an important caregiver to the children, she expressed various concerns. She said that it would be helpful if she could share her concerns and experiences with others. In this kind of sharing, new learning could take place, which would help her in dealing with her day to day life. She also spoke of tiredness

related to looking after little children, since they are full of curiosity and energy. As a result, she preferred to sit alone to rest at the end of the day and recover from her busy schedule. She seemed frustrated about the pre-school's financial situation, since some parents failed to pay on time. However, she did not allow this to influence her relationship with the children because she saw them as innocent in this matter.

When asked about a sad moment in her personal life, she spoke with deep emotional sadness about a time when she and her family were involved in a motor accident and a family member died. She did not really cope with this experience and it still seemed to be a sensitive topic during the interview. She said sometimes she shared her burdens with her husband. Even though she did have support from her own family, she expressed a need to talk to others who shared common experiences. She remarked, "It would be interesting to understand how others deal with similar situations because it could guide me in dealing with challenges I face on a daily basis".

(d)   Participant 4 also from Atteridgeville

The practitioner at the second pre-school in Atteridgeville was 46 years old and married. Her husband was unemployed. Her brother-in-law was another significant person in her life.

The centre was established in 2002. This centre employed four more practitioners and had a total of 56 children in the school, with ages ranging from one to six years. The establishment of her school came about when she felt that the people in her area needed someone to look after their children. She realised that within the community, there was no other place for the children to go to or stay during daytime.

She mentioned that space was a problem for her and that it was difficult to have a lot of children at her house. She also expressed the difficulty of parents not paying on time and the frustrations thereof. It seemed that the issue of non-payment of fees was a common theme between the two pre-schools visited in Atteridgeville.

There were children in this pre-school who needed special care and this made the interviewee feel sad. She did not share her burdens with anyone in particular and felt there was no one to talk to. She spoke of a desire to address life's problems and to have someone to talk to. She expressed specific needs such as training on Bookkeeping and/or financial management, HIV training and also a wish for more space on her property.

4.2.1 THEMES FROM THE NEEDS ASSESSMENT

Based on the above case study data, common needs, challenges and wishes emerged. There was an overwhelming need for forums to confer and share problems or challenges associated with the running of ECD centres with other practitioners. All four practitioners underscored this need, with one adding the need to confer with or refer some cases to professional therapists. One practitioner suggested some kind of "time out" for ECD practitioners so that they could do enjoyable activities amongst themselves. All the practitioners felt isolated and somewhat overwhelmed from dealing with the daily challenges of being a pre-school principal. There was a need for sharing personal experiences and emotions, as this would help to gain new insights on similar situations.

The challenges that the practitioners cited included the general stressful conditions of working with children, especially those who were HIV positive or whose parents had died from HIV/AIDS or were sick from the same. The practitioners also cited pervasive abject poverty due to unemployment or sickness, all of which were responsible for some instances of non-payment of fees at the ECD centres. Some were more affected than others in this regard. There was also the issue of uncooperative or demotivated parents as seen through the example of a formally constituted but non-functional parents' committee. Concerning their desires, two practitioners wished to get training on how to deal with emotional overload. One wished to be better organised whereas another wished for further training in running an ECD centre.

Overall, the practitioners painted a bleak picture under which they worked with great fortitude. Their overriding need was to confer and share experiences with other practitioners, hence the conclusion that there was a need for a programme focusing

on the practitioners' emotional needs. Such a programme would consist of activities to enable them to explore their inner selves. There was also a need to deal with personal trauma and tragedies which some of the practitioners highlighted. These included chronic illnesses and deaths in the family. These needs fed into the designing of the intervention programme. Other needs such as management skills and how to deal with financial matters were part of the management course which they were already enrolled for with Head Start. The knowledge gained from the needs assessment was used in the development of the intervention programme discussed in the following section.

4.3 FINDINGS FROM THE IMPLEMENTATION OF THE INTERVENTION PROGRAMME

As mentioned above, the themes that emerged from the needs assessment informed the design and implementation of the intervention programme. The intervention was divided into three sessions. There were 65 practitioners who were divided into five groups. They took part in exercises that involved making a tree of life collage, role play in which the practitioners played the roles of children, and the circle of friendship exercise. At the end of each session, facilitators compiled group process notes that reflected on these exercises. Both observations and processes that took place in each session were noted and used as data source for the compilation of the comprehensive report. Common themes that emerged were identified.

➢ **Session 1**

All five groups had to make a tree of life collage. The tree of life activity had a very powerful impression on the group members. Some of the practitioners provided guarded explanations. However, the individuals who opened up to the idea of sharing personal information inspired others to do the same. This activity of self-disclosure allowed the participants the opportunity to express and share various facets of themselves in a sensitive and accepting context. It gave the women a chance to reverse their usual roles of instructors and educators and, for a moment, to become the individuals with the crayons and the scissors in their hands.

The actual experience of choosing and cutting pictures helped to tap into their inner worlds and allowed for a tangible and concrete expression of those worlds in pasting pictures on a tree. In the evaluation at the end of this session the participants mentioned that this exercise helped them to remember things they had forgotten, or perhaps blocked out, about themselves. It reminded them of their strengths, support from within but also from others as well as their dreams and aspirations. One particular practitioner revealed that she expected to cry a lot on that day, but that it was fulfilling for her to focus on the positive experiences in her life and therefore had struck a balance between the positive and negative. This activity urged the participants to look forward to the future with renewed understanding of themselves.

This experience helped the practitioners to make the invisible somewhat more visible. The joint experience of expressing and also listening to others' stories as they shared their collages provided a space for re-authoring their own life narratives. The group members started to provide each other with a different lens to view their circumstances. There was a feeling of empowerment as a result of the common thread that weaved through the different life stories, since some of them shared similar experiences but handled them in unique ways. According to Beebe and Masterson (1997), one of the strongest influences in interpersonal attraction is similarity. People who share similar backgrounds, beliefs, attitudes and values feel understood by others and all people like to feel understood.

Although the activity was aimed at positive life events, sad stories did surface. This could be attributed to the positive experience of overcoming difficulties in life like death and poverty. Disclosing strong emotional experiences in a supportive group can have considerable therapeutic effects, not the least of which is the realization that one's problems are shared by others and that there is hope of feeling better. As long as strong emotional experiences are hidden, a person may believe that he or she is uniquely troubled or that no one else could possibly understand what she is going through.

Feedback from specific group members that stood out was a sense of relief. A particular member exclaimed her relief when she realised that she was not the only individual with certain problems. Some practitioners expressed pride in being able

to express their feelings – something they were not too familiar with. Although everyone was not equally comfortable with sharing, they discovered that openness towards sharing was like a remedy.

The experience by some of the individuals that they could mean something for someone else was also of significant value to the participants. However, not all the participants left the session completely satisfied. One individual remarked that her expectations were not met and another member felt unhappy because she had found it difficult to express herself. The facilitators in the entire session promoted corrective and reparative emotional experiences in the group. The facilitators also ensured that members not only experienced emotions but also reflected and analysed these.

➢ **Session 2**

Members were told to assume the role of a child in order to explore their emotions as well as to induce personal reflections. The 'if I were a child' activity elicited different responses from the different groups. Some of the viewpoints expressed by some members about seeing the world through a child's eyes sparked a conversation on children's "consciousness" – how they respond to stimuli and what they possibly think and feel. Consequently, a discussion arose from which emerged different opinions concerning the degree to which children should be allowed to express themselves. Some members said that there had to be a limit to what children could say. Most in this group cited "rude" things that children should not say even though they might be true. Others felt that the idea of overly prescribing what children could or could not say was responsible for the failure by adults to understand children as well as the failure to quickly diagnose children's problems.
On another issue, some group members felt that children should not be allowed to abscond from "their duties", as this behaviour would flow over to other areas of their lives. Other participants strongly disagreed. They argued that this was a very harsh approach and demonstrated a lack of concern for children's needs. In understanding this discussion, the five facilitators realized the importance of perceiving it within the cultural context and dominant beliefs related to obedience.

Emotions surfaced during this activity as the participants were reminded of their own childhoods. For most of them it brought up either memories of how they were

ill-treated at school or difficulties they experienced at home. Unresolved conflicts surfaced which could be linked to personal conflicts the particular individuals still struggled with. For other participants, it shed light on how they were treating children. There were instances where the participants could link the harsh treatment they had received to the manner in which they sometimes reacted to the children at their schools. It opened the eyes of some individuals regarding how they had not considered the children's individuality.

One practitioner commented at the beginning of the session that she had learnt previously that sharing can be painful. She attributed her conclusion to the fact that people had tended to misuse the information in the particular instance she was referring to. She explained that life had taught her that an easier way to deal with emotions was to keep them to herself and to cry. By the end of the session she remarked that she now recognised the value of sharing. She also said she realised that feelings of vulnerability or confidence after self-disclosure depend on whom you tell your stories to.

A valuable outcome of this activity was understanding a child from a different frame of reference. Discussions made some individuals aware of each other as well as the children's emotional needs. Discussions elicited diverse responses from the various group members resulting in a deep sharing of experiences, emotional expressions and strong support. The freedom to share gave for some individuals the audience they had not had before to tell their unheard stories to. A general sense of relief was experienced because of burdens that became lighter. This made the practitioners appreciate the reason to face pain and in turn to support each other. This session ended with an understanding of the importance of acceptance and respect for each other amongst adults and children, and amongst practitioners themselves.

➢ **Session 3**

Session 3, "circle of friendship" aimed at sharing insights on what practitioners gained throughout the programme. The ability of practitioners' support towards each other and setting up networking structures in their centres was encouraged. The practitioners were generally happy about what came out of sharing of experiences. There were also issues and characteristics participants did not realise or knew about themselves previously, that became more visible during the exercise.

The facilitators decided before the session that they would not sit inside the circle during the discussion of the activity, but would be on the side lines. This was a very effective approach. The group members participated in the discussion with each other, voicing their opinions and concerns.

The group process during the activity developed as expected. The group members were able to identify facilitators amongst themselves to effectively complete the task at hand. At the end of the session, all the five small groups came together to form one large group. Each small group presented its sustainability plan. Practitioners were able to present the action plan of their support group with pride and confidence.

What became apparent during the discussions was that the members learnt more about themselves, support, as well as the value of sharing. They came to realise that by knowing who to trust, they could share more freely. Some participants felt in general that it was a very effective programme and were sad to terminate the sessions. The group members took from this program the value of being honest as well as to practice what they had experienced in the programme.

However, the overall sense at the last session was that of excitement as the participants shared their ideas. At times, a need was expressed from the participants' side to continue expressing their own emotional issues, some of which were peripheral, that is, not directly connected to the intervention programme. Generally, the participants seemed to benefit from the support group and the opportunity to share their experiences. The separate groups seemed to have bonded and the facilitators were comfortable to terminate the sessions. This realisation was contrary to most of the facilitators' initial belief. As such, the programme started a process of interaction between participants that could be developed further.

There was a feeling from some of the groups that sharing and caring were made difficult by the large number of individuals in the big group of 65. The participants felt that trust and openness to talk were easier in smaller groups. Other feedback was that participants found it difficult at times to share, especially if the particular

individual was a teacher and her principal was in the audience. These power relationships interfered with the process of openness and sharing experiences.

Feedback that stood out from specific group members during the evaluation of sessions was a sense of being content with oneself and looking forward to the future. It was also apparent that the participants attached great value to healing and support. They also treasured the fact that they could express some of their dreams and wishes because they had people they could trust in their groups.

4.4 EVALUATION PHASE

Interviews were conducted with six participants of the Emotional Enhancement programme a year after participating in the programme to assess their experiences during the intervention and the effects participation had on their lives. Before discussing the interviews, a presentation of the practitioners' profiles is instructive. A table summarising the personal details of the practitioners who were interviewed is given below:

TABLE 1: Descriptions of the practitioners who formed part of the evaluation phase

Practitioners	Description
Practitioner 1	Practitioner 1 was 54 years old, had been married for 30 years. She was the owner and principal of the centre. She had established the centre 10 years previously, after seeing a need in that area. She had three older children and two grandchildren.
Practitioner 2	Practitioner 2 was 43 years old, married and had four teenaged children. She worked as an ECD practitioner for a centre. She had five years working experience as an ECD practitioner.
Practitioner 3	Practitioner 3 was 32 years old. She was a single parent with two children. She had been employed as an ECD practitioner for the past three years and had attended various ECD programmes offered by Head Start Foundation.
Practitioner 4	Practitioner 4 was 58 years old. She was a widow and had five children. She had been working as an ECD practitioner for the past eight years.
Practitioner 5	Practitioner 5 was 39 years old, had been married for three years and had two children. She had been working as an ECD practitioner for the past four years.
Practitioner 6	Practitioner 6 was 37 years old, married and had three children. She had been working as an ECD practitioner for the past five years.

The table provides detailed information of each practitioner. It also indicates their unique background and employment history as ECD practitioners.

Interviews were conducted after twelve months from the day they ended their sessions. Practitioners were asked to share their experiences after the Emotional Enrichment Programme that they had attended and also indicate if they had sustained the support networks that they were expected to. The analysis of the data revealed three major themes: the benefit of the programme to practitioners and to children in their care, the value of the programme, and lastly, the sustainability of support groups. These themes are outlined below.

4.4.1 BENEFIT TO PRACTITIONERS AND CHILDREN

The benefit of the Personal Growth Programme for practitioners is discussed in conjunction with the benefit it had for children, given that for the most part it improved their ECD practices in taking care of children. However, some of the benefits or acquired skills were not extended to the children but were in themselves edifying to the practitioners while some skills helped practitioners deal with personal issues at family level.

Generally, all six practitioners stressed two benefits. The first was that the programme taught them openness – the ability to confer and share experiences with others, where before they had been reticent, shy and in some cases, uncommunicative. The second benefit was the development of a heightened level of empathy with children. These two benefits are discussed below as specific practitioners experienced them.

For Practitioner 1, owing to her newly found ability to open up and communicate effectively, she pointed out that she had started involving parents in helping children with problems. Her openness made her realise the need for team work in dealing with children's problems, hence the inclusion of parents. The same applied to Practitioner 4 who had gained confidence in her communication abilities and had started involving parents in disciplining children. She preferred communication with children over physical punishment. For Practitioner 2, life had become less stressful because she was finding it easy to communicate her feelings to her family in

general. The ability to communicate her feelings made her, in her words, "no longer harsh." What she meant was that before participating in the programme, she had been rather gruff and emotionally distant, instead of being tolerant to children when they spoke to her. She elaborated by commenting, "…now that I don't keep everything inside any longer, I can communicate with people, it has become easier for me to relate to children." The Personal Growth Programme had equipped her with skills to avoid bottling negative feelings. From that came a character-changing development that helped her to be patient and responsive to children.

Similarly, Practitioner 4 had learnt to be expressive with her family which helped her deal with stressful situations and feelings. She attributed the anger that she was carrying before attending the Personal Growth Programme, to multiple deaths in her family, all HIV/AIDS related. After sharing her feelings with her family, she said she had found inner peace. Although she did not directly mention it, one can safely say that her inner peace helped her focus more on her job as seen through her comment that she was now more tolerant of children in her care.

The interview extracts that follow support the claims that have been made regarding openness:

Practitioner 1:   *The relief I had in my spirit, I was a person who was used to living with pains but now I feel free, and don't have stress any longer, because I have realized that if one has something bothering them, they need to talk about it. So I have been very happy, I am very happy.*

Practitioner 2:   *The Emotional Enrichment Course helped me with being open, because initially I was not a very open person. I was always keeping things to myself and not sharing with anyone. Right now I can sit down and talk to people and whatever comes up in my life, I can always discuss it with people and it is much simpler for me and my life because I can talk openly now.*

Practitioner 3:   *Each one of us can express his/her feelings, how they are feeling and why they did whatever they did. It helped a lot, it made me have peace. I still have peace up until today.*

Practitioner 6:   *Okay, I had a positive experience, I can communicate more. The thing is I'm a bit of a shy person, but I'm now very open.*

As indicated above, practitioners were able to communicate with each other and they ranked the experience as having positive consequences for their personal and professional development.

Practitioners also underlined that they had learnt to empathise with children. Practitioner 1 said that she had started paying more attention to children's emotions, their background and general demeanour, all of which helped her identify children with problems. She had not been able to do that easily before the Emotional Enrichment Programme. She cited the insights she had gained from the role-play session, "If I were a Child" (session 2). Practitioner 2 also attributed her heightened empathy for children to the self-knowledge she gained during the programme. According to her, the programme "addressed the *me* as a teacher and the *child* as well." She gained insight in her own functioning, as well the functioning of children, as seen in her comment, "*I thought emotions were only for grownups*." Practitioner 3 learnt to empathise with children after the programme. She commented: "*I was always thinking about myself only*" before the intervention. Through developing more empathy, she had learnt to love the children in her care and to be helpful to other people in general. It was empathy with children that made Practitioner 4 aware of the diversity of children's characteristics, ultimately resulting in increased understanding of and tolerance towards them. For Practitioner 6, communicating with children had made her more open. This contributed to increased knowledge about children in her care. The following extracts attest to the observations above:

Practitioner 1:   *This course has helped me a lot because I had children who had problems in their families, so I realized that it was important for me to talk to these children individually [one by one], ask them whom*

they are staying with at home, what their living conditions are, how do they eat, who takes care of them, etc.

Practitioner 4: *So then if that is the case, we then tell the parent that we are going to discipline the child and ask that she should also discipline the child at home. This doesn't mean that you should give a child a hiding; it only means that the child should be talked to.... The granny likes calling me at all times, then I would sit down with these children and counsel them a bit and talk to them, explain to them that they are going to end up killing the only granny that they have left in their lives.*

Practitioner 5: *It helped me well, in communicating with children, because there are some children who come to pre-school, the minute they walk through that gate, you find that they are not so happy, but when they arrive here at pre-school, we start talking to that child, then you find that he/she starts to cheer up and becomes happy....*

Practitioner 5: *Eh, it has helped a lot because as I said earlier, I was one person who was always pulling back from people, but now I know more about children and even when a child has a problem, I can see that this child has somewhat of a problem. So it helped a lot on that aspect again.*

As can be observed from these extracts, there is a close link between talking openly and understanding one's feelings as well as those of others.

4.3.2 VALUE OF THE PERSONAL GROWTH PROGRAMME AS REPORTED BY THE PRACTITIONERS

All six practitioners reported that they placed great value on the programme because they had gained skills and knowledge that they applied to their personal lives as well as in their caring practice with children. Some of the skills are the ability to communicate feelings, self-discovery and reflexivity.

Practitioner 1 placed a great premium on her newly-found ability to confer and share. For Practitioners 2, 3 and 4, the programme was character and life changing. Practitioner 2 said the programme had freed her from insensitivity and hurting other people. She elaborated that the programme equipped her with skills and information to help her become a better person and in the process, help others in need (emotionally). Practitioner 4 learnt to be patient and to "counsel" others. She recommended that the programme be offered to school teachers and parents. Practitioner 5 held a similar view in suggesting that parents of children attending ECD centres should take part in the programme and form their own support groups. She said the programme gave her courage to tackle children's problems that she had preferred to ignore before taking the course.

Practitioner 6 found the programme most beneficial. She said generally, the programme had boosted her erstwhile low self-esteem. She had since become more confident and could now communicate her opinions publicly whereas before attending the programme she could not. She recommended that knowledge about support centres for ECD practitioners who may need emotional intervention/help be made available. As an example, she cited practitioners who may have chronic and/or contagious illnesses which can pose all kinds of emotional problems for the practitioner and health risks for those around her.

4.3.3 SUSTAINABILITY OF SUPPORT GROUP AND TOPICS DISCUSSED AT SUPPORT GROUPS

Each practitioner was asked if her group had continued to meet after the formal programme ended. All participants indicated that their groups did meet, some for a longer period than others. Practitioner 1 reported that her group had met six times in a period of six months. Two groups had met once to discuss the core business of their support groups. Practitioner 3 described how three members of her group waited for the hostess where the meeting was set to take place, but no meeting took place. Two groups did not meet after the programme. The reasons for the disbandment of groups ranged from lack of time to long distances that had to be covered to get to meeting venues. However, practitioner 6 cited laziness and the novelty of support groups. On the latter point, she said that practitioners were used

to the idea of social clubs and societies but not support groups. She emphasised that for the most part, it was laziness that led to the disbandment of support groups.

For the three groups that had managed to meet, topics of discussion focused on abused children and mothers (Practitioner 1's group), emotion; especially love and anger (Practitioner 4's group), and lastly, poverty and HIV/AIDS. Those who had not met indicated that they would have liked to discuss similar topics.

4.5   SUMMARY

This chapter discusses the needs assessment phase as well as the intervention. During the needs assessment phase, practitioners emphasised the need to share their problems at both a personal and professional level with others. Although the need for adequate financing of pre-schools and training in general management of pre-schools was made, the need to share problems and confer with others in the same profession was paramount. During the intervention phase, practitioners were involved in activities designed to stimulate a heightened self-knowledge through self-exploration and self-disclosure.

This chapter also explores the practitioners' evaluation of the Personal Growth Programme, a year after they had participated in the programme. A semi-structured interview was used to elicit their views. All agreed that the programme had benefited them as individuals and as professionals. They stressed that the most important skills they had learnt were self-knowledge and empathy with the children in their care. Some cited how these skills had benefited not only their practice but their personal relationships with family. Some of the skills were thus cited as life-changing. Only three groups had managed to meet following the intervention as support groups at least once after the programme, with the aim of discussing their work or other issues related to it. Topics of discussion included abused children, poverty, HIV/AIDS, and emotion.

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CHAPTER 5
CONCLUSION

5.1   INTRODUCTION

The study focused on determining what the emotional needs of ECD practitioners were and how these needs could be met. It was divided into three phases: needs assessment, intervention and evaluation. The findings from the needs assessment were used in the development of the intervention. The intervention was evaluated using group process information and interviews with participants one year after the intervention. The experiences of participants involved in the programme were gauged through a semi-structured interview conducted with six practitioners.

5.2   DISCUSSION OF NEEDS ASSESSMENT PHASE

Amongst other more specific needs, a sense of isolation was voiced by the ECD practitioners. They felt alone in their daily challenges of working with children and other staff members. A strong need to share personal experiences and emotions was expressed by the practitioners. They considered it necessary to take care of their emotional well-being as everything they did had some impact on the delicate emotions of the young children in their care. It was concluded that there was a need for a programme focusing on the practitioners' emotional needs. From this situation, there emerged a need for sharing personal experiences and emotions, as this would help ECD practitioners gain new insights concerning similar situations.

This need was not surprising given that dealing with pre-scholars is emotionally demanding. In the human service professions, people working with others in emotionally demanding situations are exposed to various psychological strains. This exposure over long periods of time, can contribute to stress and burnout. It has been stated that teachers at all levels of the educational system, from kindergarten to college, can experience burnout. There are high expectations placed by society on teachers. These expectations can be a source of frustration, guilt and sense of failure (Pines *et al*., 1980).

What exacerbated the situation for the ECD practitioners in this study is that they were dealing with mostly vulnerable children subjected to poverty and HIV/AIDS. Working with vulnerable children is more demanding and emotionally stressful (Brannen *et al.*, 2009). Kendall and O'Gara (2007) pointed out that over time, the AIDS epidemic would lead to an increase in the number of children who have lost one or both parents and live with an overburdened caregiver or in child-headed households. These children's lives are shaped by inadequate care and support from adults. They are vulnerable to poverty, neglect, malnutrition, disease, abuse, physical and psychological trauma, exploitation and lack of schooling. In dealing with vulnerable children, teachers and ECD practitioners reported that they were overwhelmed by classroom management issues and their own personal and professional needs. Dealing with vulnerable children, they said, was too much to handle without emotional support on their part. In particular, practitioners expressed a great deal of concern about their ability and training to deal with the emotional and psychosocial needs of children.

Practitioners pointed out during the evaluation phase interviews that the programme assisted them in identifying vulnerable children, some of whom were living with or exposed to HIV/AIDS. According to Rochat, Mitchel and Richter (2008), ECD practitioners reported that dealing with vulnerable children, especially those who had been diagnosed with HIV presented significant emotional and social challenges for them. This is why one of the practitioners in this study expressed the need to attend courses on HIV/AIDS. In terms of support and assistance, practitioners in this study were able to identify the vulnerable children's needs, particularly lack of emotional support.

One practitioner expressed a desire to be organised while another needed access to professional therapists so she could easily refer those cases that she could not deal with effectively. The most common problem for the practitioners was financial difficulty as a result of delayed or non-payment of fees by parents. Thus, the practitioners expressed a need for adequate funding to effectively run their centres. In a study done by Atmore (1998), lack of financial resources was generally a common theme experienced by ECD practitioners. Money for salaries, equipment and feeding children in this study was lacking or non-existent. This was due to the

fact that subsidisation was inadequate or non-existent and the parents whose fees were expected to support the facility were often unemployed or earned low wages.

Some of the practitioners expressed a need for further training so as to be competent in their work. This was a crucial need given that the knowledge, skills, and practices of early childhood educators are important factors in determining how much a young child learns and how prepared that child is for entry into school. Early childhood educators are thus asked to have deeper understanding of child development and early education issues; to provide richer educational experiences for all children, including those who are vulnerable and disadvantaged; to engage children of varying abilities and backgrounds; to connect with a diverse array of families; and to do so with greater demands for accountability and, in some cases, fewer resources, than ever before (Sheridan, Edwards, Marvin & Knoche, 2009).

5.3   DISCUSSION OF IMPLEMENTATION PHASE

During the implementation phase, practitioners shared deeply about their life experiences using a tree of life collage as a metaphor for aspects of their lives. The sharing of personal information opened several practitioners' eyes regarding relationships. Some went home to share their collages with family members. This sharing resulted in resolving some long standing grudges between some family members. These acts made more practitioners realise the value of sharing and talking openly about issues that bothered them. However, sharing of experiences was also challenging to some.

The opportunity of sharing life experiences amongst group members assisted some practitioners to deal with previously unresolved issues. As people who deal with vulnerable children, it was a positive experience for most practitioners to deal with their emotions regarding issues such as losses of loved ones and conflict in families so that they could competently address such issues should they arise in various centres they worked at.

At the end of the three sessions, it was found that groups should be no larger than eight members. A possible reason could be that members in groups larger than eight took longer to form relationships among themselves as well as between the

group members and the facilitators. Larger groups also took longer to complete the activities, thus some practitioners did not get enough time to discuss their feedback on intervention sessions. Beebe and Masterson (1997) emphasise the size of the group by indicating that cohesiveness is positively related to the opportunity for interaction afforded by group size. As group size increases, the opportunity for interaction decreases. Small groups encourage maximum participation yet large enough to generate the maximum number of ideas. Groups of five to eight members are just about the right size.

5.4   DISCUSSION OF THE EVALUATION PHASE

Evaluations often mark the high points of experiences and may show feelings which were felt at the time of the event and perhaps later in the telling (Cortazzi, Jin, Wall & Cavendish 2001). Practitioners were asked to share their experiences on the personal growth programme they had attended and to also indicate if they had continued with support networks that they were expected to sustain. Despite the fact that similar themes could be identified in the experiences of the practitioners, the unique way in which the themes manifested themselves in various practitioners could not be ignored.

The two cardinal skills that the practitioners learnt were openness and empathy – both resulting largely from self-knowledge and self-reflection. Both these skills led to better understanding of themselves and the children in their care, and ultimately, to better practice.

Openness was expressed through sharing of experiences. Openness according to Johnson and Johnson (2009) is the sharing of information, thoughts, feelings and reactions to the issue that the group is pursuing. When the group is set up so that members have common issues, the engagement process can move faster. It is easier for members to begin interacting because they can proficiently share similar concerns and experiences. Members start to become open and each one feels beholden to share own experiences (MacKenzie, 1990). Sharing one's problems with other group members can also lead to a person discovering that the problems are universal and that other members of the group have struggled with similar experiences (Johnson & Johnson, 2009).

Conversation is a basic mode of human interaction. Human beings talk to each other. They interact, pose questions and answer questions. Through conversations we get to know other people, get to learn about their experiences, feelings and hopes and the world they live in (Flick, 2007). The practitioners indicated that during the programme, they learnt to be open about personal problems. Instead of bottling things up, they had the opportunity to discuss with fellow practitioners during the sessions.

As indicated above, practitioners were able to communicate with each other and they mentioned that the experience contributed positively towards their development. Groups are powerful influences on the behavioural and attitudinal patterns of individual members. As stated by one member, she was a shy person, and through interactions with other members, started sharing personal stories with ease. As Johnson and Johnson (2009) state, groups provide a setting in which problem areas can be identified, new patterns of behaviour tried out under low risk conditions, feedback attained from others and the effectiveness of new behaviours determined.

The experiences shared by the practitioners in this study reflected that it was important for them to openly discuss issues that affected them with fellow practitioners in order to be able to assist others. Some people seek isolation and privacy while they try to think through their problems while others seek out a friend or a counsellor to discuss their problems. In groups, members share experiences and the group provides multiple sources of feedback. Each group member uses the other as a mirror to reflect herself (they see themselves as others see them). Change is promoted by experiencing and expressing positive and negative emotions about important life events. By sharing their life stories members may learn to accept the feelings they previously were afraid of, and corrective emotional experience may result even when the feelings were not expressed overtly (Johnson & Johnson, 2009).

The significance of self-disclosure does not lie in the content of what is disclosed, but rather the response of other members in reaction to the disclosure. For example, one participant revealed that other members helped her to interpret her problems in another "dimension" and she was able to make connections between

events and made peace with what had happened to her. According to Furth (1988, p.15), in "*the wounded-healer theme: if I can face my wounds and work toward healing, then I am better prepared to help another face his wounds and work towards his healing*". One can never accompany another person beyond where she has travelled. In this context, practitioners needed to deal with their own unsolved emotional issues so as to be able to assist vulnerable children.

Practitioners also indicated that the experience assisted them in gaining insight into their problems, something that they might never have done if they were not part of the Personal Growth Programme. During the group sessions, group members gained a deeper understanding of themselves and the children they served. As some indicated, they were able to deal with emotions of children and also to identify children who were vulnerable and needed special attention.

Some of the benefits that were highlighted include being able to start sharing with others and not being shy about talking to others. One practitioner indicated that before the programme, she never knew that children also had emotions but was made aware of that factor through the programme. Through empathy, practitioners learnt to understand and be sensitive to needs of children in their care. Some also said that they learnt to treat children as individuals with their own emotions. Thus, instead of treating children as an amorphous group devoid of individual consciousness and feeling, practitioners started treating them as individuals with diverse feelings.

Through empathising with the children, some practitioners said they had thus learnt how to listen to and talk to children. This situation suggested that whatever form of training the practitioners had before, it did not address the need to communicate with children efficiently. As a result of their ability to communicate well with children, some practitioners indicated that they could easily identify children with problems and attend to them as already indicated above. Thus, good communication is central to any successful relationship. As Dowling (2005, p. 58) stresses, "whether it involves children, babies or adults, interpersonal communication is a two-way process. Listening to children reveals the respect that adults have for them and builds the children's trust and respect for adults." In other words, listening and talking to children effectively, is a way of understanding children's emotions. As

indicated in the literature referred to in this research, children also have emotions and preschool going age is crucial for the emotional development of the child. Children need to feel understood and loved. Denham (1998) points out that young children have the ability to process emotions; they can understand their peers', parents' and caregiver's emotions in a similar way.

Furthermore, young children are very concerned with themselves and they do need attention given to their particular needs. When moving to a group setting like a pre-school their first need is to develop a link with new adults whose task is to provide a similar framework of security to that they obtained in their families. When they first separate from their parents, children must be able to feel confident in the care of the people who are taking the place of their parents.

Additionally, children differ. Those who initially may require a great deal of the practitioner's attention and time are likely to be those who are used to having a great deal of attention, possibly an only or first child. Some children may need the practitioner more at specific times when they may feel vulnerable. In all cases, it is important for the practitioner to be aware of and to respond to individual needs and give the message that she is there for the child (Dowling, 2005).

5.5   SUSTAINABILITY

The sustainability of professional development efforts is a topic of great interest among the research, practice, and policy communities alike. The maintenance of skills beyond immediate training and initial supports and efforts related to creating climates conducive for ongoing improvement, are critical to enhancing quality in early childhood environments (Johnson & Johnson, 2009).

One of the aims of the project was to ensure that members of different groups continued to meet beyond the facilitators' presence. Some practitioners cited a few reasons such as time and travel constraints to explain why they were unable to continue with groups even when they saw the benefits thereof. There was some contradiction in the experiences of positive benefits.

Over time, practitioners need to take responsibility for their own learning and growth. They need to be actively involved in reflecting on their teaching, asking questions about practice, and sharing what they are learning with each other. As they indicated in the needs assessment, they needed a forum or platform where they could meet regularly to share ideas and experiences. A foundation was laid for them as part of the intervention, but only a few utilized that unique opportunity.

It is likely that the culture of professional development in the agencies or settings where early childhood practitioners work will influence in part their ability to sustain positive change in practice. It seems warranted that professional development models that employ external trainers, coaches, consultants, or facilitators also identify means of transitioning responsibilities for continued support to individuals or mechanisms internal to the organization ultimately responsible for practice. Community of Practice models may provide one framework for establishing internal sources or networks of support and building the capacity of agencies to promote a culture of ongoing and sustained professional development (Sheridan *et al.*, 2009).

Butler and Wintram (1991) also stress the need for groups to be community based and to be ultimately self-sustaining without any professional involvement. This model is relevant in the South African situation as there are limited professional services. Only three of the six interviewed practitioners reported that they met as a support group after the formal sessions of the intervention were completed. It was not possible for groups to sustain their supportive interaction themselves due to various challenges such as lack of time and travel distances. There may be various reasons for this that was not explored further.

5.6   LIMITATIONS OF THE STUDY

Although the results provided a positive view of the Personal Enrichment Programme implemented, it is cautioned that it is not known if the findings can be generalised to most ECD practitioners who work with vulnerable children, since a purposive sample was used. The pre-established relationship that the interviewer had with some of the participants may have influenced the data obtained. It helped the interviewer to easily connect with the participants. Nonetheless, it could have inhibited negative feedback about the intervention. Furthermore, this Personal

Growth Programme formed part of a larger intervention provided by Head Start. Such an arrangement could have contributed to the positive perception of this intervention.

The next factor that needs to be considered is bias. The study used convenient sampling, and secondly, the study may well be subject to distorted findings emanating from the underreporting of the negative and the over reporting of the positive, what Donaldson and Grant-Vallone (2002) call self-report bias. Bauer and McAdams (2004) indicate that self-report biases come in many forms. The common one is that what people report about their life stories does not actually reflect their life experiences. For this study it was not a problem but rather the phenomenon of interest. Interest was on how certain kinds of interpretations (in emotional development) matched their day to day interactions with children they served.

Another limitation is that the intervention comprised only three sessions. The intervention helped to establish relationships and started a process of support. If the intervention was longer in duration, the participants could have utilised more time to deal with their own emotional issues.

5.7   CONCLUSION

The core of this study comprised the experiences of the practitioners regarding the Personal Growth Programme they attended. Practitioners were able to share positive stories about the benefits the program had brought into their lives.

Educators, parents, government departments, researchers and policy makers are increasingly becoming aware that most of the children who begin school are not equipped with emotional, social and behavioural skills necessary for future success (Linsey & Colwell, 2003). There is a strong relationship between children's social emotional development during preschool years and their subsequent success in school and life. Many children spend most of their active time in ECD centres, and therefore the role played or not played by the ECD practitioners is crucial for their development. Unfortunately, many ECD practitioners do not feel prepared to meet the emotional needs of children they care for, based on the type of training that they currently receive.

A comprehensive training of the ECD practitioners cannot be overemphasised as it is vital for the success of future adults who will become responsible citizens of any country. The commitment of early care and education professionals supports the belief that young children are the collective "wealth" of every nation. Given that children spend a large part of their waking hours in the care of others, their experiences in preschools have a huge impact on their lives. The school is also a socializing and normalising influence on children's lives. As such, the school has to contribute to the child's positive development. Young children's early life chances are deeply dependent on adults' views and behaviour towards them. This can affect all aspects of their lives. Practitioners who are aware of and address their own emotional needs and have empathy for children are thus better equipped to deal with challenges that they might face when dealing with vulnerable children.

5.8   RECOMMENDATIONS

Children's participation in research is becoming increasingly recognised as important and valuable and can enhance the quality and validity of research. Various authors argue that children are best positioned to comment on the problems they face, and to participate in the generation of solutions to these problems (Linsey & Colwell, 2003). To include children's experiences of emotional support they receive from practitioners could allow more opportunities to improve care and support, and in doing so, would remove barriers to integrating such types of care into the ECD programmes and make them more meaningful. Also, ECD practitioner training should include how to deal with children's emotional experiences. Similarly, emotional enhancement for practitioners should be integrated in the training of ECD practitioners. This research provides a possible framework that could be adapted in other ECD training programmes.

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Appendices

Appendix A

Consent Form: Co-Facilitators

Appendix B

Consent Form: Practitioners

Appendix C

Confirmation: Translation Accuracy

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Appendix A – Consent Form

Co-Facilitators

Faculty of Humanities

Title of the study

The development of a personal growth programme to address the emotional needs of early childhood development practitioners in previously disadvantaged communities.

Purpose of the research

The purpose of the study is to evaluate the intervention programme that was done with ECD practitioners to enhance their emotional well-being through sharing life experiences and establishing support networks.

Informed Consent:

I _____ hereby confirm that I have been informed by the researcher about the study. I was part of the programme in 2008 as a facilitator and have read the above information regarding the study. I have had sufficient opportunity to ask questions and voluntarily agree that **Nomsa Bokaba** can use the ECD intervention programme that was done in 2008 as part of her research requirements.

_____   _____

Co- Facilitator's Signature   Date

_____   _____

Researcher's Signature   Date

Appendix B – Consent Form
Practitioners

Faculty of Humanities
2009/05/15

Title of the study

A development of a personal growth programme to address the emotional needs of early childhood development (ECD) practitioners in previously disadvantaged communities.

Purpose of the research

The purpose of the study is to enhance the emotional wellbeing of the ECD practitioners through sharing life experiences and establishing support networks at the end of the programme.

Description of what is expected in this study

If you agree to participate, you will be expected to share the experience you obtained in the 3 sessions that you attended in 2008 at the University of Pretoria and to also share the topics that were discussed in the support networks that you formed. This will be conducted through one unstructured interviews. The interview will be recorded using a tape recorder.

What are my rights as a participant?

The participation in this research is voluntary and you can withdraw at any stage during the process without giving any reason.

Risk regarding confidentiality

All the information shared with the researcher will be between the participant and the researcher. The results of this study may be published or presented at a conference. However, personal records or identification of participants will under no circumstances be revealed. Pseudo names will be used where necessary.

Benefits

There will be no monetary benefits for participating in this study. However, participants might benefit through reflecting and self exploration as ECD practitioners.

If you need any further information about this study you can contact:

Prof Maretha Visser, Department of Psychology, University of Pretoria or

Nomsa Bokaba, Student at the University of Pretoria, 0845800012.

Informed Consent:

I _____ hereby confirm that I have been informed by the researcher about the nature, conduct, risk and benefits of the study. I have read (or someone read to me) the above information regarding the study. I am aware that the personal details such as my identity and home address will not be revealed in the process as well as in the reporting. I have had sufficient opportunity to ask questions and voluntarily agree to participate in the study.

_____   _____

Practitioner's Signature   Date

_____   _____

Researcher's Signature   Date

Appendix C– Confirmation: Translation Accuracy

Maria Annah Mnguni
Educational Psychologist
(Practice No: 086 000 027 6804)

Tel no. (012) 341 3308

Motsaneng Medical Centre
Jeppe Street
Sunnyside
0186

To: Professor M Visser

Date: 27 October 2010

Dear Professor

I hereby confirm that I have read the recorded transcripts done by Nomsa Bokaba with ECD Practitioners. I listened to the tapes and compared the translated English version and can confirm that it correlates with the Tswana recordings on the tapes.

Regards

MA MNGUNI
Educational Psychologist