# CAREGIVER-CHILD INTERACTIONS:

## Effects of Professional Development on Practice in Guyana

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# ABSTRACT

In 2010, the first Early Childhood Professional Development (ECPD) programme was introduced by the University of Guyana (UG). This two-year programme was designed for caregivers working with children in the birth to four-year-old age group. Statistical analysis of this programme suggests it is not having the desired effect in promoting caregiver-child interaction (CCI), when assessed against structural performance indicators (UG-UNICEF, 2012). Given that CCI has been cited in the last decade as one of the most critical determinants for optimising learning during early years (Siraj-Blatchford *et al.*, 2003; Sabol *et al.*, 2013; Siraj and Asani, 2015), discussions were held with tutors, in an attempt to address this perceived deficiency. These discussions revealed that caregivers had made significant gains despite receiving relatively low scores on assessment scales. Consequently, this study attempts to explore these small, yet potentially significant changes.

The main research question considered here is: 'How has the ECPD programme contributed to the quality of caregivers' professional interaction practices?' A qualitative case study, supported by ethnographic techniques, constitutes the theoretical framework to investigate this question. To explore everyday CCI practice, eight cases were selected for observation, video-review, guided-recall and semi-structured interviews. Professionals who witnessed or supported these caregivers' practice were also interviewed, and an examination of programme materials and delivery was conducted.

Results were interpreted using a thematic analysis. The major findings are: (i) caregivers engage in challenging-type interactions; but, the intensity depends on whether interactions are aimed at 'gaffing' [spontaneous conversation] or 'lesson-time', or conducted with whole-groups or on a one-on-one basis; (ii) notable differences in CCI are accounted for by caregivers' degree of readiness to change, and prioritisation of pedagogical thinking about practice. It can be concluded that CCI experiences are too complex and transactional to be captured by UG's current assessment tools. Recommendations are offered to allow UG to make decisions about training strategies which are most useful, might be missing, or that could be discontinued or modified.

# DECLARATION AND WORD COUNT

I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

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# LISTS OF ACRONYMS

| | |
|---|---|
| CARICOM | Caribbean Community |
| CCI | Caregiver-Child Interaction |
| ECD | Early Childhood Development |
| ECPD | Early Childhood Professional Development |
| UG | University of Guyana |
| UNICEF | United Nations Children's Fund |

# SECTION ONE

# CHAPTER 1

## RESEARCH CONTEXT

## 1.0   Introduction

In 2008, one of the most significant contributions to early childhood development (ECD) in the Caribbean was introduced; the Caribbean Community Regional Guidelines. These guidelines serve to regulate the early childhood service sector and address issues such as sub-standard physical facilities, over-crowding, unsatisfactory staff-child ratios, insufficiently stimulating learning materials and experiences, inappropriate child guidance techniques and curriculum approaches, *inter alia*. In Guyana, the first response to these guidelines was the 'Coordination of training and assessment of caregivers and teachers in partnership with tertiary institutions' (CARICOM, 2008: 36). Early Childhood Professional Development (ECPD) training was specifically targeted because a comprehensive analysis of the state of ECD in Guyana found that care for children in the birth to four year age group was provided largely (>80%) by untrained caregivers who failed to adhere to the minimum quality standards indicated in these guidelines (Situational Analysis of ECD in Guyana, 2009).

The ECPD training programme was developed by the University of Guyana in 2010 and implemented in collaboration with the United Nations Children's Fund (UNICEF) and the University of the West Indies Open Campus, Trinidad. The programme is offered over a two-year period and its main tenet harmonises with the suggestions about training that, (i) the quality of caregivers' professional practice is significantly influenced by the pedagogical training to which they are exposed (Koh and Neuman, 2009). And, (ii) the pedagogical training programmes with greater potential for influencing children's achievements are those which extend beyond teaching and learning approaches, to building teachers' reflective and evaluative mind frame (Hattie, 2009, 2012). In a direct attempt to advance knowledge of child

development and a provide clear understanding of how young children grow and learn, key elements of the programme include methods of stimulating the senses; activities for promoting motor development; detection of developmental delays; evaluation of learning; behaviour management, and internships to assist students to apply theories and principles in the field. The handbook of *Learning Outcomes for ECD in the Caribbean* (2010) promotes these key elements and was introduced as the core resource material.

Caregivers' overall performance at the completion of this ECPD programme suggests a positive impact of training. However, there was one critical area that did not seem to have realised the desired outcomes - caregiver-child interaction (CCI) capable of engaging children in conversation, eliciting the opinions of children, or encouraging intellectual discourse with and between children. Compared to the other performance criteria, it appeared that the programme had failed to prepare the majority of caregivers to competently interact with children to stimulate their thinking and expand their play. This outcome would suggest that the programme is not delivering on one of the main standards upon which it was founded - development of a child who is a critical thinker and independent learner (CARICOM, 2008: 55).

Being the coordinator of this programme, my first attempt at exploring the effects of the training began by engaging in discussions with course tutors who provide mentorship for classroom practice. I needed to understand why, in comparison to other attributes, CCI had received such low scores. These discussions with the tutors revealed an interesting phenomenon - they shared the view that despite the low assessment scores in this area, the programme was effective. Tutors explained that while a caregiver might have scored, for example, 2 on a 5-point scale (with 5 meaning excellent or consistent positive interaction, and 2 meaning fair or rarely evident); this score of 2 nonetheless might indicate significant gains because of the distance travelled. According to the tutors, many caregivers at the start of the programme used simple one-way transactional interactions to get the children to do something or interacted for the sole purpose of responding to children's immediate needs. By investigating this phenomenon, I intend to explore the relationship between

these small, yet potentially significant CCI changes and the ECPD programme. Through a review of the background of early childhood development in Guyana, I first give a rationale for why attention has only recently been given to professional training for caregivers. By examining the evolution of the sector up to and including the implementation of training, this chapter sets the subject under study in context.

## 1.1 Evolution of the early childhood sector leading to the UG ECPD

### 1.1.1 State intervention

From the mid 1970's, Guyana led other countries of the Caribbean region in providing care and educational support for young children (ECD Draft Policy, 2012). With the Government's introduction of free education from nursery to university in 1976, Guyana, through the Ministry of Education, has been able to boast full coverage for school access to children averaging age four and upwards (ibid.). Guided by international developments in early childhood in the USA such as the Head Start Programme, and innovative teaching strategies by the Far West Laboratory for Educational Research and Development, the Government made a commitment to improve the private services that had been in existence since the early 1930s (Taharally, 1988; Anderson and Sukhdeo, 2005). These early services, provided primarily in response to 'female labour outside of the home' (Anderson and Sukhdeo, 2005: 12), were offered in the form of infant schools and classes, and were operated by individuals and religious and non-profit organisations. Except for few services with professionals trained in the 'English Montessori and British Infant School tradition' (Taharally, 1988: 28), most of these early services failed to offer the kind of curriculum deemed 'fit' for young children (Taharally, 1988; Anderson and Sukhdeo, 2005; Charles and Williams, 2006).

Mc Adam (2014), one of the first Early Childhood Education Leaders to be trained by Far West Laboratory, acknowledges the importance of re-shaping

the curriculum for children. He notes this task was critical because the early curriculum principally emphasised reading, writing and arithmetic; rote learning of the alphabet and number system; and copying from chalk boards. The re-shaped curriculum introduced by the Government in 1976 was viewed as flexible and encouraging play, child-centred learning and exploration of activities outside the classroom (Taharally, 1988 and Sukhdeo, 2006, offer further description of the nursery curriculum). This national curriculum was built on the following Goals of the Guyana Nursery Education Programme (1976):

1. Promote patriotism among young Guyanese and create a learning environment in which human ideas and values are emphasised.

2. Provide children with opportunity for self-initiated activity through educational experiences based on the continuing analysis of each child's modes of learning.

3. Enable children to acquire basic skills, and to develop desirable attitudes to learning.

4. Develop in children self-confidence and a healthy self-concept through promoting their mental and physical health.

5. Unite all Guyanese children so that they learn to accept each other irrespective of differences of age, social, economic or cultural background or of ethnic grouping.

6. Provide a learning environment which will encourage the socialising of the child.

7. Provide a learning environment which will challenge and support exploration and problem solving and promote creativity.

8. Extend learning experiences beyond the walls of the classroom and establish a genuine two-way communication between the home and the school.

9. Emphasise team work among teachers, para-professionals, ancillary staff, parents, children and members of the community.

In keeping with these Goals, the new curriculum approaches were considered to be in line with the types of 'developmentally appropriate practices' endorsed by the Head Start Programme (see, News You Can Use, 2011). At the time of the introduction of free nursery education in Guyana, only four infant schools offered these developmentally appropriate types of curricula. And, these 'ideal infant schools', as they were referred, were accessed by the rich and affluent (Anderson and Sukhdeo, 2005: 13). The majority of others - 'bottom house schools', so called because of their locations - served the poor and working class (ibid.).

When the government assumed responsibility for the sector in 1976, children, from both the 'ideal' and 'bottom house', were exposed to a comparable quality of early stimulation experiences. Facilities deemed suitable by the government continued to operate (but, under state administration); while others were moved to rented buildings, church halls, community centres, and sections of Primary schools (Taharally, 1988; Anderson and Sukhdeo, 2005). Concerning the staff, the old were re-employed and new, additional staff were hired (ibid.). While observations suggest that the government's intervention resulted in a 'drop' in the quality of educational services previously provided by the 'ideal infant schools' (see Taharally, 1988), this sector continues to get support in the form of provision of physical facilities, organised curriculum, and training of staff. Training for nursery classroom teachers commenced in 1980, and of the 1,652 recorded as working in the sector in 2013, 68.5% have been trained at the Trained Teachers Certificate, Associate or Bachelor Degree levels (Ministry of Education, 2013a and b). In 2012, there were 320 discrete nursery schools and 129 nursery classes on record, which according to Nedd and Trotman (2012) are sufficient to accommodate all nursery-aged

Guyanese children [approximately 40,000 children, according to Guyana Population and Housing Census, 2002].

Related investment in children at the early childhood phase is offered by the Ministry of Health in the form of free maternity, child health and early intervention services. These services are provided in hospitals, health departments, health posts, and in homes. The most recent report on the Guyana's health service system suggests it is effective in servicing this age group and records 214 health posts, 136 health centres, 21 district hospitals, 5 regional hospitals and 2 national hospitals (Pan American Health organisation, 2009: 34). Blair (2014), the National Coordinator for the Breast Feeding programme confirms that services are provided to all pregnant mothers on a monthly basis in the pre-natal period, and for as long as required for the post-natal period. The 1996 National Breastfeeding Policy, the 2001 Integrated Management of Childhood Illness strategy, and the 2010 Child Nutrition Initiative, are key strategies used to ensure access to health support systems needed by Guyanese children.

Free provision and maintenance of care for children in institutions such as orphanages and rehabilitation centres are offered by the Ministry of Human Services and Social Security. With the passing of The Childcare and Development Service Act of 2011, all child protection issues and the minimum operational standards for these institutions are regularised. Unfortunately, the Act does not give guidance on facilities such as day care and play groups. Therefore, while policies and strategies are adequate for (i) child protection; (ii) maternity and child health; and (iii) stimulation and school readiness, and literacy and numeracy through nursery education, early stimulation and rich learning experiences for the younger age group, with matching ECD services, are almost non-existent. Presently, there is only one state-owned day care centre (Nedd and Trotman, 2012), and, other than the services offered by the Mayor and Councillors of the city of Georgetown, services for the birth to four-year olds remain largely in the private sector and in the hands of untrained individuals (Situational Analysis of ECD in Guyana, 2009).

In measurable terms, it could be argued that out of 167,160 children in the birth to eight age group (Guyana Population and Housing Census, 2002), close to half [41%] might have been deprived of the quality of services necessary for their development, and exposure to early stimulation and enjoyable experiences, as Figure 1 below shows.

**Figure 1:** **Percentage of Children in the Different ECD Groups** (Based on Guyana's 2002 Population and Housing Census, Appendix B.2.6.)
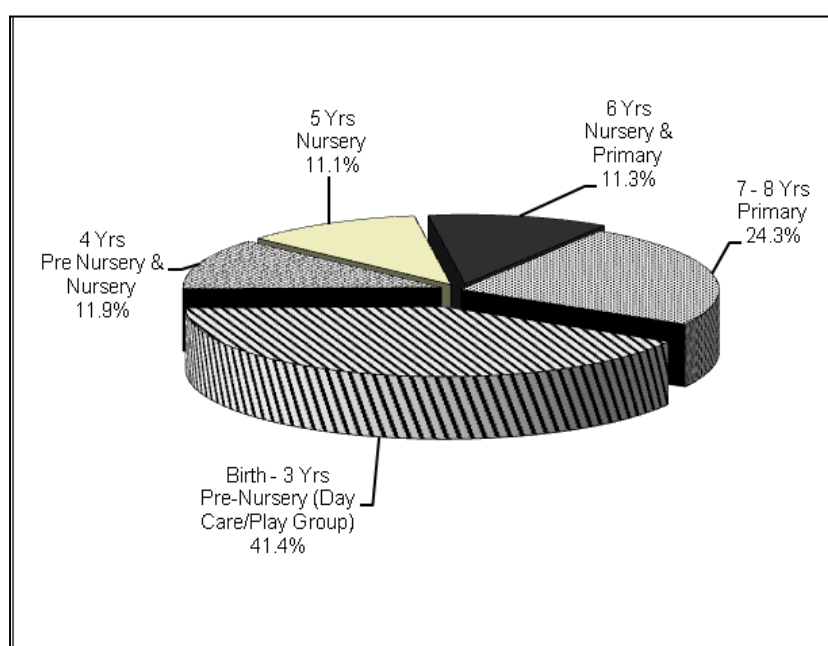


Another point to note is that although the nursery programme caters for children from three years six months, due to the overlap in age gap, many four-year-olds are unable to access the nursery programme and should be incorporated in this estimate for the underserved child population. The reasoning behind this is that children do not automatically become eligible for admission to nursery school once they reach three years six months - they must reach this age, or be older, at the start of the academic year. For example, a child born on the 30th day of March 2012 is eligible for admission in September 2015; whereas, a child born on the 1st of April of the same year will not be admitted until September 2016. Consequently, depending on their birth month, some children start the nursery programme one day short of age four years, six months. Hence, if these four-year-olds are considered, it is

possible that many more children might have been disadvantaged, in addition to the approximately 41% [n = 69,173] reported for the birth to three year age group.

### 1.1.2 Socioeconomic influences

Returning to the issue of investments in early stimulation for the under fours, it is worth considering the socioeconomic argument, which has been cited as a major hindrance to the development of the sector (see Anderson and Sukhdeo, 2005; Charles and Williams, 2008; Nedd and Trotman, 2012). From an ideological point of view, the socioeconomics of Guyana might appear perplexing. As detailed in the Map in Appendix 1, Guyana boasts diversified and rich mineral deposits. The country also features fertile agricultural lands, large acreage of tropical rain forests, and, with an average of only 747,884 residents (Guyana Preliminary Population and Housing Census, 2012), in an area of approximately 215,000 square kilometres (Bernard, 2005), Guyana has a population density of only 4 persons per square kilometre. However, the country is ranked as one of the poorest in Latin America and the Caribbean (United Nations Development Programme, 2013). Its Gross Domestic Product is only US$3.08 billion (World Bank, 2013 estimate). Therefore, petitions by ECD stakeholders (for example, the Caribbean Development Bank, 2012) encouraging the governments in the Caribbean to invest in this sector have not yet attracted support from the government of Guyana for:

> [T]he establishment and maintenance of strong enabling environments, including national ECD policies, minimum service standards, trained […] caregivers, appropriate curricula and learning environments, and national systems for ECD governance […], regulation and monitoring. (Charles, 2012: 5)

With reference to early childhood caregivers, the key participants of this study, the rate of remuneration seems to have specifically hindered their access to professional training. Similar to poor pay observed elsewhere (for example, see studies in England by Manning-Morton, 2006; Roberts-Holmes, 2013; Simon, Owen, Hollingworth and Rutter, 2015), Guyanese caregivers are paid half or less than teachers who operate at the nursery level. In 2009, for example, caregivers were paid an average of two hundred and sixteen

thousand dollars per annum (GY$216,000 is equivalent to US$1,080) (Situational Analysis of ECD in Guyana, 2009). The 2012 Annual Report of the Mayor and Councillors of the City of Georgetown Municipal Day Care Services, records very minimal increase in caregivers' annual salary - two hundred and forty thousand dollars (US$1,200.). This figure implies that to undergo the tertiary level professional training accessed by many of their nursery colleagues, caregivers need to utilise over 80% of their annual income (percentage is based on the UG annual fee of US$1,000).

Further, excluding food and other expenditures, basic utilities such as housing, water, electricity and fuels cost around US$2,102.29 annually (Cost of Living Survey Report, 2012: 4). Basic living expenses alone seem to be two times greater than caregivers' average income. Therefore, without personal commitment to, and interest in, the sector, some caregivers leave for more high paying jobs. Fortunately, the attrition rate remains low, with over 80% of caregivers working until the retirement age of 55 years (Mayor and Councillors of the City of Georgetown Municipal Day Care Services, 2012). Also, without the sponsorship and scholarships offered by UNICEF, participation in tertiary level training is challenged. With these caveats in mind, it is reasonable to understand why, as noted in the introduction to this chapter, that 80% of staff servicing the sector are on record as being unqualified. However, despite these economic barriers, in the next section, I attempt to shed some light on other possible contributing factors affecting professional training for ECD workers who provide childcare services for the under fours.

### 1.1.3  Early training initiatives

#### 1.1.3.1 Access and effect
The Situational Analysis of ECD (2009: 63) reports that only about 20% [n = 109] of qualified caregivers in Guyana are fully or semi-trained. The fully-trained are ex or retired nursery teachers who have acquired the Trained Teacher's Certificate from the Cyril Potter College of Education, or the Bachelor of Education from the University of Guyana. The semi-trained are practitioners who have benefitted from one of the following types of training:

(i) The Institute of Distance and Continuing Education *Child Development Course*; (ii) Capacity Development Workshops on *Care and Early Stimulations* conducted by the Mayor and Councillors of the City of Georgetown Municipal Day Care Services in collaboration with UNICEF; or (iii) short courses on *Parenting, Caring for the Young Child, and Family Youth and Children at Risk* offered by non-profit humanitarian organizations such as the  Young Women's Christian Association and the Guyana Red Cross (Bullen-McKenzie, 2007).

Fee-paying or non-profit, the training initiatives cited are positive developments in the promotion of early childhood care and education in Guyana. However, there are various issues relating to these training initiatives as reported by Bullen-McKenzie (2007) and Semple-McBean (2009), which suggest that many have been offered in an *ad hoc* manner, and promoted goals and objectives that did not meet the tertiary framework recommended by CARICOM. As a consequence of this scant and uncoordinated training, many of the services fail to reach minimum standards of quality.

The inability to meet minimum standards of quality, nevertheless, does not impact on the number of children attending these centres (ECD Draft Policy, 2012); and in some cases, centres have enrolment waiting lists which precede the birth of children (Situational Analysis of ECD in Guyana, 2009). Attempting to explain this phenomenon, Anderson and Sukhdeo (2005) claim that these sub-standard centres charge minimum fees; thus, they attract a large percentage of parents on minimum wages. But, another possibility for this lack of consciousness about 'inappropriateness' of curriculum and pedagogical strategies could be due to that fact that it is *only* [my emphasis] recently that national efforts have been made to promote awareness of ECD Service Standards (UNICEF, 2014).  Further, it seems to be accepted in Guyana that caregivers are likely to be unqualified, or to lack the skills associated with ECD professionals who operate at Nursery School level and higher. The latter sentiment was expressed during the evaluation session at the 2008 Lions Club of Ruimveldt ECD Outreach Workshop. One caregiver, who while expressing gratefulness for the training, questioned the benefits of the workshop for improving professional status, and reported the following:

> The children in our centre refer to the caregivers as 'aunty'. To us, this sounds unprofessional and as a result we encourage them to call us 'teacher'. On arrival at the centre one morning, I reminded a child to use the term 'teacher', but his mother looked at me with a grim face and said: "You are not a teacher - teachers are people who went to CPCE and UG" [Tertiary training institutions in Guyana]. Tears came to my eyes and, I shook my head and said to myself, "I'm not a teacher, yet every day you leave your child in my care"… We don't only feed and change them you know, we teach them stuff… And parents are happy when they learn… we need real training like the Nursery teachers….

Considering this excerpt, it would appear that caregivers' dissatisfaction about their service and training certification are amplified by parents' perception of their 'non-teacher-status' – a status which, paradoxically, seems acceptable to parents. As a result, it might be reasonable to conclude that the service providers (caregivers) and their clientele (parents) hold different positions with regard to the status training provides. Similar to the status associated with Guyanese nursery teachers before the professionalization of the Nursery education sector, caregivers are generally viewed as 'mere child-minders and the lowest on the rungs of the education ladder' (Taharally, 1988: 30). Thus, one of the motivational factors pushing ECD caregivers to participate in UG ECPD programme is that the training gives them comparable qualification status as the Trained Nursery Teacher. While this might be the case, it should be noted that the general agreement on service provision covers both 'custodial care and early stimulation'; parents expect caregivers to teach the ABCs and the number system (Semple-McBean, 2009). The issue that I would like to emphasise is that both caregivers and parents seem oblivious to the major shortfall in pedagogical practice. Neither group expresses concern over the findings of the Situational Analysis of ECD in Guyana (2009), which suggest that the majority of caregivers provide custodial care, but lack the skills required to 'nurture and promote mental growth, curiosity and interest' (Manning-Morton, 2006: 45).

*Principles guiding practice: Government of Guyana and UNICEF*

As indicated in the preceding paragraph, both caregivers and parents consider the preparation of children for school a goal of child care services.

Therefore, an important point to consider in relation to pedagogical practices in Guyana is the concept of 'schoolification', where the contents and methods of primary schooling are introduced into early education (Moss, 2013: 11). Given that the ECD national policy governing the under fours has only been introduced in July 2016, practice in Guyana seems to be influenced by the current policies on education promoted by the Ministry of Education (MOE). The MOE mission statement (2003-2014 states that:

> The Ministry of Education is dedicated to ensuring that all citizens of Guyana, regardless of age, race or creed, physical or mental disability, or socio-economic status, are given the best possible opportunity to achieve their full potential through equal access to quality education (MOE Guyana, 2014: v).

To achieve the mission in the area of ECD (4 to 6 year old children), the MOE identified emergent literacy as a priority and emphasized the use of standardised instructional materials for children at the Nursery level. As a result, children's learning activities are pre-planned and standardised by the introduction of a series of nursery workbooks, readers, and assessment booklets aimed at targeting literacy and numeracy instruction at this level. The MOE explains:

> The series [...] consist of class sets of readers for Years 1 and 2 at the nursery level; literacy, numeracy and writing skills workbooks (one each per child); and literacy and numeracy assessment booklets, also one each per child. These materials [...] release nursery teachers from the laborious, daily task of preparing students' workbooks by hand.

> In the spirit of being more empirically grounded and analytical in its approach to nursery education, assessment instrument are used to establish measures of children's emergent literacy, emergent numeracy, fine motor skills, and, as an indicator of intra-personal and inter-personal awareness and their self-knowledge. (MOE Guyana, 2014: 11-12).

With emphasis on literacy, numeracy and writing, and standardised assessment of these and other skills, the Nursery programme in Guyana has shifted from the goals that underpinned its introduction in 1976: *flexible and encouraging play, child-centred learning and exploration of activities outside the classroom* (see Section 1.1.1 above). Over the past two decades, the core values and mandates of the MOE have shifted in support of the practice of

'datafication', described by Roberts-Holmes (2015) as the constant subjection of early childhood practitioners and children to public and hierarchical ranking, ordering and classification. From my professional experience of working with Nursery teachers in Guyana, the outcome of this practice is similar to findings in the UK - it 'encourages teachers to adopt a pedagogy that prepared children to pass tests' (Roberts-Holmes, 2015: 313). Therefore, the general atmosphere currently surrounding ECD in Guyana falls short of practices that acknowledge children as 'co-constructor of knowledge, active, competent and eager to engage with the world' (Dahlberg, Moss and Pence, 2013: 7). From an observational standpoint, early childhood institutions in Guyana could be described as 'simply reproducers of knowledge'; where children are 'supposed to acquire a specific body of knowledge sanctioned by [... the MOE]' (ibid.: 88-89). A paradigm shift is needed in Guyana to achieve the kind of child-centred, ethical and culturally relevant approaches to children's learning and pedagogical practices. The following offers one example with regard to how this approach could be enacted:

> The early childhood worker mobilizes children's meaning making competencies, offering themselves as a resource to whom children can and want to turn, organizing space, materials and situations to provide new opportunities and choices for learning, assisting children to explore the many different languages available to them, listening and watching children, taking their ideas and theories seriously but also prepared to challenge, both in the form of new questions, information and discussions, and in the form of new materials and techniques. The role also requires that the pedagogue is seen as a *researcher and thinker* [my emphasis], a reflective practitioner who seeks to deepen her understanding of what is going on and how children learn, through documentation, dialogue, critical reflection and deconstruction. (Malaguzzi, 1993 and Rinaldi, 1993, cited in Dahlberg, Moss and Pence, 2013: 87)

The role of practitioners as 'researcher and thinker' is emphasised to highlight that the standardised instructional activities and assessment procedures, in Guyana, inhibit practitioners from 'assisting children to explore the many different languages available to them' (Dahlberg, Moss and Pence, 2013: 87). Given that the education of children in Guyana falls short of a framework that supports the kind of practice exemplified by Dahlberg and colleagues above, one of the aims of UNICEF-Guyana (as set out in the Introduction of this

chapter), has been to invest in ECPD training in an attempt to promote its child-centred philosophy of learning:

> [I]n line with the child-centred principle, the child as learner is central to the process of teaching and learning. In other words, the classroom process should not be one in which children are passive recipients of knowledge dispensed by a sole authority, the teacher. Rather, it should be an interactive process in which children are active participants in observing, exploring, listening, reasoning, questioning, and 'coming to know'. [... And] it is critical for teachers to be well trained in this pedagogy. (UNICEF, 2009b: 25)

Notably, the emphasis placed on education by UNICEF is encapsulated in the recently launched ECD Policy (6 July 2016), which UNICEF-Guyana played a major role in developing. Key considerations to be pursued by this policy include:

- Ensuring environments in children's family homes and communities are nurturing and safe.
- Providing equal opportunities for participation in high quality, inclusive early childhood development services to develop their competencies for learning and life.
- Providing training and certification and improving terms and conditions of work in early childhood development services.

Providing training and professional development for the early childhood workforce is relevant to my research and is emphasised. It is anticipated that, as a result of the introduction of the ECD Policy in Guyana, pedagogical training for the ECD sector will be prioritised to encourage practice considered as child-centred, ethical and culturally relevant. The discussions in Chapter 7 of this thesis about the outcome of UNICEF's sponsored UG ECPD training programme suggest that with training, improvement in practice is possible. For a short brief, post-training pedagogical interaction practice is characterised by 'fun' and 'relaxation' and centred on 'social context', while at the same time intellectually demanding, investigative and evaluative. This practice contrasts the general norm amongst untrained caregivers in Guyana

whereby children are deemed as passive recipients of knowledge, and emphasis is placed on rote teaching techniques (UNICEF, 2009b).

### *1.1.3.2 Impact of culture*

In light of the limited opportunities for training, caregivers' practices seem to be drawn strongly from the general child-rearing norms in Guyana. From my observations, interaction between many Guyanese adults and children is usually limited to one-way communication - with considerable time spent telling children what to do, or not to do, instead of facilitating interactive exchanges. The dominant type of interactions between adults and children in Guyana echoes what Bilton (2012) describes as 'domestic' in her British study of outdoor interaction practices in early childhood settings. This domestic category describes interactions that are practical in nature and relate to issues that have to do with giving a directive or responding to a basic request, or ensuring children are safe or ascertaining whether they are alright (Bilton, 2012: 409-416). These interactions differ from the 'extended' types which are open and have the potential to develop into higher order thinking and lead to deep conversations which can extend thought (ibid.).

Evidence in the Caribbean community, through the lyrics of songs, calypso and expressions on childrearing (see Williams, Brown, and Roopnarine, 2006; Composer, n.d.), suggests that the use of domestic types of interaction is the established culture. Citing the seminal Jamaican study of Grantham-McGregor *et al.* (1983), Williams *et al.* (2006) - the first to publish a comprehensive report on this issue in the Caribbean - confirm this practice. Of the 75 families investigated, they point out that 40% of the parents answer only a few questions asked by children, and the majority who tried to answer more questions made little attempt to consciously promote and extend intellectual discourse. Similarly, an example cited for 628 parents in Barbados suggests they were generally less likely to strongly endorse practices supporting intellectual curiosity, than those relating to physical or emotional nurturance (ibid.). In Guyana and Trinidad, Williams and colleagues note that childrearing practices emphasise interpersonal harmony, interdependence

and respect for elders, with adult-child discourse being similar to their regional neighbours.

Overall, the main point highlighted by Williams *et al.* (2006*)* is that while the promotion of qualities such as academic competency, and social skills of cooperativeness, respectfulness, compliance, and obedience is admirable, the promotion of verbal interactions that foster intellectual growth and creativity remains inadequate. Concern over the lack of engaging interactions has especially gained attention in the area of discipline, since corporal punishment is considered more common, than discourses and conversation with children about undesirable behaviours (see, Brown and Johnson, 2008; Baker-Henningham, Meeks-Gardner, Chang and Walker, 2009; Cappa and Khan, 2011). With little exposure to training, it is therefore understandable why the majority of caregivers in Guyana do not possess the requisite skills to facilitate the intellectually nurturing type of pedagogy described by Siraj-Blatchford below as:

> [T]he full set of instructional techniques and strategies that enable learning to take place in early childhood that provide opportunities for the acquisition of knowledge, skills, attitudes and dispositions. (Siraj-Blatchford, 2010: 149-150)

### 1.1.3.3 The search for feasible ECPD

The final notable point regarding the limited number of trained practitioners relates to the *quality* of training. During my research on amalgamating ECD training programmes (as a research assistant to Bullen-Mckenzie, 2007), I noted the following categories of training: (i) child-care workshops and short courses for Day-Care Workers, (ii) fully accredited early childhood education certificates, and degree programmes for Nursery Teachers. Consequently, a lack of 'professional worth' (Manning-Morton, 2006: 43) for those serving in the Day Care and Play Group settings in Guyana, appears to be a push factor in their quest to be called 'teachers' (as implied in the excerpt above, p. 18). While the theme of this section restricts a discussion about the potential problematic nature of referring to caregivers as 'teachers' (see Manning-Morton, 2006, for an in-depth discussion), this topic served as a catalyst for fuelling the debate on early childhood professionalism at the 2008-2009 ECD

Annual Retreat in Guyana (UNICEF, 2009a). During the debate, it was agreed that the 'workshop-type' training available to caregivers was not sufficient to endow them with the 'professional' skills, qualification or status associated with their colleagues at the nursery level. And, it was this debate, along with UNICEF's commitment to upholding the CARICOM ECD Standards (2008), which prompted UNICEF to commission the ECD Technical Working Group to review the state of training for caregivers in Guyana and develop and coordinate a professional training programme for these caregivers.

The University of Guyana was assigned the lead role in the review process and I (the only full-time ECD staff member, at that time) was assigned as the leader of the team. Our three-month investigation found that the Technical Vocational Education and Training (TVET) ECD programme, and the Caribbean Association of National Training Agencies (CANTA) ECD Modules were relevant to the training needs of practitioners in Guyana. The training programmes were comprehensive in nature, and subscribed to CARICOM's (2008) regulatory framework and training standards for promoting 'care' and 'learning experiences' for children in the Region (see Appendix 2 for the Regional Standards at a Glance). As a result, these programmes were adapted by the University of Guyana, and reviewed and approved by the University of the West Indies Open Campus (UWI OC) which has had experience offering similar programmes. The programme was implemented in August 2010, and the first cohort of students graduated in September 2012.

## 1.2   The UG ECPD Training Programme

### 1.2.1   Programme components and delivery

The UG ECPD programme is provided at two levels. Over a two-year period, practitioners are required to complete 45 credits - 21 and 24 credits for Levels One and Two, respectively. Level One provides practitioners with a broad base of foundation knowledge, practical skills and attitudes required for obtaining and performing entry level jobs within child care provision settings.

**Table 1:       Brief Course Description** (UG-UNICEF 2010: 5-7)

| COURSE | FOCUS | CR |
|---|---|---|
| **LEVEL ONE** | | |
| ECE 001 Introduction to Child Development | Stages of development Detection of developmental delays, abnormal behaviours and difficulties in motor performance. Management of behaviours. | 3 |
| ECE 002 Health Education | Promotion of skills such as bathing and changing infants, cleaning and maintaining infants' clothing and equipment, preparing and serving meals, and providing opportunities for rest and sleep. Observing, detecting and responding to signs of illness in children. | 3 |
| ECE 003 Introduction to Child Care Curriculum | Importance of promoting and maintaining child-friendly environment. Techniques used to help children recall and relate events, reinforce concepts, think critically, express creativity, and facilitate conversation and problem solving. | 3 |
| ECE 004 Parent Involvement | Importance of the family in the development of the young child. Strategies to promote parents'/guardians' involvement in children's activities. | 3 |
| ECE 005 Child Care Profession I | Historical and current developments in the field of early childhood, internationally and regionally. Career opportunities within ECD; personal development. | 3 |
| **LEVEL TWO** | | |
| ECE011 Child Care Profession II | Roles and functions, trade and professional ethics of personnel working in this sector; laws governing the occupation. Contemporary issues impacting ECD such as environmental hazards and disaster preparedness; vulnerability within the school/classroom setting; strategies for helping young children in developing safe habits. | 3 |
| ECE012 Social Development of the Young Child | Social and emotional development Relationship between Guyanese language and culture. Role in the development of children's language, identity, self image and their image of others. | 3 |
| ECE013 General Health Issues and Practice | Nutritional, physical and general health needs of children from birth to 8 years. Example, how to cater for infants and children who have special dietary needs and feeding difficulties. Policies and techniques for identifying and recording child malnutrition / religious and cultural health practices. | 3 |
| ECE014 Sensory and Motor Development | Techniques and principles for identifying children with different sensory problems. Promotional activities to develop the senses. Methods in assisting children to develop fine and gross motor skills. | 3 |
| ECE015 Cognition and Communication | Ways children converse, listen, question and think. Role of the adult in facilitating cognition and communication skills. Development and growth of children's foundation cognitive skills. | 3 |
| ECE016 Curriculum Planning and Evaluation | Importance of planning children's daily activities. Use available resources in implementing activity plans. Methods of evaluating daily activities; how to use information gathered to adjust plans to promote children's learning and development. | 3 |
| **LEVELS ONE & TWO - Child Care Practicum** | | |
| | Strategies for integrating theories and principles learned with practice in the field. Monthly work-based supervision to improve practice for the provision of care and early stimulation. | 12 |

Practitioners who successfully complete this programme are eligible for entry onto the Level Two course, which aims to provide them with practical competencies for greater responsibility for the children in their care. This level provides competencies needed for progression onto higher level training programmes such as the Bachelor of Education in ECD. At present, other

than the Trained Teacher's Certificate offered for Nursery teachers, this is the only ECD programme in Guyana, which provides matriculation status to the Bachelor's Degree Programme in Early Childhood Education. It is anticipated that the competencies required by caregivers to employ and promote child rearing practices which can positively 'shape children's attitudes towards learning and influence their overall care and development' (UG-UNICEF 2010: 2), will be achieved through the courses summarised in Table 1 above.

Except for practicum which takes place in the early childhood settings, all courses are delivered face-to-face. In accordance with the mode of delivery of taught courses at UG, each course consists of two hours of classroom lectures and one hour of tutorial, over a 15-week period. Each taught course is assessed by mid and end of semester written examinations, and group and individual projects. A maximum of two taught courses are delivered per term. Practicum supervision of caregivers is conducted once per month in their respective child care settings. In keeping with the quality assurance mechanism of the programme, the assessment of practicum is conducted by assessors who have had no prior contact with caregivers. However, as I will argue later in Chapter 3, this approach to assessment seems to fall short in offering a realistic portrayal of caregivers' CCI practices.

Training materials are provided for each course and caregivers are expected to dedicate six hours per week to additional reading, assignments and tasks. All lecturers and practicum tutors have professional experience in early childhood, are qualified in their respective fields, and have served as adult instructors and facilitators. Nevertheless, they too are required to focus on the content, activities and occupational standards identified in these course materials. To foster awareness of the essential features of this programme, lecturers participated in the Level V Caribbean Vocational Qualification Training for Assessors and Instructors (UG-UNICEF, 2011). This training was coordinated by the National Training Agency of Trinidad and Tobago over a period of eight months. Therefore, tutors implementing the UG ECPD programme are certified as having the requisite knowledge and skills for executing the assessment process of caregivers' practices.

## 1.2.2  Programme outcomes

Assessment of the first cohort of participants revealed their relatively high performance on indicators such as preparation of an enabling physical environments suited to young children (use of appropriate play activities, attention to health and safety, and observation of hygiene and sanitation guidelines) (UG, 2012). However, as indicated in Figure 2 below, these participants were relatively weaker at engaging children in conversation, eliciting their opinions, or encouraging intellectual discourse (ibid.).

**Figure 2:      Pre and Post-Practicum Performance** (Derived from UG 2012 Assessment Records)
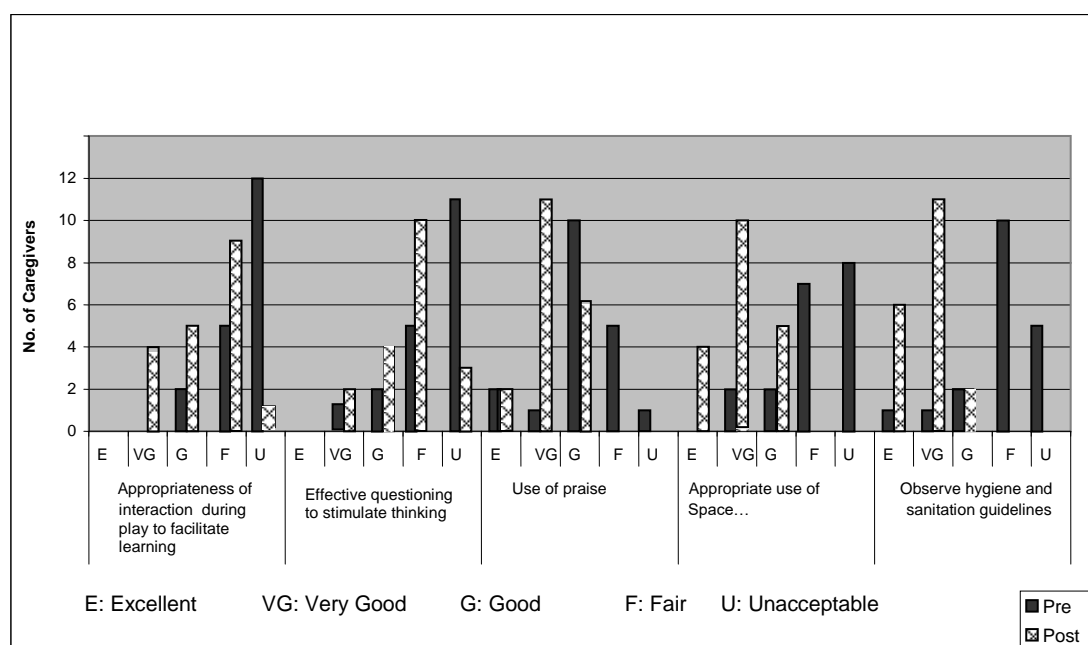


It is obvious that the results presented here do not provide comprehensive details on all indicators assessed (Appendix 3 offers the full list of the indicators assessed). These results are cited to present the general performance of interaction practices relative to other programme outcomes. At face value, the results suggest that this ECPD programme is efficient in developing caregivers' skills for creating a structural environment, but, it is somewhat deficient in enhancing caregivers' ability to demonstrate the 'enabling type of pedagogy' required for the optimal development of children.

> In developing an enabling pedagogy, creating a stimulating and appropriately challenging environment is central, but the environment is only as good as the pedagogic relationships

established between adults and children and the interactions that take place in the context of play and learning. (Rogers, 2014: 49)

Given that one course specifically covered the development of effective CCI practices (see course description for ECE 015 in Table 1 above), the evidence suggesting caregivers' restricted involvement in this type of interaction became a matter for concern. The specific CCI under consideration are *the talks, conversations, discussions, dialogues, exchanges and questions which support, extend and develop children's play, exploration and learning.* These are the kinds of interaction advocated for in studies, such as, Sammons, Sylva, Melhuish, Siraj-Blatchford, Taggart and Elliot (2002), Massey (2004), Blackwell and Pound (2011), Bilton (2012), Thomason and La Paro (2013) and Siraj and Asani (2015), as having a positive impact on early intellectual development. The main characteristics of these types of CCI are that they:

- Incorporate questioning, listening, modelling or rephrasing techniques to elicit communication and promote higher order thinking.
- Establish a balance between adult-led and child-led interactions.
- Enact and extend sequences of topically-related and cognitively-rich conversation.
- Consider scaffolding principles where the children's views, judgements, and level of understanding are considered, along with the type of activities, to provide a context for sensitive and appropriate interaction interventions.

The diagram (Figure 3, overleaf) represents the CCI practice of the first cohort of students. Sector 'C' indicates that caregivers frequently engage in conversations for instructional, supervision and behaviour management purposes. Importantly, these interactions are considered necessary for building 'trusting relationships' so children feel secure in their learning environment (Goh, Yamauchi and Ratliffe, 2012: 312). These types of interactions have been supported by the attachment and self-determination theory of John Bowlby and other advocates, which suggests that children who are provided with caring environments, and have more secure relationships with caregivers, are more likely to explore their environment and, thereby,

have more opportunities to learn (de Kruif, McWilliam, Ridley and Wakely, 2000; Curby, Grimm and Pianta, 2010; Downer, Sabol and Hamre, 2010; Goh *et al.*, 2012, Dowling, 2013). Finally, these interactions are not only essential for developing positive social-emotional skills in children, but it is practical and natural that caregivers engage in these 'domestic interactions' to ensure children are safe, ascertain their feelings, intervene if behaviour is deemed dangerous or unkind (Bilton, 2012: 414-416).

**Figure 3:     Early Childhood Caregivers' Interaction Practice**
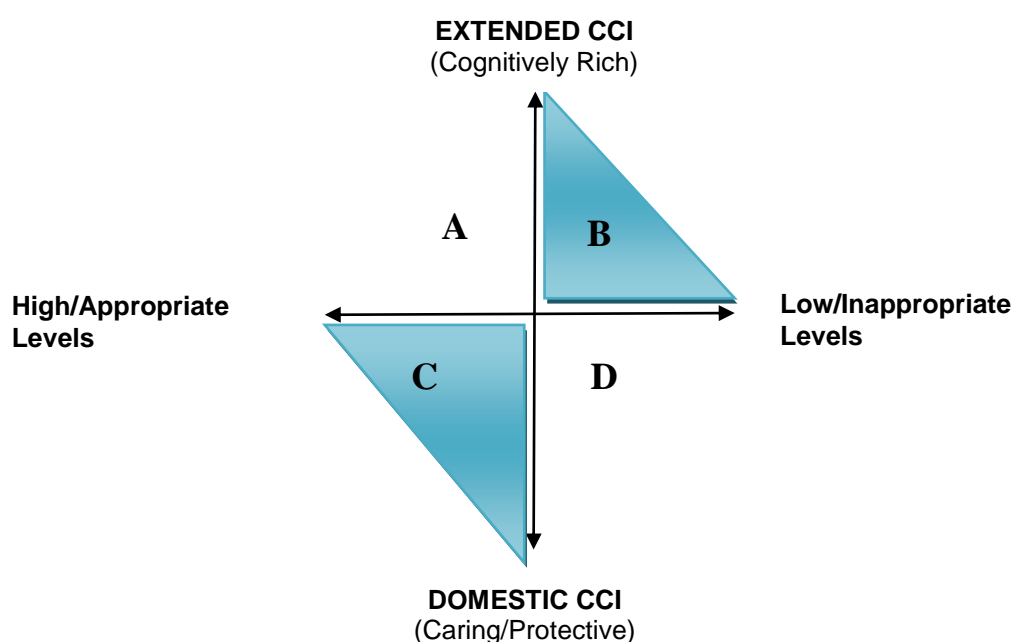


My study does not attempt to downplay these domestic types of interaction. Instead, it suggests that the conclusion drawn from the UG practicum assessment locates participant caregivers within a 'caring and protective model' as reported in other 'teacher-child interaction' studies (see, Burchinal, Howes, Pianta, Bryant, Early, Clifford and Barbarin, 2008; Thomason and La Paro, 2009, 2013). My study does suggest, however, that 'exploratory and collaborative talk is being insufficiently utilised' (Wells, 2009: 152). The caregivers' interaction practice in Guyana is characterised by the monolithic use of interaction for domestic purposes, instead of utilising interaction as a means for encouraging children to become progressive problem-solvers and thinkers (Burchinal *et al.*, 2008; Hatch 2010; Higham, Tönsing  and Alant, 2010; Bilton, 2012; Thomason  and La Paro, 2013). Sector 'A' of Figure 3 is

unshaded to indicate that there is very limited use of extended or cognitively-rich types of interaction. This contrasts to the situation in 'B' (which indicates that majority of caregivers do not provide sufficient cognitively-rich interactions). A model that depicts adequate use of cognitively-rich interactions will have more dominant practice positioned within the 'A' and 'C' sector of Figure 3. A balance of high frequency in both 'extended' and 'domestic' interactions are considered necessary for better intellectual outcomes for children (Hedges and Cullen, 2005; Downer *et al.*, 2010; Epstein, Johnson and Lafferty, 2011; Bilton, 2012; Thomason and La Paro, 2013).

## 1.3 Rationale for research

One of the most recent studies considering factors that impacted on children's learning found teacher-child interactions to be one of the strongest predictors of learning, compared to the learning environment, qualifications of teachers, teacher-child ratio, *inter alia* (Sabol, Soliday Hong, Pianta, and Burchinal, 2013: 846). Their study measured the learning outcomes of 2419 children in 673 public pre-kindergarten programmes across the USA. Detailed reports about the implications of quality CCI is also offered by Laevers on the outcome of the University of Leuven, Belgium 'experimental education project' which, over two decades, have investigated the way adults interact with children. The significant conclusion drawn from this project is that the quality of interaction is a 'decisive element' for achieving high levels of learning and, consequently, is more important than other quality indicators of practice 'such as the space, the materials and the activities on offer' (Laevers (1993, 2000, 2007, 2011). While there appear to be no published or unpublished studies on this subject in Guyana, in the last decade, similar accounts of children's learning outcomes have been reported elsewhere (see NICHD Early Child Care Research Network, 2000; Sammons *et al.,* 2002; McGuigan and Salmon, 2004; O'Connor and McCartney, 2007; Burchinal *et al.*, 2008; Epstein *et al.*, 2011; Hamre, Pianta, Burchinal, Field, LoCasale-Crouch,

Downer, Howes, LaParo and Scott-Little, 2012; Piasta, Justice, Cabell, Wiggins, Turnbull and Curenton, 2012).

Thus, the main rationale for carrying out this study is that quality of CCI practice has been cited as one of the most critical determinants for optimising learning in the early years, while, at the same time, there are indications that the training programme offered by UG is not having the desired effect in promoting caregivers' interaction skills. My interest in this study is also based on my involvement with the development of the UG ECPD programme and my role as the former programme coordinator. However, the administrative nature of my involvement did not allow me to fully understand, or explore, any differences made to the caregivers' interactions with children during the training. Awareness of, and interest in, this issue arose after examination of classroom practice evaluations at the end of the first two years (that is, September 2012).

In particular, interest in the quality of caregivers' pedagogical interaction practice has been stimulated by the discussions engaged in with course tutors who provide mentorship for classroom practice. As indicated in the Introduction to this Chapter, tutors shared the view that despite the low assessment scores in this area (for example, 2 on a 5-point scale), the programme was effective. According to the tutors, at the start of the programme, back and forth exchanges between caregivers and children were restricted to formal sessions, such as 'group discussions'. Apart from these sessions, many caregivers used simple one-way transactional interactions to get the children to do something or interacted for the sole purpose of responding to children's immediate needs. Therefore, the change in the practice of engaging with children and having conversations outside formal sessions was noted by the tutors as being small, yet this was seen as potentially indicative of a significant shift in post-programme CCI practices. These discussions with tutors suggest that there is need for using different languages to evaluate CCI (Dahlberg, Moss and Pence, 2013) – languages capable of narrating the meanings of the shifts in caregivers' interaction practice.

It appears that in striving to meet to quality assurance criteria set out by CARICOM (2008) for assessing caregiver-child interactions performance indicators, UG erred by prioritising 'objective' or 'value-ridden' measurement of the Assessors over the 'subjective' or 'value-laden' judgements (Dahlberg, Moss and Pence, 2013) of the Mentors who spent two years guiding the pedagogical practices of caregivers. Therefore, a language that moves beyond the concept of 'datafication' (Roberts-Holmes, 2015) 'often expressed as a number of the extent to which practices conform to norms' (Dahlberg, Moss and Pence, 2013: xv), is necessary for 'speaking about and practising evaluation' (ibid.).

## 1.4    Objectives of research

This study seeks to comprehensively examine the differences made to the participants' (caregivers') interactions with children as a result of training by:

- investigating the extent to which the training programme facilitated improvement in the 'quality' and 'types' of interactions with children,
- explaining what aspects of the programme content and delivery have positively or negatively impacted on CCI practices,
- examining any variance  in the quality of post-programme interactions with children and offering an explanation for any such variance, and by
- exploring the implications and providing recommendations for future programmes.

## 1.5    Research questions

The main research question posed is: 'How has the ECPD training programme contributed to the quality of caregivers' interaction practices?' The subsidiary and guiding research questions are:

1. How do caregivers provide intellectually, challenging and motivating interaction experiences as a result of participation in the ECPD training programme?

2. Do specific components of the programme, individually or collectively, lead to changes in practice? How does this occur and why does it take place?

3. Why has the programme influenced caregivers' interactions differently? Are CCI competences affected by prior classroom experience, level of training, or their perceptions of interaction practices?

## 1.6   Scope of research

This research has the potential to contribute to the literature on professional training and early childhood classroom interaction practices. Researchers who have investigated the effectiveness of ECPD confirm little research has been undertaken which specifically examines how attributes of these programmes function as mechanisms of change, and how they interact with each other to promote knowledge and skills (for example, Dickinson *et al.*, 2008; Sheridan, Edwards and Marvin, 2009; Swan and Swain, 2010; Algozzine *et al.*, 2011; Fisher and Wood, 2012; European Foundation for the Improvement of Living and Working Conditions - Eurofound, 2015). Most of the available research takes the form of statistical, quantitative data (see, Dickinson and Caswell, 2007; Neuman and Cunningham, 2009; Buysse, Castro and Peisner-Feinberg, 2010; Mashburn *et al.*, 2010; Lonigan *et al.*, 2011; Heisner and Lederberg, 2011; Heller, Rice, Boothe, Sidell, Vaughn, Keyes and Nagle, 2012; Piasta *et al.*, 2012; Colwell, Gordon, Fujimoto, Kaestner and Korenman, 2013). Even though the quantitative research adequately establishes an association or shows relationships between various training programmes and knowledge, skills and classroom practices, they do not say much about the direction of the relationships, but rather just show there is a relationship. My second research question serves as a direct attempt to address this gap in the literature.

With regard to the examination of CCI practices, there is currently a dearth of published research (in the USA and UK) that describes the processes involved (Siraj-Blatchford and Sylva, 2004; Trawick-Smith and Dziurgot, 2011;

Fisher and Wood, 2012). When I embarked on this study in 2012, records show that it has only been about a decade since researchers in the field of early childhood began to conduct effectiveness studies to explain the contextual and qualitative features of practitioners' interactions (de Kruif *et al.*, 2000; Kugelmass and Ross-Bernstein, 2000; Siraj-Blatchford and Sylva, 2004; Trawick-Smith and Dziurgot, 2011; Fisher and Wood, 2012). Being a relatively unexplored area, my study is contributing to this developing field by:

(i) Illustrating how effective CCI are interpreted and applied in socio-cultural settings outside of the USA and UK. As Rogoff, Mistry, Göncü, Mosier, Chavajay and Heath's *(*1993) study on cross-cultural toddlers and caregiver interactions found, a relatively low number of verbal interaction episodes between adult and child does not mean the child is not intellectually stimulated.

(ii) Providing insights into training models considered effective for the promotion of cognitively challenging interaction practices. In the UK for example, Swan and Swain (2010) affirm that while continuing professional development is a legal requirement for teachers in certain sector, its effectiveness is unknown. At the time of their writing, there was no coherent national strategy for assessing the effect of these initiatives on teaching and learning. At the time of submission of this thesis, a systematic review by Eurofound (2015) noted elements of effective training in Europe; yet, the possibility remains that certain aspects of training that work effectively in other countries might not necessarily suit a Guyanese context. For example, Potter and Hodgson (2007b) confirm the effectiveness of reducing the amount of questions asked by caregivers; but, for caregivers in Guyana, such could be counterproductive, since many caregivers do not ask an adequate amount of questions in any case.

(iii) Presenting detailed accounts of effective CCI episodes. Researchers are advocating for more detailed documentation of classroom practices, since many of the available studies fail to report the fine-grained details about how exactly teachers and

children converse on a moment-to-moment basis (Dickinson *et al.,* 2008), or how exactly changes in classroom practices look after ECPD (Algozzine *et al.*, 2011).

More importantly, being the first of its kind in Guyana to investigate effects of early childhood professional training on practitioner's pedagogical classroom practice, this study could support or challenge assumptions about the outcomes of such training programmes in Guyana, or serve as a catalyst for encouraging examination of the same. From my experience of conducting classroom observations, it appears that upon completion of the Certificate, Associate or Bachelor Degree, early childhood practitioners in Guyana demonstrate better quality of practice than before training. However, except for the Practicum Assessment Records used to monitor their progress and/or determine their grades for the course, there is no empirical research to substantiate these changes in practice.

## 1.7   Structure of the thesis

In this chapter, I set out the rationale for the present research agenda and my interest in this specific area. The evolution of the early childhood sector in Guyana is detailed to show how the impact of the state, socioeconomics and early training initiatives led to the development of the programme under study. To rationalise the conceptual framework for the study, outcomes and implications about professional training and early childhood classroom interaction practice are introduced. Following this, I suggest that the purpose of the study and the questions which shape its design lend themselves to an exploratory qualitative study. The final point considered is the degree to which my study could contribute to the field of early childhood studies.

The first chapter of Section Two presents an analysis of the theoretical reasoning and empirical evidence surrounding the use and features of high quality interaction practice. Emphasis is placed on what is meant by 'quality' interaction, and practical accounts are given to illustrate the processes

involved in producing such quality interaction. These practical accounts are presented in light of the claims that insufficient description of interaction strategies within training materials is acknowledged as one of the leading causes for the imbalance between cognitively-rich and domestic types of interaction practices (de Kruif *et al.*, 2000; Siraj-Blatchford and Sylva, 2004; Potter and Hodgson, 2007a; Hatch, 2010; Trawick-Smith and Dziurgot, 2011). The review on CCI concludes with a discussion of the implications that such practice could have for children's learning, pedagogical training and research agendas.

In Chapter 3, I engage in a critical analysis of the major characteristics of the content and process involved in carrying out early childhood professional development initiatives, to examine the effectiveness of these initiatives. Researchers have confirmed that it is only by examining how attributes of programmes function as mechanisms of change, and how they interact with each other to promote knowledge and skills, that decisions can be made about what strategies are most useful or which should be discontinued (for example, see Dickinson *et al.*, 2008; Sheridan *et al.*, 2009; Fisher and Wood, 2012; Heller *et al.*, 2012). Overall, the discussion on professional development training programmes elucidates the key features of effective ECPD, which are used to develop the sensitising categories for analysing the data generated.

In Chapters 4, 5 and 6 (Section Three), methodological considerations, the trustworthiness of field data and analytical approaches are discussed, respectively. Chapter 4 explains why the methodological approaches selected fit the purpose of my research, and discusses issues of reliability and validity. In particular, the qualitative paradigm and the case study approach are examined for their appropriateness. Specific details about the data sources and ethnographic data generation processes are highlighted to show how validation of evidence is possible. This chapter concludes by addressing the ethical guidelines of the British Educational Research Association (BERA, 2011), and presents a summary of how trustworthiness of the data is established.

Chapter 5 helps illuminate *where* the construction of my understanding of CCI practices and the effect of ECPD is grounded. It introduces one of the eight caregivers observed as part of this study to set the parameters within which the quality of interactions is compared amongst caregivers. It narrates the account of the caregiver's journey towards the ECPD training, to 'locate' her classroom practice within a wider social context (Flewitt, 2011). As suggested by de Kruif *et al.* (2000), such accounts permit insights into the differences amongst caregivers' CCI practices in relation to characteristics such as temperament, age, and cognitive ability. The empirical evidence from the field observations, reviews and interviews depict how caregivers' interaction styles could vary or be substantiated. As a result, this chapter establishes the thoroughness of the ethnographic-type field studies argued for in the previous chapter.

Having discussed in the previous two chapters *how* answers were sought, and *what* type of evidence was generated for constructing my understanding of the effect of ECPD on CCI, Chapter 6 provides the approach utilised for analysing and presenting this data. I explain and illustrate how the themes and categories were generated, how the results are displayed, and why certain conclusions and implications are drawn. This chapter is considered particularly relevant to my research process, in light of concerns that qualitative researchers often 'omit' to explain, demonstrate or make public, the process about how their analysis of the evidence was carried out (Braun and Clarke, 2006; Bowen, 2008).

The findings of this study are discussed in Section Four (Chapters 7, 8 and 9). Chapter 7 describes how changes in CCI practices have been impacted on by training, to illustrate what early childhood practitioners do and say to get children engaged. These descriptions are especially necessary to add to the knowledge base accounts of descriptive, explicitly illustrated and effective CCI practices. Renowned researchers of interaction practices (Schaffer, 1996; Siraj-Blatchford and Sylva, 2004; Dickinson *et al.*, 2008) and my own observations confirm the paucity of explicitly operationalised and functional aspects of exemplary, professional interactions. By scrutinising the

transactional nature of Guyanese caregivers' professional interaction practices, it was possible to establish that they engage in cognitively challenging, rich and motivating interactions to help children develop from their present point of mastery or readiness. Presented under two main thematic categories described as 'gaffing and lesson time', I highlight a less explored aspect of studies on caregivers' interaction behaviour in the classroom – that CCI are carried out at different extremes on a continuum, in keeping with the nature of the play activities, or purpose of conversations.

Chapter 8 examines how training works to promote the CCI I observed during my study. The different programme components identified point to the importance of practicum supervision and one specific course in particular. The modelling support provided by practicum tutors, in conjunction with provocative questions and commentary, have been particularly indentified as functional agents of change. The content of the specific course identified is presented to show how it promotes desirable interaction strategies. The final analysis of this course highlights the importance of critical reflection and practice-focused elements in accounting for the success of the changes observed in CCI practices. The chapter concludes by suggesting that significant gains were the result of a combination of the different programme elements.

On numerous occasions all, but one, caregiver referred to these programme elements as critical agents for effecting changes in their CCI practice. One particular caregiver's case is presented in Chapter 9 to show how lack of attention to these specific programme elements resulted in limited competency at performing quality type CCI. On the whole, Chapter 9 argues that some caregivers are more competent than others in offering quality interaction experiences because of their degree of readiness to change, and pedagogical thinking about practice. In some instances where ineffective CCI persisted despite these training supports, this was attributed to inhibiting factors such as group size, workload and cultural norms.

In the final section (Chapter 10), I reflect on the epistemological building blocks upon which the research is grounded. I examine the degree to which the research questions have been answered, and summarise the main findings, implications and recommendations. I assert that qualitative-type investigations are necessary for understanding the dynamics in these practices. My conclusions strongly support the effectiveness of the ethnographic techniques employed and confirm that, by its very structure, UG's standard observational assessment tools failed to capture the different types of change in CCI. I highlight that an important contribution of the findings is better understanding about how the elements of training interact to impact on the development of quality CCI. The major implication here is that many who participated in the UG ECPD programme are not quite competent at engaging *continuously* in cognitively challenging, rich and stimulating types of interactions; therefore, recommendations are offered to generate better outcomes.

# SECTION TWO

## CHAPTER 2

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CAREGIVER-CHILD INTERACTION:
Defining Effective Practice

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## 2.0   Introduction

As I have discussed in the background section of this study (1.2.2), analyses of the classroom practice of  participants of the ECPD programme in Guyana suggest low attainment of one of the core standards upon which it was founded - development of a child who is a critical thinker and independent learner (CARICOM, 2008: 55). The Practicum Supervision and Assessment Reports of caregivers revealed that caregivers seldom utilised opportunities to encourage children to reason, question or express ideas (UG-UNICEF, 2012). According to these assessment records, Guyanese caregivers' professional practice of interacting with children is more often used for instructional purposes, behaviour control and promotion of social skills.

Research undertaken regionally and internationally confirms a similar caregiver-child interaction phenomenon to Guyana. Research findings from early childhood interaction studies in different countries report CCI characterised by relatively high frequency of: giving information and instructions, making requests, managing behaviour, providing assistance, supporting peer relationships, and offering praise and observations. (For example, *Bermuda*: Arnett, 1989; *Caribbean*: Williams *et al*., 2006; *Cyprus* and *Greece*: Rentzou and Sakellariou, 2011 and Sakellariou and Rentzou, 2012; *Malaysia:* Mofrad, 2012; *South Africa*: Higham *et al*., 2010; *UK*: Potter and Hodgson, 2007a; Bilton, 2012; *USA*: Massey, 2004, Dickinson and Caswell, 2007; Curby *et al*., 2010; Heisner and Lederberg, 2011 and Goh *et al*., 2012; Thomason  and La Paro, 2013). The general conclusion drawn from these studies is that caregivers operate within a caring and protective mode,

juxtaposed to interaction practices that challenge children's opinion and interests. As introduced in the background section, and as will be further discussed later in this chapter, although these domestic and caring types of interactions are important, they may not, from a pedagogical stand point, promote children's higher order thinking (Sylva, Taggart, Siraj-Blatchford, Totsika, Ereky-Stevens, Gilden and Bell, 2007; Higham *et al.*, 2010; Bilton, 2012; Thomason and La Paro, 2013).

In an attempt to illustrate how CCI contributes to children's higher order thinking, this chapter reviews the literature on interaction and, in particular, considers what is known about the features of high quality and effective interaction. My major emphasis is on unravelling the different interaction approaches that have proven to effect positive learning outcomes for children and to present practical accounts from empirical research to illustrate the processes involved. These practical accounts of interaction may seem excessively descriptive or reductionist in nature; however, they are presented in the light of claims that insufficient description of CCI strategies and processes within training materials is acknowledged as one of the leading causes for the imbalance in interaction practices (de Kruif *et al.*, 2000; Siraj-Blatchford and Sylva, 2004; Potter and Hodgson, 2007a; Hatch, 2010; Trawick-Smith and Dziurgot, 2011). Furthermore, while different types of effective interaction practices are presented, I argue that the common features underpinning each rest within a Vygotskian framework.

Implications of CCI findings for children's learning, pedagogical training and research agendas are also examined. For example, I show how interactions of a caring and protective nature may fail to elicit children's opinions and interests, support current level of thinking or challenge them to develop to the next stage, and offer an explanation for such CCI practices. Next, by linking my arguments to the methodological approaches identified for carrying out this study, I establish the relevance of the qualitative ethnographic type case study approach to be employed. Finally, the chapter shows how this examination of CCI practices could add to the knowledge base in this developing field.

## 2.1 The nature of 'quality' CCI

Definitions similar to the kind of caregiver-child interactions presented in this study do exist (see Massey, 2004; Siraj-Blatchford, 2010; Blackwell and Pound, 2011; Fisher and Wood, 2012; Thomason and La Paro, 2013). This present study consolidates and extends these earlier definitions. Within the context of my study, 'high quality or effective caregiver-child interaction' is defined as: *interaction experiences which involve cognitively challenging, rich and stimulating conversations*. By this definition, I mean interactions that extend beyond the routine functional talk and conversation caregivers undertake while facilitating daily activities, to include *intentionally focused talks, conversations, discussions, dialogues, exchanges and questions that support, extend and develop children's play, exploration and learning*. These include interactions with the intention to 'draw babies attention to things in the environment and promote their creative skills' (DCSF, 2008: 63-76); promote open-ended responses and elaborative or extended comments (Bilton, 2012); encourage purposeful use of language (Dickinson and Caswell, 2007) and stimulate problem-solving situations (Schaffer, 1996; Siraj and Asani, 2015).

The epistemological status given to caregivers' interaction practices in my study is grounded within the philosophy of Lev Vygotsky (1978) who advocates for a process that takes children into the 'zone of proximal development' (the gap between what children have already mastered or could accomplish, and what they can achieve when provided with extended and cognitively-rich types of interaction experiences by caregivers). These interaction episodes between children and caregivers are of such that they foster skills that 'have not yet matured but are in the process of maturation, or are in an embryonic state' (Vygotsky, 1978: 33). The types of CCI episodes that permit children to exercise 'not only what has already been achieved but also what is in the course of maturing' (ibid.) are provided in the next section; therefore, only a short extract is presented here as a quick synopsis. For example, 'A child asks how to write the word 'Dinosaur'. As a quick response the teacher could provide the spelling. But, to facilitate the kind of extended and cognitively-rich types of interactions targeted in this study, the following

would be apposite, if circumstances permit or if the child has the requisite experience: 'Where do you think you can find that word?' 'In what kind of book might we find this word?' (adapted from van Kuyk, 2011: 138). Within this context, caregivers' interaction episodes take a proactive form through carefully orchestrated graduated steps to help children attain new and more advanced cognitive functional levels (Schaffer, 1996).

As Hatch (2010) affirms, cultural and cognitive psychologists are in agreement that Vygotskian-type interactions are critical for early learning. However, given that Vygotsky did not explicitly operationalise the concept of the zone of proximal development (for similar view see Schaffer, 1996; Wells, 2009), presently, it remains somewhat unclear what the nature of this quality CCI as functional aspects of early childhood settings look like. Therefore, in-depth examination and presentation of established effective CCI would provide 'defining criteria' of these interactions (Wells, 2009: 294), add precise descriptions of the process involved (Schaffer, 1996) or offer practitioners models on how to broaden these skills (Dickinson *et al.*, 2008).

Unfortunately, due to the over-reliance on standardised statistical assessment by UG, 'quality' CCI in the context of Guyana has become difficult to operationalised. The use of UG's standardised assessment tool, as the primary method of evaluating pedagogical practice, raises questions about the flexibility of the tool for capturing the contextualised nature of interactions. UG's assessment approach, as Dahlberg, Moss and Pence (2013: xxii) put it, could be considered 'value-ridden':

> [I]t operates as if it was the only approach, the only true way, and in the process reduces complexity and diversity to methodological problems that can be controlled for and manipulated [... and] denies and ignores or even remains unaware of the views and positions of others (Dahlberg, Moss and Pence, 2013: 126).

Therefore, the next section will consider the effectiveness of 'other' languages for evaluating CCI (Dahlberg, Moss and Pence, 2013). Unlike UG with its emphasis on statistical measurement of CCI, the approaches which follow underpin the philosophy that: 'if you only ever look out for what you are

expecting, if you only value preset targets, you miss a lot!' (ibid.: xvii). From the standpoint of my research, examination of evaluations which considered multiple perspectives on CCI was helpful in establishing a reference point to conduct my field investigation. Greater understanding of what quality CCI methods are and how they function helped me to anticipate the extent to which CCI could vary as I explored this phenomenon.

## 2.2    Extended and cognitively-rich CCI

The literature review reveals that studies abound with regard to effective and quality classroom practice in the early years. The range includes: defining quality (Reed, 2012; Weiland, Ulvestad, Sachs and Yoshikawa, 2013), developing effective pedagogy (Dunphy, 2008; Tayler, 2012; Appleby and Andrews, 2012), effects of quality on children's outcomes (Sammons *et al.*, 2002; Siraj-Blatchford, Sylva, Taggart, Sammons, Melhuish, and Elliot, 2003; Sylva *et al.*, 2007; Epstein *et al.*, 2011; Piasta *et al.*, 2012). With regard to extended and cognitively stimulating CCI, there are established scales for measuring the quality of these interactions (Arnett, 1989; Harms, Clifford and Cryer, 1998; Hamre, Goffin and Kraft-Sayre, 2009; Colwell *et al.,* 2013). Studies have also established the positionality (McInnes, Howard, Miles, and Crowley, 2010) and social context (Wells, 2009) for encouraging these interactions, and the outcomes of these interactions (Burchinal *et al.*, 2008; Sabol *et al.,* 2013). Although these studies have added valuable knowledge about early childhood interaction practices, only few have sufficiently described specific teacher–child interactions that lead to development in children's understanding or higher-order thinking, and/or explain how such interactions occur directly or explicitly (Siraj-Blatchford and Sylva, 2004; Hatch, 2010; Trawick-Smith and Dziurgot, 2011, also share this view). Consequently, studies that specifically consider extended and cognitively-rich types of CCI, as defined in this report, appear to be limited.

Provoked by this lack of identifiable exemplary pedagogical strategies, the Effective Pedagogy of Preschool Education Project (EPPE, a longitudinal

study that followed the progress of over 3000 children, aged three plus, in 141 pre-schools across England) was extended to add to the knowledge base in this area (Siraj-Blatchford and Sylva, 2004: 714). The findings of this project have had significant impact on pedagogical guidelines in the UK (see DCSF, 2008) and have stimulated research agendas on early childhood practitioners' interaction practices in England and abroad (see Potter and Hodgson, 2007a; Sylva, *et al.*, 2007; Dunphy, 2008; Bilton, 2012; Fisher and Wood, 2012; Tayler, 2012). Examination of the professional practices found in the EPPE project and other available empirical studies offered at least seven different approaches to describe effective CCI. Each of these assumes that Vygotskian principles are the underlying principles for cognitively-challenging interactions.

### 2.2.1 The different approaches of CCI

1. *Child-Referenced Interaction.* Teacher-initiated interactions guided by information about the child's previous activities or events. Practitioners are guided by information about specific children rather than developmental theories. Although shaped by a developmental framework, these interactions are the outcome of on-the-spot decisions made in the context of specific activities and events. (Kugelmass and Ross-Bernstein, 2000)

2. *Extended Interaction.* Interactions which extend and develop conversation and thinking and involve the development of understanding about the shared subject under discussion. This practice endorses the Sustained Shared Thinking approach described below and promotes the concept of intellectual search when in dialogue with children. (Bilton, 2012)

3. *Indirect Tailored Assistance.* Play interactions that attempt to guide children's activity without imposing expectations for specific behaviour. The assistance given addresses children's precise play needs, and, as such, practitioners are required to pause, prior to an interaction, to carefully study play in progress and to consciously consider the amount and type of support, if any, children require. (Trawick-Smith and Dziurgot, 2011)

4. *Instructional Conversation.* Interactions held in small group where prior knowledge and experiences of children are integrated with new information to build greater understanding. These interactions are not casual; but rather intentionally structured based on reflections of children's learning and sensitivity to what they say. (Goh *et al.,* 2012)

5. *Intentional Teaching.* Learning opportunities designed to meet the individual needs, interests, and prior knowledge of children through reciprocal, co-directed conversation between teachers and children. The conversations are of a high quantity as well as high quality (that is, they develop children's ideas and demand thinking) and are carried out with all children in the group or activity centre, rather than a selected few. (Burns, Kidd, Nasser, Aier and Stechuk, 2012)

6. *Joint Involvement Episodes.* Episodes that promote enriching exchanges in the context of children's interests, characteristics and ongoing activity. The adult support or challenge but the outcome is as a result of a joint enterprise to which both adult and child contributed. Example, verbal labels for objects the child looks at, demonstration of the various properties of toys being played with, or extension of verbalisation of children's unclear utterances. (Schaffer, 1996)

7. *Sustained Shared Thinking.* Interaction where two or more individuals 'work together' in a planned and/or focused way to solve a problem, clarify a concept, evaluate activities, or extend a narrative. This shared thinking strategy (which could be either child or adult initiated) extends to social and behavioural development where adults support children in rationalising conflicts. (Sylva *et al.*, 2007; Siraj and Asani, 2015)

An illustrated summary of the studies featuring effective CCI and associated characteristics are presented in Table 3 (page 54). At this point, as noted in the descriptions of these approaches, it could be said the main theory underlying each approach is that of the 'zone of proximal development'. Each of these approaches requires caregivers to provide intellectually challenging and motivating interaction experiences to help children advance from their present point of mastery or readiness. Bruner's principle of 'scaffolding' where caregivers support children's current level of thinking and challenge them to

advance to the next stage (Epstein *et al.*, 2011) is also relevant here - each of the approaches concur with the scaffolding principles of *contingency, fading and transfer of responsibility* (van de Pol *et al.*, 2010).

In their systematic review of scaffolding, van de Pol and colleagues (2010) point out that the contingency stage relates to practice wherein caregivers first determine children's current level of competence to offer support for learning. Once support is successful, the responsibility for performing the task can begin to be transferred to the learner and the expectation is that support would gradually be withdrawn. In other words, *contingency* is the responsive, tailored, adjusted, differentiated, titrated, intentional or calibrated support, identified in the approaches cited above; *fading* is the gradual withdrawal of the support or guidance, which depends upon the child's level of development and competence; *transfer of responsibility* occurs when children take increasing control as learners (ibid: 274-275).

Particularly, attention to contingency appears to be of high value to the interaction process since such analyses enable caregivers to understand the social context embedded in children's activities. In his research into scaffolding play activities, van Kuyk's (2011) descriptions of the stages in supporting 'rich play' are useful to illustrate the principle of contingency. According to his explanation, contingency is best facilitated when teachers first sit close to the child or the playing group, followed by cooperating and playing an active role (as a participant) in the children's activities, then finally enriching the play. In instances where the quality of play is poor or non-existent, van Kuyk recommends teachers should teach children how to play or take initiatives to start conversations or give ideas or make plans: *Can you set the table; the whole group is coming for dinner* (p. 137).

The important point reiterated by van Kuyk (2011) about scaffolding initiatives is that they require teachers to make important psychological interventions which are dependent on children's level of development, independence and their motivation, as expressed in the writings of Vygotsky:

We said that in collaboration the child can always do more than he can independently. We must add the stipulation that he cannot do infinitely more. What collaboration contributes to the child's performance is restricted to limits which are determined by the state of his development and his intellectual potential. (Vygotsky, 1987:209)

Therefore, the point worth reiterating about effective CCI is the importance of offering children responsive, tailored, adjusted, differentiated, titrated, intentional or calibrated support. van Kuyk (2011) views these scaffolding supports as ranging from *low* to *medium* and *high* which could, respectively, result in children's *high*, *medium* or *low* level of thinking*.* Table 2 below illustrates how each level of support could be promoted within early childhood settings. This illustration by van Kuyk is amongst the few studies to demonstrate what the nature of quality CCI as functional aspects of early childhood settings could look like. However, while it is a welcome example, the terminology used to describe the levels of caregivers' support and children's thinking does not seem fully appropriate for my research context. I agree that different kinds of support are necessary for a child who is highly motivated as opposed to a child with less motivational aspirations; nonetheless, giving 'low' levels of support to the highly motivated child could potentially deprive him or her of advancing beyond his or her 'zone of development'. Likewise, a child with lower levels needs does not necessarily need 'more' interaction support with caregiver.

**Table 2:** **Examples of Scaffolding Support** (adopted from van Kuyk, 2011: 138)

| Level of Caregivers' Support | Level of Children's Thinking | Example/Descriptor of Teaching Strategies |
|---|---|---|
| Low | High | Children who are highly motivated and have a high level of independence and development only need support to know how to create situations in which they can solve high level problems. To support them to find higher level solutions, do not let children settle for the simplest solution. |
| Medium | Medium | Children with a lower level of independence, development and motivation need more support. Most of the time they not only need strategic help (how to do the activity), but also content support. |
| High | Low | Children with low levels of independence need even more support, most of the time, in little steps, but the teacher will always try to let children make their own decisions and create their own solutions. It is not important to find the right solution; the effort to find a solution is of key importance. |

This description of caregivers' levels of support might be a case of semantics at work, since, as could be observed in third column of Table 2, the descriptors are congruent with the major point about interaction being 'tailored' (Trawick-Smith and Dziurgot, 2011). By citing the research of Trawick-Smith and Dziurgot, van Kuyk's perspective on the levels of scaffolding becomes clearer. Trawick-Smith and Dziurgot categorise the interaction needs of children as: 'no need, some need and much need' (p. 113). According to these researchers, all three categories can be determined by answering two questions: (1) Can children perform or continue the activity independently and safely? (2) Would children benefit in a specific way from caregivers interaction? Responding 'yes' to the first question and 'no' to the second suggests there is possibly *no need* for caregivers to step in. 'Yes' to both questions suggests that interaction would enhance the activity, thus, there is *some need* for caregivers to step in and out. Situations in which the answer is 'no' to the first question and 'yes' to the second, suggest that children cannot proceed with a task, role enactment, peer interaction, daily routine, or resolution to a problem. In this case, caregivers' interactional efforts will fall within the *much need* category. 'No' to each indicates that the activity might be developmentally inappropriate, or contextually and culturally irrelevant.

Central to the notion of quality CCI is the question about how children benefit from specific scaffolding intervention by adults. With regard to scaffolding intervention, Laevers (2007: 17) cautions that 'during total concentration, any disturbance or interruption would be experienced as a frustrating rupture of a smoothly running activity'. Therefore, Laevers warns that as caregivers strive to facilitate high involvement and levels of learning (suggesting activities to children who wander around; offering materials that fit in an ongoing activity; inviting children to communicate; confronting them with thought-provoking questions and giving them information that can capture their mind), they need to be respectful of children's sensitivity and autonomy. This means that caregivers need to take into consideration children's need for affection, attention and affirmation, and support their interest by offering space and time for self-initiated experimentations (ibid.).

In concluding, the principle of scaffolding, as is used in this thesis, is not interpreted as engagements 'emphasising predetermined learning outcomes, with little opportunity for children to take part in co-constructed dialogue' (Payler, 2009: 122). Rather, it is more in line with Payler's recommendation about 'proleptic guidance', which extends beyond predetermined learning outcomes, to include opportunities for the development of children's own ideas and identity, in a collaborative environment. In these collaborative environments, the adult's role seems similar to those described by van de Pol *et al.* (2010) above about the stages of scaffolding – ascertaining, suggesting or jointly creating with the child (Payler, 2009: 121). To reduce any further ambiguity that could result from the different perspectives on effective interaction support, in the following section, practical accounts from empirical research are offered to contextualise how the processes of scaffolding and related support within children's zone of proximal development could result in extended and cognitively-rich types of CCI.

### 2.2.2  High quality CCI in practise

The work of Schaffer (1996),  Kugelmass  and  Ross-Bernstein (2000), Siraj-Blatchford and Sylva (2004), Potter (2008), Bingham and Whitebread (2009), Payler (2009), Siraj-Blatchford (2009), Wells (2009), Trawick-Smith and Dziurgot (2011), Bilton (2012), Burns *et al.* (2012), Goh *et al.*  (2012) and Craft (2015) emerge as the most illustrative examples of extended and cognitively-rich interaction practices, during my search of the literature. As seen from the discussions earlier (2.0), in many early childhood settings interactions are often highly functional in nature. Although these practices do not necessarily promote cognitively-rich interaction, they are inevitable and serve valuable protective, emotionally supportive and socialisation purposes (Bilton, 2012; Thomason and La Paro, 2013). With this in mind, Kugelmass and Ross-Bernstein's (2000) *Child-Referenced Interaction* study has been purposefully selected to show how domestic and functional interactions could incorporate characteristics of more effective quality interaction.

Conducted over a period of three months, Kugelmass and Ross-Bernstein analysed videotapes and undertook participant observations of interactions at different times and places in a university-based early childhood centre. Their analysis uncovered the principles of *event-referencing* (making explicit verbal connections between current phenomena and past events), *affirmation* (identifying, acknowledging, clarifying specific experiences in the present) and *extension* (connecting past and/or present experiences to future possibilities)' (ibid: 22). Although these techniques were developed over a decade ago, they continue to be relevant since they illustrate how the dominant CCI practice of behaviour management could be transformed into reflective activities. Captured below is an interaction episode between a teacher and three 3-year-olds, playing with a wooden set of tracks and trains:

| Ben: | I want to go there! (He wants to move his train in the same path as the second boy.) |
| Teacher: | You want to go which way? (*affirmation*) |
| Ben: | (Points) |
| Teacher: | O.K. Say to Josh, "Can you move your train? Can you move your train? I am coming through!" (*extension*) |
| Ben: | No. |
| Teacher: | No? Remember! hmmmm. How did Josh's train move? (*event referencing*) |
| Ben: | (moves train.) |
| Teacher: | Thanks Ben. You moved it just enough for Josh's train to move back on the track, where he needed to go. (*affirmation*) |
| (Third boy joins the group) | |
| Teacher: | Hi Joey. |
| Joey: | (sullen) He has my train. |
| Teacher: | You know Joey, that was your train (*affirmation*) when you were here, and then you went to play with some other things (*event referencing*). I saw you down there, making dotting (*event referencing, affirmation*). Did you make dots with glitter too? (In a suggesting tone of voice) (*affirmation, extension*). (Kugelmass and Ross-Bernstein , 2000: 22) |

This episode points to an approach for extending domestic interactions, and shows that, although the teacher's contribution dominates, the recommended scaffolding principle of analysing the social context of children's activities was employed. Affirmation (*You want to go which way?*) enabled the practitioner to expand the conversations and give ideas about how to resolve the conflict. The child Ben, for example, was given an opportunity to reflect on past events (*Remember! Hmmmm...*), and this demanded from him the type of thinking acknowledged in this study. Frequent notations about observations to guide practitioners' later conversations and classroom activities are also embedded

in the Child-Referenced Interaction approach (Kugelmass and Ross-Bernstein, 2000). Bond and Wasik's (2009) *Conversation Station* intervention in Baltimore, USA, shows that elements of Child-Referenced approaches are gaining status. According to Bond and Wasik, the Station is a designated space in the classroom aimed at promoting meaningful conversations based on children's feelings, personal experience or needs. For example:

> During book reading, the teacher may be reading a book about families that briefly mentions a puppy. One of the children responds to the picture of the puppy and wants to tell the class a story about his new puppy. To encourage an extended dialogue at this time would detract from the meaning of the story and the children's focus on important vocabulary words. Instead of stopping the child and making him feel as if what he has to say is not important, the teacher respectfully lets the child mention his puppy and then suggests that a more detailed exchange about the pet occur later during the centre time at the Conversation Station. (Bond and Wasik, 2009: 470)

With initiatives such as Conversation Station, the likelihood of some children losing interest during a later discussion is anticipated. Nevertheless, this practice highlights two important points. First, instead of predominated adult-led or initiated activities, a conscious shift is being made by some caregivers to engage in extended and child-centred intellectual discourse (see, for example, Potter and Hodgson, 2007a; Fisher and Wood, 2012). Second, there are inevitable boundaries in trying to satisfy multiple interests; thus, as Alderson (2000) explains in writing about the promotion of young children's rights, children need to develop an understanding that they cannot always get, or do whatever they want. Simplistic interpretations that suggest automatic alteration of curriculum content and/or activities to match every need or interest should be 'dismissed as dangerous nonsense' (p. 114). The use of Child-Referenced Interaction implies that caregivers should be guided by information about children, not that children's immediate interests and needs must automatically stimulate the topic for classroom conversations.

The latter point about Child-Referenced Interaction leads directly to Siraj-Blatchford and Sylva's (2004) argument for a balance between the opportunities provided for children to benefit from direct teacher-initiated

instruction and in the provision of freely chosen instructive play activities (p. 720). After five years of investigating effective pedagogy and examining the Sustained Shared Thinking approach in England, Siraj-Blatchford and Sylva concluded that this balanced type of practice was a fundamental characteristic of settings rated as most effective or excellent for promoting children's intellectual gains and development. The interactions observed in these high performing settings included talks, conversations, discussions, dialogues, exchanges and questions which support, extend and develop children's play, exploration and learning, as captured in the following vignette:

| | |
|---|---|
| Boy 3: | (3 years 11 months) has finished his cake and starts to sing 'Happy Birthday' to the Nursery Officer (N. Officer) |
| N. Officer: | pretends to blow out the candles. "Do I have a present?" |
| Boy 3: | hands her a ball of playdough. |
| N. Officer: | "I wonder what's inside? I'll unwrap it."  She quickly makes the ball into a thumb pot and holds it out to BOY 3, "It's empty!" |
| Boy 3: | takes a pinch of playdough and drops it into the thumb pot "It's an egg." |
| N. Officer: | picking it out gingerly "It's a strange shape." |
| Boy 1: | (4 years) tries to take the 'egg'. |
| N. Officer: | "Be very, very careful. It's an egg." To BOY 3 "What's it going to hatch into?" |
| Boy 3: | "A lion." |
| N. Officer: | "A lion?.... I can see why it might hatch into a lion, it's got little hairy bits on it." She sends BOY 3 to put the egg somewhere safe to hatch. He takes the egg and goes into the bathroom…. |
| Boy 3: | returns to the group. |
| N. Officer: | "Has the egg hatched?" |
| Boy 3: | "Yes." |
| N. Officer: | "What was it?" |
| Boy 3: | "A bird." |
| N. Officer: | "A bird? We'll have to take it outside at playtime and put it in a tree so it can fly away." (Siraj-Blatchford, 2009:79) |

Consistent with the characteristics of scaffolding described by van de Pol *et al.* (2010), the practitioner in this episode looked for opportunities to ask questions that assess knowledge and understanding (*I wonder what's inside? What's it going to hatch into?*); provoke speculation and extend imagination and ideas (*I can see why it might hatch into a lion, it's got little hairy bits on it*); optimise critical thinking (*put the egg somewhere safe to hatch*); then gradually withdrew support when the child demonstrated an understanding of animals that hatch from eggs. The practitioner then turned attention to an issue that seemed to have had the potential to 'benefit' the child (Trawick-Smith and Dziurgot, 2011) - she introduced or reinforced concepts, such as, *birds fly outside.* Finally, and perhaps the most important pedagogical strategy

demonstrated by the practitioner for extending the conversation, is her ability to 'sensitively tune into Boy 3's interest' (Siraj and Asani, 2015: 412), then 'step forward into his fantasy narrative, but not so far as to prevent his creative thinking' (Craft, 2015: 427).

Considering a younger age group, Goh *et al.*'s (2012) *Instructional Conversation* study shows how 2 year-olds work together with caregivers to reach higher learning and thinking:

> Gwen [caregiver] brought a group of 2-years-olds outside to gather artefacts that they knew or imagined were found on mountains (instructional content was familiar to the children, as mountains are pervasive in Hawaiʻi). After pointing out some of the mountain ranges to the children, Gwen helped them gather rocks, flowers, and leaves under a plumeria tree. She assisted them to categorize the artefacts according to perceived similarities and differences, helping the children verbalize simple words like ''flowers'' and ''leaves.'' She observed that one child was putting flowers and leaves in the same pile, and questioned his rationale. The child replied that he put them together because they were all brown. Gwen accepted the child's reasoning and helped him add a few more brown artefacts to his pile. (Goh *et al.*, 2012: 310)

This type of interaction implies that when learning opportunities present themselves, caregivers need to select particular teaching goals relevant to evolving situations and questioning techniques that enable understanding of children's mental operation. One participant concluded: '[I]t really is more like a dance…. You have to have all these different moves in your pocket in order to respond to the child and make the best step. And if you don't, you miss an opportunity' (Goh *et al.*, 2012: 309).

The development of progressive problem solving and thinking skills in these 2-year olds affirm the importance of matching interaction techniques to children's zone of proximal development. As a result, unlike the balanced or half and half ratio observed in Sustained Shared Thinking (Siraj-Blatchford and Sylva, 2004) or the reduction in questioning that proved effective for practitioners in the study by Potter and Hodgson (2007b), caregivers of the Instructional Conversation study assert that for younger and non-vocal

children, there is a need for more adult questioning, talking, modelling and initiating. These findings also suggest that the principle of scaffolding is applicable across age range and ability. Although babies, for example, are less expressive verbally, their non-verbal behaviours consistently provide caregivers with information about their knowledge and learning potential (Goh *et al.*, 2012). Once the zone of proximal development is recognised, the *Practice Guidance for the Early Years Foundation Stage* (DCSF, 2008), for example, shows how adults can scaffold very young children through techniques such as encouraging babies to respond to voice, touch, action; following babies lead to observe the things they are interested in; talking to babies about what they [caregivers] are doing, so they link words to actions; drawing babies attention to things in the environment and, talking to babies about what they do (for example, babies attempts to reach for a toy).

In summary, quality CCI requires engagement with children that promotes higher order thinking and development of understanding, whether it is an on-the-spot decision, pre-planned lesson, adult-led discussion or child-centred activity. The process involved in developing this type of interaction usually includes caregiver's initial observations to provide intervention or support, and reflection on intervention to revise the appropriateness of support. One important outcome of these interaction practices is that they do not only support and sustain children's thinking 'for a period of time while the interaction is taking place, but also "sustained" in the sense that the learning has made an impact on the child, it has been remembered after a period of time' (Purdon, 2014: 6).

To support the quality of CCI promoted in this study, the description of sensitive and ethical pedagogy offered by Dahlberg, Moss and Pence (2013) should be noted:

> The work of the pedagogue consists largely of [...] letting oneself be inspired by and learning from what the children say and do [...]. [However] this does not mean that the pedagogue should not challenge children's curiosity and creativity, their questions, hypotheses and theories [...]. The pedagogue must be able to master the difficult art of listening, seeing, hearing, questioning and challenging - and by so doing to enable children to see that

there are multiple perspectives, complexities and ambiguities. (Dahlberg, Moss and Pence, 2013: 145)

In the following, an example of CCI that falls short of these qualities is presented. The extract, from a study by Dickinson *et al.* (2008), illustrates how one teacher in the USA inhibited conceptual growth by habitually echoing the child's utterances during a play session about her birthday party:

Adult:    What time the birthday party starts?
Child:    Eleven o'clock.
Adult:    Eleven o'clock (Echo).
Adult:    In the morning or the night?
Child:    The night.
Adult:    The night (Echo).
Adult:    I'm gonna be asleep, I ain't gonna be able to come to y'all party.
Child:    You come earlier.
Adult:    I come earlier (Echo). (Dickinson *et al.*, 2008: 419-420)

This episode illustrates how caregivers can miss opportunities to use comments, expand vocabulary, provide information, or engage in cognitively enriched talk needed for conceptual growth (Dickinson *et al.*, 2008). Here the caregiver clearly recognised the child's confusion in relation to time, but does not provide any explicit instruction. Their suggestion that the caregiver could have said, 'Oh you know children usually go to bed earlier than 11 o'clock at night. That's a long time after it gets dark. I know I go to bed before 11 o'clock (ibid: 420), is noteworthy and demonstrates how quality interactions can be developed. They also suggested that if a clock was available, the teacher could have introduced this into the play to find a better time for the party. In demonstrating comparable shortfalls in UK, Potter (2008) refers to the 'echoing' type of CCI practice as tag questions – 'closed and requiring one-word answers at best' (p. 52). As a result, she argues for and demonstrates the usefulness of 'how' and 'why' questions for the production of more complex responses from children (ibid.).

However, as will be discussed later under the chapter ECPD, the pedagogical skills introduced in the paragraph above by Potter and Dickinson and colleagues require specialised training in areas such as the 'shared and sustained thinking approach'. Examples can be observed in training programmes reported by Tayler (2012) and Jones and Twani (2014), training

materials developed by Dowling (2005, 2006) and Potter (2008), and training conducted on 'critical reflection' that enables practitioners to self-evaluate their practices (Potter and Hodgson, 2007b; Fisher and Wood, 2012). To provide insight into what such training entails, I will return to the issue in Chapter Three. At this point I would like to return to the main focus of this section - 'examining the nature of effective CCI'.

### 2.2.3   Characteristics of effective CCI

Considering the findings presented, it could be concluded that if the characteristics of extended and cognitively-rich type of CCI practices are to be evaluated, it would be reasonable to argue that the following criteria, introduced earlier in Chapter 1, should be considered:

1   Application of scaffolding principles where the extent to which children's views, judgements and understanding are considered along with activities to provide a context for sensitive and appropriate CCI.

2   Questioning, provoking, listening, modelling or rephrasing techniques to elicit communication and promote higher order thinking.

3   The extent to which a balance between adult-led and child-led interactions are established.

4   The enacting and extending sequences of topically related talk.

5   The extent to which cognitively-rich conversation (analytical, intellectual search, new information, exploration) is engaged in. (Derived from Siraj-Blatchford, 2009; Trawick-Smith and Dziurgot, 2011; Bilton, 2012; Jones and Twani, 2014; Craft 2015; Siraj and Asani, 2015.)

In Table 3 below different types of strategies along with the five characteristic criteria considered effective for promoting quality CCI are summarised. Some of the characteristics identified are more dominant in some approaches than others; therefore, to promote the quality CCI as defined in this study, there may be a need to use a combination of approaches where necessary. For example, while the first characteristic listed above (scaffolding) is considered necessary, it would not adequately support children's learning if the interaction efforts are 'restricted and organised principally by caregivers, with

little attention to children's active role in managing their own learning' (Rogoff *et al.*, 1993: 9). Goh *et al.*'s (2012) Hawaii example above, illustrates children's active role; whereas, the questioning and commentary about the birthday party reported above by Dickinson *et al.* (2008) highlight how interaction could become unproductive if not tailored or adjusted to suit the social context or developmental experience of children.

**Table 3:       Examples of Studies Featuring Effective CCI Approaches**

| Example of Study | Context | Terminology | Characteristics Endorsed | | | | |
|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Arnett, 1989 | Bermuda | Sensitive Interaction | √ | | | | |
| Kugelmass & Ross-Bernstein, 2000 | USA | Child-Referenced Interaction | √ | | | √ | |
| Siraj-Blatchford & Sylva, 2004 | UK | Sustained Shared Thinking | √ | √ | √ | √ | √ |
| Williams et *al.*, 2006 | Caribbean | Intellectual Curiosity | | √ | | | |
| Sylva *et al.*, 2007 | UK | Sustained Shared Thinking | √ | √ | √ | √ | √ |
| Dickinson *et al.*, 2008 | USA | Cognitively Enriched Talk | | √ | | √ | √ |
| Siraj-Blatchford, 2009 | UK | Sustained Shared Thinking | √ | √ | √ | √ | √ |
| Higham et *al.*, 2010 | South Africa | Critical Thinking | | √ | | | |
| Trawick-Smith & Dziurgot, 2011 | USA | Indirect Tailored Assistance | √ | √ | | | |
| Rentzou & Sakellariou, 2011 | Greece | Sensitive/Positive Interaction | √ | | | | |
| Bilton, 2012 | UK | Extended Interaction | √ | √ | √ | √ | √ |
| Goh *et al.*, 2012 | USA | Instructional Conversation | √ | √ | √ | √ | √ |
| Thomason & La Paro, 2013 | USA | Cognitively Supportive Interaction | √ | √ | | | |
| Purdon, 2014 | UK | Sustained Shared Thinking | √ | √ | √ | √ | √ |
| Craft, 2015 | UK | Possibility Thinking | √ | √ | √ | √ | √ |

Of the CCI approaches presented in the table, four have met the five effectiveness criteria developed: Sustained Shared Thinking, Extended Interaction, Instructional Conversation and Possibility Thinking. If these approaches are considered, it is possible that training initiatives aimed at promoting outcomes similar to UG - development of a child who is a critical thinker and independent learner (CARICOM, 2008: 55), might be effective.

## 2.3 Implications of offering extended-type CCI

### 2.3.1 What it means for children

When interaction includes the five characteristics listed in the previous section, positive outcomes for children have been reported. Epstein *et al.* (2011) reported significant positive outcomes in the areas of social skills, problem-solving and literacy following participation in the High Scope early childhood programme (High Scope is a Vygotskian-influenced model of teaching in the USA). According to Epstein and colleagues, the findings were consistent in both large scale longitudinal and small scale research, in all countries that implemented High Scope (for example, in the USA, the UK, the Netherlands and Portugal).

Studies that considered the learning environment at home in the UK (see Wells, 2009; Melhuish, 2010) and studies conducted principally with mothers in the USA (see Slade's, 1987 longitudinal study) also provide useful contributions for understanding the effects of quality interaction. Slade (1987) found more sophisticated performance in children whose parents initiated and actively interacted with them during play (for example, engaged in reciprocal play, made suggestions during the course of play, etcetera), than those of parents who provided only commentary or did not participate in children's activities. With regard to the impact of parents' characteristics such as educational, professional and social-economic status, both Wells (2009) and Melhuish (2010) report that it was the quality of interactions practices at home that had a greater and more significant positive effects on boosting children's cognitive and educational achievements. Whether at home or early childhood institutions, the underlying theme is that children's activities and learning experiences are greatly enhanced by cognitively challenging, rich and stimulating interactions.

In terms of specific CCI approaches, the UK-based longitudinal EPPE project reported positive outcomes for the application of Sustained Shared Thinking. For example, in the highest rated early childhood settings, adults utilised

'more critical moments' (lifting the level of thinking), displayed the highest proportions of 'high challenge episodes' and engaged in more direct teaching such as modelling, questioning and demonstrating, as compared to settings where quality was rated as 'good' or 'adequate' (Siraj-Blatchford and Sylva, 2004; Sylva *et al.*, 2007). In the lower quality centres, teachers were observed spending more time on practices such as monitoring children's play (but not participating in it), and when they did engage with children, this engagement was similar to the form of CCI reported in Guyana - teachers carried out more physical care rather than explaining or questioning, or extending and scaffolding children's learning (Sylva *et al.*, 2007). These findings confirm that although quality interaction has been identified as crucial to children's learning and development, many caregivers continue to miss opportunities to promote growth in this area, thus, raising questions about impeding factors and the skills and knowledge needed for improvement.

### 2.3.2 Factors impeding practice

While confirming the need for quality CCI, the literature reveals that many factors impede its implementation. These factors need to be noted so that those concerned with developing children's problem-solving and higher-order thinking skills can assess the extent to which they may be negatively impacting on the development of quality CCI. Attributes associated with unconstructive interaction practices include shorter years of experience in the field and limited satisfaction with the job (Thomason and La Paro, 2013), disproportionate adult-child ratio (Thomason and La Paro, 2009; Rentzou and Sakellariou, 2011; Purdon, 2014), large group size (Thomason and La Paro, 2009; Goh *et al.*, 2012; Rentzou and Sakellariou, 2011; Purdon, 2014), distraction, interference and exhaustion (Purdon, 2014), and philosophy and policy which separate intellectually nurturing and custodial care (Hatch, 2010; Curby *et al.*, 2010; Rentzou and Sakellariou, 2011). In some cases, these factors are unavoidable, but, when controlled, research also shows that caregivers who displayed the lowest quality of teacher-child interactions were those with the least qualifications (Trawick-Smith and Dziurgot, 2011).

### 2.3.2.1 The role of training

Unfortunately, qualifications of caregivers do not guarantee use of extended and cognitively-rich interaction practices. Studies that report on interaction practices show stronger association between qualification and sensitivity to children's emotional or domestic needs, rather than between qualification and promotion of children's intellectual skills (Arnett, 1989; de Kruif *et al.*, 2000; Thomason and La Paro, 2009, 2013). Consequently, many caregivers with university degrees are found to be 'not yet competent' in the area of providing high quality cognitively-rich interactions (Dickinson *et al.*, 2008; Piasta *et al.*, 2012; Sakellariou and Rentzou, 2012). This suggests the need for stronger efforts by professional development training programmes to promote the Vygotskian influenced pedagogical approaches considered above.

While promoting Vygotskian type interactions, it is important to note that empirical studies have confirmed that knowledge of these quality interaction practice such as the 'Child-Referenced Interaction' and 'Sustained Shared Thinking' reported above do not guarantee their use. The argument is that professional development training programmes need to seriously consider the training materials (Hatch 2010), the approach of delivery (Potter and Hodgson, 2007a), and the focus of content (Hedges and Cullen, 2005; Chen and McCray, 2012), when these pedagogical approaches are introduced.

In Hatch's argument about the unsuitability of early childhood training materials, he notes that, in the USA, 'The most up-to-date materials [...] neither included descriptions, nor offered examples, of how to teach directly, explicitly, or otherwise' (Hatch, 2010: 262, see also Dickinson and Caswell, 2007; Dickinson *et al.*, 2008; Trawick-Smith and Dziurgot, 2011, for similar views). To some extent, related sentiments have been expressed in the UK. For example, Potter and Hodgson (2007a) note the lack of pedagogical practice such as reflective critical thinking in early childhood non-graduate training programmes, and suggest that the lack of such foundational training could account for caregivers' difficulties in engaging with children intelligently. In New Zealand, where it evident that practitioners of the Te Whāriki's early childhood programme promote intelligent thinking by placing emphasis on

*process* of learning rather than *content*, Hedges and Cullen (2005) highlight that practitioners with limited content or subject knowledge often miss out on opportunities for teaching and learning. They argue:

> [T]o think, theorise, and problem-solve, children need to have something substantive of interest and relevance to theorise about […] cognitive learning processes require subject knowledge to make learning meaningful. (ibid.: 75)

However, a point of caution is that while some sort of subject knowledge on the part of practitioners is necessary for promoting quality CCI, it is important to highlight that its promotion should not be interpreted as an attempt to force young children into 'accelerated development' (Zaporozhets, 1986 cited in Bodrova, 2008). Also, neither is my study advocating exposure of children to departmentalised-type subject knowledge or the concept of 'schoolification' where the contents and methods of primary schooling are introduced into early education (Moss, 2013: 11). My position on this issue is more in line with the notion of using subject knowledge to 'amplifying development', as explained by Zaporozhets, one of the colleagues and students of Vygotsky, and advocate for high quality preschool programmes:

> Optimal educational opportunities for a young child to reach his or her potential and to develop in a harmonious fashion are not created by accelerated ultra-early instruction aimed at shortening the childhood period-that would prematurely turn a toddler into a preschooler and a preschooler into a first-grader. What is needed is just the opposite – expansion and enrichment of the content in the activities that are uniquely 'preschool': from play to painting to interactions with peers and adults. (Zaporozhets 1986: 88, cited by Bodrova; 2008: 358)

As it relates to the type of subject knowledge that early childhood practitioners need to be exposed to in order to interact effectively, Rogoff *et al.'s, (*1993) cross-cultural study on toddlers and caregiver interactions succinctly addresses this debate:

> In a community in which literacy is a primary means of communication and a requirement for economic success in adulthood, it may be important for preschoolers to learn to attend to the nuances of differences between small, two-dimensional shapes, but such a focus may not matter in other communities, where it may be more important for young children to learn to attend to the nuances of weather patterns or of social cues, to

use words cleverly to joust, or to understand the relation between human and supernatural events. (p. 9)

With these caveats in mind, I argue that the CCI interaction practices promoted in this report are in line with Vygotskian's notion of expansion and enrichment of activities within children's zone of proximal development. Vygotsky's notion, according to Bodrova (2008), is the driving force behind Russia's advancement in its ECD instructional practices, but has only 'recently moved from the realm of academic discussion to that of policy and instructional practices in Western countries' (p. 358). It is therefore possible that the inability to promote Vygotskian type CCI in Guyana might be as a result of the non-promotion of the approach during ECPD training initiatives.

With the continued support for training of early childhood caregivers to improve practice (such as: TEACH scholarship, USA; UNICEF-ECD Scholarship, Guyana), it might be rational to consider these arguments which suggest that the content covered, and the approaches taken to facilitate ECPD training are contributory factors for the production of effective interaction practices. Therefore, an important aspect of this study is to provide insight into pedagogical training models considered effective for the promotion of these effective types of CCI practice. In light of this, discussions about training considered relevant for improving CCI are presented in the next chapter.

### 2.3.2.2 The role of research

Research concerning the inability of training programmes to promote quality CCI revealed one common feature; lack of evidence of the strategies and processes involved (de Kruif *et al.*, 2000; Siraj-Blatchford and Sylva, 2004; Potter and Hodgson, 2007a; Hatch, 2010; Trawick-Smith and Dziurgot, 2011). At the time of de Kruif *et al.*'s (2000) and Siraj-Blatchford and Sylva's (2004) publications in the USA and UK respectively, they noted that researchers had only just begun to investigate and explain what early childhood practitioners do and say to get children engaged. In an argument for research to focus on careful, detailed descriptions of the language use of preschool teachers,

Dickinson *et al.* (2007, cited in Dickinson *et al.,* 2008: 397) stated the problem in the following way:

> Although hundreds, if not thousands, of studies have been carried out in preschools seeking to understand the impact of these [language-rich] environments on children's development, almost none have looked in fine-grained detail at exactly how teachers and children converse on a moment-to-moment basis.

Therefore, the CCI practices cited within this chapter suggest progress is being made in this area and that identifiable exemplary pedagogical strategies are becoming available to directly or explicitly illustrate beneficial CCI practices. Although the progress in offering specific descriptions of quality CCI is noteworthy, the literature review confirms that progress has been relatively slow. In offering an explanation, van de Pol *et al.*'s (2010) discussion about scaffolding is applicable. They note that the dynamics of caregivers' interaction practices are complex, 'never look the same in different situations, and cannot be applied in every situation in the same way' (p. 272). To expand the literature on descriptive CCI practices would require researchers to examine in detail, the conversations between teachers and children (Dickinson *et al.*, 2008: 397); but such research approaches are usually more demanding of time, commitment, expertise and resources (van de Pol *et al.*, 2010; Fisher and Wood 2012). This could explain why, for example, Judy Kugelmass and Judith Ross-Bernstein found no research report that exclusively employed qualitative research methodologies when they embarked on their study of adult–child interactions in 2000 (Kugelmass and Ross-Bernstein, 2000: 21), and why there is such a lack of  qualitative CCI studies. Therefore, there is a need for more qualitative research to shed light on the dynamics of CCI practices.

This qualitative case study, which explores how caregivers provide intellectually, challenging and motivating interaction experiences to help children develop, will not only add to the knowledge base in this area, but, as I have indicated in the scope of the research, illustrate how quality interactions are interpreted and applied in socio-cultural settings outside of the USA and UK. One assumption underlying my study is that while Guyanese caregivers'

interactions may incorporate elements of Vygotskian and scaffolding principles, in practice, their application may be quite different from those illustrated within this review.

# CHAPTER 3

## PROFESSIONAL DEVELOPMENT:
## A Tool for Improving Caregiver-Child Interaction Practice

### 3.0    Introduction

Given that 'quality' caregiver-child interaction (CCI) practices have been cited as one of the most critical determinants for optimising learning in the early years (Siraj-Blatchford and Sylva, 2004; Sylva *et al.* 2007; Epstein *et al.*, 2011; Lonigan *et al.*, 2011; Hamre *et al.*, 2012; Piasta *et al.*, 2012; Sabol *et al.*, 2013; Purdon, 2014; Siraj and Asani, 2015), it is unfortunate that evidence continues to show deficiencies in caregivers' ability to demonstrate these interaction strategies (for example, Dickinson *et al.*, 2008 in the preceding chapter, see also Sylva *et al.*, 2007; Curby *et al.*, 2010; Higham *et al.*, 2010; Rentzou and Sakellariou, 2011; Bilton, 2012; Mofrad, 2012; Thomason  and La Paro, 2013). Consequently, training has been put forward as a key approach to improving practice, and has gained support internationally. In recent years various tailored and specialised training initiatives have been implemented in attempts to improve the interaction practices of caregivers, and empirical research have been conducted to evaluate their effectiveness (for example, Potter and Hodgson, 2007a; Dickinson *et al.*, 2008; Koh and Neuman, 2009; Mashburn *et al.*, 2010; Lonigan *et al.*, 2011; Fisher and Wood, 2012; Piasta *et al.*, 2012).

In this chapter, I document early childhood professional development (ECPD) initiatives that are designed to improve the quality of CCI and related practice. These ECPD initiatives represent programmes and courses provided by means of in-service-type modes. To examine the effectiveness of each, the focus will be placed on the outcomes for caregivers as well as for children. Outcomes for children are obviously critical since the ultimate goal of such initiatives is enhancement of their learning and development (Dickinson and

Caswell, 2007; Sheridan *et al.*, 2009; Koh and Neuman, 2009). I will also establish that, as in Guyana, despite college degrees, teachers in other countries often fail to demonstrate positive interaction practices following graduation and develop such skills only after participation in specialised, targeted and tailored ECPD training. Even when graduate teachers do display better quality of interaction (as will be observed in reports by Dickinson and Caswell, 2007; Hamre *et al.*, 2012 and Heller *et al.*, 2012), my discussions will show that effect size of training on more qualified teachers is equal to those with less qualification after participation in specially designed ECPD training.

To adequately explain the elements responsible for the changes reported in effective ECPD programmes, I will engage in a critical analysis of the characteristics of programme content and process. Identification of the functional elements of training programmes are necessary because it is only by examining how attributes of programmes function as mechanisms of change, and how they interact with each other to promote knowledge and skills, can decisions be made about what strategies are most useful or which should be discontinued (for example, see Dickinson *et al.*, 2008; Sheridan *et al.*, 2009; Fisher and Wood, 2012; Heller *et al.*, 2012). This discussion, will, in turn, provide a further rationale for the necessity of using qualitative approaches to fully understand ECPD effects. Overall, the aim of the discussion is to provide models of effective ECPD, which can be used to explore the programme presently offered at the University of Guyana.

## 3.1 Decisions about measuring ECPD

### 3.1.1 Learning from quantitative findings

To determine the effectiveness of ECPD programmes, it is necessary to engage in some sort of evaluation to examine the outcomes for both practitioners and children (Dickinson and Caswell, 2007; Koh and Neuman, 2009). In large scale government supported initiatives, in particular, evaluation is important for establishing feasibility, and this was the aim of Miller and Bogatova's (2009) study. To document the outcomes from the Teacher

Education and Compensation Helps (TEACH) training programme, designed to provide scholarships for unqualified teachers in 23 states in the USA, Miller and Bogatova (2009) analysed the performance of 1217 students in one state over a 5-year period. Unfortunately, in the absence of detailed data with regard to participants' views and opinions, the evidence gathered through rating scales was insufficient to establish why the caregivers were more adequately prepared in some areas of practice, than in others. This could have been, for example, because they did not have the required support from their supervisors and co-workers to reflect upon and apply what they were learning in the classroom; they had not been exposed to content that reflected good practice; or, were provided inadequate training to help them reflect and put into practice what they learnt.

Therefore, while the findings that emerge from the TEACH project signal many favourable outcomes in classroom practice (with CCI being one), the inability to make a more critical interpretation of the findings is cited as a major limitation. As a result, Miller and Bogatova suggested that curriculum materials and context of the programme should be further examined. Similar to assessment of practice in Guyana, failure to examine the programme specifications or opinion of caregivers apparently prevented the identification of those elements which may have had the potential to positively influence or hinder practice for TEACH trainees.

Further, these findings indicate that, as recent as three years ago when I embarked on this study, little was published (or known) about how major ECPD initiatives prepare caregivers to interact effectively with children. In a comprehensive review of the research on professional development in early childhood, Sheridan *et al.* (2009) contend that little is known about professional development in terms of the processes by which new knowledge, skills and dispositions are acquired, or how growth and development are sustained (p. 387). For this reason, Sheridan *et al.* advocate for research agendas in early childhood which focus on the processes that promote the development of the skills and competencies necessary to provide high-quality, evidence-based, early childhood experiences.

To date, efforts have been made (in the USA in particular) to explore ECPD initiatives and in recent years various initiatives have been recorded. For example, in 2012 the *National Head Start Association (NHSA) Dialog Research-to-Practice Journal for the Early Childhood Field* released a special issue on professional development (see, Cohen, Kramer-Vida and Frye, 2012a&b; Shore, 2012; Trivette, Raab and Dunst*,* 2012 a&b; Varol, Farran, Bilbrey, Vorhaus and Hofer*,* 2012). More recently, the role of 'mentoring' as a key element of early childhood professional training has been examined in seven European countries (Denmark, England, Finland, Germany, Iceland, Italy and Sweden), and a special issue of the journal of *Early Years* has been dedicated to this topic (for example, see, Hammond, Powell and Smith, 2015; Oberhuemer, 2015). Also, a systematic review of studies carried out in the 28 European Union Member States, establishes the critical elements for successful outcomes of continuous professional development interventions (Eurofound, 2015). These articles have been helpful in developing the argument about operational features of effective ECPD. Therefore, by engaging in this study, I am also addressing Sheridan and colleagues' concern above, and it is hoped that the present study would add to the growing body of literature in this field.

### 3.1.2 Exploring the processes of ECPD

#### *3.1.2.1 Content-focused initiatives: the LEEP example*

Concerned about the limited empirical research on effective ECPD, David Dickinson, who had been exploring issues related to promotion of classroom interaction for over two decades, was among the first to examine the processes of professional development training in the USA Head Start programmes. In collaboration with Caswell, he conducted a comparison study of 70 caregivers in 2007 to test a Literacy Environment Enrichment Programme (LEEP) designed to help caregivers develop content-rich curriculum and encourage children's vocabulary development, purposeful uses of print, and extended talk with specific cognitive or instructional elements (Dickinson and Caswell, 2007). The course was 45 hours of credit and each session included lectures, videotapes of classroom activity and work

samples that participants analysed. The course was delivered in two 3-day intensive sessions over a 4-month period, and to ensure that the caregivers applied the new strategies in the classroom, centre supervisors were trained to monitor performance and provided with academic and practical guidance to support participating teachers. Course instructors made site visits, telephone calls and maintained email contact throughout the year to help analyse the needs of individual teachers and evaluate the effectiveness of supervisors' work (ibid: 246).

The findings suggest that LEEP had a positive impact on caregivers' classroom practices, particularly those associated with the literacy-related features of the course. More significantly, after controlling for teachers' background factors, prior education and years of experience, their analyses suggest that these factors did not influence the extent to which teachers improved classroom practices. Only a relatively small difference was observed for teachers with more experience and this only appeared significant for the findings related to writing activities (Dickinson and Caswell, 2007: 255). While these findings indicate an apparent usefulness of the LEEP programme, investigating the features of the programme that contributed to substantial changes in classroom practices was useful for improving training and for offering the type of process descriptions considered a limitation in Miller and Bogatova's (2009) study, above. Further analysis of LEEP identified the following features that made substantial changes in classroom practices:

1. Pairing of supervisors and teachers. This ensured that supervisors support caregivers' efforts to introduce changes in their classrooms.
2. Provision of on-going on-site support for teachers to complete what, for some, was very challenging academic work.
3. The adoption of a coaching relationship with caregivers, rather than supervisors being primarily concerned with enforcing programme rules and regulations.
4. Opportunity for observing and engaging in reflective conversations during training sessions.
5. Earning of college credits from a university in their state. (Dickinson and Caswell, 2007: 256)

In follow-up studies, Dickinson and his colleagues share the view that qualitative approaches particularly deepened their understanding of the nature of improvement needed to enhance classroom discourse, and advocated for more research of a qualitative nature to provide greater insights into ECPD (Dickinson *et al.*, 2008). The supportive relationship between caregivers and supervisors also stood out as having potential for engendering substantial changes in CCI practice. As such, they recommended that researchers should explore the technique of 'coaching' wherein practitioners could be provided with objective feedback regarding their success and work closely with more knowledgeable educators to explore and experiment with different techniques, within the contexts of classroom activities.

### 3.1.2.2 Coaching-focused initiatives

Evidence from ECPD interventions that have included forms of coaching (also referred to as practicum supervision, mentoring and consultancy, in this study) affirms its effectiveness as an approach. Neuman and Cunningham (2009) investigated the effectiveness of coaching on their ECPD course that was designed to develop practitioner's knowledge and pedagogical skills about literacy within four cities in Michigan. The authors reported that at the time of their research there was no empirical evidence in the USA to suggest that such an approach to professional development, in the area of improving early literacy through adult-child engagement, would be beneficial. In light of this lack of evidence, and cognizant that earlier statistical tests of ECPD did not provide the rich details of how training functions to enhance caregivers' practice, this coaching approach was tested a second time with additional qualitative data (Koh and Neuman, 2009).

The experimental study was carried out with 291 centres and home-based sites randomly assigned to three groups: control, course only (weekly 3-hour classes over a 15-week period), and course plus a year of coaching. Similar to the LEEP project, Neuman and Cunningham's (2009) intervention was university level credited and based on core literacy interaction competencies. However, unlike what obtained in LEEP, classroom support was intense (32 weekly sessions of one-on-one, target-based coaching were conducted on

site for one to one and half hours). These sessions were embedded into the professional development course, and enabled coaches to focus support on critical areas of practice. The cycle of coaching took the following format: stimulation of caregivers' reflection and goal setting; assisting with the identification of desired outcomes and strategies to achieve them, and, finally, collaborative development of an action plan for the implementation of new practices.

Neuman and Cunningham's (2009) statistical findings were somewhat atypical, as no significant positive impact on caregivers' knowledge about the content of literacy teaching was found for post-intervention assessment. The coaching intervention was only significant for the quality of the pedagogical practice used by caregivers to engage with children in the classroom. Possible explanations cited for these outcomes include: the quality of the course content might have been irrelevant to the needs and practices of caregivers; assessment did not adequately tap gains in knowledge and their application to practice, or 'sleeper effects' – whereby changes in knowledge occur not immediately but over time (ibid: 558). As I will establish later in Chapter 8, other possibilities include the delivery of the course or the developmental focus of coaches.

However, from the second set of analysis conducted with the qualitative data (of the focus group sessions with coaches, field observation notes, and interviews with providers) details were provided as to how training functions to enhance caregivers' practice (Koh and Neuman, 2009). The researchers were better able to understand the relationships between what was taught, learnt, and applied. Amongst other positive outcomes, these researchers note that coaches demonstrated strategies to promote better adult–child language interaction in ways that related to actual tasks and behaviours rather than generic responses, as is shown in the extract below:

> I've become more enthusiastic since my coach began coming […] Instead of saying 'good job' all the time, I've begun repeating the action the child has just done and telling them I'm impressed by it or liked it, or asked them questions about what they were doing. (Koh and Neuman, 2009: 553)

Based on the qualitative data, the researchers observed several ways in which the coaching approach raised caregiver awareness of the importance of responding to children thoughtfully during interactions. Therefore, even though changes in practice was modest, Koh and Neuman's findings indicate that coaching improved early childhood caregivers' interaction practices compared to the control groups.

### 3.1.2.3 Coaching-plus: reflective-practice-focused initiatives

Due to the relatively modest findings about the favourable coaching effects on caregivers' pedagogical content knowledge, Koh and Neuman (2009: 558) question how much, and what kind of coaching is necessary to produce the desired positive outcomes. Lindberg (2010: 167) sheds some light on this arguing that because economic, political, social and cultural systems differ across countries, 'it would be overly simple to claim universally suitable staff-support methods', and levels of intervention, to promote ECPD. Lindberg's writing in Finland advises that practical features of effective programmes be adapted to professional development programmes in different countries and/or contexts. As will be presented later in this chapter (3.2), economics, availability of early childhood professional, geographic locations, *inter alia*, have implications for the types of training offered. This implies that the element of coaching will be absent from some ECPD; thus, justifying the need for exploring other suitable support.

Examination of the literature suggests that critical reflective practice and practice-based activities might be the dominant, and possibly the most important features of the more effective ECPD initiatives. Therefore, within this section I present two studies (Potter and Hodgson, 2007a, and Fisher and Wood, 2012) which had deliberately set out to investigate the effectiveness of these features.

*Study One*

Potter and Hodgson (2007a), whose study is one of a few to report on early childhood interaction training in the UK, found evidence that interaction practices could be improved with only moderate levels of coaching, while, at

the same time, emphasising the importance of critical reflection. Designed to enhance CCI through reflection on practice, their ECPD training programme took the form of a 12 session course. Six were two-hour teaching on key aspects of language and communication (supported by the viewing of video clips of staff interacting with children). The remaining sessions, delivered on alternate weeks, took the form of work-based support visits during which the course facilitator observed staff practice in their Sure Start local childcare settings, and provided supportive comments and advice linking practice to formal training.

To promote critical reflection, Potter and Hodgson (2007a) used pre and post-training video clips of participants' classroom practice, focus groups and semi-structured interviews. They found that, while the introduction of videos was daunting, by the end of the training caregivers had modified key aspects of their language behaviour and had begun to challenge their own ways of working, as evidenced by comments such as:

> It [video] was good—it was varied—it was awful—it was brilliant—it was funny—but it worked—it really did. (p. 501)

> I think it [video] helped because you sort of saw how you worked—how you were with a child— sometimes you don't really know. (p. 502)

> If someone had said—'oh you talk too much and ask loads of questions'—I would have thought 'oh do I?' [...] but actually watching it and seeing yourself—you think … why have I asked that many questions? [...] you know—interrupted their talk and not given them time—when you see the video you can actually see what you're doing—so that helped in a big way. (p. 502)

Without videos, there is the likelihood that participants may have related only what they had learnt from the course as opposed to their actual post-training practices. Heisner and Lederberg (2011) identified this trend as an implication for evaluating training initiatives that do not incorporate an observational element of classroom practice. In the absence of reflective observational element, trainees could provide 'socially desirable responses, as opposed to what they actually do', with regard to the impact of ECPD (ibid: 235). Thus, the videos appear to serve the purpose of cross-corroboration of information

reported during the interviews and provide insight about interactions far beyond that directly observed by the facilitator or recalled by caregivers. The videotaping process served as an objective means for enhancing caregivers' skills to evaluate their own practices, and overall, provided a comprehensive picture of caregivers' interaction style.

Further to the videos, Potter and Hodgson (2007a) concluded that bi-weekly work-based support sessions were a crucial element for enabling participants' engagement in critical review of classroom practice, and the practical nature of training provided a vital link between theory and practice within their own setting. The critical review processes engaged in by practitioners during training correspond well with the 'reflective practice cycle' (Cable *et al.* 2007 cited in Miller and Pound, 2011) which helps practitioners think about their practice. Within this cycle, practitioners think about and explore their everyday practice in three layers:

1. *Thinking about practice* – the 'visible' top layer that represents what practitioners do in their day-to-day practice
2. *Exploring practice* – the 'explicit' and 'articulated' knowledge, values and beliefs that are used in talking about practice (often learnt from courses, reading and sharing experiences or talking with colleagues)
3. *Reflecting on practice* – the usually hidden knowledge that is not readily articulated, comprising values and beliefs and hidden assumptions and ideas about children, culture and society. (Cable *et al.*, 2007 cited in Miller and  Pound, 2011: 13)

In the intervention reported by Potter and Hodgson (2007a), engaging in the reflective practice cycle appears to have been greatly facilitated by the use of video clips and work-based support visits. Caregivers found that the opportunity to observe the programme facilitator using course strategies with children in everyday situations, and to be able to ask direct face-to-face questions, to be particularly helpful. The videos seem to have been most useful for encouraging Cable *et al.*'s (2007, cited in Miller and Pound, 2011) deepest level in the cycle - 'reflection on practice'. By reviewing the videos, practitioners openly expressed how their beliefs have interfered with their

practice and were able to identify what needed to be changed for improvement to take place. Potter and Hodgson's study, it could be argued, highlights a particularly effective model of training, which recommends the development of reflective practice skills as a core requirement within initial training for early childhood staff (Potter and Hodgson, 2007a: 507).
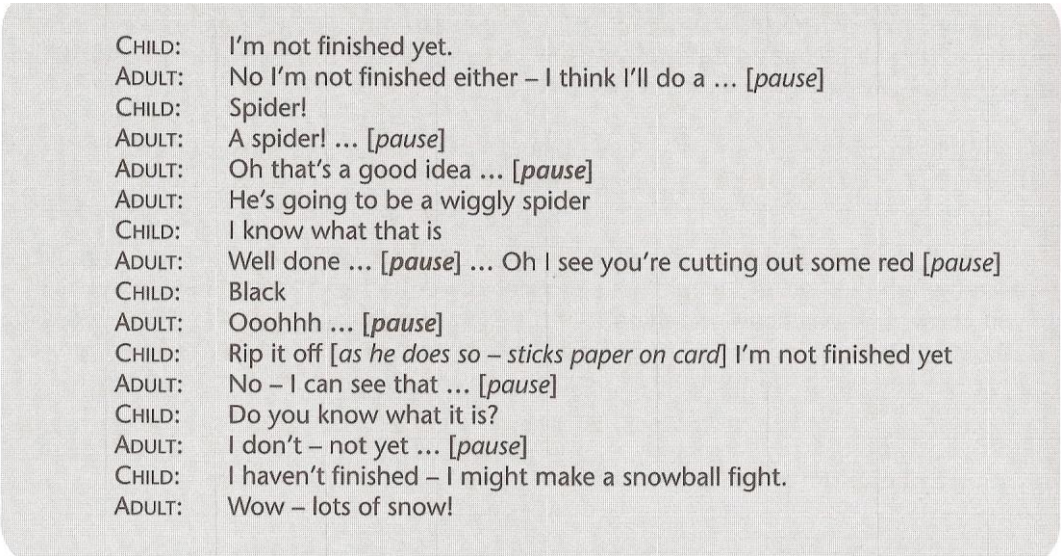
Whilst Potter and Hodgson's study provides insights into effective training processes, some of the changes in interactions that are reported should be interpreted with caution as these may engender more child-led conversations at the expense of teacher-led dialogues, as is shown in the following extract:

> Analysis of pre- and post-training videotape demonstrated that staff had indeed modified key aspects of their language behaviour. After the training, nursery nurses began *significantly fewer* interactions with individual children after the training than before, thereby providing greater opportunity for children to initiate more conversational turns. Staff also asked significantly fewer questions after training, which also had the effect of allowing children to take a greater lead in conversations. (Potter and Hodgson, 2007a: 504, italics in original)

From my experience of observing early childhood practitioners in Guyana, I am tempted to subscribe to Potter and Hodgson's position, because some Guyanese practitioners provide little opportunities for children to take the lead in conversations. However, although I am aware of the relevance of such training outcomes for improving interaction experiences that are greatly disproportionate, it might be misleading to suggest that classroom interaction which is directed or dominated by child-led conversation is a preferred strategy.  As described more explicitly in Fisher and Wood's (2012) study which will be presented next, and from earlier reports by Siraj-Blatchford and Sylva (2004), the caregivers' role is to find a balance between child-led and adult-led interactions. Here, I am referring to a balance in CCI capable of promoting children's higher order and critical thinking. For such a balance, one cannot hold a polarised view that values the practice of facilitating over directing learning activities, as might be deduced from Potter and Hodgson's report. The contents and processes of some activities are complex and it will be necessary for caregivers to offer direct instruction and support, or take

greater lead when appropriate, so that children could advance in their 'zone of proximal development' Vygotsky, 1987).

Conforming to Dickinson *et al. (*2007, cited in Dickinson *et al.,* 2008) suggestion about recording the fine-grained details about how teachers and children converse on a moment-to-moment basis, might be helpful for clarifying how the practitioners in Potter and Hodgson's study significantly reduced interactions with children after the training. In fact, the illustrations offered later by Potter, in 2008, about 'pausing, commenting and replying', show desirable balance similar to those displayed by caregivers in the effective CCI exchanges reported above in chapters 2. The following illustrates CCI in which the technique of 'pausing' is highlighted.

| | |
|---|---|
| CHILD: | I'm not finished yet. |
| ADULT: | No I'm not finished either – I think I'll do a … [*pause*] |
| CHILD: | Spider! |
| ADULT: | A spider! … [*pause*] |
| ADULT: | Oh that's a good idea … [*pause*] |
| ADULT: | He's going to be a wiggly spider |
| CHILD: | I know what that is |
| ADULT: | Well done … [*pause*] … Oh I see you're cutting out some red [*pause*] |
| CHILD: | Black |
| ADULT: | Ooohhh … [*pause*] |
| CHILD: | Rip it off [*as he does so – sticks paper on card*] I'm not finished yet |
| ADULT: | No – I can see that … [*pause*] |
| CHILD: | Do you know what it is? |
| ADULT: | I don't – not yet … [*pause*] |
| CHILD: | I haven't finished – I might make a snowball fight. |
| ADULT: | Wow – lots of snow! |

(Extracted from Potter, 2008: 54)

In light of this illustration, it could be assumed that the quality of conversations promoted by the training programme in Potter and Hodgson's (2007a) study, feature the extended types of CCI explored in my study.

*Study Two*

Fisher and Wood (2012) underscore the importance of critical reflection in programme design and show how a balanced approach to interacting may be developed. Their project involved 13 practitioners working with children aged six months to six years and demonstrated how video recordings, stimulated

recall, group interaction and dialogue, research diaries, and critical reflection improved their interaction practices. The special features of note are:

1. The focus of enquiry was identified by participants.
2. Participants worked in pairs with each group of children.
3. Topics for the discussions were drawn from digital video recordings obtained once every term.
4. Practitioners kept a research log, describing from their own perspectives the development of their thinking and practice, noting what aspects of the project have resulted in changes to their thinking or practice. (p. 118)

Fisher and Wood explain that the project coordinator's roles involved leading discussions, prompting reflections and pointing participants to relevant reading around emerging issues. Participants were required to identify a specific focus for enquiry related to aspects of their practice that they wanted to change or develop, plan the actions and modes of enquiry, and reflect on the impact of those actions. Therefore, a distinguishing feature of this project, from those of coaching and other classroom-supported approaches that aim to link theory and practice, is the empowering of participants to identify their own training or developmental needs and an action research approach to changes in practice.

One of the most important outcomes of this study was participants' ability to better articulate the meaning and forms of interaction, and why it is important for caregivers to find a balance between child-led and adult-led interactions. In the context of their own practice, participants concluded that effective interactions involve extending the thinking of children (Fisher and Wood, 2012: 120). Furthermore, instead of a dichotomised interpretation that seems to value the practice of facilitating over directing activities as suggested by caregivers in Potter and Hodgson (2007a), the participants of Fisher and Wood's study demonstrated an integrated pedagogical model of contextually situated adult-child interaction. As I will point out later in this section, the experience and level of training of the practitioners in Fisher and Wood's study might have influenced their knowledge and skills to demonstrate and

relate the balance between child-led and adult-led interactions. Nevertheless, the study provides the kind of exemplary CCI advocated for in Chapter 2.

For example, practitioners were able to highlight problems in the quality of child-led interaction and address them with a range of appropriate solutions. They developed an understanding that adult-led learning should be didactic when necessary, and, accordingly, had a flexible approach in their use of child and adult-led interactions. Similar to earlier reports in this section, practitioners realised that they interfered too much, asked questions and made comments that were irrelevant to, and sometimes distracted children from, their thinking. Practitioners also realised that they were usually overly engaged in explaining, describing and telling, instead of developing interactive exchanges (or as defined in the introductory chapter, engaged in discourses which consolidate, extend, and develop children's learning). As a result of this realisation, practitioners were able to improve their practices.

Fisher and Wood (2012) conclude that the processes of viewing the videotaped episodes and engaging in critical reflection (individually, in pairs and in groups) were influential in changing the practitioners' thinking and practice. Engaging in observation, analysis and research had been particularly helpful in challenging and developing the participants' thinking and interaction practices. Like the study by Potter and Hodgson (2007a), observations of videos enable both the researcher and participants to gain a comprehensive 'picture' of how practitioners interact in the classroom, and provide a spring board for questions during the interviews (Simons, 2009). It could therefore be concluded that videos of teaching episodes are a necessary tool for raising practitioners' awareness and consciousness of their own practice, which otherwise might have remained 'unconscious and un-reflected' (Bräuning and Steinbring, 2011: 927).

Another relevant attribute of Fisher and Wood's (2012) study is the concept of 'communities of practice' – a practice where groups of individuals regularly come together on the basis of a common professional interest and a desire to learn how to improve (Wenger, 2006; Sheridan *et al.*, 2009). However, such

practice might limit participation to early childhood caregivers who are familiar with different types of pedagogical practices, or have been exposed to a variety of training, since they need to have the necessary skills to 'interpret and deconstruct elements of their current thinking and practice' (Fisher and Wood, 2012: 117). Research which examines how 'communities of practice' incorporates within training initiatives for inexperienced caregivers might be necessary and it is hoped that my study will illuminate this practice.

In summary, the studies presented in this section have made a significant contribution to the knowledge about ECPD in the UK. Large scale and longitudinal studies conducted in England over the past decade have identified adult-child interaction as one of the most compelling features of effective and successful child care provision; yet it was observed that many providers lack this important skill, (Sammons *et al.*, 2002; Siraj-Blatchford *et al*, 2003; Sylva *et al.*, 2007). A more recent research on early childhood interaction practices by Bilton (2012) suggests that CCI practice is not of good enough quality and concludes that further training is necessary for practitioners. Both of the UK studies above provide useful exemplifiers of functional ECPD training tools for improving CCI practice. The studies show that 'change is most likely when practitioners are confronted by their own and others' practice, and when [...] the theories or the beliefs they espouse is challenged by their actions in the context of their practice' (Fisher and Wood, 2012; 127).


## 3.2   Feasible ECPD

The features of training discussed above have resulted in positive CCI; yet, adopting some of the features might be unsustainable. This could occur in cases where support from specialists is not readily available to provide feedback or offer guidance; caregivers do not possess the skills to be able to identify their own training or developmental needs; caregivers' workload makes it difficult for them to participate in long term projects, or where funding

is limited. Therefore, this section examines ECPD models which take into consideration some of these potential barriers.

### 3.2.1  Centre and needs-based

A state-wide ECPD initiative by Heller and six colleagues at the Tulane University Institute of Infant and Early Childhood Mental Health, New Orleans, demonstrates how significant gains were generated in teacher-child interactions after six months of classroom-based seminars (Heller *et al*., 2012). The main difference between this study and the other quantitative large scale and taught-based studies examined thus far is in the area of training content or focus. Instead of a one-size-fits-all course or programme, the participants (445 caregivers from 158 childcare centres) in this training programme were subjected to different focuses and activities depending on their needs. For assessment purposes, a standardised pre and post-test was administered using the Classroom Assessment Scoring System (CLASS, an observational coding system used to record CCI – see Appendix 4). The different types of support needed by the teachers were collaboratively determined by the university consultant, teacher and centre director, after assessment of the teacher's report and direct observation of classroom practice. Notwithstanding variation in needs, general support targeted teachers' behaviours within and outside the classroom, and included aspects such as building and promoting staff and parent relationships and management of stress. Once areas for support were identified, training took place for approximately six hours every other week for six months in teachers' classrooms.

Concerning the outcomes, Heller *et al.* (2012) reported a positive relationship between training and targeted needs. Their study confirmed that teachers with more experience and education did display better quality of interaction as observed in pre-test results, however, after intervention the effect size was equal - they did not perform better than the less qualified group. This result supports claims above (see the LEEP example by Dickinson and Caswell, 2007) that a university degree alone does not guarantee high-quality

interaction practices. Heller *et al*. (2012) also concluded, albeit indirectly, that the degree of classroom support was also found to have had a strong influence on practice. Their assertion is also supported by studies presented in this present chapter, where it is reported that supervisor support or intense coaching (Dickinson and Caswell, 2007; Koh and Neuman, 2009) and the opportunity to link theory and practice in the context of caregivers' own settings (Potter and Hodgson, 2007a; Fisher and Wood, 2012) influence changes in classroom practice.

An illustration of how the processes of training function and interact to influence changes in classroom practice is offered by Trivette *et al.* (2012 a&b), who investigated the effectiveness of an ECPD approach (referred to as the Participatory Adult Learning Strategy-PALS) with teachers in the USA based Head Start programme. Trivette *et al.* explain that  the four-stage approach of PALS begins with the coach or consultant's introduction and description of key characteristics of the practice in question, followed by additional information about the foundations and rationale for the practice, and illustration on implementation techniques via videos, role play or demonstration. The trainee teacher's major task during this phase entails thinking about the children's interactions with materials, peers, and adults, to identify ways to use the targeted practice in the classroom.

During the second phase of PALS teachers are required to practise and evaluate their use of targeted strategies. The evaluation process includes the coaches and teachers reviewing the use of the practice to determine the manner in which the teachers' implementation was consistent or not with the way practice was expected to be used, and jointly developed strategies to increase usage. It is at this stage that the teachers identify *what did and did not work and why* (Trivette *et al.* (2012a: 49). The third phase requires reflection on their overall learning experiences and self-assessment of mastery of knowledge and skills using standard performance checklists. The rationale for using the checklists is that they encourage reflection and promote deeper understanding of practice. Strategies such as making journal entries of coach-teacher discussions are also used to facilitate self-assessment of

teachers' understanding of practice. The final phase involves planning to identify the next steps in the learning process. At this stage teachers use their performance-based self-assessment results to identify the kinds of information and experiences needed to better understand and use specific strategy. Table 4 gives examples of the roles for both coaches and teachers in different phases of PALS.

In terms of training outcome for the PALS initiative, positive reports have been recorded by teachers with regard to opportunities provided for self-correction, immediate application of new knowledge, and observation of coaches as they perform unfamiliar strategies in the classroom. Therefore, while PALS differs from studies that promote a college mode or course based component (respectively, see Koh and Neuman, 2009; Potter and Hodgson, 2007a) and is conducted entirely on-site and primarily in the teachers' classrooms, the attention to specific needs of teachers and the practical and firsthand features might explain its comparable success to other training approaches.

**Table 4:** **Coaches and Teachers Roles in the Different Phases of PALS**
(Trivette *et al.,* 2012a: 48)

| PALS Phases | Trainer Roles | Trainee Roles |
|---|---|---|
| Introduction | Preview learning topic<br>Describe key elements of a practice<br>Provide examples of the practice<br>Use trainee input to illustrate a practice<br>Provide examples of a practice from trainee's classroom | Review the key characteristics of a practice<br>Provide examples of the practice from the classroom<br>Provide trainee opportunities to ask questions |
| Application | Facilitate trainee application<br>Observe trainee application<br>Provide feedback on trainee use of a practice<br>Facilitate learner evaluation of the use of the practice | Provide examples of possible application<br>Implement the practice in the classroom<br>Evaluate the use of his or her experience using the practice |
| Informed understanding | Introduce a performance checklist to the trainee<br>Engage trainee in self-assessment<br>Provide guidance to the trainee<br>Provide behavioral suggestions | Use performance checklist to facilitate trainee self-assessment<br>Trainer-guided learner reflection<br>Trainee self-reflection |
| Repeat learning process | Joint planning to identify next steps<br>Trainer guidance to help trainee identify next steps<br>Trainer mentoring | Joint planning of next steps<br>Identify newly needed information or experiences<br>Trainer/Trainee mentoring |

### 3.2.2 Web-based ECPD

While there appears to be correlation between on-site classroom support and improved practice, research has shown that specialised early childhood supervisors or coaches are not always available to provide the face-to-face support required for some ECPD. Therefore, it is worth exploring alternative approaches to delivery, some of which are discussed below.

Downer, Kraft-Sayre and Pianta's (2009) study of the experience of 134 caregivers who participated in My Teaching Partner (MTP) programme is one example of an alternative approach to delivering ECPD where face-to-face methods are unavailable. The MTP is a web-based professional development initiative designed to improve the quality of teachers' interactions with children in the area of language and literacy skills (Downer *et al.*, 2009). A brief description is outlined below in order to contextualise the findings of the study, and identify the specific resources used by these researchers. The study involved three groups: web-access-only, web-access plus consultancy, and a control group.  According to Downer *et al.*, the process of training for the teachers in the 'web-access-only' group involved extensive opportunities for teachers to engage with diverse teaching resources, including lesson plans, materials and video clips that exemplify high-quality interactions. Participants within the 'web-access plus consultancy' group had the same access to resources but were also involved in web-mediated individualised coaching.

Web-mediated individualised coaching took place every two weeks and featured comparable coaching processes to those reported by Koh and Neuman (2009) and Trivette *et al.* (2012a) above. Participants were required to send 30 minutes of video recordings of their classroom teaching to consultants who selected clips for review and posed reflective questions that teachers addressed and recorded in an on-line journal. Both the teacher and consultant used the CLASS assessment as a framework through which to observe and reflect upon aspects of CCI. Finally, both teacher and consultant participated in a 30-minute videoconference to discuss teaching practices and determine future goals. (For illustration of MTP cycle see Figure 4 overleaf).

Overall, MTP was rated highly by participants with regard to the degree to which they found the website and consultation aspects of the approach to be valuable. According to Downer *et al.* (2009: 334), over 89% of participants agreed that the website was helpful to them as teachers, provided examples of high-quality teaching, was easy to use, added value to their teaching practice, and was worth the time they spent on it. Particularly, the consultancy group noted that the relationship established with their consultant added value to their teaching practice and helped them to understand and interact more effectively with children.

**Figure 4:** **MTP web-mediated individualised coaching cycle** (source: My Teaching Partner, 2013)
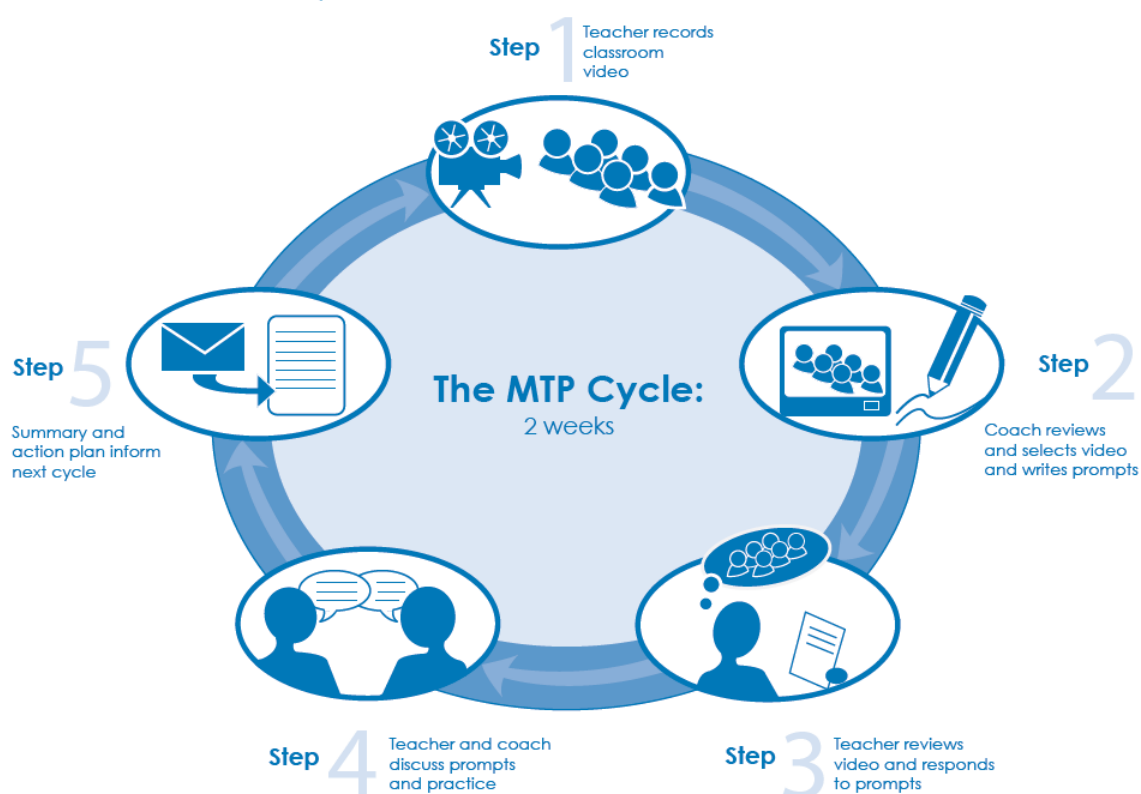


With regard to more significant outcome for classroom practice, a later study by Mashburn *et al.* (2010), which included 1,165 children and 130 teachers, suggests that the interaction practices of 'web-based-only' teachers were less effective in promoting children's language skills relative to teachers who were exposed to consultancy. In this case where unsatisfactory outcome for 'web-

based-only' teachers were reported, Mashburn and his colleagues suggest that these teachers did not receive guidance on how materials be used and thus recommended further investigation to examine the potential impacts of web-based resources where clear guidance is available. Despite these shortfalls, the outstanding feature of MTP is its capacity to reach many teachers without the expenses associated with face-to-face contact. Further, it illustrates a feasible continuous ECPD as an alternative to the regular 'one-and-done' professional development workshops (Downer *et al.*, 2009: 326).

The value of electronic approaches has also been recognised outside of the USA. According to Lindberg (2010), in Finland, the national public Early Childhood Education and Care website has provided different municipalities with their own extranet environment containing training and other important information, including a discussion forum. This web-based support gives early childhood mentors the opportunity to interact with other mentors, allows practitioners to share their visions and understanding, as well as problems, and provides them with support. However, Lindberg notes that web-based training faces a number of barriers to implementation. For example, contrary to face-to-face mentoring programmes that can be set up by a single centre, an electronic programme, such as the MTP approach, will need a considerable amount of coordinated organisation to fund, build, manage and develop it (ibid: 167). Moreover, for countries like Guyana where only 27% of the population are Internet users, and information and communication technology is poorly serviced by the national infrastructure (Moore, 2012), employing such techniques is presently impractical. Many early childhood practitioners are not yet proficient in its use or have limited or no access to the internet depending on their geographical location (ibid.).

The line of argument so far in this section on feasible or sustainable ECPD appears to suggest that, to be effective, programmes require more than the conventional course-type or content-based models. Evidence suggests that web content alone (Downer *et al.*, 2009) or course alone (Heller *et al.*, 2012) might be inadequate to generate effective improvements in practice , and that coaching or mentoring is a vital element of any effective programme. In light

of this, the following section looks at the effects of implementing a 'course-only' model of training.

### 3.2.3  Course-based ECPD

A review of the literature reveals that, at the present time of writing, the only study which supports a 'campus-based course-only model' for developing improved interaction practice is Hamre *et al*. (2012). This effective teacher-child interaction course was delivered to 223 early childhood teachers via local colleges and universities throughout the USA. The course required participants to engage in and reflect on course lectures and texts, and to make video documentations of their classroom practice. The control group (n=217) was not exposed to any interventions although, as Hamre *et al*. point out, some may have been taking other courses at the time.

Given the paucity of research in this field, Hamre *et al*. (2012) examine a number of variables. Those of particular relevance to this current review include the extent to which teachers display changes in their: knowledge of effective teacher-child interactions; skill to detect effective interactions in video; and use of effective teacher-child interactions. Results of the analysis of teachers' questionnaires and videotapes of their practice revealed that participation in the course was directly associated with (i) better knowledge about effective instruction, and the development of skills to identify multiple aspects of such interaction in video, (ii) more effective use of strategies that encourage higher-order thinking skills, frequent and intensive feedback, open-ended questions, and (iii) expansion of child talk. Changes in knowledge and belief about interaction practices have specifically attracted stronger gains. For example, at the end of the course, 23% of control teachers either agreed or strongly agreed with the following statement compared to only 8% within the course condition group: 'Preschool children are too young to benefit from explicit instruction in early literacy'.

The most significant finding of this study was the course's capability to improve the quality of teachers' interactions with children in the absence of

direct feedback or coaching on teachers' classroom practice. Results reveal that the effect size of this course was comparable to those from intervention studies using coaching, and equally effective irrespective of teachers' education level, or programme type and location.

Accounting for this outcome, Hamre *et al.* (2012) credited the course structure and the practice focused nature of video analysis. The course was delivered in fourteen 3-hour sessions by instructors who were provided with course specific material (manuals, power point presentations, videos, and written assignments). Instructors attended one week training and were provided with ongoing implementation support by staff of the National Centre for Research on Early Childhood Education. Lecture sessions focused on information relating to course framework, importance of preschool experiences, teacher-child interactions and the CLASS instrument. Practical activities included enactment of language activities and observation of videos which required teachers to highlight and analyse effective interactions and language instruction (in-class and online at home). In the final session, teachers filmed themselves delivering an activity with children and this was shared with colleagues to highlight examples of effective (or ineffective) interactions.

Taking into account the practice-focused approach of this course (analysis of videos and enactment of activities), Hamre *et al.* (2012) argue for the definition of 'practice-focused professional development' to be extended. They suggest the term could be extended to include any course or approach that has explicit focus on practice, rather than being limited to programmes which focus on interventions that are 'one-on-one or in small teams within the early educators [caregivers] own classrooms' (Zaslow *et al.,* 2010 cited in Hamre *et al.*, 2012: 116). In light of the search for feasible ECPD, justification for extending this definition appears logical. If courses targeting CCI incorporate practice-based elements, the probability exists that such addition would be advantageous, particularly in contexts where on-site classroom support and specialised early childhood supervisors or coaches are not readily available to provide one-to-one feedback on classroom practice.

## 3.3   Key features of ECPD

Following the discussion of ECPD practices above, it is reasonable to suggest that critical reflection and practice-focused activities are common features of the studies that show potential for effective and sustainable ECPD. Also, in all cases (except for Hamre *et al.*, 2012), on-site classroom support from more competent or knowledgeable educators has been considered essential.

The shaded area in the ECPD Model suggests where caregivers should be positioned if training is to have effective outcomes on their practice. When training and developmental materials target specific needs or are content-specific (Chen and McCray, 2012; Tayler, 2012; Varol *et al.,* 2012),

**Figure 5:    Model of ECPD**

outcomes appear to be more favourable. The incorporation of reflective-practice-focused activities, through mentoring for example, encourages 'knowledge transfer, translation, and reflection to [...] deepen understanding of the theories-in-use and, thus, improve the intentionality of the [caregivers'] actions' (Lindberg, 2010: 163). Intentionality is specifically improved through self-evaluation and the reflective practice of constantly *questioning what they do and why they do it in the way that they do* (Miller and Pound, 2011: 12).

The key features identified in Figure 5 have been endorsed by one of the latest systematic reviews of professional development. During the writing-up phase of this thesis, Eurofound (2015) released evidence from 28 EU Member States in support of the Model above, with the following extensions:

- Short-term training requires intensive intervention with a video feedback component.
- Long-term interventions prove effective when pedagogical guidance, such as coaching in reflection groups is integrated.

These extensions align with one of the main arguments in this chapter - both promote the principle of reflection on practice.

## 3.4    Impact of readiness on caregivers' outcome

Whilst the above characteristics of ECPD are considered necessary for positive outcome in pedagogical practice, recent mentoring interventions designed to support changes in practitioners' classroom practices (Peterson, 2012), and support their understanding and application of college level courses (Whitehead, 2012) have shown that trainees' readiness to change could significantly influence training outcomes. Patterson determined 'readiness' by teachers' levels of motivation, values, beliefs, and self-efficacy. In addition to trainees' dispositional status, Whitehead viewed these characteristics in terms of attendance at class, time management and attention to course readings. In both studies, the researchers point out that trainee who show willingness to comply with mentors suggestions and openness to receiving new information were more successful in achieving training outcomes. As it relates to specific changes in pedagogical practice, Patterson affirms that trainees categorised as 'ready to change' display features such as:

- Identifying something they wanted to change in their practice and eagerly seeking information and support to make the change.
- Self-identification to participate in training, rather than being signed up by their centre directors.

The latter point could however be considered a 'catch 22' when viewed in the context of one mentor's comments:

> I think the most frustrating part was I had one mentee in particular [with whom] we honestly never really saw any progress. And that part was frustrating, not so much because I wasn't seeing progress, I mean that was frustrating in and of itself, but more for, when she was offered the opportunity to drop from the program, and not in a negative way, but just (at the) end of the school year, (I asked) "Would you like to continue?", she had the option to step away from the program, and (she said) "Oh no no, it's wonderful, I love it." But (I'm thinking), "You're not

taking any of the suggestions, you're not moving forward!" And it was very frustrating to me that if you're not getting something from this, let's put my time with someone who actually wants to do something, not just looking for (an opportunity to spend) 20 minutes out of the classroom every week. (Peterson, 2012: 106)

In light of the findings on teachers' readiness to change, it is possible that even if the key elements of ECPD are incorporated, factors such as caregivers' motivation, values and beliefs could impede training impact. However, taking into account the potential of 'reflective-practice-focused' ECPD training, it is reasonable to assume that caregivers who are 'ready to change' and participate in training programmes that embrace the features highlighted (see Model of ECPD above) ought to achieve the ultimate goal of ECPD intervention - enhancement of learning and development of children (Dickinson and Caswell, 2007; Koh and Neuman, 2009; Sheridan *et al*., 2009; UG-UNICEF, 2010 Algozzine *et al.,* 2011;Eurofound, 2015). For this reason, researchers emphasise the need to link ECPD to child outcomes so that definitive conclusions can be drawn about the effectiveness of different interventions.

## 3.5   ECPD and child outcomes

Using two models of professional development, a direct attempt was made by Lonigan *et al*. (2011) to fill what they consider 'the large gaps in knowledge about how to affect classroom practices to improve critically important early literacy skills' (p. 310). Their experiment tested two interventions. One intervention employed workshops in which teachers from 15 centres were taught how to use a new curriculum. The other intervention included workshops and weekly in-class mentoring which allowed teachers from a similar number of centres to see aspects of the new curriculum enacted and which also provided them with opportunities to be observed and receive feedback from mentors. The control group (18 centres) did not use the new curriculum nor participate in professional development. Both intervention groups attended a 2-day professional development workshop at the start of the school year and four additional half-day professional development

workshops evenly spaced throughout the year for explanation and demonstration of, and hands-on practice with, the new curriculum activities. Practitioners assigned to the mentor group were visited once per week throughout the school year. During these visits mentors observed, gave feedback, modelled how to use the new curriculum activities, and collaborated on problem solving with the teachers.

The results of Lonigan *et al.*'s (2011) study suggest that the new curriculum had a greater effect on children's literacy skills than did professional development. Nevertheless, children who were taught by teachers who had undertaken professional development scored significantly higher than did children taught by teachers in the control group on expressive communication, phonological awareness and knowledge about print. While it should be noted that skills as phonological awareness and print knowledge do not determine children's ability to think critically (see Rogoff *et al.*, 1993), I have highlighted these outcomes to point out the seemingly positive effects of ECPD. What seems to be of particular importance is the element of practice-focused activities versus mentoring. In Lonigan *et al.*'s (2011) study, children taught by teachers in the mentor group were anticipated to score higher than those who were taught by teachers who participated in workshops only. This anticipation is grounded on previous studies which have shown that children whose teachers are supported by coaches display greater rates of vocabulary and other language development (see Mashburn *et al.*, 2010). Unexpectedly, contrary outcomes were observed – children in the mentor group achieved higher scores only on knowledge about print, thus suggesting that both the workshop-only training and the training with additional mentoring were equally effective.

Lonigan *et al.* (2011) do not provide an explanation for the similar effects of both interventions in improved child outcome; rather, they suggest that the new curriculum that was introduced is likely to have had more of an effect than the professional development training. However, as indicated by other researchers (see for example, Hamre *et al.*, 2012), the 'hands-on practice-based' elements employed during the workshop training may perhaps account

for the effectiveness of both interventions. This result also suggests that long term guidance by coaches is not necessarily more effective, and why characteristics of successful coaching need to be examined. Section 8.1 discusses this issue.

Returning to the issue of outcomes for children, over the last few years, increasing numbers of studies have provided additional evidence to support the link between ECPD and child outcomes. However, being a relatively 'new research field' in early childhood (Lonigan *et al*, 2011; Heller *et al.*, 2012), some studies seem to have produced premature assessments of interventions that have found only modest improved outcomes for children. The study reported by Buysse *et al.* (2010) is one such example. Similar to other studies reported in this review (see Hamre *et al.*, 2012), Buysse and colleagues (ibid.) claimed that, at the time of writing, theirs was one of the first experimental studies conducted to examine the effectiveness of a professional development intervention. Their intervention targeted early language and literacy skills of Latino dual language learners in Pre-Kindergarten (referred to as Nuestros Niños, and included children of an average age between 4 to 5 years). The 8-week training course targeted 55 monolingual English-speaking teachers in North Carolina, USA. Buysse *et al.*'s Nuestros Niños training programme consisted of three components: three-days of classroom lectures to promote core content knowledge and skills, followed by individualised consultation sessions every other week, and finally a community of practice meetings on alternate weeks to provide opportunities for feedback, reflection, and collaborative problem-solving. The final meeting provided teachers with opportunities to view videotapes of their own practices and those of others as a method of determining how they could refine and improve their instructional strategies for Latino English learners.

The findings confirmed anticipated gains for teachers' classroom practice - the effect sizes were in the moderate to large range for the quality of instructional practices.  With regard to outcomes for children, Buysse *et al.* (2010) noted larger gains in their phonological awareness skills, but only in their primary language (Spanish) and the overall gains in outcomes for children were small.

The findings for assessment in English were puzzling in that only children in the control group showed gains. The implication here is that while interaction practices of teachers were improved, the focus of the new curriculum or the second language learning techniques applied might have been inadequate. Also, since the classroom assessment was conducted shortly after training, the researchers concluded that additional time was possibly needed for changes in teaching practice to impact on children's learning outcomes.

The element of time has also been identified by Piasta *et al.* (2012) as an important criterion in successful EDPD outcomes. In an attempt to develop a sustainable ECPD programme to promote children's participation in extended and advanced conversations, Piasta and other researchers condensed a 14-week programme into 4 days (20 hours). They found that outcomes for both teachers' interaction practice and children's language gains were less favourable as compared to the findings for the more extended version of the training. Given that the reduced programme incorporated the major elements identified for effective ECPD (relevant content, strategies, video demonstration, role-play, hands-on activities, reflective practices, distance-learning consultants who provided written feedback on classroom video), Piasta *et al.* are of the view that for language-developing strategies to have a significant impact, time is needed for teachers to embed them into their interactions with children. Nonetheless, within the context of the reduced time for training, the correlated outcomes of their study did indicate positive outcomes and suggest that the ECPD did enhance children's linguistic productivity and complexity. Children in the experimental group spoke more often, used a broader array of words, and produced more complex sentences.

The results of the reported studies on child outcome as well as other ECPD initiatives introduced and examined in recent years have shown a relation between ECPD that are explicit in nature and positive child outcomes (see, for example, Cohen *et al.*, 2012a&b study of 3 to 5 year old in USA and the systematic review by the Eurofound, 2015). These studies also confirm that ECPD effect changes in practices irrespective of teachers' background variables, such as, training level and years of experience. Therefore, these

findings suggest that studies are beginning to provide substantial evidence for the association between:

**Tailored ECPD ⟹ Quality Pedagogical Practice ⟹ Positive Child Outcomes**

One point to note here with regard to investigating outcomes of children is that longitudinal studies may be needed, as reported by Sammons *et al.* (2002), Siraj-Blatchford *et al.* (2003) and Sylva *et al.* (2007) in their studies of the Effective Provision of Pre-School Education Project in the UK. Moreover, since all the studies on child-outcomes were carried out within a quantitative approach, more qualitative research would be beneficial to generate greater insights on effects of CCI. Studies in the field of early childhood have confirmed that standardised assessment of young children usually produces inconsistent results and capture 'far fewer' of the capabilities that children actually exhibit during the course of the day, as they interact (Alderson, 2000: 82). It would, therefore, be useful to tease out explicitly how ECPD serves as a catalyst for children's learning and development.

However, it is not within the scope of this research to examine the processes involved in CCI and children's outcomes. My research aims to examine the relationship between, and the outcomes of, professional development and caregivers' CCI practice. Therefore one limitation of this study might be the inability to investigate the outcomes of CCI pedagogical practice on children's development and learning. Nevertheless, this review of the literature does confirm that the outcomes for children can be improved when the teachers are exposed to targeted or specialised ECPD.

## 3.6 Summary

The ECPD research reviewed in this chapter highlights the processes necessary to produce effective changes in classroom practice which in turn can positively affect children's learning outcomes. Table 5 below summarises the main studies on which the arguments in the chapter are based and identifies the range of research approaches to understanding ECPD. The

evidence put forward in this chapter strongly suggests a link between ECPD and improved knowledge, classroom practices, and outcomes for children.

**Table 5:** **Summary of ECPD initiatives** (Key: P - positive; N - negative; M - moderate; X - characteristic or outcome was not studied)

| Examples of Studies | Research Approach | Mode of PD Delivery | Characteristics of Training | | | | Outcomes | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Practice-Focused | Critical Reflection | Needs Based | Coaching/Mentoring | Beliefs / Knowledge | Classroom Practice | Child Outcomes |
| Dickinson & Caswell, 2007 | Quantitative | Face –to-face | √ | X | √ | X | P | P | X |
| Potter & Hodgson, 2007a | Qualitative | Face –to-face | √ | √ | √ | √ | P | P | X |
| Dickinson et al., 2008 | Qualitative | Face –to-face | √ | X | √ | X | X | M | X |
| Neuman and Cunningham, 2009 | Quantitative | Face –to-face | √ | √ | √ | √ | N | P | X |
| Koh and Neuman, 2009 | Mix-method | Face –to-face | √ | √ | √ | √ | P | P | X |
| Downer, et al., 2009 | Mix-method | Distance/online | √ | √ | √ | √ | P | X | X |
| Mashburn,et al., 2010 | Quantitative | Distance/online | √ | √ | √ | √ | P | P | P |
| Buysse, et al., 2010 | Quantitative | Face –to-face | √ | √ | √ | √ | P | P | N |
| Lonigan, et al., 2011 | Quantitative | Face –to-face | √ | √ | √ | √ | P | P | P |
| Heisner and Lederberg, 2011 | Quantitative | Face –to-face | X | X | √ | X | P | X | X |
| Fisher & Wood, 2012 | Qualitative | Action Research | √ | √ | √ | X | P | P | X |
| Heller, et al., 2012 | Quantitative | Face –to-face | √ | √ | √ | √ | P | P | X |
| Hamre,  et al., 2012 | Quantitative | Face –to-face | √ | √ | √ | X | P | P | X |
| Piasta, et al., 2012 | Quantitative | Face –to-face | √ | √ | √ | √ | P | P | P |

In addition to establishing this link (effective ECPD = improved pedagogical practice = positive child outcomes), the qualitative studies in particular show the types of ECPD content and methods of delivery which positively impact on practitioners' knowledge and skills. The rich and nuanced descriptive evidence obtainable through qualitative studies can help in developing an understanding of how attributes of ECPD function as mechanisms of change, which should, in turn, inform decisions on what strategies are most useful or should be discontinued in ECPD programmes. These findings have been particularly helpful for understanding the processes involved in ECPD, and are significant since, without these reports, ECPD would have remained short of exemplars. Although the claim for universal adoption of these exemplified

characteristics would be overly simplistic, and accepting that utilisation depends on the context, these studies offer useful models to those responsible for developing or implementing ECPD programmes. Kuhn (1987, cited in Flyvbjerg, 2006) justifies the relevance of this qualitative evidence, as follows:

> [A] discipline without a large number of thoroughly executed case studies is a discipline without systematic production of exemplars, and [...] a discipline without exemplars is an ineffective one. (p. 242)

Taken together, the evidence shows that whether ECPD programmes are offered through a single course, or workshop, or whether they are offered face-to-face, distance, or are web-based, or an amalgamation of approaches, sustainability and effectiveness are more likely under certain conditions. That is, when the content of training is specialised, and when the training incorporates mentoring or coaching, critical reflection, and practice-focused activities.  Therefore, as recorded in Table 5 above, Dickinson *et al.*'s (2008) efforts to adequately promote effective CCI practice, or engender the high quality of CCI similar to outcomes reported by others (see, Potter and Hodgson, 2007a and b), may be accounted for by their failure to incorporate features such as mentor-initiated critical reflection and evaluation of classroom practices within their training programme. In the description of their training initiative, Dickinson and Caswell (2007: 255) noted that they 'left teachers to be the architects of change'. This finding suggests that the kind of intensive coaching efforts reported in the studies above, where coaches performed, recommended and provoked desirable CCI strategies, might be necessary for producing better outcomes for some practitioners.


## 3.7    Relevance of ECPD findings to project under study

The evidence put forward in this report helped develop categories for ideas and concepts which emerged during the data collection and analysis stages of this study (for example, see Sensitising Categories in Table 9 on page 151). I reflect on and utilise these findings throughout the research process. I also

extend the findings reported in this chapter by presenting an analysis of what the actual change in caregivers' practice looks like, as a result of participating in UG ECPD. The ECPD initiatives examined to date have not explicitly elaborated on the changes in CCI practice in the actual context of the classroom. For example, many studies report on self-realisation evidence relative to the following: 'I had no idea I kept saying ''x''. I must stop it!' (Fisher and Wood, 2012: 123).

Therefore, despite the fact that studies are beginning to identify and describe the characteristics and process of effective ECPD training, 'the level of detail with which changes in classroom practices are documented' is limited (Algozzine *et al.*, 2011: 258). Through the presentation of classroom interaction episodes, I present what caregivers' practices essentially look like, and examine how and why varying elements of the ECPD programme are associated with specific types of CCI.

# SECTION THREE

## CHAPTER 4

## METHODOLOGICAL CONSIDERATIONS

## 4.0    Introduction

My review of the literature relating to ECPD and CCI practices establishes that quantitative techniques are extensively used to 'measure' programme effect and levels or types of interactions (see Miller and Bogatova, 2009; Neuman and Cunningham, 2009; Buysse *et al.*, 2010; Mashburn *et al.*, 2010; Heisner and Lederberg, 2011; Lonigan *et al.*, 2011; Hamre *et al.*, 2012; Heller *et al.*, 2012; Mofrad, 2012; Piasta *et al.*, 2012; Sakellariou and Rentzou, 2012; Colwell *et al.*, 2013; Thomason and La Paro, 2013). These studies have answered questions about the statistical relationship between ECPD and classroom practice; however, these quantitative measures have various reported weaknesses. For example, they are inappropriate for (i) determining how specific elements of professional development activity work to contribute to changes in practice (Dickinson and Caswell, 2007; Potter and Hodgson, 2007a; Algozzine *et al.*, 2011; Fisher and Wood, 2012; Heller *et al.*, 2012; Barnes and Solomon, 2014; Dornan and Mørcke, 2014) or, (ii) capturing the quality or process of adult-child interactions (Schaffer, 1996; de Kruif *et al.*, 2000; Siraj-Blatchford and Sylva, 2004; Lobman, 2006; Dickinson *et al.*, 2008). These quantitative studies show *what* changes were made, but are not sufficient to understand *how* or *why* effects on CCI practices are brought about. They therefore fall short in *telling* the CCI *story* (Simons, 2009:15), of those who experience ECPD programmes.

### 4.0.1    Conceptual framework

The literature reviewed identified three epistemological standpoints on how to tell the story about pedagogical training and caregivers' interactions.

- The first is that the interaction processes between caregivers and children and the processes that are involved in ECPD are dynamic, and therefore require qualitative investigations. Researchers (van de Pol, Volman and Beishuizen, 2010) note that CCI practices depend on the characteristics of the situation, and, thus, it is impractical to assess CCI in the same way across different contexts. Consequently, the use of structured tools to assess CCI practices might be inadequate. In one of the most influential large scale effectiveness studies in the UK, Siraj-Blatchford and Sylva (2004) suggest that in-depth observational and qualitative studies are most suitable to capture the complex dynamics of practices such as CCI. With regard to ECPD, Algozzine, Babb, Algozzine, Mraz, Kissel, Spano and Foxworth (2011) and Fisher and Wood (2012) note that the complexity of understanding changes in practice also requires qualitative approaches.

- The second epistemological standpoint implies that effective pedagogical training prescribes ways of interacting with children and produces exemplified CCI cases that can be applied to different contexts. That is, the content of training programmes should sufficiently describe specific interaction practices and explain how to interact directly or explicitly with children (Dickinson, Darrow and Tinubu, 2008; Hatch, 2010; Trawick-Smith and Dziurgot, 2011).

- The third standpoint is that long term and sustainable interaction practices are likely to come about when the elements of critical reflection and practice-focused activities are incorporated within training programmes, and when practice is supported by competent coaches, mentors or consultants (Potter and Hodgson, 2007a; Koh and Neuman, 2009; Mashburn, Downer, Hamre, Justice and Pianta, 2010; Lonigan, Farver, Phillips and Clancy-Menchetti, 2011; Fisher and Wood, 2012; Piasta *et al.*, 2012).

Considering the first epistemological position, it is plausible to conclude that the standardised quantitative measures currently employed by the University of Guyana are insufficient to fully assess CCI. They do not capture the

dynamics of the interaction processes between caregivers and children. Furthermore, as implied by the second and third epistemological positions, the issue of underperformance might be related to the content or mode of delivery of the programme. To give a clearer understanding of the issue, the diagram below attempts to present an illustration of a conceptual model for this research.

The diagram (Figure 6) has been colour-coded to highlight the different attributes of the ECPD programme. The attributes in green are structural features of the UG programme; however, because quantitative assessment was conducted to evaluate CCI outcomes, how they function to effect changes in CCI is unexplored. Grey indicates an absence of these structural features or that little is known about their functional relationship to the programme. For the programme under study, attention is given to the indicators in grey since it has not yet been established whether components of the course content explicitly describe effective CCI, or whether the technique of reflective practice is encouraged by tutors. Thus, caregivers may not be sufficiently enabled to engage in quality interactions.

**Figure 6:     Conceptual Model of ECPD and CCI Outcomes**
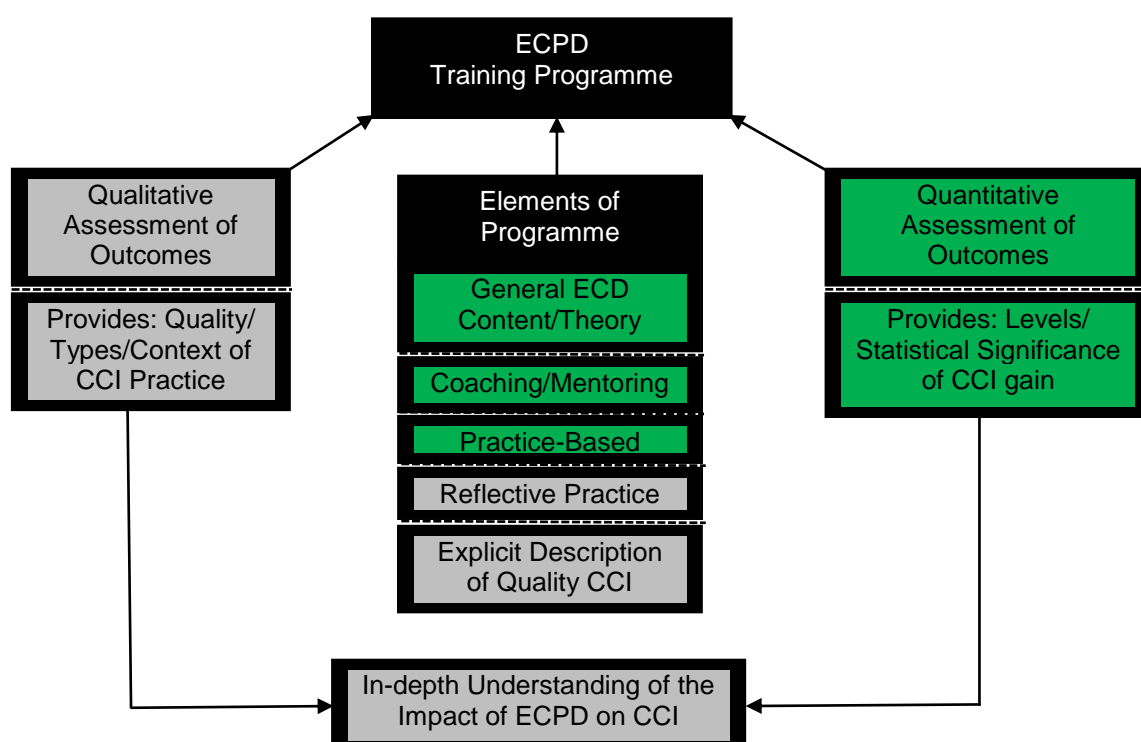
On the contrary, neither of these components might be sufficient to explain why the training programme is not having the desired effect in promoting interaction skills, and, therefore, this exploratory study becomes relevant. Robson (2011), for example, notes the advantage of exploratory studies particularly in situations where little is known about new or innovative programmes. Preliminary analysis of the ECPD offered at the University of Guyana suggests that insufficient evidence is currently available to understand the training effects. To explore the attributes in the conceptual diagram, I am of the view that a two-fold examination is needed to determine:

- the extent to which identified characteristics of effective pedagogical training are operational components of the present programme and,
- the context within which CCI occurs, the nature of these interactions, and how any identified differences in practice might be explained.

Finally, it is appropriate to note that engaging in the above type of exploratory examination requires thinking that 'embraces uncertainty and complexity' (Albon, 2011: 41). For example, it is perplexing that the relatively small gain in Guyanese caregivers' quality interactions with children is considered by tutors as a significant, positive impact of the training programme. This could be because the present assessment system in operation at the University of Guyana is insufficiently rigorous to measure such complex phenomena, suggesting it should be examined through more diverse and flexible means as suggested by qualitative paradigms (first epistemological standpoint). Alternatively, it could be a case of assessment working as 'a double-edged sword' (Zurn, 2014: Introductory Quote) – are the learning outcomes coherent with the programme's objectives? Or, is it the case that the cultural norms of adult-child interaction practices in Guyana have a stronger impact than ECPD? It is also possible that the quantity and quality of feedback offered by tutors was insufficient to enable learning, as observed by Whitehead (2012).

### 4.0.2  Taking a qualitative stance

As Hatch (2007a), one of the prominent writers and advocates of early childhood research, suggests, the issue investigated for my study requires a

high quality, rich and nuanced understanding to provide deep insights into the dynamic nature of caregivers' interaction practices. Hatch's suggestion parallels Rogoff *et al.* (1993), Hennink, Hutter and Bailey's (2011), Robson's (2011) and Silverman's (2011a) arguments on the nature of investigations similar to the one carried out in this study. These authors argue that such investigations require capturing the subtleties and complexities of experiences, which can only be constructed by examining the context of interactions and embracing the perspectives of the actors involved; and, the methodological paradigm which best supports such a construction is a 'qualitative' approach.

Qualitative approaches considered as being of particular relevance for exploring the dynamics of the classroom interaction practices of the caregivers in this study are the prestructured types, rather than the more loosely structured, emergent and grounded (Miles and Huberman, 1994). As I have established under the section which discusses the conceptual framework for this study,

> Something is known conceptually about the phenomenon, but not enough to house a theory…. [I have] an idea of the parts of the phenomenon that are not well understood and know where to look for these things – in which settings, among which actors. (Miles and Huberman, 1994: 17)

Examination of ethnography and case study approaches in the context of my study suggests they have the characteristics for representing the processes of CCI and the lived experiences of participating in the ECPD programme. Both approaches permit the study of caregivers in the natural setting in which they interact with children, and thus, can provide insights into the context within which their interaction experiences and behaviours are shaped (Hennink *et al.*, 2011). At the same time, these approaches permit collection of selective data (Miles and Huberman, 1994).

Therefore, by positioning my study within the qualitative paradigm, I have conformed to the guidance of advocates who remind us to avoid selections based on ideological commitment (Silverman, 2011a), or on the

'epistemological contest between different paradigms' (Dixon-Woods, 2011: 344). My decision on approach is influenced by what I am trying to find out, and this suggests the qualitative paradigm, embedded in the principles of ethnography and the case study approach, is more appropriate. The discussions that follow in this chapter add credence to this contention.

## 4.1    Ethnography

### 4.1.1    Ethnography in the field of ECD

It is well documented that ethnography has been historically concerned with the 'description and analysis of culture' (Saville-Troike, 2003: 1), and is considered a suitable approach to 'explore the curious, the messy, and the unexpected' (Mills and Ratcliffe, 2012: 147). The dominating characteristic of this approach is its potential to support in-depth study within 'natural settings' (Hammersley and Atkinson, 2007: 3-4). Bearing in mind the transactional nature of working in early childhood settings, researchers investigating pedagogical approaches and childrearing practices in this field have begun to employ ethnography to further understand the meanings of practice in context (see Rogoff *et al.*, 1993; Brooker, 2009; Hill, 2009, Jones, Holmes, Macrae and Maclure, 2010; Flewitt*,* 2011; Pink, 2011). 'Sensory ethnography' is considered to be particularly applicable to these settings. According to Pink (2011), sensory ethnography's approach includes interviewing, walking with, discussing images with, and listening to music or other sounds with participants, to understand meanings in context. Thus, this approach facilitates much more than just 'looking at the world and the actions of people in it, but by contrast, learning in and as part of the world' (ibid: 270).

Another noteworthy debate about ethnography, particularly in educational research, is the argument that  ethnography could be  characterised as doing ethnography (framed within an anthropological discipline by participating in people's lives for an extended period of time), adopting an ethnographic perspective (a more focused and less comprehensive ethnography), and

using ethnographic tools (using methods, techniques and principles associated with ethnographic fieldwork, but not necessarily guided by social and cultural theory) (Green and Bloome, 1997: 183, cited in Dicks, Flewitt, Lancaster and Pahl, 2011: 228). I will refer to these different understandings of ethnography below to show their relevance to the present study.

### 4.1.2  Rationalising choice: ethnographic approach versus principles

From the discussions presented in relation to the aim of this study (Chapter 1), it is reasonable to suggest that my research could benefit from an ethnographic approach. Exploring how the ECPD training programme contributes to the quality of caregivers' interaction practices requires me to, as one early childhood researcher puts it, (i) draw data from 'real world' contexts; (ii) portray and value the perspectives of both participants and researcher; and (iii) make meaning of evidence in sync with the social and cultural contexts (Flewitt, 2011: 296). These requirements are identified as the 'over-arching characteristics of ethnographic research' (ibid.), which are drawn upon for the conduct of this study. However, I should point out that for at least two reasons, the 'real' form of ethnography - grounded in anthropological thinking of spending *extended periods* of time participating in people's lives (Hammersley and Atkinson, 2007) - is beyond the scope of my research.

The first observation is that an ethnographic approach is not fully consistent with the modus operandi of the programme under study - the new intake into the ECPD programme commenced in October 2012, and this clashed with the training for my Research Programme at the Institute of Education, University of London. As a result, pre and post-training CCI could not be observed to record the types of changes in practice reported in studies like Potter and Hodgson (2007a), discussed earlier in Chapter 3. The second reason relates to the time span available for completion of the fieldwork. My fieldwork was time-bound to a six-month period, during which I was required to conduct (i) classroom observations in at least eight different early childhood centres in both rural and urban locations in Guyana, (ii) video stimulated reviews of caregivers' interaction episodes, and (iii) carry out interviews with programme

participants, practicum tutors and centre directors or colleagues. The context described for conducting this research confirms why it is not 'epistemologically possible' (British Senior Lecturer in Anthropology, cited in Mills and *Ratcliffe, 2012:* 148) for it to be considered 'classic ethnography'. Therefore, my research is likely to be spared from the criticisms surrounding short-term studies like mine that benefit from ethnographic principles and practices:

> These techniques often make use of what one might call quasi-ethnographic skills, approaches that label themselves as ethnographic, but that are not easily recognizable by either anthropology or sociology. They offer telling anecdotes, a bit of theory and make claim to a method [ethnography]. Yet the contextually rich understandings that come from an epistemological grounding are simply not possible in a drive-by approach to ethnography. (Mills and Ratcliffe, 2012: 158-159)

Proponents of an ethnographic approach (cf, Flewitt, 2011; Pink, 2011) have demonstrated that even if researchers (as in my case) are unable to get actively involved in the practice or setting researched to conduct 'classic ethnography', incorporating sensory ethnography principles such as video stimulated reviews could suffice (Pink, 2011). Video stimulated reviews are particularly helpful for addressing the major research question: 'How has the ECPD programme contributed to the quality of caregivers' professional interaction practices?' The section presented later on 'methods' will show how video stimulated reviews permit the 'documentation and interpretation' of caregivers' interaction episodes, and help explain how the programme along with caregivers' beliefs and values influenced their practice. Thus, in terms of the data collection, Green and Bloome's (1997, cited in Dicks *et al.*, 2011: 228) position on the subject of 'using methods and techniques associated with ethnographic fieldwork, but not necessarily guided by social and cultural theory', is the frame within which ethnography is interpreted in my study.

I summarise by highlighting that the ethnographic principles of 'watching what happens, listening to what is said, asking questions and initiating informal conversations to throw light on the issues of inquiry' (Hammersley and Atkinson, 2007:3) are appropriate and are utilised. These principles, as the

discussions on case study below will suggest, appropriately fit the case *study approach* within which my study is positioned.

## 4.2   Case study

In general, and at its most explicit, case study is described as:

> [A]n in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, programme or system in a 'real life' context. It is research-based, inclusive of different methods and is evidence-led.  The primary purpose is to generate in-depth understanding of a specific topic (as in a thesis) [...] to generate knowledge and/or inform policy development, [and] professional practice. (Simons, 2009: 21)

An ontological description of my case study might define it as an exploratory enquiry which examines and presents detailed information about how caregivers' interaction competences with children are affected by training. The boundaries set for my study fall within the confines of the Certificate Programme for the Early Childhood Practitioners offered by the University of Guyana. Therefore, while only the practices of caregivers are studied, other stakeholders (practicum tutors, directors and co-workers of the childcare centres to which caregivers are attached) operating within this context are considered instrumental in facilitating understandings about the interaction practices of this group of caregivers. Detailed criteria for selecting the cases are described under the section entitled 'participants' on page 107.

### 4.2.1 Why case study?

Empirical research on classroom interactions confirm the strength of employing a case study approach (Siraj-Blatchford and Sylva, 2004; Lobman, 2006; Dickinson *et al.*, 2008). Given that it is capable of representing multiple perspectives of stakeholders and has the potential 'to deal with a full variety of evidence - documents, [...] interviews and observations' (Yin, 2014: 12), this approach, as Simons (2009: 15) suggests, will better facilitate the understanding of the classroom interaction phenomenon in varying textures

and nuances as it 'tells' the caregiver-child interactions 'story'. Furthermore, the case study approach is particularly useful to my study because 'how' and 'why' questions are posed to investigate a 'contemporary phenomenon' (Yin, 2014: 11-12) over which I have little control. For example, to document changes to CCI, it is necessary to elicit caregivers' and tutors' reflections and opinions about how classroom practices have evolved over time. It is anticipated that such reflections would facilitate thinking about the processes leading to these changes, and thus, offer insights into why changes occur. Therefore, the case study approach permits investigation of the following research questions:

1. How do caregivers provide intellectually, challenging and motivating interaction experiences as a result of participation in the ECPD training programme?

2. Do specific components of the programme, individually or collectively, lead to changes in practice? How does this occur and why does it take place?

3. Why has the programme influenced caregivers' interactions differently? Are CCI competences affected by prior classroom experience, level of training, or their perceptions of interaction practices?

Re-examining the research questions in chronological order, research question one facilitates descriptions to support an in-depth understanding of 'how' the changes in caregivers' interaction practices have been affected by engaging in this particular programme. It is anticipated that this question will lead to discussions about how caregivers apply the knowledge and skills gained as they interact with children. It is important to understand the extent of novelty in the application of new knowledge and skills, because studies (see Koh and Neuman, 2009) suggest that this could be a leading cause for misrepresenting training effects. Also as a result of research question one, it is possible for evidence to be produced to show trends in CCI practice, and this in turn, could point to particular programme coverage or focus.

Questions two and three are designed to shed light on 'why' changes to CCI have been generated or not. Advocates of ECPD programmes have put

forward strong arguments with regard to importance of the examination of the functional elements of effective training (Potter and Hodgson, 2007a; Dickinson *et al.*, 2008; Koh and Neuman, 2009; Fisher and Wood, 2012). Question three specifically examines contextual attributes that might influence CCI practices as identified in previous research (Trawick-Smith and Dziurgot, 2011; Sakellariou and Rentzou, 2012). Thus, information could be generated about why there might be variances in practice. By providing answers to these questions, this study should ultimately help to generate recommendations for the conduct of the ECPD programmes offered at the University of Guyana.

### 4.2.2 Potential concerns of case study

Considering Yin's (2014) criteria for choosing case study, the use of the approach for my research is justified. However, I should add that while the case study may be appropriate, being cognisant of, and embracing criticisms of this approach, strengthens the research being undertaken. A generic example of case study criticism is found in Robson (2011).

> Case study was until recently commonly considered in methodology texts as a kind of 'soft option', possible admissible as an exploratory precursor to some more 'hard-nosed' experiment or survey or as a complement of such approaches, but of dubious value by itself. (Robson, 2011; 137)

Particularly, there are concerns over the lack of 'rigour' and inability to produce 'scientific generalisation' (Yin, 2009, 2014). I will discuss each of these concerns in relation to my study below.

#### *4.2.2.1 Generalizability*

First, I begin with the issue of generalizability which, from a positivist perspective, assumes the findings of research are typical of a wider population, and hence, if rigorously conducted and analysed, would have some predictive power and could safely be generalised to the population as a whole (Simons, 2009: 164). Mindful that my case study is situated within the qualitative paradigm, the inability to generalise statistically is not considered a weakness (Yin, 2014); it simply does not apply.  From the onset, the positivist perspective on generalisation was not anticipated to be of relevance to this

research. Therefore, I will not attempt to counteract the positivist views about representativeness to population; instead I shall focus on the ways in which non-positivist generalisation for one group of caregivers might aid our understanding of the processes involved in CCI and the functioning of effective ECPD.

Simons (2009) demonstrates in a number of ways how non-positivist generalisation could apply to a qualitative case study. These evolve from some of the types proposed by others I have examined but extend beyond these. For example, Stake's (1995): 'propositional generalisation' suggests that researchers' speculation and theory could be drawn from the vigorous interpretation which led to their own conclusions; Bassey's (2000): 'fuzzy generalisation' highlights the possibility that what was found could be found in similar situations; and Yin's (2014): 'analytic generalisation' considers comparing theory from already existing ones to the results of the different case studies.

During my research, these generalisation techniques have been utilised where applicable. However, for the purpose of illustration, the following demonstrates the use of one type - 'concept generalisation' (Simons, 2009:165). Considering the issues investigated, it is plausible that caregivers could be described in terms of the following categories: as experimenters (those who adapt change-strategies to suit classroom context); followers (those who attempt to follow step-by-step suggestion of tutors, modules); and the conservatives (those who do not introduce change or creative practice unless provided with constant reassurance and support by course tutors, directors of their childcare centres or co-workers). These conceptual categories might also be generalizable to other areas of their practice and be useful to inform future training.

### 4.2.2.2 Embracing subjectivity

Another important aspect of qualitative research methods are their subjective nature. This study requires interaction with the research participants and this necessarily involves personal relationships; thus, the knowledge gained is

anticipated to be context-specific and value-laden (Albon, 2011; Dahlberg, Moss and Pence, 2013). However, throughout the research process, methods of data collection are documented, along with discussions of how accuracy checks are carried out to triangulate the different perspectives, and how meanings are negotiated and verified. These documentations are necessary criteria, identified by qualitative researchers to establish the trustworthiness of this type of research.

As Simons (2009: 163) recommends, throughout my research, I have remained cautious of how and when subjective data (for example, participants' thoughts, feelings, actions) can provide insight and understanding and when they might become misleading or signal potential bias. For example, in Chapter 8, one case (Ms George) is cited to establish how my feelings about seemingly 'farfetched' accounts of change in practices were addressed. By embracing subjectivity in this manner I should note that, in my study, the approach taken parallels Guba and Lincoln's (2012: 205) 'validity' criterion of being able to answer questions, such as, are the responses offered by caregivers 'sufficiently authentic', or do I feel 'sufficiently secure about these findings that I may trust myself in acting on their implications?'

The final point I will emphasise here relates to the criterion of reproducing similar findings in subsequent studies. Being a contemporary phenomenon influenced by specific time, social, physical and other attributes of caregivers' background and classroom settings, replication of this study to see whether similar findings are forthcoming is not anticipated. Rather, it is the inspection of my well-documented database that is anticipated to produce similar findings (Yin, 2014). Therefore, my claim here is that this subjective-type evidence is reported 'objectively' and this involves being able to show others what I have done, beginning with conceptualisation of the study's design, through data collection protocols to details of the analysis (Robson, 2011: 159).

In light of the above discussions, it seems reasonable to suggest that enough of a rationale has been provided to justify the selection of a case study approach. To fully conceptualise my research design, a detailed account about the choice of participants, methods of data collection, ethical issues specific to participants' engagement and, reliability and validity issues are considered in turn.

## 4.3 Data collection protocol

### 4.3.1 Participants

At the time the fieldwork was conducted, 33 caregivers had completed the ECPD programme offered by the University of Guyana. This research aims to present their opinions, views and experiences of the programme's contribution to their interaction practices. Related research in this field strongly suggests that better insights of programme effects are possible, and detailed attributes of the programme are more easily uncovered, when the perspectives of 'key protagonists' are sought (Simons, 2009: 69).

Data collected solely from the caregiver participants, the key protagonists, could generate sufficient relevant data to answer the research questions; however, an examination of the literature on 'methodological crisis' suggests this approach could be potentially dangerous (Goldstein, 2007), and possibly lead to inappropriate conclusions (Robson, 2011). For example, caregivers could fail to identify some features of their interaction practices that changed, following the conclusion of the programme. Moreover, even if they were able to identify such changes, they may not be able to consciously identify the processes that led to such changes. Other potential issues relate to differences in the way such changes are perceived by the tutors of the practicum course, and the directors or co-workers of the early childhood centres to which they are attached. Consequently, it was critical to include a number of stakeholders who had directly witnessed caregivers' practice in the classroom. By taking into account the views of these different stakeholders, it

is possible to better interrogate data to confirm or question accounts of interaction practices, and this serves to strengthen the credibility (Guba and Lincoln, 1994, 2012) or construct validity (Yin, 2009, 2014) of the evidence.

The ramification of involving different stakeholders, however, is that considering the time available, it was impractical to conduct in-depth interviews and observations involving all caregivers who had undergone training. In this study, those considered critical for generating data on the effects of the training included caregivers who scored the lowest, highest and average on CCI ratings for the practicum course, and those with the most or least significant gains. Here, I have utilised the 'criterion sample' strategy as suggested by Hatch (2007b: 235), since it is expected that the characteristics of these caregivers will 'shed light on the phenomenon being studied' (Ryan and Lobman, 2007: 66). The inclusiveness of such a range in selection provides opportunities for extensive analysis and insight (Yin, 2014), by specifying 'how' and 'why' some caregivers interact in the way they do (Miles and Huberman, 1994: 29).

For example, it is necessary to understand why a caregiver who have scored 2 on a 5-point scale (with 5 meaning consistent positive interaction CCI) during the first semester of training demonstrates no gain and continues to engage at this level following training in contrast to another who displayed significant improvement. Initially, I selected two caregivers from each of the categories defined (see Figure 7 below). However, the caregiver (Ms Eve) with the 'lowest overall performance' also fell within the 'lowest gains' category. Similarly, another (Ms Caesar) fell in both the 'highest overall performance and the 'highest gains' category. Therefore, the final selection of cases, which are based on the performance indicator, 'Appropriateness of interaction during play to facilitate learning', is as follows (names are pseudonyms):

1. Highest post-programme rating 4 (Ms Boson; Ms Caesar; Ms Ford)
2. Lowest post-programme rating  1 (Ms Eve)
3. Average post-programme rating 2 (Ms Dass; Ms Harry), and score rating 3 (Ms Ali; Ms George)

4. Highest/noteworthy gain in pre and post-programme scores from 1 to 4 (Ms Caesar) and lowest gain of 1 to no change (Ms Eve)

The selection process for the four categories identifies above was narrowed by examining the geographical locations (urban, suburban and rural) of the early childhood centres where caregivers were attached. This criterion was considered because from my professional experience the interaction practices of caregivers seem to be influenced by geographical attributes. Compared to rural areas, in urban ECD settings children's home language is more often corrected and rejected, thus stifling their free expressions (Semple-McBean, 2007). Geographical breakdown within each performance category are:

1. Six caregivers fell within the category 'highest overall performance'. Within this category, Ms Boson was the only caregiver operating in a suburban community and, as such, was selected. Similarly, Ms Ford was the only caregiver attached to an urban setting. The selection process for the four remaining caregivers (all from rural settings), was further narrowed through an examination of their mentors' progress reports. From among this group, Ms Caesar was considered as making the most significant gains and was selected for this feature.

2. Only one caregiver (Ms Eve) fell within the category 'lowest overall performance'. Ms Eve is attached to an urban setting.

3. Of the 26 caregivers rated as 'average' performance, only two were located in the rural regions and they were selected (Ms Harry and Ms George). In narrowing the selection for the other caregivers who were all located in urban settings, I followed the approach used for selecting Ms Caesar - examination of mentors' reports. One distinguishing feature for selecting Ms Dass was her new practice of questioning and making suggestive comments about the type of desirable expectations for behaviour, instead of her pre-programme practice of 'spanking'. Ms Ali was the only caregivers described as influencing change within her entire setting and not just her class.

The overall composition of participating cases according to geographical location is: four urban (Ford, Eve, Dass, Ali), one suburban (Boson) and three

rural (Caesar, Harry, George). One observation noted about caregivers' scores is the high overall performance of rural caregivers. Further investigation of this pattern would be helpful to provide insight into whether the caregivers from the rural areas benefitted more from training, whether the outcome is a result of a more generous or less rigorous scoring of practice by Assessors in these regions, or whether the rural communities, by accommodating Creole, encourage richer CCI. Turning to the ECD experience of the eight caregivers; their combined experiences amount to 95 years. In ascending order, their years of experience are: Ms Caesar (6), Ms Harry (6); Ms Boson (8), Ms Ali (9), Ms Dass (9), Ms George (15), Ms Ford (16) and Ms Eve (26). The experiences of the caregivers have been gained within secular and religious settings. Those attached to the secular settings are: Ms Caesar, Ms Eve, Ms Ford, Ms George and Ms Harry. Ms Ali, Ms Boson and Ms Dass are attached to religious settings.

Tutors who supervised the caregivers during practicum training, and directors and co-workers of the centres in which the caregivers are employed were selected by purposive sampling. Only those directors or co-workers who observe caregivers' practice on a regular basis are included in the study. This is because they are able to provide evidence to shed light on whether interactions were different at post-training in comparison to pre-training.

**Figure 7:       Summary of Research Participant**
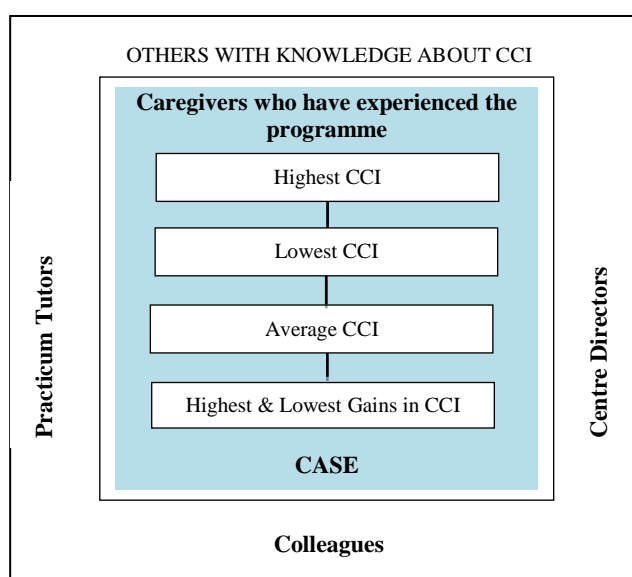
In total, the participants included eight caregivers along with their practicum tutors, and two directors and one support worker. Of the caregivers involved in this study, four were directors or supervisors of their centres. Two directors were located at other branches, and did not directly observe caregivers' practices. Only two participants were directly observed by senior personnel and, of all the settings observed, only one caregiver had a support worker attached to her group. A particular research problem that is worth noting at this stage is that there is presently no substantive evidence of what functional interaction practice was like before the programme started; therefore, I have attempted to 'get at' the quality of pre-programme interactions by asking people who have seen the interaction styles of caregivers before and after programme participation (Stake, 1995).

### 4.3.2 Data collection methods

#### 4.3.2.1 Ethnographic observations and video-stimulated reviews

As noted in the discussion on 'research approach', the ethnographic principles of 'watching what happens, listening to what is said, asking questions and initiating informal conversations to throw light on the issues of inquiry' (Hammersley and Atkinson, 2007:3) are relevant for capturing the type of data necessary for understanding CCI. Borrowing from Pink's (2011:271) lexicology, 'sensory ethnography' is the particular type appropriate for my study. Amongst other features, this approach involves the practice of video stimulated reviews for production of 'shared knowledge', rather than looking at and collecting data on participants (ibid). As discussed later in Chapter 10, one of the most important significance of the post-observation reflections of the videos is the empowering of caregivers to evaluate their own pedagogical practice; resulting in deeper meanings (Broadhead, 2009). In the present study, topics around which questions were posed to stimulate discussions about the video and observations include the following:

1. With regard to your interaction with the children, what do you think went well during the activity?
2. Why did you extend child X comments and not child Y?

3. I observed you talking with child Y about his drawing, is this strategy influenced by the ECPD programme?

4. How do you think your lesson would have been conducted had you not participated in the ECPD?

Two excerpts from the pilot study undertaken for the current research are provided below to illustrate the applicability of reviewing classroom observations and video documentations to produce shared knowledge about CCI. As a brief background, both caregivers are trained at the Certificate level and care for children averaging age 3 years. The caregiver in Excerpt 1 works at a Christian-based centre, located in a socioeconomically-challenged neighbourhood where most children come to the centre on foot or on bicycles. Excerpt 2 was taken from a centre in a relatively quiet location where most children come in private vehicles. At both centres the children seemed happy and relaxed and interacted frequently with caregivers and amongst themselves. Both caregivers demonstrated a friendly personality and evidenced a sound working knowledge of providing for the children in their care. Singing was the final activity children engaged in at both centres.

**Excerpt 1:**

Caregiver: [In a jolly tone of voice] Let's stand; it is singing time! [The group of 9 children, seated around two tables, stood up. About one-third seemed to have remembered the rule about placing chairs under the table; they were reminded by the caregiver.]

Caregiver: Come on, put the chairs under the table and let's sing 'Row, row, row your boat!' [All children sang along with the caregiver and demonstrated actions related to the song.]

Caregiver: You like that song, eh? Let's sing '…' [Two more songs were selected by the caregiver, and after this children were given an opportunity to choose.]

Caregiver: Ok, that was fun. Now, what song would you like to sing?

Child A: Stupid questions! [Child began singing and moving to the rhythm of a popular Guyanese reggae song.]

Caregiver: [Looked at Child A, paused for a few seconds and spoke to the group of children in a gentle tone of voice] Let's choose another.

Child B: Teacha, teacha, Jesus love little chren. *(Teacher, teacher, Jesus loves little children)*

Caregiver: That's nice, come on everybody, 'Jesus loves the little …' [she sang the first verse of the song; clapped to the rhythm, and all the children joined her]

**Excerpt 2:**

Caregiver:    Do you know what time it is?

Children:    Home time! [The group of 10 children had just changed from their 'play-clothing' into their uniforms.]

Caregiver:    [Giggled, and spoke in a playful tone of voice] Because you put on uniform you think it's home-time; you forgot we have to sing before we go home. You forgot [giggles], you forgot.

Children:    [Giggle]

Child A:    [In a chuckling tone of voice] Teacha, is B se he waan gu home. *(Teacher, it is B who said he wants to go home)*

Child B:    No teacha, nah me alone se da! *(No teacher, I was not the only one who said that)*

Caregiver:    [Turned to child B] I know - everyone forgot.

Caregiver:    We will sing some songs about the foods we talked about today.

Child C:    Two little cherries.

Caregiver:    Very good C. Let's sing it together. Two little cherries….

Caregiver:    [After singing ends] Very good. Give yourself a clap. Another song.

Child E, H, I:    [In chain reaction] Green and yellow food.
[Two more songs were sung and the children were encouraged and praised by the caregiver]

Caregiver:    What other song would you like to sing?

Child A:    Dem Ah Watch Meh. [Popular Guyanese chutney song or Indian calypso that was at the time of A's comment aired from a vehicle that came to collect a child]

Caregiver:    [Smiling] Oh boy, we can't sing that today. Remember, today we are singing songs about food.

Caregiver:    [Paused for few seconds, then spoke directly to Child A] A, we will sing that another day….

Below, I give my personal impression and feelings about the CCI practice of these two caregivers and discuss the caregivers' comments to show the development of 'shared meaning'. Qualitative researchers recommend noting personal impression and feelings, and offering analysis of the situation (cf. Robson, 2011). Reflecting on the literature reviewed, my initial thoughts equated the practice of the second caregiver to one who employs Goh *et al.'s* (2012) 'instructional conversation' approach. She seemed to have applied the techniques of intentionally structuring conversation based on sensitivity to Child A's statement (*we will sing that another day*). On the contrary, by her refusal to acknowledge the child's song selection, the first caregiver appeared to have missed an opportunity to identify, acknowledge and clarify specific experiences in the present (Kugelmass and Ross-Bernstein, 2000; Wells, 2009), and to provide information, or engage in the kind of cognitively

enriched talk, likely to stimulate conceptual growth (Dickinson *et al.*, 2008). The video-stimulated reviews uncovered very different understandings and lenses through which to conceptualise the excerpts.

According to the caregiver in Excerpt 1, Child A has a reputation of 'testing one's faith' (provoking her) with his selection of 'ungodly' songs. She added that he had full knowledge that this is against the rules of the day-care. Since all children were aware of 'the ban' on this particular song, she indicated there was no need to justify her refusal of his choice. To concretise her decision, she re-directed my attention to a child who was not facing the camera at the time of recording the episode in question. She claimed that what I thought was a random hand movement, was in fact one child covering her mouth as a sign of bewilderment at A's choice of song selection.

The discussion with the caregiver in Excerpt 2 also revealed somewhat different insights to my initial thoughts about her CCI practice. Her reason for pausing before making the final comment confirmed my assumption of her exercising 'reflective-type thinking'. However, further discussion of the comment in question revealed that this particular instance of reflective thinking was counterproductive. While acknowledging that reflecting on her comments, instruction and suggestions did contribute to her skills for structuring conversation sensitive to the children's comments, she admitted that was not true for the final exchange in the episode above. Her explanation suggests that the final exchange serves a patronising purpose – she told Child A 'another day', in an effort to avoid hurting his feelings, when in reality she knew that that particular secular song could not be part of their singing activity.

The excerpts cited above signal that these ethnographic methods of generating data offer opportunities to study the caregivers' interaction practices in their natural setting, and provide insights into the context within which their interaction experiences and behaviours are shaped (Hennink *et al.*, 2011). More importantly, the video-based reviews opened up key issues for discussion and offered reflective opportunities for understanding variances

in CCI practices. And this, in turn, revealed more than what could have been 'detected or reliably assumed' from only observing the episodes (Simons (2009: 43), and permitted a level of 'imitate familiarity' of the issues studied (Lofland, Snow, Anderson, and Lofland, 2006: 15). As observed in the narrative account of the two episodes, failure to consult caregivers about their perspectives on the observed episodes would have resulted in the drawing of erroneous conclusions relating to the variations in CCI practice.

My view of this approach to field work is that while it is well suited for this study, it requires a considerable investment of time for beginners like myself. Reviewing each day's activities consumed a minimum of three days. For example, Excerpt 2 above, which is only one part of an eleven minute of recording, consumed about an hour for the following processes, which do not include the transcription of the recordings:

(i) Review, note specific time and intervals of clips, develop questions and comments about the clip for the follow-up discussion with the caregiver [approximately 25 minutes].

(ii) View recordings along with the caregiver - pausing at strategic points to ask questions, elicit opinion or explanation about particular strategies, and to invite commentary etcetera [approximately 30 minutes].

Observations that were not recorded were equally demanding since, to facilitate processes similar to (i) and (ii), these first required detailed transcriptions so that copies of the episodes could be shared with the caregivers.

Therefore, gathering data for the eight cases presented in this report consumed over six months of fieldwork. As indicated in Table 6 below, including the interviews (discussed in the next section), each case took approximately three weeks. Considering that the researcher had eighteen months (March 2014 to September 2015) within which to conduct fieldwork, transcribe video excerpts, conduct reviews and interviews, report findings and submit this thesis, the classroom observations had to be reduced from the proposed four days to three. The advice given at my upgrade in relation to potential over extension during the fieldwork process, and the difficulty of

applying transcription software to the varieties of Creole spoken in Guyana, were instrumental in this decision.

**Table 6:** **Procedure Undertaken During Field Work** (Observation, Video-Stimulated Review and Interview for one Case)

| Week | Day | Activity |
| --- | --- | --- |
| A | 1 | Initial visit to introduce myself and to get a general sense of caregivers' and children's interaction behaviour |
| B | 1 | Video recording and observation |
| | 2 | Review daily CCI practices observed from the time of arrival until departure, to facilitate construction of questions and comments for the follow-up discussion with caregiver |
| | 3 | Review video recording to facilitate construction of questions and comments for the follow-up discussion with caregiver |
| | 4-6 | Transcription |
| C | 1-6 | Repeat activities 1 to 6 at Week B above |
| D | 1 | Review week B's recording and observation along with the caregiver (to ask questions, opinion, or for explanation about CCI strategies) |
| | 2 | Review week C's recording and observation along with the caregiver (to ask questions, opinion, or for explanation about CCI strategies) |
| | 3 | Final interview with caregiver about overall effect of ECPD on CCI, and exploration of issues not covered by video reviews |
| | 4 | Interview with tutors and colleagues to elicit their views and perspectives about the effect of ECPD on CCI |
| | 5-6 | Transcription |

Notwithstanding the relatively time-consuming nature of the fieldwork process, the ethnographic method of video critique and reflections on classroom activities encouraged the production of 'shared knowledge' (Pink, 2011: 271), which, in turn, did provide safeguards against inaccurate assumptions about the quality of CCI practice in both excerpts above. This outcome suggests that video data on its own could be misleading as a source of evidence, if taken literally without thinking about how it was framed. Therefore, if a forum is not provided for 'guided recall' of the contents (Williams *et al.*, 2009) and to explore 'otherwise' what is seen (Jones *et al.*, 2010: 488), there is possibility that interpretation of findings might be misleading or, using a term associated with the qualitative paradigm, 'perceptually and interpretatively distorted' (Lofland *et al.*, 2006: 91).

The significant point to be drawn from this discussion is that ethnographic-type studies within early childhood setting are useful in helping to situate data in particular social, cultural and historical contexts, which safeguards against an entirely 'outsider' (researcher) perspective (Flewitt, 2011: 307). For these reasons, it is understandable why researchers (Fisher and Wood, 2012, for example) continue to advocate for video research processes that encourage dialogue and knowledge exchange between researcher and participants. This point is taken up again in Chapter 5, which elaborates on how these processes unfold in my study.

### 4.3.2.2 Interview protocol

To further stimulate the production of data that could permit me to think 'otherwise' about what was seen (Jones *et al.,* 2010: 488), semi-structured interviews were also conducted. The discussions on video stimulated reviews have already shed light on the benefits of using semi-structured-type interview dialogues. They enable researchers to get to core issues more quickly and in greater depth, to probe motivations, to ask follow-up questions and to facilitate individuals telling their stories (Simons, 2009). In my study, application of semi-structured interviews became essential because examination of the pilot data generated from the observational video stimulated reviews revealed limited information with respect to: (i) other changes in CCI practices brought about by the ECPD programme, which neither the researcher nor the practicum tutors had observed; (ii) the extent to which caregivers' interaction competences with children might have been affected by factors external to ECPD. Furthermore, video-stimulated discussion was not aimed at accommodating different perspectives from practicum tutors or colleagues of the caregivers. Since the views of these stakeholders were needed to elaborate and/or corroborate pre and post-programme effects, these interviews became necessary.

In keeping with the principles of interviews for qualitative research (see Miller and Glassner, 2011), my interview schedule was open enough to facilitate natural flowing conversation, yet structured in such a way to ensure the

conversation remained focused on the research topic (see Appendix 5, for interview schedules). The interviews aim to:

1. Allow the caregivers to discuss their interaction practices, offering more detailed information underlying their choices concerning their interaction practice.

2. Allow other stakeholders to offer information on the development of caregivers' practice.

3. Provide a forum for caregivers to evaluate their own practice.

4. Provide a forum for stakeholders to evaluate the effects of the ECPD programme.

5. Explore whether caregivers could identify the elements of the programme that have more or less impacted on their practice. It is likely that this aspect of the interview would highlight possible implications for future development of the training programme.

6. Provide caregivers the opportunities to raise issues, or direct my attention to aspects of their CCI practices not obvious through prior observations or discussions.

### 4.3.2.3 Introducing self-reported checklist

Eliciting responses for the final category above (point No. 6) was somewhat problematic. During the pilot interviews, caregivers found it relatively difficult to identify other CCI strategies that they might have improved on, but which were not observed by me or their supervisors. Many of the participants requested that I return on another occasion in an effort to give them more time to self-reflect more deeply about unobserved changes. Unfortunately, the extra time did not result in effective identification of practices specific to extended types of CCI. Considering the demands on caregivers' time, to request another forum to discuss further reflections would have been an imposition. Moreover, this would have added additional pressure to my already tight research schedule.

Therefore, guided by the programme's competency standards, I constructed a CCI self-reflection checklist. CCI checklists have been found to be useful for indicating the general overall types and patterns of interactions (Neuman and

Cunningham, 2009; Mashburn *et al.*, 2010; Lonigan *et al.*, 2011; Piasta *et al.*, 2012; Colwell *et al.*, 2013). However, as suggested by researchers (cf. de Kruif *et al.*, 2000; Lobman, 2006; Dickinson *et al.*, 2008; van de Pol *et al.*, 2010; Heller *et al.*, 2012), this checklist is not appropriate for determining specific elements of ECPD activities that might have contributed to improved practice, or for capturing the 'quality' of caregiver-child interactions. Nevertheless, the checklist did enhance the general picture of pre and post-training CCI practices, and cross-corroborated information reported by the tutors and caregivers during the interviews. This checklist was distributed to caregivers at the end of the last review session held to discuss the videos and observations (Copy of Caregiver's Self-reported Interaction Checklist is provided in Appendix 6).

### *4.3.2.4 Examining course documents*

Finally, data was needed to substantiate two important epistemological standpoints of this study:

1. Effective ECPD training programmes offer content that sufficiently describes interaction practices and explains how to interact directly or explicitly with children (Dickinson and Caswell, 2007; Dickinson *et al.*, 2008; Hatch, 2010; Trawick-Smith and Dziurgot, 2011).

2. Sustainable changes in interaction practices are likely to come about when the elements of critical reflection and practice-focused activities are incorporated within training programmes (Potter and Hodgson, 2007a; Koh and Neuman, 2009; Mashburn *et al.*, 2010; Lonigan *et al.*, 2011; Fisher and Wood, 2012; Hamre *et al.*, 2012; Piasta *et al.*, 2012).

To get an insight into the degree to which the attributes of 'descriptive interactions practices' and 'reflective-practice-based activities' were featured in the ECPD programme, it was necessary to examine the content of the course modules and the general structure of the programme. I am aware that these documents are not appropriate to adequately explain the 'functional' attributes of the programme, that is, 'how' training has contributed to interaction practices with children, or 'why' the effects are interpreted differently by caregivers and tutors. These issues have been sufficiently

addressed by the observation, video-review and interview methods. Hence, the examination of documents does not follow the 'content analysis protocol' as suggested by advocates such as Atkinson and Coffey (2011).

For example, one of Atkinson and Coffey's main arguments surrounds the use of documents as data in their own right rather than as simply a method of cross-checking oral accounts, or to provide some kind of context. In my study, however, this is a requirement for confirming the nature of content covered in the programme. These documents are also needed to contextualise the responses given concerning items on the interview schedule, which seek to gain insight into specific courses and/or contents of modules that effected changes in CCI. In light of this, it could be concluded that, similar to Hill's (2009) ethnography study on assessment practices of teachers, course documents in my study are not 'treated as isolated pieces of evidence, but rather artefacts to be examined for their role in the research process' (p. 318).

The main point emphasised about the methods selected is that my selections are based on their appropriateness for understanding and documenting CCI experiences in context, rather than an ideological commitment to specific methods. Moreover, a considerable amount of research suggests these methods are effective for identifying, describing and contextualising the attributes investigated in this study:

- characteristics of CCI (Dickinson *et al.*, 2008; Trawick-Smith and Dziurgot, 2011; Bilton, 2012; Goh *et al.*, 2012), and
- functional ECPD processes that lead to improved practices (Potter and Hodgson, 2007a; Koh and Neuman, 2009; Fisher and Wood, 2012).

### 4.3.3 Reflection on data protocol

It seems reasonable to conclude that the sources selected are sufficient to provide an in-depth understanding of the stakeholders' experiences, views and opinions on caregivers' interaction practices. The use of multiple methods is likely to complement each other and it is thus more likely that the context of interaction between caregivers and children can be more fully explored.

Ultimately, the choice of informants and data collection methods permits triangulation of data, and as illustrated as a summary in Figure 8 below, this improves the likelihood that the research questions will be answered more effectively.

**Figure 8:**     **Summary of Data Collection Protocol**



| | |
|---|---|
| Caregivers | A, B, C, D |
| Tutors | C |
| Directors/Peer | C |

| | |
|---|---|
| Caregivers | C |
| Tutors | C |
| Course Modules | E |

| | |
|---|---|
| Caregivers | C |

Research Questions   Data Sources   Methods to Collect Data

**KEY:**
**A** Non Participant Observation
**B** Video Review
**C** Semi-structured Interview
**D** Self-reported Checklist
**E** Document Review
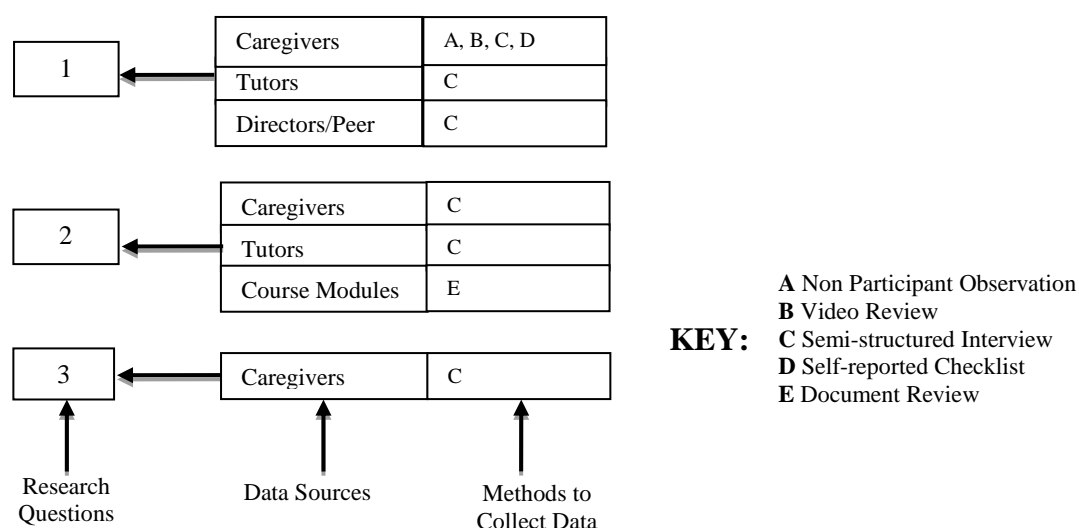
## 4.4   Ethical and procedural considerations

Ethical obligations relating to informed consent, privacy, harm, confidentiality, voluntary participation, fairness, participant confirmation of data, cultural sensitivity, respect and reflectivity (Baarts, 2009; Simons, 2009; BERA 2011) are all considered within this study. For clarity, I have separated these into two categories - 'structural' and 'process'. This distinction derives from Baarts' (2009) argument which suggests such a distinction clarifies the complexity of addressing ethical practices in qualitative research.

> [S]ome of the ethical dilemmas arising from the social processes that we participate in through our research cannot be dealt with by following procedures such as professional codes of conduct, for the depth of ethical being cannot be encapsulated solely in the control exercised by such codes. [While] such procedural regulation is both necessary and beneficial; ethical behaviour is located in the social, the cultural, and the political. (Baarts, 2009: 425 & 432)

### 4.4.1 Structural issues

The structural issues addressed in my study are typically the standard procedural perquisites deemed necessary before embarking on fieldwork, and relate particularly to safety and security of data. At an early stage, permission was sought and granted from the Ethics Committee, Institute of Education, University of London to conduct this study, and the University of Guyana for access to course materials and caregivers' personal teaching and assessment records. (See Appendix 7 for Ethical Approval Forms).

One important issue addressed by the University of Guyana relates to the use of video-recorded evidence. For example, even though children are not the target source for data, before video-recordings are carried out in the classroom, caregivers must seek permission from parents. Moreover, it is a mandatory requirement of the University of Guyana that any images of children for whom permission has not been given be removed from recordings. Fortunately, to date, there have been no reported cases of permission being refused by parents. However, while permission has been granted, neither images nor audio voices of children and caregivers were used for the purpose of my study. Instead, videos were reviewed to stimulate reflective thinking about CCI practices, and analysed to identify specific episodes that have the characteristics to contribute towards or hinder the development of cognitively-rich interactions. After transcribing videos, reviews and interviews, and participants' verification of transcripts, all recordings were erased to ensure privacy and anonymity.

Other structural ethical issues relate to informed consent for carrying out video stimulated reviews with caregivers, classroom observations in selected early childhood centres, and semi-structured interviews. To address these, first, meetings were held with participants to discuss the project and fix schedules for each activity. Following this, letters of consent were sent out, providing participants with information about the study.  In keeping with BERA Ethical Guidelines (2011), the letters included: information about who would be conducting the study; why their participation was necessary; how the

information was to be used and to whom it would be reported; how anonymity and confidentiality would be ensured; how accuracy of interview data would be verified, and the letter also informed participants of their right to withdraw at any point during the process. (Samples of consent letters are in Appendix 8.)

On the subject of anonymity, I embarked on this study fully aware that using 'real names' is permissible depending on the historical or geographical context, or when beneficial to participants and organizations (Guenther, 2009; Tilley and Woodthorpe, 2011). However, the participants in this study were assured of anonymity and that pseudonyms would be used to identify participants and the day care centres. This was relevant and crucial because it was anticipated that findings could have both positive and negative implications for participants' reputations. For tutors in particular, this could have repercussion for renewal of teaching contracts if their performance were to be deemed as unsatisfactory. To ensure that participants could not be identified, I used a particular naming system in that all names for a specific case begin with the same letter. Steps were also taken to ensure that pseudonyms of centres did not match official names of any in existence in Guyana (the list for 2014 is available at the Mayor and Councillors of the City of Georgetown Municipal Day Care Services). Furthermore, all data collected was stored in secure files and all identifiable links between participants and findings were removed and treated in accordance with the requirements of the Laws of Guyana National Data Management Authority Act 1983, and UK Data Protection Act 1998.

### 4.4.2 Process issues

Process issues were more complex. These are the types that can be described as 'emergent' and difficult to negotiate or determine beforehand (Lofland *et al.*, 2006: 32). In this study, process issues required continuous reflection about (i) the researcher's responsibility for preventing harmful consequences to participants, and (ii) questions on how to maintain professional relations with colleagues especially when the content of their

conversations was not directly relevant to my research. Issues relating to context-relevant procedures to minimise the intrusive nature of observation and recordings, and for the verification of transcripts are also considered as process issues.

### 4.4.2.1 Emotionally distressing issues

I begin with an example of an unforeseen circumstance where one observation session suggested that two children might be involved in sexual activity with each another at home. In this situation, I had to address questions about how to ethically, and sensibly, address 'the principle of do no harm'. How could I fully ensure that such sensitive information was not misused and that participants' openness or vulnerability was not exploited? Should I respect the request of the researched and delete sensitive sections of recordings? It is beyond the scope of this thesis to provide extensive details regarding how these questions were addressed. However, for a short insight, it should be noted that the recordings were destroyed and transcribed data concerning sensitive episodes was omitted. Further, the third visit to this centre was not carried out and I present two reasons why the planned visit was not carried out below:

1. The day of my second visit corresponded with a family dispute over the children in question. Apparently, both families blamed the other for the sexual act which these two children engaged in. Although information was shared with parents a month in advance about my attendance at the centre, the next point highlights another reason for discontinuation.

2. One of the children was standing close to where I was seated when the parent arrived to pick up the child. On collecting the child the parent questioned the caregiver about my presence. She suggested that I was a Child Welfare Officer 'working undercover' to get information about the child; further, the parent threatened the caregiver about what could happen if she shared information about the child. Although the caregiver appeared unconcerned and reported that the use of indecent language and threats by parents were 'part of the norm of the community' and that they 'really don't mean to do harm', concerned for my safety, I decided not to return.

While I feel there was considerable justification for my decisions, and even though the caregiver reported that the issue was resolved, I am still experiencing what Lofland *et al.* (2006: 30) describes as an 'ethical hangover'. I feel a sense of guilt and uneasiness (ibid.), over what I view as a betrayal of children who might be participating in inappropriate sexual activities.

Another unanticipated challenge concerns the convention of using pseudonyms to ensure anonymity. There were instances where the actual names of children were relevant for elucidating the discussion about the characteristics of effective CCI. In another case the extended conversation about a grandfather could not have been modified to exclude the fact that the grandfather was a notable public figure who, given the context of the conversation, could have been easily identified. Also, the immediate environment (worker's clothing, activities and geographical locations) directly influenced the nature and content of CCI, and these episodes could not have been modified to ensure anonymity. Therefore, as suggested by Guenther (2009: 416), in instances like these I had to settle for an 'imperfect compromise' – elimination of the extracts from the data set generated for this study. Associating the programme effects with the production of these seemingly pertinent episodes to a specific caregiver was not possible and cannot be published during the dissemination of the research.  While not frequent incidents, these did serve as limitations to my research.

Throughout the fieldwork, I remained constantly reflective of participants' names (for example, April, Blue, Cherry), or identifiable events, that could have had the potential to form significant parts of CCI episodes. Also, taking into account the small population of Guyana (747,884, Guyana Preliminary Population and Housing Census, 2012), it was necessary to alter characteristics such as the size of centres, locations and ethnic compositions, while at the same time avoiding compromising contextual findings and their relationship to the settings in which they occur (Guenther, 2009; Tilley and Woodthorpe, 2011). Although this was a time consuming task, the effort resulted in a low probability for recognisable association between participants and/or ECD institutions. Consequently, my study should not produce results

that are similar to Guenther's Google test of pseudonyms, carried out on a major American sociology journal. She notes: 'Within minutes, I had successfully used the altered details in the article to determine the name of the city and the names of the organizations under consideration (Guenther, 2009: 418).

### 4.4.2.2 Relationship and recording issues

The second issue - my relationship with colleagues - relates to my previous role as coordinator of the ECPD programme and the power-effect this might have had on participants. For this reason, I was mindful of Pink's (2011: 271) advice on the production of 'shared knowledge', rather than seeing the activity as one of collecting data on participants. Ryan and Lobman's (2007) recommendation to pay attention to nonverbal behaviour, and to what, in the context of the questions or comments, seems to spark particular responses was also relevant. Consequently, instead of using a restrictive interview schedule, participants' own concerns about the programme and contributions to the discussion were acknowledged as much as possible.

Yet, it was necessary to negotiate how much should be acknowledged or how much interest should be shown, when I was in disagreement with the points being made or if the content of the conversation did not 'unlock essential knowledge' (Nind, Wiles, Bengry-Howell and Crow, 2012: 662). Thus, sometimes prompts and co-construction of participants' contributions was essential, albeit done in a respectful manner, to unlock the relevant information needed for my study. This was illustrated on occasions where participants were encouraged to talk about ECPD outcomes they valued, prioritised, or which they wanted to share concerns about. Following are two extracts from the interviews with practicum tutors to exemplify the point about respecting participants' concerns and unlocking essential knowledge. Both extract are centred on the question I posed about their satisfaction with trainee's CCI practice. In the first, Ms Bowen was keen on relating her satisfaction with structural changes and the 'quality' custodial care received by her own child. In the second, Ms Clay highlighted issues about the need to teach English.

*Example One*

| | |
|---|---|
| Researcher: | But overall, at the end of the year, were you fully satisfied with the way she [caregiver] interacted? |
| Ms Bowen: | She did a good job; I wouldn't say outstanding. There was some room for improvement, but she was good. That's why I sent my daughter there…. [Comments relate to structural changes] |
| Researcher: | This is interesting, and I'm tempted to ask some questions right now about the experiences of your daughter; but hey, we have only three more questions, so let's finish with these first. If she is to improve or were to attend a workshop on CCI, what areas do you think she might still need help with? |

*Example two:*

| | |
|---|---|
| Ms Clay: | … I am telling you, I got the real deal of how they speak with these children. There was no sentence that made any English sense…. |
| Researcher: | Eh. So the Creole was really deep. Uh, but let's pretend that Creole is the official language and she needs to improve on the way she engage children to develop their problem solving, reasoning and higher order thinking, what topics would you recommend for a professional development session? |
| Ms Clay: | Well, I think she would need to improve her questioning techniques and ask more probing questions…. |

Applied in this manner, prompts and co-construction of participants' contributions is not synonymous to the undesirable practice of 'coaxing interviewees into preferred responses' (Holstein and Gubrium, 2011: 158). Rather, I applied the recommendation to 'converse with respondents' experience and invite interpretations that drew on specific resources, connections, and outlooks' (ibid.). Ultimately, I am of the view that I was successful in establishing an appropriate research relationship, rapport and trust that enabled participants to feel comfortable to express their views (Hennink *et al.,* 2011). Also, by interjecting humour on occasions, the video-review and interview process was somewhat relaxing, and not as embarrassing as reported by some caregivers during the pilot, as they became aware of shortfalls in their practice. The interviews with Ms Caesar and Harry below show how humour was interjected:

*Example One*

| | |
|---|---|
| Ms Caesar: | We learnt in Child Development that one important quality of early childhood workers is to be loving, caring and approachable. So you should not beat children. |

Researcher: Are you loving, caring and approachable?
Ms Caesar: Yes.
Researcher: Cross your heart, hope to die?
Ms Caesar: [Laughs loudly]

*Example Two*
Researcher: [In a jovial tone] OK, let's say I was your supervisor and I gave you a grade 'D' for the way you interacted with children during this lesson; however, you thought you deserved an 'A'. What are some of the points you would discuss in your argument so that you get that 'A'?
Ms Harry: [Giggles] I think I should have been at the same level with them – sitting on the floor.
Researcher: You think so; your chair was pretty low. [In a jovial tone] But, hey, you should be arguing for the 'A'.
Ms Harry: [Giggles] Well, we did not 'just' sing, they identified the parts of the….

One point worth highlighting about these interview exchanges is the role the researcher played in conforming to the cultural norm of interjecting 'jokes' to set a relaxing environment for what some caregivers view as a formal and somewhat apprehensive experience. Considering the six-month time-frame within which the field work took place, an 'outsider researcher' might have been potentially less likely to set a similar atmosphere. Therefore, while my experience with the participants is restricted to my role as the former programme coordinator (I did not have direct involvement in the early childhood institutions within which they operate), this 'partial-insider' status did make it easy to interact with participants and this contributed to the general research process and quality of data collected.  Further, from my professional experience, the early childhood sector in Guyana has not been research oriented or opened to critical reviews and an outside researcher could be viewed as 'a spy' (Drake and Heath, 2008: 134). Without this partial-insider status, participation might have been limited and this study might have been difficult to carry out.

One challenge faced from the position assumed in this study is the tendency of participants to introduce elements of training outcome that were outside the scope of the research. This was influenced by their awareness of my connection to and knowledge about these issues from reports released for the

programme. Therefore, as introduced in the second paragraph of this section, the skill of knowing how and when to sensitively co-construct and re-construct participants' unrelated contributions to the topic was necessary during the research for continued professional relationships (Drake and Heath, 2008).

Returning to more positive impact of the researcher's position, it should be noted that being a member of the community within which the research is carried out was important for interpretation of the findings. The interpretations made, especially in relation to the linguistic and cultural practices shaping CCI, might not have attracted the level of interpretation from the perspective of an outsider, less familiar with the linguistic verities and culture-specific nomenclatures of Guyanese. Construction of the pedagogical practice described as 'smart gaff' (see Chapter 7) is one notable example to illustrate that:

> The stories our participants tell us, and how we choose to represent and share them are inevitably shaped by our own understandings and where we stand with regards to their (or our!) social world (Greene, 2014: 11).

In acknowledging the role of researcher-participants relations, it should also be noted that I assumed a different position 'depending upon exactly what was being considered' (Sikes, 2008: 151). Before I was able to gain deep insights into caregivers' everyday classroom experience, it was essential to follow the necessary ethical procedures more in line with an outsider position for conducting observations and interviews. Even though my previous role as coordinator of the ECPD programme allowed me to develop relationships with the participant caregivers in regard to administrative matters (for example, corresponding with their centre directors, examination and procedural matters), formal interviews and observations specific to classroom practice were new aspects of our relationships. Therefore, piloting the interview was particularly important since it was not possible to predict how, for example, interviewees would have interpreted or responded to the questions, or how I would have reacted during the process (Hennink *et al.*, 2011). Also, piloting the interview was carried out to shed light on the following:

- Did the interviewees understand the questions immediately?

- Were concepts, sentences and words adapted to the context of the interviewee?
- Did some questions need to be rephrased?
- Was the order of the questions logical?
- Could the research question be answered with the information that was being gathered?
- Was the length appropriate? (Hennink *et al.*, 2011: 120)

As a result of the piloting, interview schedules were revised and changes made. For example, an early item on the interview schedule which required caregivers to reflect on the knowledge and skills learnt from participating in the ECPD training was reordered to be the penultimate item. This was required because it attracted extended responses which yielded little information about CCI. Even though the aim of the study was reiterated at the start of each interview session, caregivers and tutors seemed passionate about 'other' noteworthy changes to classroom practice as illustrated in the episode above about the structural changes mentioned by Ms Bowen.

Prior to observation, visits were made to the early childhood centres on separate days to introduce myself and to get a general sense of caregivers' and children's interaction behaviour. During these visits, I did not find negative reactions to my presence to be an issue; and this, according to one participant, might have been the result of their familiarisation with observations as a component of the practicum course. Another enabling factor, which helped to illuminate real or typical practice, was that the participants saw my presence as an avenue for exhibiting their newly leant skills and as a way of helping them to improve their practice. The idea of helping them to improve their practice was not an initial feature of the research design but emerged during the pilot phase when participants requested that I share information about 'what went well during the lesson' and 'how they might improve their practice'. In an effort to avoid influencing their practice during the data collection process (as occurred during the pilot), comments regarding the quality of practice were reserved for discussion

following the conclusion of all observations concerning particular participants. In all cases, this was only possible at the end of the video-stimulated reviews. The downside of this decision was that during observations, I was unable to make suggestions or give advice in instances where both caregivers and children could have benefitted from my immediate intervention. For example, it was only after the completion of all observations and video recordings that particular caregivers were told about the potential benefits of having discussions about the messages promoted in some songs and rhymes.

With regard to concerns about using videos, efforts were made as much as possible to reduce the 'intrusive nature' of recordings (Goh *et al.*, 2012). The video recording process did not seem to affect caregivers' typical instruction; however, during the pilot stage children were distracted when the camera was mounted or moved around. Therefore, during the data collection process, I arrived at the centres before the children to position the camera in the designated area. Further, to avoid moving the camera, recording was restricted to specific areas in the classroom – areas such as circle and table-top activities were the caregivers regularly engaged in talk and dialogue. To get a general picture of overall daily CCI practices, I made notes of caregivers' interaction episodes from the time of their arrival until departure.

Concerning the issues discussed above, the subjective nature of my qualitative research method was one of the most important aspects to consider. This study required interaction with research participants who previously had known me in my role of coordinator, thus, the knowledge gained is not anticipated to be value-free or objective (Albon, 2011). However, throughout the research process, accounts were kept about: how data was collected, how accuracy checks were made to triangulate the different perspectives, and how meanings were negotiated and verified. These accounts are necessary criteria, identified by researchers (for example, Miles and Huberman, 1994; Silverman, 2006, 2011a, 2011b) for validating research in terms of the 'quality', 'processes' and 'contexts'. These criteria were followed as much as possible during the data collection process by giving particular attention to problematic issues such as concreteness of recordings,

documenting things remembered at later times, and making notes of interpretive ideas, personal impression and feelings of observations (Lofland *et al.*, 2006). These issues relating to recording are elaborated on in Table 7.

**Table 7:** **Issues in Recording Observation** (Adapted from Lofland *et al.*, 2006: 112-115)

| Guidelines | Descriptions |
|---|---|
| *Be Concrete* | Recordings should be specific, concrete and cover descriptions of events, who is involved, contents of conversations, and when they occurred. It is imperative to keep inferences out |
| *Distinguish comments from members* | Notes should be made of whether recalls are exact or whether only the substance is given |
| *Recalls of forgotten material* | It is important to document things that were forgotten but which merit recording if remembered at a later time |
| *Interpretive ideas* | Notes offering an analysis of the situation are required. Also, notes that both address the research questions and others that add supportive or elaborative materials |
| *Personal impression and feelings* | There is a need to note subjective reactions; emotional state |
| *Reminder to look for additional information* | Reminders such as the need to check with A about B, or take a look at C, should be documented |

During the fieldwork process, attending to these recording issues did, to an extent, contribute to the ethical robustness of my study. For example, because participants were asked to validate the accuracy of the interview transcripts and observation vignettes, the connotation of the word 'curry' in the context of the community within which it was used was verified. I interpreted the episode as a 'missed opportunity' by the caregiver to introduce a child to the correct/official names of foods; however, after reviewing the transcript the caregiver brought to my attention the fact that side dishes used with rice or roti (stew, gravy, vegetable, peas, etcetera) are all considered as 'curry'. Throughout the reporting process, I remained conscious of ethical issues that emerged in relation to the choice of words and the need for modification of terms and structures where necessary (Stake, 1995; Simons, 2009).

To sum up, Baarts' (2009; 432) comment about ethical researchers is relevant: 'It goes without saying that an ethical researcher possesses a certain kind of judgement in determining what actions are ethically

appropriate.' Due to the qualitative nature of my investigation, this study might not be 'totally ethically pure' (Lofland *et al.*, 2006: 79); however, ethical issues were considered and appropriately addressed from the conceptualisation of the research, through the fieldwork to the final stages of writing up the thesis. In instances where serious ethical dilemmas presented themselves, I made rational 'on-the-spot' decisions, and/or sought advice from my supervisor.

## 4.5   Establishing trustworthiness of research design

**Table 8:**   **Trustworthiness Criteria of Research Design** (Adapted from Yin, 2014: 45-49 and Lincoln and Guba, 1985: 289-331)

| Conventional Tests | Naturalistic Criteria | Case Study Tactic | Example/Descriptor Applicable to Present Study | Phase in Research |
|---|---|---|---|---|
| Construct Validity | Credibility | Use multiple sources of evidence | *Methods: videotaping, semi-structured interviews, self administered checklist, document analysis, non-participant observation* <br> *Informants: caregivers; course tutors; directors & assistants of child care centres* | Data collection |
| | | Establish chain of evidence | *Presenting and examining pilot evidence to establish link to research questions* <br> *Collecting and offering sufficient evidence to enable readers to make judgement on merit of analysis and interpretation* | Data collection |
| | | Have key informants review case study report | *Supervisor, colleagues* <br><br> *Research Participants* | Composition |
| Internal Validity | Credibility | Do pattern-matching | *Explaining effects of training. Comparing empirically based patterns with expectations to check whether or not patterns coincide* | Data analysis |
| | | Do explanation building | *Making inferences from events observed, recorded, documented* | Data analysis |
| | | Address rival explanations | *Presentation of other possible influences such as age, experience, perception,* <br> *Examination of negative cases for possible contribution* | Data analysis |
| External Validity | Transfer-ability | Use theory | *From critical review of literature* <br> *Using critical cases to generalise to theory* <br> *Generalizing within case* <br> *Context-specific descriptions* | Research design / *Conclusion* |
| Reliability | Depend-ability | Use case study (data collect) protocol | *Documenting and keeping full record of procedures and rules for carrying out data collection* | Data collection |
| | | Develop case study database | *Keeping full record of evidence collected / actual database for inspection by a third party. E.g. Dated Video transcripts, completed checklist, notes of interviews, coding systems* | Data collection & analysis |
| | Confirm-ability | | *Data is 'objectively' documented to check whether findings, inferences etc. are grounded on the data* | Audit of case study |

Considering the discussion above, it is reasonable to suggest that the trustworthiness of this study has been established. However, as a way of concluding this chapter, I return to specific questions about trustworthiness, which include, for example, the following:

1. Where did the evidence come from to construct my understanding of the effect of ECPD on CCI?
2. Did I allow the voices of the stakeholders who had directly witnessed caregivers' interaction practices to be heard?
3. Did the multiple sources of evidence permit both methodological and data triangulation?
4. Does the evidence link to the research questions?
5. If my database were to be examined by a third party, would they draw conclusions somewhat similar to those I have presented?
6. The overarching question is: Did this qualitative study fulfil the trustworthiness criteria summarised in Table 8 above?

While the answers to Question 6 is affirmative, two key issues could benefit from further discussions - triangulation and respondent validation – since up to this point in the discussion they have not been detailed.

## 4.5.1  Triangulation

With reference to triangulation, the data was used in a cross-referenced way to validate the overall accounts and experiences. By using different sources of data to inform this study, it is possible to shed light on:

- caregivers' interaction styles to see how this varies at different times and sessions, or by reports of different observers.
- the extent to which evidence can be confirmed or disputed through examination of different data sources. For example, self-reported checklists were used to complement observations; interviews were used to elaborate, deepen, question, and where the need arose, to verify.
- the presence of other influential factors (for example, age and perception of caregivers) as observed by previous researchers.

Applied in this manner, triangulation serves the purpose of corroborating and complementing data. This process, according to Simons (2009), enables researchers to pursue interpretations further, and deepen understanding to portray a valid picture of the phenomenon in question. If my interpretation of Silverman's (2006) views on the issue of establishing rigour is correct, then his notion of 'falsifiability' is also relevant to this discussion. Silverman argues that, as qualitative researchers, we must subject our evidence to every possible test which involves falsifying our initial assumption about data, and resisting jumping to easy conclusions just because there is some evidence that seems to lead in an interesting direction (p. 280). With these views in mind, the third research question was developed, namely, to examine the extent to which caregivers' interaction competences are affected by factors other than the ECPD training programme.

## 4.5.2  Respondent validation

In relation to respondents' validation, Robert Stake (1995) - another prominent case study advocate and researcher - confirms its usefulness for validating the accuracy of accounts and improving reports. The section on ethics introduced this strategy as an exemplar of ethical recording issues. However, the discussion is broadened here to include the point that this process involves offering participants an opportunity to check for biases and, at the same time, for 'getting the story right' (Simons, 2009: 131). Synonymous with the credibility criterion of Lincoln and Guba (1985) for strengthening trustworthiness of qualitative research (see Table 8 above), this process enables the research to be viewed as credible from the perspective of both participants and reviewers. Although doubts about this process have been presented in the sense that some research participants might 'not have an interest in the written report' (Silverman, 2006: 291), find accounts objectionable, or view the process as an imposition on their time (Stake, 1995: 66), it remained a necessary activity for establishing the credibility of my research.

## 4.6   Summary

To summarise, again, I borrow from Simons' (2009) comprehensive analysis of case study to support the validity of my research approach. As a case study methodologist, Simons has argued that the most important factors to consider in its design are identification of research questions or issues, specific methods that will provide relevant data to inform the questions, criteria for choice of participants, ethical procedures to ensure participants are treated fairly and the overall methodology (p. 31). All of these criteria have been covered in enough detail above to justify the approach used in this study. Indeed, this claim could be validated by the record of procedures I have provided in this and the following two chapters. Therefore, even if this chapter does not add to the knowledge base on qualitative methodologies, the noteworthy point is that it gives a valid account of its utilization for this research. In the next chapter, a case study is presented to operationalise the methodological procedures employed for producing the evidence for this study.

# CHAPTER 5

## TRUSTWORTHINESS OF FIELD STUDIES:
## Brief Depiction of One Case

## 5.0    Introduction

In this chapter, I introduce Ms Boson, one of the eight caregivers who was observed as part of this study. She is one of three caregivers who consistently demonstrated extended and cognitively challenging types of interaction throughout the field study period. I have selected her case for depiction because she is amongst those who scored low grades for the practicum course; yet excelled at CCI. Her final assessment records show that she received an average score of 2, on an assessment scale of 5, in the domain of developing and evaluating daily lesson plans, and constructing learning materials. Her interaction practice received the highest grade and was described as 'very good'. From my professional judgement of observing Ms Boson, she outperformed all others in offering consistent quality CCI. Therefore, one aim of presenting her case is to establish the bar for which the quality of interactions is compared amongst caregivers in the chapters presented later in discussions and interpretations of findings.

The chapter begins with a narrative account of her journey towards the ECPD training to 'locate' her classroom practice within a wider social context (Flewitt, 2011). As suggested by earlier studies, such accounts permit insights into the differences amongst caregivers' CCI practices in relation to characteristics such as temperament, age, and cognitive ability (de Kruif *et al.*, 2000). Empirical evidence from one of the three days field observations of Ms Boson follows the narrative account. This includes an instructional classroom session and an ethnographic-type review of the day's observations. The classroom episode cited is typical of the standard structure and activities of a regular Guyanese childcare setting, where the other cases were observed. While this chapter presents only a shortened, one-day version of all the data collected

on Ms Boson, the examples presented help illuminate *where* the construction of my understanding of the effect of ECPD on CCI is grounded, and address the methodological concern that:

> Too often in the past, the case study data […] were embedded in the text presented in a case study report. This left a critical reader no recourse for inspecting the raw data that had led to a case study's conclusions, because the narrative in the case study report was commingled with the author's interpretations of the data. (Yin, 2014: 123)

## 5.1    Ms Boson's journey towards training

Ms Boson, owner and director of the 'Little Stars Day Care Centre' started this service with one child – her own three month old daughter. Ms Boson was afraid of entrusting the care of her new-born to other people, so she left her job as an Office Assistant and converted the ground floor of her home into a play space for her daughter. Day care activities (songs, stories, toy play) commenced around 10:00 hours, following the completion of her daily household chores.

### 5.1.1  Fear of 'other care'

According to Ms Boson, during her early childhood years, she was abused in a variety of ways, and it was these incidents that led her to dedicate her life to protecting her children from similar abuse. Ms Boson's primary purpose in life was to become a mother who would show her children the kind of love and care she had wished for as a child. On turning 18 (the legal age for marriage), she married and two years later began her family. She did not allow her child to be cared for by any other person.

### 5.1.2  The rise of Little Stars Day Care Centre

Six months into her childcare venture, Ms Boson received a considerable number of requests for others to join her day care centre. This first addition was the grandchild of a retired nursery head teacher who had initially attended another day care centre in the community. During my interview with

this grandmother (who also volunteers at the centre), she cited inappropriate management of behaviour and poor hygiene at the other centre as the underlying reasons for choosing Ms Boson's centre:

> The child was always getting sick there. Her diapers were always soaked; feeding bottles were not washed thoroughly, and let me tell you, those caregivers did not show love. They used to shout at the children and allow them to cry for hours.

While conversations with this grandmother did not reveal specific CCI strategies as defined in my research, her admiration for the manner in which Ms Boson talked, played with, and cared for the children in her care is noteworthy:

> She did not shout; she talked to them when they were wrong instead of shouting at, or hitting them. The church was impressed by how these little children could recite bible verses that even adults were having difficulties remembering…. When she admitted two more children, I started to drop-in more often to see how she was coping. You see, I knew she didn't have proper qualifications…. But let me tell you, because of teacher Boson, my granddaughter is the brightest [most outstanding] student in her class…. She is honest, respectful and shows great care and pride in doing her work….

At the end of the first year, five children, aged 1 to 3 years were attending the centre, and the name 'Little Stars' was posted on a sign board nailed to the fence. The grandmother continued her regular visits. However, as Ms Boson reports, at the beginning, these visits caused her considerable discomfort as is illustrated in the following excerpt:

> She [the grandmother] would drop in during the day to check-up on us. But she started to count the number of shoes and made comments such as 'I notice six pairs of shoes, you should not have more than five children'. I thought she was getting jealous and wanted to close down my centre…. But when her granddaughter went on to Nursery school, she continued to visit. She still does; she is my friend and mentor.

During one of my end-of-day chats with this grandmother, I posed a question about her practice of counting the children's footwear. Her response was unexpected; but heart-warming for Ms Boson:

> I wanted my granddaughter to have all the 'love' Ms Boson had to offer; I did not want too many children there to prevent her from getting the special care and attention.

At the time of my observations, 18 children were enrolled in Little Stars, which had been in operation for eight years. These included four toddlers (6 months to 2 years), nine pre-schoolers (2 years 4 months to 3 years five months), and five nursery (4 years 2 months to 4 years 11 months). One of the key characteristic features of Little Stars is the focus on teachings about biblical principles.

### 5.1.3 Stepping into training

The invitation to the ECPD programme brought considerable discomfort to Ms Boson and what she claimed was a settled and enjoyable career. Although she has attended workshops sponsored by UNICEF, this invitation was different – it was training offered by the university. She did not think she had the ability to participate. Therefore, she did not apply; at least, not until after being encouraged by her colleagues and family. Ms Boson made it clear that participating in the programme was one of her greatest achievements. She acknowledges that while her grades were not 'great', she made every effort to put into practice the teachings of the programme.

> I executed everything I learnt. If my tutor had told me to turn this table around, I would have done it because I wanted to learn how to be a good…, uh, what do you call us now? Practitioner!

## 5.2 In the classroom: observational evidence

### 5.2.1 Classroom context

The video-recorded activity illustrated below took place during the Lunch and Rest Session in the dining and rest areas, which is divided by a four-foot retractable wall. The participants (given pseudonyms) include the caregiver (Ms Boson) and five children (Barry, Bevon, Bibi, Billy and Bob). This group of four-year-olds attend Nursery School (State-owned schools which operate

between the hours of 08:00 to 12:00 hours), then spend the rest of the day at Little Star. They remain at this centre until about 17:00 hours. Upon arrival at Little Stars, they change out of their nursery uniforms, wash their hands, say grace, and have lunch. The younger children attending Little Star for the whole day, were resting in an enclosed room when these nursery aged children arrived.

### 5.2.2 An excerpt of the video-recorded session

| | |
|---|---|
| Ms Boson: | [Washing dishes in the sink located in the dining area. On hearing footsteps turns around.] Good afternoon, Mr Billy. |
| Billy: | [About to place lunch pack on rack] Good afternoon, teacher. |
| Ms Boson: | And how are you? |
| Billy: | Fine, thank you. |
| Bevon: | [Arrives and gives Ms Boson a plastic bag with a pair of shoes.] Good afternoon. |
| Ms Boson: | Good afternoon, Miss Bevon. Why did you take away the wrong shoes yesterday? Uh? You don't know your nice shoes? Uh? |
| Bevon: | [Smiles] |
| […] | |
| Bob: | [Enters with his shoes clutched under his arms] Good morning. |
| Ms Boson: | Good afternoon, Sir. Well, look how you are dirtying your clothes! You must not hold the shoes like that. Put the shoes on the rack and go wash your hands. [Observes that one shoe is only half way on the rack] Fix the shoes neatly. Did you have fun in school today? [Exclaims when Bob gets very close] My god, look at how you're soaked! You had a ball today; eh, you had a ball at school? |
| Bob: | [Shakes head to signal no] |
| Ms Boson: | You didn't have a ball today? You know what a ball is? |
| Billy: | Fun! |
| Ms Boson: | Uh-huh, that is what I mean about having a ball. You had fun. What space did you get? [Record for athletic events are reported as 1st space, 2nd space, last space etc.] |
| Bob: | [Smiles] |
| Ms Boson: | I know what space you got, you got last [giggles]. |
| Bob: | No [giggles]. |
| Ms Boson: | Ok, go change and have your lunch, and then we will talk about your sports…. |
| […] | |
| Bob: | [Returns, gives lunch pack to Ms Boson and goes to the changing area] |
| Billy: | [Hands bottle to Ms Boson] Teacher please open this. |
| Ms Boson: | [Pretends that it is difficult to open the lid] Emm, emm, I did not eat yet, I wonder if I have enough strength to open this? Emm, yeah, open [Billy and Bevon giggle]. |
| Barry: | [Arrives at centre looking sullen] I don't have food to eat. |

| | |
|---|---|
| Ms Boson: | Yes, your grandmother sent your lunch. Yes, you have lunch; so go change, wash your hands, and come to the table. By the way, "Good afternoon Barry". [Turns to Bob who has returned from the changing area and points to a chair] Sit here, this is your lunch. |
| Bob: | No, no. [Turns in the direction of the lunch-pack shelf] |
| Ms Boson: | Yes, this is yours; I took it [lunch] out of your bag. [As Bob is about to sit at the table] Wait, wait, wait, Bob is not wearing any pants (*trousers*). |
| Bob: | Uh-huh [connotation: *Of course, I'm not wearing trousers*] |
| Ms Boson: | And yu (*you're*) telling me, 'uh-huh'. Where are your pants? |
| Bob: | [Gestures hands to suggest he does not know] |
| Ms Boson: | This boy, Bob, this boy. [Sighs and goes to the changing area and remains for about 2 minutes before returning to the group] You didn't bring a change of pants. When you're finished eating, I'll get you one. [In a jolly tone of voice speaks to Barry who is opening his bowl of food] Spread the towel first and put your bowl on it; do you want to mess-up the place and give teacher lots of work? Let's pray. Dear Lord…. [Observes children for about 3 minutes before commenting] But, where is Ms Bibi? Isn't she coming today? |
| Barry: | Teacher, she gone sports [school's fun day and athletic activity]. |
| Ms Boson: | Eh, eh? (*Really?*) |
| Bevon: | Teacher Boson, we got sports too; tomorrow me ga fo carry me bicycle (*tomorrow, I have to carry my bicycle*). |
| Ms Boston: | Ok, eat your lunch and when you're finished, you can tell me about the sports. |
| Bevon: | [Coughs] |
| Ms Boson: | See what happens when you eat and talk. |
| Billy: | You choke! |
| Ms Boson: | Yes, you choke when you talk with food in your mouth. [Looks at Barry] Barry, please eat-up that food. Use the spoon, didn't your granny put a spoon in the bag? [Observes children as they eat and chat for about 8 minutes] Remember, no talking with food in your mouth… |
| […] | |
| Bob: | Teacher, look Barry got playdough. |
| Ms Boson: | Can I have that please? [Upon receiving the play dough] Where did you get this? |
| Billy: | Nursery school. |
| Ms Boson: | What? Are you supposed to bring things from the nursery school? Did you ask your teacher? |
| Barry: | [Shakes head to signal no] |
| Ms Boson: | Ok, you should take it back tomorrow. |
| Bevon: | We make (*made*) comb with it. [Referring to the playdough] |
| Ms Boson: | You made a comb at Nursery School today? |
| Bevon: | And nail clip, and toothbrush, and we talk[ed] about this [holds up her hands]. |
| Ms Boson: | What is that? |
| Bevon: | Fingers. |

| | |
|---|---|
| Ms Boson: | Oh, so you talked about how to take care of your fingers, uh, your finger nails? |
| Billy: | And how to comb your hair. |
| Bevon: | Yeah, and…. |
| […] | |
| Bevon: | [Stands] Finished. |
| Ms Boson: | [In a suggestive tone] Have you asked to be excused? |
| Bevon: | Excuse me from the table. |
| […] | |
| Ms Boson: | [After placing all the dirty dishes in the sink, joins children in rest area] Let me hear all about this sports business now. |
| Bevon: | Teacher Boson, I gu (*will*) ride speed. |
| Ms Boson: | So, are you all riding bicycles? |
| Billy: | No; me flying kite. |
| Bevon: | No! I riding. |
| Barry: | Me running. |
| Ms Boson: | Ok, so some people will run and some will ride. Lots of fun. |
| Barry: | Me gon (*I will*) run speed. |
| Ms Boson: | [In a suggestive tone] You will run fast? |
| Barry: | Yeah, fast! |
| Ms Boson: | Where will you be going, to the seawall (*beach*)? |
| Bevon: | Yeah. |
| Billy: | No, ball-ground [a playfield close to the beach]. |
| Ms Boson: | [In a playful tone] Boy, the ball-ground is at the seawall. |
| Children: | [Giggle] |
| Bob: | Teacher, my uncle run (*ran*); he get (*got*) a prize. |
| Ms Boson: | Your uncle ran too; that's nice…. |
| […] | |
| Children: | [Start to speak over each other] Teacher … |
| Ms Boson: | Alright, listen now, we have to use a quiet voice because the other children are taking their nap. |
| […] | |
| Bob: | Teacher, I run (*ran*) fo (*at*) sports. And we had tyres [used car tyres]. |
| Billy: | No, we run. [Billy's Nursery school does not use tyres during their athletics rehearsal] |
| Bob: | Teacher, I taking bout [about] my sports. |
| Ms Boson: | I know. |
| Ms Boson: | [Hears the sound of vehicle outside and gets up to look through the window] |
| Billy: | Teacher, where you going? |
| Ms Boson: | I'm staying; I want to hear more about the sports. So when is yours? |
| Billy: | Yesterday, um, this morning. |
| Ms Boson: | This morning was your sports? |
| Billy: | No, tomorrow morning. |
| Ms Boson: | [Giggles] Boy, you don't know when your sport is? |
| Bevon: | No, not tomorrow morning. You got to bring yo (*your*) mother at the seawall. |

| | |
|---|---|
| Ms Boson: | Yes, your sport is tomorrow. So Bevon, why you have to take your mother? |
| Bevon: | And yu (*your*) bicycle. |
| Barry: | And a pony. |
| Bevon: | [Exclaims] No, yu (*your*) bicycle! |
| Barry: | Teacher, I run speed and beat Billy. |
| Billy: | Yeah, he run-way (*ran away*) and left me. |
| Ms Boson: | [Giggles] He ran fast. |
| Billy: | Yeah. |
| Ms Boson: | Guess what, tomorrow I will come to the sports and I'll see who comes first. |
| Bob: | Me teacher, me. |
| Barry: | You not going me sports (*You're not going to my sports*). |
| Ms Boson: | Bob's sport was today… Ok now, guess what? Hands up, up, up, up, down. Do you know what time it is now? |
| Bevon: | Quiet time. |
| Ms Boson: | What time is it? |
| Children: | [In unison] Quiet time. |
| Ms Boson: | Yes, it's time to take your nap now. We need to talk sometimes and we talked a lot, so it's time to rest now. You played all day at the nursery school. I saw you, I looked over and I saw you. [Someone starts to knock on the wall of the other room where the younger children are resting. The teacher supervising that group indicated to Ms Boson that she is going to the washroom.] I wonder what's happening over there. I am going to see what's happening and come back. Take your nap; Teacher Bacchus is not here today so I have to help Teacher Beck. You be nice children, remember, you are the big ones so you have to help me. Right? |
| Children: | Yeah. |
| Ms Boson: | You are nice children, teacher loves you. [Blows children a kiss and leaves for bedroom number 2] Hold this until I return. |
| Children: | [Lie on beds and talk with each other about work done at nursery school] |
| Billy: | [As Ms Boson's re-enters] Teacher, we learnt how to take care of our skin. |
| Ms Boson: | You learnt how to take care of your skin? |
| Billy: | Yeah. |
| Ms Boson: | But we are not going to talk about that now - you know why? You know why we're not going to talk about that? |
| Bob: | Because it's resting time. |
| Ms Boson: | Good boy. Yes. So take your nap and when you get up we will talk about taking care of your skin. Alright? When you sleep and wake up you feel good, you feel energised, you feel like you can play more. So sleep and when you wake up you will tell me how you feel. |
| Bob: | I sweating. |
| Ms Boson: | You're hot; let me open the window a little wider. Better now? |
| Children: | Yeah. |

| | |
|---|---|
| Ms Boson: | Sweet dreams. [Leaves and returns to dining area to continue cleaning the dishes. The upper part of the wall is made of transparent plastic; therefore, she is able to see the children in the rest area.] |

[…]


### 5.2.3 Video-recorded review

This review has been condensed to focus on the aspects of our discussions that concerned Ms Boson's interaction practices in the episodes above. As we look at the video together, the discussion centred on the following: what she thought went well during the activity; how her practice could have been better; how much of the CCI strategies observed were influenced by the ECPD programme, and how she thought the lesson would have been conducted had she not participated in the ECPD. Letter 'R' is used from this point onward to refer to 'the current researcher'.

| | |
|---|---|
| R: | … What do you think went well? |
| Ms Boson: | It was Ok. I questioned them, we made jokes, and they had fun. Uh, some of them also learnt a new word for having fun – 'ball'. On the negative side I should not have allowed them to talk so much before rest. |
| R: | The conversation during the rest period was quite interesting though. Any other comments? |
| Ms Boson: | Eh, maybe when we look at the video. |
| R: | [Plays video and stops at **Line 50**] You haven't made any comments yet, so I would like you to comment on this segment? |
| **Clip:** | *Ms Boson: …Wait, wait, wait, Bob is not wearing any pants. Bob: Uh-huh....* |
| Ms Boson: | Bob is a challenge [giggles]. |
| R: | What do you think went well in this episode? |
| Ms Boson: | Nothing [giggles]. |
| R: | What? [Laughs] |
| Ms Boson: | [Giggles] Just kidding. I think I did a reasonable job, but looking at the video, I think I should have done a better job asking him about his pants. |
| R: | I was thinking about that also; aw, how might you have reacted to this 'no trousers' segment before training? |
| Ms Boson: | Um, maybe I would have told him [Bob] he was rude for saying, "Uh-huh". But, actually, he was just responding to my question, so I just had to accept his response and keep the conversation going. Sometimes, they make you feel like fools when they give responses you least expect. |
| R: | Interesting…. |
| Ms Boson: | Uh, this video is helping me to see my mistakes [giggles]. |

R:          And also positives; so let's look for some.

[…]

R:          The next question is based on your conversation about the child taking play materials from the nursery school. What would you like to tell me about the way you interacted? [Plays clip]

Ms Boson:   Tutor X would have said, "What is 'thing'? Don't use words like 'thing', say 'items'". So I should have told them 'items' and not 'things'.

R:          Eh, Tutor X wants you to use more sophisticated words.

Ms Boson:   Yes, he has a fun way of correcting us [giggles].

R:          Anyway, I think the children understood what you were referring to. What about a positive point about the way you interacted?

Ms Boson:   Well, I ensured that each child had a chance to contribute to the discussion.

R:          Is this a new strategy?

Ms Boson:   Uh, I always allow them to talk and make a contribution, but now I ensure each child has an equal opportunity. I don't like just like directing questions to one or two of the children and moving on. Each child is given an opportunity to contribute.

R:          What do you do if a child does not contribute to the discussion or is not in the mood to talk?

Ms Boson:   They are always in the mood [giggles].

R:          I have to agree; your children could carry on great conversations…. Um, now for another of my specific questions; we need to look at the video first.

R:          You explained why they needed to use a 'quiet voice', is this a strategy you have learnt?

Ms Boson:   I would have learnt this 'in class' (from the programme).

R:          Uh, as you were leaving the room, you blew a kiss and told the children to hold on tightly to it until your return. Is this a strategy learnt from the programme?

Ms Boson:   Uh, nope. I sometimes just do thing because of 'who I am', so I don't only do thing that I learnt, um, I try to give to these children things that I wanted for myself as a child…. For instance, one of the things is letting them know that they are special and I love them; because that is something I wanted as a child. So, I think that they would need the same thing. So that part, I didn't learn that…. I had to fire a teacher supervising the rest-time. I walked into the room and saw her pushing the children heads down, 'bom, bom, bom' on the pillows; so I talked to her…. When I left for the other room, I heard her telling the other teacher … "Teacher Boson could try with sh (*her*) 'talking, talking', I don't have time for that nonsense…."

R:          Wow, you do seem to love the children dearly. I guess they respect you because you talk with them instead of using the whip.

Ms Boson:   Yes, they know they could tell me the truth without getting a bad punishment.

R:          I admire your style. Uh, but let's get back on track [giggles]. I enjoyed listening to the 'sports' conversation. [Plays clip] What are your feelings about the episode?

Ms Boson:    These children left this centre speaking perfect English; now you hear how they're speaking Creole? The nursery school doesn't really encourage them to speak properly….

R:          … In terms of some of the comments you made or questions asked, is there any strategy that you could recall learning from the programme?

Ms Boson:    Most of the things I do here were learnt from the programme.

R:          Um, could you give an example?

Ms Boson:    Like asking them, "What time it is?" instead of telling them it is time to rest. During the day, this is something that I do, like when it's snack time I ask the time…. I learnt this approach from attending the programme.

R:          The way you did it seems quite natural; so I guess you've mastered the skill.

Ms Boson:    [Smiles] I've learnt a lot.

[...]

R:          Let me look at my notes – um, throughout the day you gave praise and made comments such as, 'nice, very good'… And here again you told Bob he is a good boy. What do you think about this practice?

Ms Boson:    Uh [Pauses for 5 seconds] Maybe I should have used 'bigger' words like 'magnificent', 'wonderful'.

R:          [Giggles] You want to use more sophisticated words? Interesting, but I was thinking more about what it was that was 'good' or 'nice'. What exactly did the children do to get these praises?

Ms Boson:    Uh, eh? [Pauses for 7 seconds]

R:          You know, you said 'good' etc., but I was wondering whether you could have extended the comments like, "Oh, you remember how to behave at rest time, this is good"….

Ms Boson:    [Nods in approval] Yeah, yeah, that would be good.

R:          So, did any course touch on topics like giving the reasons for your praises?

Ms Boson:    Yes, Tutor X covered things like this. Sometimes when we do role-play activities, he would close his eyes and just listen, then he would … [extended discussions relate to the creative strategies used by Tutor X to evaluate caregivers' performance]

R:          His course sounds like fun. Uh, so how did you forget this strategy?

Ms Boson:    [Giggles] Sometimes you just forget. You know, we have to keep practising these strategies, not just do it (demonstrate) for grades.

R:          Eh, did you only display these strategies because you needed to pass the course?

Ms Boson:    [Giggles] No, not me, my grades weren't high. I'm trying to put into practice everything I've learnt; but I know some of the girls

|  |  |
|---|---|
| | [students] who got good grades only put on a show during assessment… |
| […] | |
| R: | You are a fascinating caregiver. Are there other comments you wish to make about this episode? |
| Ms Boson: | I try my best with these children, and sometimes I ask myself whether what I'm doing is correct, so I sometimes go back to the modules and read to refresh my memory. |
| R: | Good practice. Before we end, I need to cross-check one point. You mentioned that your reflective approach, like thinking during the nights about the way you interacted, was not necessarily a strategy learnt from the course. Is that correct? |
| Ms Boson: | [Rubs forehead] I think that the course taught us a lot; it taught me a lot. Um, sometimes I would be listening to a lecture and I would say to myself, "This is something that I do, but I did not know it was right". Then I would get the correct name for it [teaching strategy], then I got to know what the outcomes of my actions were…. |
| R: | So you don't have to question yourself so much about whether it [strategy] is right of wrong? |
| Ms Boson: | No. The programme helped to confirm that some of the things I was doing before were correct. |
| R: | Guess it served as a form of reassurance. |
| Ms Boson: | That's true. |
| […] | |

## 5.2.4 Reflection on the whole day's activities

For logistical and practical reasons, videoing the entire day's activities was not possible (a detailed explanation is documented under the section on recording issues, 4.4.2.2). Thus, notes were taken during the course of the day to get a general picture of the overall daily CCI practices. An examination of these notes form the bases for the data presented in this section.

|  |  |
|---|---|
| […] | |
| R: | … During outdoor play [with the younger group] a child had a bathroom incident and the children who saw made the following comment, "Teacher, Brandon pee-up his pants". Your response was, "Oh my, Brandon had an accident. You know we all have accidents sometimes. (You giggled and spoke in a jovial tone) Teacher has accidents too; last night I had an accident like Brandon, yeah, I pee-pee my bed last night". The children laughed at your comments. My question is – Is this how you interacted about such incidents before training? |
| Ms Boson: | I never really embarrass them, but I think this is better because now I try to make fun of such situations…. |

R:      Wouldn't the children feel it is ok to urinate in their pants?

Ms Boson:      No, they know it was an accident. We usually have talks about what could happen if they hold their urine for too long. We talk about these things. Like sometimes, I tell them if they wet their pants they will give me more work and make me too tired to play, because I'll have to clean the floor, clean them and so on.

[…]

R:      I documented the bathroom session you had while tidying Bibi. I'll like us to read it; could I pretend to be you?

Ms Boson:      [Giggles] This should be fun.

R:      [Gives copy of extract to Ms Boson and explains the purpose of the brackets and ellipses]. Now some fun; let's read:

> Ms Boson:      Come let me give you a bath, your mom will come very late today. Ah-choo.
>
> Children:      Bless you!
>
> Ms Boson:      [Holds Bibi by the arm] A good little girl is going to take a bath. [After undressing Bibi] The water is cold.
>
> Bibi:      [Not yet under the shower] Whoa!
>
> Ms Boson:      [Giggles] You're not going to wet-me-up today.
>
> Bibi:      [Giggles and enters shower] Yeah.
>
> Ms Boson:      [Turns on water and allows Bibi to shower for about one minute] Take the soap and rub-up. Under your arms…. Come wash your face…. Rub-up the tummy.
>
> Bibi:      Rub, rub, rub….
>
> Ms Boson:      [After drying Bibi] Great bath. This girl is fresh. [Enters Bibi's bag for her skin care products and notices a bottle of perfume] Your mommy puts perfume on you?
>
> Bibi:      My mommy put 'two' perfume on me.
>
> Ms Boson:      Because you're special?
>
> Bibi:      And my dad put 'two' perfume on me.
>
> Ms Boson:      So that's four perfume.
>
> Bibi:      No.
>
> Ms Boson:      No? But you said mommy put two and daddy put two, so that's four.
>
> Bibi:      No.
>
> Ms Boson:      Man, let's count them. Two from mommy; two from daddy. Look, count them [holds up two fingers] mommy put two, and daddy put two [holds up two more fingers]. Let's count.
>
> Bibi:      [Points to Ms Boson's fingers and quickly counts] One, two, three, four!
>
> Ms Boson:      So, it's four.
>
> Bibi:      No! Mommy put one, and
>
> Ms Boson:      Daddy put one?
>
> Bibi:      Uh-uh [nods head to signal 'no']
>
> Ms Boson:      Man, you're not sure [in a playful tone].
>
> Bibi:      Yeah.
>
> Ms Boson:      Ok, you count.
>
> Bibi:      [Points to her fingers as she counts] Mommy put one, and mommy put one, and daddy put one, and daddy put one [pauses for about four seconds then exclaims] and that makes four.
>
> Ms Boson:      [Applauses] Yeah. I guess when they're finished with you; you smell, sweet, sweet, sweet, sweet!
>
> Bibi:      [Giggles]
>
> […]

R:      … Interesting conversation you had there, don't you agree?

Ms Boson:   Yeah. The water is usually cold, so to give these children a bath you have to make it fun. Yeah, 'gaff' [Guyanese word, 'to have a conversation'] with them in a fun and smart way.

R:          And fun you had [giggles]. What I admire is that you were gaffing with her throughout the session. Is this something you always did, um, like before training?

Ms Boson:   Before I answer your question I need to make a point. You might have noticed that I talk more with some children. But some of them could talk, talk, talk, while some require a lot of encouragement. So you might want to gaff like that with another child, but the child just can't think like that.

R:          Yes, that's true; the way you interact could never be the same. But you did engage with all of them. Have you been doing this kind of interaction because of training?

Ms Boson:   Yes, oh yes. I don't think that I would have allowed her to keep on counting if I had not attended the programme. I might have said in a nice way, "This girl has forgotten how to count; it is four". I might have concluded by confirming it was four. But, I've learnt to ask different questions to stimulate their thinking. Uh, to give more time; I gave them the opportunity to think. Not ask them questions then turn around and answer the questions.

R:          Eh, and these are skills learnt from the programme?

Ms Boson:   Yes. Tutor X used to act out some of his classroom observations and we had to critique. He made us realise how bad we were; but um, he's nice ... We learnt a lot from him.…

R:          Is it safe for me to conclude that his course helped you to ask questions that could stimulate children's thinking?

Ms Boson:   Yeah.

[…]

## 5.4  Conclusions

Is the evidence in this chapter the kind from which construction of an understanding of the effect of ECPD on CCI could be grounded?  Are the ethnographic principles of 'watching what happens, listening to what is said, asking questions and initiating informal conversations to throw light on the issues of inquiry' (Hammersley and Atkinson, 2007:3), utilised? Is the representation of the methodological process adequate to 'signal to readers and evaluators of the research report that they could have confidence in the findings' (Bowen, 2008:148)?

Of the data generated and documented for Ms Boson, this chapter represents only about 10%. The database is comprised of two more days of observational notes and reviews, another day's video recordings and reviews, general interviews with her and the tutor about her CCI practice, and self assessment of her overall CCI practice. However, while only a brief depiction, this chapter upholds a main recommendation about case study by providing a rich source of data from which to understand the cultural context and discussions presented in the following chapters. Yin (2014: 124) affirms:

> [T]he existence of an adequate database does not preclude the need to present sufficient evidence within the case study report itself. Every report should still contain enough data so that a reader can second-guess the interpretations and conclusions in your case study, as in reading any other research report.

The main methodological point that has emerged from the presentations here is that they support my research agenda. Obtaining answers to the research questions guiding my study depends heavily on both observation and participant's interpretations.

# CHAPTER 6

## APPROACHES FOR ANALYSING EVIDENCE

## 6.0    Introduction

In Chapters 4 and 5, respectively, I discussed *how* answers were sought, and *what* type of evidence was generated to construct my understanding of the effect of ECPD on CCI. The data analysis process is described in this chapter, and this includes discussions on how the themes and categories were generated, how the results are displayed, and why certain conclusions about findings were drawn. This chapter is particularly relevant to my overall methodological process, in light of concerns that qualitative researchers often 'omit' to explain, demonstrate or make public, the process about how their analysis was done (Braun and Clarke, 2006; Bowen, 2008).

## 6.1    Approaches to data reduction

### 6.1.1    Reducing descriptive data

'When undertaking analysis you need to be prepared to be led down novel and unexpected paths, to be open and to be fascinated' (Rapley, 2011: 279). Taken at face value, Rapley's suggestion could be misconstrued and taken to justify what Hatch views as 'qualitative researchers' resistance to following formulaic approaches' (Hatch, 2007b: 239). Though an influential researcher within, and a supporter of, the qualitative paradigms, Hatch contends that having structure could benefit early attempts at data analysis. Robert Yin's (2012, 2014) discussions on case study and Miles and Huberman's (1994) and Lofland *et al.*'s (2006) advice on conducting qualitative analysis, specifically identify inattention to analysis guidelines as the catalyst for getting stalled at the analysis stage, and even worse, could make the exercise 'well nigh impossible (Lofland *et al.*, 2006: 203). Taking into consideration these qualitative researchers' suggestions, along with the experiences gained from

my research training over the past two years at IoE, 'provisional start list of codes' (Miles and Huberman, 1994: 58) and sensitising categories (Maxwell, 2013) were first developed to help me capture the essence of data.

**Table 9:** **Sensitising Categories**

| Sensitising Categories |
| --- |
| *Ideas and concepts which informed development of the research questions* |
| **Characteristics of effective ECPD** |
| Practiced Focus |
| Coaching/mentoring |
| Reflective practice |
| Explicit content on CCI |
| **Types of Effective CCI** |
| Probing, challenging and provocative questions |
| Topically-related talks |
| Cognitively-rich conversations |
| Balance of adult/child-led interactions |
| **Effective CCI Techniques** |
| Scaffolding: contingency, fading, transfer of responsibility |
| Child-referenced verbal patterns: affirmation, event referencing, extension |
| **Extraneous Factors Affecting CCI Practice** |
| Characteristics of children |
| Disposition of caregivers |
| Longevity in the field |

Using these categories in Table 9 as a guide, 'analytical insights' (Lofland *et al.,* 2006: 107) about the data began relatively early. Given that I conducted the fieldwork and completed the transcriptions myself, I had a general insight about how the data set linked to the sensitising categories. Organising and coding to generate patterns, trends, commonalities and differences, relative to the CCI practices and ECPD training components was the next step (see Table 10 overleaf). These sensitising categories permitted easy coding and categorising of data under specific labels and facilitated review of the issue being explored, and helped establish connections, commonalities and overarching themes (Rapley, 2011). However, I was aware of the pitfalls of this process. Rapley (2011) and Simons (2009) warn that in the early stages particularly, discovering repetition might a good thing; yet, it is important to be mindful that repetition might mean codes are too large, or they have become mechanical and formulaic at a descriptive level, and remain fixed rather than open to change.

**Table 10:     Process of Generating Codes and Themes**

| Initial codes | Sample of Transcript from Guided Recall (Tidy-up Activity) | Ideas, Themes and Topics |
|---|---|---|
| [1]SELF ASSESSMENT [2]OUTSIDER'S/ EDUCATOR'S VIEWS [3]DISPOSITION | **R:** …. How would you judge your interaction during this episode? **Ms Boson:** [1]I think I interacted reasonably well, [2]don't you think so? **R:** Yes, I think you did a good job. **Ms Boson:** [3]Not great? [Giggles] **R:** [Giggles] You're not on a test, [giggles] you're an incredible caregiver, I admire the way you engage with them. [Pauses for 4 seconds] So do you think your interaction was 'great'? | **AGENTS OF CHANGE** (Why CCI changed) -Self motivating characteristics & attitude of caregivers -Caregivers' post-programme practice |
| [3]DISPOSITION [4]PRACTICE-BASED ATTITUDE | **Ms Boson:** [3]I am trying to be good at what I do. [3&4]You know, I'm really practising the things I learnt, but I know I need to keep practising to be better…. […] | |
| [5]EXAMPLES OF EFFECTIVE CCI: -Interesting -Fun -Smart | **R:** You have a very positive attitude; I admire that…. Let's refocus on the bath episode - [5]interesting conversation you had there, don't you agree? **Ms Boson:** Yeah. The water is usually cold, so to give these children a bath you have to make it fun. Yeah, 'gaff' [Guyanese word, 'to have a conversation'] with them in a [5]fun and [5]smart way. **R:** And fun you had [giggles]. What I admire is that you were gaffing with her throughout the session. Is this something you always did, um, like before training? | **TYPES OF CHANGE** (What effective CCI looks like) -Gaff that is fun and smart |
| [6]KNOWLEDGE OF THE LEVES OF CCI [7]KNOWLEDGE OF THE NEED FOR TAILORED & CHILD REFERENCED CCI | **Ms Boson:** Before I answer your question I need to make a point. [6]You might have noticed that I talk more with some children. But some of them could talk, talk, talk, while some require a lot of encouragement. [7]So you might want to gaff like that with another child, but the child just can't think like that. **R:** Yes, that's true; the way you interact could never be the same. But you did engage with all of them. Have you been doing this kind of interaction because of training? | **AGENTS OF CHANGE** (Why CCI changed) -Caregivers' thinking & understandings about CCI |
| [8]EXAMPLES OF POSSIBLE PRE-PROGRAMME PRACTICE [9]EXAMPLES OF CHANGES: -Questioning technique -Thinking time | **Ms Boson:** Yes, oh yes. [8]I don't think that I would have allowed her to keep on counting if I had not attended the programme. I might have said in a nice way, "This girl has forgotten how to count; it is four". I might have concluded by confirming it was four. [9]But, I've learnt to ask different questions to stimulate their thinking. Uh, to give more time; I gave them the opportunity to think. Not ask them questions then turn around and answer the questions. **R:** Eh, and these are skills learnt from the programme? | **HOW CCI CHANGED** (Audit of changes) -From closed to extended conversation |
| [10]SIMULATION [11]CRITICAL THINKING [12]PERSONALITY OF TUTOR | **Ms Boson:** Yes. [10]Tutor X used to act out some of his classroom observations and we had to [11]critique. He made us realise how bad we were; [12]but um, he's nice ... We learnt a lot from him…. | **AGENTS OF CHANGE** (Why CCI changed) -Programme: mode of delivery -Teaching style |

Facilitated by the computer software programme 'Nvivo', this process of establishing connections and commonalities gave me the opportunity to search the data, enabling me to build patterns of the phenomena studied (Simons, 2009). During this process, the warning of Lofland *et al.* (2006) was considered. That is, the need to intellectually and analytically work with the computer assisted programme. As Lofland and colleagues eloquently put it:

> [S]oftware programmes are [...not] magical keys to developing compelling and important analyses. At best, they expedite and expand data organisation, storage, and retrieval possibilities, but they cannot do the hard work of data analysis, which requires certain intellectual and creative skills that [...] only the analyst can bring to the enterprise. (p. 204)

Therefore, as I scrutinised the data, I remained conscious of atypical codes, stories, events, or observations outside of the sensitising categories, to avoid 'force-fitting the data into preexisting codes' (Miles and Huberman, 1994: 62), or 'imposing extant concepts that reflected my own epistemological predilections' (Bowen, 2008: 142). In other words, I engaged the process of both theoretical or deductive and inductive reasoning during the analysis (Braun and Clarke, 2006). Viewing this process as 'concept exploitation and exploration', Faulkner (2009) explains how it works when engaging with ethnographic data by stating, 'Exploitation uses existing concepts, and refines, deepens, and extends our knowledge of them. Exploration discovers new concepts, developing new, nuanced interpretations' (p. 81). Both processes gave rise to the thematic discussions presented in the following chapters.

For example, the cognitively-rich type CCI category cited in this study as 'extended interaction' attracted a new concept - 'smart gaff'. This category (constructed on the basis of Faulkner's *concept exploitation*) describes interactions that, for example, are about current interests or happenings, and occur without direct teaching and standard teacher/child interrogatory question/answer (Bilton, 2012: 417 & 418). Concept exploration, or the inductive approach to analysis allows processing of data that does not fit it into the established sensitising themes (Braun and Clarke, 2006), or my own epistemological predilections (Bowen, 2008). This approach was helpful for

dealing with 'empirically-driven and conceptually ill-fitting labels' (Miles and Huberman, 1994: 65), such as, the data generated on the 'characteristics of effective mentoring' described in the section below entitled 'display and interpretation of data'. None of the theoretical reasoning surrounding this issue identified 'authoritarianism or judgement marker', or as the caregiver puts it, 'tough-love' as a leading element of effective mentoring.

Another important point to note is that while concepts such as 'smart gaff' are strongly supported throughout the data set, whereas 'tough-love' is not, both terms emanated from my application of In Vivo Coding:

> [T]o give these children a bath you have to make it fun. Yeah, 'gaff' with them in a fun and 'smart' way.

> With her [tutor] it was like 'tough-love'; but she helped me, really helped me.

Descriptive Coding was similarly processed to summarise 'the primary topic stated [or demonstrated] by multiple participants' (Saldaña's, 2013:4 & 7). These are the codes in uppercase letters, located in the first column of Table 10 (p. 152). After these codes were identified (and sometimes concurrently), I applied more interpretative codes (Miles and Huberman, 1994) and engaged in the analytical-type questioning suggested by Lofland *et al.* (2006: 201), in an effort to 'knit together larger chunks of data to produce analytical elaboration'. Examples of questions asked about the codes are:

- What topic, unit, or aspect is this piece of data an instance of?
- What question about a topic does this data suggest?
- What sort of an answer to a question does this data suggest? (ibid.)

### 6.1.1.1 Moving from codes to themes

Answers to the questions posed by Lofland *et al.* (2006) were facilitated in the two outer columns of Table 10. I use the descriptive code, 'disposition of caregivers' as an example here to illustrate how Lofland *et al.*'s questions were applied to the following segment of the interview transcripts:

> I am trying to be good at what I do. You know, I'm really practising the things I learnt, but I know I need to keep practising to be better….

Question one: *What topic, unit, or aspect is this piece of data an instance of?*

From engaging with the literature on classroom interaction and professional development to establish reference points to conduct analysis, *disposition of caregiver to changing practice* is considered a relevant sensitising category for this piece of data (see, Peterson, 2012; Thomason and La Paro, 2013).

Question two: *What question about a topic does this data suggest?*

Possible answers: Self-motivating practice seems to contribute to improvement in this caregiver's interaction practice. Is this an established pattern in her overall attitude to practice, and is this a characteristic of other caregivers? If yes, do others display a comparable quality of CCI to this caregiver?

Question three*: What sort of answer to a question does this data suggest?*

Possible answer: Caregiver's self-motivating disposition might be an enabling agent of change.

Following Braun and Clarke's (2006) advice on the phases of thematic analysis, Figure 9 below depicts how the code *self-motivating* disposition was collated with other types of disposition to show which were associated with specific caregivers. Caregivers who demonstrated higher levels of CCI were linked to dispositions qualities such as being adaptive and reflective thinkers. These caregivers were placed in a category called 'experimenter' since they displayed novel ways of introducing the CCI strategies learnt. The category identified as 'followers' include those who follow suggestion of tutors and modules, but participated less in the critical review processes designed to help them think about and explore their everyday practice. For example, this group includes caregivers who asked open-ended questions during storytelling, but failed to transfer such strategies during children's free-play session. While those in the 'followers' category demonstrated changes in CCI, Figure 9 below shows that change was not as pronounced as those operating under the experimenters' model. Therefore, the theme, *model guiding implementation*, has been established to describe the 'followers' and

'experimenters' approaches used by caregivers to implement new CCI strategies.


**Figure 9:**      **Thematic Map: from first level code (Disposition) to sub-theme (Implementation Model)**
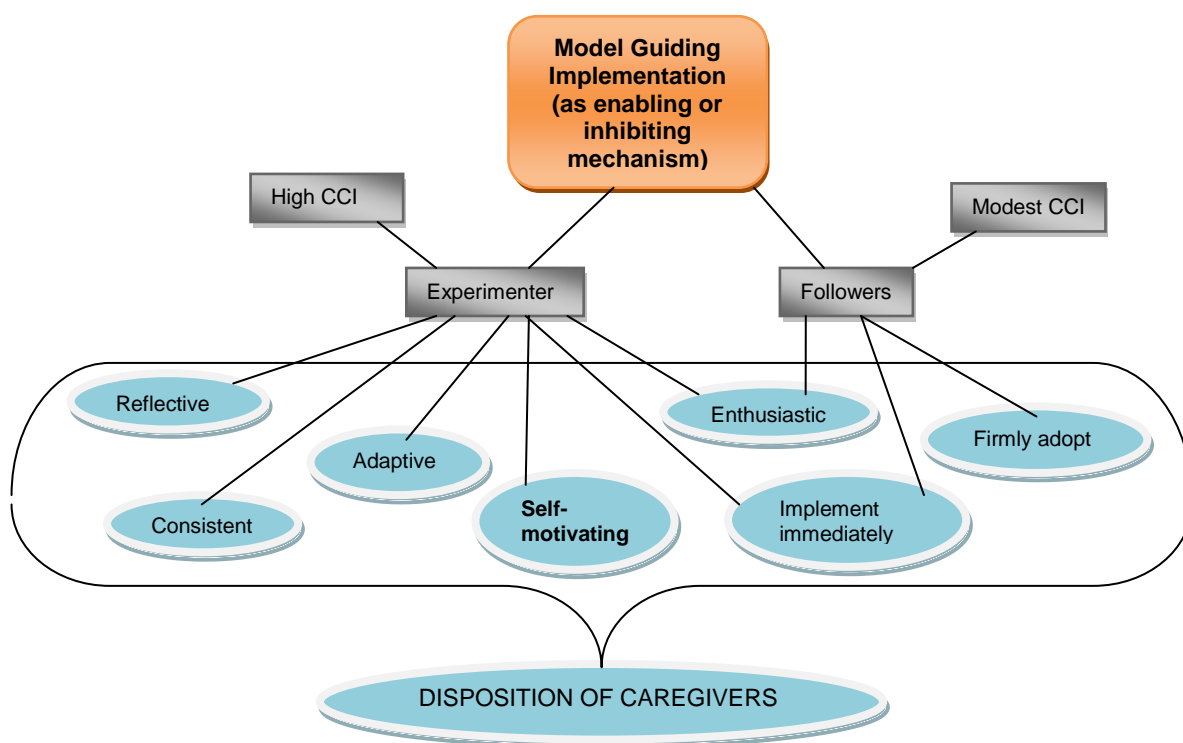


**Figure 10:**      **Thematic Map: from sub to main theme**
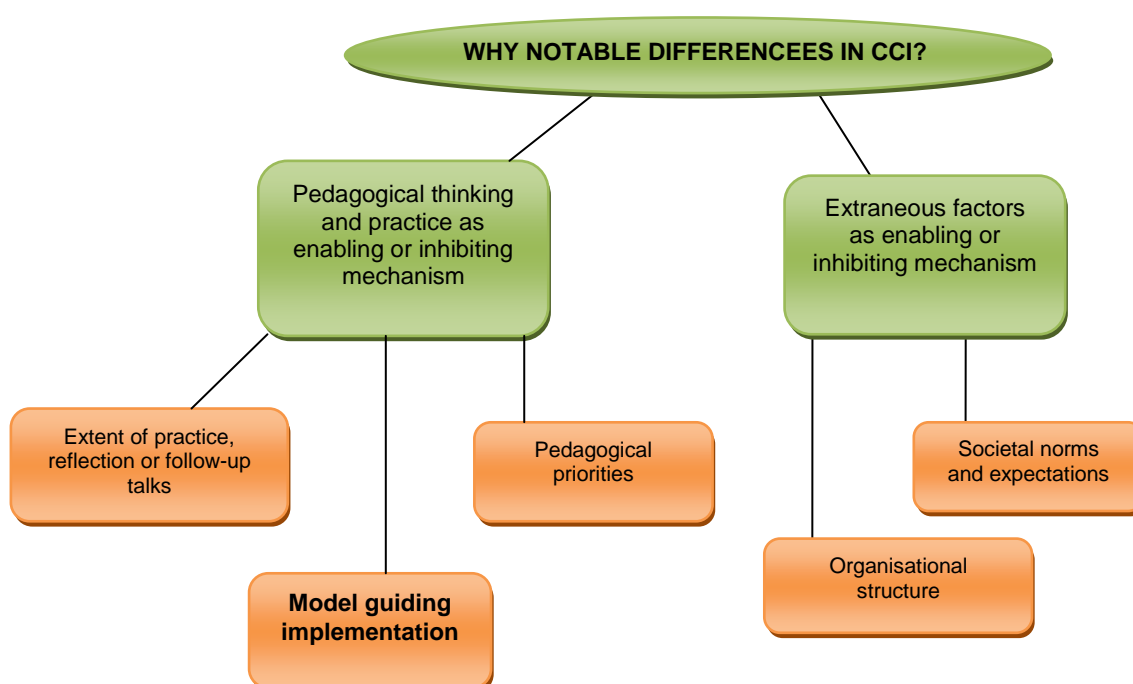
The second figure above (Figure 10) shows that the sub theme, *model guiding implementation* is one of three generated to illuminate a major theme which argues that pedagogical thinking and practice is considered a leading driver for the notable difference observed in CCI. In seeking answers to Research Question 3 (why are there notable differences in caregivers' interactions), Figure 10 demonstrates how two major themes were generated from five sub-themes for advancing the discussions presented in Section 9.1.

Expanding each category and theme in a similar manner would lead to redundancy, as these are discussed extensively as 'findings' in the chapters that follow. These are noted here for relevance and to exemplify the outcome of the data reduction process, leading to the development of themes. The final comment about the coding system is that by allowing my supervisor and colleagues from the IOE Qualitative Analysis Workshop (January and February 2015) to examine my analysis process, many codes and themes were endorsed and some new ones were suggested.

### 6.1.2 Reducing tabulated data

In his recommendations to researchers working with qualitative data, Silverman warns that 'without a theoretical rationale behind tabulated categories, it is a mistaken to count simply for the sake of counting - it only gives a spurious validity to research' (Silverman, 2006: 55). Earlier (4.3.2.3), I established that during the pilot interviews, caregivers found it somewhat difficult to identify other CCI strategies that they might have improved on, but not observed by me or their practicum tutor. As a result, I constructed a self-reflection checklist which has proven useful for indicating the general overall types and levels of interaction (Appendix 6). Analysis of the data obtained through this method was subjected to quantification in the form of simple counts and charts, displayed on spreadsheets.

The following spreadsheet illustrates how I tabulated the patterns of changes in pre and post-training practices for one of the cases studied. A quick glance at this table indicates the types of practices that seem to have been affected

by training. The top bar represents pre and the bottom represents post-programme practices. Tendencies in practices seem to range from minimal to more pronounced changes, with regression suggesting a positive change (Item 33). Examination of the data revealed that the theme, *regressive practices,* cuts across the video-reviews and interview data with comments such as, 'I hardly do that now'; 'Sometimes I might be in the middle of giving the answer, but then I would remember what I learnt, so I would like stop and allow them to think a little longer'. While I remained cognisant that more instances of this pattern do not mean it is crucial to enhancing understanding of the issue studied (Braun and Clarke, 2006: 82), in this study, it did enhance the findings. It provides insight into Research Question 1, which concerns changes in caregiver's post-programme professional interaction skills.

**Table 11:     Sample of CCI Spreadsheet**

| Interaction Strategies | | Pre & Post Training Practices | | | | |
|---|---|---|---|---|---|---|
| | | *Never tried / No/No Recall* | *Rarely* | *Some-times* | *Most of the time* | *All the time* |
| | | | | | | |
| 32 | Instead of one-word/yes-no responses, when possible, I encourage children to give details of events to extend thinking | ■ | ■ | | | |
| | | ■ | ■ | ■ | | |
| 33 | I directly solve children's problems that arise during daily activities (e.g. if the child cannot fix puzzles I do) | ■ | ■ | ■ | ■ | |
| | | ■ | ■ | ■ | | |
| 37 | I give information and ask questions appropriate to play in progress (e.g. 'Is there enough gas to finish the cooking?') | ■ | ■ | | | |
| | | ■ | ■ | ■ | | |
| 39 | I utilise opportunities for 'teachable moments' throughout the day (e.g. sudden sound of siren, new building next-door) | ■ | ■ | | | |
| | | ■ | ■ | ■ | ■ | |
| 41 | I ask 'silly' questions (e.g. show a tiny box and ask if there is a live cat in it) | ■ | | | | |
| | | ■ | ■ | ■ | | |

### 6.1.3  Summary of data reduction process

Overall, I took a reflective stance during the data reduction process and examined patterns to check whether they coincided or not with the theoretical framework of this study, or whether they suggested new understandings.

Repeating comparisons to show how different attributes (caregivers' perception, disposition, etcetera) can or cannot account for the change in the quality of interaction, triangulating the pattern of caregivers' talk captured in the video to corroborate and complement self-reports and observations, and reviewing course modules to investigate the degree in which they promote content related to interaction skills, have all inspired the development of codes, categories and themes. In conclusion, it could be said that the analysis process employed is endorsed by researchers who point out the need for a shift from:

- what is said by participants, what you've observed them doing or what you read in a text (the level of description and summary), to
- exploring and explaining what is 'underlying' or 'broader' or to 'distil' essence, meaning, norms, orders, patterns, rules, structures (the level of concepts and themes). (Rapley, 2011: 276)

## 6.2    Display and interpretation of data

With regard to presentation and interpretation of qualitative data, Silverman (2011b) raises the following questions in his discussion of the issue:

- How are data extracts presented?   Is the detail of the transcription or of the field notes appropriate to the claims being made?
- Are data extracts positioned within the local context from which they arose?
- Is any attempt made to establish that the data extracts selected are representative of the data as a whole? For instance, are simple tabulations used, or are deviant cases followed up? (p. 276)

This section aims to address Silverman's questions.

### 6.2.1  Presenting cases

Embedded in the preceding questions is the notion that researchers must endeavour not to over-claim; but to be authentic, stay close to the evidence, and demonstrate how interpretations and findings are reached (Simons,

2009). Attention was paid to warnings such as 'anecdotalism', which tempts researchers to focus on a few telling examples; or emotionally appealing illustrations of some apparent phenomenon without attempting to analyse less clear or contradictory data (Silverman, 2011b: 20). Throughout the analysis process I carefully examined contradictory data and, when appropriate, these cases were analysed since they would have established a definitive relationship to the phenomenon explored (Lofland, *et al.*, 2006: 161). For example, the concept entitled 'enforcer' is presented in Section 8.1.2, which is neither supported by the literature nor well-fitted amongst the general data set. However, by working within the qualitative paradigm and subjecting my findings to thematic analysis, I remained cognisant that,

> [M]ore instances do not necessarily mean the theme itself is more crucial. Nor is it the case that a theme is only something that many data items give considerable attention to, rather than a sentence or two. A theme might be given considerable space in some data items, and little or none in others, or it might appear in relatively little of the data set. (Braun and Clarke, 2006: 82)

> The cases that do not fit your emerging explanations are your friends. They surprise you, confront you, and require you to rethink, expand, and revise your theories. They must not be simply cast into outer darkness and 'errors', 'inapplicable exceptions', or 'irrelevances'. (Miles and Huberman, 1994: 208)

Due to the seemingly positive effect the 'enforcer' type character of one practicum tutor had, in my opinion it was worth establishing this as a theme (Provoking CCI: A case of tough love). The UG Assessment records show that the caregiver supervised by the tutor in question was one of the weakest; but advanced to levels much higher than most after mentoring support. In my judgement, this theme 'captured something important in relation to the overall research question' (Braun and Clarke, 2006: 82) - *How specific components of the ECPD programme lead to changes in CCI practice*? Here is an extract of the caregiver's report that led to the development of the theme:

> Yes [she is an amazing person], but she is serious too. Um, this is not a complaint, but she kinda threatened me. On her second visit, yes, I think it was the second she said if I did not pull my socks up fast, I'd fail…. You see, I needed to work on 'talking more with the children'. I'm glad though; that caused me to really make lots of changes…. One time I raised my hand to hit a child

who spat on another. Man, she looked at me and picked up her bag and folder and left…. With her it was like 'tough-love'; but she helped me, really helped me. She would call me up to see that I'm OK or if I need help with anything…. (Ms Caesar)

While, on this occasion, this particular case enhances understanding of programme impact; in general, conclusion drawing and verification was done through the 'case comparative' method advocated by Lofland *et al.* (2006). That is, the data was scrutinised in its entirety to see 'the various ways in which specific factors interacted and/or combined' to account for the production or non production of CCI techniques (ibid.: 160). With regard to tabulated data, these do not bear the 'conceptual load' (Stake, 1995: 29) in this study. Tabulated data provides a quick cross-checking system for the types of changes recorded for each of the caregivers. Therefore, conclusions drawn are not based on frequencies of gains in interactive styles, but rather on my observations, and on tutors', colleagues' and caregivers' accounts and descriptions of the efficacy of the programme.

## 6.3   Final comments about analysis

**Table 12:     15-Point Checklist of Criteria for Good Thematic Analysis** (Braun and Clarke, 2006: 96)

| Process | No. | Criteria |
|---|---|---|
| Transcription | 1 | The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'. |
| Coding | 2 | Each data item has been given equal attention in the coding process. |
| | 3 | Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive. |
| | 4 | All relevant extracts for all each theme have been collated. |
| | 5 | Themes have been checked against each other and back to the original data set. |
| | 6 | Themes are internally coherent, consistent, and distinctive. |
| Analysis | 7 | Data have been analysed – interpreted, made sense of – rather than just paraphrased or described. |
| | 8 | Analysis and data match each other – the extracts illustrate the analytic claims. |
| | 9 | Analysis tells a convincing and well-organized story about the data and topic. |
| | 10 | A good balance between analytic narrative and illustrative extracts is provided. |
| Overall | 11 | Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly. |
| Written report | 12 | The assumptions about, and specific approach to, thematic analysis are clearly explicated. |
| | 13 | There is a good fit between what you claim you do, and what you show you have done – ie, described method and reported analysis are consistent. |
| | 14 | The language and concepts used in the report are consistent with the epistemological position of the analysis. |
| | 15 | The researcher is positioned as *active* in the research process; themes do not just 'emerge'. |

As I analysed the data, considerations were given to the aforementioned issues which, in summary, are captured by Braun and Clarke (2006) in Table 12 above. Having followed this guidance on analysis, I am of the view that the following chapters have 'stories to tell, insights to communicate, and knowledge to impart' (Simons, 2009: 147) about the effect of ECPD on Guyanese caregiver-child interaction practices.

# SECTION FOUR

## CHAPTER 7

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# A PICTURE OF POST-TRAINING CCI:
## Informal and Spontaneous Versus Planned and Instructional CCI

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## 7.0    Introduction

I embarked on this study to explore the possible effects of early childhood professional development training on caregivers' practice of engaging in cognitively challenging, rich and stimulating interactions. These interactions are described in Chapters 1 and 2 as those extending beyond the routine functional talk and conversation caregivers undertake while facilitating daily activities. This means they include intentionally focused talks, conversations, discussions, dialogues, exchanges and questions that support, extend and develop children's play, exploration and learning. The CCI examined are characterised by (i) application of scaffolding principles, where the extent to which children's views, judgements, and understanding are considered along with the extent to which the activities provide a context for sensitive, appropriate and topically related talks; (ii) the sustained shared thinking approach to questioning, listening, modelling or rephrasing techniques that elicit communication and promote higher order thinking; and (iii) the degree of proportionality in adult-led and child-led interactions (as advocated by, Siraj-Blatchford, 2009;  Bilton, 2012;  Goh *et al.*, 2012).

Caregivers' practice, observed through a wide spectrum of classroom activities, indicates that interaction between them and the children is complex, transactional and varies contextually.  Therefore, the extended-types of CCI observed in this study were not specific to given situations, and many episodes were captured in unpredictable circumstances, such as, when tying a child's ribbon or when following-up on a child's comment about the garbage

truck that arrived during the middle of a lesson. The nature of these interactional experiences confirms the main epistemological position of this study, which argues for the crucial role of qualitative-type investigations for understanding the dynamics of CCI. The ethnographic techniques employed (video-stimulated reviews, guided recall, conversations with a purpose and semi structured interviews) confirm that by its very structure, UG's standard observational assessment tool is too restrictive to capture the different nuances of change in CCI practices.

In this chapter, changes in CCI practice are captured in thematic categories described as 'gaffing and lesson time'. (Gaffing, a spontaneous-type of conversation is described in the next section.) These categories portray the different extremes in conversations and discussions observed. Gaffing, and particularly 'smart gaffs', describe occasions where caregivers employ principles of scaffolding, and developing sustained shared thinking approaches for more meaningful and productive interactions. During the time I spent observing caregivers, spontaneous activities and episodes appeared as catalysts for 'smart gaffs'. On the other hand, 'lesson time' or planned and formal sessions led to less engaging talks. Similarly, one-to-one interactions, rather than group interactions, offered more opportunities to develop stimulating and engaging conversations. Reflecting on the literature reviewed to guide the development of my theoretical framework; these findings about 'gaffing and lesson time' highlight two less frequent explored aspects of early childhood practitioner's interaction behaviour:
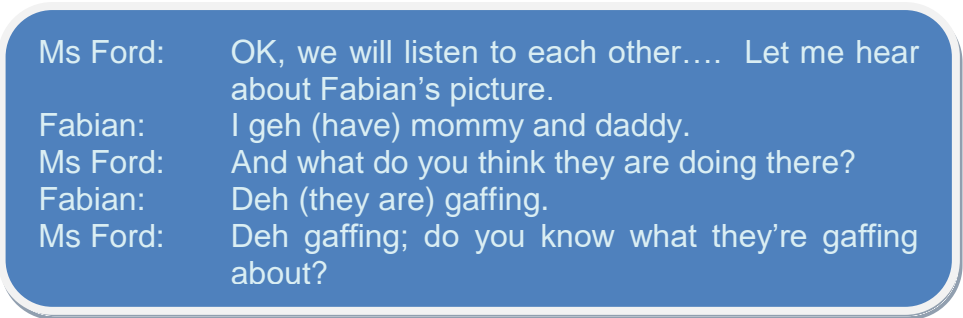
- CCI falls on a continuum, and some activities lend themselves to more extended-type interaction than others (de Kruif *et al.,* 2000).
- Interactions of the sustained shared thinking type are most common during one-to-one interactions (Siraj and Asani, 2015).

Considering that UG's practicum assessment was conducted more often during planned sessions, and when children were engaged in group activities, I argue it is likely that opportunities were missed for observing extended interactions occurring spontaneously. The limited number of CCI performance

indicators available on UG's assessment tool can also be questioned for its potential restriction of a more detailed understanding of changes in CCI. Overall, the CCI observed in this study are at odds with the modest scores reported in UG's assessment results.

On this premise, the following recommendations are made for assessing and furthering training: (i) assessments methods for examining performance of CCI should take into consideration the novelty and spontaneity in interactions, (ii) promotion of more spontaneous and/or one-to-one interactions strategies, and (iii) emphasis should be placed on approaches suitable for sustaining extended-types interaction during formal and instructional sessions.

## 7.1   Gaffing: informal and spontaneous CCI

| | |
|---|---|
| Ms Ford: | OK, we will listen to each other…. Let me hear about Fabian's picture. |
| Fabian: | I geh (have) mommy and daddy. |
| Ms Ford: | And what do you think they are doing there? |
| Fabian: | Deh (they are) gaffing. |
| Ms Ford: | Deh gaffing; do you know what they're gaffing about? |

(Excerpt from a picture discussion session)

Gaffing, the art of having informal or pastime conversations in Guyana, is one of the most frequent terms used in describing interactions of an extended nature. As the excerpt above demonstrates, this term is an established lexical convention of both caregivers' and children's interaction experiences which, Kruijf (2006) confirms, is used throughout the country. Edwards (1979) describes gaffing as friendly, informal and extended conversation, as opposed to argument and other disruptive talk. Non-formal social situations (home, street, bar), identified almost four decades by Edwards (1979), remain the main medium for gaffing. In terms of focus, Edwards' observations are still current – intimate topics are considered unsuitable for gaffing, and gaffing evolves into gossip when the private affairs of absent acquaintances are

discussed. The notable characteristic of gaffing is that, '[Guyanese] can gaff equally competently in Standard English and in broad Creole English. One, however, gaffs in one's informal, relaxed style and in this sense gaff is a Creole-oriented speech event' (Edwards 1979, 83).

Therefore, in educational settings, such as early childhood centres, gaffing is *not* usually associated with planned and structured instructional types of talk, conversation and discourse. In other words, the interaction environment and psycho-social atmosphere under which gaffing takes place is often relaxed and unrestricted. And, while gaffing often centres on serious and stimulating topics and issues, the level of intellectual stimulation is usually underdeveloped and restricted to explanation and recall. Furthermore, given its negative linguistic status [Creole], gaffing is not positioned within the mainstream discourse of engaging, enabling or productive pedagogy (Semple-McBean 2007).

With exposure to the UG ECPD training programme, caregivers and tutors concur that the act of gaffing has taken new and advanced directions. Following participation in the programme, gaffing has been upgraded to the category of 'smart gaff'. Findings on how 'smart gaffs' are enacted are presented in this section, along with consideration of the claim by participants that the increased use and development of gaffing is due to the effect of ECPD training.

### 7.1.1  Smart gaff

Smart gaffs, gaffs that are intellectually stimulating, predominantly relate, but are not restricted, to descriptions of effective interactions practices which develop thinking, promote rationalisation, and develop understanding about shared subjects during dialogue with children (Sylva *et al.*, 2007; Siraj-Blatchford, 2009; Bräuning and Steinbring, 2011; Bilton, 2012; Siraj and Asani, 2015). As will be observed in the episodes below, this smart gaff category includes caregivers' deliberate attempts to inject the element of *fun* as they engage children in conversations.

Inferred, and referred to in terms, such as, 'smart or smarty gaff', 'serious gaff', 'not just gaff' and 'gaffing with an aim', the concept of smart gaff has become especially popular amongst the caregivers. In Vivo codes show a record of twenty three instances of use by caregivers and twelve by tutors. From my observations, these gaffs do not target specific lesson goals and objectives. They are frequently spontaneous and occur between caregivers and one or two children, rather than the whole group. They are random to some degree; yet, require careful deliberation and thought. Therefore, while on many occasions they were characterised by 'fun' and 'relaxation', centred on 'emotional issues', or focused on 'social context', smart gaffs remained intellectually demanding, investigative and evaluative. Some popular sites for these gaffs were the home centre; dining, changing and tidying areas, and under trees as caregivers sit to observe children in the play ground.

Throughout the remaining chapters of this study, the smart gaff concept will be raised frequently; however, the excerpts and episodes in this chapter have been specifically targeted to give accounts of (i) how caregivers integrate elements of scaffolding and sustained shared principles, and (ii) why caregivers associate these gaffs with participation in the ECPD programme. I begin with an episode entitled *the water-woe*, to show how one caregiver (Ms Ford) used questions and comments during what she calls 'gaffing smarty', to scaffold learning within a child's zone of proximal development.

### 7.1.1.1 The water woe

The 'water woe' episode occurred during a 'washing-of-hands' session. As the fourth child (Frank, age 3 years, 5 months) was about to engage in the activity, the water supply stopped. This is a frequent occurrence at the day care centre and in the community in general as the water authority monitors water and frequently stops the flow without warning.

> Frank:       [Hands stretched out, turns to Ms Ford] I fed-up, I fed-up.
> Ms Ford:    You're frustrated; there is no water to wash your hands?
> Faith:       [Next child in turn to wash hands] Teacher, he nah (*is not*) frustrated; he fed-up.
> Ms Ford:    Yes, frustrated. Ok, Ms Faith [in a playful tone] frustrated is another word for 'fed-up', frustrated, fed up, frus-trat-

|          |                                                                                                   |
|----------|---------------------------------------------------------------------------------------------------|
|          | ed, fed-up. Go back to your seat; there is no water, so the rest of us will use hand-sanitizer.    |
| Frank:   | [Takes deep breath] I so fus-ter-a-ted.                                                            |
| Ms Ford: | You'll be using hand-sanitizer, why you're still frustrated?                                       |
| Frank:   | Meh mommy fed-up, sh always fed-up, wata go cut-aff and sh can't cook and wash wares [His mom gets frustrated too; because, whenever the water stops neither can she cook nor wash the dishes] |
| Ms Ford: | [As they walk back to the classroom] So how do you get food when there is no water?                |
| Frank:   | We ga *(have)* fo (*to*) buy tennis roll and Pepsi.                                                |
| Ms Ford: | Oh my. Man, I understand why you're so frustrated. Mommy might have to get big bottles to store water. That's what I do. I get water from my bigggg bottle when the water cuts off. [Squeezes some sanitizer into Frank's hands who is now seated] |
| Frank:   | [Rubbing the hand-sanitizer on his hands] De [this] water is ridiculous.                           |
| Ms Ford: | [Smiles] Yes, it is. Yes Frank, the water shortage is ridiculous… our hands are clean it's time to eat…. |

Caregiver Ford engages Frank in a smart gaff, utilising his thoughts and feelings about the frequent water shortage encountered at home and school. This smart gaff episode portrays characteristics of the effective-type CCI advocated for in this study. Her conversation was cognitively challenging and stimulating, and by asking relevant questions based on Franks' contributions, she demonstrated the kind of 'passages of intellectual search' advocated for by Tizard and Hughes (1984, cited in Bilton, 2012: 406), for example (...*why are you still frustrated? So how do you get food...?)*. By introducing the word 'frustrated' to the conversation, Ms Ford has made a connection between this new word and the phrase 'fed-up', which is part of his existing vocabulary. Ms Ford seized 'critical moments for direct teaching' (Sylva *et al*., 2007), when Faith's comment was acknowledged and clarification of a misconception was given *(…frustrated is another word for 'fed-up', frustrated, fed up)*.

Scaffolding techniques are demonstrated, too. Her contingency effort in offering support was determined by Frank's current level of competence (his ability to express and label his feeling). That is, as advocated by van de Pol *et al*. (2010) in their descriptions of scaffolding, her response was tailored, adjusted and calibrated, as she guided Frank in venting his frustration. Last,

but not least are endorsement of Kugelmass and Ross-Bernstein's (2000: 22) longstanding techniques for encouraging effective interactions:

- Affirmation (identifying, acknowledging, clarifying specific experiences in the present). Ms Ford makes suggestive comments to assess his reasoning *(You are frustrated; there is no water…),* and asks the kind of questions that could help her understand his continued frustration even after a seemingly reasonable solution was offered (*You will be using hand-sanitizer, why are you still frustrated?)*

- Event-referencing (making explicit verbal connections between current phenomena and past events). Ms Ford is emotionally supportive of the child and expresses understanding of Frank's frustration with the constant water shortages at home; his description of the event as *ridiculous* was confirmed as fitting for the situation he has now experienced at school.

- Extension (connecting past and/or present experiences to future possibilities). Ms Ford gives suggestions about how to approach the home situation, which, to a large extent, seems to have contributed to Frank's frustration, in the first place.

In summary, what seems necessary for the production of these gaffs is knowledge and application of effective interaction techniques. In addition, interacting within children's zone of proximal development also seems to be an important prerequisite. Frank appears to be functioning at the developmental stage in which he can articulate his emotions and feelings, and Ms Ford displays consciousness of his zone of proximal development. Ms Ford, as Vygotsky (1978: 87) puts it,

> [T]akes account of not only the maturation processes that have already been completed but also those processes that are currently in a state of formation, that are just beginning to mature and develop. Thus, [permitting her] to delineate the child's immediate future and his dynamic developmental state, allowing not only for what already has been achieved developmentally but also for what is in the course of maturing.

How Ms Ford perceives her interaction is also of interest to this discussion. While acknowledging that she fell somewhat short of provoking idealised

speculation and imagination (principles associated with scaffolding and sustained shared thinking), she shares strong views that, without training, the probability is high that the episode might have been restricted to only a few lines.

R:          How do you feel about the interaction?
Ms Ford:    I think it's the type that I should be using more.
R:          Eh, why?
Ms Ford:    It helped him to think, and made me understand why he was fed-up. And, I introduced him to a new word.

[…]

R:          Um, you told him he would use hand sanitizer since there was no water; do you think you could have said something else, maybe ask him a question about what could be done in this situation? For example, 'How else could we clean our hands?'
Ms Ford:    That is so true. And I might have been able to find out how he cleans his hands at home when there is no water. Yes, yes...
R:          The conversation was interesting, and as you said, you did introduce a new word; now for my hardest *(most difficult)* question – if you did not participate in the training programme, how do you think this water-woe episode might have been conducted?
Ms Ford:    [In a louder and cheery tone] Easy question man – 'I fed-up too; let's go back'.
R:          You really think so?
Ms Ford:    Seriously (*yes*). I never gaff so smarty. I was more like an instructor, but a nice and kind instructor [giggles]… Do this baby, do that my love, listen to this honey, don't do that sweetheart…

Blossoming from a 'nice and kind instructor' into a 'nice and kind smart gaffer', Ms Ford, a very soft spoken caregiver with 16 years of work experience, claims that the present programme has 'really taught her how to teach'. Remaining grateful for early training initiatives similar to those identified in the background of this study (Section 1.1.3.3), she expresses confidence in her newly acquired and seemingly improved interaction styles. She quotes, '*children now learn stuff'; 'they don't just play whole day'*. And, by 'play whole day', Ms Ford is referring to activities that do not require engagement or enhancement by the caregiver. These include activities in which play materials are assigned to children, and the caregivers assume the roles of monitors, supervisors or kind instructors. From my observations, Ms Ford still

performs these monitoring and instructor-type roles to ensure a safe environment etcetera; however, one means through which she consistently stimulate children's thinking and development is by the practice of 'smart gaffs'.

### 7.1.1.2 Roti making

This smart gaff concept resonates with all participants in this study, and later in Section 7.3, I will give a diagrammatic synopsis of the extent of these shifting patterns. To highlight the passage leading to smart gaff realisations, I present a 'roti making' exchange held with Ms Caesar. On commencement of training, her tutor considered her 'the silent robot' – where she was seen as caring for, but hardly speaking with the children. Remarkably, at the end of the training, the tutor reported that she 'came out of her shell'; that is, she showed significant improvements in practice. It was during the discussions between me and Ms Caesar about these 'remarkable' changes, that the roti making example was highlighted.

> […]
> R: Obviously you've made great improvements, but I need some confirmation. So, for example, during free play sessions do you gaff in the manner your tutor encouraged you to?
>
> Ms Caesar: Um, I do sometimes. Like if they are playing in the shop area, I would say things like, "Could I have a pound of flour, I want to make some roti." …Or I would pretend that I forgot what the ingredients are for making roti and ask, "I have flour, what else do I need to make my roti?"
>
> R: Eh, interesting. What if a child responds that you need to add like rice or some strange ingredient?
>
> Ms Caesar: [Giggles] Everybody here [in this community] knows how to make roti, so they wouldn't say that.
>
> R: I might sound a little like your tutor now. But if you're aware that they already know about the ingredients needed to make roti, do you think asking such questions would advance their thinking?
>
> Ms Caesar: You are right; it's not really helping them. Eh?
>
> R: No, I don't think that. I'm just trying to interpret what you told me. I'm sure you have reasons for asking such questions. Uh, like when you pretend you don't know the ingredients, what do they say; how do they respond to you?
>
> Ms Caesar: Well, they would look shocked or laugh sometimes. Uh, they would say things like, "Teacher big and can't make

roti" [giggles]. Yes, they would like tell their friends that they had to tell teacher how to make roti….

R:   And, is this a good thing?

Ms Caesar: I think so; it makes them happy. [Pauses for 6 seconds] You know, I gaffing yes, but it's like I'm cross-checking to see how much they know, but in a smarter way… it's like a fun game, you know like playing little tricks with them….

In the video review of Ms Ford's water-woe episode, she envisioned smart gaff as an act of 'teaching children stuff'. Here, Ms Caesar has introduced another dimension – 'cross-checking to see how much children know, but in a smart way'. Ms Caesar's understanding of the nature of smart gaffs reminds me of the advice shared during a session held with participating caregivers of the UG ECPD programme, who expressed concern about their inability to effect major changes at their centres on completion of their training. Some caregivers were concerned that their respective Directors and Supervisors viewed them as subordinates and, as such, would not take kindly to their suggestions for improvements. To enhance our discussion about the issue, I shared McDowall-Clark and Baylis' (2012) article about leading practices from within settings, and cited the following case study about Sally, an Early Years practitioner in the UK.

> Sally graduated three years ago and works with a number of older practitioners, who while not overtly negative are not in the habit of reflecting on practice. As a result they are quite happy to continue to work in the ways they are used to […].
>
> One practitioner … spent a morning assessing the children's number and colour recognition through an activity she had devised […]. Later she mentioned to Sally her concern that little Daisy could hardly count and did not know any of her colours.
>
> The next day Sally saw Daisy sitting at the mark-making table and went and sat down next to her. She began to draw and casually engaged Daisy in conversation. Sally asked her if she would pass the blue crayon, commented that green was her favourite colour […]. Sally realised that in fact Daisy was aware of all the colours and could count quite competently up to 7. She casually mentioned her experience to [the practitioner], adding in puzzlement, 'I wonder why she couldn't do it yesterday?' […]. (McDowall Clark and Baylis, 2012:146)

McDowall-Clark and Baylis (2012) cited Sally's case to illustrate the operation of effective leading practice, even when not in management positions. I cite it

here to illustrate that the type of smart gaff expressed by Ms Caesar about her roti-making CCI, reflects quality practice, improvements and positive change in early childhood settings (for more examples of quality practice see Reed and Canning, 2012). Similar to Sally in the UK, Ms Caesar was often observed using informal conversation to cross-check and to evaluate the competencies of the children in her care.

This chapter is not the place where agents of change are discussed (the following two chapters discuss these); however, some preliminary insight could be helpful to establish that this roti-making smart gaff is a relatively new phenomenon, and a change directly related to programme participation. The first point to note is that one of the courses was based on evaluating young children. Strategies promoted in this course included considering the stage children were at in their learning and development, and guiding them to grow into self-confident, creative individuals. Ms Caesar acknowledges that this smart gaff approach permitted children to feel good about themselves. In this sense, smart gaffs serve a dual role: they offered an avenue for Ms Caesar to evaluate children's learning and at the same time empowered children to realise their learnings and understandings as expressed by practitioners in Potter and Hodgson's (2007b) training course which was aimed at improving their language behaviours. The second contributing factor of this roti-making smart gaff discussion to the understanding of the effect of training is the guidance received from Ms Caesar's practicum tutor (Ms Clay). This relationship between Ms Caesar's ability to gaff smart and the impact of her tutor's guidance, cuts across all the interviews and video reviews held with both of them. The following two extracts provide a flavour of these discussions and highlight the journey leading from 'no' gaff to the 'smart' gaff:

R:          Based on her [Ms Caesar] interaction with children, do you think she deserved that pass?

Ms Clay:    Yes… She has a good caring attitude; she is good at babying-up *(pampering)* these children, but I think she did it a little too much.

R:          Eh, why [do] you think so?

Ms Clay     You know, when they come in the morning, she would take off their shoes, and hug and kiss them and so on. She ensures that they are always clean and so on.

R:          And you think this is too much care?

> Ms Clay: No, that's Ok to do, but her problem was she never used to really talk to them much; she was like an introvert. I used to watch her and think she's like a little robot [giggles] just going through the motions without verbalising anything like, "OK, I'm taking off your shoes; your socks are pretty"… she was what I called a 'doer'….

Having mentored Ms Caesar for over two years, Ms Clay, in my view, could be considered an expert in evaluating her practice. As such, her opinion about the process of change in extended type of CCI serves as a noteworthy summary of Ms Caesar's journey to using smart gaffs:

> She started to do it [interaction that leads to higher order thinking and problem solving skills]. Not as much as the ideal. But the important thing to note is that she really did not know how to use this 'enquiry method'. So, I used to gaff with the children so she could observe how to do it informally. She caught on well; over time she will do a better job.

In early childhood settings characterised by 'quality' practices, the type of interactions presented thus far might be considered ordinary or expected. Yet, for these caregivers in Guyana, without participation in the UG ECPD programme, it is possible that such discourses would still be alien. The influence of her tutor and knowledge transfer from the module on evaluation seemed to have helped Ms Caesar blossom from a less engaging caregiver into a 'smart gaffer'. The final point I will highlight here about Ms Caesar's practice, is that, like others in this study, the success of her smart gaff seems to be determined by her ability to 'know her children'. This 'know her children' expression could be translated as understanding each child's 'zone of proximal development' (Siraj-Blatchford, 2009), and signals that she engages in the type of 'enabling pedagogy' promoted by Rogers (2014). All of her smart gaff episodes required planning (both mental and in her lesson plans) and initiation in line with the children's cultural background, interests and capabilities. As demonstrated in the roti-making excerpt, understanding the social context embedded in children's conversations is the important element. The process of making roti requires a different line of questioning and commentary, depending on whether children's experiences are grounded in the city or the rural communities of Guyana. This point was explicitly made in the discourse between me and Ms Caesar as we discussed her CCI practice.

### 7.1.1.3 Paradox of a non-gaffer

The smart gaff concept surfaced in an unexpected case. Ms Eve, a caregiver who did not show much development in her use of extended type discourse, referenced smart gaffs as an effective type of CCI. Our discussion around this disclosure focuses on a pre-writing activity centre in which children are, as she puts it, 'allowed total freedom', or where there is limited intervention from caregivers. During my visits, this centre appeared to be one of the children's favourites; it is visited more often than the block, birthday or sand centres. From my professional view of working within these settings, this activity area is one of the most aesthetically pleasing. The area is spacious, colourful, and has a variety of handmade writing prompts. There are letters, words, pictures, and crayons of different sizes, textures and colours on displayed in labelled containers, which, she claims are all ideas influenced by the sample displays at the UG.

**Photo 1:      Items Similar to those in Ms Eve's Pre-writing Corner**



Ms Eve's reason for setting up this activity centre is commendable. She gained insight from a lecture which promoted concepts similar to Potter and Hodgson's (2007a) suggestion for *less* adult-led conversations and a reduction in the constant instruction and guidance from caregiver. The questionable feature of her practice is that she only interacts with the children

about issues concerning discipline. Therefore, after about fifteen to twenty minutes of play, the children put the activity sheet in their bags in the cubby-holes, which they take away at the end of the day. Occasionally, some wave their worksheets as they walk over to the cubby-hole area in an attempt to show Ms Eve their completed piece of work, and Ms Eve often acknowledges with statements such as, 'very nice' or, 'put it properly in your bag'. They then return to other class activities (snack, tidying up, group time), and no further reference is made to, or entertained by Ms Eve about the pre-writing activity. Over the period of my visits, children could be heard talking with their peers about the task they had just completed or that they were involved in.

I began by asking whether this activity centre was introduced after participation in the ECPD programme.

| | |
|---|---|
| Ms Eve: | Oh yes. We learnt about allowing children to choose freely. So we don't interfere when they are in that corner. |
| R: | Interesting. By not interfering you avoid instructing them about what to draw, colour etc? |
| Ms Eve: | Yes, just allow them to do their [own] thing. And they like it, as soon as you miss them, deh *(you could find them)* in that corner. |
| R: | I realise that. Eh, since they like it so much, that might be a good time to observe, and listen to what they say, or get insights into how they think, or how much they know. Do you ever ask questions about the completed task? |
| Ms Eve: | No, [pauses for about 5 seconds] but you're asking me, so I know that is something I should try. I'll work on that. |
| R: | But you know, I'm not recommending that you take over the activity by asking them a whole bunch of questions and distracting them from what they are doing. |
| Ms Eve: | Yes, I know; I'll pass by and gaff a little. Like pretend I need to borrow a crayon and so [such], and gaff a bit…. |

This situation echoes the type of concern I raised earlier (3.1.2.3) over Potter and Hodgson's (2007a) claim about *less* adult-led conversations. When certain practices, recommendations and activities are not fully understood or fully expounded, their application could hinder development of important skills in children. In these instances, training could become counterproductive. Ms Eve's lack of intervention did lead to missed opportunities that could have otherwise advanced thinking within the children's zone of proximal development. Therefore, this account serves as a reminder of the need for

caregivers to critically examine the applicability of resource materials and 'best practices' advocated by training programmes. The practice of critically examining the applicability of strategies is particularly important in the case of Ms Eve, whose disposition seems to have compounded her limited interaction abilities. As I will discuss to later in Chapter 9, Ms Eve is described as a 'part-time follower' - following selectively, suggestions of tutors and modules, without participating in the 'critical review processes' (Potter and Hodgson, 2007a), to help her think about and explore everyday practice. The final point worth emphasising about Ms Eve's practice comes from Laevers (2007: 15):

> The creation of a rich environment doesn't stop with the provision of a wide variety of potentially interesting materials and activities. A decisive element in the occurrence of involvement is the way the adult supports the ongoing activities with stimulating interventions.

Notwithstanding this shortfall in offering stimulating intervention, the interview highlights the fact that she possesses knowledge of the 'smart gaff' concept and acknowledges it as part of the programme coverage. Additionally, she expresses an understanding for the need to find 'a balance' between child-led and adult-led interactions (Siraj-Blatchford and Sylva, 2004; Fisher and Wood, 2012). Her aim, as she suggests, is not to take over the conversation; instead, she will 'gaff a bit'. In other words, she proposes to offer short comments and questions, or step in and out of interaction episodes at appropriate moments, as recommended by her tutor:

> Ms Eve needs to learn how to make *timely intervention* by asking the appropriate questions or making the appropriate suggestions to facilitate learning during child-directed activities.

### 7.1.2 Balanced gaffs: facilitating proportionate interaction interplays

For smart gaffs to produce the kind of thinking intended to advance children's development, finding 'the right balance' that Siraj-Blatchford and Sylva (2004), Fisher and Wood (2012) and Goh *et al.* (2012) have argued for is critical. That is, depending on the nature of the situation, caregivers need the skills of stepping in or out of interaction episodes at appropriate junctures. For example, Ms Eve, in the previous section, is aware that while it is imperative

for interactions to take place during children's activities, she should not take over the conversation. She should, as her tutor recommends, 'make timely interventions'. It is worth noting here that all caregivers in this study expressed this view. In practice however, findings show that their views were not always in tandem with practice. Ms Eve's rarely made the necessary interventions, and for the others who had adopted this practice, some used this skill with more competency than others.

To illustrate how balanced gaffs operate, I present Ms Boson, whose interaction, as her practicum tutor suggested, could only get better with training. As detailed in Chapter 5, while she failed some components of training, such as, writing behavioural objectives and the evaluation of daily lessons, she is one of the caregivers who scored in the higher bracket on CCI indicators in post training evaluation. The following is a snapshot of the discourse she had with one child (Bibi, 4 years, 2 months) during a late evening bath session. Due to the work schedule of some parents, children remain at the centre after 17:00 until around 19:00 hours and the children take baths and dinner at the centre. A longer version of this episode was presented during the discussion of post-observation reflections (section 5.2.4). However, for the purpose of clarifying the techniques involved in effective CCI, the example is repeated here.

> […]
> Ms Boson:   [After drying Bibi] Great bath. This girl is fresh. [Enters Bibi's bag for her skin care products and notices a bottle of perfume] Your mommy puts perfume on you?
> Bibi:   My mommy put 'two' perfume on me.
> Ms Boson:   Because you're special?
> Bibi:   And my dad put 'two' perfume on me.
> Ms Boson:   So that's four perfume.
> Bibi:   No.
> Ms Boson:   No? But you said mommy put two and daddy put two, so that's four.
> Bibi:   No.
> Ms Boson:   Man, let's count them… Look, count them [holds up two fingers] mommy put two, and daddy put two [holds up two more fingers]. Let's count.
> Bibi:   [Points to Ms Boson's fingers and quickly counts] One, two, three, four!
> Ms Boson:   So, it's four.
> Bibi:   No! Mommy put one, and

| Ms Boson: | Daddy put one? |
| Bibi: | Uh-uh [nods head to signal 'no'] |
| Ms Boson: | Man, you're not sure. [In a playful tone] |
| Bibi: | Yeah. |
| Ms Boson: | Ok, you count. |
| Bibi: | [Points to her fingers as she counts] Mommy put one, and mommy put one, and daddy put one, and daddy put one [pauses for about four seconds then exclaims] and that makes four. |
| Ms Boson: | [Applauses] Yeah. I guess when they're finished with you; you smell, sweet, sweet, sweet, sweet! |

[…]

After this bathroom activity was over, I made a note about my impression and feelings of the episode (Lofland *et al.*, 2006). My note read: 'She [Ms Boson] seems to be aware of Trawick-Smith and Dziurgot's (2011: 113) interaction "needs"….' The following two questions, posed by Trawick-Smith and Dziurgot, were used to judge interaction needs in this study – (1) Can children perform or continue the activity without the caregiver's interaction? (2) Would children benefit in a specific way from the caregiver's interaction? These two questions are described in Section 2.3.1 to highlight the intensity of interaction that might be needed to enhance children's learning and development. To check on whether Ms Boson's thinking was in line with my interpretation about her practice, I followed Jon Swain's (course leader of Conceptualising and Designing Research at IoE) advice about using 'conversations with a purpose' (see also Swain, 2006), and I made comments and asked questions specific to the conversation she had with Bibi. As explained in the methodology chapter, I did not comment about her CCI practice in a manner that could have influenced further practice, those comments were reserved until after the completion of observations. Following is a synopsis of how I approached this conversation and the kind of evidence it produced about Ms Boson's CCI practice.

> After the interaction episode between Bibi and Ms Boson was over, Ms Boson dressed Bibi and placed a DVD about Barney and Friends in the computer for her to view. Ms Boson then proceeded to dry the bathroom floor and I offered to help so that she could perform the other tasks such as covering the learning centres with protective plastic. As she handed me the mop I said,

'Man, you look quite shocked when Bibi said "no", two and two is not four'. In response, Ms Boson noted that Bibi had demonstrated understanding of the concept of number in previous activities, thus, this perceived inability to add objects up to four became a matter for concern. Ms Boson explained that she was indeed shocked at Bibi's incapability of performing the task of counting and, as such, claimed she had to 'find out what was going on in Bibi's head' [engage in what van Kuyk, 2011: 138 calls 'psychological interaction interventions']. That is, taking into consideration Bibi's level of development in expression and her motivation to talk about the perfume, Ms Boson offered what she thought was matching level of interaction support (Trawick-Smith and Dziurgot, 2011), in an attempt to investigate and re-evaluate number competency.

This evaluative and investigative type of CCI shows that Bibi processes addition differently from her caregiver – *one and one from mommy, then one and one from daddy; not two from mommy and two from daddy*. With this realisation of the differences in mathematical processing between the adult and the child, it might be argued that the extended interaction effort was unnecessary. Critics could suggest that a speculative question would have been more effective (I wonder how many perfume sprays there are?). It is possible, too, that a simple closed question would have sufficed, instead of the suggestive comment (How many is that? Instead of *So that's four sprays of perfume*). Yet, an important point in analysing Ms Boson's practice rests on the contextual background. Bibi had demonstrated understanding of the concept of number during previous activities. Furthermore, it was a 'gaff' - spontaneous and developed as the conversation warrants. Development of this gaff is the issue addressed in my study. This episode shows that by stepping in and out of the gaff at proportionate times, Ms Boson intertwined CCI elements to develop characteristics of a successful mathematical gaff, as she:

1. explored the child's explanations by showing interest in and evaluating the child's ways of thinking *(Because you're special? So that's four)*

2. interrelated the child's answer with the teacher's previous question. The start of the interaction process is not only caused by the teacher's open question, but also by listening to and reflecting on the child's reaction. (*No? But you said mommy put two.… Man, you're not sure*)

3. emphasised the student's own strategies, rationale and ideas. *(Ok, you count)*

4. promoted the idea that both child and teacher are responsible for a successful outcome. *(Man, let's count them. Two from mommy; … Ok, you count). (*Bräuning and Steinbring, 2011: 928-932)

Returning to the bathroom episode for the purpose of analysing Bräuning and Steinbring's (2011) characteristics of effective mathematical talk, I will first focus on the one element not evident – Ms Boson did not leave the child enough time for consideration of the answer. She interjected before Bibi had the opportunity to complete her remarks: *No! Mommy put one, and* (Bibi) *Daddy put one*? (Ms Boson). Only when the child was given control of the process (*Ok, you count)*, was the pattern of her mathematical operation understood. This underlines the need for 'pausing more during interaction with children' (Potter and Hodgson, 2007b: 61), and the need to promote children's own strategies and ideas, in an atmosphere that allows them the opportunity to think in creative ways (Bräuning and Steinbring, ibid.).

Overall though, Ms Boson displayed CCI elements relative to those viewed as desirable. By participating in the ECPD training, Ms Boson now consciously practises more balanced gaffs and she realises the opportunities for none, some and much interaction. During our review of the bathroom activity above and other episodes with similar characteristics, the concept of proportionate CCI was succinctly expressed by Ms Boson:

> You might have noticed that I talk more with some children. But some of them could talk, talk, talk, while some require a lot of encouragement. So you might want to gaff like that [the bathroom episode] with another child, but the child just can't think like that.

Her expressive knowledge about practice also echoes awareness of the 'thinking-time' element, identified as a flaw in interaction in the conversation above between her and Bibi:

> …I don't think that I would have allowed her to keep on counting if I had not attended the programme. I might have said in a nice way, "This girl has forgotten how to count"… [and] concluded by confirming it was four.  But, I've learnt to ask different questions to stimulate their thinking. [And] uh, to give more time; I gave them the opportunity to think. Not ask them questions and turn around and answer the questions.

In conclusion, while attention to thinking-time was not obvious in the episode under discussion, as an observer of Ms Boson's classroom practice for almost one month, it is incumbent to note that she frequently demonstrated and purposefully engaged in the 'thinking-time' recommendations that are considered necessary for facilitating proportionate interaction interplays. Throughout my observations, she remained one of the caregivers who hardly ever 'ask, then turn around and answer her questions'. For those who did, it was during planned and structured sessions where the practice of answering for the children dominated. The next section shows how such practices impede the production of the cognitively challenging characteristics associated with smart gaffs.

## 7.2   Lesson-time: planned and instructional CCI

Up to this point in my discussion, I have focused on interactions produced through informal and spontaneous conversations and developed during free-play and/or unplanned lessons. That is, the focus of the content of those interaction exchanges was neither specified nor formed part of the learning objectives documented in caregivers' lesson plans. The interactions examined above are similar to the 'Joint Involvement Episodes' described by Schaffer (1996). According to Shaffer, these episodes feature enriching exchanges in the context of children's interests, characteristics and ongoing activity. On these occasions, the adult supports or challenges, but the outcome is a result of a joint enterprise to which both adult and child have contributed.

This second part of my presentation examines caregivers' interaction practices associated with, as the title suggests, activities that are planned. That is, activities specifically targeted in their lesson plans. The interactions during these sessions are frequently routine talks about concepts and content prepared by the caregivers the previous day. The focus is on the development of targeted skills (eye-hand coordination, memory, comprehension), and knowledge (numbers, letters, picture reading). These activities are organised as whole-group and table-top exercises. Juxtaposed against the interaction episodes presented in the first part of this chapter (water-woe and the bathroom episodes), these sessions could be considered as catalysts for unbalanced gaffs and the answering of one's own questions.

In my study, practices emphasising direct instruction, and answering one's own questions, are referred to by participants as 'feeding children with information'. Put another way, during direct instructional interaction, children are being fed, but not nourished. However, I need to be cautious at this point and note an important observation. Based on the patterns of practice observed, not all planned and instructional lessons attract the concept of 'feeding'. As will be illustrated later in 7.2.2, planned lessons, facilitated by spontaneous talks offer some degree of enriching and stimulating intellectual opportunities for children. I found that when planned lessons permit both children and caregiver to 'build and construct shared meaning through dialogue' (Goh *et al.,* 2012: 305), learning and development was obvious. To elaborate on my findings, and to illustrate the extent of the effect of training on CCI practice, approaches to planned and formal lessons are presented below.

### 7.2.1 Planned activity facilitated by direct instructional interaction

Ms Dass, a caregiver who asks and answers many of the questions she poses to children but who considers this practice an improvement on her former performance, is featured in this section. Based on her religious belief and the principles guiding the early childhood centre, she was a strong supporter of the philosophy of 'spare the rod and spoil the child'. Therefore, instead of engaging in discussions about discipline, for example, her principal

method of developing desirable behaviour was 'spanking'. From her claims, along with my observations and interviews with the director of her centre, she no longer indulges in this practice. Instead, she uses strategies suggested by the programme, such as, questioning and making suggestive comments as to the type of desirable expectations for behaviour. Another area of growth relates to interactions during table-top activities. She and her practicum tutor claim this type of interaction was almost absent before training. In her words:

> I used to just give them the paper [worksheet] and crayons and tell them to colour, without discussing what they were doing. [I] just allowed them to colour. The training taught us we need to explain what we are doing – like, we're colouring a turtle and we're using a red crayon. Before, the children did not know what they were colouring, we just used to tell them they're doing 'colouring'. But now when they go home they could tell their parents 'We coloured a turtle today'.

### 7.2.1.1 Not just colouring: a shift in instructional practices

The phrase, *not just colouring: a shift in instructional practices*, was first positioned amongst the group of In Vivo Codes identified as, *Now, I'm not just doing X*. As I examined the comments of caregivers and their tutors, and applied the analytical question offered by Rapley (2011) about how the analysis of the data could move from what is said, observed or read, to what is the 'underlying' or 'broader' essence, *shift in instructional practices*, was conceived. This shift, interpreted as an improvement on past practice, comes from video-reviews of episodes such as the following:

| | |
|---|---|
| Ms Dass: | Today we will be colouring…. Everybody has a picture to colour? |
| Children: | Yeah! |
| Ms Dass: | Very good. Don't colour it yet. Put it down on the table. [Displays a sample of the picture on the worksheet] Who could tell me what this is? |
| Dhan: | Butterfly! |
| Children: | [In chain reaction] Butterfly |
| Ms Dass: | It looks like a butterfly. This is a bee. |
| Children: | Bee! |
| Ms Dass: | Bee, this is a bee. And what sound bees make? Zzzzzzzzz. |
| Children: | Zzzzzzzzzz. |
| Ms Dass: | [Giggles] Zzzzzzzzz. Very good. [Displays another picture] Who could tell me what this is? What is this? |
| Dave: | Ice cream. [In my opinion this black and white picture looks like a cone] |

| | |
|---|---|
| Ms Dass: | This is a shell; a sea shell. |
| Children: | A sea shell. |
| Ms Dass: | And where do we find them? |
| Children: | Wata side! *(seashore)* |
| Ms Dass: | Very good [displays another picture] who could tell me what this is? |
| Dave: | Meh na know (*I don't know*). [In my opinion this black and white picture looks like a lamb in a sitting position] |
| Ms Dass: | You don't know? Man, this is a turtle. |
| Children: | A turtle. |
| Ms Dass: | What is it? |
| Children: | A turtle! |
| […] | |
| Ms Dass: | You're colouring the picture only. Right Dara, Danny. You're colouring the inside of the turtle… No Dale, don't do that, colour the picture [Dale was hitting her crayon on the table]. We don't want to break the crayon. The crayon is to colour our picture. Colour and let me see whose picture is going to look very nice…. |
| […] | |
| Dyal: | [Observes Danny submitting their worksheet] I na (*I'm not*) finished yet teacher. |
| Ms Dass: | [Turns to Dyal] Don't worry, I'll wait for you. Take your time, I'll wait for you…. [Observes Dale bites the crayon, resulting in breakage]. Man you should not break the crayon; we wouldn't have it to use another time…. |

There is no doubt that the CCI strategies demonstrated by Ms Dass are in need of significantly greater shifts. Competency for advancing intellectual speculations during the picture discussions is clearly absent. Dahlberg, Moss and Pence (2013), in their analysis of similar teacher-child interactions in Sweden, shared some thought-provoking comments:

> [I]n this type of exchange, very poor and helpless a child appears, a child seen as an object without his or her own resources and potentials, a child to be filled with knowledge but not challenged (Dahlberg, Moss and Pence, 2013: 58).

In the review held with Ms Dass to discuss her practice in the above episode, she referred to the clip as a disappointing episode. She confessed she was not sure how to explain the differences between the butterfly and the bee, but she demonstrated an understanding of the background to the children's misconception:

| | |
|---|---|
| R: | Why do you think they said it's a butterfly instead of a bee? |

| Ms Dass: | Because of the wings; they both have wings. |
|---|---|
| R: | Great! But you did not tell them that. How about, 'I can see why you think it's a butterfly, it has wings like a butterfly, but this does not have pretty wings like a butterfly….' |
| Ms Dass: | Yes, when I looked at the video I told myself I should have explained this better. The sea shell was the same thing. Because of the shape it did look like an ice-cream cone. This is something I need to improve on. |
| R: | The turtle was something too; I could not have guessed. |
| Ms Dass: | [Laughs loudly] Yeah, maybe I was the only one who knew it was a turtle…. |

Two key points stand out from these reviews with Ms Dass – the importance that the ECPD programme develops content knowledge to make CCI more effective, and the place of qualitative investigative approaches for developing understanding of ECPD outcomes.

The content or subject knowledge of caregivers has been viewed as a necessary component for the advancement of quality and meaningful talks (Hedges and Cullen, 2005). Ms Dass acknowledges that her lack of knowledge about the butterfly and the bee contributed to the non-elaboration and extension of a potentially rich discussion. She claimed that, had she had an inclination that the butterfly would have been offered as an answer, she might have done some research overnight. This concept of limited content knowledge cuts across the cases studied. For example, Ms Ali had difficulty dealing with discussions on the differences between an ape and a monkey; Ms Boson could not develop a child's attempt to describe the process of preserving five-finger [Carambola], a local fruit; Ms Caesar continuously used the descriptive adjective 'nice' in a tasting exercise of spicy and sour unripe mangoes; Ms George refers to the whisker-like part of the hassar (Hoplosternum littorale, a type of catfish) in the class aquarium as a 'chin beard', instead of a barbel. And last, but not least, it was only after our discussions that Ms Ford become conscious that the centre part of the human body from which the neck and limbs extend is referred to as the 'trunk or torso', and not the 'body' as it is commonly known in the local community.

The absence of curriculum guides for the sector seems to compound the problem of content knowledge for these newly trained caregivers. Ms Ford suggests this by stating, 'If the Day Care had a scheme of work like the Nursery schools, I would know exactly *what* to teach'. Therefore, while it is established that these standardised curriculum guides are not a necessary component for effective interactions, and that a process oriented curriculum approach develops creative thinkers and problem solvers (see Dunphy, 2008; Miller and Pound, 2011; Smith, 2011; Hedges and Cullen, 2012), in this study, the issue of caregivers' subject knowledge arose to an extent to suggest its relevance to the production of quality CCI.

In terms of training, these findings suggest a need for a wider focus for foundational early childhood professional training. As is the case for the UG ECPD programme, the general training offered to caregivers targets effective practices, but lacks a focus on developing subject knowledge. Chen and McCray (2012) refer to this phenomenon as a divorce between knowledge of content (what to teach), from instructional methods (how to teach) and knowledge about children (who they teach). They state:

> [I]n classrooms, content, pedagogy, and knowledge of children are always interrelated. Integrating content knowledge with pedagogy makes content teachable and contextualizes pedagogy. Likewise, content knowledge and pedagogy are effective only when they are appropriate for the developmental needs of children. (Chen and McCray, 2012: 10)

Before moving on to the next major point that emanated from Ms Dass' classroom discourse, a note of caution is necessary. While there are lessons to be learnt from these observations about content, and the suggestions that an emphasis on some sort of subject knowledge on the part of practitioners is necessary for promoting quality CCI, it is important to highlight that its promotion should not be interpreted as an attempt to force young children into 'accelerated development' (Zaporozhets, 1986 cited in Bodrova; 2008). These efforts should take into consideration children's zone of proximal development or, as Rogoff *et al.*, (1993) and Chen and McCray (2012) explain, it is necessary to appropriately consider the cultural and developmental needs of children. It would be quite ludicrous for Ms Dass to repeat a lesson with this

group of three year olds and offer descriptions such as: 'Bees have two pairs of membranous wings connected by small hooks called hamuli; but butterflies…', because it is far beyond their present experiences.

The second key point in relation to Ms Dass's practice relates to a question posed to her during our review exercise: 'Had this episode (about the picture discussion) formed part of UG's standard assessment, do you think you would have been given a pass? She giggled and covered her face before answering:

> My tutor might have used her famous quote, 'You are not yet competent in this area'. But, I would have done better in other areas, so overall, I would [have] pass[ed].

Ms Dass is correct, interaction of this nature would probably not have been awarded a 'pass' grade for the performance indicator, *Clarity of Presentation/Discussion*. Nevertheless, by positioning her CCI within the context of changes established in the beginning of this section, such a one-off rating by an assessor could not have sufficiently captured and evaluated her practice. Such ratings do not show how the comment 'We're doing colouring today' has shifted to, 'Today we will be colouring X, Y and Z'. The whip has been replaced by talk (*Man you should not break the crayon; we wouldn't have it to use another time*). Ms Dass shares the view that having explained earlier 'the non-breaking rule of crayons', it is likely that without training she would have said, 'Ok, when children are disobedient we know what happens'; and the child would have received the expected – corporal punishment.

Thus, while some areas of her interactions with children remain relatively poor, the changes made suggest that the programme did have an impact, and offers support for the qualitative case study approach, adopted in this study, for exploring CCI. The extended classroom observations and in-depth reviews, allowed me insight into whatever minimal shifts had occurred in her efforts at engaging with the children.

### 7.2.1.2 The 'lead-you-astray' syndrome

All the caregivers and tutors subscribed to the view that there has been a shift in instructional practices; however, caregivers' tendency of restricting

extended type discussions interfered with this progressing practice. From my observations, Ms Ali, whose overall scores for Practicum were relatively high, is one of two caregivers who, more frequently, restricted extended conversation during instructional activities. Curious about why training seemed to have failed this potentially outstanding caregiver, I have selected Ms Ali's case to illustrate her instructional practice. Questions posed to gain insight into this practice reveal a pattern that I interpreted as, 'the lead-you-astray syndrome'. First, I share the opinion of her tutor (Ms Andrews), then one from Ms Ali herself:

> When I talk to her about this [non-extended CCI], I remember her stating that her topic could *stray*. And I observed this – she has a child in her class who is very talkative and he is like the leader, so when he makes a comment during circle time all the other children echo. So I understood why she needed to take control of the lesson. (Ms Andrew)

> When you have children like Akeem, asking and answering certain questions could send you lesson 'a-wire' [*astray*], so I have to think carefully before I encourage these. (Ms Ali)

Both Ms Ali and her practicum tutor agree that entertaining extended-type interaction could divert lessons from their stated objectives. Therefore, during some planned instructional sessions, she purposefully ignored or deferred from expanding on children's responses. The episode below, offered to illustrate this shortcoming, is based on a lesson entitled, *Letter and colour of the day*. The main objective of the lesson was the association of the letter 'a' with objects, and 'apple' with the colour 'red'.

| | |
|---|---|
| Ms Ali: | … I have something for us to do today. [Displays letter 'Aa'] I have a letter; tell me what letter it is. |
| Children: | [Exclaim and talk over each other] Letter P, B… |
| Ms Ali: | What letter is it Aaron? |
| Aaron: | Letter A. |
| Ms Ali: | [Applauses] Good Aaron, yes, letter A. Put your hands together for Aaron. [Points to letter] Here we have the capital 'A' and this is the |
| Children: | [Complete sentence] Common 'a'! |
| Ms Ali: | Very good. And A is for what? |
| Ann: | Apple! |
| Ms Ali: | Apple and what else? [Displays picture chart after asking question] |
| Children: | [Look at pictures of animals] Ant! |
| Ms Ali: | And what else? |

| | |
|---|---|
| Children: | Monkey! |
| Ms Ali: | No, we have no monkey here. It looks like a monkey, but that is an ape. It's not a monkey, it looks like a monkey, but this is an ape. It's a monkey family. This is monkey cousin. Do you have cousins? |
| Children: | [In unison, some say 'yes' while others say 'no'] |
| Ms Ali: | Good, so this is monkey cousin. He looks like a monkey, but this is |
| Arnold: | Monkey cousin! [Interjects before Ms Ali completes her statement and points to a picture on the chart] |
| Ms Ali: | [Looks puzzle] No, it's not monkey cousin; that's an ant [Arnold is pointing to the picture of the ant] |
| Ms Ali: | [Displays model of an apple] So we have the A for..., the apple. Do you like apples? |
| Children: | Yeah. |
| Ms Ali: | Ok, we have some apples to eat, but before we eat we have to colour some apples. [Points to apple on chart] What colour is this apple? |
| Children: | Red. |
| Ms Ali: | Yes, this apple is a red. Now, look around the class – do you see anything else that's red? |
| Children: | Yes. |
| Ms Ali: | What else do you see? |
| Ann: | Blue [points to the blue dress displayed in the home corner]. |
| Ms Ali: | Yes, the dress is blue; but what else [stresses on the colour in question] 'reeed' do you see? [After a few seconds elapse with no response] Ok, who you know is red? |
| Akeem: | [Jumps up, points to himself and speak in a loud tone] Me! |
| Ann: | Me! [In this community persons with fair skin are referred to as 'red people'] |
| Ms Ali: | Eh-eh [nods head to signal disapproval]. What about Clifford? Remember Clifford, what Ann had this morning? |
| Children: | Yeah, biggg red daag (*dog*)! |
| Ms Ali: | Yes, Clifford is a big red dog. |

It is fair to suggest that this lesson promoted more knowledge transfer than knowledge construction. During her evaluation of the day's lesson, Ms Ali noted that the objectives had not been fully achieved and that she would repeat the activities about letter 'a' and associated objects. She concluded her evaluation by stating: 'All children identified red as the correct colour of the apple.' I examined the evaluation section of her lesson because I was particularly interested in finding out whether she made notes on furthering conversation about the 'red' pigmentation of children. Since this issues was

not expounded during lesson-time, I thought Ms Ali (graded as an A student in the practicum assessment) would be likely to utilise strategies such as, 'noting observations for later conversations' (Kugelmass and  Ross-Bernstein, 2000). I will therefore begin the discussion with this issue of the colour red, then move on to other episodes in which her display of the lead-you-astray syndrome seems to have prevented productive extension of children's thinking and cognitive advancement.

| | |
|---|---|
| R: | How do you feel about the way you interacted in this clip? |
| Ms Ali: | Well, I gave them time to think about the question, and I re-phrased the question differently because I thought it was not very clear. Before training, I answered most of my questions if the children took too long to answer…. |
| […] | |
| R: | Is there anything you might want to improve on? |
| Ms Ali: | Looking at the video, I realised I did a terrible thing… Akeem and Ann might still be of the opinion that they are red in complexion. |
| R: | So, why didn't you correct them; uh, like have a little talk about it? |
| Ms Ali: | I was looking at the time, they needed to take their snack; some of them come to school very early …. |

Taking into account Ms Ali's comments about changes in her practice, and from my first-hand observations of her interaction with children in the classroom, it would be unfair if I do not note (if only briefly) that she does demonstrate many of the effective strategies argued for in this study. In my view, she is one of the caregivers who tries to implement, as much as possible, strategies learnt from participating in the ECPD the programme. For example, her attention to programme recommendations has resulted in the loss of her Nursery Trained Lead Teacher. As the owner of the day care, Ms Ali terminated this teacher's service due to her unwillingness to stop using physical punishment, and because of her negative attitude towards other recommended changes.

Having spent a period of over three weeks in Ms Ali's classroom, had it not been for the lead-you-astray syndrome, she might have been considered as an outstanding, rather than a very good caregiver. For example, by

specifically asking Aaron to respond, she matched the task to her previous knowledge about the children:

> 'He knows his letters. He has been with us since he was three months old. But he is a bit quiet, so to get him to speak I call on him from time-to-time.

When asked if this strategy was learnt from the programme, Ms Ali responded in the positive and identified the course that supported this practice: 'In Child Development, we learnt about how withdrawn children could be encouraged to speak'. With regard to the shortfalls in practice, she states: 'I was looking at the time….' This time argument is not unique to Ms Ali's case. During planned lesson sessions, caregivers in this study regularly made comments such as, 'Man, we will talk about that later'; while others reacted similarly to Ms Ali and did not encourage further discussions. But, irrespective of the strategy used to deter conversations, there seems to be a common pattern – a relationship exists between caregivers' attention to the daily schedule and the lead-you-astray syndrome.

In addition to the time factor, this lead-you-away syndrome seems to be somewhat influenced by caregivers' modest subject knowledge. Encouraging and exploring children's responses has the potential to take caregivers, 'Down a path for which many of them do not have answers' (Tutor Clay). Some popular comments offered by caregivers in justification for non response were: 'These children ask you questions that are out of this world' (Ms George); 'Some of these children's comments could catch you off guard' (Ms Dass). When caregivers are caught 'off guard', knowledge learnt about interaction (such as, the importance of extended talks), puts them in a paradoxical situation. This seems to be the case in the monkey-ape episode. Though we both agreed she needed to offer some simple but scientific descriptions of these animals, the paradox could be observed in her comment, which indicates that it is because of the training she attempted an explanation:

| Ms Ali: | I really didn't know how to explain the differences between the monkey and the ape at that moment. |
| R: | Your explanation was quite interesting [giggles]. How do you think this episode might have gone before training? |

> Ms Ali:     [Giggles] I would not have been in this predicament! I would have nicely said, "Oh no, it's an ape", and maybe leave it at that, without any explanation.

As I have argued above in the case of Ms Dass, sufficient subject knowledge of caregivers seems to be a necessary component for the advancement of intellectually stimulating talks. Had Ms Ali had better content knowledge, there is a strong possibility that, due to the impact of the ECPD training, this 'monkey-ape' discourse would have been more engaging.

Therefore, so far, I have established three elements of Ms Ali's lead-you-astray syndrome – an attention to lesson objectives, conformity to timetable schedules, and her modest knowledge of some subject areas. The final observations made in relation to the pattern in the lead-you-astray syndrome is that, even if all three restrictive elements are present, when planned conversations centre on and/or evolve out of children's' responses, elements of smart gaffs are demonstrated. Next, I will explain how the process of planned attempts to smart gaff works.

### 7.2.2 Planned activity, facilitated by spontaneous talks

Unlike the previous lesson in which the conversation was dominated by Ms Ali, those in which exchanges were enriched by children's comments and interest, promoted greater discourse. Similar to Goh *et al.'s* (2012) *Instructional Conversation approach,* during these lessons, interactions between the caregiver and children were 'not casual'; but intentionally structured to accommodate spontaneous questions or comments made by the children. To contrast how spontaneity in lesson-time talk can promote enriching exchanges, versus a direct instructional approach for imparting knowledge, I will present another episode between Ms Ali and her group of children. Presenting the same caregiver in two different interaction situations establishes a more level playing field for examining differences in these CCI practices, rather than presenting two different caregivers in different contexts. This episode centres on an eating exercise of red apples, which formed part of the earlier discussion about the letter 'A'.

| | |
|---|---|
| Arnold: | I going fo wash meh hand. *(I'm going to wash my hands.)* |
| Ms Ali: | Not as yet. We have to clean the table first, then we will wash our hands and cut up some apples and eat them. |
| Arnold: | [Long sigh] Maaaan. |
| Children: | Not yet, not yet. [Move around, but remain in activity area] |
| Ms Ali: | [Finishes wiping the table] Let's go wash up now. [After returning to the classroom, displays the following on table: apples, fork, plates, and object folded in aluminium foil] Here we have the plates, fork, [holds up folded object] do you know what this is? |
| Children: | [Pause for a few seconds] Noooo. |
| Ms Ali: | What does it look like? |
| Akeem: | Like a whip [The Ministry of Education is presently debating the issue of corporal punishment. In school it is allowed, and at home whipping is not illegal] |
| Ms Ali: | A whip? [Giggles] You can play with a whip. |
| Ms Ali: | [Unwraps objects] |
| Children: | [Exclaim] A knife! |
| Ms Ali: | Good, this is a knife and should we play with the knife? |
| Children: | No! |
| Arnold: | Yu gon *(you could)* get cut. |
| Ms Ali: | Yes, you could cut yourself if you play with the knife. Now I will cut some apples. What does the rhyme says we should do with cherries before we eat them? |
| Ann: | Wash them. |
| Ms Ali: | So we also have to wash the apples before we eat them. And teacher washed the apples already, so we just need to cut them up. Eh, but how many apples do I have here? |
| Children: | [Point to apples] One …, six. |
| Akeem: | [Applauds on completion of counting the apples] |
| Ms Ali: | [Smiles and joins in applauses] Alright, clap for everyone, you are bright children, you could count. We have six apples, uh, how many people do we have in the class? [She points to a child and begins counting, and children join in the count] We have one, two…. [After counting children points to herself] Can I have a piece? |
| Children: | [Giggle] Yes! |
| Ms Ali: | Well, I am eight! So we have to cut eight pieces, right? |
| Children: | Yeah. |
| Ms Ali: | [Begins to cut first apples into pieces] We could give some to the other class. So we'll have to cut this a little smaller. We'll share, Ok. |
| Akeem: | No; nah me own. *(No; not mine.)* |
| Ms Ali: | You're not giving them any? |
| Akeem: | No. |
| Ms Ali: | That's not what Jesus said? What did Jesus say you must do? |
| Akeem: | [Responds reluctantly] Give them some. |

| | |
|---|---|
| Ms Ali: | [Continues cutting apples into pieces] Yes, Jesus said you must share. And remember, we must never play with knives. [Re-wraps knife in foil and shares apple with the group] Take one. How does it taste? |
| Arnold: | I taking a big piece [Akeem and Amanda echo Arnold's comment as they take theirs] |
| Ms Ali: | You taking the big piece. The big piece is for teacher, teacher is bigger than you [giggles]. |
| Arnold: | [Laughs and displays his apple] Me get de big piece. *(I got the big piece.)* |
| Children: | [Echo Arnold's comment about getting 'a big piece'] |
| Ms Ali: | Alright, we all got big pieces. Taste nice? |
| Children: | Yeah. [Those with apple in their mouths shook their heads to signal 'yes'] |
| […] | |
| Amy: | [Stands] Teacher, can I put this in the bin? [She did not eat the skin of the apple] |
| Ms Ali: | Ok. |
| Akeem: | Me a eat de skin. Teacha, me a eat de skin. *(I'm eating the skin. Teacher, I'm eating the skin.)* |
| Ms Ali: | Yes, I like the skin too; some people like the skin but some people don't. Hey, but who could remembered the colour of the skin? |
| Children: | [Exclaim in chain-like reaction] Red…. |

I introduced this section by pointing out that planned activity, facilitated by spontaneous talks, does not suggest casual interactions, but rather, interactions intentionally structured to accommodate spontaneous questions or comments of children. Therefore, the use of the term 'spontaneous' should not be mistaken or identified as engaging in casual gaffs. The spontaneity in talk is located within a planned interactional context; therefore, unlike casual gaffing, the stimulant is *not* restricted to explanation and recall. In this episode, children are invited to speculate (*What does the object look like?*), make connections (*The rhyme says cherries should be washed before eating; hence apples should be washed too*), and conduct evaluation (*One could get cut if the knife is played with).*

Nevertheless, there are areas still in need of development. For example, the idea behind Akeem's initial refusal to share the apple with the other group was not explored. Perhaps he was hungry, or apples might be his favourite fruit. From my observation, the latter is plausible because he was the only child who ate the skin of the apple. Therefore, promoting the sharing principles of

Jesus (a common practice at this Christian-based centre) might not have been in his best interest and, instead, may have prevented him from establishing his rationale for his refusal to share. In this context, Rogers' (2014: 49) advice about children and adult 'co-constructing', instead of the adult holding much of the 'power and control in managing curricular agenda', might have been a more productive approach.

Notwithstanding this discrepancy, contrasted to her direct instructional approach in the letter 'A' episode above, the spontaneous-type discourse in the apple eating episode revealed more signs of extended and sustained interactions strategies endorsed by leading advocates of group learning. In line with the thinking of Burns *et al.* (2012), her conversations were extended to all the children in the group instead of a selected few, and were of a high quantity as well as quality. For example, she extended children's ideas about applauding their peers' efforts (*alright, clap for everyone, you are bright children, you could count*), and supported Akeem's eating preference (*Yes, I like the skin too; some people like the skin but some people don't*). It could be concluded that, to some extent, her conversations contain the necessary elements for meeting children's individual needs, interests, and prior knowledge through reciprocal, co-directed contributions between herself and the children (Burns *et al.*, 2012).

## 7.3   Summary

In this chapter, I explored the changing process of caregivers' interaction practice, which resulted from their participation in UG ECPD training programme. I was particularly interested in scrutinising the transactional nature of Guyanese caregivers' conversation to show that, while their professional interaction skills might not be advanced to very high levels (as rated by the practicum assessment tool), the changes in practice were nonetheless noteworthy.  Highlighting these changes was necessary because when I first embarked on the literature review, the paucity of descriptive and explicitly illustrated quality CCI pushed me to subscribe to the thinking of

Dickinson *et al.* (2008) and Algozzine *et al.* (2011). For clarity, I restate this concern below:

> Although hundreds, if not thousands, of studies have been carried out in preschools seeking to understand the impact of these [language-rich] environments…, almost none have looked in fine-grained detail at exactly how teachers and children converse on a moment-to-moment basis. (Dickinson *et al.,* 2007, cited in Dickinson *et al.,* 2008: 397)

Furthermore, despite the fact that studies are beginning to identify and describe the characteristics and process of engaging in effective CCI practices, the detailed examinations required to illustrate these classroom practices remain limited (Algozzine *et al.*, 2011).

The episodes in this chapter offer rich descriptions to illustrate what early childhood practitioners do and say to engage children as a result of their participation in the UG ECPD training programme. Reflecting on the findings presented in this chapter, Guyanese caregivers' interaction practices do conform to the types considered *intentionally focused with the potential to develop children's play, exploration and learning*. These intentionally focused, extended and cognitively rich type of interactions, appear to be much more pronounced during some activities than others.

Spontaneous talks produced in episodes such as Ms Boson's bathroom episode, seem to create opportunities for more meaningful and productive learning. On the other hand, planned and formal sessions, such as Ms Dass' picture study, had the opposite effect. Overall, Figure 11 overleaf shows that caregivers demonstrated more signs of intellectually stimulating and engaging conversations when in discourse with one child, than with groups. This practice was common amongst caregivers and obvious to all participants. One tutor recalls the observation of her trainee caregiver during both planned and spontaneous interactions:

> [H]er interaction was very good. I remember one time there was this child on the telephone, and she was probing her to see how far the conversation could go; asking questions like, "Who's on the other line?" Yeah, she had a nice relationship with children…. But one issue was the way she handled discussions

[lesson-time] – I told her she should not just feed them with information; she needed to ask them things, like more questions about the lesson instead of telling them everything. Like for 'show and tell' sessions she would just give them facts about the object, [but did] not question them about it. (Ms Bowen)

**Figure 11:    Popular Trends in CCI**
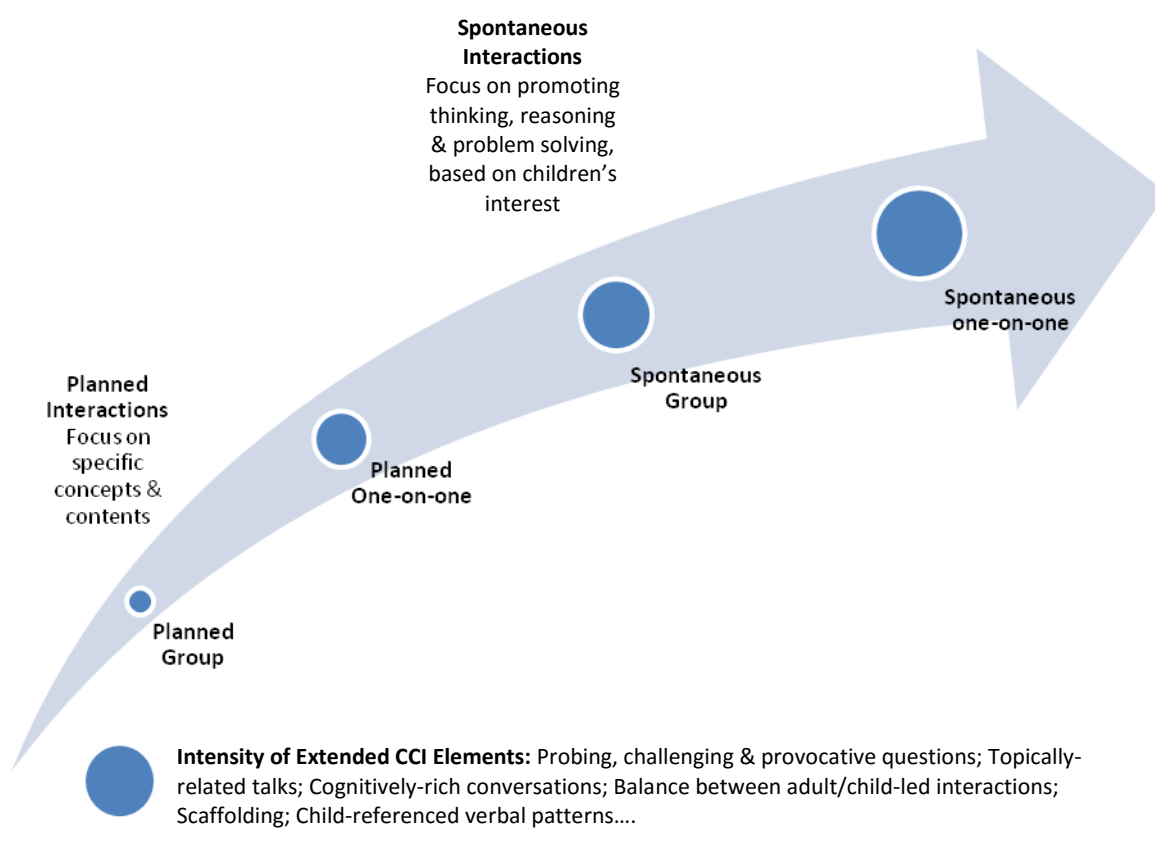


This pattern in CCI practice raises an important question - 'What was the nature of the classroom activity under which UG's practicum assessment was conducted?' Interviews with both caregivers and tutors reveal that assessments were principally conducted during planned lessons. These involved table-top and structured group or circle-time sessions, such as, morning devotion, lesson-time, snack, story-telling, singing and rhyming, and outdoor play. Assessments of CCI in the home or reading centre, or during sand and water play were less frequent. An explanation for this pattern in assessment could be attributed to the focus of the assessment tool. Appendix 3 shows that performance indicators such as caregiver's ability to: 'provide

clear presentations', 'pose effective questions', or 'use a variety of strategies during lesson', lend themselves to more structured instructional contexts.

Therefore, the spontaneous moments in which one-on-one CCI might have occurred were possibly missed or undocumented. A CCI Checklist, such as the sample presented in Appendix 6 might be more appropriate, since it takes into consideration a wider range of interaction indicators concerning both spontaneous and planned experiences. This finding has forced me to return to the interaction model presented in the background section of this study (Figure 3, page 26). It could now be argued that the model does not give the full picture of post-programme practice, because it was constructed from assessment records that principally focused on planned and formal sessions. A more appropriate caption for the model would be 'Early Childhood Caregiver' Interaction Practice during Planned and Formal Sessions'.

Another noteworthy outcome of these findings is that they point to, and make clear, an issue less obvious in previous studies reporting on interaction practices. This study identifies the types of activities that seem to lend themselves more readily to extended type CCI.  In this case, Guyanese caregivers demonstrated more extended type CCI strategies during unplanned and spontaneous one-on-one interactions, as observed in studies reported by Siraj-Blatchford (2009) and Wells (2009). With this in mind, there might be a need for the promotion of more spontaneous and/or one-on-one interactions sessions such as the 'Conversation Station' initiative referenced in Chapter 2.  Such initiatives allow caregivers to initiate talk that focuses on the individual child's ideas, understanding, reasoning, rationale and explanation (Bräuning and Steinbring, 2011). Moreover, this finding suggests that the UG ECPD training might not be very effective in supporting caregivers' extended type interactions during formal and instructional group sessions. Therefore, I explore this issue in the next chapter.

# CHAPTER 8

## IMPROVING THE QUALITY OF CCI PRACTICE:
## Examining How Training Works

### 8.0   Introduction

In this chapter the different components of the UG ECPD training programme are examined to establish how they contribute to the production of the interaction experiences presented in the previous chapter. I argue that the agents responsible for change can, for some caregivers, be categorised into distinct structural aspects. For example, some caregivers credit their new or improved knowledge and professional interaction skills to the supervision offered by practicum tutors and the courses taught by particular lecturers. Other change agents were not as straightforward or easily identified, thus, suggesting that various functional and collective attributes, working in an integrated fashion, fostered changes in practice.

The chapter begins with the more straightforward findings which suggest changes were significantly influenced by the support of practicum tutors (coaches, mentors). Caregiver George and her tutor (Mr Goopaul) corroborate findings about practices that initially seemed 'farfetched', in terms of extraordinarily poor pre-programme CCI. For this reason, their account of the impact of practicum supervision on the cognitively challenging types of CCI strategies observed in the classroom is highlighted. I then present classroom extracts from Ms Caesar to illustrate firstly, how the perceived negative disposition of her tutor (judgemental and authoritarian) led to a critical examination of practice, and secondly, how both course content and corrective feedback collectively serve as a catalyst for the changes in her CCI practice.

Only one caregiver, Ms Boson, did not appear to have benefitted much from supervision. She and her tutor confirm that little emphasis was placed on the

promotion of CCI skills. Therefore, special emphasis is given to her case to contextualise this situation, and to help identify the programme component that contributed to changes in her CCI practice. The findings on Ms Boson's case endorse the second epistemological standpoint supporting my study - effective pedagogical training prescribes ways of interacting with children that can be applied to different contexts. The findings show that the content of the UG training programmes seems to have satisfactorily offered specific interaction practices, which develop skills in how to interact directly or explicitly with children (as advocated by, Dickinson and Caswell, 2007; Dickinson *et al.*, 2008; Hatch, 2010; Trawick-Smith and Dziurgot, 2011). An example of the impact of one course is provided to justify why the latter claim is made. The final analysis points to the importance of critical reflection and the inclusion of practice-focused elements in accounting for the successful promotion of cognitively challenging interactions.

## 8.1 The role of practicum tutors in influencing change

### 8.1.1 Modelling CCI: on-the-spot demonstrations

In my discourse about effective professional development initiatives (Chapter 3), I argued that, amongst other strategies, observation of more knowledgeable early childhood professionals has been found to be a significant factor in improving practice. Studies by Trivette *et al.* (2012a) and Potter and Hodgson (2007a) demonstrate how coaches modelled unfamiliar or new strategies prescribed by training initiatives for trainees, which improved their practice. The practicum tutors assigned to the UG ECPD programme also offered opportunities for observation of their interaction with children, but in a slightly different way. As depicted in the extracts below, the CCI strategies modelled by tutors were not pre-planned or discussed with caregivers prior to classroom visits. Instead, the demonstrations by tutors were spontaneous and relevant to the CCI observed at the time of general supervision. One caregiver refers to this approach as offering 'on-the-spot'

demonstration. Her tutor (Ms Haley) describes how this on-the-spot process works:

> During a play session, one child with a toy truck hit the motorbike of another, and there was a 'clash and a fight'. The children said they would chop each other up with a cutlass; but all she [the trainee caregiver] did was tell them to behave. You know, she could have redirected the angry allegations from both children. So, I intervened and asked one of the children to use the toy phone to call the ambulance because there was an accident with a truck and a motorbike….

Generally, caregivers who frequently demonstrated extended-type interaction during my observations, or were reported as doing so by tutors, appear to have been strongly influenced by this on-the-spot modelling of quality CCI strategies. Even when caregivers seemed to have forgotten the established rationale behind their extended interaction episodes, or the content of courses which emphasised such practice, the impact of tutor modelled CCI strategies remains long-lasting. I present three short extracts of my interviews to illustrate this relationship. Extract one is based on classroom observations which started at 7:30 a.m. On arrival, children changed clothing, and played freely (with peers or individually), using material set-out by the caregiver. At this day care centre, formal and instructional activities commence around 9:00 a.m. and, it is during this time that caregivers usually engaged with the children in stimulating ways. I, therefore, questioned Ms George about the variation observed in her classroom.

*Extract One*

R: During arrival, two children were constructing an object in the block area and you passed by and said, 'eh, that looks nice, what you building?' One child said a tower and you said, 'Yes, towers are tall'. My question is, is this a strategy used before training?

Ms George: Eh eh, no, I learnt this from my supervisor. She showed me how to make 'small talk' with them, when I'm not directly teaching.

R: … Did she tell you why such small talk was important?

Ms George: Eh, um, I can't remember exactly. [Pauses for about 7 seconds] But it kinda (*kind of*) helps to see how they're thinking. What they know….

The interview segment from which the next extract is taken is based on a story-telling lesson. During the interview about this session, Ms George expressed delight at her improved ability to construct storybooks and puppets, and use stimulating voice techniques (such as intonation) to captivate the children's attention. She seems to have good recollection about the courses which, and the lecturers who, facilitated these changes. Her recollections about the questioning techniques observed during the storytelling session were less clear and she could not associate any of the courses with this questioning approach to storytelling.

*Extract Two*

> R:  … One of your courses was on evaluating children; did you learn some of these strategies from that course?
>
> Ms George: I don't know; maybe.... But I ask these questions because my tutor showed me how to do it.
>
> R:  Great, but thinking back about all the courses, do you remember any that covered topics on how to interact with children or how to ask more questions?
>
> Ms George: Eh, oh yeah, in Lecturer X's class…; but for storytelling, she [practicum tutor] demonstrated, right there [on-the-spot], how I could do the questioning.

Given that two courses focused on questioning techniques (*Introduction to Child Care Curriculum and Curriculum Planning and Evaluation*), it is possible that their content might not have been sufficiently explicit or practical to trigger easy recall. Her vivid descriptions about the guidance provided by her practicum tutor echoes the famous Chinese philosophy, 'I hear [read] and I forget; I see [observe] and I remember; I do [practise] and I understand. In Extract one, she could not remember the established rationale given by her tutor on extended interaction, but from her experience, she understood its use in the classroom context - it helped her to see how children's thinking progresses. Repeated corrective feedback from her tutor and Lecturer X's course seem to have facilitated many of the changed strategies demonstrated by Ms George. I will examine the course taught by Lecturer X later in Section 8.2 and consider what influence this may have had on improved practice. However, in terms of her improved CCI during storytelling, the effect of her practicum tutor seems to have been most influential.

Throughout my interviews, caregivers' recount, and sometimes laugh about, the poor nature of their interaction prior to programme participation. On some occasions, I had doubts about these claims about the effects of programme participation on changes in practice. From conducting workshops with day care practitioners, I had gained a good working knowledge of significant failings in practice. Therefore, when presented with evidence that suggest Ms George, who has over 10 years of experience, ask only one or two 'yes' or 'no' questions at the end of a story, I interpreted this with reservation. As a result, in this particular instance, I directed questions about her storytelling CCI practice during the interview with her practicum tutor. Extract Three below illustrates this extreme change in storytelling discourse, following the practicum tutor's intervention.

*Extract Three*

| | |
|---|---|
| R: | …What about the challenging type of interaction I described? Did she interact in this manner [at story time]? |
| Mr Goopaul: | Um, in the end. She did not know how to engage them, so I showed her, and in the end she asked questions like, "Did the story make you sad? …who is your favourite animal … what sound the animal make and so on". |
| R: | So, when you first started visits what exactly did she do at story time? |
| Mr Goopaul: | It just used to be like 'one way', not that 'two way' interaction. |
| R: | Then, you are saying that your supervision had an impact on the way she interacted. |
| Mr Goopaul: | What? Are you serious? If she hadn't taken this programme, she would have been telling children things like, 'That's the end of the story and the spoon bend' [A common way of ending folklore in the community]. |

The positive effects of tutors' modelling performance of unfamiliar, new or developmentally appropriate strategies were reported by seven of the eight caregivers in this study.

## 8.1.2 Provoking CCI: a case of tough love

While the positive impact of modelling is notable, it was not always a possible or practical approach for supporting caregivers' professional interaction practice. For example, when trainees were in the process of conducting

lessons, tutors did not intercept or correct; instead they discussed developmental strategies at post-conference or, if appropriate, immediately following the lesson. On many of these occasions, tutors assumed the role of provocateur, and posed questions that challenged caregivers to critically examine their CCI practice. Ms Caesar offers an eloquent portrayal of how such a challenging approach was instigated. She began this description by comparing her first tutor with the second:

> My first supervisor just came and said to fix this and that; like a Miss 'put to right'. But my other supervisor gave me things to think about. Told me why I should talk to them in a certain way, and so on.

After the second term of Year One, Ms Caesar's initial supervisor left the programme; as a result, another (Ms Clay) was assigned. The following extract illustrates how her second tutor enabled CCI practices such as the 'roti-making' episode reported in Chapter 7. Common to all interviews and discussions was the caregiver' emphasis on the positive impact of the practicum support offered by Ms Clay. In our general interview, the element of 'tough love' was expressed as being particularly helpful:

R: Ms Clay sounds like an amazing person.

Ms Caesar: Oh yes, she is; but she is serious too. Um, this is not a complaint, but she kinda threatened me. On her second visit, yes, I think it was the second she said if I did not pull my socks up fast, I'd fail…. One time I raised my hand to hit a child who spat on another. Man, she looked at me and picked up her bag and folder and left…

R: Oh no, that must have been terrible for you.

Ms Caesar: Yes, I never hit again [giggles]. With her, it was like 'tough love'; but she helped me, really helped me. She would call me up to see that I'm OK or if I needed help with anything….

R: In terms of the way you engage and talk with children, can you think of an example in which this 'tough love' helped?

Ms Caesar: Yeah, plenty.

R: Ok, the floor is yours.

Ms Caesar: Eh, let me see [pauses for about 8 seconds]. Yes, this is a good one. Once I did a lesson outdoor; but actually, I took the children outdoors to impress her. She used to tell me that the children need to explore the environment, so the day she visited a combine was cutting rice in the field opposite the centre and I took the children to observe. She told me that was a good thing to do and I felt kinda

happy with myself. But at discussion time [post-conference] she asked, "Ms Caesar, do you believe in miracles?" I didn't really know how to answer, so I told her I think the bible stories are true. She then said to me, "Well, these children will need a miracle if they're ever to become great rice farmers and scientists…." She told me I can't keep asking questions like, "What's the name of the machine used to cut the rice? What are the colours of the birds in the rice field? Count the birds"… I thought I did a great lesson, but realised there was so much more I could have done.

R: Were you upset?

Ms Caesar: A bit. But she was only trying to help me. She wanted me to like help them to use their imagination; you know, these children already knew the name for combine… so, she said I should ask questions like, "I wonder how we could cut the rice if there is no combine?" I still call on her for information. She is very nice….

R: So, what I'm hearing is that the ECPD programme has had an impact on your interactions with children?

Ms Caesar: And my tutor was the greatest help….

Our discussions about this tutor shed light on a quality of tutor support not reported on in the published literature – 'tough love' (supportive and kind, yet dictatorial and judgemental). Studies examining features of effective practicum supervision (also referred to as coaching, mentoring and consultancy, in the literature), report on positive qualities, such as:

- Balancing and sustaining support, rather than offering a one-off or condensed series of sessions.

- Collaborating with the trainee to establish rapport, build trust, and develop mutual respect.

- Prioritizing areas for improvement and designing suitable support mechanisms.

- Facilitating reflective thinking by observing, listening, and supporting developmentally appropriate practice, rather than dictating perceived correct, practice.

- Providing corrective feedback for improving practice, rather than evaluating and judging. (Koh and Neuman, 2009: 543-544)

With reference to the final two criteria, it would be difficult to describe Ms Clay as an exemplary practicum supervisor or tutor. One of the latest pieces of

research concerning the relationship between observer and observee provides evidence for the negative outcome of this hierarchical type of support (O'Leary, 2013). Referring to this type of practice as 'judgement maker' in the study of the assessment of tutors' performance, O'Leary claims the practice represents 'a significant threat to the developmental potential of observation of teaching and learning' (p. 707). Nonetheless, the picture presented by the trainee caregivers in the extract above, and from other interviews, suggests otherwise. It suggests that an interplay of authoritarianism or judgement maker (*if you don't…, you will fail*), gentleness (*she spoke very softly, not commanding like my first tutor*) and dedication (*she visited me more often than other tutors did with their students*), contributed to Ms Caesar's improved practice. The judgement maker type of supervision, reported by O'Leary (ibid.), was only one strategy used in this cycle of support offered by Ms Clay and, overall, her support addressed her trainee's developmental needs. This finding is suggestive of the complexity of coaching. That is, while established criteria for evaluating effective coaching offer lenses to view possible coaching approaches, they could negate the efforts of tutors such as Ms Clay. For this reason, Sheridan and colleagues' view become relevant to this discussion:

> Methods by which coaches […] make decisions for scaffolding teachers' learning comprise a set of complex variables that have not been the subject of research. Additional research is needed that investigates […] the relationship between a coach's competency and decision making, and associated changes in an early childhood practitioner's skill development and approach to practice. (Sheridan *et al.,* 2009: 390)

The evidence from tutor Clay establishes an intertwining process of dedicated, gentle, developmental and dictatorial coaching, leading to positive changes in CCI. A search for similar patterns in tutors' mentoring approaches unearth the gentle, developmental and dedicated features – 'My tutor was patient and pitied the conditions under which I had to work' (Ms Harry). 'She came in one weekend to show me how to set up my language centre' (Ms Dass). However, no other caregiver or tutor identified 'authoritarianism' as a feature of the coaching they experienced. Nevertheless, from my interview with Tutor Clay, her ability to balance different mentoring approaches, and an

understanding of her trainee caregiver's ability, seem to have contributed to her effectiveness. She remarked: 'I studied her [caregiver] well; so I knew when to be stern with her and when to cut her some slack'. This tutor seems to possess the mediation skills and emotional intelligence that Smith and Ulvik (2014) deemed necessary for effective mentoring.

> There is a subtle, yet important, balance to be achieved between motivating and de-motivating during the mentoring process, and the mentor needs to be able to 'read' the context and the mentee carefully to provide appropriate and constructive feedback. (Smith and Ulvik, 2014: 269)

Finally, with emphasis on ethnographic-type evaluation (*I studied her well*); Ms Clay's coaching approach might not be suitable for shorter professional development initiatives, or those requiring limited coaching and supervision. As this is an interesting, and perhaps controversial, finding for scaffolding caregivers' learning and development, it is worthy of follow-up study.

### 8.1.3 Guiding CCI: quantity and quality of feedback

Research has shed light on the impact of variations in the quality and quantity of tutors' and assessors' feedback (Whitehead, 2012; O'Leary, 2013). This section adds the general findings on the feedback efforts of practicum tutors in this study. The overall finding concerning the feedback of tutors on the UG programme is favourable. Generally, the type of advice offered was based on similar themes: discipline issues, play extensions and questioning (see Table 13 below). All the practicum tutors, except for Ms Boson's tutor, provided a variety of feedback, comments and suggestions about CCI. As a result of the tutors' advice, caregivers in this study have made very obvious improvements. Based on the findings, Ms Caesar, for example, could be considered one of those caregivers who made considerable progress because of her tutor's provocative questions and advice. Other caregivers, Ms Dass and Ms Eve, for example, did not report such intensive mentoring; however, they affirm that without their tutor's feedback, their practice would have been of a much poorer quality.

**Table 13:    Feedback Offered During Practicum Supervision**

| Example and Sample Descriptor of Feedback | A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| *Making of and reflection on rules.* On my first visit she spent most of the time attending to discipline issues, so I gave her advice on how to change this. I explained she could involve the children in making ground rules and have them decide on the consequences for breaking these rules. | | | x | x | | x | x | x |
| *Managing play disputes.* There was an instance when two boys wanted to go on the swing and she said, 'We're not going on the swing today, we're doing circle games. I told her she could have explained that the swing is wet, and they might slip and hurt themselves. | x | | x | x | x | x | x | x |
| *Encouraging gratitude.* I encouraged her to find a nicer way and better tone of voice to remind children about courtesy rules, instead of saying, 'Don't you know you have to say thank you?' | | | | x | | | | x |
| *Naming and/or offering compliments.* Instead of general praises, she was told to make specific and descriptive compliments, 'Very good, you coloured the inside of your apple', instead of just saying 'nice'. | x | | x | x | x | x | x | x |
| *Addressing children by given names.* She called them by names such as, 'baby'. I talked to her and she started to call them by their given names. | | | x | x | | x | | |
| *Offering assistance.* Once, a child tried to fix a puzzle and after a while she could not get it, so she got upset, rude-up her mouth [made an angry face] and push it away. The caregiver went over to help her by fixing it. I told her she should not have fixed it; she should have asked the child, 'I could help you to fix it, do you want me to help…?' | x | | x | x | x | x | x | |
| *Interacting during children's play.* During shopping the children were left to play by themselves, so I told her to make paper money… be the shopkeeper or cashier and sell the items so she could interact with them. You know, like, 'OK, what would you like to buy today' or 'Let's see if you have enough money'. | x | | x | x | x | x | x | x |
| *Building on children's responses and comments.* I explain that she could use children's responses to enhance discussions, to build their self-esteem, and to keep them interested in discussions. | x | | x | x | x | x | x | x |
| *Using open-ended and leading questions.* I pointed out that leading and probing questions will stimulate their thinking and keep them interested in the discussions. For example, 'What if this happens; why do you think he is sad?' | x | | x | x | x | x | x | x |
| *Investigative talks.* I told her she needed to find out what they know about it [specific topic] before telling them. You know, before telling them this is a cell phone and we make calls from it, ask them what it is or used for… So she could know what they know and what [information] to give them. | x | x | x | x | x | x | x | x |

Articulation of Ms Dass' practice, by her tutor, offers an informative picture of pre-programme CCI:

> Well, how do I put it gently? She was a mess; her class control was a disaster…. Shouting, hitting… They do a lot of work with the children in terms of rote learning, but this one-to-one, sit down type of interaction was not there.

My visit to Ms Dass' classroom was characterised by respectful talk about discipline issues, and occasionally smart gaffs in learning centres. My first hand observations suggest that her post-programme practice was different from the description above. Considering that Ms Dass recalled only one of the three courses that provided guidance about CCI, the role of her tutor stands

out as a significant agent of change. In the past three years, Chen and McCray have highlighted the importance of the role of practicum tutors in their *Whole Teacher approach to PD*. They argue that their Whole Teacher approach is effective because it not only exposes teachers to knowledge about who is taught or what to teach but also builds in opportunities for teachers to practice what they have learned, 'through ongoing support in real classroom settings' (Chen and McCray: 2012: 10). In stressing the significance of coaching efforts in real classroom settings, they go on to assert that 'role play or simulation during workshop time cannot compare' to the support offered by knowledgeable professionals in the classroom (ibid.), and this is where our findings contradict.

To demonstrate this contradiction, I provide evidence from Ms Boson, whom, during many sessions, demonstrated excellent interaction skills. Table 13 above indicates that Ms Boson (represented by letter B) received very modest feedback about CCI strategies from her tutor. In terms of advice given about CCI, the Table shows that she was made aware of the need to engage in more investigative talk; however, this talk was specific to planned group sessions, such as, letter or picture of the day. Given that Ms Boson displayed a high quality of extended interaction during both planned and spontaneous lessons, and in both group and individual activities, a link between her tutor's coaching efforts and her improved practice could not be established.

In Appendix 3, I provide the range of developmental areas on which the UG ECPD practicum course focuses – methods of questioning; ability to prepare child friendly environments; planning of daily lessons; attentiveness to hygiene and sanitation; managing behaviour, etcetera. Ms Boson's practicum supervisor seemed to have performed outstandingly in offering support in these areas. She acknowledges this by explaining:

> I know that at one of the other day care centres, the teacher was very arrogant and would threaten the children with a big wood [whip].… [But] Ms Boson was caring…. Her communication was good. She did not raise her voice with them; in terms of discipline, she knew how to keep them in order without beating…. Yes, her interaction was very good. She

might need just a little more work in this area, but she is good.
Her *problem* really is in writing lesson plans….

By deeming Ms Boson's pre-programme interaction as good, in comparison to others observed, her practicum tutor seemed to have missed opportunities for promoting extended types of CCI. By this account, I am not suggesting incompetency on the part of the tutor; rather, I am pointing out two problematic professional development issues: one, in providing developmental experiences according to the caregiver's expertise and needs, this tutor placed more emphasis on pre-programme indicators that scored relatively low (lesson planning, for example) and two, unless ECPD focuses on specific content and skill components such as CCI, it might be difficult to give extensive attention to CCI strategies because these are accounted for by only one of the eight observational areas on the UG assessment instrument (see Appendix 3).

## 8.2 The role of simulation and disposition of course lecturers in facilitating interaction changes

The interviews and video-stimulated reviews provide insights into the programme components that led to changes in Ms Boson's CCI practice, as is exemplified below.

> R: During the video review, we identified a few of the new CCI strategies you said you have learnt, but I would like to know if you can give me some illustrations of some other ways you interacted before and after programme participation?
>
> Ms Boson: I'm not sure this is a good one. For instance, before, I used to play with them in the doll's house. But back then I used to be like cooking and doing my thing, and they would do their thing like dressing the dolls. It was just playing along with them. But, now, when we are playing in the doll's house, we talk, like I say what I'm doing. Like I tell them I went to the shop and bought macaroni and now I'm cooking it with chicken. And we talk about how the food tastes and so on. "Oh, this is delicious, or I need some more salt ... Oh, we don't have salt, run to the shop and buy some … We need some sugar to make drinks, so take some more money to buy some sugar too…"

> R:          This is great play.
> Ms Boson:  I love having a good time with these children. And even though we are having fun, I try to develop their memory, like looking at how much they can retain… I learnt about this fun memory strategy from Lecturer X's course.

In the interviews and video-stimulated review sessions, Ms Boson pointed to a specific course that generated positive changes to her CCI (Lecturer X's course). The notable aspect of the impact of this course was the nature of delivery and disposition of the lecturer: '… [He] used to act out some of his classroom observations and we had to critique them. He made us realise how bad we were; but um, he's nice ... We learnt a lot from him.…' Of the eight caregivers in this study, all made specific reference to this course in answer to questions, such as in the following extract:

> R:          'So, in terms of interacting with children? You know, the questioning, explaining and gaffing more, where did you learn about this?
> Ms Harry:  Ms Haley [practicum tutor] gave me some hints…. And a lot was done in Lecturer X's class too. We had to role play every week and he would give suggestions….

As a result of this finding, the functional features of the course taught by Lecturer X were examined, and the findings are presented below.

### 8.2.1  The power of practice-based courses

In 2012, Hamre, Pianta, Burchinal, Field, LoCasale-Crouch, Downer, Howes, LaParo and Scott-Little claim that 'campus-based course-only model' of PD could significantly improve teachers' interaction practice. In Chapter Three (3.2.3), I showed how they demonstrated that, in the absence of on-site classroom support and specialised early childhood supervisors or coaches, course-only training could achieve desirable outcomes. In summary, they credited these outcomes to the practice focused nature of the course (analysis of and enactment of CCI activities). These strategies are quite similar to those promoted in Lecturer X's course as identified by Ms Bowen and others.

This particular UG course is ECE015 (Promotion of Cognition and Communication). Units include, for example, 'Promoting language development of infants and young children'; 'Improving communication skills of children'; 'Importance of listening to children's conversations'; 'Developing children's attention span and memory'; 'Developing an understanding of basic concepts in children', and 'Helping children to express their imagination and creativity'. For each unit, there are a number of knowledge requirements and performance criteria which must be assessed. The unit entitled, 'Helping children to express their imagination and creativity', for example, has a list of fifteen knowledge requirements and three performance criteria.

**Table 14:** **Knowledge Requirements and Performance Criteria for one Unit** (HEART Trust/NTA, 2004, M7: 6-7)

UNIT FOUR    HELPING CHILDREN TO EXPRESS THEIR IMAGINATION AND CREATIVITY

Knowledge Requirement

1.  Demonstrate knowledge of the role and value of self-expression and creativity in children's sensory and intellectual development

2.  Demonstrate knowledge of the reasons why some children have difficulty participating or are reluctant to participate, in imaginative and creative activities

3.  Demonstrate knowledge of the importance of creating a safe and stimulating environment where children can express themselves freely

4.  Demonstrate knowledge of the materials and equipment which can help children to express creativity and imagination and the rationale behind their use

5.  Demonstrate knowledge of the role of fantasy and imaginative play in children's sensory and intellectual development

6.  Demonstrate knowledge of the difference between, and significance of, *products* and *processes* in children's creativity

7.  Demonstrate knowledge of ways of supporting children's spontaneous imaginative play

8.  Demonstrate knowledge of how children's expressions can be constrained or conditioned by gender or other stereotypical roles and how to counteract this

9.  Demonstrate knowledge of how to adapt equipment and activities to make it easier for children with special needs to express their creativity and imagination

**Knowledge Requirement Cont'd**

10. Demonstrate knowledge of modes of representation – drawing/painting, written/symbolic, drama/role play; music/expressive movement; modeling/construction

11. Demonstrate knowledge of the value of drama/role-play in representing a child's experience

12. Demonstrate knowledge of how children use many different situations and methods of representing/reflecting their life experiences

13. Demonstrate knowledge of the role of the adult facilitator in helping a child to represent his/her experience and develop his/her ideas

14. Demonstrate knowledge of the common indicators of actual or potential difficulties that a child may communicate through representational activities

15. Demonstrate knowledge of the sequence of development in children's drawing and painting and how to relate forms of representation to levels of development

**Performance Requirement**

1. Promote activities to assist children to represent their personal experiences

2. Plan and implement activities for children to explore a variety of roles, cultures and methods of self-expression

3. Promote activities to assist children to express their imagination and creativity

In addition to this list, a detailed information sheet, with description of content is provided to both lecturer and students and below, in Table 15, is a sample of the kind of activity covered in the unit. The topic on which this sample activity is based considered the first performance requirement in Table 14 above, and was covered the previous week.

As with all taught component of UG's programme, the lecturer for this course is required to ensure that all the content areas are covered and provide evidence of such coverage, using the course task sheet and checklist. These instruments provide specific performance criteria and attitudinal requirements to be met by the students; however, the lecturer is given the flexibility of facilitating courses by using personalised approaches. The lecturer of the course employed role-play, case study and reflective discussions to help participants achieve the learning outcomes. For two hours each week, this lecturer held lectures and offered case studies and classroom scenarios for

students to critically analyse. The final one hour was assigned to classroom enactments.

**Table 15:     Sample of Role-play Task Sheet and Checklist**

| | |
|---|---|
| Given: | Group of children (age 3-5 years); adequate of supply of playdough; free play time |
| Performance Criteria | 1. Children must be engaged in one-to-one conversation<br>2. Children must have adequate amount of playdough for modelling several items<br>3. Children must be encouraged to discuss and represent members of their family |
| Attitudinal Requirement | 1. Display personal interest<br>2. Be patient<br>3. Allow freedom of expression<br>4. Be attentive to child's expression |
| Procedure | 1. Observe 1 -3 children as they begin to work with playdough placed out for free play time<br>2. Encourage one child at a time to describe what he/she is making<br>3. Listen and encourage each child to discuss this representation<br>4 Ask each child to make a figure of himself/herself<br>5. Ask questions that will encourage each child to represent other persons within his/her family with playdough construction, for example:<br>    • Who was home with you this morning? (Let's put them all in this imaginary 'room' on the table)<br>    • Who made your breakfast? (What did she/he make for you?)<br>    • Who will be coming for you today? (How do you get home)<br>    • Who will be home when you get there?<br>    • Who would you like to visit if you could?<br>**NB: The accuracy of the representations is not important; what is important is getting the child to talk about his home and family experience in a relaxed way while 'at work'.**<br>6. Let the child volunteer, lead discussion as much as he/she is able/ready; probe only as necessary<br>7. Encourage other children at table, but do not let this reduce the personal attention the first child is receiving. A similar discussion could then occur with another child<br>8. Note any personal information that might be new or significant |

| Performance  Criteria: | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| 1.Children are engaged in one-to-one conversation | | | | | |
| 2. Children have adequate amount of playdough for modelling several items | | | | | |
| 3. Children are encouraged to discuss and represent members of their family | | | | | |

| |
|---|
| Rating Scale:<br>    5.Can perform the task with initiative and adaptability to problem situation<br>    4. Can perform the task satisfactorily without assistance and/or supervision<br>    3. Can perform the task bur requires periodic assistance and/or supervision<br>    2. Can perform some parts of the task satisfactorily, requires considerable assistance<br>    1. Cannot perform the task satisfactorily, but has some knowledge of the task |

Given one week for preparation, students worked in pairs to demonstrate how the theoretical concepts of the course could be transferred to classroom practice while another pair of students undertook peer-review and, using the unit's Rating Scale in Table 15, they evaluated and provided feedback on the role-play activity.  After their feedback was given, the rest of the class, the lecturer and the students who performed the role-play added their contributions to the discussion. It was during this supportive feedback and

critique session where caregivers attributed the significance of Lecturer X: 'He made us realise how bad we were; but um, he's great'. It should be noted that anticipation of feedback was associated with increased levels of stress which, fortunately, unlike some reports (see O'Leary, 2013), this did not attract suggestions or recommendations for discontinuation:

> When it was our turn [to perform stimulation], I was trembling, because it does not matter how good you think you are, he was able to finds fault [giggles]… But let me tell you, I wouldn't exchange his course for any of the others…. (Ms Dass)

Despite the anxiety over the presentation, all the caregivers in this study agreed that they had benefitted from the delivery approach, even when they received relatively low scores: 'This is the only course I got a C; yet, it was the most helpful' (Ms Ali). Overall, caregivers' scores for Lecturer X's course were lower than for other courses. Performance at written examination for this course did not highlight the important CCI skills these caregivers profess to have learnt. This led me to consider that the exam-focused element of UG's ECPD might need to be re-examined. Production of written work, tests and examination might not be suitable approaches for assessing professional practices such as CCI.

### 8.2.2  The power of lecturers' disposition and experience

The practice-focused nature of the course under consideration is undoubtedly significant in effecting CCI changes. At the time of our interviews, caregivers were still able to relate specific role-play activities they had participated in. Therefore, the importance of 'paying attention not only to what is taught, but to *how* [my emphasis] it is taught' remains a crucial element in the training process (Potter and Hodgson, 2007b: 67). However, as Ms Harry and Boson respectively explain below, there was another notable element of this course – the disposition of the facilitating lecturer:

> He used to have us pretending to be the children and he would point out our mistakes in teaching… [For] some of the other tutors, when they left the class, we used to turn to each other and say, 'is wa sh just se? [what did she just say?]'. As soon as they left the class we'd forget, but not with him, he was good. He pointed out all our mistakes, we had to dot all our i's and

> cross all the t's; but he made jokes… great personality …he knew his stuff, you could not fool him. You could bluff some of the other lectures, not him [giggles]. (Ms Harry)

> He does not teach only what is in the module. I think he teaches much more. You know, like he teaches what is 'inside of him'…. (Ms Boson)

The disposition, experience and knowledge of tutors and lecturers emerged as an underlying theme associated with the development of productive CCI practices. Earlier (Section 8.1.3), I established a relationship between one practicum tutor's (Ms Clay) meticulous classroom observation, and attention to classroom interaction practice, and positive CCI outcomes. This relationship was established on the evidence of the experience of one caregiver and her supervising tutor. In this section, evidence concerning the effectiveness of Lecturer X has been given by all of the caregivers in this study, suggesting the significant impact of his personal approach for supporting and sustaining learning and understanding of course material and content. In my interview with Lecturer X about his meticulous, yet apparent amiable character, he notes that he made it clear on the first day of class that, contrary to popular beliefs, high scores on tests does not signal the making of good practitioners. His remarks about the course task sheet and checklist (Table 15 above) echo O'Leary's (2013) argument about the reductionist nature of these assessment instruments. Lecturer X states that while the instrument set a baseline for assessment; on its own, it is quite unhelpful for supporting significant change in practice:

> I'm from the 'old school'. I cannot be pretentious and condescending and try to make them feel good by giving them a score of 4 out of 5 for a particular item and leave it at that, when they are outright terrible in other areas. Some lecturers give them high grades because they use only the checklist; but even if I give a 'B' or [an] 'A', this is followed by lengthy discussions or a whole page of comments and questions about how they could further improve.

Based on the findings of Tutor Clay and Lecturer X, it is possible that the success of the UG ECPD hinges on these types of personal qualities. Bearing in mind that qualities such as disposition, experience and knowledge-base are unique and individualistic, the findings about Tutor Clay and Lecturer X could

serve to stimulate discourse with ECD educators about the nature of support required to develop productive classroom practice.

### 8.2.3 Interplay of programme elements: a Creole discourse

In this section, I discuss how the different programme elements identified in the last two sections come together to influence one of the caregiver's professional interaction skills of engaging in Creole conversations. Working in a predominately Creole speaking community, Ms Caesar has to balance the advice given by her practicum tutor (the need for children to be introduced to and taught English), and that of a module (promoting the acceptance of Creole). The extract highlighting this practice was documented during the lunchtime session as Ms Caesar distributed children's lunch packs:

| | |
|---|---|
| Ms Caesar: | [Holds up a lunch bag] Somebody got a new bag. |
| Coby: | [Stands and exclaims] Yeah! I mammy buy am. |
| Ms Caesar: | I mammy buy am? My mommy bought it. [Rubs Coby on the head and speaks in a playful and suggesting tone] My mommy bought it. |
| Coby: | [Giggles] My mammy bought it. |
| Ms Caesar: | Yes, my mommy bought it. |
| Candy: | [Next to receive lunch bag] Meh buy dis bag yestada a makit. (*Yesterday, I bought this bag at the market.*) |
| Ms Caesar: | You bought your bag yesterday? |
| Candy: | Eh, eh (*yes*). |
| Ms Caesar: | And who took you to the market? |
| Candy: | Meh buy am a makit. (*I bought it at the market.*) |
| Ms Caesar: | You? No one took you to the market. |
| Candy: | Meh momma. (*My mother*) |
| Ms Caesar: | Ok, that's nice. [Turns to another children] You could take out your snacks. |
| Candy: | [Continues to talk as Ms Caesar attends to the other children. She gets up from her seat and walks over to the researcher who is sitting at the back of the class. She touches the researcher and speaks in a high tone] A rat bin want bite meh and meh momma kill am. (*A rat was about to bite me, but my mother killed it.*) |
| Ms Caesar: | [On hearing parts of Candy's comments] Wow, your mother saved you. Did it get away? |
| Candy: | Na, sh teck wan… [words unrecognisable] and nack am and shy am… [words unrecognisable]. (*No, she took a… and knocked it, and pelted it….*) |
| Ms Caesar: | Oh my, she shy [pelted] the rat too? She shy [pelted] the rat too? Oh no, it must be dead. |
| Candy: | [Giggles] Eh, eh (*yes*). |

Our discussions about this extract unravelled a number of changes in practice. Ms Caesar related that making commentary about the children's new lunch bags was a strategy she had recently adopted to engage the children in conversation in addition to the occasions when she purposefully set out to teach specific concepts and introduce content. She was of the opinion that prior to programme participation; she might have prevented them from talking so much at snack time, 'Uh, I might have said, "It's time for snack now, no talking". Ms Caesar credited this specific change about talking more with children during activities to her tutor. Throughout my interviews with Ms Caesar, high credit was given to her tutor for the changes observed in her practice. As a matter of fact, she was of the opinion that almost all the effective strategies I have observed her demonstrate, were direct results of her tutor's interventions, recommendations and illustrations. I was therefore taken aback when she claimed that the Creole discourse between her and the first child (Coby), in the above episode, was a strategy promoted by her tutor.

R:          How about the way you interacted with Coby? Uh, you did not extend his comments about his new bag. I was wondering whether you could have asked him if he thanked his mommy for buying him the bag etc.

Ms Caesar:   [Pauses for about 5 seconds] Um, not really. No, I did not think about that.

R:          Uh, you corrected his Creole; do you think that's a reason why his conversation about his bag ended prematurely?

Ms Caesar:   But my tutor encouraged me to correct their Creole in a 'kind way'….

I have shown in an earlier section (Guiding CCI: quantity and quality of feedback) that Ms Caesar's tutor (Ms Clay) was one of the most effective at offering quality supervision. On this basis, it appeared out of character for her to advise her trainee to restrict the use of the children's first language. To corroborate the caregiver's story, during our interviews, I asked Ms Clay about the Creole restriction recommendation. Her response suggests that she did encourage Ms Caesar to place restriction on the use of Creole.

Well, the [children's] language area needs some work…. You know, because they are from the country [rural area] doesn't mean they must only talk in Creole… it was appalling…. I grew up in the country, but I never heard it spoken like this; so I told her she must start teaching these children English.

Given that this tutor did not give her trainee specific strategies about teaching English as a second or an additional language, from a socio-linguistic standpoint, the advice given might appear incomplete. My experiences of working with young Guyanese children reveal that direct and suggestive correction such as the strategy used with Coby *(I mammy buy am?)*, often restricts extended conversations. Also, I and others have established elsewhere how this practice negatively impacts on children's learning and language development (see Callender, 1997; Semple-McBean, 2007). Paradoxically, considering that English is the official language of Guyana and the language of instruction in formal school, the recommendation of this tutor is understandable. Therefore, instead of allowing children to converse only in Creole (as she did before training), Ms Caesar now attempts to introduce English structures. In introducing English structure during conversations, Ms Caesar did restrict Creole interactions on some occasions; but, as the episode shows, she allowed Creole usage on other occasions or when spoken by particular children. In relation to the example above, her justification for allowing Candy to speak in Creole without correction is as follows:

> 'You see, she is new. That was her first week at school; we learnt [from a taught course] that we should allow them to speak in the Creole language then gradually teach the English'.

Investigation into these variations reveals that Ms Caesar is not only practising strategies recommended or modelled by her tutor but she is also incorporating strategies learnt from taught courses. She makes specific reference to 'Social Development of the Young Child' and the module on working with linguistically and culturally diverse children. The first course focuses on how children learn language and develop identity, self image and image of others. The module on working with linguistically and culturally diverse children specifically incorporated dramatic presentations which promote awareness of the images and impressions passed on to the children that contribute to the negative stereotyping of Creole. Therefore, unlike my 2007 study, which showed that Guyanese Nursery teachers used offensive comments to prevent children using Creole, participants in the UG ECPD show some degree of sensitivity and thought about their approach and attitude to children's use of Creole. Ms Caesar has demonstrated how the

interplay of corrective feedback, taught components and self-realisation produced changes in her CCI.

## 8.3   Summary

A number of specific components of the UG ECPD training programme have been identified as positive agents of support and change for caregivers' professional interaction practice. I have shown the important role practicum tutors play in demonstrating what challenging types of CCI entail, stimulating thinking about CCI practice, and offering corrective feedback for improvement in practice. The role of simulation and the disposition of course lectures in affecting CCI change has also be considered. In particular, the practice-based element of one taught courses seems to have had long-lasting effects on participant's knowledge of CCI, their skills to perform CCI, and their attitude towards CCI. The simulation component, in particular, seems to have encouraged caregivers to think about possible ways of interacting in their physical early childhood settings.

When caregivers balance and incorporate the different CCI strategies promoted by the programme, changes appear to be more pronounced. This suggests that more desirable outcomes of ECPD might be achieved by amalgamating different approaches to training. Ms Caesar's Creole discourse episode shows how, collectively, programme components can result in positive CCI changes. But in situations where, for example, on-site classroom support or specialised early childhood tutors are not readily available to provide feedback on classroom practice, Ms Boson's case study has shown that practice-based course-only approach might be sufficient in bringing about positive CCI change, as long as it encourages caregivers to adopt reflective attitudes towards their practice.

# CHAPTER 9

## EXPLORING NOTABLE DIFFERENCES IN PRACTICE

## 9.0    Introduction

The preceding chapter shows how the different components of the UG ECPD training programme collectively and/or individually contributed to changes in caregivers' professional interaction practice. In Chapter 7, I illustrated how caregivers engage with children as a result of these changes. From the illustrations in those two chapters, it is evident that many of the caregivers have gained the requisite knowledge and skills to provide intellectually, challenging and motivating interactional experiences to help advance children's thinking. At the same time, these illustrations show that some caregivers seem much more competent than others in offering these interactional experiences. For example, Ms Dass improved as a result of training, but did not demonstrate the type of competency needed for advancing intellectual development during many of her structured interaction episodes. On the other hand, Ms Boson and Ms Ford frequently engaged children in 'smart gaff', utilising their thoughts and feelings about both planned and informal topics.

Notable variations in caregivers' interactional competency were not limited to my classroom observations; analysis of caregivers' own self-assessments of CCI practice confirms these differences. Figure 12 indicates how the caregivers perceive the changes in their interactions. In the interests of space, I have selected five indicators from the CCI self-reported checklist to highlight how they perceive their overall practice. Appendix 6 provides the full list of the 54 CCI indicators used on this checklist. The five indicators analysed in Figure 12 below are:

> 32:    Instead of one-word/yes-no responses, when possible, I encourage children to give details of events to extend thinking.

**Figure 12:     Pre and Post-Practicum Self Assessment**
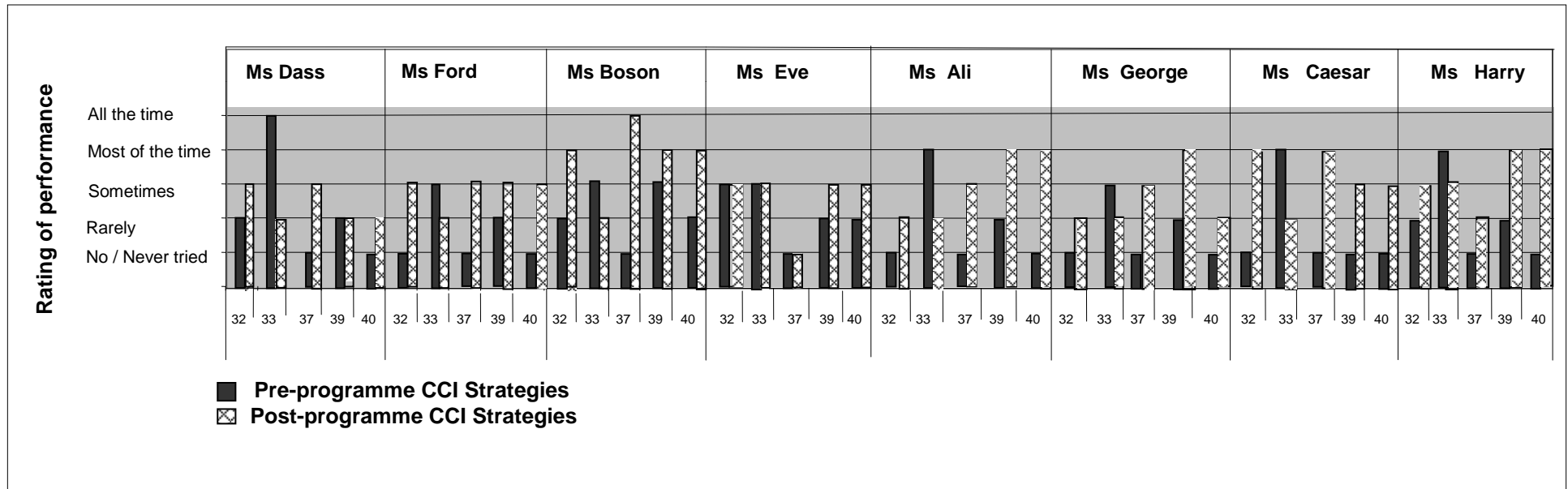
33: I directly solve children's problems that arise during daily activities (e.g. if the child cannot fix puzzles I do)

37: I give information and ask questions appropriate to play in progress (e.g. 'Is there enough gas to finish the cooking?')

39: I utilise opportunities for 'teachable moments' throughout the day (e.g. sudden sound of siren, new building next-door)

40: I encourage children to reflect and comment on their work (e.g. 'You told me you are making a tree, what is the car for?')

The analyses shown in Figure 12 suggests that, following training, caregivers showed a positive trend in changes, with the indicators number 37 and 40 having the greatest gains. Indicator 33 also suggests a positive trend in changes, but in an opposite direction, showing a decrease in unsuitable practice. However, there is considerable variation between caregivers in this respect. Ms Dass seems to have made the greatest change (from almost always to rarely). The degree and variation in these changes became a matter of interest during the pilot stage of this study. I, therefore, set out to explore this issue further, and this formed the construction of the third research question: 'Why has the programme influenced caregivers' interactions differently?

A point to note in regard to this research question is that it was formulated with the understanding that CCI is 'complex and requires caregivers to make many decisions about appropriate ways to respond' (de Kruif *et al., 2000:* 248). My findings on the trends in CCI during planned and spontaneous activities provide evidence that caregivers need to interact differently with children in accordance with their needs and interests. Ms Ali's interaction episodes (Chapter 7) serve to illustrate how one caregiver could engage in both extended and more controlled types in the course of a single session. Moreover, although she agrees that she needs to provide more extended-type conversations, unlike Ms Dass or Ms Eve, she offers children much more challenging interaction experiences throughout the day. With regard to consistency between self assessments and classroom observations, the changes reported by Ms Eve were not observed. Therefore, these marked

differences in extended type interaction experiences are what this chapter attempts to explore.

In attempting to account for these notable variations in training impact, previous researchers point to factors such as willingness to change, as determined by trainees' motivation, values, beliefs, and disposition (Peterson, 2012; Whitehead, 2012). As detailed in Section 3.4, caregivers categorised as 'ready to change' display characteristics such as willingness to comply with mentors' suggestions, and an openness to receiving new information. Other researchers have shown that even when caregivers are ready to change and are provided with comprehensive training, there are some underlying factors that influence eventual outcomes. These include their age and experience in the field (Rentzou and Sakellariou, 2011; Thomason and La Paro, 2013), adult-child ratio and group size (Thomason and La Paro, 2009; Goh *et al.*, 2012; Rentzou and Sakellariou, 2011), the philosophy and policy guiding the early childhood settings (Hatch, 2010; Curby *et al.*, 2010; Rentzou and Sakellariou, 2011); emphasis on CCI (Arnett, 1989; de Kruif *et al.*, 2000; Thomason and La Paro, 2009, 2013), and level of qualification (Trawick-Smith and Dziurgot, 2011). This chapter shows how these factors may have enabled or inhibited changes, and offers explanations for the differences observed in caregivers' ability to engage in extended and cognitively challenging types of interaction. It highlights the impact of caregivers' pedagogical thinking and practice, and then examines the influence of extraneous factors such as group size and cultural norms.

## 9.1    Pedagogical thinking and practice

Caregivers' individualised adaptation and/or adoption of CCI strategies produced different outcomes in practice. Three main factors were found that influenced the development of extended interaction skills, (i) the extent to which caregivers practised and reflected on new strategies, (ii) the position of CCI in caregivers' pedagogical priorities, and (iii) the model guiding implementation of new strategies. These are examined in turn below.

### 9.1.1  Extent of practice and reflection

The differences in practice between the caregivers who provided more intellectually and challenging interactional experiences and the others were narrowed down to two factors: constant classroom practice and reflection on daily activities. The CCI strategy in which these differences were greatest is the area of recall and follow-up talk. Many caregivers failed to expand on children's comments and questions due to the fact that they needed to prioritise attention and/or assistance elsewhere. I have witnessed instances of caregivers being in the middle of discourse with children at one activity table, but having to leave to attend to issues such as fighting at another. In the process of reviewing interaction episodes with caregivers about such instances, they made comments such as, 'I forgot I told him/her we would talk about X and Y later'. In other instances where caregivers ended conversations without signalling an opportunity for continuation, they made remarks such as, 'I was distracted'. As a result, they were unable to adequately promote and expand children's thinking and expression, compared to caregivers who encourage and found alternative opportunities for the expansion of conversations.

To illustrate how the level of attention that caregivers give to the strategies promoted by the programme could contribute to major differences in CCI, I will focus principally on two caregivers (Ms Ford and Ms Boson). They both engaged in the extended conversation advocated for in this study; however, Ms Ford was unable to extend the provision of opportunities for extended CCI because of her perceived forgetfulness, inattention to specific strategies, or failure to seek out solutions to aid recall.

#### 9.1.1.1 Missed instances for recall and follow-up

The first episode is based on a painting activity, which began with Ms Ford writing the names of children on activity worksheets. On completion of writing each child's name, she distributed the sheets and reminded some children to say, 'thank you' upon receiving them.

| | |
|---|---|
| Frank: | [Observes the first three letters written by Ms Ford and comments] Me (*my*) name coming up! |
| Ms Ford: | Your name's coming up, how [do] you know it's your name? [As she comments she passes the worksheet to Frank and begins to write Fayan's name] |
| Frank: | [In a singing tone] Thank you! Thank you teacher. |
| Ms Ford: | [Giggles] You're welcome Mr Frank [Hands worksheet to Fayan, then comments in suggestive tone] Thank you. |
| Fayan: | [Appears sullen and does not respond] |
| Frank: | [To Fayan] You ent sa *(did not say)* thank you. |
| […] | |
| Fiona: | [Shows her painting to Fabian] Look at my pretty thing. |
| Ms Ford: | [To Fiona] You like it? |
| Fiona: | Yeah. |
| Fabian: | I like it too. |
| Frank: | Teacher, I want some of that [walks over and points to Fayan's paint]. |
| Ms Ford: | No, you can't put your brush in her paint, you have to use your own colour; is yours finished? |
| Frank: | [Returns to his seat, with disappointing looks] |
| Ms Ford: | [In suggestive tone] You need more? |
| Frank: | Yeah. |

In reviewing the day's activities, I made specific reference to Frank's comment about his name to find out why Ms Ford missed out on a possible opportunity to enquire about his knowledge of the spelling of his name. She responded:

> Yes, I saw that in the video too… I got distracted by telling the other child to say 'thank you'. Even Frank got distracted; he turned his attention to the 'thank you' issues.

A similar situation arose for a question I posed about Fiona's comment:

| | |
|---|---|
| R: | How do you view your interaction with Fiona about her pretty drawing? |
| Ms Ford: | Instead of agreeing with her that it is pretty, I now ask questions like what makes it so pretty, or talk about the colours used to make it pretty… Before training I might have just said, 'oh yes, it is pretty'; but I learnt that would not really extend her thinking and language. |
| R: | Interesting. But, you did not do any extending of her language or thinking here. |
| Ms Ford: | Really? [looks at video clip] Oh my, I know what happened. Did you see? Frank was going to put his brush in her paint so he distracted me. I got distracted… |
| R: | I thought that maybe at the end of the lesson you would have asked her about it. |
| Ms Ford: | I totally forgot, but yes, I could have… |

Ms Ford does have knowledge about the strategies that could have extended the interactions with both Frank and Fiona. In the case of Fiona, she made a conscious decision not to endorse the comment about the pretty drawing because she claimed her intention was to, 'test Fiona to see how she could describe pretty'. She acknowledged later in the interview, 'I didn't realise I did not say it, but that's what I was thinking in my head'. Discussions about this episode and similar practice revealed that if she had reflected deeply about the day's lesson instead of evaluating only the lesson objectives (drawing something seen on their way to school), or if she had used strategies such as 'making short notes to follow-up later', she might have been able to develop discussions on these issues. These are strategies listed as two bullets in the module on evaluation; unfortunately, amongst the eight caregivers observed, only Ms Boson seems to be conscious of their existence.

The possible reasons for this situation of missed opportunities for extended conversations are firstly, unlike other areas covered in the modules, there are no descriptions about how these strategies about reflecting deeply on the day's lesson or making short notes to follow-up could be enacted in classroom context. And secondly, perhaps only Ms Boson has taken on the proactive role of practising new strategies immediately after learning or reading about them, or frequently returns to course modules for recollection of teaching strategies.

### 9.1.1.2 Targeting talks for follow-up

The episode, in which I observed Ms Boson's deliberate efforts to recall and follow-up on interaction experiences, occurred while on a visit to the neighbourhood shop. It is a common local practice for caregivers and their children to take evening strolls to nearby shops to purchase icicles (popsicles). On arrival, Ms Boson asked the children which colour icicles they would prefer. When specific colours are unavailable, she encourages the children to choose from the colours remaining. Before participation in training, Ms Boson claims they would have taken any colour given by the shopkeeper. On the day of my observation, one child (Ben) wanted to exchange his icicle for a colour similar to his friend. Unfortunately, Ben had already started to eat

his icicle. During the review session, I questioned Ms Boson about the way she had engaged with him about the issue:

R:         …How about the manner in which you dealt with Ben? Could you remember what you said to him when he stated he wanted a green icicle?

Ms Boson:         Ben, Ben is something. He had started eating his when he asked. I think I explained to him we can't return things we have started to eat.

R:         Yes, you did. You encouraged him to eat the one he had purchased and told him he would get the green the next time you went shopping. So, my question is, did he buy the green on the next trip?

Ms Boson:         Yes, he did. I had to remind him though. [Giggles] He had forgotten about that. I think he wanted the green because he saw Brandy with a green. The two of them are close; they live on the same street…

R:         Do you think you would have done this before training? Uh, reminded him.

Ms Boson:         Definitely not. I'm sure about this. Yes, I would have told him he would get it another day, but I don't think I would have reminded him. I don't even think I would have remembered that promise. Before, I said such things to 'get on with life', you know, not to make them feel bad. But for sure this is something that I do now. I try to make little jottings about things I need to follow-up on and try to do them. I'm not perfect and do forget sometimes, but I am doing a better job. You know, before [training] telling them next time and so on was like lying…..

In general, Ms Boson outperformed Ms Ford in the practice of returning to the children's past comments and questions. As a matter of fact, during my observations, I did not find evidence to suggest that other caregivers demonstrated this strategy. But, opportunities existed in each case to return to the children's past comments and questions. For example, extension of interaction could have been achieved in the following examples:

*Ms Ali*

Ms Ali:         Yes, this apple is a red. Now, look around the class – do you see anything else that's red? …

Akeem:         Me!

Ann:         Me!

Ms Ali:         Eh-eh [nods head to signal disapproval]. What about Clifford?

*Ms Caesar*

| | |
|---|---|
| Carl: | [Touches Ms Caesar and disrupts Candy's comments] Me belly a hut because me fall down from meh bed. (*My belly is hurting because I fell from my bed*.) |
| Ms Caesar: | Did mommy take you to the doctor? |
| Carl: | No, nah *(not)* yet. Uh, and one a *(of)* meh *(my)* teeth drop[ped] out just now. |
| Ms Caesar: | [Looks at Carl with a surprised expression, smile and continues tidying the classroom] |

*Ms George*

| | |
|---|---|
| Ms George: | What do you think is in the bottle? |
| Gabby: | Me en know. (*I do not know*). |
| Ms George: | That is milk. Mmmmmm, 'M' is for milk. |
| Children: | [Shout] Milk! Milk! … |
| Gabby: | De cow a ge cow-milk and me a drink am. (*The cow gives cow-milk and I drink it*.) [His family owns cattle and they sell milk to people in the community]. |
| Ms George: | Ok Gabby. [Points to the other pictures on display] Here We have some things that begin with the letter 'M'. You see, we have the…. |

Why did Ms Boson perform better in the area of building on and returning to children's comments and questions, than others? In her earlier comment about the icicle episode, she suggested that the practice of making notes to following-up on, helped her reflect on things she needs to do, comments she needs to make and questions she needs to ask. Later, in our final interview, she added:

> Everything I learnt I tried to apply to the classroom and practice with the children. Some of the girls [students] used to say things like, "When we're finished here with this programme, we will do this and that", but I thought it was better to try out everything with the children. So what I did was - if I learnt something one day, I would try it out with the children the following day.

It is possible that Ms Boson's pedagogical philosophy: 'practice makes perfect', also contributed to the development of her ability to engage in more extended types of interaction with children. Ms Eve, the caregiver who demonstrated the least amount of extended type conversation in the classroom seems to provide support for this view. The evidence comes from a discussion concerning her limited interactions in the doll's house, as follows:

| | |
|---|---|
| R: | When children are in the doll's house and you pass-by, do you make comment or ask questions such as, 'why is |

|  |  |
|---|---|
|  | there only one plate of food on the table?' … or listen and interject at strategic points, 'eh, so you are buying a sofa set, is the truck big enough to transport it?' |
| Ms Eve: | Well, I learned that part from the programme. Tutor X taught us about things like that. But you didn't see much of it because, to be honest, I haven't really started to do that yet. But I'm explaining things more though and I am…. |

As suggested by these caregivers, the proactive role of practising the new strategies promoted by the ECPD programme seems to account for the notable difference in performance amongst the caregivers.

### 9.1.2  The underperforming case

Considering that Ms Eve is one of the caregivers with the greatest number of years of experience in this study, her poor performance at CCI was surprising. Starting at the age of 18, she has been working at Children's Castle for the past 26 years. She claims she has enjoyed working with the children, but that she found more satisfaction in the earlier years of her career. She notes that for this generation of children:

> You have to talk more often, because they misbehave more. Now-a-days when you talk to [discipline] them they rude up their mouths and give you cross-eyes. You have to talk about 10 times to get a child to settle. That didn't happen long ago.

With regard to interacting with children, she is more attached to the shy and reserved children. She dedicates considerable effort in getting the withdrawn children to talk; that is, more questions are directed toward these children during group sessions. Less time is spent reaching out to the group she refers to as the 'talkative' children, since they do not appear in need of help to develop their language. Participating in the training programme was in her words, 'a joy'. She specifically wanted the certificate to show the parents that she was 'properly' trained. She performed outstandingly in the structural component of the practicum course (lesson planning, organisation of setting, providing aesthetically pleasing learning centres, etcetera). Her combined overall score for practicum exceeded 75 percent (grade 'A'), even though she

received the lowest score for the indicator assessing 'the appropriateness of her interaction to facilitate learning'.

### 9.1.2.1 Pedagogical priority: custodial versus intellectually nurturing care

The high grades recorded for 'structural developmental', and the significantly lower scores for use of extended types CCI, have been attributed to Ms Eve's pedagogical priorities. Her tutor explains this difference:

| | |
|---|---|
| Ms Ebony: | I think because she had the preschooler group [2 to 3 years], she thought there was no need to talk and teach them things. The children were very intelligent, but she did not give them scope to expand. All she was really interested in ensuring was that they were clean and quiet during bed time…. I could remember talking to one child and he told me how he gets to school and where he lived in complete sentences…. |
| R: | Did you discuss this issue with her? |
| Ms Ebony: | Yes, I told her she needed to engage with the children, and expand on what they already know because they already knew so much. There were other children of the same age who did not know those things, but that centre did not help these children…. I even modelled how it could be done. |
| R: | Did you see changes? |
| Ms Ebony: | Yes, there were many changes and transformations, the toilet area… [structural changes]. [But] the interaction part, not that much you know. I think she sees the job just as babysitting, where the children come in and you just look at them, you feed them, and put them to sleep. That centre looked after them very well, but failed in things like talking about the food they ate, like 'this is curry, this food looks yummy… One spoon, second spoon… a full spoon, you have a red cup'… |
| R: | So, even though you modelled best practices, she did not make changes? |
| Ms Ebony: | She did to some extent. The paper [worksheet] activities she didn't change there. But for bedtime and so on she started to sing with them, talk with them and so on. So she learnt something about interaction in the end. |
| R: | So then, you are suggesting that your supervision did make some impact on the way she interacted in the end. |
| Ms Ebony: | Yes. But she has to keep practising; for me she is not doing it in a natural way. Like it's a burden; but maybe it's because it is new. So, for me, she has to learn to relax into the interaction. Just relax and let the conversations flow naturally. |

This interview suggests two attributes of Ms Eve's experience, which shed light on why the programme had less effect on her interaction practices than on other caregivers. The first is her pedagogical priorities (custodial over educational), and the second, her passive approach to practising CCI strategies. Caregivers who performed better in this area referred to constant practice of new strategies as the main reason for success. Better performance at intellectually challenging interactions of caregivers in this study seems to show a relationship with previous research which identify motivation, beliefs, and self-efficacy (see, Peterson, 2012) as 'mediating' forces for affecting positive changes in teaching (Chen and McCray, 2012: 9). Based on her interviews and video reviews, Ms Eve seemed satisfied with her pre-programme CCI performance and this attitude might have affected the impact of the training. This conclusion was drawn from conversations such as the following:

R:         How about the segment about the child pointing to the picture of sister and calling her brother?

Ms Eve:   Well, I corrected him.

R:         Did you think about asking him, 'look carefully, you really think this is the brother?...'

Ms Eve:   No, not really. Um, I think the picture was clear.

R:         OK. Uh, you asked the children if they liked the story - is this something you did before training?

Ms Eve:   Yes, this is how I always do it.

R:         Are you satisfied with the conduct of the interaction, or do you think you could have interacted better?

Ms Eve:   I think it was good, I changed-up my voice… they enjoyed it.

After reading a story 'The family at Dinner' for about fifteen minutes, Ms Eve posed two questions and gave four instruction: (1) Did you like the story?; (2) Show me the brother; (3) Show me the sister; (4) Show me father; (5) Show me mother; (6) What did they cook for dinner? Based on the content of training, a story such as the one I observed could have attracted questions such as, 'I wonder how the chicken tastes?' In light of the fact that she did not ask the types of open-ended and leading questions recommended by the programme, yet remained confident about her storytelling interaction practice, I directed other questions to get a deeper sense of the way she thinks about

her practice. Her response linked back to her priority for the loving and caring kind of interaction:

R: … Having worked at the day care centre for 26 years, what comes to mind when you hear of the term 'quality early childhood centre'?

Ms Eve: Our day care, we have always been one of the best....

R: What makes you the best?

Ms Eve: Some of the other day care centres teach the children about phonics, to read and write and all sorts of things. But things like fine-motor muscles and those things, they're not teaching those. We teach them about potty training and social skills; some of the other day care centres don't take [admit] them if they're not potty-trained….

R: OK, so you think you are better because you provide all of those?

Ms Eve: Yeah, we provide better preparation for Nursery school.

R: You sound quite positive. Focusing on the issue of quality; if you hear a parent making a statement such as, 'Ms Eve interacts positively with children, so I want my child to be in her class' - what kind of quality interaction do you think this parent might be referring to?

Ms Eve: That their child is comfortable around you. Not afraid to come to school. You know, whenever you're passing their homes, the children would shout to you or run-out to greet you…

R: So what are some of the things you might be doing to make the children happy to be with you?

Ms Eve: Smiling with them, not shouting all the time…

R: And is this something you learnt from the programme?

Ms Eve: I used to do this before the training.

Displaying a positive attitude towards her pre-training practice, Ms Eve continues to operate under these pre-training principles. Her early practice of caring and protective CCI has produced positive outcomes for children and their families – 'children are happy to be in her class, parents are satisfied that children learn good manners'. She is *not* being criticised for her efforts in demonstrating these types of interaction. In Chapter 1, I cite research to show the importance of these types of interaction for the development of children's social-emotional skills. Furthermore, all of the participating caregivers engage in and attest to the importance of these caring types of CCI. For example, Ms Ford comments, 'Positive CCI includes the ways to get them to trust you; not to be scared to talk to you. [That is], you have to express yourself in nice tone

of voice'. Ms Eve's observation about the practice surrounding the 'phonics-driven approach to early literacy' is also notable. Flewitt (2014: 102) explains that such an approach often fails to recognise the cultural, social and diverse ways in which children develop and express their understandings. My concern about Ms Eve is that her satisfaction with, and prioritisation of past practice seem to impede her ability to engage in extended-types of CCI. One particularly notable priority was seen in the area of discipline as is discussed below.

### 9.1.2.2 Pedagogical priorities: order and discipline versus spontaneity or children's interest

Classroom observations suggest that Ms Eve's pedagogical priority of order and discipline over spontaneity or children's needs also serves as an impeding factor in developing quality CCI. By noting this observation, I am not implying that other caregivers in this study did not attend to discipline issues. All caregivers agreed that children are expected to show appropriate behaviour. Moreover, since caregivers no longer engage in corporal punishment, they converse more, especially when misbehaviour is seen as dangerous (for example, biting). Caregivers acknowledge the need for interaction to be more directive or restrictive, than responsive or engaging in these situations. Research focusing on teacher-child interaction strategies identified this directive approach to behaviour management as a common and necessary practice (see, de Kruif *et al.,* 2000; Bilton, 2012).

I am highlighting Ms Eve's case because, during observations, she did not facilitate discourse with dealing with discipline issues, and no other caregiver in this study demonstrated such stringent practice. Her belief about this issue seems to take precedence over the intended learning of the programme, which offers suggestions about talking to children and giving a rationale on discipline issues. In almost each session, Ms Eve attention to discipline dominated. I present three short video review episodes below to exemplify her attitude to this issue and to evidence that that, while her practice is wanting, she does recall the CCI recommendations given during training.

*Singing activity*

| | |
|---|---|
| R: | Why did you want them to jump softly? |
| Ms Eve: | So as not to disturb the children on the lower floor. |
| R: | OK. But I'm not sure they knew why. |
| Ms Eve: | But they know they are not supposed to run and jump in the building. |
| R: | Yes, I observe you quite often telling them not to do that. But I was wondering if it might have helped by telling them things like, 'if you jump you will make noise and wake the babies…' |
| Ms Eve: | OK. |

*Picture discussion*

| | |
|---|---|
| R: | What about the birthday corner incident. You were reading a picture and most of the children crawled over to the birthday area; you instructed them to return and continued reading. Do you think you could have done this differently? |
| Ms Eve: | Well the corner has shack-shack and musical instruments, so maybe I should have allowed them to use some of the instruments or tell them they could play in the corner later. But I am teaching them to have good behaviour…. |

*Storytelling*

| | |
|---|---|
| R: | A child came forward and pointed at the picture you were displaying and you told her to sit. I was wondering if you think you could have interacted differently. |
| Ms Eve: | Well, I wanted them to be in order. If I had allowed her to get up, all of them would have wanted to get up. |
| R: | I understand, but what do you think she was saying to herself when she returned to her seat? |
| Ms Eve: | Maybe she was saying 'teacher doesn't want me look at the picture'. Yes, now that you asked, I think I should have explained why, like maybe tell her she could look at it later. |
| R: | Did you learn about this explanation strategy from the programme? |
| Ms Eve: | Yeah. |

In terms of using extended types of interaction to address discipline issues, all of the caregivers in this study credited the ECPD programme for development in this area. And, on many occasions, the caregivers, except for Ms Eve demonstrated knowledge and understanding by applying these skills in the classroom. My conversation with the practicum tutor below suggests this is common practice amongst trainee caregivers:

Ms Andrews: Ms Ali has good control of her class; she ensures that her children behave well. During my second visit a child hit another, and instead of telling the child things like, 'that was bad', she sat and explained to the child that was not nice and asked her questions about how she would feel is the other child hit her…. And you might not believe this, but even before the teacher intervened, the other children were telling the child the same thing, um, "That's bad; you made her sad". And one of them even cried when she saw her friend crying.

R: This is touching. Did you share this behaviour management strategy with her?

Ms Andrews: No yu *(you)* know. She learnt some of these things from the course they did before practicum started. But, I complimented her.

Considering that none of the other caregivers displayed the kind of extremely limited type of extended CCI that Ms Eve did during behaviour management, and considering that Ms Eve is the caregiver with the most years of experience of classroom and staff development, the following speculation offered by one practicum tutor might signal another impeding factor. This tutor (Ms Clay) could be considered a professional in assessing classroom practice because she served as a Nursery Head for twenty three years and an Education Officer within the Ministry of Education for an additional ten years. Her role as Education officer included the supervision of trainee teachers attending the Teachers' Training College. She gave detailed accounts of her experience of supervision and was able to explain in great detail the differences in performance between Ms Caesar and the other two, more experienced, caregivers she supervised for the UG ECPD programme.

Ms Clay: …You know, the argument about the 'tabula rasa' is true. She [Ms Caesar] had no idea how to teach; so she soaked up everything I taught her…. Maybe we need to do like the Nurses, 'don't train them if they're too old'.

R: That would be something. But do you mean 'old' in age or in the system?

Ms Clay: Those in the system; when they're too old it's difficult to change their old ways….

Ms Clay's articulation of this barrier to learning implies that previous classroom experience could be a factor in Ms Eve's underperformance in facilitating extended types of interaction. This finding contradicts previous

research in this area. The relevant research suggests that once training has targeted specific needs and content, and has incorporate the reflective-practice-focused structure of the course, as facilitated, for example, by Lecturer X (see Hamre *et al.,* 2012), the effect size of training is similar when variables such as age, experience and educational levels are controlled for (Dickinson and Caswell, 2007 and Heller *et al.*, 2012). In cases where there was some association between these variables, there seems to be a more positive relationship between experience and higher educational levels and better quality of CCI (ibid.), and not the reverse as suggested by Ms Clay. Therefore, the following relationship is not supported in the literature available on professional development initiatives:

**Figure 13:    Experience-relationship Model**
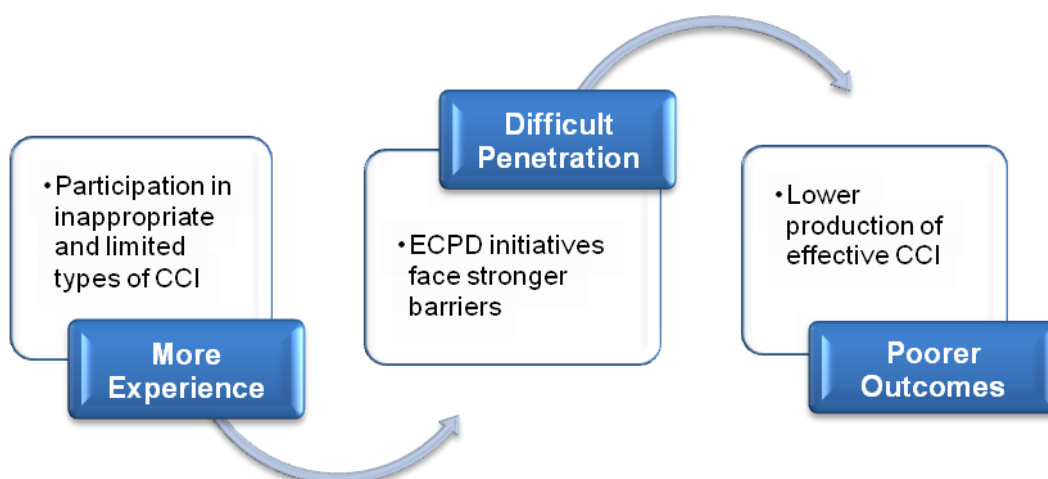


The data generated for one other case shows some trends and patterns of Ms Clay's experience-relationship model. Ms George has been working in the sector for 15 years, and her tutor reports the following about an undesirable practice of frequently placing disruptive children to stand and face the wall, instead of holding talks and discussions:

> Because she is immuned to doing these terrible things over all these years, it would take much, much, more than the two years [period of training] to change her completely.

The data generated for these two cases has shown a pattern for the experience-relationship model, and could perhaps add to the literature on 'perquisites of effective ECPD'. Yet, until further research is conducted, this

relationship has to be interpreted with caution. The finding available from my study cannot establish the kind of 'fuzzy type of generalisation' (Bassey, 2000), that support the possibility of similar relationships between caregivers' years of experience or exposure to previous training, and learning of new CCI strategies. Ms Harry, for example, has a similar number of years of experience as Ms Caesar (three years, when they commenced training), yet, as I will illustrate in the next section, she did not demonstrate the kind of high quality CCI produced by Ms Caesar.  Therefore, while there seems to be a pattern in the older and/or more experienced caregivers and lower programme outcome in the area of CCI, the same does not hold for the less experienced caregivers. Further research is warranted for clarifying whether the training offered by UG could be more effective with less experienced caregivers, and what type of training might work better for the older and more experienced.

Leaving out the possibility of an age relationship, Ms Eve's attention to discipline issues, and contentment with her ability to offer caring and protective types of CCI over educational types, remain the plausible explanation for understanding why the UG ECPD programme did not positively influenced her interaction skills as much as the other caregivers considered in this study.

### 9.1.3  Models of implementation

The next factor considered relevant for explaining the notable differences in CCI practices is the variation in the implementation of the strategies recommended by the ECPD programme. Some of the caregivers immediately implemented strategies learnt from specific courses, others did so at some point during the course of training and when reminded by practicum tutors, and, as we have seen with Ms Eve, some had not implemented certain aspects of best CCI practice at the time of this study. Therefore, the development of interaction skills differed from caregiver to caregiver with immediate implementation and regular practice accounting for the more positive CCI.

The findings suggest that changes in CCI appeared to be modest, and sometimes minimal, for the group I describe as 'followers'. 'Followers' include those who followed the suggestions of tutors and modules, but participated less in the critical review processes designed to help them think about and explore their everyday practice. Caregivers subscribing to this 'follower' model frequently acknowledged learning CCI strategies for specific session or activities, but failed to transfer these CCI strategies to other areas of practice. They made comments such as, 'My tutor showed me how to extend conversation during story time …, I now realise I could do similar things for rhyming and singing'. This is evident in the discussion below with Ms Harry, when she responded to questions about the absence of discussions during a rhyme session.

| | |
|---|---|
| R: | What do you think about the rhyming session? |
| Ms Harry: | It was good, it had a bit of spice in it, and they enjoyed. |
| R: | Yes, they seemed to have enjoyed. Um, is that the main reason for saying the rhymes, enjoyment? |
| Ms Harry: | More or less. |
| R: | OK, having said the rhyme, 'piggy on the train line', have you thought about the content of that rhyme? |
| Ms Harry: | Eh? [pauses for about 5 seconds] Not sure. |
| R: | Is it a good thing to step on someone's feet and say, 'I don't care?' |
| Ms Harry: | It's true. That's a bad thing. Maybe I need to discuss that when you mash someone's feet you say sorry, not, 'I don't care'… talk with them about safety…. |

Caregivers who engaged in constant practice, reflection on, and adaption of course materials demonstrated more conscious and engaging interactions. These caregivers are categorised in this study as 'experimenters or explorers' as the attempted to adapt implementation strategies to suit specific classroom context. In Chapter 8, I showed how Ms Caesar integrated knowledge gained from her tutor and a course with experience of the community's norms to facilitate Creole discourses in her classroom. Therefore, by reflecting on and adapting Creole experiences, Ms Caesar can be categorised as an explorer.

On the other hand, by firmly following the content of the course on home language in the classroom, Ms Dass took a different and potentially damaging approach to Creole usage. She claims that she no longer 'corrects' children's

use of Creole because she had learned it was not good practice. She notes, 'Before training, I used to correct their Creole all the time, but now I allow them…. When we dramatized the play during the course, we realised how insulting it was to correct children's Creole….' Since the module on first language was conducted mainly through the use of drama and role play, Ms Dass seems to have remembered the recommendations about language acceptance at the expense of those offered in theory-based courses such *Introduction to Child Care Curriculum*, which offers advice to caregivers on ways to introduce English. Consequently, due to Ms Dass' noncritical approach to some of the course content, the probability of the children learning to speak in English was reduced.

While on the subject of critically reviewing course content, new strategies, and one's practice, I should state that there might be a need to consider the degree to which caregivers engage in this process. Ms Boson, the caregiver in my study who claimed to have used this approach frequently comments:

> Sometimes at nights I would think about how my day went and ask myself what the children had learned. And sometimes I would say, "My God, these children did not learn anything today", and that would make me feel bad. And I would think about how I could do that lesson better…. [And] like if I had to raise my voice to discipline someone, I would think whether that had hurt the child's feelings and how I should deal with the situation in the future…. But, this could be bad too because some nights I would toss and turn, especially if I realised I had made a 'mess' of a lesson or had given the children some wrong information.

Ms Boson's comments signal the kind of 'health warning' that reflective practice could be associated with – therapeutic challenge that might require counselling if practitioners become psychologically overwhelmed (Hunt, 1998: 28). With the goal of giving children the kind of love and care Ms Boson herself claims she wished for as a child, she consistently reflects on her practice, through the eyes of the children in her care. Notwithstanding this warning on 'over-reflection', the overall outcome of her continual engagement in reflective practice is the generation of considerable amounts of extended types of CCI as observed in her classroom. It might therefore the reasonable

to conclude that Ms Boson's interaction practice fits the profile of 'effective teaching and learning', described by Hattie (2009, 2012) in his meta-analysis of over 800 studies:

> [T]eachers having a mind frame in which they see it as their role to evaluate their effect on learning [... and this] requires dedicated and passionate people. Passion reflects the thrill, as well as the frustration, of teaching and learning [... which] requires more than content knowledge, acts of skilled teaching, or engaged students. (Hattie, 2012: 15-16)

**Figure 14:    Implementation Model**
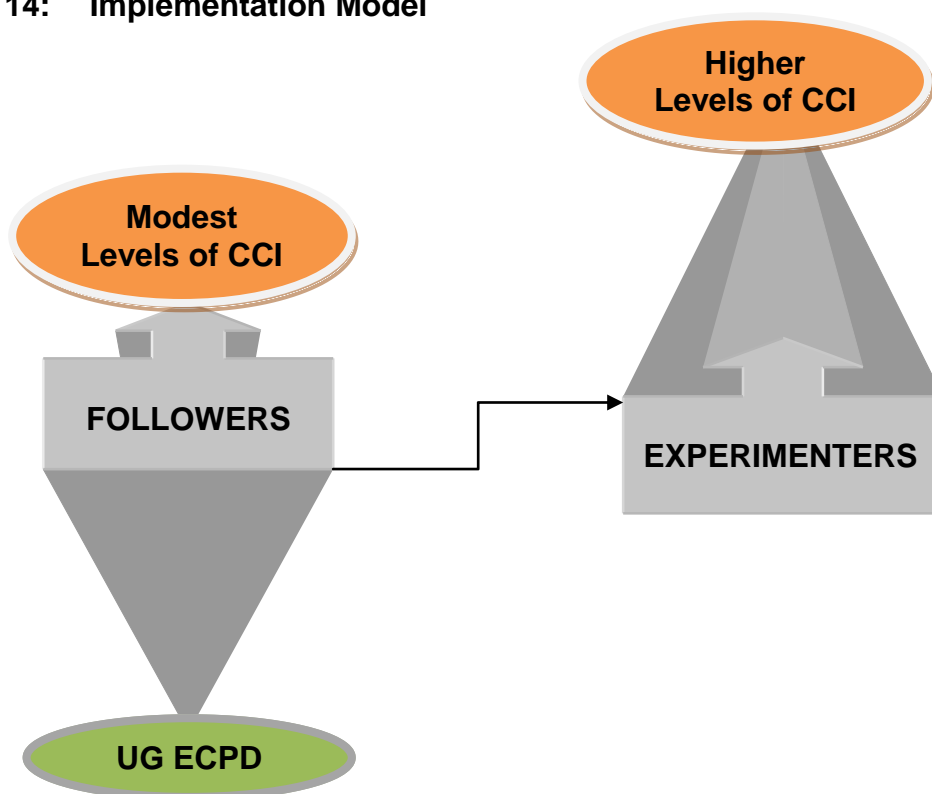


Figure 14 shows these two differing models of implementation under which the caregivers were found to operate in this study and also shows the effect of these two types on levels of CCI. If I were to use the programme's rating system, the explorers, experimenters and reflective thinkers would be associated with caregivers who perform interaction with initiative, adaptability and reflectivity. On the other hand, the followers would be those who perform satisfactorily on some activities, but, because they fail to engage in experimentation and reflection, they show signs of needing more assistance and support to interact effectively. Regardless of the model under which

caregivers operate, they all (except Ms Eve) showed signs of passion and dedication in the implementation of new CCI approaches. The distinction in caregivers' performance was principally marked by their ability to 'evaluate' effectiveness of the new approaches and 'act' accordingly. Therefore, considering the description given by Hattie, caregivers who operate under the experimenter's model do not simply engage in critical reflection, but are concerned with '*critical reflection in light of evidence* about their teaching' (Hattie, 2012: 19, italics in original).

## 9.2 Influence of external factors on CCI experiences

This study has established that caregivers' pedagogical thinking and practice affects the extent to which professional development training influences the development of interaction skills. However, as caregivers interacted with children in their own individual early childhood settings, there were many occasions in which attempts to interact in cognitively challenging ways were not possible, as is explained in more detail below. On these occasions, the restrictions on extended types CCI were unrelated to pedagogical thinking or practice. For example, I have observed situations where caregivers were heavily involved in doing chores or in which they had to attend to large groups of children, which prevented the development of engaging conversations. Or, to put in another way, there was insufficient 'space' for them to engage in engaging, developmental CCI. Caregivers also have identified other barriers such as society's expectations of children and attitude to discipline. I discuss these factors, in turn, below.

### 9.2.1 Organisational structure

Caregivers at three of the early childhood settings within which my study was conducted were negatively affected by the organisational structure (for example, they were expected to perform chores such as cleaning the centres). General cleaning was done each evening; however, because of the structural features of some buildings, it is likely that rodents could enter overnight. Therefore, on arrival at about 07:00 hours, they were expected to

sanitise the classroom (mopping floor and wiping tables and chairs). They then had to unpack the toys and uncover the learning centres. Children arriving before 08:00 hours remained seated in the arrival area, until the cleaning was complete. Depending on the number of caregivers attached to the centre, the arrival time for some staff is one and a half hour later, and they remain at the centre until 18:00 hours or until the last child leaves. This structure is in place to accommodate children of parents who work irregular hours. Therefore, at the arrival session, one caregiver could be responsible for supervising two to three groups. It is during this one-hour free play arrival session that extended types of interaction are most limited. All caregivers, irrespective of their competence at engaging children in cognitively challenging CCI, noted that this 'work-overload' was a barrier to effective practice:

*Example One*

| R: | I observed that two children came very early every day. You engaged with them, like saying 'Good morning, how are you this morning?' But, I was wondering if you could have spent some time interacting with them. |
| Ms Eve: | Eh, I try to get their activities ready, like drawing for the day, ensure the toys and furniture are clean and so on…. |

*Example Two*

| R: | What about the child throwing the blocks around? You told her if she kept throwing them that you would take them away. Any comments? |
| Ms George: | Oh, that was not a good thing to say. I should have explained that she could hurt someone or that the blocks could break and there would be no more to play with… But you don't always think about these things on the spot… when you're busy in the morning, saying such thing is the quickest way to deal with problems. |
| R: | So I guess unpacking their bags, changing clothing etc affected your thinking. |
| Ms George: | That's a good way to put it. It's a lot of juggling. |

The impact of adult-child ratio and group size on CCI practice has been identified elsewhere (see, Thomason and La Paro, 2009; Goh *et al.*, 2012; Rentzou and Sakellariou, 2011). The findings of my research suggest that even with comprehensive training on CCI, these factors remain significant barriers for the production of extended types of interactions. The implications

here are: One, given the 'right' circumstance, i.e. under 'ideal' or 'internationally' recommended standards of more than one caregiver to one group of children, the caregivers considered in this study have the potential to offer children intellectually motivating experiences during the arrival and free-play session. Two, having provided considerable evidence that it is during similar spontaneous free-play activities where more smart gaffs and engaging CCI occur, the structure of this early morning session might need to be reconsidered to provide the 'space' for such interactions to occur. Three, investigators of interaction practices, who observe only during this session, might fail to see the extended type of CCI advocated for in this study.

### 9.2.2  Societal norms and expectations

Further to my observations of the early morning routine, caregivers and tutors share the view that societal norms and expectations affect the quality of their interaction experiences with children. The following comment by Ms Ford suggests how such norms and expectations can negatively impact on the development of quality CCI:

> I see these talks as important, but I don't think some parents do; they might feel we're asking the children questions to find out about their home life [or private issues]. I remember once children were told to bring a toy to school for show and tell; on leaving the day care centre one child told his mother he had to bring a specific toy - he had recently got the toy from overseas. Well, his mother put a slap on him and told him he talked too much. Apparently she did not want anyone to know they got barrel (overseas shipments) because of the practice of neighbours asking for things… So, sometimes you have to be careful about the kinds of questions you ask these children or, um, when to like encourage them to talk more about certain things.

The impact of culture on caregiver's interaction was examined earlier (section 1.1.3.2) and will not be repeated here. The aspect of that discussion I would like to emphasise is the cultural norm identified by Williams *et al.* (2006) that parents make little attempt to consciously promote and extend intellectual discourse. The parent described by Ms Ford did not pause to ask why the child made the statement, or engage in an intellectual search to ascertain the

premise for his statement. Instead, she assumed that the child had broken the rule of 'respectfulness, compliance, and obedience' and had shared secret information about the home and for this infraction, he should be punished. Moreover, caregivers reported that the use of corporal punishment by parents made their task of engaging more challenging, as Ms Dass explains below:

> Parents make the task harder…; you see, now that I am talking more with the children, and explaining more, it is very hard because the children [are] accustomed to nuff licks *(lots of spanking)*. So sometimes I talk, talk and talk in vain. The other day one parent showed me that she walks with a whip in her bag in case the child misbehaves on his way to day care….

It is reasonable to argue that these societal norms do not directly prevent caregivers from providing motivating interactional experiences to develop children's intellectual and creative skills. Many caregivers engaged in what they called 'serious gaffs with children' about issues related to discipline. On many occasions, attention to discipline resulted in extended types of talks. What these findings about cultural norms do indicate however, is the need for caregivers to be mindful of when certain child-centred or initiated conversation might be considered sensitive from a parent's view point. It also indicates that there might be a need for parent education sessions where caregivers could relate some of the new or different interaction strategies learnt from the ECPD programme, particularly those strategies that conflict with the cultural norms of communities. In respect to this, caregivers studied modules on *Parent Involvement* as part of the UG ECPD programme in which a range of activities and strategies for working with parents and guardians were covered; this learning could serve as a starting point for such an initiative.

This proposal for parent education signals a potential area for further research – the extent to which the impact of ECPD is affected by parents' knowledge and understanding about CCI practices. However, as we await such investigations, the desirable CCI approaches employed by many of the caregivers in this study should provide immediate guidance for addressing the issue of discipline in early childhood settings. Ms Dass' story is presented since she is on record for administering the highest frequency of spanking, prior to her participation in the ECPD training.

### 9.2.2.1 Disciplining without spanking: the role of strong will

Based on her religious belief and the principles guiding the early childhood centre, Ms Dass was a strong supporter of the philosophy of 'spare the rod and spoil the child'. Therefore, her principal method of supporting desirable behaviour was 'spanking'. From her claims, along with my observations and interviews with the director of her centre, she no longer indulges in this practice. Instead, she uses strategies suggested by the programme, such as, empathy, modelling, positive and negative reinforcement and responsiveness.

At her early childhood centre, Ms Dass is the only practitioner who does not spank. Realisation of Ms Dass abstinence from spanking was first confirmed during a meeting with her Director to discuss my research project and to request permission to conduct observations. While the director and I were conversing, the voice levels of the children in her class raised. Using a whip located on her desk, she hit her desk and cautioned the children about repercussion. She explained that the centre aims to teach 'good' manners among other desirable social behaviours. It was at this point in the conversation where the question concerning Ms Dass' disciplining techniques was posed, to which the Director responded:

> Ms Dass [laughs], Ms Dass has learnt a lot [referring to the impact of the ECPD], but what can I say, eh [pauses for about seven seconds], if I'm to worry with her all fancy recommendations, I will have to close-down this Day Care [giggles].... You'll see for yourself, she's the only one not beating [who does not spank]... The other day I told her to start bringing honey to drink, because now-a-days [recently] she talks all the time.

From observations, it is fair to suggest that Ms Dass outperforms other teachers when communicating with children in regard to conversational turns and reminders about rules; nevertheless, her ability to abstain from spanking could be considered remarkable, when placed in context. In addition to the limited support received at the workplace, corporal punishment falls within the general norms and expectations of the community in which she works. In the previous section she identified this as a major barrier to successful practice, 'Parents make the task harder…; because the children [are] accustomed to

nuff licks *(lots of spanking)*... I talk, talk and talk....' She therefore concluded that dealing with undesirable behaviours requires emotional resilience, or in her own words, 'strong will'.

On the point of children's misbehaviour, it should be noted that compared to the other centres observed, the children attending Ms Dass' setting were much more active and more incidences of fighting were particularly notable. The children at this centre also demonstrated a somewhat 'cunning' characteristic, a feature observed in only two settings. The following example focuses on an incident where one child (Dale, age 3) hit another (Danny, age 2) for his refusal to share his blocks. The incident occurred during the arrival and free-play session, when Ms Dass was performing one of her routine sanitising tasks in the kitchen, located in an adjacent room. Upon hearing Danny's cry, she returned and enquired:

| | |
|---|---|
| Ms Dass: | [As she enters the room] What happened? |
| Dale: | [Rubs Danny's hand and speaks in a loud tone] He crying fo he mammy (*He is crying for his mother*) |
| Ms Dass: | Danny, you miss your mommy already man. Don't cry she will be back soon. [Gently rubs Aaron's shoulder] Mommy will be back soon. |
| Danny: | [Nods to signal agreement that his mother will be back, then stretches out his hands] Nack meh haan (*Dale hit my hand*). |
| Ms Dass: | [In a stern tone] Dale, do you know what you just did [pause for about 4 seconds] do you know? |
| Dale: | [Looks at Ms Dass, but does not respond] |
| Ms Dass: | That is called lying.... [In a gentler and sad tone] Why did you tell teacher a lie, eh Dale? |
| Dale: | [In a very low tone] Mammy go (*will*) beat me. |

This episode is cited to highlight the point that the characteristics of children seem to influence the approaches to discipline, and to suggest that this might be one factor that contributed to Ms Dass' use of what could be described as some aggressive verbal and non-verbal approaches. These include eyes opened very wide with hands akimbo; cut/cross eyes; hitting on the table tops aggressively with her hands, etcetera. Softer approaches included making a sad face, especially when children seemed to have forgotten etiquette, such as, the good morning salutation. Overall, the approach of making suggestive comments, in relation to the types of desirable behaviour expectations, was

used most frequently. Here is an example of a 'smart gaff' that she initiated as she passes close to two children playing with blocks:

| Ms Dass: | Would we be pelting (throwing) blocks into Tr X class today? |
|---|---|
| Children: | No teacher Dass. |
| Ms Dass: | Why will there be no blocks pelting? |
| Children: | We gon black-out we friends (we could give our friends a concussion) |
| Ms Dass: | [Giggles] Great! I have some beautiful and kind children who love their friends. |

The next episode illustrates an occasion where the approach considered as 'serious talk', was enacted. Serious talk shares similar characteristics to 'smart gaff' (described in section 7.1.1), except that, it lacks the element of fun and relaxation, and is dominated by one-way transactional interaction by the practitioner. Therefore, serious talk is also associated with practices that develop children's thinking, understanding and rationalisation (Siraj-Blatchford *et al.*, 2002; Bilton, 2012; Siraj and Asani, 2015). This serious talk with the child (Dale) who committed the broken crayon misdemeanour lacks the element of 'fun' observed in the preceding episode. For the longer and contextualised version of this episode see section 7.2.1.1.

| Ms Dass: | [Monitors children's behaviour and observes progress] |
|---|---|
| | ...No Dale, don't do that, colour the picture [Dale was hitting her crayon on the table]. |
| | We don't want to break the crayon. The crayon is to colour our picture.... |
| | [Observes Dale bites the crayon, resulting in breakage]. |
| | Man you should not break the crayon; we wouldn't have it to use another time…. The next time we do colouring, you will have to use this. The other children will use the long nice crayons but you will have to use this short, tiny, tiny, little piece. [She makes a note and places it in the crayon basket, as a reminder]. |

In the discussions pertaining to this clip, Ms Dass expressed the view that because the child broke the crayon on purpose the fitting punishment was the serious talk, followed by the act of giving the child one of the broken pieces on the next occasion. Ms Dass also explained that Dale seemed to have forgotten about the incident; therefore, on the next day, when Dale attempted to take a whole crayon, she had to be reminded. Ms Dass further reported

that Dale was sad, and so was she upon seeing tears falling from Dale's eyes; however, she maintained that the programme taught her that children need to develop an understanding of consequences for behaviour. When questioned about the age appropriateness of this approach, Ms Dass noted that Dale is a very smart child, conscious of her teacher's non-beating policy:

> One day she [Dale] was playing in the dress-up centre and there was some sort of disagreement between them. I overheard one child saying that he was going to complain to me; and guess what she [Dale] said? "Tell sh nah, sh na gu beat meh" (*You could tell teacher, but she will not beat me*).

Therefore, Ms Dass believes that such harsher non-violent discipline practices, such as, giving the child the tiny piece of crayon serve a wider purpose – empowering other children to be rule keepers:

> Because I am explaining things now, the children even prevent others from breaking the rules. They would say things like "If you break the crayons, you will make teacher sad…" By saying things like, "Teacher doesn't like it when you behave like this…" they are starting to change. And, now that I'm talking to you about it, I realise that I have really grown at lot in this area; eh [pauses for about 5 seconds], I should open my own centre [giggles].

These episodes serve to illustrate how practitioners could engage in 'serious talks and smart gaffs' with children about issues related to discipline. As is expressed by Ms Dass and her directors, this new approach could be exhausting because it requires more questioning, reasoning and explanation, compared to the easier applied method of smacking or spanking. Notwithstanding possibility of exhaustion, this engaging type of approach to discipline seem to act as an empowering tool, by allowing two to four-year-olds to participate in decision-making and enforcement of classroom rules.

There is also a possibility that gentler approaches to discipline are serving to discourage the telling of fibs amongst children. In the hitting incident observed in Ms Dass' classroom, the apparent stimulus for telling the fib was to escape whipping from the child's mother. It is a common practice during departure time for parents to question practitioners about their children's behaviours, and while many positive qualities are reported, misbehaviours are reported too. Therefore, in communities where corporal punishment by parents is still

prevalent, careful considerations and necessary compromise will have to be made in relation to the information reported to parents. Unless very serious, life-threatening or repeated misdemeanours, some caregivers following-up with observations and more discussions with children. Anyway, the suggested relationship, linking children's levels of concern for the whip to their comfort levels for admitting to misdemeanours, would require further investigation.

Notably, this study has shown that training for early childhood practitioners has the potential to reduce these undesirable practices, even when the philosophies of child care settings and the wider community fail to support. In the same light, this study suggests that practitioners need to possess strong will to resist the influence of dominant practices, and confidence in putting training into practice. I conclude by returning to the concept of 'spare the rod and spoil the child'. While Ms Dass still expresses belief in the concept, she now interprets the 'rod' in a more metaphorical light – the role of the rod as a tool used to guide, instead of a tool used to abuse, scare and shame.

## 9.3   Summary

The chapter aimed to establish why the UG ECPD programme influenced caregivers' interactions differently. Caregivers' constant practice of, and reflection on, course materials and tutors' advice were associated with more positive CCI outcomes. The model guiding these caregivers practice was associated with differing kinds, and degree, of changes. Operating under a 'follower' model, some caregivers made changes only in areas recommended or modelled by their supervisors. In instances where caregivers did not only follow, but explored and experimented with new strategies, the outcomes in terms of performance and better practice were more positive. By immersing herself in the latter approach, Ms Boson has distinguished herself from the other caregivers and performs extended types interaction with consistent initiative, adaptability and reflectivity. By being emotionally resilient to cultural norms, Ms Dass' approach to discipline is now in keeping with developmentally appropriate practices.

Ms Eve, on the other hand, is yet to demonstrate significant improvements in her practice of CCI. By prioritising and valuing old practice, she seems to have missed out on opportunities to initiate and develop extended talk and conversations. Both her and her practicum tutor confirmed that she did utilise both the 'followers' and 'explorers' approach in her learning about structural aspects of the programme, resulting in positive changes to structural elements of her practice. Unfortunately, she did not extend this to CCI and has not yet evidenced a competence to engage in extended and cognitively challenging types of interactions.

However, irrespective of the extent to which change occurred in practice, classroom attributes such as group and class size, and demanding workload, affected opportunities for initiating and developing cognitively challenging types of interactions. As one practicum tutor remarks about the trainee she supervised: '…with all she had to do, I thought she would have had a nervous breakdown... there was hardly time for 'proper' interaction.' There is also the barrier of culture, in which the introduction of new practices such as promoting investigative and motivating talks could result in parents being suspicious about the intention of such CCI efforts. As a result, recommendations about possible parent education initiatives have been suggested.

Some of the factors accounting for the notable differences in CCI outcomes found in this study are supported by previous studies, while others are not. The influence of culture has have been identified in studies by Rogoff, Mistry, Göncü, Mosier, Chavajay and Heath (1993), where they report on significant difference in adult-child interaction that were specifically influenced by culture. However, how cultural and societal practices affect the pedagogical approaches of early childhood workers who have experienced ECPD training seems to be an unexplored area. The other finding which is not supported in the literature relates to the negative relationship between greater years of experience and poorer outcomes in the practise of implementing new CCI strategies. It is recommended that further research be conducted to investigate this possible relationship in more detail.

# SECTION FIVE

## CHAPTER 10

## REFLECTING ON THE RELATIONSHIP BETWEEN CCI AND ECPD

### 10.0  Introduction

The importance of careful examination and description of the pedagogic processes is well established in research on caregiver-child interaction practice (Dickinson *et al.,* 2008; Sheridan *et al*., 2009; Hatch, 2010; Trawick-Smith and Dziurgot, 2011; *Heller et al.*, 2012). One of the leading researchers reporting on early childhood pedagogy affirms that 'more conscious awareness of the pedagogic processes involved in supporting children's learning are likely to be extremely valuable in the development of professional practice' (Siraj-Blatchford, 2009: 87). What remains less established is how these pedagogical processes actually unfold in early childhood settings. In the absence of such descriptions, it becomes difficult for training programmes to offer models on effective practice. Therefore, the first premise for this study has been to operationalise Guyanese caregivers' professional interaction practice, to show the functional aspects necessary for supporting children's learning and development.

As explained in Chapter 1, UG's assessment records suggest minimal progress for the performance indicators on extended-types CCI; yet, tutors report notable improvements in practice. In respect to this, tutors explain that while a caregiver might have scored, for example, 2 on a 5-point scale; this score of 2 nonetheless might indicate significant gains. Significant, because pre-programme practice was often restricted to simple one-way transactional interactions to get the children to do something or interaction for the sole purpose of responding to children's needs. Understanding the relationship between these small, yet potentially significant changes in CCI, meant that I

needed to examine the contexts within which interactions occur in considerable detail to fully capture the nuances of such changes. Such contextual examinations have been advocated as effective for capturing the quality and process of CCI (Schaffer, 1996; de Kruif *et al.*, 2000; Siraj-Blatchford and Sylva, 2004; Lobman, 2006; Dickinson *et al.*, 2008; Goh *et al.,* 2012). In my study, these approaches remain undisputed, since they effectively allowed me to closely scrutinise the transactional nature of caregivers' conversations, discussions and exchanges. The findings generated provide considerable evidence that, throughout the course of the day, caregivers deliberately engaged in interactions to promote children's social learning, higher order thinking and problem-solving skills. Many of these CCI engagements were intellectually challenging and motivating, and tailored to the individual needs of children.

The second premise underpinning this study is that, without knowledge of the elements and conditions of training that affected these caregivers' interaction practices, UG is unlikely to be able to make informed decisions about what strategies are most useful, what might be missing, or which should be discontinued or modified. This study strongly suggests that training programmes built on the following premises are potentially most influential for creating optimal conditions for the development of effective caregiver-child interaction practices:

- Socio-cultural theories of close collaborations between caregivers and mentors, consultants, or more knowledgeable educators (Mashburn *et al.*, 2010; Fisher and Wood, 2012).
- The old maxim that true learning is based upon practice-focused activities (Koh and Neuman, 2009; Hamre *et al.*, 2012).
- The practice of critical reflection that allows caregivers to examine and question their pedagogic actions and processes, and those of others (Potter and Hodgson, 2007a; Piasta *et al.*, 2012).
- Training materials which prescribe, describe, and exemplify ways of interacting with children in different contexts (Dickinson *et al.,* 2008; Trawick-Smith and Dziurgot, 2011).

In this study, I have established that the pedagogic processes required to sustain the cognitively challenging and motivating episodes were demonstrated by caregivers because they underwent professional development. And, the professional development training was effective because it incorporated many of the elements listed above. As such, I advocate for ECPD training as a key element in the promotion of quality interactions. This argument is the epistemological building block for the research questions explored in this study and, as a conclusion to my findings, I reflect on the degree to which they have been addressed below. However, before doing this, it might be helpful to set out these questions again:

1. How do caregivers provide intellectual challenging and motivating interaction experiences as a result of participation in the ECPD training programme?

2. Do specific components of the programme, individually or collectively, lead to changes in practice? How does this occur and why does it take place?

3. Why has the programme influenced caregivers' interactions differently? Are CCI competences affected by prior classroom experience, level of training, or their perceptions of interaction practices?


## 10.1 Question One: auditing patterns in CCI

From both my studying of the practice of the caregivers and the observations of their tutors, caregivers engaged in a range of extended and cognitively challenging types of interaction. Caregivers initiated conversations; listened and responded to children's talk, comments and questions; supported children's involvement in activities, and promoted cognitive awareness and conceptual understanding. These interaction strategies are examples of content areas covered in the ECD modules provided by the Caribbean Association of National Training Agencies (2008), and Chapter 7 provides details suggesting how caregivers operationalised these modules. Some memorable descriptors offered by the eight caregivers about the interaction practices they learned are provided below:

> *Now I look for signs. A child might look angry because his blocks keep falling, so I'll intervene and discuss how the problem could be solved* (Ms George).

> *I question them and we make jokes. And even though we are having fun, I try to develop their memory, like looking at how much they can retain* (Ms Ali).

> *I wait for them to respond instead of asking another child to answer* (Ms Eve).

> *I try to introduce different words, you know, like instead of nice I would indirectly tell them it is beautiful* (Ms Caesar).

> *As they play, I talk with them in a smart way to see what's going on in their heads* (Ms Ford).

> *I used to just give them the picture to paste then send it home to impress their parents. But now we gaff a lot, and I encourage each child to talk about the picture they paste* (Ms Harry).

> *Instead of bullying them to listen to you and do what you instruct, we learnt to share our feelings about how their actions make us feel* (Ms Dass).

> *Uh,… I gave them the opportunity to think. Not ask them questions then turn around and answer the questions* (Ms Boson).

These comments suggest that Guyanese caregivers understand the concept and importance of extended and cognitively-rich types of interaction, but, during our interviews, they appeared not to have the meta-language for discussing, describing, communicating or reflecting about quality CCI. 'Smart gaffs' is the culturally relevant description offered for extended interaction. In practice, these gaffs feature elements of scaffolding principles and the sustained shared thinking approach discussed throughout this study.

In the callouts above, Ms Caesar notes that she initiates intellectually challenging and motivating interaction experiences in the form of indirect teaching and she subtly introduces new words to help children develop their knowledge and control of vocabulary. Instead of resorting to spanking or caregiver-led discipline discourse, Ms Dass now offers opportunities for interactions with children by questioning them about and rephrasing classroom rules. Ms Boson and Ms Eve no longer ask and answer their own questions, thus, allowing children adequate time to express their own strategies, rationale and ideas (Bräuning and Steinbring, 2011). When caregivers deliberately 'look for signs' to determine suitability of support (as Ms George explains), they were usually able to engage in the type of joint

problem solving discourses advocated by the sustained shared thinking pedagogy (Siraj-Blatchford, 2009, 2010).

Ms Ford and Ms Ali now have new realisation about children's play – they do not 'leave them to play by themselves' and interfere only for discipline issues. Ms Ford, for example, no longer holds solely to the philosophy mounted on a chart, conspicuously placed in the arrival area or her centre: *Children learn as they play.* Instead, her CCI practices echo Siraj-Blatchford's (2009) and Rogers' (2014) thinking about effective pedagogy. That is, caregivers now express the realisation that 'left to their own devices, children's play could become repetitive' (Siraj-Blatchford, 2009: 85), which, in turn, could inhibit 'access to knowledge and information' (Rogers, 2014: 45). In their efforts to extend development and learning, these caregivers now 'encourage children to take on new challenges and introduce them to new and/or extended experiences' (Siraj-Blatchford, ibid.), while remaining mindful of the importance of 'adopting a playful stance and entering into the role without leading the direction of the play (Rogers, ibid.).

Finally, instead of sending home worksheets for the sake of showing parents that their children were involved in activities, Ms Harry incorporates additional reading about the activities she plans, so as to entertain and encourage discussions during the course of the activity. This finding is significant because it highlights a prerequisite for effective performance of smart gaffs and meaningful talks – namely, content or subject knowledge. In their discussions about effective pedagogical features of early childhood education in New Zealand, Hedges and Cullen (2005: 77) remind us that 'increased focus on subject content learning is not incompatible with early childhood pedagogy and philosophy, particularly if the content relates to children's interests'.

However, depending on the nature of activities, the quality of interaction differs markedly. Interactions during the planned lesson time activities (rhyming, table-top, circle time) entail less extended-type CCI, compared to spontaneous activities or exchanges. Detailed comparisons of these

differences are presented in Chapter 7. Overall, the patterns observed in spontaneous CCI conform more to the quality type of interaction aimed for in the early years, as is exemplified in the quote below:

> [C]hildren asking questions, the dialogue being about current interests or happenings, the conversations often being quite lengthy, the adult demonstrating genuine interest in the content of the conversation, the learning occurring without direct teaching and not involving the standard teacher/child interrogatory question/answer dialogue. (Bilton, 2012: 417-418)

The findings of my study suggest that some activities readily lend themselves to more extended-type interaction than others, and that performance outcomes need to be interpreted against the backdrop of contextual attributes. Based on these findings, the following recommendations are put forward:

1. Evaluation of Guyanese caregivers' interaction practice should be extended to incorporate performance indicators that accommodate spontaneous episodes. (Appendix 6 offers a list of examples of the type of indicators that could be incorporated). However, this could only be one branch of the evaluation process since research continues to show that it 'over-simplifies the complex processes' of pre and post-training outcomes (Barnes and Solomon, 2014: 148). The feasibility of qualitative-type evaluation will therefore need to be explored in an attempt to further the development of the UG ECPD programme.

2. Given that formal and instructional lessons are inevitable features of day care structure in Guyana, the ECPD should amplify the aspects of training that encourage extended-types interaction during these sessions. For example, further training might serve to enable Ms Dass to respond to certain comments made by children during lesson-time. Siraj-Blatchford (2010) has emphasised the important association between effective interaction during planned lesson-time and higher cognitive challenges for children to highly trained and qualified staff. In the UK, Dowling (2005) has designed practical training materials, and Potter (2008) and Jones and Twani (2014) have shared practical examples and experiences that could be adapted for furthering training of Guyanese caregivers.

3. With regard to free-play and the more child-initiated forms of activities, on many occasions, learning opportunities were missed. Caregivers could be encouraged to incorporate classroom intervention such as Bond and Wasik's (2009) *Conversation Station* - a designated space in the classroom aimed at promoting meaningful one-on-one conversations based on children's feelings, personal experience or needs. Similar to the findings in this study, studies on a larger scale show that child-initiated interactions, such as, the 'water-woe', are important as those occurring during formal and instructional lessons and 'provide the best opportunities to extend children's thinking' (Siraj-Blatchford, 2010: 158).

## 10.2  Question Two: ECPD as an agent of change

### 10.2.1 Impact of the programme

Chapters 8 addressed the second Research Question by giving an account of the agents responsible for driving changes in caregivers' interaction practices. By examining the role of the components of the ECPD programme, I have established it conforms to three key features associated with effective training programme: content-specific (Dickinson *et al*., 2008; Chen and McCray, 2012; Varol *et al*., 2012), practice-focused (Hamre *et al*., 2012; Trivette *et al.,* 2012a), and on-site or distance support from more competent or knowledgeable educators (Potter and Hodgson, 2007a; Mashburn *et al*., 2010; Trivette *et al.,* 2012a). The area that did not get the kind of coverage as advocated in the literature on effective ECPD is the element of self-evaluation and the reflective practice, which encourages caregivers to constantly 'question what they do and why they do it in the way that they do' (Miller and Pound, 2011: 12). It was not until provoked by my questions and comments at post observation sessions that seven of the eight caregivers started to consciously reflect on their CCI practice.

With reference to the components of the programme that led to changes in practice, the findings show that:

1. The contents of the course, *ECE015 (Promotion of Cognition and Communication)* satisfactorily offers specific interaction strategies and explains how caregivers could interact directly or explicitly with children.

2. Through the role-play activities conducted every week, students were able to transfer the theoretical concepts to classroom-type practice. Evaluative feedback from lecturers and colleagues offered guidance on how each of the practice-focused activities could be developed or what aspects were being implemented in line with best practice.

3. Classroom support provided by practicum tutors, as they modelled and offered advice on practice they deemed inappropriate, also contributed to many of the improved strategies demonstrated in this study. In the case of Ms Caesar, in particular, provocative questioning by her tutor (Ms Clay) led to critical examination of, and improvement in her CCI practice.

The level and intensity to which Tutor Clay, for example, provoked thinking, confirms that the quality of change also depends heavily on the knowledge, experience, disposition, and developmental focus of the lecturers and Tutors:

> You know, certain things were 'drummed into us' [reinforced over and over]; I could hear my tutor voice right now telling me things like, 'Did you check that slide [outdoor play equipment] to see if it developed splinters? ...' But the things we're talking about now [extended and challenging types CCI], nah, she really did not emphasise these much…. (Ms George)

The content of course, the stimulation provided, and the practicum advice have undoubtedly facilitated changes in interaction practice. However, as Ms George suggests, caregivers in this study might have benefitted more from the unpopular, provocative mentoring style and developmental focus of Ms Clay, in comparison to tutors who prioritised structural areas for development on the basis that these were extremely inadequate.

### 10.2.2 Prospects for producing better CCI outcomes

Given that the practicum tutors were not privy to the content of the course that emphasised CCI strategies *(Promotion of Cognition and Communication),* they were not in a position to offer the kind of support about CCI as seen in other training programme benefitting from coaching and similar types of practicum supervision. For example, studies in the UK (see Potter and Hodgson, 2007a; Swan and Swain (2010) and the USA (see Dickinson and Caswell, 2007; Hamre *et al.*, 2012) have demonstrated the effectiveness of having course facilitators and module designers serving in the capacity of observers, commentators and evaluators. Where this is not possible, Hamre *et al.* (2012) point out that it is necessary that tutors attend comprehensive training and support relating to teacher-child interaction experiences and the assessment procedures for evaluating these experiences. The training received by practicum tutors in Guyana focused heavily on assessment techniques, thus, the lack of comprehensive coverage of CCI seems to have resulted in tutors inadequately focusing on this important area for development. Consequently, continuous professional development, covering topics such as effective CCI, might better prepare the practicum tutors for the role of supervising and mentoring caregivers.

Another established strategy for enabling progressive changes in extended and cognitively challenging CCI is setting a stage for caregivers to self-examine their practice. A simple way to introduce self-examination is through the Self-reported Checklist provided in Appendix 6. After completing this instrument, caregivers expressed the view that it stimulated their thinking about CCI practice. However, as Dornan and Mørcke (2014: 85) argue, since this checklist offers only codified-type performance indicators which could exclude 'everyday workplace realities', the use of video-based reflective practice is a suitable addition. In recent years, this approach to initial training for early childhood staff has been found to be effective in both on-site and distance initiatives (see Potter and Hodgson, 2007a; Fisher and Wood, 2012; My Teaching Partner, 2013), and particularly for short-term training (Eurofound, 2015). The video-stimulated review process conducted in the

present study adds support for the introduction of pre and post-training videos, as part of the UG ECPD training programme. For example, similar to Potter and Hodgson (2007a), reviews of the video recordings in this study provide insight into caregivers' interactions far beyond those directly observed by me or the practicum tutors, or recalled by the caregivers themselves. While not the main aim of this study, the video-stimulated reviews resulted in caregivers evaluating their own practices. All of the caregivers' interviews, irrespective of the levels at which they interacted, provided evidence for the effectiveness of this approach as is exemplified in the following extracts:

*Example One*

| | |
|---|---|
| Ms Ford: | … Looking at the video it looks bad. |
| R: | How bad? |
| Ms Ford: | Bad, bad [giggles]. |
| R: | [Giggles] Why do you think it was bad? |
| Ms Ford: | I should have told them why I was leaving and maybe asked them how they should behave…. |

*Example Two*

| | |
|---|---|
| Ms George: | When I looked at the video I had a good laugh; I told the children to count up to five and I ended up counting to ten. My husband was looking at the video with me and said, 'Wait man, like you can't count'…. |

*Example Three*

| | |
|---|---|
| R: | Is there any other comment you would like to make? |
| Ms Eve: | When I looked at the video at home to see what went well, or what could be improved, I did not see all the things you pointed out. Now that we sitting and talking about them I realise…. |

As a result of my research approach, Guyanese caregivers who participated in this study were able to critically reflect on their interaction skills and offer suggestions for, or ask for advice on, improvement. In the absence of this approach, caregivers might not be competent in being able to identify the shortcomings I observed in their CCI practice. Having established that caregivers in Guyana could benefit from further training on CCI, continuing professional development initiatives targeting the development of CCI strategies might be more effective if they adopt the form of work-based support described by Potter and Hodgson (2007a and b). This includes incorporating elements such as, pre and post-training video clips of participants' classroom practice, focus-groups and semi-structured interviews

to promote critical reflection about practice. And, in areas where the Internet is accessible, such an approach could be extended to include elements of 'web-mediated coaching' reported by Koh and Neuman (2009) and Trivette *et al.* (2012a). But, in situations where work-based support and videoing are not possible, Ms Boson's case study has shown that a practice-based course-only approach can be effective for caregivers who are prepared to experiment with new initiatives and engage in reflective evaluation of practice by asking questions, such as:

- How do my interactions with the children I work with motivate and engage them?
- Do my questions challenge them to think and find out?
- Do I encourage them to speculate and have a go?
- Do I model good spoken English and introduce them to rich vocabulary?
- Do I show that I value their ideas?
- Do I ponder possibilities aloud?  (Jones and Twani, 2014: 71)

## 10.3  Questions Three: impact of external factors on change

The dedicated and experimental attitude displayed by Ms Boson was identified as the main contributing factor for the development of her practice, which led to the production of the extended-type interactions observed. She and her tutor expressed this view during our interviews. Therefore, one factor associated with more competent CCI is caregivers' general attitude towards the implementation of new strategies. Another common explanation for notable variations in caregivers' interaction competency is the model guiding their practice. Caregivers who adopt a 'follower', approach to the programme often made changes only in areas recommended or modelled by their supervisors while those who went beyond just following, and explored and experimented with new strategies, demonstrated more advanced CCI skills.

Then, there is Ms Eve, the only caregiver who displayed only minimal improvements in her CCI practice. Both Ms Eve and her tutor affirm that she

paid little attention to advice offered in this area, which may explain her lack of competency in CCI. Moreover, her pedagogical thinking and practice in favour of order and discipline over spontaneity or children's interest, and custodial over intellectually nurturing care, were identified as barriers to change. Her inability to adopt new behaviours and strategies might be explained by Ms Clay's Experience-relationship Model: 'when caregivers are too old, it's difficult to change their old ways'. Since this model contradicts previous studies which establish links between attributes such as greater classroom experience for better training outcomes (see Dickinson and Caswell, 2007; Hamre *et al.,* 2012; Heller *et al.*, 2012), it is recommended that further research be conducted to explore the prevalence of this phenomenon.

Other attributes such as group and class size, demanding workload (Thomason and La Paro, 2009, 2013; Goh *et al.*, 2012; Rentzou and Sakellariou, 2011; Purdon, 2014), and culture (Rogoff *et al.*, 1993; William *et al.*, 2006; Charles, 2012) have been found in previous studies to explain adult-child interaction practices. However, how some external attributes (cultural norms, for example) affect the pedagogical approaches of early childhood workers who have experienced ECPD remains unexplored. Therefore, the important contribution of these findings is that they could provide training agencies an insight into how these extraneous attributes interact to impact on the development of quality CCI. As a result of these findings, my research focus has been expanded towards issues concerning public awareness and promotion of culturally relevant adult-child interaction strategies. One specific strategy relates to the issue of discipline, since, as recent as two years ago, the Guyana Teachers' Union reported that alternative methods were not as effective as corporal punishment (Guyana Teachers' Union, 2013a).

## 10.4 Steering national initiatives: learning from the evidence on discipline practices

As indicated in the previous chapter (section 9.2.2), corporal punishment and other harsh discipline approaches are legal and deeply rooted in Guyanese

traditions. Having been sanctioned by Child Rights Advocates (for example, Red Thread and Help and Shelter, 2006; Alli, 2014; Ally, 2014; ChildLinK, 2014), over the past two years, the Government of Guyana started a debate in relation to usage in schools:

> Education Minister, Priya Manickchand has said that while the ministry's policy on corporal punishment has not changed, the issue is currently in suspension mode since it is still being discussed at the parliamentary level. [...] Meanwhile, she said, the education ministry insists that teachers and head teachers comply with their written policy, which says that while corporal punishment is allowed in schools, it is to be regulated and administered in a disciplined manner. [T]his includes refraining from inflicting corporal punishment in order for children to learn, [...] and only specific instruments should be used to administer these blows. (Guyana Chronicle, 2013)

Recently, reports in the media have signalled further progress with headlines, such as, 'Corporal punishment to be totally banned soon [...]':

> Education Minister Dr Rupert Roopnaraine has said he is disturbed by the fact that teachers are still administering corporal punishment in schools, and the Ministry of Education is seeking ways to eliminate it from the school system. He said that as a real alternative to corporal punishment, a central counselling body will be established soon, and a trained councillor will be attached to each school. (Guyana Chronicle, 2015)

One of the most recent studies on school councillors in the USA confirms the effectiveness of councillors for addressing discipline problems. Carrell and Hoekstra (2014) report its effectiveness for reducing student's misbehaviour and increasing boys' academic achievement. Correlation for these positive outcomes is linked to councillors' major role of dealing with student problems (ranging from social and emotional to drug use) that may have otherwise impacted academic achievement, either directly or through peer interactions (ibid: 66). Therefore, introduction of school councillors to Guyana might be worthy of commendation. However, one obvious ramification is their inability to attend to and/or address many of the everyday and mundane home and early childhood classroom misdemeanours. Consequently, 'culturally sensitive interventions for parents' (Brown and Johnson, 2008: 39), and training for the teachers in the area of alternative discipline techniques (Pottinger and Nelson,

2004; Baker-Henningham *et al.*, 2009), remain recommended strategies for the Caribbean region, and for early childhood settings in particular.

Between 2004 and 2005, a nation-wide public education campaign 'Growing up without Violence' was introduced as an important strategy for changing undesirable discipline practices in Guyana (Cabral and Speek-Warnery, 2005). The Project was aimed at educating children and adults on all forms of violence experienced by children in their homes, schools and communities and strived to educate children and society as a whole on how to protect children and assist children at risk of violence. Between 2010 and 2014, the ECPD programme under study has targeted alternative punishments for early childhood settings. However, studies into whether the training and campaigns have contributed to or affected changes in practice have not been explored. With the dearth in empirical studies, it is difficult to make sound decisions for expansion and/or adaption of initiatives and interventions. By offering illustrations of developmentally appropriate everyday discipline practices of early childhood practitioners who participated in the UG ECPD training programme, the findings of this study could contribute to the process of bridging this gap.

The findings of this study suggest that 'smart gaff' and 'serious talk' could serve as appropriate behaviour management tools in early childhood settings. The case presented in section 9.2.2.1 above, serves to illustrate how these gaffs and talks could be enacted as disciplinary approaches. The caregiver's ability to articulate and demonstrate concepts, ideas and content about discipline, more than one year after the programme ended, seems to contrast views by the Guyana Teachers' Union (2013a) that 'alternative methods [are] not effective enough'*.* The evidence of this study is contributing to the call by the Guyana Teachers' Union (2013b) for 'tried and proven' replacement strategies, before they could agree to halt the practice of corporal punishment in schools.

Studies within the wider Caribbean Region which show that many teachers, upon completion of training, continued to uphold and share strong belief in

favour of corporal punishment (Pottinger and Nelson, 2004; Baker-Henningham *et al.*, 2009), might also benefit by experimenting with similar training programmes. As established in Chapter 3, differences in outcomes for the use of alternative discipline methods might be accounted for by variables specific to training programmes' delivery and content coverage. Chapter 8 provides a comprehensive discussion about how training could work to promote the alternative discipline approaches demonstrated by caregivers in this study.

## 10.5 Concluding comments

As researchers of complex and dynamic issues such as the processes involved in ECPD training initiatives, designed to drive changes in CCI,

> All we [...] have are stories. Some come from other people, some from us, some from our interactions with others. What matters is to understand how and where the stories are produced, which sort of stories they are, and how we can put them to honest and intelligent use. (Miller and Glassner, 2011: 145)

My study has led to a better understanding of the classroom interaction practices in child care settings in Guyana, as it *tells* the caregiver-child interaction *story* (Simons, 2009: 15) of those who participated in the UG ECPD. Moreover, the findings of my study have made a contribution to the literature about *how* attributes of early childhood professional development programmes function as mechanisms of change for caregiver-child interaction practices. I was able to establish that the pedagogic strategies required to sustain the extended and cognitively challenging types of interactions are demonstrated by caregivers because they underwent the Early Childhood Professional Development Training Programme offered by the University of Guyana. These extended-type CCI strategies were not identified in the UG formal observation process, but were found to be dominant in informal settings or during 'smart gaffs' in this study.

Considering the overall findings, a summary of the ontological description of 'smart gaffs' might define it as Guyanese culturally significant concept of the pedagogical practice constructed as extended, engaging and cognitively challenging CCI that occur spontaneously and informally. These interaction experiences are situated within children's cultural background, interests, capabilities and social context, and shaped by caregivers' ability to seize learning opportunities when moments arise for 'shared' dialogues. Given that the general attitude towards Creole in schools is negative (Semple-McBean 2007), it is possible that the cultural construct of 'smart gaff' might give the interactions that take place in Creole language greater professional standing as a pedagogical practice.

Further, in Guyana, promotion of the cultural description of engaging-type CCI might stimulate awareness of the concept much more easily than international nomenclatures. No caregiver displayed meta-language, such as 'sustained shared thinking', to articulate awareness of approaches, even though these were promoted during training. This finding seems to suggest the relevance, in Guyana, of positioning 'smart gaff' within the discourse of productive, enabling and engaging pedagogy. In this regard, it could be concluded that 'the "little narratives" of local knowledge' produced the local Guyanese concept of smart gaff 'to replace the "meta-narrative"' surrounding effective CCI (Lyotard, 1984, cited in Dahlberg, Moss and Pence, 2013: 195).

One methodological implication of capturing narratives of local knowledge, however, is the probability of having to over-rely on conceptual interpretations. The immediate environment (worker's clothing, activities and geographical locations) and conversational topics directly influenced the nature and content of CCI. These episodes could not have been incorporated within the database because modification to ensure anonymity rendered the discussions irrelevant. In these cases, only conceptual interpretations are reported. Therefore, in some instances, Yin's (2014: 123) suggestion about giving readers and/or reviewers opportunities for 'inspecting the raw data that led to conclusions' were not possible. Also, this means that the fine-grained moment-to-moment details that researchers have been calling for (Dickinson

*et al.,* 2008) would not always be possible, and this might be one factor affecting the documentation and illustration of exemplary CCI. This observation might be noteworthy, given that none of the studies examined during the course of this research made reference to the transactional and context-specific nature of CCI as a possible limitation to dissemination and publication of these exchanges.

In detailing the impact and effectiveness of the ECPD content and methodology, and by highlighting how the strategies and processes supported and shaped changes in CCI,

- The principle of 'ethnographic-type mentoring' is conceived as an approach to effecting change. Example, 'I studied her [caregiver] well; so I knew when to be stern with her and when to cut her some slack'.

- Assumptions about inappropriate/stern mentors is interrupted and situated within a cycle including collaborative, facilitative, supportive and provocative mentoring strategies. Example, 'Tough love' (supportive and kind mentoring, yet dictatorial and judgemental when required).

- Assertions that 'role play or simulation cannot compare to the support offered by knowledgeable professionals in the classroom' (Chen and McCray: 2012: 10), is challenged. In the area of CCI, the case of Ms Boson suggests that simulation can compare. Changes in knowledge and belief, and critical reflection about their teaching appear to have made corresponding impact on CCI practices.

These insights into ECPD are considered important because they inform thinking about the quality of training that might be necessary for improving CCI practices.

With regard to the UG formal quantitative observation instrument, the study establishes that the pedagogic strategies required to sustain the extended and cognitively challenging types of interactions were not identified by this instrument because, by its structure, it is limited to gauging the general types and levels of interactions. By explaining the meanings of the UG statistical evidence and the relationship between these and training, the study confirms

the epistemological stance that: (i) knowledge about the nature of CCI practice and how this practice is shaped is gained through our interpretation of caregivers' contextually situated experiences, (ii) approaches necessary for capturing these contextually situated experiences (observations, stories and accounts) are located within the qualitative paradigm. Therefore, the study promotes the perspective that process oriented investigation is a necessary approach for understanding the relationship between productive, enabling and engaging CCI and effective ECPD training. The implication of this shift in assessment practice in Guyana, however, is that it would require the ministries and organisations responsibility for supporting children to broaden their 'languages' when speaking about and conducting evaluations (Dahlberg, Moss and Pence, 2013). As one Danish pedagogue warns, broadening this language is a necessary next step in Guyana:

> [I]f this [quantitative] approach to quality, with its emphasis on weighing and measurement, comes to dominate the discussion in services for children then it will spoil more than it improves. A society with clearly defined ideas of how to measure art will be regarded as authoritarian and narrow-minded: true quality, like true art, cannot be reduced to simple statements. (Jensen, 1994, cited in Dahlberg, Moss and Pence, 2013: 100)

Finally, the relevance and topical nature of the research topic is noted. One of the latest publications (*Early Years*, Volume 35 Number 2, 2015) acknowledges that very little grant-funded research has been conducted on the topic of workplace-based learning and mentoring practices in early childhood settings. While my study is not grant-funded, it has illustrated how mentors shape the practice of one group of early childhood caregivers in Guyana. Another publication, The 2015 *Early childhood care systematic review: working conditions, training and quality of services,* conducted by the European Foundation for the Improvement of Living and Working Conditions, identified two major gaps in relation to professional development interventions: (i) the impact on staff–child interactions, (ii) the evaluation of long-term impact (retention of training effects). The findings of my study suggest that training impacted CCI in Guyana. Almost two years after training, caregivers who participated in UG ECPD programme demonstrated much of the strategies learnt; signalling that the impact of training might be long-term.

### 10.5.1 Future directions

In terms of future research directions, it should be noted that the overall purpose for developing the UG ECPD training programme was predicated on the expectation of outcomes that would produce an association between the following: UG ECPD = Effective Pedagogical Practice, and Effective Pedagogical Practice = Positive Child Outcomes. This study was designed to investigate the outcomes of the UG ECPD on CCI pedagogical practices and did not extend investigation to children's development and learning. Therefore, further research is necessary to gain an understanding about the relationship between CCI practices and outcomes for children in Guyana.

A second observation reported in this study is an absence of evidence from observational data concerning pre-programme CCI practices. As explained, this was a result of the time frame within which the research was conducted (see Chapter 4) and it was recommended that future investigation into caregivers' interaction practices might benefit from an examination of their practice as they progress during the two-year period of training. This type of longitudinal study would provide an observational audit of changes over time, instead of having to rely solely on participants' recollection of past practice. Research projects of the kind recommended should provide the detailed evidence that researchers (see, for example, Algozzine *et al.*, 2011) advised is needed to fully explore the process leading to the changes in the interactional practice reported in this study.

### 10.5.2 Closing statement

This is the first study in Guyana to investigate effects of early childhood professional training (and other national teacher training programmes, such as, the Associate and Bachelor of Education Degree) on practitioner's pedagogical classroom practice.

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# APPENDICES

**Appendix 1: Map of Guyana** (Bernard, 2005:29)
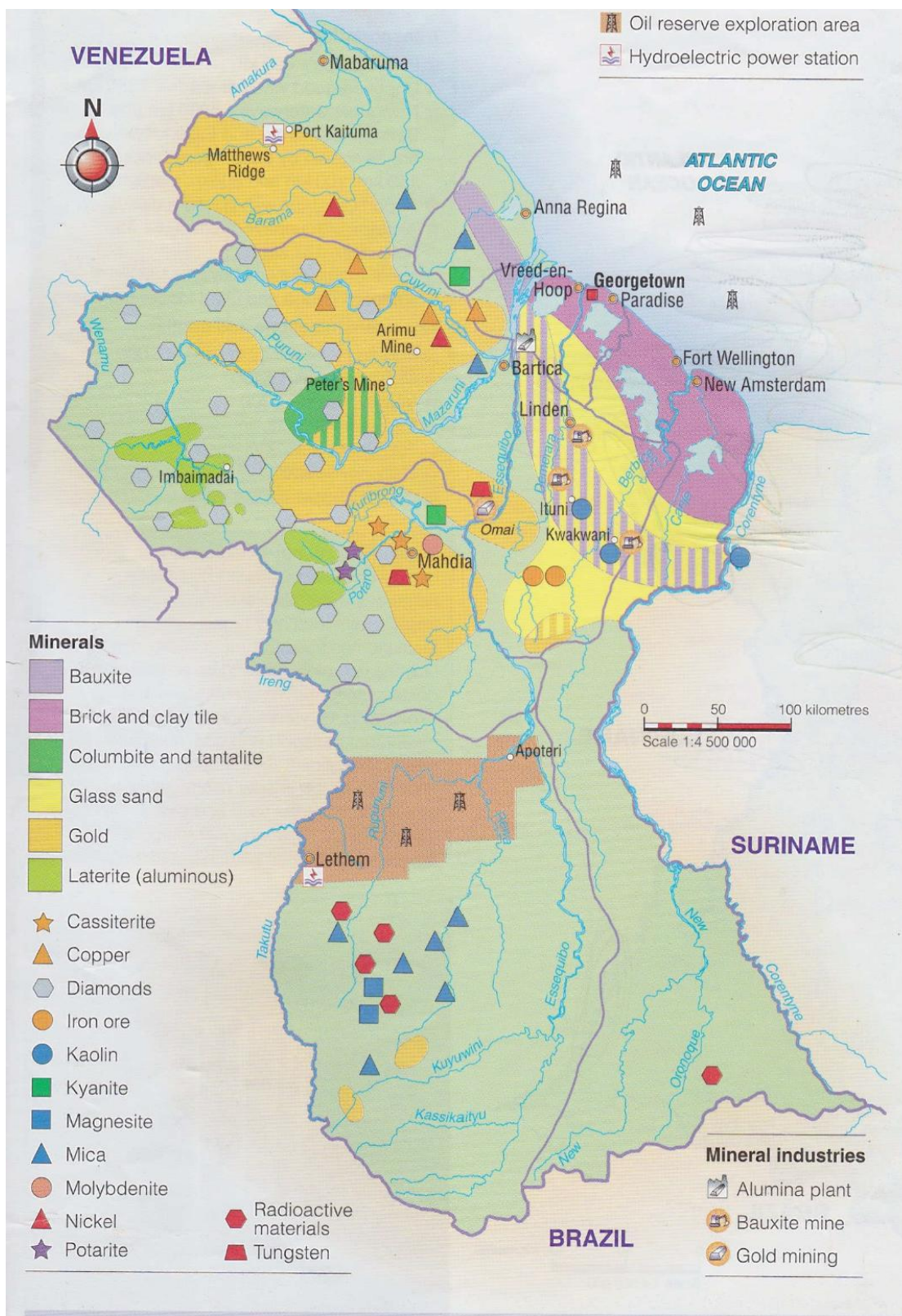
**Appendix 2: ECD Regional Standards at a Glance** (CARICOM, 2008: 71-72)

## Standards at a Glance

1. Space is organized for child learning: The group size does not exceed 30 children in one space; adult to child ratios are safe; staff are adequately trained, meet and organise cooperatively; space is arranged so that children can see their interests reflected in the organisation (such as displays of work), access and choose learning resources in at least two or three designated areas (such as reading materials, home 'corner', drawing materials), work, interact and play with one or two friends in small groups for at least some of the time.

2. Care and Learning activities are scheduled: Adults plan and provide at least two to three scheduled activities each day, indoors and outdoors, to develop children's emotional, moral, physical, emotional and intellectual capabilities, social relationships, and comprehension of what is right and wrong.

3. Caregivers and educators are suitable: Adults providing care and learning experiences for children are supervised, competent in their work, warm and welcoming in their interactions with children.

4. Environment is safe and appropriate: Premises are safe, secure, ventilated, well lit, serviced by a phone and suitable for access and use by children; children's toilet facilities are sanitary; adults have space separate from the children for preparation, meeting parents, breaks from work, storage of personal items and washroom facilities.

5. Furniture and equipment is sufficient: child sized furniture and equipment for routine care, play and learning is sturdy and well maintained.

6. Health and Safety is practiced: No major hazards prevent children's safe play indoors and outdoors; preparations are made for authorized administration of medicines, care in the case of sudden illnesses, accidents and emergencies, including fire; basic first aid is practiced by at least one adult; children and adults wash hands after toileting and before handling food; children have time and space to rest scheduled appropriately.

7. Food and drink is nutritious: Children are provided with a balanced intake of food, complying with dietary and religious requirements; parents guided to provide acceptable snacks; running potable water provided on site.

8. Interactions and behaviours are positive: Adults listen to children, interact with them warmly, demonstrate and praise positive behaviours, manage challenging behaviours in a way that promote children's understanding and development; corporal punishment or humiliating treatment of children is not practiced.

9. Parents are informed about what their children are doing: Conversations with parents occur regularly and informally about their children to engage interest in how they develop.

10. Special needs are anticipated: Adults are aware that some children will have special needs; are proactive in ensuring that appropriate action can be taken when a child comes to the service; and include children in ongoing activities with other children as far as possible.

11. Documentation is maintained: Records needed for children's welfare and development are maintained and kept secure and confidential; these are shared with the individual children's parents; registers, procedures for admission and finances, accounts, and other records needed for the efficient and safe management of the service are set up and maintained.

12. Additional standards are practiced for babies and children under two years old: Adults must have specific preparation for care of babies; the group size and adult child ratios are appropriate for their safety and care; toys and activities are appropriate for their age and provide a variety of language and sensory activities both indoors and outdoors; children have a consistent adult to interact with at frequent intervals throughout the day; separate arrangements are made for their feeding, rest and toileting; information is exchanged with parents on a daily basis about their changing developmental and care needs and routines.

## Appendix 3: General Assessment Instrument used by the University of Guyana

## (Practitioners working with toddlers and preschoolers)

UNIVERSITY OF GUYANA
SCHOOL OF EDUCATION AND HUMANITIES
DEPARTMENT OF FOUNDATION AND EDUCATION MANAGEMENT
CERTIFICATE IN EARLY CHILDHOOD DEVELOPMENT

### PRACTICUM SUPERVISION/ASSESSMENT INSTRUMENT

Name of Student: ………………………………………………………………………………..

Name of Early Childhood Setting: …………………………………………………………….

Level of Group: …………………          Number of Children in Group: …………………………

Session/s Observed: …………………………………………………………………………………

Comments:………………………………………………………………………………………………………………………

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### RATING SCALE

5: EXCELLENT          4: VERY GOOD          3: GOOD          2: FAIR          1: UNACCEPTABLE

| | Areas of Observation | Scores | | | | |
|---|---|---|---|---|---|---|
| | | Visit #1 | Visit #2 | Visit #3 | Visit #4 | Visit #5 |
| A | **Planning /Preparation** | | | | | |
| | Evidence of preparation of an environment suited to children's needs | | | | | |
| | Daily activities planned in advance | | | | | |
| | Display/presentation of Daily Schedule | | | | | |
| B | **Content/Learning Activities** | | | | | |
| | Knowledge of activities/information shared with children | | | | | |
| | Appropriateness of information/activities for children's developmental level | | | | | |
| | Effective use of a variety of learning centres and/or activities | | | | | |
| | Ability to pace and sequence activities | | | | | |
| | Relevance and suitability of materials | | | | | |

| Areas of Observation | Scores | | | | |
|---|---|---|---|---|---|
| | Visit #1 | Visit #2 | Visit #3 | Visit #4 | Visit #5 |
| **C**   **Stimulation Strategies/Techniques** | | | | | |
| Use variety of teaching strategies e.g. large/small groups, discovery, role play | | | | | |
| Use variety of materials and equipment | | | | | |
| Evidence of children's involvement | | | | | |
| Provide activities for special/individual needs or interest | | | | | |
| Sensitivity to children's needs/interest | | | | | |
| **D**   **Interaction/Communication** | | | | | |
| Language provides appropriate patterns for children | | | | | |
| Ability to establish rapport with children | | | | | |
| Clarity of presentation/discussions | | | | | |
| Children's freedom to speak to peers and adults | | | | | |
| Appropriateness of interaction during play to facilitate learning | | | | | |
| Effective questioning styles to stimulate thinking | | | | | |
| Appropriate feedback to children's responses/experiences | | | | | |
| **E**   **Motivation** | | | | | |
| Use of praise | | | | | |
| Arousal and sustenance of interest | | | | | |
| Exercise patience and use different forms of encouragement | | | | | |
| Show respect for Children's effort/independence | | | | | |
| **F**   **Setting Organisation** | | | | | |
| Physical environment – cleanliness and attractiveness | | | | | |
| Use of space –arrangement of play/learning/developmental centres | | | | | |
| Attractive display of charts and relevant materials | | | | | |
| **H**   **Group/Setting Management** | | | | | |
| Attention to routine/planned schedule | | | | | |
| Flexibility in routine/activities/teaching when necessary | | | | | |
| Ability to manage children during activity | | | | | |
| Consistency with respect to rules and procedure | | | | | |
| Unbiased in dealing with children | | | | | |
| Appropriate use of discipline techniques | | | | | |
| Attention to safety procedures e.g. play space, activities, materials | | | | | |
| Observe hygiene and sanitation guidelines | | | | | |
| **I**   **Professional & Personal Qualities** | | | | | |
| Creativity and resourcefulness | | | | | |
| Demonstration of interest and enthusiasm | | | | | |
| Neatness and appropriateness of dress | | | | | |
| Pleasant, clear and appropriate tone of voice | | | | | |
| Attendance and punctuality | | | | | |
| **TOTAL**     **(Maximum Score = 200)**     **Actual Score** | | | | | |
| % | | | | | |

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**(Practitioners working with infants)**

UWI School of Continuing Studies, St Augustine

Further Education I programme
EDUCATION STUDIES PROJECT
ASSESSMENT INSTRUMENT

Name of Student: ........................................    Practicum Centre: .....................................

<u>RATING SCALE</u>

**5: EXCELLENT**    **4: VERY GOOD**    **3: GOOD**    **2: FAIR**    **1: UNACCEPTABLE**

| ITEM | COMPETENCY | RATINGS | | | | |
|---|---|---|---|---|---|---|
| | | ASSESS 1 DATE | ASSESS 2 DATE | ASSESS 3 DATE | ASSESS 4 DATE | ASSESS 5 DATE |
| 1 | Set up/maintain an attractive and stimulating play/activity centre. | | | | | |
| 2 | Observe and respond to children's interactions with each other and with adults. (Social Development) | | | | | |
| 3. | Select and arrange play material/equipment necessary to develop cognitive skills of infants 0-6 months. | | | | | |
| 4 | Select/arrange materials/equipment appropriate to different age groups. | | | | | |
| 5 | Facilitate children's learning /thinking skills through play. | | | | | |
| 6 | Select and arrange natural and other materials to assist sensory development. | | | | | |
| 7 | Promote emotional development and helping children to express emotions. | | | | | |
| 8 | Demonstrate constant awareness of a safe an hygienic environment. | | | | | |
| 9 | Feed a baby. | | | | | |
| 10 | Feed a young child from a cup with spoon. | | | | | |
| 11 | Demonstrate correct posture in fixing a baby to breast. | | | | | |
| 12 | Prepare bath and bathe a baby 0-3 months. | | | | | |
| 13 | Bathe a baby or young child from age 4 months. | | | | | |
| 14 | Change nappies and dress infants. | | | | | |
| 15 | Observe skin condition, clean and treat the skin of a baby and infant. | | | | | |
| 16 | Take Vital signs of the child: - temperature; pulse; respiration. | | | | | |
| 17 | Observe and record children's performance on specific tasks/ behaviours and comments. | | | | | |
| 18 | Signs and symptoms which might indicate illness and abuse recognize promptly and reported to supervisor. | | | | | |
| 19 | Communicate reassuringly and lovingly to children. | | | | | |
| 20 | Develop relationships with parents and guardians of the children in their care. | | | | | |

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## Appendix 4: The Classroom Assessment Scoring System (CLASS) Framework for Pre-K Classroom Quality (NCQTL, 2013: 5)

| Domain | Dimension | Description |
|---|---|---|
| Emotional Support | Positive Climate | Reflects the overall emotional tone of the classroom and the connection between teachers and students. Considers the warmth and respect displayed in teachers' and students' interactions with one another as well as the degree to which they display enjoyment and enthusiasm during learning activities. |
| | Negative Climate | Reflects the level of expressed negativity such as anger, hostility, or aggression demonstrated by teachers and/or children. Low scores represent fewer instances of expressed negativity in the classroom. |
| | Teacher Sensitivity | Encompasses teachers' responsivity to students' needs and awareness of students' level of academic and emotional functioning. The highly sensitive teacher helps students see adults as a resource and creates an environment in which students feel safe and free to explore and learn. |
| | Regard for Student Perspectives | The degree to which the teachers' interactions with students and classroom activities place an emphasis on students' interests, motivations, and points of view, rather than being very teacher-driven. This may be demonstrated by teachers' flexibility within activities and respect for students' autonomy to participate in and initiate activities. |
| Classroom Organization | Behavior Management | Encompasses teachers' ability to use effective methods to prevent and redirect misbehavior by presenting clear behavioral expectations and minimizing time spent on behavioral issues. |
| | Productivity | Considers how well teachers manage instructional time and routines so that students have the maximum number of opportunities to learn. Not related to the quality of instruction but rather to teachers' efficiency. |
| | Instructional Learning Formats | The degree to which teachers maximize students' engagement and ability to learn by providing interesting activities, instruction, centers, and materials. Considers the manner in which the teachers facilitate activities so that students have opportunities to experience, perceive, explore, and utilize materials. |
| Instructional Support | Concept Development | The degree to which instructional discussions and activities promote students' higher-order thinking skills versus a focus on rote and fact-based learning. |
| | Quality of Feedback | Considers teachers' provision of feedback focused on expanding learning and understanding (formative evaluation) and not correctness or the end product (summative evaluation). |
| | Language Modeling | The quality and amount of teachers' use of language-stimulation and language-facilitation techniques during individual, small-group, and large-group interactions with children. Components of high-quality language modeling include self and parallel talk, open-ended questions, repetition, expansion/extension, and use of advanced language. |

**Appendix 5: Interview Schedules**

**(a) For Caregivers**

<div align="center">

**CAREGIVERS'**
**VIDEO-RIVIEW, GUIDED RECALL AND INTERVIEW PROTOCAL**

</div>

**(Specific to video-review and guided recall exercise)**

1. With regard to your interaction with the children, what do you think went well during the activity?

2. How much of the CCI strategies employed was influenced by the ECPD programme?

3. How do you think your lesson might have been conducted had you not participated in the ECPD?

4. Other questions specific to the lesson/session/activity were coined after videoing and observation.

<div align="center">⤜━━━━━⤛</div>

**(Completed after the video-review and guided recall exercise)**

1. You have been working in the early childhood sector for ____ years. What comes to mind when you hear the term 'quality early childhood centre?

2. What do you understand by the term 'quality caregiver-child interactions?

3. Has being involved in ECPD brought about other changes (that I have not seen during observation) in your CCI classroom practice? Can you give me some examples?

4. Do you think your CCI practice is better now than it was before pre-programme participation? Can you give me some illustration of this?

5. To be clearer about your response, are you suggesting that the ECPD has had an impact on your interactions with children? Can you give me some examples?

6. Have you learn anything from specific course / module that helped you in your interaction with children?

7. What is your opinion about the conduct of practicum assessment? (Probes will be directed to time spent, advice given, etc.

8. Did you benefit from the processes at 7? How did you, or why do you think you did not benefit?

9. In relation to CCI, which elements of the ECPD did you find relatively easy to adopt and which elements are more challenging? Can you say why? *(To stimulate discussions, the CCI racing scale was used)*

10. Are you satisfied with the overall impacted the programme has made on your interaction skills? Do you think your CCI classroom practice could be further improved? In what areas might this be?

11. To be clearer about your response, are you suggesting that you think the programme could be improved? How might this be?

12. Do you provide a balance between adult-led and child-directed learning? Can you say how?

13. Which of the above teaching approach do you think is more important for children's learning? Can you say why?

14. How do you think caregivers should interact with children to develop their problem solving skills and higher order thinking? Can you say if, and how often you use these strategies?

15. You have had ... years of experience and have participated in training such as ..., do you think these have had an influence on your current CCI practice? Can you say why?

16. Putting aside what you have learnt during training, how do you think caregivers should interact with children?

17. What are your views on what effective ECPD training programmes should entail?

18. Did you apply to the programme because of your views? If not, how were you selected?

19. What are some of the general knowledge and skills learnt from participating in the ECPD training?

20. Is there any other feature of the ECPD programme that you would like to comment on but was not addressed in our interview?

(b) **For Tutors, Directors and Colleagues** (Items 3 onward were used with directors and co-worker)

**UNIVERSITY OF GUYANA**
**SCHOOL OF EDUCATION AND HUMANITIES**
**DEPARTMENT OF FOUNDATION & EDUCATION MANAGEMENT**

**Supervisor's Views and Experiences on the Effects of Early Childhood Professional Development (ECPD) Training on Caregiver-Child-Interaction Practice**

Name of Supervisor:_____     Name of student: _____

**Guiding Definition:**
**High quality caregiver-child interactions are talks, conversations, discussions, dialogues, exchanges and questions which support, extend and develop children's play, exploration and learning by using cognitively challenging, rich and stimulating content.** Examples: (1) Sit and talk with children about what they are doing during play. (2) Give information and ask questions appropriate to play in progress, eg, 'Is there enough gas to finish the cooking?' Use open-ended and leading questions to promote reasoning skills eg. 'What if the gas runs out?' 'Why do you need two pots?'. (3) Utilise opportunities for 'teachable moments' throughout the day eg. 'Allow for short discussions in instances such as sudden sound of siren which interrupted lesson'. (4) Encourage children to reflect and comment on their work eg. 'You told me you are making a tree, what is the car for?'

**Reflective Questions:**

1. Having been involved in practicum, do you think X's interaction with children is better now than it was before your supervision? Can you give specific illustration/s of this?

2. To be clearer about your response, are you suggesting that you are of the opinion that your supervision has had an impact on X's interaction and communication skills? Kindly share example/s of advice given to X.

3. Are you satisfied with the impacted the programme has made on the quality of X's interaction skills? Can you say why?

4. Do you think X provides a balance between adult-led and child-directed learning? How often was this done, and can you say how?

5. During your observations, which of the above teaching approaches (at #4) do you think provided more scope for children's learning? Can you say why?

6. Were X's interactions of a 'high quality' to develop children's problem solving skills and higher order thinking? Can you give an example?

7. Do you think X's interaction and communication practice could be further improved? In what areas might this be?

8. Is there any other feature of X's interaction and communication with children that you would like to comment on but was not addressed by the questions above?

*THANK YOU*

## Appendix 6: Caregiver's Self-reported Interaction Checklist

**Guyanese Early Childhood Caregiver's Self-reported Interaction Practices**
(To be completed by practitioners who participated in the Certificate Programme for the ECD Practitioner, University of Guyana)

### Section I: Biographic Data

1. Name:

2. Age:

3. Years of experience working with young children:

4. Age of children:

5. Number of children in Class/Group:

6. Number of ECD Practitioners assigned to Class/Group:

### Section II: Classroom experience

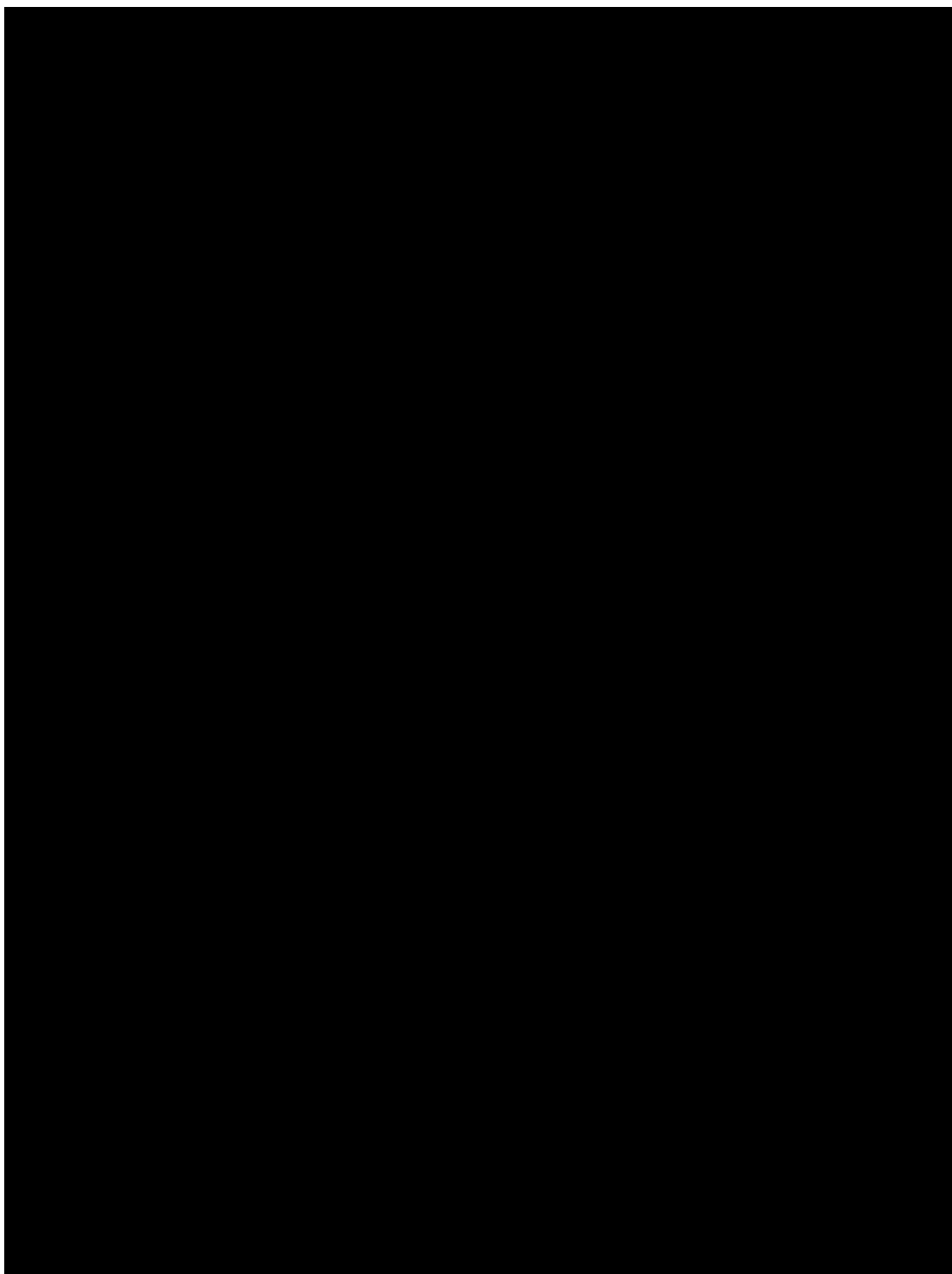| | *Interaction Strategies* | Never tried / No Recall | Rarely | Some-times | Most of the time | All of the time | |
|---|---|---|---|---|---|---|---|
| | **Initiating and responding to children's talk and expressions** | | | | | | |
| 1 | I welcome children and bid farewell | | | | | | |
| 2 | I respond to children's non-verbal cues (eg. their utterances, gestures) | | | | | | |
| 3 | I modify my interaction in response to children's expression in talk, cry or moods (eg. when they are sad, happy, anxious) | | | | | | |
| 4 | I speak to children at their own eye level when interacting (eg. kneel or sit for better eye contact to ensure connection during conversation) | | | | | | |
| 5 | I speak to children at a level they could understand (eg. use terms familiar to children / check for clarification) | | | | | | |
| 6 | I speak warmly to children when I interact with them (eg. positive tone of voice and body language) | | | | | | |
| 7 | I listen attentively when children speak to me (eg. look at them, nod) | | | | | | |
| 8 | I show respect for children's incorrect answers, thought and judgement (eg. that's a good try but ...) | | | | | | |
| 9 | I pay attention to individual child (eg. speak to each child daily, use their names) | | | | | | |
| 10 | I answer children's questions with one word answers (eg. yes and no) | | | | | | |
| 11 | When I do not have answers to children's questions I acknowledge and follow-up | | | | | | |
| 12 | When children lose interest in adult-led activities (eg. story time), I allow them to do something else of their choice | | | | | | |

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| | Interaction Strategies | Never tried / No Recall | Rarely | Some-times | Most of the time | All of the time | |
|---|---|---|---|---|---|---|---|
| 13 | I encourage children to share their feelings and talk about their interests, experiences and events in their lives | | | | | | |
| 14 | When children make comments or interjections that cannot be addressed or facilitated immediately, I provide opportunities on other occasions for them to share (eg. during story telling about cars a child raises a point about his new baby sister) | | | | | | |
| 15 | I plan a separate session/activities to encourage children to talk about things that are meaningful to them | | | | | | |
| 16 | I translate children's utterances for others ( eg. when unclear or they are shy to repeat) | | | | | | |
| 17 | I repeat and expand children's expressions in a natural style of conversation (eg. child: dress; teacher: that's a pretty dress) | | | | | | |
| 18 | When children speak in Creole I restate their comments in English | | | | | | |
| 19 | I accept children's first language by allowing them to speak in Creole | | | | | | |
| 20 | During activities, I move around to encourage children's involvement with activities (eg. giving guidance, praises or hints) | | | | | | |
| 21 | When new materials are introduced to children I:<br>• Model or explain how they should be used | | | | | | |
| | • Encourage children to explore on their own | | | | | | |
| 22 | When children play, I talk with them about what they are doing | | | | | | |
| 23 | During adult-led discussions (eg. large group, storytelling), I give children opportunities to participate | | | | | | |
| 24 | I am specific when giving praise and making commentaries (eg. instead of saying very good, I say the drawing is beautiful) | | | | | | |
| 25 | I plan activities that encourage children to talk with each other | | | | | | |
| 26 | Before offering assistance, I ask children whether my assistance is needed ( eg. in dressing, packing away toys) | | | | | | |
| 27 | I adjust the daily schedule to suit children's interest | | | | | | |
| 28 | During adult-led activity-time I assign children to specific tasks (eg. groups for painting. colouring, reading) | | | | | | |
| 29 | During some sessions I encourage children to make choices of :<br>• Play activities/materials | | | | | | |
| | • Topics for daily lesson | | | | | | |
| | • Stories for story telling | | | | | | |
| | • Songs and rhymes | | | | | | |
| 30 | I ask children to give reasons for their choices, when possible | | | | | | |
| 31 | During children's play activities I observe to:<br>• Monitor children's behaviour and involvement | | | | | | |
| | • Make notes which serve as guide for later conversations with children, and guide planning of future activities | | | | | | |

| | | Interaction Strategies | Never tried / No Recall | Rarely | Some-times | Most of the time | All the time | |
|---|---|---|---|---|---|---|---|---|
| | | **Promoting cognitive awareness and conceptual understanding** | | | | | | |
| | 32 | Instead of one-word/yes-no responses, when possible, I encourage children to give details of events to extend their thinking | | | | | | |
| | 33 | I directly solve children's problems that arise during daily activities (eg. if child cannot fix puzzles I do) | | | | | | |
| | 34 | I encourage children to figure things out on their own and think of ways to solve their own problems before helping or solving problem | | | | | | |
| | 35 | When I ask questions, I give children time to think before prompting them or providing the answer | | | | | | |
| | 36 | I deliberately pose challenges or problems for a child to solve (eg. the topic is cooking but all pots are removed from the home centre in an effort to prompt children to buy such items from the shopping centre) | | | | | | |
| | 37 | I give information and ask questions appropriate to play in progress (eg. 'Is there enough gas to finish the cooking?') | | | | | | |
| | 38 | I use open-ended and leading questions to promote reasoning skills (eg. 'What if the gas runs out?', 'Why do you need two pots?') | | | | | | |
| | 39 | I utilise opportunities for 'teachable moments' throughout the day (eg. sudden sound of siren, newly pained building next-door) | | | | | | |
| | 40 | I encourage children to reflect and comment on their work (eg. 'You told me you are making a tree, what the car is for?') | | | | | | |
| | 41 | I ask 'silly' questions (eg. show a tiny box and ask if there is a live cat in it) to stimulate thinking | | | | | | |
| | | **Creating opportunities for healthy interaction and behaviour** | | | | | | |
| | 42 | I encourage children to cooperate and share play materials | | | | | | |
| | 43 | I encourage children to display good manners and obey rules during each session (eg. saying please, thank you / being quite for some activities; standing in line; clean up as they finish activities | | | | | | |
| | 44 | I model desired behaviours informally (eg. please, excuse me) | | | | | | |

| | Interaction Strategies | Never tried / No Recall | Rarely | Some-times | Most of the time | All the time | |
|---|---|---|---|---|---|---|---|
| 45 | I intervene quickly to help children resolve conflicts when viewed as dangerous (eg. hitting) | | | | | | |
| 46 | When a child bullies another child (eg. takes a toy from another), I observe to see what happens before intervening | | | | | | |
| 47 | I manage antisocial behaviour by allowing children to settle dispute between themselves | | | | | | |
| 48 | I encourage children to name and express feelings of themselves and others (eg. anger, sadness, happiness) | | | | | | |
| 49 | I help children understand how to deal with conflicts (eg. I encourage them to apologise to each other) | | | | | | |
| 50 | When children use materials inappropriately I tell them to leave the area (eg. if blocks are thrown ) | | | | | | |
| 51 | I praise children who are quiet during activity sessions, use good manners or obey rules | | | | | | |
| 52 | I discuss and explain rules , routines and consequence (eg. children are reminded that are expected to be undisruptive for some group activities; standing in line; clean up as they finish activities | | | | | | |
| 53 | I collaborate with children in making class rules | | | | | | |
| 54 | I demonstrate firmness with children when it is necessary by:<br>• Making physical contact to hurry children along | | | | | | |
| | • Using sharp tone or raise or voice when children misbehave | | | | | | |
| | • Physical punishing children | | | | | | |
| | • Giving time-out | | | | | | |

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**Appendix 7: Ethical Approval Forms**

**(a) University of Guyana**

## (b) IoE, University of London

**Ms Pui Sin**
Faculty of Children & Learning
Dean of Faculty: Professor Richard Andrews

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**By Email**
Michelle Semple-McBean

26 June 2013

Dear Michelle

**Ethics approval**

**Project title: Caregiver-Child Interactions: effects of professional
development on practice in Guyana.**

I am pleased to formally confirm that ethics approval has been granted by the
Institute of Education for the above research project.

This approval is effective from 14$^{th}$ June 2013.

I wish you every success with this project.

Yours sincerely

+++++++++
Pui Sin
Research Student Administrator
On behalf of the Faculty of Children & Learning Research Ethics Committee

cc:     Dr Christine Callender
        IOE Research Ethics office

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## Appendix 8: Letters of Consent

MICHELLE SEMPLE-MCBEAN
Flat 11 Lordship Court, 253 Burnt Ash Hill, Lee London, SE12 0QB, ENGLAND
Tel: (44) 0777 579 4181; Email: msemplemcbean@ioe.ac.uk

[insert date]

Dear [insert name of caregiver]

**Re: Consent to Participate in Research Project**

Congratulations on the award of the United Nations International Children's Fund (UNICEF) Scholarship to pursue studies in the Certificate Programme in Early Childhood Development (ECD), University of Guyana. As you are aware, this programme is designed to expand and deepen professional practice in the context of the 2008 CARICOM Regional Guidelines for developing regulation and standards in early childhood. One important standard mandated by these Guidelines is the 'development of skills for interacting positively with children'.

In an effort to find out the extent to which the programme has influenced your professional skills, I am conducting a research project entitled *Caregiver-Child Interaction: effects of professional development on practice in Guyana*, as part of my PhD Degree project at the Institute of Education, University of London. Findings of the research will assist the University of Guyana in understanding which elements of the programme content and delivery have had the greatest impact on caregiver-child interaction practices, and will feed into the development of additional course/s or, if necessary, restructuring of the curriculum. Your participation in this investigation, therefore, could make a meaningful and worthwhile contribution to improving this programme.

As discussed during our first meeting, the interview you are requested to participate in and video-recordings and observations of your classroom practice will take place during the period April to September 2014. Classroom recordings and observations will enable me to understand how interactions function in your natural childcare settings. Similar to the regular practicum supervisions conducted during your participation in the programme, I will spend one day in your classroom once per week, for a period of three weeks. At the end of this period, I plan to conduct reviews of my observations and recordings and hold an interview with you, to allow me to explore your experience, opinion and ideas about the differences made to your professional practice as a result of participation in the training programme. The interview will be semi-structured so that our conversations will allow you to:
- offer information on your choice of interaction practice.
- reflect on the likely effects of the programme on your interactive practice.
- identify possible aspects of the programme content and delivery that could be considered influential or significant to your practice.
- raise issues, or direct my attention to aspects of your practices not obvious through observation.

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If you agree to participate in this project, you are assured that the data collected will be treated with strict confidentiality and anonymity. To protect your privacy, pseudonyms will be assigned to you and to the childcare service to which you are attached. Furthermore, all data collected will be stored in secure files and all identifiable links between you and findings will be removed in accordance with the Laws of Guyana National Data Management Authority Act, Chapter 27:13, 1983. For example, after transcribing interviews and observations, the recordings will be erased. In addition, you are free to decline to answer any question or to withdraw at any stage in the research process. However, should you withdraw from the study before it is completed, the data already obtained will be used. Before the report is submitted, you will receive a copy of the interview transcripts and observation vignettes to validate the accuracy of your statements or accounts of classroom experiences. In the event of publications arising out of this project, you will receive copies of these.

To indicate that you have read and understood the content of this letter, and have agreed to participate in this research, kindly sign both copies of this letter. For clarification of any aspect of the research project, please do not hesitate to contact me on the telephone numbers or email addresses provided above.

Thank you in advance for the time you will spend participating in this project and for your contribution to early childhood development in Guyana.


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Signature of Researcher



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Participant's Name (Printed)


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Signature of Participant

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**MICHELLE SEMPLE-MCBEAN**
Flat 11 Lordship Court, 253 Burnt Ash Hill, Lee London, SE12 0QB, ENGLAND
Tel: (44) 0777 579 4181; Email: msemplemcbean@ioe.ac.uk

[insert date]

Dear [insert name of childcare director]

### Re: Consent to Participate in Research Project

Thank you for releasing [insert name of caregiver] to participate in the Certificate Programme in Early Childhood Development (ECD), funded by the United Nations International Children's Fund (UNICEF). As you are aware, this programme is designed to expand and deepen professional practice in the context of the 2008 CARICOM Regional Guidelines for developing regulation and standards in early childhood. One important standard mandated by these Guidelines is the 'development of skills for interacting positively with children'.

In an effort to find out the extent to which the programme has influenced [insert name of caregiver] professional skills, I am conducting a research project entitled *Caregiver-Child Interactions: effects of professional development on practice in Guyana*, as part of my PhD Degree project at the Institute of Education, University of London. Findings of the research will assist the University of Guyana in understanding which elements of the programme content and delivery have had the greatest impact on caregiver-child interaction practices, and will feed into the development of additional course/s or, if necessary, restructuring of the curriculum. Your participation in this investigation, therefore, could make a meaningful and worthwhile contribution to improving this programme.

As discussed during our first meeting, the interview you are requested to participate in will take place during the period July 1 to August 30, 2014. The interview is expected to last for approximately 45 minutes to one hour and is intended to explore your opinions and ideas about the differences made to [insert name of caregiver] professional practice as a result of participation in the training programme.

If you agree to participate in this project, you are assured that the data collected will be treated with strict confidentiality and anonymity. To protect your privacy, pseudonyms will be assigned to you and the childcare service to which you are attached. Furthermore, all data collected will be stored in secure files and all identifiable links between you and findings will be removed in accordance with the Laws of Guyana National Data Management Authority Act, Chapter 27:13, 1983. For example, after transcribing interviews, the recordings will be erased. In addition, you are free to decline to answer any question or to withdraw at any stage in the research process. However, should you withdraw from the study before it is completed, the data already obtained will be used. Before the report is submitted, you will receive a copy of the interview transcripts to validate the accuracy of your statements. In the event of publications arising out of this project, you will receive copies of these.

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Signature of Researcher

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Participant's Name (Printed)

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Signature of Participant

**MICHELLE SEMPLE-MCBEAN**
Flat 11 Lordship Court, 253 Burnt Ash Hill, Lee London, SE12 0QB, ENGLAND
Tel: (44) 0777 579 4181; Email: msemplemcbean@ioe.ac.uk

[insert date]

Dear  [insert name of practicum tutor]

**Re: Consent to Participate in Research Project**

Thank you for supervising [insert name of caregiver] during the centre-based practicum component of the Certificate Programme in Early Childhood Development (ECD). As you are aware, this programme is designed to expand and deepen professional practice in the context of the 2008 CARICOM Regional Guidelines for developing regulation and standards in early childhood. One important standard mandated by these Guidelines is the 'development of skills for interacting positively with children'.

In an effort to find out the extent to which the programme has influenced [insert name of caregiver] professional skills, I am conducting a research project entitled *Caregiver-Child Interactions: effects of professional development on practice in Guyana*, as part of my PhD Degree project at the Institute of Education, University of London. Findings of the research will assist the University of Guyana in understanding which elements of the programme content and delivery have had the greatest impact on caregiver-child interaction practices, and will feed into the development of additional course/s or, if necessary, restructuring of the curriculum. Your participation in this investigation, therefore, could make a meaningful and worthwhile contribution to improving this programme.

As discussed during our first meeting, the interview you are requested to participate in will take place during the period June 1 to July 31, 2014. The interview is expected to last for approximately 45 minutes to one hour and is intended to explore your opinions and ideas about the differences made to [insert name of caregiver] professional practice as a result of participation in the training programme.

If you agree to participate in this project, you are assured that the data collected will be treated with strict confidentiality and anonymity. To protect your privacy, pseudonyms will be assigned to you and the caregiver(s) you supervised. Furthermore, all data collected will be stored in secure files and all identifiable links between you and findings will be removed in accordance with the Laws of Guyana National Data Management Authority Act, Chapter 27:13, 1983. For example, after transcribing interviews, the recordings will be erased.  In addition, you are free to decline to answer any question or to withdraw at any stage in the research process. However, should you withdraw from the study before it is completed, the data already obtained will be used. Before the report is submitted, you will receive a copy of the interview transcripts to validate the accuracy of your statements. In the event of publications arising out of this project, you will receive copies of these.

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Thank you in advance for the time you will spend participating in this project and for your contribution to early childhood development in Guyana.

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Signature of Researcher

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Participant's Name (Printed)

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Signature of Participant