An Analysis of the Theoretical Framework of Hands to Hearts International

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“What happens- or doesn’t happen- to children in the earliest years of their lives is of critical importance, both to their immediate well-being and to their future.”

UNICEF, 2012
Definition of Terms

*Attachment Disorder*- When infants and young children are unable to bond with their primary caregiver. The long-term effect of attachment disorder has severe implications on an individual’s ability to make and maintain meaningful relationships.

*Early Childhood Development (ECD)* - Describes the process of physical, mental and cognitive development of a child from ages 0-8 (Cox, 2006, p. 24).

*Early Childhood*- This is the period from birth through eight where the most development of human life occurs

*Care*- Caregivers provide nutrition, health, stimulation, emotional and learning support necessary for children’s growth and development

*Development*- Sequential and progressive process consisting of skills and behaviors, rapidly acquired during the first years of a child’s life, depends on the interactions between the child and his/her caregivers, peers, social and physical environment (Cox, 2006, p. 25).

*Social Constructivism*- belief that reality is constructed through human activity and emphasizes the importance of culture and context in understanding what occurs in society and constructing knowledge based on this understanding

*Systems Theory*- looks at the world in terms of relationships and interactions and assumes that every aspect of any system is equally important. This model challenges the hierarchical and traditional system of viewing education.

*Diffusion of Innovation*- This occurs when a new idea is communicated over time by members of a social system.
Abstract

Hands to Hearts International (HHI) targets the earliest years of development, from birth to 5 years of age, a time when 80% of brain development occurs. The HHI trainers encourage participants to nurture a child’s language, social, cognitive and physical skills, and to enhance attachment and bonding between the caregiver and child. HHI recognizes that the most important contributor to an infant or a child’s health, social, emotional and cognitive development is the primary caregiver. Thus, HHI places all of the emphasis and value of their program on the role of the caregiver. HHI’s program is parent and caregiver centered. There are no resources necessary for HHI to provide training, nor are there costs participants must pay.

HHI has obtained impressive results because of both its curriculum and its training approach. HHI’s Early Childhood Development (ECD) curriculum awakens the natural intuition and instincts parents have to nurture their children. HHI’s teaching and learning method is inclusive, democratic and engaging. Just as HHI teaches caregivers to be responsive and interactive with their children, an HHI trainer is responsive to their participants, emphasizing a student-centered classroom by creating an interactive experience. HHI is committed to working with local culture and tradition and accommodating its curriculum to appropriately fit each and every community. This qualitative study analyzes HHI’s programs and business structure. It assesses the theoretical frameworks and educational models that influenced the HHI curriculum, reviews participant testimonials and participant evaluations and provides assessment from interviews with various actors involved in HHI’s development. The findings of this study inform recommendations for HHI on its next steps for improvement and growth.
Overview of Hands to Hearts International

Hands to Hearts International (HHI), is a non-profit, non-governmental organization (NGO) based in Portland, Oregon. HHI provides Early Childcare Development (ECD) education and resources to caregivers in rural and underserved communities in India and Uganda, with the intention of expanding to other nations. HHI’s work serves children and caregivers at the earliest stages possible, encouraging development, health, bonding and learning. Since its inception in 2004, HHI has reached more than 100,000 women, men and children with its minimalist and adaptable early childcare curriculum (2011). Caregivers trained by HHI demonstrated: significant gains in knowledge of early childhood development; more responsive interactions with children; greater awareness of child health and development; and improved hygiene and nutrition practices. The children in their care showed: increased weight gain; decreased illness; greater responsiveness to a caregiver’s soothing; earlier and greater language development; and better digestion and sleep, especially after receiving a baby massage.

Orphanages that received HHI trainings reported results four months later as dramatic as “no babies have died since [HHI] training”. HHI is able to achieve these results for both the caregivers and infants involved because of its culturally sensitive, malleable, and simple curriculum, along with its inclusive, engaging, and responsive training structure. With lowered infant mortality rates and caregivers willing to sacrifice daily wages to attend an HHI workshop, it is clear that HHI has accomplished something incredible. Working with a budget that pales in comparison to large NGOs and providing education without needing handouts and tangible resources, HHI has done what many NGOs strive to do.

HHI is simple and cost effective. HHI does not provide any tangible materials or resources to its participants. The curriculum design “encourages effective delivery in a way that will be useful, meaningful, and memorable to the participants, and which foregrounds the trainer’s role in delivering relevant and powerful workshops” (Thangaraj, 2011). The only thing provided in an HHI workshop is knowledge. The trainings for Master Trainers, ECD Workers, caregivers and mothers are not only a “delivery mechanism for information, but also a model for how a caregiver may actively interact with children in her charge, respectfully listen to them, and incorporate them fully into the learning process” (Thangaraj, 2011). This research study analyzes HHI’s work in India and Uganda by providing a detailed literature review of the theoretical framework that informed its design, and by providing detailed analyses of interviews and existing HHI resources. This research paper investigates every aspect of the HHI organization in order to provide a road map for the future of Hands to Hearts International.

What does “reached” mean? How does HHI “reach” these people and what influence does their work have on those “reached” individuals?

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Problem Statement

HHI is a young, small, and modest organization with high hopes and big dreams of impacting the early childhood education field. In order for HHI to expand its resources and offer its programs in more areas, HHI needs an in-depth analysis of what already works well for HHI and what needs improvement. Examining HHI’s work requires articulating the theories and frameworks that informed its curriculum and training structure. Currently, there is no theoretical explanation of HHI’s work in the HHI literature. Without explanation of the theories that underlie HHI’s curriculum and training structure and without analyzing how additional elements influence its program, HHI cannot fully account for its early conception and its current achievements (DePoy, & Gitlin, 1998). Additionally, HHI does not have published testimony from curriculum developers. The executive team and HHI Master Trainers define its program. This theoretical framework will help HHI have a better understanding of the crucial next steps necessary for international and possibly domestic expansion.

Theoretical Framework

HHI’s values include simplicity, acceptance, respect, non-judgment, and personal awakening. These values exist throughout HHI’s curriculum and the training structure. HHI’s biggest concern is providing a sense of community for participants, while also remaining true to local custom, tradition and belief. HHI ensures that its participants feel welcome and feel equal at trainings and workshops. HHI’s curriculum, training structure, individual involvement and participant involvement emphasize cooperation and equality. As a result, this study analyzes the curriculum and the training structure from a systems theory perspective. Systems theory originated in the first half of the twentieth century as scientists were exploring the world of biology. As scientists began to identify the systems found in living organisms, debate arose as to whether or not every organism could be a part of complex system (Checkland, 1999). At the core of systems thinking is “the concept of a whole entity which can adapt and survive, within limits, in a changing environment” (Checkland, 1999). Every living thing creates systems of relationships where all members of that system benefit from their connections (Wheatley, 1997). This self-organization naturally occurs and contributes to a more successful existence. Systems theory challenges us to look at communities of people and organizations as dependent on all elements of a system to sustain itself. Unlike machinery, a system of individuals cannot replace a “broken” part and expect that the system will function as it previously did. No two systems are identical and a system is always changing (Wheatley, 1997; Capra, 1982).
Literature Review

Introduction of Issue

Early Childhood Development (ECD) is defined as the biological and psychological growth in children from birth through eight years old (Blake et al, 2009, p.1). ECD is the most important period of development in human life, and it is during this span of six years that 80 percent of brain development occurs for children (World Bank, 2011). There is a “large body of research from the fields of anthropology, developmental psychology, medicine, sociology and education that points to the critical impact of development in the early years of childhood in the formation of intelligence, personality and social behavior” (India: ICDS, 2007, p.2). Learning starts at birth, if not earlier, and it develops as a result of environmental factors including, but not limited to, a child’s family, home and community. If a child’s environment is unstable, their development may be severely harmed in both the short and long-term. Annually, millions of children are deprived of the love, the caring, the nurturing, the health and nutrition, and/or the protection that they need to survive, grow and develop (India: ICDS, 2007). Currently, over 200 million children are not developing to their full potential because they and their caregivers lack the basic conditions needed for young children to survive and thrive (Lancet Journal, 2007).

“Attachment is a significantly important aspect of early emotional development in infants and develops around their relationship with their central caregiver…children with a history of secure attachment show substantially greater self-esteem, emotional heath and ego resilience as adults” (Triulzi, 2008, p. 9).

ECD Programs

Many nations have started to incorporate early intervention and ECD resources into their national and regional development plans (Consultative Group, 2012). Governments are now recognizing the “interrelatedness of all aspects of a child’s growth and development as vital and are therefore requiring that ministries and other agencies that govern health and hygiene; education; social welfare; protection; and environmental resources, communicate and work together with families and communities to provide appropriate policies, programs, and operational guidance” (Consultative Group, 2012). As a result there are four standard ECD strategies governments choose to use including (1) support to the family, (2) community-based services that focus on the environment, (3) community-based health service provision, disease prevention and health promotion, and (4) center-based programs (Consultative Group, 2012).
**Historical and Current Studies**

The HHI curriculum was predominately informed by attachment theory, social constructivism and sensitive responsiveness theory. HHI’s Training of Trainers (TOT) and the workshop structure given to caregivers were predominately informed by systems theory as well as attachment theory and social constructivism theory.

**Attachment Theory**

Attachment Theory defines infants actively seeking proximity and contact with their primary caregiver. Bowlby (1907-1990) and Ainsworth (1913-1999) both made significant contributions to the current understanding of attachment theory. Bretherton (1992) explains that Bowlby’s hypotheses about infant behaviors and Ainsworth’s innovative methodology for testing Bowlby’s assumptions “revolutionized our thinking about a child’s tie to the caregiver and its disruption through separation, deprivation and bereavement” (Bretherton, 1992, p.759). Attachment theorists argue that permanent and safe attachments made within the first seven months are necessary for child development and adulthood (Rosenblith, 1992, p. 459). Triulzi (2008) explains that “attachment is a significantly important aspect of early emotional development in infants and develops around their relationship with their central caregiver…children with a history of secure attachment show substantially greater self-esteem, emotional health and ego resilience as adults” (p. 9).

Pikler, a Hungarian physician, and her colleague Gerber, also value the importance of making meaningful attachments for infants and used attachment theory in much of their work. Pikler and Gerber emphasized the importance of the relationship between caregiver and infant (Triulzi, 2008). While it is important that caregivers respond as often and as quickly as possible to an infants’ needs, it is equally important that an attachment between a caregiver and an infant is also meaningful. This means that interactions between the caregiver and infant should be thoughtful and intentional. Most importantly, Pikler and Gerber worked under the assumption that infants are their own individuals with their own thoughts, feelings and observations and that infants deserved and required respect (Triulzi, 2008, p. 5). When a caregiver becomes aware of the individuality infants have, the caregiver is then able to provide better quality of care.

**Social Constructivism**

Social constructivists place value and importance on culture and context in understanding what occurs in society and constructing knowledge based on this understanding” (New, 2001, p.2). Puckett et al (2005) discuss child development from birth through eight, paying particular attention to the importance of cultural and social elements that affect infant development. Piaget and Vygotsky, both of whose work greatly influenced the HHI’s curriculum, studied the relationship between culture and development. In non-traditional educational settings, Vygotsky argues that the interactions between parents and children, and the interactions between
experienced members of a community and less experienced members, like children, leads to development (Kennan, 2009, p. 173). Knowledge is derived from interactions between people and their environments and resides within cultures (Kim, 2005, p. 3). Similarly, in traditional educational settings, social constructivists believe the context learning takes place and the social contexts that learners bring to their learning environments are equally important (Kim, 2005, p. 4). As a result, social constructivists emphasize the need for collaboration and instructional methods that often include: reciprocal teaching, peer collaboration, cognitive apprenticeships, problem-based instruction, anchored instruction and other methods that involve learning with others (Kim, 2005, p.5).

Much of the HHI curriculum also reflects the social constructivist educational model, Reggio Emilia (Edwards, 2002 p. 10). Reggio Emilia is an educational model from Italy that places students at the center of their own learning.

Reggio Emilia “highlights previously unimagined and rarely realized potentials of children and teachers to learn together, the rights of families to participate, and the responsibilities of a community to support such collaborative engagement” (New, nd, p. 5). The teachers in a Reggio Emilia classroom have unique roles. The instructors balance engagement and attention by being responsive listeners, constantly observing and documenting interactions, reflecting with other instructors and adults within the community and by collaborating with fellow educators within the same classroom (Edwards, 2002, p. 14).

The Reggio Emilia model exists outside of the classroom walls. Community members are encouraged to engage in regular debates about the need for community-wide collaboration and innovation” (New, nd, p. 6). “Reggio Emilia’s preschools and infant-toddler centers are guided by the principle of schools as “systems of relations,” in which the needs and interests of children and families are linked to and dependent on the needs and interests of teachers, parents and community members” (New, nd. p. 11).
Social Responsiveness Theory

Pikler and Gerber’s emphasis on intentional and respectful behavior can also be explained by sensitive responsiveness theory. Social responsiveness “uses inviting gestures involving hands and other parts of the body, including facial expressions; verbalizes intended actions or movements before they happen and giving children time to respond; responds attentively to the child’s own pace, rhythm and comfort level; emphasizes unhurried time and sometimes long periods when the adult simply waits; and is fully present to the child and the interactive situation” (Kibble, nd, p.4). As a result, everything is done to accommodate the comfort and development of the infant. Nothing is done too quickly and the infant is able to receive the quality attention necessary to help form a healthy attachment.

Gerber’s method for teaching Resources for Infant Educarers (RIE) principles has been the teaching of parent-infant groups in order to support parents in their task of raising their infants, and teaching educators how to work with parents. Magda Gerber did not want the trainings to be teacher-centered, with the teacher doing the majority of the talking and lecturing (Triulzi, 2008). Gerber did not want parents to feel scolded or judged for their parenting and caregiving behaviors. Instead, Gerber designed these trainings around modeling. She modeled for parents “as she hoped that parents would then feel encouraged to model for their infants, rather than instruct them” (Triulzi, 2008, p. 7).

Triulzi (2008) discusses two educators, David and Appell (2001), who applied Pikler and Gerber’s work in a large childcare facility. They found that when care is intentional and responsive, but the length of attention is quite short, an infant’s development is still positively affected. Triulzi (2008) explains that, “although the nurse is constantly busy, she never gives the impression of being in a hurry and seems to give the child as much time as he needs. The care is never interrupted. Barring an exceptional situation, the nurse always finishes what she has started with a child and respects his individual rhythm” (Triulzi, 2008).
Systems Theory and Early Childhood Development

Systems Theory explains child development as an “ongoing process of interactions among hierarchical systems, ranging from that of the individual and factors that directly affect physical survival, to the psychological, involving interactions with caregivers, social systems in homes, schools, neighborhoods and societal forces” (Campbell et al, 2002, p. 43). Campbell et al (2002) discussed the findings of a long-term study, the Abecedarian Project, and its effects on participants who received early childhood intervention during pre-school and in primary school. The Abecedarian Project was theoretically grounded with a conceptual framework based on General Systems Theory (Campbell et al, 2002, p. 44). The Abecedarian Project originated with the idea that when changing a child’s environment by supplementing positive changes for existing negative and/or harmful conditions, would allow for greater growth and success in the child’s life. The Project identified two main research questions. The first was to identify the “malleability of impoverished children’s intellectual and cognitive development given early environmental support and enrichment; the second was the degree to which their school performance might be enhanced by preschool and primary school treatment (Campbell et al, 2002, p. 43). Participants received ECD resources in pre-school (infancy through age five) and primary school (available to three grades in primary school). Findings indicated that those participants who received ECD intervention in preschool and in primary school were overall academically more successful, had a higher rate of attending a four year university and had a lower chance of being placed into special education than participants who either received no ECD intervention or who only received intervention at the primary school level (Campbell et al, 2002).