



The Consultative Group on Early Childhood Care and Development

EXPERIENTIAL LEARNING IN ACTION

Coordinators' Notebook No. 12, December 1992

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For many years, I have been advocating and using active experiential learning methods as a trainer of professionals, paraprofessionals, and trainers of both. Experiential learning refers to the process whereby knowledge is created through the transformation of the experience of the learner, who is at the centre of the learning process. The active experiential mode of training supports a number of principles that guide the Bernard van Leer Foundation's work with children, families, and communities. Empowering, building on strengths, and developing confidence and a sense of self-determination in people and communities in disadvantaged circumstances are some of these principles. The Foundation's experience indicates that it is only training in the active/experiential mode that has congruence with these principles. This article concentrates on the application of experiential learning principles and practice to the training of those who are concerned with young children—parents, paraprofessionals, professionals, and trainers of all three. Though the training of adults is the major focus of most Foundation projects, the categories of adult learners just described are all trained with reference to the care and education of young children.

Experiential Learning and Early Childhood Development Training

There is an important reason for using active experiential methods in training adults who work with young children. Such methods are likely to produce adults who think for themselves, are creative and imaginative, and have learnt the value of interaction in the learning process. They, in turn, are more likely to work with young children and families in a way that echoes their training. The result will be children who learn better, whose developmental needs are understood, and whose language skills will develop more quickly through improved interaction with caring adults.

When adults are trained through traditional methods, as in many developing countries, the results are inevitable and evident. Preschool classrooms are arranged with the ubiquitous "corners" that are devoted to aspects of children's development, such as the art corner, the building corner, and the reading corner. Preschool teachers, once they have arranged the "corners", frequently become passive observers of the children's activities. What is missing is the vital interaction between adult caregivers and children, the discussion about children's drawings or the pictures they are looking at. The emphasis in these teachers' training has been on the theory of child development. Its practical application has also been dealt with in a way that has allowed no challenge. Trainees come to know exactly the one and only way to arrange a classroom.

Another example indicates how individual creativity and imagination can be discouraged in the training of preschool teachers. On a mission to a developing country, I was asked to act as external examiner for the work of students completing a preschool teachers' training course. Because the trainer was trying hard to ensure that the course had a practical component, each trainee had made toys and learning equipment for the children. Every trainee had made exactly the same collection. When asked why this was so, the reply was that if they all made different things, it would be difficult for the trainer to give marks for their efforts! This is a perfect example of behaviourism taken to its limits. The saddest aspect of all this is that although trainees in developing countries may have very low levels of formal education, they have high levels of creativity and imagination, strong oral traditions and understanding of children's needs, which together provide an ideal base for training and for working with children. These are precisely the qualities that can be drawn on through active experiential training methods. The projects supported by the Foundation are frequently described as offering alternative ways of providing care and education for young children. In that sense, they are innovative and therefore open to exploring new ways of training.

Some of the Problems

One of the problems encountered in training adults is the *self-perpetuating characteristics of learning*. In other words, adults have been taught how to learn in the early days of their schooling, and that almost certainly means they were taught in the traditional pedagogic way. When the same traditional methods are employed at a later learning stage (for example, in their training for work in an early childhood centre), then the adults' responses vary from anger, through

withdrawal, to passivity, depending on the level of confidence they brought to their training. Predictably, the level of confidence is lowest in those who have failed in or dropped out of the formal educational system, which includes most of those in Foundation projects in developing countries. In contrast, the experiential methods that have been used in many of the parent education initiatives have been well-received; evaluation of such initiatives always note increased personal confidence, growth of knowledge and understanding, and development of collective approaches to problems.

This is not to say that trainers who want to introduce participatory experiential methods in training early childhood workers encounter no difficulties. The main problem is one of credibility. Pay and status, however inadequate, as well as personal satisfaction, are the rewards for becoming a preschool teacher. If employers are ministries of education, training standards will have to reach a certain level that will be determined according to existing training programmes for teachers. In other words, preschool teacher training programmes must look as much like primary teacher training programmes as possible, with an emphasis on theory, to provide academic credibility. Even where preschool teachers are employed by the community or parents, the pressure for academic credibility to ensure status remains.

A very different problem refers to the large numbers of children in schools and daycare centres in developing countries. If workers are trained in a methodology that emphasises understanding of children's individual backgrounds and learning needs, and also emphasises the importance of adult-child interaction in day-to-day work, then the large numbers of children in preschool classrooms in many developing countries will be, to say the least, daunting.

A final problem relates to the training of trainers. For experiential learning methods to work well, there has to be a transformation in the traditional cycle of "being taught how to learn". Ideally, this transformation would occur by focusing on the *utilisation of experiential methods during the first stages of training*. This may be a long, difficult process at the level of the formal educational system. In a sense, it would mean targeting the trainers at the initial level, and then have those who were trained with these new methods move through the system to eventually become a new generation of trainers themselves. Although there are more possibilities for transformation within the informal educational system, problems of credibility remain.

Methodology and Current Practice

The problems outlined above are real and daunting. In addressing trainers of both professionals and paraprofessionals who will, in turn, work with children, parents, and communities, the message is to proceed carefully. If you really want to introduce active experiential methods into your training, do it at a pace you can cope with. The first thing you have to decide is whether you are able or wish to take on the role of facilitator rather than traditional teacher. The latter allows you to keep distance from your trainees, gives you a clear structure you can conform to, and provides you with a status given to one who "knows the answers." If you believe that your present methods not only result in a good pass rate for your trainees in their final tests but also result in children receiving much more than custodial care, then you may see no reason to change your methods. If, however, you feel less satisfied, then you might wish to design a training course that

encourages the active involvement of trainees by drawing on their own experiences. This means that promoting the trainees' self-development should be seen as one of the main training objectives. This goal includes tasks such as giving encouragement, fostering initiative and creativity rather than conformity, questioning rather than giving answers, and providing appropriate support in the practicum. The following points should help you design a training course using experiential methods:

Make a decision to make practice the focus of your training. Think of practice in the following manner: (a) the practice the trainees have already had when relating to and understanding young children in their everyday lives (*natural practice*) and (b) the practicum that you arrange for them or that is provided by their present situation as a worker in a centre, as a child caregiver, or as a village health worker (*constructed practice*). Your task as a trainer will be to use both these forms of practice in the development of a trainee.

Begin with a diagnostic approach. Find out as much as possible about each of the trainees. Talk to them individually about their experiences as mothers, as sisters, and as children themselves. Show that you value their experiences by drawing on them during the training. If the trainees are already childcare workers, discuss their experiences and discover what they see as their strengths and their weaknesses. Discuss with them the possibility of using their present work situation to set up a supervised and supported practicum. Make group sessions an opportunity for trainees to get to know one another, to share expectations and self-doubt, and build self-confidence as well as confidence in other members of the group and in the facilitator. It is also useful to develop observation skills.

Avoid beginning courses with theory. This approach frequently serves to make trainees feel ignorant and reduces confidence. If you are really confident, you could "inject" theory spontaneously, as the need arises, when analysing or reflecting on practice in the group sessions or during practice supervision or support. If you are not confident enough to do this, avoid placing theory first, followed by practice. Instead, try the opposite strategy and introduce a block of practice first, followed by a block of theory, or find some way to interweave the two.

Use analysis of practice as the basis of your group training-sessions. Discuss in the group what has happened in the practice, think about how things might have been done differently, discuss what trainees have observed about the behaviour or temperament of individual children or what they have learnt when observing how adults relate to children. If you do not feel confident enough to put these into a theoretical context at this point, arrange to have a group session as soon as possible. Hence introduce the relevant theory (as a short lecture if you like) and then, the group will discuss the theory and whether and how it has illuminated their practice.

Encourage peer support. As the training proceeds, there should be greater confidence in trainees, which will allow them to reflect together on their practice. If problems arise in practice, trainees can begin to support one another with ideas and encouragement and even confront problems collectively.

Spend time with trainees in their practice situation. There are difficulties with having to travel long distances in developing countries, but I suggest that one day working alongside a trainee in her practice situation is worth many days of presenting theory. Try always to comment and build on the positive aspects of the trainees' work. If there are negative aspects, rather than dwelling on them, suggest alternative ways of working.

Be sensitive in your approach to cultural and traditional practices. In relation to child development, be clear which traditional practices have a positive effect, which ones have a negative effect, and which ones could be considered neutral. These issues will come up if you work in an experiential way, because the training will be concerned not only with knowledge, understanding, and skill development but also with confronting values and attitudes. Positive practices should always be commented on and used as starting points for discussion of more negative practices. For instance, some Egyptian mothers put fine gauze over the babies' faces to protect them from the sun; others, at a later stage, are so protective of their children that they keep them indoors and the children's health suffers from lack of sunlight. In this case, a positive practice can be linked with a negative practice in bringing out some learning points. If cultural practices are not dealt with sensitively, there will be resistance to learning on the part of those whose culture seems to be threatened or attacked.

Develop your own materials and activities to encourage participatory learning. It is important to benefit from the experience and new ideas acquired in training to promote the development of culturally-relevant materials, rather than to work through the activities just as they are. For example, photographs, pictures, and videos are a most effective tool in that they raise discussion on child development issues. They will be doubly effective if the photographs are taken, the pictures drawn, or the videos made in the community where the training is taking place. Visual material is particularly effective when training illiterate or semiliterate people. The same is true of role play, which is one of the most effective ways of getting points across in any situation. In cultures that have strong oral traditions, role play is not only effective but also culturally appropriate.

The Challenge

In summary, successful training programmes for those who work with young children focus on the learners' strengths rather than weaknesses; apply active and participatory training methods; perceive the trainer as a facilitator rather than a director; and foster a cooperative rather than a competitive training environment. Training programmes that incorporate these components have greater likelihood of developing trainees' self-direction and confidence in problem-solving activities. Although training is moving away from an information-centred approach towards an interactive method of experiential learning, training methods must nevertheless be sensitive to the cultural context. It is also essential that the training offered be a continual process—providing a balanced mix of structured sessions with opportunities for follow-up and individual supervision—that reinforces, supports, and strengthens the learning process. This approach, which is both time- and resource-intensive, is often neglected in the drive to increase coverage. If the goal is to create a sustainable, high-quality system of care, then the training approach described here is essential.

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