

**EXPLORING TRAINED CAREGIVERS' PERSPECTIVES ON THE TRANSITION AND
EDUCATION OF CHILDREN WITH DISABILITIES IN COMMUNITY BASED CHILD CARE
CENTRES IN MULANJE DISTRICT, MALAWI**

By

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A dissertation submitted to the University of Zambia in partial fulfilment of the requirements for the award of the degree of Master of Education in Early Childhood Care, Development and Education

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DECLARATION

I, John Taulo, do hereby declare that this dissertation represents my work and that it has not been previously submitted to any University within and outside Zambia for the award of any academic qualification.

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CERTIFICATE OF APPROVAL

This dissertation by John Taulo has been approved as a partial fulfilment of the requirements for the award of the Degree of Education in Early Childhood Care, Development and Education- ECCDE of the University of Zambia.

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DEDICATION

I dedicate this dissertation firstly to my wife Jessie for her unwavering love and support rendered during two-year period of study. Secondly to my children Favour and Flourish, you made life better for your Dad, by making sure that he smiles even when things appeared tough for him. Finally, to my late Dad and Mum, wherever you are, you deserve my appreciation for setting the path of hard work in me. I know that your spirits were with me during the entire period of study. May your Souls continue Resting in Eternal Peace of the Lord.

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ABSTRACT

The study aimed at exploring trained caregivers' perspectives on transition and education for children with disabilities in CBCCs in Mulanje district, Malawi. The study was qualitative in nature utilizing purposive sampling to select sites and participants. Employing a phenomenological design, classroom observations and in-depth interviews were conducted with nine (9) participants. These included four (4) trained caregivers, four (4) parents/guardians of children with disabilities and one (1) District Social Welfare Officer. Data were collected using both semi-structured interview and non-participant observation guides and later, analysis was done thematically. The study revealed the benefits of transition of children with disabilities from home into CBCCs as follows: Opportunity for interaction with the new environment; promotion of rights for children with disabilities; promotes collaboration and trust between parents and the CBCC caregivers; and creates relationship bond between children with disabilities and caregivers. Further, the study found that trained CBCC caregivers were using inclusive strategies in their teaching and learning for children with disabilities. These included group play-based learning; differentiated learning instructions; and supported play-based learning. Besides the benefits, transition was associated with the following challenges: Negative perceptions of parents towards the trained caregivers; unrealistic expectations from parents/guardians of children with disabilities and lack of community support. Furthermore, the study revealed a few challenges associated with the teaching and learning for children with disabilities in the CBCCs which included lack of specialised knowledge and skills among caregivers; lack of suitable learning and assistive materials; poor learning infrastructure; and unrealistic expectations from parents. The study concluded that without specialised knowledge and skills among trained CBCC caregivers, smooth transition of children with disabilities and their education experiences in CBCCs would not be achieved. In order to address the challenges, the study recommended the review of the ECD policy, curriculum and the training manual to ensure that CBCC caregivers receive specialized training in that aligns with both the national disability standards.

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ACRONYMS AND ABBREVIATIONS

APBET	: Alternative Provision of Basic Education and Training
ASD	: Autism Spectrum Disorder
CASEL	: Collaborative for Academic, Social and Emotional Learning
CBCC	: Community Based Child Care
CBO	: Community Based Organization
CBPR	: Community Based Participatory Research
CDG	: Child Dependency Grant
CPW	: Child Protection Worker
CP	: Cerebral Palsy
CRPD	: Convention on the Rights of Persons with Disabilities
CBCC	: Community Based Child Care centre
DSWO	: District Social Welfare Officer
ECCE	: Early Childhood Care and Education
ECD	: Early Childhood Development
ECE	: Early Childhood Education
GoM	: Government of Malawi
IE	: Inclusive Education
IEP	: Individualised Education Plan
ILO	: International Labour Organization
LMIC	: Low Middle- Income Countries
MoGCSW	: Ministry of Gender Community Development and Social Welfare
NAAC	: Namwera Aids Coordinating Committee
NGO	: Non-Governmental Organisation
NSW	: New South Wales
SDG	: Sustainable Development Goals
SEL	: Social and Emotional Learning
UNCRC	: United Nations on the Rights of the Child
UNESCO	: United Nations Educational Scientific and Cultural Organization
VDC	: Village Development Committees
ZPD	: Zone of Proximal Development

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter provides an introduction to the study in the following areas: the background, statement of the problem, purpose, objectives, the research questions, the significance, the theoretical framework, delimitation, limitation, and operational definition of key terms.

1.2 Background of the study

Early Childhood Development (ECD) encompasses a holistic approach to ensuring that children from conception to eight years of age grow and develop optimally. This holistic development includes various dimensions such as physical, social, emotional, cognitive, spiritual, and moral growth, as well as the nurturing of creative abilities (World Health Organization, 2018).

In Malawi, ECD services are delivered in organized settings that reflect the community structure, including playgroups, kindergartens, nursery schools, day care centres, Community-Based Childcare Centres (CBCCs), preschools, nutrition rehabilitation units, children's wards, and primary schools (Grades 1 and 2) catering to children aged six to eight years (Ministry of Gender, Children and Social Welfare-MoGCSW, 2012).

The implementation of ECD services for children aged three to five years primarily follows a Community-Based Model. According to the ECD policy, this model empowers communities led by local chiefs and supported by Village Development Committees (VDCs) and Community-Based Organizations (CBOs) to manage the implementation of these services at centres known as CBCCs (Government of Malawi-GoM, 2017). Within these centres, caregivers, who may be trained or untrained, facilitate informal, play-based learning activities, engaging children through singing, dancing, reading, and other activities (Munthali, Mvula & Silo, 2014).

Building the capacity of CBCC caregivers is critical, given their pivotal role in facilitating development among young children. As outlined by the MoGCSW (2012), a trained caregiver must undergo a comprehensive two-week training or a six-month distance learning program in

ECD. One of the crucial aspects covered in this training is the management and care of children with disabilities. Upon certification, trained caregivers are expected to support the smooth transition of children with disabilities from home to CBCCs, thereby providing inclusive educational services (GoM, 2017).

Training programmes for caregivers are often supported by local and international Non-Governmental Organizations (NGOs), such as Namwera Aids Coordinating Committee (NAAC), World Vision, Action Aid, and Plan International, which provide essential financial resources and support for ECD initiatives in Malawi (Munthali et al, 2014). Additionally, the government plays a significant regulatory role, overseeing the certification and implementation of ECD services (GoM, 2017). This partnership model between NGOs and governmental agencies is vital for both the effectiveness and sustainability of ECD programs in the country. Current figures, according to the 2022-2023 ECD annual report, indicate that Malawi has 49,630 CBCC caregivers of which 28,937 are trained in basic ECD representing 37% (MoGCSW, 2023).

It is worth noting that the transition of children to school, let alone the transition of children with disabilities from home into CBCCs is a challenging experience to children in the sense that there is an adjustment to a new environment, interacting with new people (peers), and identification of multiple expectations. All these experiences in one way or the other, tend to bring anxiety among children with disabilities (Webb, Knight & Busch, 2017; Vitiello, Pianta, Whittaker, & Ruzek, 2020). Despite this, it is through the process of transitioning that would see children with disabilities enrol in the centres, access and participate in the services together with other regular children and eventually, this would translate into their optimal growth and development in the physical, social and moral, cognitive, language and numeracy abilities if properly managed (GoM, 2017).

Although transition of children with disabilities into early childhood centres is important, still, the rate of transition across the globe leaves a lot to be desired. For instance, studies indicate that in many developed countries, approximately 70% of children with disabilities are enrolled in early childhood education programs. However, this figure can vary significantly, with some countries achieving higher rates of inclusion due to strong policies supporting inclusive education (UNESCO, 2020).

Turning to many African countries, the situation is particularly challenging. For instance, a report by the Global Partnership for Education (2021) indicated that less than 30% of children with disabilities in Sub-Saharan Africa enrol in ECCE programs due to socio-economic factors, lack of awareness, and inadequate policy frameworks.

Furthermore, the transition rate of children with disabilities into CBCCs in Malawi is reported to be at 35% (Eide & Munthali, 2018). This gives a picture that many children with disabilities are in their homes and that they do not enrol in the centres and therefore, do not access and participate in any of the services done there in and hence, denied a chance to grow and develop optimally like any other child.

As indicated by the ECD policy for Malawi, transition of children with disabilities into CBCCs and their educational experiences are said to be influenced by how capacitated CBCC caregivers are in terms of knowledge and skills (GoM, 2017). In this regard, in order to meet the early childhood needs of children with disabilities in Malawi, caregivers' capacity in terms of acquisition of knowledge and skills, must be considered.

Literature from the global perspective shows that the knowledge and skills of early childhood caregivers/teachers differ from country to country depending on what may be contained in the national policies and guidelines. For instance, in England, learning and development of children is implemented through planned, purposeful play and through a mix of adult-led and child-initiated activity (UK. Department for Education, 2017). Therefore, the acquisition of skills for teachers is done in such a way that they understand the level of achievement, interests and learning styles, and be able to shape learning experiences for every child.

Further, in Australia, as indicated by the Australian Children's Education and Care Quality Authority (2017), knowledge and skills are based on building positive relationships between the educators (Caregivers/teachers) and children. This is done in order to help children feel secure, freeing them to explore, play and learn, offer opportunities for children to learn how to interact with others, respect others' rights, and be appropriately assertive and caring.

In Canada, according to Prince Edward Island Department of Education and Early Childhood Development (2008) capacity building of caregivers/teachers, is all about provision of play-based,

developmentally appropriate learning experience and materials that enhance the development and learning of all children. Further, the knowledge acquired, enables caregivers/teachers to use reflective practice, planned observations, and a range of assessment strategies to identify the strengths, needs, and interests of individual children.

In Sub-Saharan Africa, representing the Low Middle-Income Countries (LMIC) caregivers/teachers go through a comprehensive and continuous training in child mentoring and support (Martinez, Naudeau & Pereira, 2012). Both the trainers and government partners, help provide regular teacher support through monthly visits. Further, through the implementation of learning circles, caregivers learn and share a lot of skills among themselves.

Taking into consideration both aspects of transition and education of children with disabilities, it should be highlighted that competent caregivers who possess knowledge of diverse learning needs of children, are more likely to foster acceptance and facilitate smooth transition of children with disabilities into the early childhood learning centres (Dawadi & Bissaker, 2020). Consequently, when these caregivers hold positive perspectives and have the necessary skills, they not only enhance the educational experiences of children with disabilities but also promote a culture of inclusivity that benefits the entire learning community.

While the global and the Sub-Saharan Africa perspectives highlight the emphasis on specialized training of teachers/caregivers in the early learning centres, there remains a gap in research regarding the specialized competencies of CBCC caregivers in Mulanje district, Malawi. Therefore, this study seeks to explore the perspectives of trained caregivers on the transition and education of children with disabilities in CBCCs.

1.3 The Statement of the problem

Ideally, children with various disabilities transit from their homes and join their peers in mainstream CBCCs for play-based learning, where trained caregivers provide essential learning services. For effective education to take place, these trained caregivers are expected to facilitate transition process of children with disabilities from homes into CBCCs by bringing awareness to parents and guardians on the importance of ECD to their children. This may be done either through home visits or community meetings.

Further, the trained caregivers are expected to deliver appropriate teaching and learning services to children with disabilities whilst at the CBCC (GoM, 2017). However, existing literature indicate that many trained CBCC caregivers still lack adequate specialized knowledge and skills necessary for effectively facilitating transition process and supporting education of children with disabilities particularly in sign language and other special education methods (GoM, 2017; Greenwood, Gercama, Lynch, Moore, Mankhwazi, Mbukwa & Bedford, 2022).

If this problem remains unresolved, children with disabilities may not have the opportunity to enrol in CBCC for play based-learning services. This could result in lower academic achievement and reduced overall development in critical areas such as communication, social skills, and cognitive abilities (Joubert & Eloff, 2016; GoM, 2019). Additionally, CBCC caregivers may continuously experience stress and frustration in their work, which can negatively impact their well-being and their ability to provide quality care to children with disabilities. This may lead to burnout or high turnover rates among the caregivers.

In view of this, the study therefore, sought to explore the perspectives of trained caregivers on the transition and educational experiences of children with disabilities in CBCCs in Mulanje District, Malawi

1.4 The Purpose of the Study

The study explored perspectives of trained caregivers on the transition and education of children with disabilities in CBCC in Mulanje district, Malawi.

1.5 Objectives of the study

The following objectives guided the study:

1. To explore trained caregivers' perspectives on the transition of children with disabilities from home to CBCCs.
2. To investigate trained caregivers' perspectives on the educational experiences of children with disabilities in CBCCs.
3. To explore challenges that impact successful transition and education of children with disabilities in CBCCs.

1.6 Research questions

The study was guided by the following questions:

- i. What are the perspectives of trained caregivers regarding transition of children with disabilities into CBCCs?
- ii. What are the perspectives of trained caregivers on the educational experiences of children with disabilities in the CBCCs centres?
- iii. What challenges impact successful transition and education of children with disabilities in CBCCs?

1.7 Significance of the study

While most scholars from the West, Asia, and Africa primarily focused their studies on the transition or educational experiences of children with disabilities in early childhood development learning centres, the current study uniquely explored both aspects of transition and education simultaneously in the CBCCs. This is significant in the sense that the study's findings could help address the lack of literature on this topic, not only at the local level in Malawi but also across the globe and in other regions of Africa.

Further, the findings of this study could guide policymakers in Malawi towards establishing strong frameworks and regulations that promote transition and educational practices for children with disabilities in CBCCs. By understanding the existing situation and the challenges encountered by trained caregivers in facilitating transition and providing teaching and learning services for children with disabilities in CBCCs, this information could assist in designing policies and initiatives that enhance the development of the children, irrespective of their disabilities. Additionally, it may create awareness to key ECD stakeholders such as the Non-Governmental Organisations (NGOs), community leaders (chiefs, CBOs, VDC) and parents on the need to step in and make relevant contributions to the current issues faced, as the findings of this document may be used as a reference document to these institutions.

1.8 Theoretical framework

The study was guided by the sociocultural theory of cognitive development by a Russian psychologist, Lev Vygotsky (1896-1934). The theory acknowledges that children are social

learners prior to becoming cognitive thinkers who produce knowledge (Saracho & Evans, 2021). According to Vygotsky, cognitive development is a result of the interaction between an individual and their social environment, including interactions with parents, teachers, and more knowledgeable peers. Therefore, he believed that children learn and develop through their interactions and collaborative activities with others.

One of the key concepts in Vygotsky's sociocultural theory is the Zone of Proximal Development (ZPD). The ZPD refers to the difference between what learners can do independently and what they can achieve with the guidance or assistance of a more knowledgeable person (Werstch, 1985). This concept highlights the importance of scaffolding, where more capable individuals provide support and guidance to help learners accomplish tasks that they would not be able to do on their own.

By using the sociocultural theory of cognitive development in this study, the researcher considered the trained caregivers as the more knowledgeable others and capable of understanding that children with disabilities require additional support and scaffolding to fully participate in CBCC activities for their optimal growth and development.

1.9 Delimitation of the study

The study was confined to community led centres from Ng'ong'ola and Chanje villages in Traditional Authority Nkanda located in rural district of Mulanje in the southern part of Malawi. The study was done strictly in mainstream CBCCs.

1.10 Limitation of the study

The study used a relatively small sample size of 9 participants. This was a limitation in the sense that the findings expressed in the study could not be generalised to the entire population from where the sample was drawn. However, by intentionally selecting participants with diverse backgrounds, the researcher ensured that diversity of views relevant to the research questions were included, ultimately enhancing the applicability and relevance of the findings to similar settings.

1.11 Operational definitions of key terms

The following definitions provided in the study helped clarify the meaning of some of the terms:

CBCC Caregiver: In Malawi, the term refers to men and women who are recruited by the community to work as volunteers to provide care, protection, learning and stimulation, to children between the age of 3-5 years in CBCC. They are considered to work as non-professional teachers (GoM, 2017).

Teacher: In the education sector, the term refers to men and women formally trained to provide teaching services to learners. These are professionals in the field of education (GoM, 2016) and have qualifications at various levels (certificate, diploma, and degrees).

Teaching: it is a process of guiding and facilitating learning in another person. It involves sharing information, demonstrating skills, and providing opportunities for practice and feedback

Learning: is a process of acquiring new knowledge, skills, values, attitudes, or behaviours through experience, study, or instruction. It's a continuous and lifelong process that enables individuals to adapt and grow.

Transitioning: Shift/movement through which children take from home into CBCCs in order to access early learning services that are offered in their communities.

Inclusion: is the creation of an enabling environment for all children to access basic and essential services regardless of their gender, social, economic, political, religious, physical and health status.

Children with Disabilities: include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis (Convention on the Rights of Persons with Disabilities-CRPD, 2006). Examples include: Cerebral Palsy (CP), spina bifida, muscular dystrophy, traumatic spinal cord injury, Down syndrome, and children with hearing, visual, physical, communication and intellectual impairments and albinism.

1.12 Organisation of the remaining chapters

Chapter two which follows, presents a review of research-based literature related and relevant to the problem under discussion in this study. Chapter three presents the methodology used in the study, while chapter four presents the findings. Chapter five and chapter six present the discussion and conclusion as well as recommendations respectively.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

Cooper (2017) states that review of literature serves to explain what is known and related to the research topic and to build a rationale for the problem under study as well as the need for additional research in future. This chapter therefore, presents a review of literature related to the study with focus on the transition and education experiences of children with disabilities in the early learning centres. The review highlights views as captured from the global, African and Malawian contexts.

2.2 Global context

2.2.1 Perspectives on the transition of children with disabilities from home into CBCCs

Warren, Vialle, and Dixon (2016) conducted a study on how children with disabilities transition into early childhood education and care (ECEC) centres. They focused on the experiences of educators in the Illawarra area of New South Wales, Australia. The study discussed findings from the educator perspective only, including 37 completed questionnaires from ECE teachers. Further, semi-structured interviews were conducted with 10 teacher participants drawn from the 37 respondents. The goal was to find out what helps or hinders these transitions and to suggest ways to improve participation for children with disabilities in ECEC centres. The study highlighted the importance of clear communication between parents and teachers. When parents share information about their child's disability, it helps teachers prepare better for their needs, making transitions easier. The educators also pointed out that creating Individual Education Plans (IEPs) and working with outside professionals is crucial for providing consistent care. This finding aligns with Starr, Martini, and Kuo's (2016) study, which also pointed to strong cooperation between parents and teachers as a critical factor for a successful transition in Canada. In both studies, educators expected parents to actively engage with their child's development both at home and in collaboration with the school.

Similarly, the Turkish study by Akima and Yacizi (2022) underscored teachers' expectations for parental involvement, particularly in promoting their children's social and physical development. A noteworthy theme in this study, however, was the emphasis on parents accepting their children

as they are, which was less explicitly discussed in the Australian or Canadian studies. The Turkish teachers stressed that parental acceptance of their child's condition was crucial for the child's transition to be positive, advocating for a more holistic approach where parents are emotionally and socially invested in their children's development. This emphasis on parental acceptance may reflect cultural values, where family roles and expectations around disability differ, highlighting a potential reason for the differences observed between studies from Turkey and other countries.

Bakkaloglu's (2013) study also conducted in Turkey, focused more on parental concerns during transitions, particularly related to finding suitable schools and building trust in school staff. These findings mirror the concerns noted in the Canadian studies by Waters and Friesen (2019) and Fontil and Petrakos (2015), where parents expressed anxiety due to insufficient information, inadequate teacher training, and a lack of community support during their child's transition. In both contexts, parents felt "lost in the system" and were concerned about the preparedness of schools to support children with disabilities. This similarity across different contexts suggests that issues, such as resource allocation, teacher preparedness, and parental trust, are universal barriers to successful transitions, regardless of country.

A common theme identified across these studies is the collaboration between schools and external organizations or professionals. Warren et al (2016) found that when educators worked with external practitioners like therapists, transitions were smoother for the child. This finding echoes the results from Lillvist and Wilder (2017), who found that unconventional transition activities, such as home visits and joint parent meetings, were regarded as highly important by Swedish teachers. These activities help foster collaboration and ensure that all parties involved are aligned in supporting the child's needs, suggesting that successful transitions are often the result of a network of support beyond the immediate family and school.

However, despite the similarities in the importance of collaboration, there are notable differences in how barriers manifest in different contexts. For example, Yıldırım-Hacıbrahimoglu and Kargin (2017) highlighted Turkish teachers' limited knowledge about special education and their lack of training, which was a significant barrier to supporting children with disabilities during their transition. In contrast, Then and Pohlmann-Rother's (2022) systematic review across multiple countries like Australia, Canada, Turkey, and Sweden, identified structural challenges, such as the unavailability of resources and classroom overcrowding, as primary barriers to successful

transitions. These differences suggest that while teacher preparedness is a common issue, the specific challenges may vary based on the resources and infrastructure available in different educational systems.

Another point of contrast is how peer acceptance is addressed. Starr et al (2016) noted that ethnically diverse parents in Canada were particularly concerned about how their children with autism would be accepted by their peers, which affected their perception of the transition process. This concern about peer relationships was less emphasized in studies from other regions, where the focus was more on communication between adults (parents and educators) rather than social dynamics among children. This variation could be attributed to differing social and cultural expectations around inclusion and diversity in various educational systems.

Overall, while studies across various countries share common themes such as the importance of parent-teacher cooperation, clear communication, and collaborative support networks, such similarities across the studies are likely rooted in the universal need for a supportive, informed, and cooperative approach to the education of children with disabilities. Alternatively, the differences in the specific challenges and expectations as highlighted in studies, may reflect cultural, structural, and systemic challenges arising due to variations in teacher training, resource availability, societal attitudes towards disability, and the role of families in different cultural contexts. These insights therefore, suggest that while best practices for supporting transitions can be broadly shared, localized adaptations are necessary to address the unique challenges faced by children with disabilities and their families in different educational and social settings.

2.2.2 Perspectives on the educational experiences of children with disabilities in CBCCs

In a study by Lee and Lee (2022) in South Korea, six female childcare teachers from a day-care centre for children with disabilities were interviewed. The research focused on their experiences working in this special environment. The teachers reported feeling satisfied with their jobs, especially when they saw the children making progress and forming positive relationships. They enjoyed being able to customize their teaching to meet each child's unique needs. However, they also encountered several challenges, including problems with supporting regular education, difficulties in working with others, and dealing with a lot of paperwork. This finding aligns with the work of Klibthong and Agbenyega (2019) in Thailand, where early childhood teachers

similarly expressed a need for more support to effectively manage inclusive classrooms. Thai teachers, however, generally felt that their educational backgrounds had adequately prepared them, though they expressed a desire for additional staff to ensure children are supported well. These findings highlight a common theme across different contexts: teachers gain satisfaction from helping children with disabilities but often feel ill-equipped or unsupported to manage the complexities of inclusive education effectively.

Tuvida (2023) study looked at the experiences of seven special education teachers from various schools in the Philippines. This qualitative research focused on how these teachers dealt with the challenges of teaching children with learning disabilities. The teachers shared how they developed important qualities like resourcefulness, understanding, and patience while working with their students. The emotional way of handling slow-paced teaching and children's emotional tantrums was a common theme, which echoes the emotional and relational difficulties noted by Lee and Lee (2022). However, Tuvida's focus on the personal growth and coping mechanisms of teachers provides a more individualistic perspective, emphasizing the personal resilience required to handle these challenges. This aligns with the South Korean and Thai findings but adds depth to the understanding of how teachers internalize and cope with the stress of working in inclusive settings.

Further, while Tuvida (2023) tackled the practical part of handling learning of children, the Philippine study's main focus was strictly on children with learning difficulties who were taught by special education teachers. This is in contrast with the current study whose scope was based on the teaching and learning of all children with disabilities regardless of severity; within the mainstream CBCCs and handled by the trained but not the specialised caregivers.

The Indonesian study by Diana, Sunardi, Gunarhadi and Munawir-Yusuf (2020) further underscored the theme of teacher preparedness and professional competence. While Indonesian preschool teachers demonstrated a positive attitude towards inclusive education, they struggled with inadequate knowledge and skills to manage children with special needs. This need for specialized training and professional development was similarly identified by teachers in the Thai and Australian studies respectively (Klibthong & Agbenyega, 2019; Quick, Flatley, Sellwood, Alam & Vukovich, 2021). In all three contexts, teachers expressed a willingness to support inclusive education but were hampered by a lack of professional training and resources, suggesting

that while attitudes towards inclusion are generally positive, systemic issues related to teacher preparation and ongoing support persist across different educational systems.

The Australian studies by Quick et al. (2021) and Munchan and Agbenyega (2020) highlighted the critical role of funding and ongoing capacity-building in supporting inclusive education. Quick et al (2021) found that while attitude was not a major barrier to inclusion in New South Wales (NSW), the need for specialist support and adequate training was crucial for ensuring successful participation of children with disabilities in preschools. This mirrors the findings in Thailand and Indonesia, where teachers also called for more administrative and specialist support. However, Munchan and Agbenyega's (2020) study added an important dimension by focusing on the often-overlooked voices of early childhood educators. Their findings revealed that teachers felt their perspectives were frequently ignored in discussions about inclusive education, with the policy-driven nature of professional learning often not addressing the practical needs of educators. This critique is particularly relevant when comparing the Australian findings to the other studies, which also pointed to a disconnect between policy and practice.

In terms of job satisfaction, Lee and Lee (2022) reported that South Korean teachers derived fulfilment from the progress and positive interactions of children with disabilities, a sentiment echoed by teachers in the Philippines (Tuvida, 2023), who found personal growth in the challenges they faced. However, the South Korean and Australian studies (Quick et al., 2021) highlighted that satisfaction was often tempered by the practical difficulties of working in under-resourced or unsupported environments. This contrast between personal satisfaction and systemic challenges is a common thread across all the studies, suggesting that while teachers are personally invested in the success of inclusive education, their ability to fully realize this goal is often hindered by external factors such as lack of resources, training, and administrative support.

In conclusion, while the studies reviewed here span diverse cultural and educational contexts, several common themes emerge: the need for more specialized training and resources, the emotional and relational challenges faced by teachers, and the critical role of systemic support in facilitating successful inclusive education. The differences observed in the emphasis on specific challenges such as human relations in South Korea, logistical issues in Thailand, or policy-practice gaps in Australia can be attributed to the unique cultural and educational environments in each country. Nevertheless, the overarching message is clear: for inclusive education to be truly

effective, teachers need both personal resilience and robust systemic support (Klibthong & Agbenyega, 2019; Lee & Lee, 2022).

2.3 The African context

2.3.1 Perspectives on the transition of children with disabilities from home into the CBCCs

Soni, Soto, and Lynch (2021) conducted a meta-aggregation of research on the factors affecting the successful transition of children with disabilities to early childhood care and primary education in sub-Saharan Africa. They identified key stakeholders such as parents, teachers, and community members, and highlighted several obstacles, including transport challenges and insufficient teacher involvement. Their study underscored the eagerness of both children with disabilities and their parents to attend school, indicating a strong desire for educational inclusion. However, the importance of teacher involvement was emphasized, as teachers are critical for facilitating successful transitions. This aligns with the findings of Bhalalusesa (2023), who also explored the role of parents and teachers in preparing children with special educational needs (SEN) for school readiness in Tanzania. Bhalalusesa noted that both parents and teachers play varied roles, but their engagement is often limited by challenges such as transportation and a lack of awareness among parents about educational opportunities. This study similarly concluded that teacher support is vital, but it also pointed out that the process of engagement is complex and involves financial and emotional burdens for families and educators.

Ngwaru (2012) study on early childhood education in Zimbabwe, Kenya, and Uganda, though not focused specifically on disabilities, highlighted the importance of early childhood education (ECE) in overcoming poverty and achieving better learning outcomes. Ngwaru found that parental involvement, particularly in creating a supportive learning environment at home, was key to promoting children's social-emotional development and improving literacy as they start school. While this study aligns with Soni et al. (2021) and Bhalalusesa (2023) in emphasizing the importance of parental involvement, it differs in that it focuses on the broader population rather than children with disabilities. Nonetheless, Ngwaru's findings reinforce the idea that early parental engagement can lead to more successful transitions into formal education.

Barriers, particularly related to transportation and distance, were prominent in the study by Light for the World, Plan International, and Uhambo Foundation (2018) in Mozambique. This research

examined the accessibility of preschool education for children with disabilities and found that while parents were eager to send their children to school, they were often unable to do so due to the lack of transportation, unclear school age requirements, and mobility issues related to the child's disability. This is consistent with the findings of Soni et al. (2021) and Bhalalusesa (2023), where transportation challenges also emerged as significant obstacles. However, Light for the World's study places more emphasis on the community's role, noting that parents often lacked support from their communities and institutions, which exacerbated their difficulties in accessing education for their children.

Mailwane's (2015) study in South Africa introduced a unique perspective by exploring ecosystemic factors influencing the accessibility of ECD services for children with disabilities. This research highlighted cultural beliefs as a major barrier, with some caregivers attributing their children's disabilities to witchcraft and choosing to wait for miraculous cures before enrolling them in school. This finding contrasts with the socio-economic barriers emphasized in the other studies, revealing how deeply rooted cultural beliefs can hinder educational access. Mailwane also found that some caregivers refrained from enrolling their children in the early learning centres because they feared losing the government's Child Dependency Grant (CDG) or were unable to afford the associated fees. This socio-economic barrier is similar to the financial constraints noted by Bhalalusesa (2023) and Light for the World et al. (2018), whose studies found that financial issues, such as the cost of transportation or school fees, could prevent parents from sending their children to school. When the children lack of access to education, this may lead to significant gaps in learning and academic achievement thereby, limiting their future opportunities for employment and other economic related activities.

Torgbenu, Oginni, and Opoku (2018) explored parental attitudes toward inclusive education in Nigeria, focusing on parental knowledge and perceived social norms. Their study revealed that parents had limited knowledge of inclusive education, which hindered their ability to advocate for resources and understand the capabilities of teachers to support children with disabilities. This aligns with the findings of Soni et al. (2021), who also emphasized the need for greater parental awareness and teacher involvement. However, Torgbenu et al (2018), focused more on social norms and the parents' lack of knowledge about inclusive education, a perspective not as

prominently featured in the other studies, which were more concerned with socio-economic and cultural barriers.

In summary, while these studies share common themes such as the importance of parental and teacher involvement, the role of socio-economic conditions, and the impact of logistical barriers they also diverge in certain areas. Soni et al. (2021), Bhalalusesa (2023), and Light for the World et al. (2018) place significant emphasis on challenges, particularly transportation, while Mailwane (2015) uniquely highlights the role of cultural beliefs and socio-economic conditions in shaping access to education. Torgbenu et al. (2018), on the other hand, focused on the knowledge gap among parents regarding inclusive education. The differences in findings are justified by the varying cultural, socio-economic, and educational contexts of the studies, yet the overarching conclusion is clear: enhancing parental involvement, teacher support, and addressing logistical and cultural barriers are key to improving educational access for children with disabilities in sub-Saharan Africa.

2.3.2 Perspectives on the educational experiences for children with disabilities in CBCCs

Dombrowski, Sitabkhan, and Kilonzo (2020) examined the classroom environment for children with disabilities in Kenyan preschools, with a focus on teacher-student and peer interactions. They found that the majority of interactions were positive, highlighting the emotional support that children with disabilities received from both teachers and peers. This is significant as it underscored the role of peer relationships in fostering an inclusive classroom atmosphere where children with disabilities are actively engaged members of the learning community. The findings also revealed that teachers made efforts to differentiate instruction and modify classroom environments to support children with disabilities, though some teachers felt unequipped to teach in inclusive classrooms. This challenge aligns with Festus and Mugo's (2020) study in Tharaka-Nithi County, Kenya, which found that while teachers tried to use a variety of instructional strategies to meet the needs of children with special needs, many lacked the competence to identify and apply appropriate strategies effectively. This suggests that while Kenyan teachers are committed to inclusion, they often face practical challenges due to insufficient training.

In Zimbabwe, Chinhara's (2021) study on strategies used in inclusive early childhood development (ECD) classrooms revealed a similar pattern of teacher adaptation. Teachers in Chiredzi District

adapted their teaching methods and curricula to meet the individual needs of learners with special education needs, employing strategies such as play-based learning, discovery learning, and collaborative teaching. These strategies, particularly collaborative learning, were seen as crucial in fostering a sense of belonging for children with disabilities. However, large class sizes and lack of teacher competencies were major barriers to effective inclusion. This mirrors findings in the Kenyan context, where large class sizes and lack of resources also limited teachers' ability to fully support children with special needs. The similarity in these findings can be attributed to the structural and systemic challenges faced in both countries, such as limited teacher training and high pupil-teacher ratios.

A different perspective comes from Mpolomoka, Muvombo, Matimba, Chulu, Mate and Situmbeko (2022) in Zambia, where teachers in government schools reported significant challenges in managing children with disabilities due to a lack of specialized skills and high pupil-teacher ratios. Like in Kenya and Zimbabwe, Zambian teachers struggled to meet the diverse needs of learners with disabilities, often finding themselves overburdened with administrative tasks, such as individualized education plans (IEPs). This suggests that the administrative burden placed on teachers in inclusive settings is a common issue across several African countries, where special education resources are often lacking. The Zambian findings also highlighted stigma among regular teachers, who viewed the work of special education teachers as less important, reflecting a broader societal challenge in valuing inclusive education.

In Ethiopia, Sendek (2022) study painted a picture of classrooms that were overcrowded, lacked adequate teaching materials, and focused heavily on literacy and numeracy, with little emphasis on play-based learning or other child-centered approaches. Although teachers made efforts to create locally relevant teaching materials, the overall lack of resources and parental involvement hindered the effectiveness of inclusive education. Similar to the Kenyan and Zimbabwean contexts, Ethiopian teachers struggled with large class sizes and insufficient resources, reinforcing the idea that structural limitations are a significant barrier to inclusive education across the continent.

In Tanzania, Mgaya and Gesase's (2023) study identified additional barriers to inclusive education, such as stigma towards children with disabilities, unsuitable infrastructure, and improper instructional methodologies. Like the studies in Kenya and Zimbabwe, the Tanzanian

findings point to insufficient teacher training as a major obstacle, as well as a lack of appropriate materials for learning. The emphasis on stigma in this study, however, provides a unique lens through which to view the challenges of inclusion, suggesting that social attitudes towards disabilities may play a more prominent role in hindering inclusion in Tanzania compared to other countries, where logistical and resource issues are more commonly highlighted.

The issue of teacher preparation was also a key in Majoko's (2017) study in Zimbabwe, which examined mainstream teachers' readiness to implement inclusive education. The findings showed that while teachers had a positive attitude towards inclusion, they felt professionally unprepared and faced numerous individual and institutional barriers, such as inadequate training and a lack of collaboration among stakeholders. This aligns with the Kenyan studies by Festus and Mugo (2020) and Dombrowski et al. (2020), where teachers similarly expressed a desire for more professional development to effectively teach children with disabilities. The emphasis on teacher training across these contexts suggests that one of the most significant barriers to inclusion is the lack of systemic investment in building teacher competencies in inclusive pedagogy.

In Ghana, Nti-Adarkwah, Mensah, Boateng and Gyapong (2019) found that teachers' attitudes towards inclusion were influenced by a range of factors, including their knowledge, cultural beliefs, and expectations of children with disabilities. The study revealed that while teachers were generally positive about inclusion, challenges such as inadequate training, lack of instructional materials, and insufficient government support made it difficult to implement inclusive practices effectively. These findings echo those from Zimbabwe and Kenya, where teachers also cited a lack of resources and government support as major barriers to inclusion. However, the focus on cultural beliefs in the Ghanaian study adds another layer of complexity, suggesting that attitudes towards inclusion may be shaped not only by systemic factors but also by broader socio-cultural contexts.

So far, the literature revealed several recurring themes: teacher preparedness, resource availability, classroom management, and societal attitudes towards children with disabilities. Across all studies, teachers demonstrated a commitment to supporting children with special needs, but they were often hampered by structural challenges such as large class sizes, lack of materials, and insufficient training. The differences in emphasis such as the focus on stigma in Tanzania, peer relationships in Kenya, and cultural beliefs in Ghana can be attributed to the unique socio-cultural and educational contexts of each country. Despite these differences, the overarching narrative is one

of teachers striving to create inclusive classrooms but facing significant barriers that require systemic change in teacher training, resource allocation, and societal attitudes towards disabilities

2.4 The Malawi context

2.4.1 Perspectives on the transition of children with disabilities from home into the CBCCs

Banks and Zuurmond (2015) investigated the factors that either hindered or facilitated the inclusion of children with disabilities in education in Ntcheu district, Malawi, focusing on perspectives from children aged 6-18 and their parents, whether currently attending school or having dropped out. The study identified several reasons why these children desired to attend school. Among these were a passion for learning and a desire to socialize with peers, which consistently emerged as significant motivations. Furthermore, both parents and children believed that education held the key to a better future. Many parents attributed their current socio-economic challenges to their own lack of education and saw schooling as a means to break the cycle of poverty.

A recurring theme in Banks and Zuurmond (2015) was the social inclusion children experienced by attending school, which strongly influenced their desire to participate in education. In contrast, Munthali et al (2014) in a study on ‘Early childhood development: the role of community based childcare centres in Malawi’, observed that many CBCCs, struggled to enrol children with disabilities due to a lack of trained caregivers and resources, particularly for children with severe special needs, language challenges, or behavioural issues. This finding points to a systemic challenge in early childhood education, where inadequate training and infrastructure prevent the inclusion of children with disabilities at a critical developmental stage. The research conducted by Banks and Zuurmond (2015) addressed issues impacting school attendance for children with disabilities, but it specifically concentrated on those in primary school, starting from age 6. However, the current study addressed this gap by examining the transition of children with disabilities in the early childhood development age range of 3 to 5 years (GoM, 2017)

Further, Banks, Hunt, Kalua, Nindi, Zuurmond and Shakespeare (2022), explored experiences of inclusion in education amongst children with disabilities in Malawi. The study focused on the perspectives of children and their caregivers on barriers and enablers of inclusion. Method data were gathered through in-depth interviews with 37 children with disabilities, 61 caregivers and 13

teachers from Ntcheu and Mangochi districts and analysed thematically using the International Classification of Functioning, Disability and Health as a framework. Overall, this research study found that children with disabilities faced persistent and systemic barriers to attending, progressing and learning in school. The findings confirmed the persistence of barriers such as poor health, negative attitudes from caregivers and teachers. In addition, household poverty, was noted as a barrier. This aligns with the financial constraints discussed by Bhalalusesa (2023) in Tanzania and Light for the World et al. (2018) in Mozambique such as the cost of transportation as well as school fees. These factors, prevented parents from sending their children to school. Both the financial and health barriers as noted in the findings, are a reflection on the low economic status for most Sub-Saharan Africa, which has a negative impact on the education attainment of children including those with disabilities (UNESCO, 2007).

2.4.2 Perspectives on the educational experiences of children with disabilities in CBCCs

The literature highlights significant barriers and diverse approaches to inclusive education for children with disabilities across various regions of Malawi. Greenwood et al. (2022) while drawing on a Community-Based Participatory Research (CBPR) design, used 24 caregivers and 16 parents of children with disabilities from 10 CBCCs in the study. In exploring the experiences of CBCC caregivers in Thyolo district, the study revealed the limited capacity and resources caregivers had in addressing the needs of children with disabilities, with many relying on informal methods such as repetition and individualized attention, yet feeling inadequate in achieving desired learning outcomes.

Chirwa, Lingolwe, and Naidoo (2021) in their qualitative study in Zomba, employed a case study design with thirty-four participants purposely sampled. The study also underscored similar issues as found by Greenwood et al (2022); pointing to ineffective orientation and a lack of specialized teachers and materials as barriers to inclusive education's implementation. Comparatively, Lynch, Lund, and Massah (2014) in a study that used 60 children and young people with albinism (40 boys and 20 girls), as well as members of staff and family members from mainstream basic schools, offered a more optimistic view of teachers' positive attitudes towards including students with disabilities, specifically those with albinism, despite facing similar material and infrastructural challenges. It is worth noting that, while there is some progress in adaptive teaching strategies as

indicated from the studies, resource deficits and the absence of training continue to impede the realization of fully inclusive education across Malawi.

2.5 Gap in the literature

Some of the studies reviewed in this section, covering global, African, and Malawian contexts, focused on the transition of children with disabilities, while others emphasized on their teaching and learning experiences. However, none of the reviewed literature tackled the interconnected themes of transition and educational experiences of these children, which is essential for addressing the issue at hand. In essence, the studies did not explore cross-disciplinary research topics, resulting in a limited understanding of certain complex matters. Recognizing this gap, the current study aimed to fill it by presenting a topic that simultaneously addressed both the transition and educational aspects of children with disabilities.

2.6 Summary of the chapter

The literature reviewed has revealed global, Africa and Malawi situation on transition and education experiences of children with disabilities in the early childhood learning centres. Firstly, the literature has highlighted some common themes on transition of children with disabilities such as the importance of parent-teacher cooperation, clear communication, and collaborative support, and challenges therein. However, these insights suggest that while best practices on transitions can be broadly shared, it should be emphasised that enhancing parental involvement, teacher support, and addressing cultural barriers remain key parameters to improving transition and educational access for children with disabilities.

Secondly, while the studies reviewed here span diverse cultural and educational contexts, several common themes emerge: the need for more specialized training, the emotional and relational challenges faced by teachers, lack of learning and teaching materials, and infrastructural challenges. However, it remains clear that the challenges associated with education for children with disabilities cannot be a one size-fits all to all countries and regions across the globe but rather, can be attributed to the unique cultural and educational environment available in each country. Nevertheless, the overarching message is clear: for education to be truly effective, teachers need more of technical support. This highlights the need for policies and practices that are grounded in

the experiences of educators, ensuring that they are equipped to meet the diverse needs of children with disabilities in inclusive settings.

The next chapter discusses the methodology that was used to conduct this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

This chapter explains the methodology used in carrying out the study. The following areas are discussed: the philosophical assumption of the study, the research design, target population and location, the sample procedure and sample size, data collection procedure, data collection instruments, pilot testing of data collection instruments, trustworthiness of data, the methods of data analysis, and finally ethical considerations.

3.2 Philosophical assumption

The study adopted a social constructivism worldview as the research philosophy. Social constructivism is a theoretical perspective that emphasises the role of social interaction and shared meaning in the construction of knowledge and understanding (Creswell, 2014). It stipulates that knowledge is not an objective reality but is actively constructed by individuals within their social and cultural contexts. By employing a social constructivism research philosophy, this study recognized that the perspectives of trained caregivers on transition of children with disabilities from home into CBCCs, and their teaching and learning, are shaped by their interactions with the children, their families, and the CBCC caregivers. The study further acknowledged that the trained caregivers bring their own unique interpretations, beliefs, and values to their caregiving practices, which are influenced by their social and cultural backgrounds.

A social constructivism research philosophy is said to be appropriate for this study because it allows for an in-depth exploration of the perspectives of the caregivers. It recognizes that their understanding on transition and teaching of children with disabilities is not fixed but is continuously constructed through their interactions with others. By adopting this research philosophy, the study aimed to uncover the ways in which caregivers construct knowledge and meaning in their caregiving practices and the implications this has for their competence needs.

3.3 Research design

Research design according to Creswell (2014), is the structured plan or blueprint that outlines how a research study is conducted. In view of this, the study took a qualitative approach and employed

a phenomenological design to answer the research questions. As argued by Creswell (2013), the phenomenological design to research study is concerned on how individuals perceive and make sense of their experiences. This may involve an in-depth examination of personal narratives to reveal how meaning is constructed. By adopting this design, the study explored the perspectives and interpretations of the trained caregivers on transition and educational experiences for children with disabilities in CBCCs. It provided a platform for trained caregivers to share their unique views, allowing for a deep exploration of their thoughts, emotions, and beliefs in relation to their interactions with children with disabilities.

In addition, the use of the design enabled the researcher to uncover the meanings and interpretations that CBCC caregivers ascribe to their roles and responsibilities. By focusing on the caregivers' subjective views, the design shed light on the challenges caregivers face, the strategies they employ to effectively fulfil their roles (Smith, Flowers & Larkin, 2009).

3.4 Target population

Babbie (2016) observed that a population is any group of individuals that has one or more characteristics in common and that are of interest to the researcher. In this study, the target population consisted of all trained CBCC caregivers, all parents or guardians of children with disabilities from the Traditional Authority Nkanda and all Social Welfare Officers from the Social Welfare department under Mulanje district council, in Malawi.

3.5 Sampling procedure

Sampling refers to the process of selecting a portion of the population to represent the entire population. In this study, the researcher employed non-probability sampling procedure. Purposeful sampling procedure (particularly criterion sampling), was used in selecting sites and participants based on specific pre-defined criteria relevant to the research questions. Initially, CBCCs (Centres A and B) were purposefully chosen because they are mainstream centres with the highest enrolment of children with disabilities within the range of 5 to 10. Next, the trained caregivers at these CBCCs were also selected purposefully, as they each held a basic ECD certificate and had at least two years of relevant work experience. This selection process ensured that participants with the appropriate qualifications and knowledge were given the chance to offer valuable perspectives on the topic being studied (Morse, 2015). Additionally, parents/guardians of children

with disabilities were also purposefully selected for participation in the study since they are considered as the primary caregivers and advocates for their children. They have first-hand experience navigating the challenges and successes of transitioning their children into ECD centres. Their insights can provide valuable information about the specific needs and concerns of children with disabilities. Finally, the District Social Welfare Officer (DSWO) was intentionally selected as a key informant in this research due to the important role that the DSWO's office plays in coordinating and overseeing early childhood development services at the district level, which includes caregiver training and quality assurance (GoM, 2017).

3.6 Sample size

A sample size according to Creswell (2014) is a small proportion of the population that is selected for observation and analysis. Throughout the study, the researcher made use of the term 'participants' to refer to the sizable number of people selected to take part in a qualitative study (Nakkeeran, 2016). It should be noted that there is a lack of specific prescriptions in deciding the exact number of participants to take part in a study since the purpose of qualitative inquiry is to unravel the phenomenon in-depth rather than the generalisation of the findings to the larger population (Creswell & Poth, 2018). In this particular study, the decision to use 9 participants which include: 4 trained caregivers, 4 parents of children with disabilities and 1 District Official, was carefully considered, as it allowed for a rich exploration of the topic while ensuring that the data collected was comprehensive enough to identify patterns and themes. The researchers monitored the data collection closely and found that after engaging with these 9 participants, the information collected was repetitive and did not yield new perspectives, thereby reaching saturation. This is in accordance with Guest, Bunce and Johnson (2006) who indicated that data saturation is achieved when no new information or themes emerge from the data, indicating that additional participants are unlikely to contribute further insights to the study. This approach not only ensured the depth of understanding necessary for qualitative analysis but also optimized resource allocation, as too many participants could lead to an overwhelming amount of data without added value to the core research objectives.

The table below shows the characteristics of participants by sex, centre name, location, years of work experience and qualification.

TABLE 1: CHARACTERISTICS OF PARTICIPANTS

Participant	Gender	CBCC (<i>Not real name</i>)	Location (Village/work place)	Work experience (years)	Qualifications
Caregiver # 1	F	Centre A	Ngo'ongola, TA Nkanda	4	Basic ECD certificate
Caregiver # 2	M	Centre A	Ngo'ng'ola, TA Nkanda	3	Basic ECD certificate
Caregiver # 3	F	Centre B	Chanje, TA, Nkanda	5	-Basic ECD certificate. -Certificate in mentorship
Caregiver # 4	M	Centre B	Chanje, TA Nkanda	3 years and 6 months	Basic ECD certificate
Parent # 1	F	Centre A	Ngo'ongola, TA Nkanda	-	
Parent # 2	M	Centre A	Ngo'ongola, TA Nkanda	-	
Parent # 3	F	Centre B	Chanje, TA Nkanda	-	
Parent # 4	F	Centre B	Chanje, TA Nkanda	-	
DSWO	F	-	Mulanje District Council	16	Cert. in Social work, Diploma in ECD, BSc in Social Work

Note:

- The basic ECD certificate is awarded to caregivers after been trained for two weeks by regional ECD Trainers of Trainers (ToT).
- Certificate in mentorship is awarded to a trained caregiver after going through ECD mentorship course for a period of five days.

3.7 Data collection procedure

Data were collected through semi-structured interviews and observation. Firstly, the 9 participants were engaged in separate interviews at their convenient places. For instance, interviews with

trained caregivers took place in Centres A and B respectively; and for parents, it took place in their own homes while for the DSWO, the interview took place in the office. In all the interviews conducted, notes were taken in note pads and verbatim statements were recorded. Each interview with the participant lasted about 45-60 minutes. This was in line with Seidman (2013) who suggested that an interview should ideally last around 60 minutes, as this duration typically allows participants to provide detailed insights while remaining engaged and focused. Further collection of data was done through classroom observation. As stipulated by Cohen, Manion, and Morrison (2018), during non-participant observation, the researcher watches subjects without becoming involved in their activities and further, this approach allows the researcher to collect data on natural behaviours and interactions in their real environments without any influence. In light of this, three non-participant observation sessions were carried out by the researcher at each centre, with both Centre A and Centre B being included. Each observation session lasted for about 4 hours, thus from 07:30 am to 11:30 am.

3.8 Data collection instruments

The study used two instruments to collect data namely, the interview guide and the observation guide.

3.8.1 Semi-structured interview

Kvale and Brinkmann (2009) attest that interviews are a primary method in qualitative research, allowing the researcher to gather detailed information through direct dialogue. In view of this, a semi-structured interview guides (*see appendices 2, 3 and 4*) were used to capture data from the trained CBCC caregivers, parents of children with disabilities and the District Social Welfare Officer separately. The use of the guides allowed for the inclusion of additional questions or probes based on the participants' responses, thereby enabling a more comprehensive understanding of the topic (Creswell, 2014).

3.8.2 Observation guide

The use of a non-participant observation guide (*see appendix 5*) provided the researcher with an opportunity to understand among other things how children with disabilities were welcomed by the caregivers upon their arrival at the CBCC centre from home. Further, the researcher wanted to appreciate the day-to-day learning experiences of children with disabilities while taking into

consideration how both the in-door and out-door play-based activities are done at the centre. Additionally, the instrument provided the researcher with the chance to compare notes as captured from the narratives of trained caregivers, parents/guardians of children with disabilities and the DSWO.

3.9 Pilot testing of data collection instruments

Pilot testing of data collection instruments as stipulated by Creswell (2014) and Banja (2016) ensures that the questions, phrases, and expressions used in the instruments in a research study are clear and easily understood by the participants. In view of this, the researcher conducted a pilot study in Tadala CBCC in TA Mabuka, Mulanje district, Malawi, where pre-testing of the data collection instruments (semi-structured interview and observation guides) was done one month prior to the commencement of the main study. It involved 7 participants having similar characteristics to the target study population. These included: (4) trained CBCC caregivers, (2) parent/guardian of a child with disability and (1) Officer working under the Department of Social Welfare in Mulanje district.

Pilot testing of the instruments allowed for the identification of potential ambiguities in the questions. For instance, the segment containing the question on the *'what experiences CBCC caregivers face as they facilitate transition of children with disabilities into the centres'* was not fully understood by some of the participants and this led to having responses that were a mismatch to the research question. However, the question was made clear to the participants upon being rephrased to read *'what are the benefits and challenges related to transition of children with disabilities from home into CBCC.'* Additionally, the pilot testing allowed the researcher to determine time needed for a single interview, lasting between 45-60 minutes.

3.10 Trustworthiness of data

Trustworthiness refers to the credibility, dependability, confirmability and transferability of the findings in qualitative research (Creswell & Creswell, 2017). To enhance credibility, the researcher, whilst in the field, had prolonged engagements with participants during interviews. This involved building rapport and trust with the participants to ensure that they feel comfortable sharing their perspectives. Further, data validation with participants, such as member checking, was conducted to ensure accuracy and credibility of the data.

To ensure dependability of the data, the researcher maintained a research audit trail (Creswell & Miller, 2000). This involved documenting and tracking all research decisions and processes, including sampling, sample size, population, data collection methods, and data analysis. By keeping a detailed record of these procedures, the researcher ensured that the study followed approved research protocols, thereby enhancing the dependability and of the findings in other contexts.

In this study, confirmability of the data was done in a way that verbatim quotes from participants were presented by the researcher in a way that accurately reflected how they were said. This means capturing participants' words as closely as possible, without altering or misrepresenting their meaning. Further, the study used the strategy of triangulation to ensure confirmability of data. As indicated by Cohen, Manion and Morrison (2007), triangulation is the use of two or more methods of data collection in the study of some aspect of human behaviour. Therefore, by using both the semi-structured interviews and non-participant observation in this study, the researcher was able to cross-verify the data from both sources leading to a reduced biasness on part of the researcher. Hence confirmability of the findings.

Furthermore, to ensure transferability of study findings, the researcher ensured that he collected data from participants with diverse backgrounds and experiences who were able to share rich information on the subject matter under investigation. In doing so, the researcher would be better placed to apply the findings to other settings similar to the study population.

3.11 Data analysis

Data in this study was analysed thematically. According to Smith and Osborn (2015), thematic analysis is a rigorous and systematic data analysis process involving multiple rounds of data coding and interpretation to identify patterns, themes, and underlying meanings in the data. The following six-phase processes were used: data familiarisation, generating codes, searching for themes, reviewing themes, defining and naming themes and lastly writing a report (Braun & Clarke, 2021). Data was accurately transcribed and organised as collected from both the interviews and observation conducted in the field. The researcher read and re-read the transcribed data many times in order to be more familiar with the content and be able to identify initial thoughts and patterns. Further, coding process by identifying meaningful units of texts was followed from the verbatim, phrases or sentences. Then grouping the coded data into clusters or themes was done by looking

for patterns, similarities, and connections between codes. This was followed by analysing and interpreting the themes by considering the context, participants' views, as well as the understanding of the researcher. Throughout the process of data analysis, the researcher engaged in reflexivity by critically reflecting on own biases, assumptions, and preconceptions. Then the researcher documented the analysis by writing a narrative that described the themes, their interpretations, and supporting evidence from the data. This was done by ensuring that the analysis is coherent, transparent, and supported by relevant quotes or examples.

3.12 Ethical consideration

Before the study was undertaken in Mulanje district in Malawi, the researcher sought ethical review, clearance and approval from the Humanities and Social Sciences Research Ethics Committee of the University of Zambia (see appendix 6). Before the study got started in Mulanje District, Malawi, the researcher further sought permission from the District Commissioner (see appendix 7). Based on the approval letter from the office of the District Commissioner, the Traditional Leader, Nkanda through the Area Development Committee (ADC) Chairperson for area, granted the researcher verbal permission to conduct the study in her area. Upon meeting the participants, the researcher explained the aim of the study and assured the participants that the information to be collected would be used purely for academic. Consent forms (see appendix 1) were administered and signed by the participants to allow the study to proceed. Participation in the study was voluntary as such the use of incentives in form of money or materials was avoided. The researcher ensured the participants felt free to explain what they knew without fear or coercion by allowing them to withdraw from taking part in the study at any time and for whatever reason. The researcher preserved the confidentiality of the participants in the study. This was done by making sure that their personal information was securely stored and only accessible to the researcher and not everyone else.

In order to observe anonymity, it was ensured by the researcher that no real name of the participants was recorded both on the consent forms and on the interview-guide thereby making it impossible to trace the source of the responses. Further, no real name of the CBCC appeared in the final report so as to ensure that readers do not associate and link the responses as coming from a centre well known to them. In order to maintain privacy, the researcher made sure that the interview session with participants was done at a place that was free from public viewing and at a time that would

not pose an intrusion into their personal life (for example conducting the interview at CBCC during the afternoon hours when children have knocked off). Also, in the course of data collection, it was ensured that participants were free from any psychological harm, for instance by avoiding asking questions that would bring about psychological torment.

3.13 Summary of the chapter

This chapter presented the methodology that was used in this study. It focused on all the steps beginning from the research approach to ethical consideration. The next chapter, is a presentation on the findings of the study.

CHAPTER FOUR

PRESENTATION OF RESEARCH FINDINGS

4.1 Overview

This chapter presents the findings of the study from both the classroom observation and the in-depth interviews with nine participants which include: 4 trained CBCC caregivers, 4 parents/guardians of children with disabilities and 1 DSWO. The study sought to explore trained caregivers' perspectives on the transition and education of children with disabilities in CBCCs in Mulanje district, Malawi. The findings were guided by the following three (3) research questions.

1. *What are the trained caregivers' perspectives regarding transition of children with disabilities from home into the Community Based Child Care Centre-CBCC?*
2. *What are the trained caregivers' perspectives on the educational experiences of children with disabilities in the CBCC?*
3. *What challenges impact successful transition and education of children with disabilities in the CBCCs?*

4.2 Trained caregivers' perspectives on the transition of children with disabilities from home into the CBCCs

This section presents the findings in line with the first research question of the study. The study revealed one key theme bordering on benefits of transitioning children with disabilities from home into the CBCCs.

4.2.1 Benefits of transitioning children with disabilities from home into the CBCCs

The study revealed four benefits of transition for children with disabilities from home into the CBCCs. These included: Opportunity for interaction with the environment; promotion of human rights of children with disabilities; fostering collaboration and trust between parents and the CBCC caregivers; and building relationship bond between children with disabilities and the CBCC caregivers.

4.2.1.1 Opportunity for interaction with the environment (place and the people)

Responses from the trained caregivers and the DSWO indicated that transition was an opportunity for children with disabilities to interact with the new environment which includes the CBCC centre, the caregivers and the peers. Such a socialisation process would eventually lead into the emotional growth and development of the children. This is illustrated by the following quotes:

According to my understanding, this is the period when children with disabilities are given opportunity to begin a new life where they are able to move out of the houses of their origin and get connected to new friends in the new environment (Caregiver # 1).

I think this is an important period where parents and guardians admit that a child with disability is also human just like everyone such that he or she is not supposed to be locked inside the house but to mix with friends in the CBCCs (Caregiver # 3).

To the child, it is a moment of meeting new faces, a new environment and a different lifestyle as compared to the one used at home. And this would obviously bring joy among the children since they are born adventurers (DSWO).

4.2.1.2 Promotion of rights of children with disabilities

Some participants in the study, considered transition as the promotion of child rights particularly for children with disabilities. Through transition, the right to education and right to non-discrimination are promoted and safeguarded. The following quotes provide the explanation:

This is the most important period which promotes the right to education for the child realising that all the children are human regardless of their disabilities. I learnt that when a child with disability is being locked up in the house while others are at the CBCCs that amounts to ill-treatment. It turns out to be discrimination against the child. So, allowing the child to participate in the activities at the centre, is an indication that parents are refraining from discriminating or ill-treating their child (Caregiver # 3).

Answering your question, let me say that through transition, parents accept that a child has an opportunity to be educated regardless of the severity of the disability. I feel that

had I refused to send this child to the CBCC, then he would have just been staying at home (Parent # 4).

To me, I consider transition of children with disabilities from home to the centres as a breakthrough and a realisation of the right to education for all. It is a window of opportunity for such children to interact and learn from peers regardless of their impairment (DSWO).

4.2.1.3 Transition fosters collaboration and trust between parents and CBCC caregivers

Transition of children with disabilities into the CBCCs was found to be beneficial in the sense that it fosters collaboration and trust existing between the trained caregivers and parents of children with disabilities. Participants had this to say:

From my 16 years of work experience, I found it very interesting and pleasing to note that most caregivers become passionate with their work by identifying a home that is caring and nurturing a child with disability. Next, they arrange and pay a home visit. They usually collaborate with both the parent (s) and relatives of the child with disabilities and discuss with them on the need to send the child to the CBCCs for play based-learning (DSWO).

Through transition, some parents have trusted us more. I enjoy directing and sometimes escorting them to the hospitals where they can meet specialists who can guide and support their children. This also helps us as CBCC caregivers to understand how we can support the children in the centres depending on the nature of their disabilities. (Caregiver # 1).

Sometimes some parents go to an extent of asking saying, 'where were you all this time when we were struggling with this child? This is evidence of trust that parents of children with disabilities have on us. It is this trust that enable them understand on the importance of bringing their children to the CBCCs (Caregiver # 2).

Caregivers visit my home frequently. During the first time, they met the mother of the child. Fortunately, during the second visit, they found both of us as you have done. These caregivers are good at convincing an individual. At first, I did not want him to

go back to the centre based on what happened to her at the previous CBCC where she was. When they started explaining about the goodness of ECD, I noted genuine love in them. So, if you ask me, I think their visits encourage us that children with disabilities are equally important just like any other child (Parent # 2).

From the responses above, it shows that there is a high level of collaboration and trust existing between the trained caregivers and the parents/guardians of children with disabilities. This may imply that when both parents and CBCC caregivers collaborate well, the needs of children with disabilities for instance, the health and education needs, can easily be met.

4.2.1.4 Transition builds relationship bond between children with disabilities and the trained caregivers

The study through non-participant observation conducted by the researcher in both centres A and B, revealed that transition of children with disabilities from home into ECD centres, build relationship bond between the children and the trained CBCC caregivers. Table 2 below shows what was observed in both centres revealing how the relationship bond was created between the children and the CBCC caregivers.

TABLE 2: ILLUSTRATION ON RELATIONSHIP BOND BETWEEN CHILDREN WITH DISABILITIES AND THE CBCC CAREGIVERS

#	Observation focus area	Centre A	Centre B
1	Nature of disability of the children (child) present on the day of the visit.	-Female child with albinism -Male child with CP	-Male child with Hyperactivity disorder -Female child with visual impairment
2	How CBCC caregivers welcomed all children including those with disabilities upon arrival at the centre?	-a female caregiver, hugged a child with albinism upon arrival. - a male caregiver, took hold of a tri-cycle from a parent and pushed the child inside the class.	-CBCC caregivers used a song in naming the children present. The song was entitled ' <i>Wabwera lero ndani</i> ', which translates like: ' <i>Who and who is present today</i> '.

The findings shown in the table 2 above, indicate that both individualised and group welcome of children in both Centres A and centre B, were observed. For instance, a female child with albinism at centre A, was welcomed into the centre with a hug by the female caregiver. Further, it was observed that another caregiver managed to take hold of the tricycle from the parent and helped pushing the child with Cerebral Palsy into the classroom. Furthermore, at centre B, it was observed that the caregiver used a song to welcome all children. In the song, the name of every child who reported for classes on that day, was mentioned including one male child with Hyperactivity disorder and a female child with visual impairment (low vision).

The welcoming of children done by the caregivers such as hugging and singing as established in the narration above, can be gestures of attention and love. Such gestures may help to build strong bondage between children and their CBCC caregivers leading into having a good learning environment for the children with disabilities.

4.3 Trained caregivers' perspectives on the education experiences of children with disabilities in the CBCCs

This section presents one key theme that emerged from the second research question. The theme centres on inclusive teaching and learning strategies for children with disabilities in CBCCs.

4.3.1 Inclusive teaching and learning strategies for children with disabilities in the CBCCs.

The found that inclusive teaching and learning strategies for children with disabilities were used in the CBCCs to help children learn. Under this theme, it was revealed that group and collaborative play-based learning; differentiated learning instruction and supportive/guided play-learning were used as teaching approaches. Below is a detailed presentation of the findings sourced both from the semi-structured interviews with participants and classroom observations.

4.3.1.1 Group and collaborative play-based learning

The findings as explained by the caregivers showed that when children for instance, those with albinism and those with mobility challenges (physical disability) are grouped together with other peers, and play in a collaborative manner, learning takes place. The following verbatim statements illustrate more:

At our CBCC centre, we have a child with albinism but with low vision. Most of the times, I encourage the use of group work. For example, when I have a lesson on identifying and writing numbers such as (1) and (2), I put them in small groups and give them numbers written on the cards. They pass on the cards to one another thereby having access to view the numbers 1 and 2. This activity, helps this child with albinism to touch and have a feel on the numbers since they are made on a card. Besides touching, the child has an advantage to see the numbers because they are close to her (Caregiver # 1).

Sometimes, we have materials that children use to build a house like maize cobs, sticks, small pieces of wood and many more as they usually do. The message that I am conveying here is that those children with mobility challenges are given the materials close to them. However, they are not alone. I usually put them in groups together with their peers so that they should be able to follow the lesson using those materials. This is one of the examples that I use to deliver my lessons. Without these materials ooh nothing works (Caregiver # 4).

Further, findings from the classroom observation sessions done at Centre B, showed that the trained caregivers were putting children in play groups of five as maximum. Out of the six groups formed, four had children with disabilities in the following areas: down syndrome, albinism, physical impairment which include, Cerebral Palsy (CP) and Spina Bifida, and hearing impairment. Each group was placed at a specific learning area as set in the classroom namely: art area, imaginative area, music area, reading area, nature area and building area. All children were playing using the locally made materials such as shakers (made from empty bottles fixed with maize grains), maize cobs, small pieces of wooden timbers, sticks, empty boxes of matches, tins, used radio cassettes, paint made from natural plants and many more. Whilst in their groups, the caregiver was observed building a house using maize cobs together with the children.

The observation sessions at Centre B, highlighted an inclusive and engaging learning environment where trained caregivers effectively organized the children into small play groups, accommodating those with disabilities alongside their peers. Through the activities done across various learning areas, they encouraged play and foster collaboration among all children.

4.3.1.2 Differentiated learning instruction

The finding indicated that there was provision of multi-sensory learning materials like word and number card, charts, pictures to children with diverse learning needs, for instance, those with speech, visual and hearing problems. The children with disabilities, were allowed to engage with the materials in ways that suit their strengths. Later, it enhanced their level of understanding and retention of information. The following is what participants said:

The other way that I use is to prepare different resources that children use for playing like: dolls, balls, picture charts, number charts, shakers and so on. The children for example with hearing and visual impairments, usually learn better when they see and feel the prepared resources. When testing how the resources work, the children tend to discover their functions. A very good example is a cup. I made a cup using clay soil which resembles the one they use in their homes. A child with visual impairment was able to touch the cup. Further, depending on the size, the child was able to tell that a big cup would be used to collect a lot of drinking water than a small one (Caregiver # 1).

All the children are taught together using learning resources like: word cards, number cards, charts that show weather forecast, pictures of animals, trees and so on. The good thing with this child who has speech problems is that he is able to hear and see. Therefore, when I am delivering a lesson on domestic and wild animals, I paste pictures of different animals like a dog, lion, cow, goat, elephant on the paper. I imitate their movements. That time I give the pointer to any child including the one with speech problems to point at the biggest animal that is found in the bush, he is able to point at an elephant and demonstrates how it moves. What I want to emphasise on is that, for me to assist all the children in their learning, I am supposed to have adequate learning resources to avoid peer conflicts (Caregiver # 3).

It is encouraged that the trained caregivers help all children learn through play. To all children with or without disabilities, learning has to be made possible with playing materials. The caregivers make playing materials made from locally available resources such as numbers from cartons, story or picture books from old magazines

and newspapers, weather charts from a used sack, balls from plastics or old clothes, building materials from maize cobs/small pieces of timber and many more materials. To the child with no or low vision, learning is done through touch. By using his/her fingers such a child can know the shape of a ball as oval-shaped; can know how light or heavy the object is for example, a tin so on and so forth (DSWO).

During the classroom observation sessions conducted at both Centres A and B, caregivers were seen engaging with the children with disabilities by the use of assorted play materials of which most of them were made of locally materials. Some of the materials seen were guitars made of a tree with strings; child dolls made of old clothes; cups, pots made of clay; and a piano made of a used plastic pipe. Before using these materials, caregivers were seen giving the materials to the children and asked them to play with. At the same time, the caregiver was observed delivering a lesson.

Basing on the observation narrated above, it was clear that differentiated learning instruction to children with disabilities at the CBCC, would work better if assorted and user-friendly play materials were made available to them.

4.3.1.3 Supportive/guided play-based learning

The study revealed that trained CBCC caregivers were providing individualized support and guidance to children with disabilities in order to ensure that every child took part in the learning activities. During both the in-door and out-door play, supportive learning was given to children who were seen failing to accomplish some group or personal tasks. Both the verbatim statement and the observation narratives below illustrate the point:

Some games are played in-doors. For instance, we have designated places that offer music, reading, painting and many more. Through these places, all the children are treated in the same way regardless of their abilities and disabilities. We simply ensure that we give them ample time to play. For example, when this girl child with albinism in our centre is having difficulties in visualizing pictures or words, I just bring them closer to her in order to touch and feel while I am explaining according to the day's lesson (Caregiver # 2).

Further, the outdoor learning activities observed at Centre A, besides being child centred, were observed to be guided and supported by the trained caregivers. During the sessions, it was interesting to note that one of the male children with physical impairment (with crippled legs) who could not walk nor stand but always sitting, was playing netball with other children. The female caregiver created a big circle whereby children of different ages and sizes were part of it. A ball was then placed in the hands of the child with physical impairment and was told to throw the ball to the other child who was part of the circle. Further, during the other observation session, the male caregiver helped a child with visual impairment to do a jumping activity together with her friends. He stood closer by her and when it was time to jump with one leg, he could assist her to jump while her peers were singing and doing the 'I jump, I jump' activity.

The supportive role played by the caregivers in the outdoor playing activities as observed at centre A, enhanced learning among children with disabilities despite their level of impairment. The adaptive activities like netball and jumping games, enhanced physical development as well as social interaction among all children.

Supporting toiletry for children with disabilities, was further observed both at Centres A and B respectively. The findings at Centre A, showed that children were programmed to go for peeing at a specific time. When time was ready, a female caregiver was helping female children with physical, visual impairments to pee by escorting them to the toilet and help them undress. The same was observed with the male caregivers towards the male children with disabilities.

The findings at Centre B, indicated that the centre has a chart that displays some two kids peeing in a toilet. It was observed that, the chart could be pasted on a wall and one child would be asked to comment on the chart was displaying. When the answer was 'the kids are urinating', immediately the caregiver advised all the children to go out and do the same. It would appear, the activity was done every day and formed part of the day-to-day life. This was evidenced when all children were seen running outside the class and went to the side where the toilets were to relieve themselves. During this time, the caregivers were escorting the children and helping some children with disabilities undress, do the toilet and wash their hands. Seen during observation was a child with low sight (cataract), a child with physical challenges (with both left hand and legs crippled).

So far, the section presented the findings on the teaching and learning strategies for children with disabilities commonly used in most CBCCs. If properly utilised, the strategies, may create an

engaging environment where children can learn and develop at their own pace while feeling supported and valued. Eventually, this may promote social interaction, skill development, and overall well-being for all children, regardless of their abilities.

Table 3 below, is the summary showing what was observed by the researcher in the way how teaching and learning of children with disabilities was done in the CBCC centres under study.

TABLE 3: SUMMARY OF THE TEACHING AND LEARNING STRATEGIES OBSERVED IN CBCCS

	Focus area	Centre A	Centre B
1	How trained caregiver engage the child with disabilities to participate in in-door learning activities	-children were engaged in play using assorted materials placed in learning corners within the classroom	-Learning in groups of 5 as maximum. -some of the groups had children with down syndrome, albinism, and CP -Caregivers were seen engaging children to learn using different materials in class such as: guitars., dolls, clay moulded cups
2	How trained caregiver engage the child with disabilities to participate in out-door learning activities	-guided play learning through the use of football Supported the child with visual impairment to do the ' <i>I jump, I jump</i> ' play activity Escorting and helping children relieve themselves during toiletry.	-CBCC caregivers were seen escorting and undressing some children with disabilities to do the toiletry. Later, they were supported to do the hand washing.

4.4 Challenges impacting successful transition and education of children with disabilities in the CBCCs

Besides revealing the benefits of transition as well as the inclusive teaching and learning strategies in CBCC, the study further, reported some significant challenges that impacted successful transition and education of children with disabilities.

4.4.1 Challenges associated with transition of children with disabilities into the CBCCs

The following: Negative perception of parents towards the trained caregivers, unrealistic expectations from parents/guardians of children with disabilities and lack of community support towards CBCC caregivers were some of the challenges associated with transition of children with disabilities from home into CBCCs. These findings were captured from the semi-structured interviews with study participants.

4.4.1.1 Negative perceptions of parents towards the trained caregivers

The study revealed that some parents/guardians of children with disabilities had developed negative perceptions towards the CBCC caregivers on their work. Most of the times, the trained caregivers were perceived by parents to be beneficiaries of money assumed to have been received from NGOs at the expense of facilitating transition of children with disabilities. What parents believed in was that, the home visits made by the trained caregivers, were sponsored and paid for by NGOs. Further, caregivers were perceived by some parents as agents of rituals who visited their homes in order to cast spells on the children with disabilities in order for their businesses to flourish. Such perceptions, eventually led some parents to view CBCC caregivers as a threat in the community. The participants narrated the following:

Mmmmmmm! We struggle a lot. Do not forget that we are caregivers who are just volunteers. When we begin moving around the villages, some parents and guardians of children with disabilities think that we are given some money and that we enjoy it at the expense of their children with disabilities. Because of this, most parents send us back and sometimes ask us to disclose where we got the information from, that they are having a child with disability. We are humiliated just like kids but we are okay since we volunteered ourselves to work as CBCC caregivers (Caregiver # 1).

Our duty of mobilising parents to transit their children with disabilities to CBCCs is so challenging. some parents reach an extent of banning us from visiting their homes claiming that we may end up using their child for rituals. They shower insults such that if you are not strong you may end up giving up. Another thing that we have noted is that some people in our area, do not wish that we should be discussing issues concerning children with disabilities because they claim that this is a taboo. So, when we visit homes and begin talking about sending children with disabilities to the centres, sometimes they do not respond to us, as a result, they tell us never to visit them again (Caregiver # 3).

To be frank, we looked down upon these CBCC caregivers during their first visit and concluded that they were lazy and had nothing to do in their homes. You must remember that here in the village we believe in witchcraft and that there are some business people who want to use children with disabilities as part of their rituals. So, I felt that these people came to trick me so as to accomplish their evil mission. Therefore, we were not welcoming them cordially until we realised that they are important people (Parent # 1).

I noted that as parents, most of the times, we usually undermine the duty of CBCC caregivers. I happen to be a good example. At first, I thought that these caregivers would be mocking my child in the same way as other caregivers were doing in the CBCC centre where she was learning at first. Therefore, I did not want my child to leave my home and go elsewhere. So, this habit of underrating other peoples' duties, is on an increase among us parents; obviously, it is a bad practice (Parent # 2).

4.4.1.2 Unrealistic expectations from parents/guardians of children with disabilities

Another challenge encountered by the trained caregivers during transition of children with disabilities into the CBCC is to do with unrealistic expectations from parents of children with disabilities. From the responses, it showed that some parents/guardians expected to receive money, clothes and foodstuffs from the CBCC caregivers during home visits. One of the trained caregivers and the DSWO respectively reported this:

There are many hardships that we experience. You know village life, once you visit a family and begin talking about a child with disability, gosh!!!! They think that we have

brought money, foodstuffs and clothes. They think that we have been sent by a well-funded organisation. Sometimes we are asked, 'how much money is the child going to be getting or how much am I going to be getting once the child starts going to the CBCC'? If you look into this issue, the challenge is the expectation that parents have which may not work with us. In this situation, we struggle to fulfil our mission and at times, we simply go back home. (Caregiver # 2).

On the other hand, I have reports indicating that some of the parents do not welcome the trained caregivers in a cordial manner, more especially if they visit their homes without anything in their hands such as food, money, clothes and mobility devices such as tri-cycles...mmmmmmmm! This is very unfortunate and needs to be stopped forthwith (DSWO).

4.4.1.3 Lack of community support towards CBCC caregivers

Lack of community support from chiefs, CBOs and VDCs towards the work of caregivers was spelled as another challenge faced by CBCC caregivers during transition of children with disabilities into the centres. One of the participants reported that community leaders such as chiefs, do not fully support the work of the caregivers and this frustrates their morale. This is what one of the parents said:

As a parent, I feel that these CBCC caregivers do not get full support from community leaders. The issue of CBCC is a developmental issue for our area. So, if you observe clearly, you will notice that these caregivers work as volunteers. They say that they do not get paid. Just imagine someone abandoning his personal businesses and visiting us in our homes encouraging us that children with disabilities should be sent to the CBCCs. So, the chiefs and members of Village Development Committee (VDC) as well as Community Based Organization (CBO) were supposed to be considering these people for example, by including them on the list of beneficiaries for government subsidised fertiliser and other livelihood programmes. If you try to find out, you will notice that these caregivers do not get support from our community leaders and as such, they struggle a lot (Parent # 1).

It is evident that the challenges are entirely originating from the parents and community. In other words, they are community-based challenges. This suggests that most parents of children with

disabilities and the community members, lack knowledge on the benefits of transition of children with disabilities into CBCCs. Therefore, there is great need for the challenges to be addressed to ensure that children with disabilities thrive.

4.4.2. Challenges associated with the teaching and learning of children with disabilities

Despite the growing emphasis on inclusive education, significant challenges persist in providing effective teaching and learning experiences for children with disabilities in the CBCCs. This section reported on the challenges associated with teaching and learning of children with disabilities in the CBCCs. These include: Lack of specialised knowledge and skills, lack of suitable learning and assistive materials; poor learning infrastructure; and unrealistic parental expectations. Out of all the findings in this section, poor learning infrastructure was revealed through the researcher's observation. The rest were captured through the semi-structured interviews with participants.

4.4.2.1 Lack of specialised knowledge and skills by trained CBCC caregivers

The findings of the study revealed that specialised knowledge and skills among some trained caregivers in teaching children with disabilities such as Hyperactivity disorders, speech and hearing impairments, become a challenge. The following are the quotes from participants:

At our centre, there is a certain child who comes once in a while. This child has weak body organs, fails to control the flow of saliva, does not walk, does not speak and his parents also said that he is epileptic. In short, this child has multiple disabilities. On the day that he comes to the CBCC, ooh my God! I struggle much on how to help this child learn. (Caregiver # 2).

On the other hand, we find it very difficult to help a child with speech and hearing impairments to learn properly. I don't know sign language and when the child looks at us during teaching, gosh! I feel bad because I cannot explain everything to them (Caregiver # 3).

I only have one child at this CBCC. Ooh! That child is hyperactive because of what he does. He does not stay at one place. Sometimes he kicks and displaces the play materials without considering his peers. I think this child is abnormal. Back to your

question, this is the child I find him difficult to handle. He gives me challenges because as I teach using pictures, he is busy beating drums and laughing. Sometimes, he even beats his friends (Caregiver # 4).

4.4.2.2 Lack of suitable learning and assistive materials

From the findings, it was noted that lack of suitable learning and assistive materials made learning difficult for children with disabilities for instance those with visual impairment. On the problem of learning materials, the participants had reported this:

To a child who has visual impairment that I talked about, honestly, I struggle a lot. In the lesson involving the animals I am supposed to mould every animal using clay soil for the child to touch and feel. I cannot draw on the paper because he cannot see. I struggle a lot to get materials considering the big number of the children at the CBCC. Mostly, this child stays idle (Caregiver # 3).

Most CBCCs do not have enough and play materials suitable for learning for all children including those with various forms of disabilities. Where the resources are few, scrambling among children becomes order of the day and thinking about a child who cannot talk, he/she may feel deserted and dumped (DSWO).

Trained caregivers and the DSWO revealed lack of assistive materials among some children with disabilities with emphasis on children with CP and the physically challenged. Below is what was said:

For young children of 3 or 4 years with weak body organs, and most of the times, their bodies are not strong and that they lose balance while seated or standing and some of such children cry frequently. To us as caregivers, it becomes difficult to move out of the place where they are seated as you may find them fallen on their head. We have two children of this nature at our centre. (Caregiver # 1).

This child who has no body balance is equally epileptic. He does not have a special chair to sit properly. Most of the times, I place him in the corner and cover him with a wrapper. However, whenever he hears any sound and tries to look around, he collapses due to lack of body balance. (Caregiver # 2).

Some children with disabilities come into the centre without assistive devices. For example, during one of the monitoring exercises I did in one of the CBCCs, I felt bad to see a physically challenged child failing even to crawl using his legs because his body was weak. Quickly I thought of a wheel chair as the alternative mobility device that could be used inside the classroom to enable the child reach out to playing materials of his choice within the class. The emphasis here is that learning of children with disabilities without the presence of assistive devices becomes very tough especially on the part of the CBCC caregivers (DSWO).

4.4.2.3 Poor learning infrastructure

The table 4 below, shows the findings on the poor learning infrastructure as observed in the CBCCs under study.

TABLE 4: ILLUSTRATION ON POOR LEARNING INFRASTRUCTURE IN CBCCS

#	Focus area	Centre A	Centre B
1	Out-door play structure (s) available at the centre	Few (ladder and sand-pitch) only	-not seen (were not available)
2	Infrastructures (how disability friendly are they)	-Small classroom size in-terms of space -small sized toilet in terms of space	-size of the classroom, very small. -toilet available with good space. -presence of steps at the entrance of the toilet.

The observations done both at centre A and B, revealed significant challenges and varying degrees of accessibility for children with disabilities. At centre A, while the outdoor play areas were equipped with few play structures, such as a ladder and a sand pitch, the classroom's small size limited movement for all children, hindering inclusive learning environments. Moreover, the toilet, though present, was inadequately sized for wheelchair users. On the other hand, centre B, faced similar space constraints within its classrooms. Further, the presence of steps at the toilet entrance posed a significant barrier, requiring assistance for the children with mobility challenges.

The findings as noted above, showed that both the CBCCs have poor infrastructure in terms of toilets, classrooms and play structures. The implication behind this problem is that, children with disabilities particularly those with physical challenges, may not open up during free play due to lack of space to move their wheel chairs. If not checked, this problem has the potential to promote absenteeism among most children, hence denied the right to education and play.

4.4.2.4 Unrealistic expectations of parents on the learning outcomes of their children

The study found that some parents/guardians of children with disabilities, regardless of the severity of disability, expected quick learning outcomes achieved by their children immediately after the trained caregivers start providing teaching and learning services in the CBCCs. The following verbatim explains the point:

As indicated earlier on, handling learning for children with disabilities becomes very tough when it is against the expectations of parents. The attainment of developmental milestones differs among children and this is a developmental fact. Where parents expect their children with disabilities to realise quick developmental milestones regardless of the severity of disability, mmmmmmmmmmm! Misunderstandings between parents and the CBCC caregivers arise to the disadvantage of the child who is so innocent. For example, to a child with reading problems as a disability, one cannot expect such a child to be good at reading or counting numbers, let's say from 1-5 in its order (1,2,3,4,5). On the other day, you would hear 4,1,3,2,1,3. In this case, a parent needs to be patient and understand that learning is a long process for a child with disability (DSWO).

The educational challenges faced by children with disabilities in the CBCCs, stemming from lack of specialized knowledge and skills among caregivers; lack of suitable learning materials and assistive technology; poor learning infrastructure; and unrealistic parental expectations, significantly illustrate the bad face of educational experiences for children with disabilities in most CBCCs in Mulanje district. Therefore, there is need for immediate attention by all stakeholders such as the community, NGOs and government.

4.5 Summary of the chapter

Based on the findings, it was established from the first research objective that transition of children with disabilities from home into CBCCs was perceived as beneficial not only to the children, but also to the parents/guardians as well as the trained caregivers. Such being the case, it is therefore important for different stakeholders both at the community and district levels such as chiefs, CBOs, NGOs and government to ensure that no child with disability is left out in the transition process from home into ECD centres.

While responding to the second research objective, the study established that inclusive teaching and learning strategies such as, group and collaborative play-based learning, differentiated learning strategies, and supportive or guided play-learning make part of the educational experiences in the CBCCs in Mulanje district. It is clear therefore, that these approaches if properly utilised, may create an inclusive and engaging environment where children can learn and develop at their own pace while feeling supported and valued. Eventually, this may promote social interaction, skill development, and overall well-being for all children, regardless of their abilities.

Besides the benefits of transition, the study noted that there are significant challenges that hinder the successful transition process of children with disabilities into the CBCCs. It is evident that the challenges are entirely originating from the parents and community. In other words, they are community-based challenges. This may suggest that, most parents of children with disabilities and the community members, lack knowledge on the benefits of transition of children with disabilities. Further, the study revealed that children with disabilities, in their quest for education, they face some challenges stemming from lack of specialized knowledge and skills among caregivers; lack of suitable learning materials and assistive technology; poor learning infrastructure; and unrealistic parental expectations. This situation, significantly illustrates the bad face of educational experiences in the CBCCs in Mulanje district that needs immediate attention by all stakeholders such as the community, NGOs and government.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Overview

This chapter discusses the findings of the study on the trained caregivers' perspectives on transition and education of children with disabilities in CBCCs in Mulanje, Malawi. The findings presented in chapter four, were captured from both semi-structured interviews with participants and the non-participant classroom observations as conducted by the researcher. Therefore, the discussion in chapter five, basically takes into consideration the findings generated from the interviews and the classroom observations and is guided by the following three research questions: What are the perspectives of trained caregivers regarding transition of children with disabilities into CBCCs? What are the perspectives of trained caregivers on the educational experiences of children with disabilities in the CBCCs centres? And finally, what challenges impact successful transition and education of children with disabilities in the CBCCs?

5.2 Trained caregivers' perspectives on transition of children with disabilities from home into CBCCs

This section discusses the findings of the study on the first objective which focused on exploring trained caregivers' perspectives on transition of children with disabilities from home into CBCCs. Under this objective, one key theme emerged as follows: Benefits of transition of children with disabilities into CBCCs.

5.2.1 Benefits of transition for children with disabilities into CBCCs

The following were discussed as benefits of transition: Opportunity for interaction with the environment; promotion of human rights of children with disabilities; fostering collaboration and trust between parents and the CBCC caregivers; and building relationship bond between children with disabilities and the CBCC caregivers.

5.2.1.1 Opportunity for interaction with the environment

The study revealed that transition of children with disabilities from home into CBCCs, was a window of opportunity for them to interact with the new environment. It was noted that for the

first time, children get exposed to a new physical environment different from their homes and this included CBCC caregivers, peers, classroom structures and play materials. Further to the physical environment, the children get exposed to the emotional, psychological environment. For instance, following rules and regulations, morality building just to mention a few. Both the physical and emotional interaction that takes place at the centre, may lead into the cognitive, social and emotional development of the children with disabilities.

The findings of the study are supported by Berk (2018) who argued that exposure to structured environments with defined rules and social norms is vital for the emotional development of children with disabilities. Therefore, Berk (2018) emphasized that early experiences in caring environments, contribute to the regulation of emotions and the development of moral understanding (Berk, 2018).

On the other hand, the findings of the study contradict with Odom, Viztum, Wolery, Lieber, Sandall, Hanson, Beckman, Schwartz and Horn (2004) who discussed that the change of place, from the familiar one to the new environment, can provoke anxiety, fear and other behavioural patterns among children with disabilities. This may imply that children with disabilities are likely to withdrawal from the CBCCs and hence, denied an opportunity for learning. Therefore, parents and the caregivers should strive to make the CBCC centre become more child friendly. For instance, parents may transit children with disabilities into the CBCCs together with the materials they like playing with while at home such as balls, shakers, tins and others.

Despite the contrast, transition of children with disabilities from home into the centres is beneficial in the sense that it facilitates the socialization of children with disabilities with their peers and the CBCC caregivers. It is therefore important for both parents and the trained caregivers to understand that social interactions during this time of transition are crucial for developing interpersonal skills, forming friendships, and building trust among peers and other caregivers.

5.2.1.2 Promotion of rights of children with disabilities

The findings of the study indicated that transition of children with disabilities into the centres is a crucial step in promoting child rights. Participants further highlighted the importance of education for all children, regardless of their disabilities. They recognized that confining children with disabilities to their homes while their peers attend early learning services at the CBCCs, constitutes

ill-treatment and discrimination. Therefore, by allowing children to transit to the centres, it clearly demonstrated that, the right to education is for everyone. The findings are supported by the United Nations Convention on the Rights of Persons with Disabilities (2006), which under section 24 recognises that every child with disabilities has the right to go to school and be educated together with other children under the same curriculum. Further, the findings align well with the United Nations Convention on the Rights of the Child, UNCRC (1989) which recognizes the right of the child to education, during early childhood as beginning at birth and closely linked to young children's right to maximum development. In addition, the findings are in tandem with the provision of the Constitution of the Republic of Malawi (1994) which states that 'all persons are entitled to education'. This means that children with disabilities are equally entitled to this right. Similar views on the promotion or right to education for children with disabilities are made clear in the Disability Act of Malawi Parliament No. 8 (GoM, 2012). The provision stipulates that the government shall recognise the rights of persons with disabilities to education on the basis of equal opportunities, and ensure an inclusive education system for all.

The literature as noted above, speak highly of the need to consider transition of children into the CBCCs as a promotion of right to education. Therefore, it may be right to suggest that the attainment of the right to education for children with disabilities, starts at transition, thus when they move from home to the centres.

5.2.1.3 Transition fosters collaboration and trust between parents and trained caregivers

Another finding of the study under the benefits of transition of children from home to the CBCCs revealed that, it fosters collaboration and trust between the trained caregivers and parents of children with disabilities. The study established that through home visits done by the CBCC caregivers; awareness made to parents on importance of early childhood; readiness of some parents to escort their children to the centres; and referral and linkage done to the medical specialists, all these underscored the importance of collaboration and trust existing between trained caregivers and parents of children with disabilities.

Collaboration through communication or awareness between the caregivers and parents of children with disabilities as revealed in this study, agrees with the findings of (Warren et al, 2016). Their study noted that, when educators and parents of children with disabilities are transparent in sharing

details about their child's disability, the transition to school becomes smoother for the child. This is because the teachers are already informed, which helps foster an environment of acceptance for the child. Further, the findings in this study, agree with Homerin and Dodds (2024) whose study indicated that communication among players such as: teachers, medical professionals, administrators, social support providers and case managers was key to smooth transition.

The findings on collaboration of trained caregiver and parents of children with disabilities through home visits, are in line with Lillvist and Wilder (2017) who argued that stakeholder collaboration was a facilitator for positive transition outcomes, particularly for children in need of special support. Further, they found that, teachers viewed untraditional transition activities, such as home visits and joint parent meetings with preschools, as important elements in supporting smooth transition of children.

Apart from collaboration, transition of children with disabilities further created trusting relationships between parents of children with disabilities and the caregivers. This idea is in line with Rautamies, Vähäsantanen, Poikonen and Laakso (2019) who examined trust from the viewpoint of parents of children with challenging behaviour. Their findings identified a supportive parent-educator relationship as one critical elements of trust with emphasis on support for parents as capable partners.

In addition, the findings regarding the collaboration and trust between trained caregivers and parents of children with disabilities can be underpinned by Lev Vygotsky's sociocultural theory of cognitive development, which emphasizes the fundamental role of social interactions and cultural context in learning. Through home visits, caregivers actively engaged parents, fostering an environment of shared knowledge and collaboration. This interaction not only raised awareness about the importance of early childhood development but also empowered parents to take an active role in their children's education. Thus, the trust and collaboration formed through these interactions boost transition for children with disabilities to take place from home into the CBCCs.

Overall, the findings of the current study showed that transition is beneficial to the development of children in the sense that, it promotes collaboration and trust between the parents/guardians of children with disabilities and the CBCC caregivers. However, for transition of children to be successful, there is need for having a vibrant collaborative network that includes not just CBCC caregivers and parents but also other relevant stakeholders such as healthcare providers, social

workers, and case managers. For instance, through collaboration, children with disabilities may be assessed and referred for appropriate services depending on their needs; and families might be counselled to understand and accept disability of their children and feel encouraged to send them to the centres for learning.

5.2.1.4 Transition builds relationship bond between children with disabilities and CBCC caregivers

The study found that transition of children from home into the centre was important in the sense that, it builds strong relationship bond between the CBCC caregivers and children with disabilities. It was reported that during the transition process from home into the centre, upon arrival at the centre, one child was welcomed by the trained caregiver with a hug; another child who was by then, on wheel chair, was taken hold of by the other caregiver and helped by pushing him into the classroom. In another instance, it was reported that CBCC caregiver used a song to welcome all children as they were arriving at the centre from their homes.

Collaborative for Academic, Social and Emotional Learning-CASEL (2019), provides that one of the effective strategies for initiating rapport building and promoting students' Social and Emotional Learning (SEL) competencies involves purposefully welcoming students into both the school and classroom settings. These welcoming activities as noted by CASEL (2019), are brief. For instance, greeting students warmly as they enter the classroom while using the students' preferred name. It was further noted that such welcoming gestures can be individualized and include a preferred greeting for each student for example, handshakes, fist bumps, and high fives. However, it was observed that, incorporating these existing welcoming activities served as a starting point for enhancing classroom rapport. By welcoming students into the school and classroom, educators laid the foundation for building rapport and supporting students in developing relationship skills.

One of the welcoming gestures observed in the current study such as hugging, aligns with what was discussed in CASEL (2019). During transition from home, most children with disabilities meet their teachers (caregivers) for the first time in their life. The same may apply to the CBCC caregivers. Therefore, in order to build a strong bond between the two parties, efforts must be made by the caregivers to stay closer to the children by be-friending them with gestures that may be appropriate according to the nature of disability.

Brisola, Cury and Davidson (2019) argued that the use of songs and musical interactions were found to improve caregiver-child emotional bonds of attachment. In a related development, Rous, Crawford and Brophy (2020) indicated that personalized welcoming strategies such as use of songs and individualized greetings, contribute to smoother transitions and increased engagement for children with disabilities in early childhood settings. The findings of the current study on the use of a song during arrival of children with disabilities from home to the centre, agree with the findings of (Brisola et al, 2019; Rous et al, 2020). The use of a song as reported in both studies was meant to emotionally rouse the relationship bond between the children with disabilities and the caregivers.

On the contrary, the use of a song to build bondage between children and the CBCC caregivers as revealed in the current study, is challenged by (Dewi, Umar, Khan & Aziz, 2022). They argued that if the language used in a song is not clearly explained or translated to the children by teachers, it becomes difficult for the children to understand the meaning. When the meaning within a song is not comprehended, participation of children in that song becomes a problem and eventually, the emotional attachment that is expected between the children and the CBCC caregivers, does not take place. Therefore, it may be established that, any welcoming gesture that trained caregivers employ during transition of children with disabilities into the CBCCs, be known, understood and should be simple to be adapted by the children.

From the discussion, it is clear that when children with disabilities are given a chance to transit from their homes into the CBCC, it clearly shows that their life is more valued, and such being the case, concerned stakeholders such as parents, caregivers, government, NGOs, community leaders need to collaborate always to ensure smooth transition.

5.3 Trained caregivers' perspectives on the educational experiences of children with disabilities in the CBCCs

This section discusses the findings of the study on the second objective which focused on investigating trained caregivers' perspectives on the educational experiences of children with disabilities into the CBCCs. Under this objective, the following key theme emerged: Inclusive teaching and learning strategies for children with disabilities.

5.3.1 Inclusive teaching and learning strategies for children with disabilities

The strategies in teaching and learning for children with disabilities in the CBCCs made the discussion in the section as follows: group and collaborative play-based learning; differentiated learning instruction and supportive or guided play-learning.

5.3.1.1 Group and collaborative play-based learning

The findings showed that teaching and learning for children with disabilities, was done in groups but in a more collaborated manner. It was observed that in the small groups that were established, at least, there was the presence of one child with disability in the following categories: albinism, Down syndrome, CP and the physically challenged. It was further observed that each group was placed at a specific learning area as set in the classroom namely: the art area, imaginative area, music area, reading area, nature area and building area. All children were seen playing using the locally made materials such as shakers (made from empty bottles fixed with maize grains), maize cobs, small pieces of wooden timbers, sticks, empty boxes of matches, tins, used radio cassettes, paint made from natural plants and many more. The caregiver was seen building a house using maize cobs together with the children. Later, children on their own were seen constructing whatever they wanted either by sticks, small blocks of wooden timber and other materials.

The findings of the study, presented a very practical way on how teaching and learning for children with various forms of disabilities is done in the CBCCs. A number of researchers Ngadni, Ahmad and Yean (2022); Chinhara, (2021); Majoko (2016) have reported the significance of collaborative teaching and learning for children with disabilities in mainstream classroom. Further, Muzata (2021) emphasised that the best strategy for effective learning of children especially those with albinism is cooperative or collaborative learning. This implies that when children collaborate by forming small groups, they are able to work on tasks together, copy performed skills and share ideas from their peers.

Furthermore, the findings link well with the social constructivism learning theory of Lev Vyotsky (1968), who argued that through peer, teacher and student interaction, is how knowledge is developed. This approach emphasizes how collaborative learning should be, whether with the helping hand of a facilitator or by interacting with other children. Basing on this theoretical lens,

it may be established that, when children with disabilities interact and collaborate with the CBCC caregivers and other peers within the centres, learning takes place; and according to Vygotsky, learning contributes to the cognitive growth and development of all children.

From the literature above, it is evident that when children in a mainstream class are grouped in order to work and play in collaboration, effective learning takes place among children with disabilities. Therefore, trained caregivers, should always strive to promote group and collaborative learning among the children with all forms of disability in the centres.

5.3.1.2 Differentiated learning instruction

Differentiated learning instruction as described by Hall, Strangman and Meyer (2003) can be understood as a process of teaching and learning for students of differing abilities in the same class. The intent of differentiating instruction is to maximize each student's growth and individual success by meeting the needs of each student wherever he or she is by assisting in the learning process. Therefore, when teachers use differentiation in their instruction, they provide learning opportunities instead of just dispensing knowledge (Firmender, Reis, & Sweeny, 2013).

The findings of the study, indicated that the provision of multi-sensory learning materials like word and number cards, charts, and pictures to children with diverse learning needs, such as those with speech, visual and hearing problems, allowed them to engage with the materials in ways that match their strengths. This eventually enhanced the level of understanding and retention of information among most children. Further, it was observed that the use of a pointer by a child with speech problems in order to explain and demonstrate an idea in a classroom, was considered as one of the approaches of responding to the learning needs of children with various disabilities. This approach represented a process differentiated learning instruction which according to Tomlinson (2014), is an opportunity for children to understand, in a variety of ways, the ideas and skills presented during learning activities. It was noted from the current study that the use of tactile materials made from locally available resources for example, number cards from cartons and balls from plastics or old clothes, could make learning possible for a child with no or low vision in the CBCCs. Through the sense of touch, the child could know the oval-shape of a ball; and could know how light or heavy object for example, a tin is. In line with Tomlinson (2014), the finding represents the product

differentiated learning whereby children's knowledge and understanding are assessed in order to provoke thought.

Furthermore, the findings agree with Dombrowski, Sitabkhan and Kilonzo (2020). They argued that differentiated learning instruction was effective when teachers use movements to accompany the teaching process; giving out reading task to a certain group of children while the other group was resting; writing in the books of the children who could not see the blackboard and finally by using materials the child can see physically (like bottle tops).

In addition, the use and application of technology is important in differentiated learning instruction for children with disabilities. Lindahl and Folkesson (2012) stated that the proper use gadgets such as computers, increase accessibility options for visual, hearing, and motor difficulties among children. Much as the use of technology in differentiated learning instruction may be beneficial to learners with disabilities, at the same time, it remains important to examine the level of expertise and proficiency among teachers in technology.

Basing on the views above, it may be established that in order for the trained caregivers to address the learning needs of children with different forms of disabilities in the CBCCs, they are supposed to be highly equipped with skills in the use and application of various teaching and learning approaches reading through the braille and proficiency in sign language.

5.3.1.3 Supportive/guided play-learning.

The study found that trained caregivers provided support to ensure that children with disabilities, actively participate in learning activities. For example, during classroom sessions, a child with low vision received materials like number and letter cards closer to her. Further, during the outdoor activities like in a game of netball, caregivers facilitated peer participation by giving special attention to a child with physical challenges, guiding them to pass the ball to nearby peers. Additionally, caregivers assisted children with disabilities, especially those with visual or physical impairments, during toilet breaks by helping them undress for urination and assisting with handwashing afterwards.

In support of the findings, Weisberg, Hirsh-Pasek and Golinkoff (2013); Pyle, DeLuca and Danniels (2017); Zosh, Hirsh-Pasek, Hopkins, Jensen, Liu, Neale, Solis and Whitebread (2018)

noted that learning through play can take the form of a teacher-directed or a guided play approach. Guided play is said to be child-centred, where children are actively collaborating with adults and peers in their learning experience and later, adults provide the opportunity for discovery-based learning through scaffolding.

The findings further relate well with Daniels and Pyle (2022) whose study in Canada, discussed the importance of teachers monitoring and supporting children with diverse abilities in their play interactions. It was reported that, the teachers routinely engaged in positive social interactions with children in play through the one-on-one and small group configurations.

Additionally, the findings on the guided play-based learning as pointed out in this study, fit well with the socio-cultural theory of Vygotsky (1896-1934). While basing on the concept of Zone of Proximal Development (ZPD), Vygotsky argued that the child's potential for cognitive development and abilities, are achieved when they are guided through a task, rather than asked to do it in isolation. In this case, when a child is presented with a task that is slightly above his/her ability, the presence and assistance of a more knowledgeable person, makes the task to be well completed.

In contrast to the findings, Pyle et al (2017) established that although providing opportunities for teacher-guided play may be the optimal resolution, teachers have also shared concerns with implementing guided play, including feeling uncertain how to occupy a meaningful role in children's play. For example, during the guided play, teachers may not fully know and interpret whether the play is bringing joy, pain, worry and anxiety depending on the severity of disability for the child at that time. Though this might be the case, teachers are required to develop knowledge and skills to support children with a range of intellectual, physical, social, and emotional needs so they can play and learn together.

Despite the contrast, it remains important for children with disabilities, to be properly guided to ensure that learning takes place in the CBCCs. Therefore, it may be established that, CBCC caregivers, need to be in possession of the knowledge and skills necessary for providing guidance during learning, failing which, the developmental milestones within the children such as social, emotional, cognitive, physical and literacy may not be achieved at all.

5.4 Challenges impacting successful transition and education of children with disabilities into the CBCCs

The discussion in this section, bordered on the challenges impacting successful transition and education of children with disabilities into the CBCC centres.

5.4.1 Challenges associated with transition of children from home into CBCCs

The following findings were discussed under challenges impacting transition of children with disabilities: Negative perceptions of parents towards the trained caregivers, unrealistic expectations from parents/guardians of children with disabilities and lack of community support towards CBCC caregivers.

5.4.1.1 Negative perceptions of parents/guardians of children with disabilities towards CBCC caregivers

The study findings reported on negative perceptions by parents of children with disabilities towards the caregivers' work as one of the challenges linked to transition of children with disabilities from home into the CBCCs. The trained caregivers were perceived by some parents as agents of rituals who visited their homes in order to cast spells on the children with disabilities in order for their businesses to flourish. Further, the caregivers were perceived as beneficiaries of money assumed to have been received from NGOs on the expense of facilitating transition of children with disabilities. What parents believed was that, the home visits made by the caregivers, were paid for by the NGOs that were running some development projects within the communities. Due to such perceptions, some parents did not see any need to send their children to the CBCCs.

Momene (2015) argued that, disability is associated with witchcraft. Some people feel that disability is a sign of ill omen to be feared. This sometimes explain why there are a lot of hatred and suspicion linked with disability. In the same vein, there are myths in Sub-Saharan Africa that associate the use of body parts of persons with albinism and those with Spina Bifida, to make charms that can make people rich and successful in life (Thuku, 2011). As noted, Momene (2015) and Thuku (2011), presented a situation from where most negative perceptions linked with disability, originate from.

Further, one of the common barriers of inclusion reported in Tanzania by Abosi (2007) and Chataika, Mckenzie, Swart and Lyner-Cleophas (2012), was attitudinal barriers such as insensitivity and discrimination by parents. Parents would be insensitive in their language by talking anything ill about teachers and even about children. In similar manner, the findings in the current study depicted some negative perceptions by parents of children with disabilities towards the caregivers, associating them as agents of rituals, that is, wanting to take advantage of the transitioning process of children with disabilities into the centres so as to cast magic on them for business purposes.

As indicated in the Malawi national ECD policy, the challenges of transition of children to the CBCCs range from long distances from home to the nearest CBCC; inadequate services to help children adjust and adapt to the new learning environments; great disparities in infrastructure and facilities; and inadequate materials in the centres (GoM, 2017). Another previous research study by Soni et al (2022), identified some of the main obstacles to transition related to finance such as, family poverty, transportation problems and lack of resources in school. Different from the views of GoM (2017); Son et al (2022), the finding of the current study showed clearly that negative perceptions towards CBCC caregivers (on rituals), are said to affect transition of children into the centres. This might be one of the reasons why some parents lock children with disabilities in their homes, thereby denying them the right to play and education like any other child. Although superstition related problems are difficult to be proven before the laws of Republic of Malawi under the Penal Code (1929), there is need for a clear policy direction on this problem to ensure a smooth transition of children with disabilities into the CBCCs

5.4.1.2 Unrealistic expectations from parents/guardians of children with disabilities

Another challenge associated with transition of children with disabilities into the CBCCs is to do with unrealistic expectations from parents of children with disabilities. From the findings, it showed that during the home visits, parents/guardians of children with disabilities were expecting to receive foodstuffs, money and clothes from the CBCC caregivers in exchange for transition of their children into the centres. These were unrealistic expectations in the sense that, the role for CBCC caregivers was simply to facilitate transition and not to provide resources.

It was revealed in this study that parents expected to receive money, clothes and food stuffs in order to participate in the transition process for their children. By understanding this situation in the context of the findings by Soni et al (2022), one would conclude that, the unrealistic expectations of parents are an outcome of a lack of finances which is one of the obstacles affecting transition of children to school in the Sub-Saharan Africa, including Malawi. The financial constraints have significant implications for the education of children with disabilities. When families lack money, food and clothes, the transition of these children into CBCCs can be severely hampered, leading to increased exclusion from educational opportunities. This exclusion can perpetuate cycles of poverty, limit their social integration, and hinder their overall development, and this may result in a lack of equal opportunities and diminished prospects for a better future.

5.4.1.3 Lack of community support towards CBCC caregivers

The issue of lack of community support for the CBCC caregivers is a multifaceted challenge impacting the effective transition of children with disabilities into the centres. Participants in the study identified community leaders, particularly chiefs, as key stakeholders who often do not fully support the efforts of the caregivers. This lack of support may undermine CBCC caregivers' morale, hindering their ability to effectively carry out their responsibilities.

In Malawi, the fact that CBCCs operate under a Community-Based Model, stakeholders such as chiefs, CBOs, CBCC parent Committees, and VDCs, are expected to play a supportive role to the caregivers (GoM, 2017). These stakeholders are crucial in providing the necessary resources and motivating caregivers to work diligently for the welfare of all children. However, as highlighted by Shallwani, Abubakar, and Nyongesa (2018), CBCC caregivers in Malawi are volunteers who do not get paid in their work. This financial insecurity not only affects their family economic status, but also impacts their concentration and commitment to their work, as they often need to prioritize income-generating activities to support their families.

Research collaborates that supporting CBCC caregivers can lead to better outcomes for children. Tomlinson, Sherr, Macedo, Hunt and Skeen (2017) found that children in community-based early childhood learning programs where caregivers were supported or paid, showed higher self-esteem and improved educational outcomes compared to programs where caregivers worked without pay.

This underscores the critical link between caregiver motivation, adequate support, and positive developmental outcomes for children with disabilities.

In contrast to the finding of the current study, Wame (2017), while acknowledging the community based-model for ECD in Malawi GoM (2017), argued that one of the roles for the CBOs, is to provide support to the CBCC caregiver, for example, through financing capacity building for the caregivers. Agreeing to Wame (2017) sentiments, Neuman, McConnell and Kholowa (2014) established that the support of a CBOs towards caregivers, can be crucial in sustaining CBCC services which are otherwise fragile and can fall temporarily or permanently out of operation for several reasons.

Despite the contrast, it should be understood that not all areas in Malawi including Mulanje district, have CBOs that are capable of providing the needed support to the CBCC caregivers, hence lack of community support for the caregivers, remains a problem worth addressing.

So far, the discussion done in this section was basically responding to the first part of the research objective number 3 which sought to explore the challenges impacting the successful transition of children with disabilities from home into the CBCCs. It is worth noting from the study that the challenges of transition that have been discussed namely: negative perceptions, unrealistic expectations and lack of community support, position the trained caregivers at the centre of transition process in terms of their knowledge and skills. This may imply that for transition of children from home to the CBCCs to be effective, it needs trained caregivers who have vast knowledge and skills in communication to help parents and the entire community understand that transition is not about rituals and neither is it about gaining resources. However, it is all about CBCC caregivers being able to bring awareness to the parents on the importance of transition as seen in the findings. Therefore, it may be suggested that only knowledgeable and skilled caregivers in communication, can facilitate transition of children with disabilities from home into the CBCCs.

5.4.2 Challenges associated with teaching and learning of children with disabilities in the CBCCs

The following challenges associated with teaching and learning of children with disabilities in the CBCCs were revealed in the study as follows: Lack of specialised knowledge and skills, lack of

learning and assistive materials and unrealistic expectations of parents on the learning outcome of their children.

5.4.2.1 Lack of caregiver specialised knowledge and skills

The findings of the study indicated lack of specialised knowledge and skills among trained caregivers in teaching children with disabilities. It was pointed out that CBCC caregivers generally found it hard to handle teaching and learning of children with speech, visual and hearing impairments. Further, the trained caregivers reported failure to manage behaviour of a hyperactive child displayed during learning.

In support of the findings from Malawi perspective, Munthali et al (2014) noted that in some CBCCs, caregivers indicated reluctance to enrol children with special educational needs and disabilities because of ‘lack of appropriate training and resources’, including those with communication difficulties ‘mainly because he or she may fail to interact well with his or her friends and caregivers’, and those they may consider to have behaviour problems. Greenwood, et al (2022) discussed that lack of training emerged as a key issue. The CBCC caregivers expressed that, they provided their time voluntarily because they had a ‘passion for teaching’ and assisting children with disabilities, but emphasised that they did not always have the requisite knowledge for teaching children with special needs who were ‘different from normal children.’ Such lack of training given to volunteer caregivers in the study was a reflection of the Malawi situation as indicated in a working paper aimed at evaluating the community-based child care program (Özler, Fernald, Kariger, McConnell, Neuman, & Fraga, 2016). Because of lack of requisite knowledge for teaching, caregivers feared they were not helping and expressed concerns that children with disabilities may not achieve their potential learning outcomes as they did not have the required skills to teach them appropriately.

Further, the findings as supported from the Africa perspective, Chinhara (2021) established that ECE teachers in Zimbabwe, lacked the skills and competences to adapt teaching methods that were user friendly to learners with special education needs. It was concluded that, without the competence of teachers, children with special education needs would not benefit no matter what teaching strategy is employed in inclusive classrooms. In addition, Mgaya and Gesase (2023) in Tanzania noted lack of teachers with qualifications in early childhood education, infrastructures

that support children with disabilities, together with suitable curriculum and methodology. Furthermore, in Ghana, Nti-Adarkwah, Mensah, Boateng and Gyapong (2019) found out that lack of requisite knowledge, skills and attitudes about inclusive education, non-existent or inadequate teacher training hinder inclusive education. As such, it was suggested that one of the greatest barriers to the development of inclusion is that most teachers do not have the necessary knowledge, skills and attitudes to carry out their work.

The findings at global level, agree with Kemp (2016) whose study indicated that lack of suitably qualified personnel providing services to children with disabilities was identified as a key challenge to achieving effective programs in Australia. This situation got escalated by the employment of unqualified staff and the limited, and potentially declining in number of appropriate university-level qualifications for early childhood special educators. Furthermore, in Pakistan, Shaukat (2023) pointed out that one of the challenges teachers feel, was lack the coaching and training to teach children with disabilities in order to encourage inclusion. In Philippines, Tuvida (2023) observed teachers underwent for more trainings and seminars in order to become more knowledgeable and skilful as they handle classes with children who have learning disabilities. They exposed themselves in many professional development activities that helped them discover more strategies to improve how they should approach students who have learning struggles. However, one of the common struggles faced by Special Education Teachers Philippines, included inadequate preparation and professional development, challenging working conditions, and inadequate support and compensation.

Going through the global, African and Malawian literature above, the pattern gives evidence that teachers lack adequate professional preparation and development to successfully and effectively teach learners with disabilities. In view of the finding of the current study, it may be right therefore to suggest that lack of knowledge and skills in teaching children with disabilities needs to be considered as a cross-cutting issue and therefore, needs to be addressed. This can be done by reviewing the priority areas of the National ECD policy and ensure that both the curriculum and the training package respond to the current challenge.

5.4.2.2 Lack of suitable learning and assistive materials

Another challenge pointed out in the study findings was lack of suitable learning and assistive materials. It was noted that most CBCCs did not have play and stimulative materials such as numbers, and pictures that could help children with vision problems to learn better. On the other hand, it was observed that assistive devices such as corner-shaped chairs, were not in use by children with disabilities particularly those with CP so as to aid their proper seating while in class. This resulted into poor levels of concentration during learning.

The ECD Policy for Malawi under priority area number 3 on ECD centre-based services, clearly indicates that most CBCCs do not have adequate play, stimulation and learning materials to support learning of all children (GoM, 2017). Similarly, Munthali et al (2014) observed that lack of resources in CBCC in Malawi makes it hard for caregivers to handle learning for children with special needs. Further, Shallwani et al (2018) observed that in most mainstream CBCCs in Malawi, there was a general feeling that teaching and learning materials were insufficient. Caregivers noted that while they were generally encouraged to make their own low-cost materials using local resources, many of the materials they were able to make, were not durable.

In its national strategy on inclusive education for 2017-2021, Government of Malawi explicitly pointed out on the lack of appropriate assistive devices among learners with special needs in schools (Ministry of Education Science and Technology, 2017). This revelation is in line with the finding of the current study that showed that some children with disabilities in the CBCCs, did not have supportive devices while in class, and this made their learning difficult.

Further, studies done in some parts of Africa, showed similar findings to the current study. The study by Chinhara (2021); Nyarambi and Ntuli (2020) found in most early learning centres in Zimbabwe, did not have adequate learning materials, for specific use with learners with special education needs. Shortages of learning materials meant teachers could not frequently and effectively use individualised teaching methods. Furthermore, Okongo, Ngao, Rop and Nyongesa (2015) found that there were inadequate learning resources at pre-school centres in Nyamira North Sub- County in Kenya. Some of the essential learning resources include Braille slates, large prints, audiotapes and loudspeakers, wheel chairs and crutches. The problem was said to affect the learning process of children.

Furthermore, the findings of the study by Klibthong and Agbenyega (2020) identified that teachers in Thailand, encountered some barriers in their daily inclusive practices including lack of adequate teaching and learning resources to support their work; agreeing with the findings of the current study. However, in the context of education in Thailand, among other factors, the problem, might have been due to the open policy which allowed all children with disabilities to access free education from birth up until death, hence lack of teaching and learning resources to support the high enrolment of children.

The debate on lack of teaching and learning materials in the education sector has been pointed out in many studies worldwide. However, in the African region, the problem becomes a big one. From the discussions as noted from Malawi, Kenya and Zimbabwe, lack of education materials is in line with UNESCO (2006) statement that most children in African countries are not exposed to educational materials until they are about 10 years. This implies that most developing countries in Africa like Malawi, struggle in having teaching and learning resources in its CBCCs to ensure that children with disabilities are supported during learning. If this remains unchecked, can affect the child's learning process up to primary, secondary and tertiary levels.

The findings, pointed out that some parents of children with disabilities expected more learning outcomes achieved by their children contrary to the nature of disability.

5.4.2.3 Poor learning infrastructure

The International Labour Organization-ILO (2012) and World Bank (2015) support the idea that good quality preschool education entails having adequate, secure, and well-designed infrastructure. These may include classrooms, toilets, kitchen and play grounds. The sentiments are supported by the Disability Act of Malawi parliament No.8 and the Malawi national ECD policy respectively. Both highlight the need to have infrastructure that is conducive for learning of all children with disabilities in pre-school and other levels of learning (GoM, 2012; 2017).

On the contrary, the findings of this study as observed both at centre A and B, revealed common challenges to do with infrastructure for learning. It was noted that the classroom spaces were small preventing free movements for children including those with disabilities during play-based learning. In addition, it was found out that the toilets were not disability friendly in terms of access

to children particularly those with physical challenges. The small sized and presence of steps near the entrance door, prevented many children with disabilities from toilet use.

The poor classroom conditions as highlighted in the study findings, agree with Adarkwah et al (2019); Chepkonga (2017); Abiero (2013) who discussed that without good learning facilities like spacious classrooms, learning for children with disabilities does not take place since most children fail to move round the class especially during group work. Further, Mgaya and Gesase (2023), found that in Tanzania, lack of fine located hygienic facilities such as toilets were not well built to ensure access to children with disabilities.

The poor infrastructure in the CBCCs as noted above, implies that Malawi, like most countries in the Sub-Sahara Africa, quality learning for children with disabilities is low and therefore, needs attention.

5.4.2.4 Unrealistic expectations of parents on the learning outcomes of their children

As stipulated by Stoner, Bock, Thompson, Angell, Heyl and Crowley (2005), parental expectation is considered as the anticipation that parents have for their children to successfully progress in school work. However, it may be noted that either high or low parental expectations, can play a major role in children's academic progress. The current study finding revealed unrealistic expectation of parents on the learning outcomes of their children with disabilities. This is based on the understanding that, once a child with disability starts school at a CBCC, and without considering the severity of his/her disability, most parents expect quick learning and developmental outcomes achieved by the children. For instance, expecting a child with speech impairment to start speaking properly within the shortest period of time simply because he/she is being handled by trained caregivers and also that he/she is exposed to peers who most of them can speak and even make noise at the CBCC.

The study findings of Luke, Vail, Roulston and Clees (2021) showed that parents expected their children's teachers to have knowledge about how to help their children with disabilities in the areas they struggled with and therefore teachers needed to know a variety of methods for instructing the children in social skills development and academics. Luke et al (2021) findings, agree with the findings of the current study in the sense that, most parents expect quick developmental milestones achieved among the children with disabilities right away when they start attending classes at the

CBCC. However, the fact that the child with speech problem is exposed to the trained caregivers, and that he/she is in the company of other peers who are able to talk or make noise at the centre, does not in any way guarantee that the child will automatically start speaking unless otherwise. In most cases when such expectations are not met, there is potential for misunderstandings and lack of trust between the parents of children with disabilities and the CBCC caregivers. Eventually, parents resolve to have their children withdrawn from the CBCCs, thereby denying the children the right to education and right to play.

The finding as noted above, is an indication that there is lack of knowledge on the part of parents. It would appear that most parents do know the severity of disability of their children and the implications it may have on the learning outcomes. The finding therefore, presents a contribution to the literature on the importance of assessing children with disabilities as they prepare for enrolment and learning in the centres. As noted by Sperotto (2014), the process of assessing children with disabilities, helps parents to spot problems in their children when they appear not making adequate academic progress. Therefore, when parents know the severity of disability for their children through the assessment process, expectations become reasonable.

5.5 Summary of the chapter

The chapter discussed the findings of the study based on three objectives which firstly, sought to explore the trained caregivers' perspectives on transition of children with disabilities from home into the CBCCs. Secondly, to investigate the trained caregiver's perspective on the educational experiences of children with disabilities in the CBCCs. Finally, to explore the challenges impacting successful transition and education of children with disabilities in CBCCs. With the help of existing literature, the findings were compared and contrasted in order to gain a wider picture of the research topic. Further, in order to gain more insights into the problem of the research study, the discussion of the findings was done with the guidance of the Social-cultural theory according to Vygotsky (1962).

Overall, by discussing the benefits of transition; the teaching and learning strategies and the challenges associated with the transitions and education of children with disabilities in the CBCCs, the current study holds the view that transition and teaching of children with disabilities need to be facilitated not just by a trained caregiver, but by a more knowledgeable and skilled person in order to help children grow and develop holistically.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Overview

The previous chapter discussed the findings of the study. In this chapter, the researcher makes a summary of the findings, draws conclusion, recommendations and suggestions on areas for further research.

6.2 Summary of findings

The major findings of the study were threefold: firstly, transition of children from home to CBCCs was beneficial in the sense that it created a window of opportunity for the children with disabilities to interact with physical and emotional/psychological environment. Further, it promoted the rights of children with disabilities. Furthermore, transition fostered collaboration and trust between the trained caregivers and parents of children with disabilities. Finally, transition was important in the sense that it helps in building a strong relationship bond between the CBCC caregivers and children with disabilities.

Secondly, the study found that trained caregivers employed inclusive teaching and learning strategies to provide educational services to children with disabilities. One of the findings showed that teaching and learning for children with albinism, Down syndrome, CP and the physically challenged, was done in groups but in a more collaborated manner.

Further, differentiated learning instruction was in use through the provision of multi-sensory learning materials like word and number cards, charts, and pictures to children with speech, visual and hearing problems. Additionally, the study found that trained caregivers provided individualised assistance to ensure all children with disabilities, actively participated in learning activities.

Thirdly, the study also established that transition and education of children with disabilities was associated with significant challenges. For instance, on transition, it was established that parents had negative perceptions towards CBCC caregivers. Most parents perceived CBCC caregivers both as agents of ritual practices and beneficiaries of money assumed to have been received from

NGOs. Another challenge revealed by the study was that during the home visits, parents/guardians of children with disabilities were expecting to receive foodstuffs, money and clothes from the CBCC caregivers in exchange for transition of their children into the centres. Finally, lack of support from community leaders, particularly chiefs to the CBCC caregivers undermined CBCC caregivers' morale, hindering their ability to effectively carry out their responsibilities in facilitating transition of children with disabilities. Additionally, on the education of children with disabilities, the challenges centred on the lack of specialised knowledge and skills among trained caregivers in teaching children with hyperactivity disorders, speech and hearing impairments was a problem. Further, the study noted that lack of suitable play materials and assistive devices resulted into poor levels of concentration during learning of children with CP. Another challenge was to do with poor infrastructure for learning. It was found that the classroom spaces were small preventing free movements for children with disabilities during play-based learning. Finally, the study revealed that most parents of children with disabilities, due to the fact that their children with disabilities were being taught by trained caregivers in CBCCs, were expecting quick learning outcomes achieved by the children regardless of the severity of disability.

6.3 Conclusion

The study established that transition of children with disabilities from home into CBCCs presented a wealth of benefits that far surpassed the challenges involved. By embracing this transition, key ECD stakeholders, namely parents, community leaders, CBCC caregivers, government, and NGOs, should accept, respect, and value the lives of children with disabilities like any other person. While challenges were found, the study concluded that CBCC caregivers were pivotal in the whole process and therefore needed to possess the requisite knowledge and skills to actively engage with the parents of children with disabilities at community level.

Furthermore, the study established that through inclusive teaching and learning strategies used in CBCCs, education outcomes of children with disabilities get improved. However, in view of the challenges associated with their teaching and learning, the study concludes that without having specialized knowledge and skills among CBCC caregivers, effective learning among children with disabilities cannot be achieved.

6.4 Recommendations

Based on the study findings presented in chapter four, the following recommendations are made to the government of Malawi through the line Ministry of Gender, Community Development and Social Welfare:

1. On the study finding linking CBCC caregivers as agents of rituals during home visits, there should be a review of the national ECD policy by all key ECD stakeholders such as government ministries and Non-Governmental Organizations to ensure that the roles and responsibilities of CBCC caregivers are well stipulated and accepted by the community to guide the implementation of the transition process of children with disabilities into the ECD centres.
2. In order to address the problems of unrealistic expectations of parents from CBCC caregivers and lack of support from community leaders, particularly chiefs during transition process of children with disabilities into ECD centres, the study recommends that community meetings should be intensified by the key ECD stakeholders such government and NGO to ensure that awareness levels on transition of children with disabilities into ECD centres are improved among most stakeholders in the community such as chiefs and parents.
3. On the poor learning infrastructure, the study recommends that the Ministry of Gender, Community Development and Social Welfare should lobby with the Ministry of Finance for allocation of more budgetary support aimed at constructing purposefully built ECD centres across the country to enable effective learning of children with disabilities.
4. To address lack of specialized knowledge and skills among trained caregivers in teaching children with hyperactivity disorders, speech and hearing impairments, the Ministry of Gender, Community Development and Social Welfare, should ensure that training of CBCC caregivers is done by specialized and skilled people in the field of special needs, unlike presently whereby training of CBCC caregivers at district level is done by certified ECD regional trainers and not disability specialist. Therefore, the department of special needs in the Ministry of Education, Youth and Sports for Malawi and from education institutions that offer special needs training such as Montfort Special Needs Training

College in Chiradzulu District, Malawi should be empowered to take lead on the training process.

6.5 Suggestions for further research

The following areas are suggested for further investigation:

1. Transition and educational experiences for children with disabilities in privately owned ECD centres in Malawi.
2. Assessing the learning outcomes for children with disabilities in the CBCCs.
3. Factors affecting transition of children with disabilities into ECD centres in Malawi, from the Ecological perspective.

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APPENDICES

APPENDIX 1: CONSENT FORM FOR PARTICIPANTS

(TRAINED CBCC CAREGIVERS, PARENTS/GUARDIANS OF CHILDREN WITH DISABILITIES AND GOVERNMENT OFFICER)

My name is **John Taulo**, a Masters student at the University of Zambia. I am doing a study on the exploration of trained caregivers on transition and education experiences of children with disabilities and in CBCCs in Mulanje district.

I would like to conduct an interview with you to learn about your views on the subject matter. Our interview may last about 45-60 minutes. During our interaction, I will ask you some questions for you to answer according to how you think. May you take note that participation in this study is voluntary and feel free to answer or not. If the question is not clear, please do not hastate to ask for a re-read.

With your permission, the interview will be transcribed in the note pad and audio-recorded. This will be done in order to facilitate collection of information. Please note that all recordings will be stored in custody of the researcher. Once the process of analysing data is done, all the recordings will be destroyed. There are no risks to you in this study. Your name, or any other personal identifying information, will not appear in the final paper resulting from this study.

If you agree to participate in this research study, I will request you to sign below. You will be given copy of this form to take with you as go home after the interview.

Thanks for considering to be part of this study.

Name :

Participant as :

Sign :

Date :

APPENDIX 2: INTERVIEW GUIDE FOR TRAINED CBCC CAREGIVERS

PART A: GENERAL INFORMATION

1. Participant's gender
2. How long have you worked as a trained caregiver?
3. What level of training do you have (e.g. Certificate, Diploma or Degree)?
4. Apart from the ECD training, have you done any specialized training or orientation in disability management for children?
5. If yes, which specific areas were you trained in?
6. Who organised/facilitated such a training?

PART B: VIEWS ON TRANSITION OF CHILDREN WITH DISABILITIES

7. How do you understand transition of children with disabilities from their homes into the CBCCs?
8. Explain your role as a trained caregiver in supporting children with disabilities during transition from their homes into the CBCCs?
9. As a trained caregiver describe your experiences in supporting transition of children with disabilities from their homes into the CBCC?

PART C: TEACHING AND LEARNING FOR CHILDREN WITH DISABILITIES IN ECD CENTRES

10. What type of disabilities do you register in your centres?
11. In view of the types of disabilities mentioned above, explain how you handle teaching and learning for such children at the centre?
12. For the children with disabilities registered in your centre, have there been any particular area of disability that has provided challenges in your work? If yes, share your experiences and explain how you address such challenges?

APPENDIX 3: SEMI-STRUCTURED INTERVIEW GUIDE FOR DISTRICT SOCIAL WELFARE OFFICER

PART A: GENERAL INFORMATION

1. Participant's gender
2. What field of specialisation and level of qualification do you have?
3. What is your role in ECD in Mulanje district?

PART B: VIEWS ON TRANSITION OF CHILDREN WITH DISABILITIES

4. Explain your understanding of transition from home to CBCCs for children with disabilities?
5. From your work experiences as a Social Welfare Officer, how do trained CBCC caregivers facilitate transition of children with disabilities from home into the centres in Mulanje District?
6. What are the challenges trained caregivers face in regards transition of children with disabilities from home into centres?

PART C: TEACHING AND LEARNING FOR CHILDREN WITH DISABILITIES IN

CBCCs

7. What type of child disabilities are registered in most CBCCs in your district?
8. Basing on your knowledge explain how trained caregivers handle teaching and learning for children with disabilities both inside and outside classroom at the centre?
9. What are the challenges if any, are faced by the trained caregivers during teaching children with disabilities?

APPENDIX 4: SEMI-STRUCTURED INTERVIEW GUIDE FOR

PARENTS/GUARDIANS OF CHILDREN WITH DISABILITIES

PART A: GENERAL INFORMATION

1. Participant's gender
2. How related are you to the child?
3. What is the nature of disability your child has?
4. How old is the child?
5. How long has the child been at the CBCC?
6. What made you take the child to the CBCC centre?
7. Do you think the CBCC in your area has capacity to support learning for your child? If yes or no, explain the reasons?

PART B: VIEWS ON TRANSITION OF CHILDREN WITH DISABILITIES

8. What is your understanding of transition of children with disabilities into the CBCCs?
9. How do trained caregivers support transition of your child from home into the CBCCs?
10. Explain the experiences trained caregivers encounter in the course of facilitating transition of your child with disabilities into the CBCC centres?

APPENDIX 5: OBSERVATION GUIDE

1. How does the trained caregiver welcome children including a child with disabilities as they report for learning at the CBCC?
2. Depending on the nature of disability, how does the trained CBCC caregiver position the child in class for learning?
3. How does the trained caregiver communicate with the child during learning?
4. How does the trained caregivers engage the child in participating classroom activities?
5. How does the caregivers engage the child in participation of outdoor play-based learning?
6. How does the trained caregiver support the child with disability in achieving other activities like toiletry, eating (feeding)?
7. How does a caregiver handover the child to parents/guardians during knocking off time?
8. Total number of children with disabilities present on the day of visit?
9. Nature of disability children have (those present on the day of visit)
10. How disability friendly is the CBCC (in terms of infrastructure/size/ventilation)?

APPENDIX 6: ETHICAL CLEARANCE LETTER



THE UNIVERSITY OF ZAMBIA DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

Great East Road Campus | P.O. Box 32379 | Lusaka10101 | Tel: +260-211-290 258/291 777 Fax: (+260)-211-290 258/253 952 | E-mail: director.drgrs@unza.zm | Website: www.unza.zm

APPROVAL OF STUDY

IORG No. 0005376
HSSREC IRB No. 00006464
REF NO. HSSREC-2023-NOV-002

7th March, 2024

Mr. John Taulo
The University of Zambia
P.O. Box 32379
LUSAKA

Dear Mr. Taulo

RE: EXPERIENCES OF TRAINED CARE GIVERS IN HANDLING CHILDREN WITH DISABILITIES AND SUPPORT THEIR TRANSITION INTO EARLY CHILDHOOD DEVELOPMENT CENTRES IN MULAGE DISTRICT, MALAWI.

Reference is made to your submission of the protocol captioned above. The HSSREC resolved to approve this study and your participation as Principal Investigator for a period of one year.

REVIEW TYPE	ORDINARY REVIEW	APPROVAL NO. HSSREC:- 2023- NOV - 002
Approval and Expiry Date	Approval Date: 7 th March, 2024	Expiry Date: 6 th March, 2025
Protocol Version and Date	Version - Nil.	6 th March, 2025
Information Sheet, Consent Forms and Dates	<input type="checkbox"/> English.	To be provided
Consent form ID and Date	Version - Nil	To be provided
Recruitment Materials	Nil	Nil
Other Study Documents	Questionnaire.	
Number of Participants Approved for Study		

Specific conditions will apply to this approval. As Principal Investigator it is your responsibility to ensure that the contents of this letter are adhered to. If these are not adhered to, the approval may be suspended. Should the study be suspended, study sponsors and other regulatory authorities will be informed.

CONDITIONS OF APPROVAL

- No participant may be involved in any study procedure prior to the study approval or after the expiration date.
- All unanticipated or Serious Adverse Events (SAEs) must be reported to HSSREC within 5 days.
- All protocol modifications must be approved by HSSREC prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address.
- All protocol deviations must be reported to HSSREC within 5 working days.
- All recruitment materials must be approved by HSSREC prior to being used.
- Principal investigators are responsible for initiating Continuing Review proceedings. HSSREC will only approve a study for a period of 12 months.
- It is the responsibility of the PI to renew his/her ethics approval through a renewal application to HSSREC.
- Where the PI desires to extend the study after expiry of the study period, documents for study extension must be received by HSSREC at least 30 days before the expiry date. This is for the purpose of facilitating the review process. Documents received within 30 days after expiry will be labelled “late submissions” and will incur a penalty fee of K500.00. No study shall be renewed whose documents are submitted for renewal 30 days after expiry of the certificate.
- Every 6 (six) months a progress report form supplied by The University of Zambia Humanities and Social Sciences Research Ethics Committee as an IRB must be filled in and submitted to us. There is a penalty of K500.00 for failure to submit the report.
- When closing a project, the PI is responsible for notifying, in writing or using the Research Ethics and Management Online (REMO), both HSSREC and the National Health Research Authority (NHRA) when ethics certification is no longer required for a project.
- In order to close an approved study, a Closing Report must be submitted in writing or through the REMO system. A Closing Report should be filed when data collection has ended and the study team will no longer be using human participants or animals or secondary data or have any direct or indirect contact with the research participants or animals for the study.
- Filing a closing report (rather than just letting your approval lapse) is important as it assists HSSREC in efficiently tracking and reporting on projects. Note that some funding agencies and sponsors require a notice of closure from the IRB which had approved the study and can only be generated after the Closing Report has been filed.

- A reprint of this letter shall be done at a fee.
- All protocol modifications must be approved by HSSREC by way of an application for an amendment prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address or methodology and methods. Many modifications entail minimal risk adjustments to a protocol and/or consent form and can be made on an Expedited basis (via the IRB Chair). Some examples are: format changes, correcting spelling errors, adding key personnel, minor changes to questionnaires, recruiting and changes, and so forth. Other, more substantive changes, especially those that may alter the risk-benefit ratio, may require Full Board review. In all cases, except where noted above regarding subject safety, any changes to any protocol document or procedure must first be approved by HSSREC before they can be implemented.

Should you have any questions regarding anything indicated in this letter, please do not hesitate to get in touch with us at the above indicated address.

On behalf of HSSREC, we would like to wish you all the success as you carry out your study.

Yours faithfully,



Dr. J. I. Ziwa

DR. J. I. Ziwa

**CHAIRPERSON
THE UNIVERSITY OF ZAMBIA HUMANITIES AND
SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE - IRB**

CC: Director, Directorate of Research and Graduate Studies
Assistant Director (Research), Directorate of Research and Graduate Studies
Assistant Registrar (Research), Directorate of Research and Graduate Studies

APPENDIX 7: PERMISSION LETTER TO CONDUCT RESEARCH

The University of Zambia
School of Education
Great East Park Road Campus
P. O. Box 32379
Lusaka

8th April, 2024.

The District Commissioner
Mulanje District Council
P. O. Box 9
Mulanje
Malawi

Dear Sir

**RE.: PERMISSION TO CONDUCT RESEARCH STUDY IN TRADITIONAL
AUTHORITY NKANDA (MLOMBA ADC)**

Reference is made to the above captioned subject.

I am John Taulo a Masters student at the University of Zambia. I intend to do a study on experiences of trained Early Childhood Development Caregivers in handling children with disabilities and support their transition into ECD centres. Participants in the study will be both parents of children with disabilities and the trained ECD caregivers.

The letter therefore seeks your permission to have the study conducted in Tafika and Tisunge ECD centres in Group Village Headman Ng'ong'ola in TA Nkanda.

Thank you in anticipation for your assistance.

Yours faithfully,



JOHN TAULO

Student

CC.: The Director of Planning and Development
The District Social Welfare Officer

