The Role of Care-giver Training In Promoting an Enabling Social Context for Orphans in Johannesburg

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INTRODUCTION

• Social Context
  – Human interactions within the environment

• Most NB environmental factor in development
  – Ability to modulate brain chemistry and brain development!
INTRODUCTION

• Moore (2002)
  • Quality of relationship with care-givers
  • Responsiveness to child’s needs, feelings, interests
  • Protection from harm (real OR perceived)
  • Clear behavioural limits and expectations
    – Consistent
    – Benignly maintained
  • Opportunities and support for learning new skills
  • Opportunities to learn social skills
  • Opportunities and support in learning to resolve conflict
  • Stable, supportive communities
INTRODUCTION

• Thus: responsive care-giving!

• Research in Eastern Europe:
  – Cold, harsh care-giving
  – Dearth of human interactions
  – Spending a lot of time alone!

• Research in South Africa:
  – Physical care NB
  – Cold care-giving
  – Spending a lot of time alone!
PROBLEM DESCRIPTION

• Thusanani Children’s Foundation
  – Promote normal development amongst children living in residential care facilities
  – Training programme aimed at care-givers and management
    • Normal development
    • Importance of stimulation and play
    • Incorporating play into daily routines
PROBLEM DESCRIPTION

• Is the situation as bad in SA?
• What are the trends in time-use patterns in SA?
• Is training enough?
• Does increasing knowledge and skills translate into changed behaviour?
OBJECTIVES

• To measure temporal context of infants and toddlers living in residential care facilities in terms of the quantity of time spent in different activities.

• To measure the social context of infants and toddlers living in residential care facilities in terms of the human interactions experienced by these children during the day.

• To compare the temporal and social contexts of two groups of children to determine if caregiver training can be effective.
STUDY DESIGN

• Quantitative
• Descriptive
• Cross sectional
• Group A = received training compared to
• Group B = not received training
• Further divided into age groups – infants and toddlers
SUBJECTS

• Matched sample of convenience
• 6 residential care facilities in greater Johannesburg area) participated
  • 3 facilities where caregivers had received training
  • 3 facilities where caregivers had not received training matched according to:
    – Size of facility
    – Type of facility
    – Availability of funding
• Exclusion criteria for residential care facilities:
  • Receiving intervention on site from Thusanani but no training at present
  • Specifically designated as a “Special Needs Home”
• 60 infants and toddlers were observed
PROCEDURE

- Spot observations
  - Tirella et al. and Daunhauer et al.
  - Valid and reliable
  - Developed from time diaries, but objective observer

- Observation process
  - 08:00 – 17:00
  - Observation made every 30 minutes
  - 2 – 3 children observed consecutively on 1 day
  - Observations made in whichever area is normally used at that time of day
  - Observations made as unobtrusively as possible – if possible, observer to be positioned outside of room between observations
  - Observers avoid interaction and contact during observations
  - Recorded on data sheet
  - Care-givers
    - Aware of aim of study
    - Not aware of which child is being observed
    - Completely anonymous
TRAINING PROGRAMME

• 6 weeks
  • Once a week
  • 3 hour morning programme

• Teach knowledge and skills
  • Normal development
  • Factors affecting normal development
  • The need for stimulation and play
  • The effects of institutionalization
  • Brief introduction to attachment and bonding
  • Common disability encountered in facilities
Training Programme

• Emphasis on skills
  • Done at residential care facility
  • Opportunities for practice of activities with therapist facilitator
  • Tailored to specific children in facility

• Emphasis on time already spent with children

• Problem solving session with management
DISCUSSION OF RESULTS
DEFINITION OF TERMS

• Alone
  – Not engaged in any interactions with either caregiver or other children

• Meaningful activity
  – Developmentally appropriate tasks or learning-based tasks (includes play)

• Non-meaningful activity
  – Developmentally inappropriate activities (e.g. repetitive mvts)

• Personal Management (PM)
  – Sometimes called ADL
  – Consists of physical care of child (feeding, bathing, dressing, etc)
ACTIVITY PROFILE OF INFANTS

Facilities With Caregiver Training (n = 15)
- 24.6% ADL
- 19.3% Meaningful act
- 32.6% Non-meaningful act
- 23.5% Sleep

Facilities With No Caregiver Training (n = 14)
- 16.2% ADL
- 22.9% Meaningful act
- 29.3% Non-meaningful act
- 31.6% Sleep
ACTIVITY PROFILE OF TODDLERS

Facilities With Caregiver Training (n = 15)
- ADL: 22%
- Meaningful act: 44%
- Non-meaning act: 14%
- Sleep: 20%

Facilities with No Caregiver Training (n = 16)
- ADL: 20.4%
- Meaningful act: 43.1%
- Non-meaning act: 16.1%
- Sleep: 20.4%
TIME SPENT WITH OTHERS

- **Infants - No Training**
- **Infants - Received Training**
- **Toddlers - No Training**
- **Toddlers - Received Training**

- **Alone**
  - Infants - No Training: 70
  - Infants - Received Training: 50
  - Toddlers - No Training: 10
  - Toddlers - Received Training: 0

- **Primary caregiver**
  - Infants - No Training: 40
  - Infants - Received Training: 30
  - Toddlers - No Training: 20
  - Toddlers - Received Training: 10

- **Another adult**
  - Infants - No Training: 10
  - Infants - Received Training: 5
  - Toddlers - No Training: 2
  - Toddlers - Received Training: 1

- **Another child**
  - Infants - No Training: 0
  - Infants - Received Training: 0
  - Toddlers - No Training: 0
  - Toddlers - Received Training: 0
CONCLUSION

• Activity Profiles – factors other than training play a role

• Training effective – social context
  • Particularly PM time
  • Particularly in caregiver language use
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REFERENCE LIST


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