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The effect of caregiver training on time-use of children living in residential care facilities

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1. Chapter One: Introduction

1.1. Introduction

Grantham-McGregor, Cheung, Cueto, Glewwe, Richter, Strupp, and the International child Development Steering Group (2007) stated in a series of articles on child development in developing countries that "*200 million children under 5 years are not fulfilling their development potential"* and that "*sub-Saharan African countries have the highest percentage of disadvantaged children"* (p70) (9). Children living in poverty have many challenges to overcome to achieve appropriate levels of development. Walker, Wachs, Gardner, Lozoff, Wasserman, Pollitt, Cartern and the International Development Steering Group (2007) identified risk factors including malnutrition, very often leading to stunting, very little cognitive stimulation, deficiencies in micro-nutrients and maternal depression in a meta-analysis of studies done in developing countries, which included South Africa (10). These studies characterize the population of young children living in sub-Saharan Africa as at high risk for developmental and cognitive delays (9) (10).

In South Africa, the population of orphan and vulnerable children is growing by the day. HIV/AIDS is devastating the population, destroying the extended family network that previously worked as a safety net for vulnerable children (4) (5). More and more children are being left without parents to care for them and Statistics South Africa (StatsSA) has estimated that South Africa may have as many as 1,95 million AIDS orphans under the age of 15 years by 2010 (5). In addition, children living with parents either infected with HIV or already ill are faced with the increased risk of abandonment, neglect or abuse (4) (5). The socio-economic environment in the country has also contributed to a high unemployment rate with associated high levels of poverty (11), which may be a contributing factor to the large number of children

being abandoned. This has created a large number of vulnerable children requiring care outside the normal family structures.

The response to this crisis in South Africa has been the burgeoning of institutions that provide residential care for these children (4) (5). A list compiled by a Nonprofit Organization (NPO) called BigShoes indicates that there are as many as 77 residential care facilities in Gauteng alone. This number is probably an under-estimation as there are a number of informal, unregistered facilities set up within communities that are both hard to find and difficult to penetrate (4) (5). The majority of these facilities have been founded after 1991.

Yet, residential care facilities, defined as a facility that is set up to provide fulltime care for 6 or more children outside of their normal family structure (4) (5), have long been associated with many negative developmental, social and behavioural consequences. Indeed, the UN charter on children's rights describes institutional care for children as a very last resort after all other options of care have been exhausted (4). Nonetheless, institutional care for children remains prominent in many developing countries including South Africa (4). Thus the risk for poor development amongst young children in South Africa (as a sub-Saharan Africa country) is further compounded by the necessity of placing an already high-risk population into an environment that is known to have further detrimental effects on development.

Many of the negative consequences associated with living in a residential care facility have been attributed to a deprived environment that does not support optimal physical, mental, emotional and social development. It appears that the greatest deficiencies are present in the social context of the environment (the presence of human interaction, relationships, emotion and attachment) and the temporal context

(the time spent in different activities). Many residential care facilities appear to lack sensitive, warm care giving interactions and structured play time. As a result, many young children in residential care facilities are left on their own for large parts of the day in meaningless, unstimulating activities in a time of life when these children's social and temporal contexts within the environment have a significant influence on their development (12) (13) (14).

Two separate studies done in Eastern Europe found that infants and toddlers living in Romanian and Russian residential care facilities spent a significant part of awake time alone and in repetitive, meaningless activities (2) (7). One of these studies recommended that caregiver training in stimulation and child development might improve the time use of these orphans and that routine care time might be a golden opportunity for stimulation as this time inherently requires caregiver interaction with children (2).

Unfortunately, despite the large increase in the number of residential care facilities in South Africa in recent years, there is very little published research on these facilities. Two audit studies done recently in South Africa have tried to highlight the plight of these South African facilities (4) (5). These studies emphasized the wide range of residential care facilities set up to care for children, which result in a wide range in quality of care. Although there were some facilities that understood the importance of psychological and developmental health, the majority of facilities defined good care as the provision for the child's physical needs, i.e. good physical health. Thus most facilities were less involved in developmental stimulation and the mothering and loving necessary to form good attachments (4) (5) (14).

As community service, increased public health services and the founding of new NPOs in South Africa bring more and more occupational therapists in contact with

poor and marginalized communities, therapists will find themselves faced with the plight of these orphaned and abandoned children. Occupational therapists' role is to enable all members of society to participate in both useful and desired occupations (15). In children this is further compounded by wishing to ensure normal development (16) (17). The question of how occupational therapists can successfully develop intervention strategies for the large number of high risk children living in residential care facilities is becoming ever more pressing.

1.2. Statement of the Problem

Thusanani Children's Foundation is a Nonprofit Organization (NPO) founded in 2002 in Johannesburg by an occupational therapist to promote normal development amongst children living in residential care. One of the main objectives of the foundation is to provide formalized training for caregivers and management teams working in residential care facilities focused on promoting the normal development of young children living in these facilities.

There is a dearth of formalized, published information on the routine and time use patterns of young children living in residential care facilities in South Africa. Nonetheless occupational therapists working at Thusanani observed both a lack of interaction between caregivers and children as well as poor time use with children spending long periods alone, during their visits to facilities in Johannesburg. They also observed that most children within these facilities displayed some form of developmental delay, which aligns with international research.

In line with the foundation's stated goal of preventing developmental delay in institutionalized children, these occupational therapists sought various ways of

tackling this problem. It was impossible for three occupational therapists to provide one-on-one or even group therapy to every single child in the facilities where Thusanani Children's Foundation provided services. Furthermore, the kind of stimulation and interaction that these children needed, did not necessarily have to be provided by a qualified occupational therapist. An intervention strategy that would allow occupational therapists at Thusanani to reach the greatest number of children was necessary. The solution was the development of a caregiver training programme, with occupational therapists empowering caregivers to carry out the kind of activities and interactions that young children need on a daily basis. This program hoped to increase the quantity of time (temporal context) and the quality of caregivers' interactions (social context) with the children in these facilities in order to address the environmental contributors to developmental delay in residential care facilities.

A formalized six week training program was specifically developed for teaching caregivers about the importance of stimulation, development and one-on-one child/adult contact, placing specific emphasis on temporal and social contexts of the children in their care. Further emphasis was placed on using time when care-givers were addressing the children's physical needs like feeding, washing and dressing. The program also aimed to get caregivers and management teams interacting and problem-solving together about creative ways to increase both the contact time and quality of the interaction with children within their daily routines and within the limitations of resources (both human and material) unique to each facility.

The effectiveness of Thusanani Children's Foundation's caregiver programme has not been established and occupational therapists working at the Foundation do not know whether the programme has effected change in terms of the children's time use related to their temporal and social contexts in the facilities where the training was done.

1.3. Purpose of the Study

The purpose of this study was to investigate the temporal and social contexts of infants and toddlers at residential care facilities where the caregiver training was done in order to help Thusanani Children's Foundation evaluate the effectiveness of their training program and to provide a platform from which to adapt and plan services for the future.

The time use of infants and toddlers in facilities where caregivers had and had not received training from Thusanani Children's Foundation was compared, This was to establish the effect of the caregiver training on the temporal context (the quantity of time spent in different activities as well as alone) and the social context (the quality in that time in terms of communication, children's language use and in one-on-one interaction with their primary caregivers) of infants and toddlers in the different residential care facilities.

1.4. Aim of the Study

The aim of this study was, therefore, to measure the effectiveness of caregiver training in changing both the temporal context and the social context (of infants and toddlers in different residential care facilities in the greater Johannesburg region in South Africa.

This study was carried out in residential care facilities where caregivers had and had not received training from Thusanani Children's Foundation.

1.5. Objectives of the Study

The objectives of this study were

- To measure the quantity of time infants and toddlers living in residential care facilities where Thusanani Children's Foundation caregiver training had and had not taken place spent in personal management, meaningful and non-meaningful activities and alone or in contact with others.
- To compare these two groups to determine if there was a difference in quantity of time spent in different activities and in contact with others in order to determine whether caregiver training is effective in changing the temporal context within residential care facilities.
- To measure the quality of time infants and toddlers living in residential care facilities where Thusanani Children's Foundation caregiver training had and had not taken place spent in terms of communication, children's language use and one to one interaction with their primary caregiver.
- To compare the two groups in order to determine whether caregiver training is effective in changing the social context within residential care facilities.

1.6. Null Hypothesis

The null hypothesis of this study is broken into two parts to address both the temporal context (quantity of time) and social context (quality of interaction in the time) of infants and toddlers living in residential care facilities in Johannesburg, South Africa.

1. Caregiver training has no effect on the temporal context of infants and toddlers living in residential care facilities in Johannesburg, South Africa. This null hypothesis is subdivided as follows:
   a) Infants and toddlers living in residential care facilities where caregiver training has taken place will spend a similar quantity of time in personal management, meaningful and non-meaningful activity as those living in residential care facilities where caregiver training has not taken place.
   b) There will be no difference in the quantity of time these infants and toddlers spend alone or with others.

2. Caregiver training has no effect on the social context of infants and toddlers living in residential care facilities in Johannesburg, South Africa. This null hypothesis is subdivided as follows:
   a) There will be no difference in one-on-one interaction with the primary caregivers between infants and toddlers living in residential care facilities where caregiver training and those living in facilities where training has not taken place.
   b) There will be no difference in the language use of both caregivers and infants and toddlers between the two groups.

1.7. Justification of study:

Intervention review is an important part of the occupational therapy process. It is vital that therapists know whether their interventions are effective and are achieving the desired outcomes. If an intervention programme is found to be ineffective when reviewed, alternative methods of intervention must be considered (1). This study will provide a basis for Thusanani Children's Foundation to review one of its intervention strategies, that of caregiver training. The results of this study will be used to justify

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either the continuation of this programme or the need to investigate other intervention strategies.

In NPOs the review of interventions is of particular importance as donor agencies become more and more focused on evidence-based-practice (18). Financial resources are limited and numerous organizations and causes are competing for limited resources. As a result, donor agencies and people providing the finances for interventions and programmes increasingly want to be reassured that their money is making a definable difference. Regulations regarding NPOs have also been tightened to prevent corruption and to ensure that money is not wasted. Evidence to show how any one particular intervention is effective is of paramount importance in obtaining the sustained support of donor agencies.

Thus Thusanani Children's Foundation is under pressure to provide evidence of the success and viability of its interventions to its funders. The results of this study will therefore be of importance for Thusanani Children's Foundation to justify further investment of resources into the project or the investment of resources into exploring other intervention methods.

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