6. Chapter Six: Conclusion

This study set out to investigate the temporal and social contexts of infants and toddlers living in residential care facilities in South Africa, with the specific intent of examining the time use patterns of these young children with regards to the activities in which the engage and time spent interacting with caregivers. The aim was to investigate whether a caregiver training programme developed and implemented by Thusanani Children's Foundation had any effect on these time use patterns, with specific reference to the quantity and quality of time spent in different activities.

In summary, this study supported the literature that indicates a training programme with relatively poorly educated caregivers working in residential care facilities can improve the way in which these caregivers interact with the children in their care. However, caregiver training by itself is not enough to change the actual time infants and toddlers in residential care facilities spend in different activities and does not have the power to increase the quantity of time these children spend in developmentally appropriate activities such as play.

In the infant group, the greatest gains due to caregiver training was the increase in the quantity of time caregivers spent interacting on a one-on-one basis with these infants, particularly during personal management time. Increased one-on-one contact and language use indicates that caregivers had become more aware and responsive to infants' needs and more capable of creating the kinds of human interactions that promote normal development. This also indicates an increase in the quality of the time infants spend in different activities, such as personal management and play.

In the toddler group, the gains in quantity of time caregivers spend interacting with these toddlers were not as great as in the infant group. However, the large gains made in language use and the increased interaction during meaningful activity points to gains in the quality of time spent by caregivers with toddlers. This indicates that caregivers who had received training had become more aware of using the time they have to create positive human interactions and promote normal development.

Although the types of interactions that occurred between caregivers and the children they cared for were not explicitly measured beyond eye-contact, directed, purposeful touch and language use, observations made by the researcher during visits to the facilities indicated that training could also have an effect on the content of these interactions. Caregivers who had received training were observed creating learning opportunities out of their interactions with the children, while caregivers who had not received training were more likely to issue commands and finish interactions as quickly as possible. Although these interactions might still qualify under the broad definitions of one-on-one contact and language use, these interactions are of a poorer quality than those made by caregivers who had received training. Furthermore, the types of stimulation activities taught in the training were not measured in this study, but the fact that caregivers who had received training split their time more evenly between meaningful activity (i.e. play) and personal management activities than those who had not received training indicates that the kinds of activities in which caregivers engaged with their children had changed.

6.1. Implications and Recommendations

South Africa is a developing country and as such resources are limited. Health care professionals, including occupational therapists, are not evenly spread between the rich and the poor and this is particularly true in the paediatric occupational therapy field. In a country where HIV infection, poverty and unemployment are creating an

ever increasing population of orphaned, abandoned and vulnerable children, occupational therapists must find an effective intervention strategy that has the ability to reach the greatest number of children at a reasonable cost. This study has shown that training caregivers may be a way to do this. Caregiver training has the potential to allow an intervention programme to reach far more children than individual or group occupational therapy ever would. It is therefore, important to build on successful caregiver training programmes.

Therefore the recommendations of this study are as follows:

- Now that the efficacy of Thusanani Children's Foundation's caregiver training programme has been established, a sustainable strategy for continued evaluation must be developed to ensure that this programme continues to fulfil its objectives. Spot observations as used in this study proved an effective way to record changes in quantity and quality of time use and should perhaps be built into the beginning and the end of the training process. This will allow occupational therapists at Thusanani to check efficacy of training at specific residential care facilities as well as to fine-tune training by observing caregivers before and after training. This will also allow therapists to adapt material to the specific problems experienced at the facility.

- Further investigation into the time use patterns of children living in residential care facilities in South Africa should be undertaken in order to form a clear picture of the quantity and quality of the time children in these facilities spend in activities. This study focused only on facilities in Johannesburg, Gauteng – an urban, metropolitan area. It is possible that time use patterns in other parts of the country would be different from those in Gauteng. It would also be interesting to expand the age-group on which time use patterns are reported to

include older children. As many of the children in residential care facilities are likely to stay there for extended times, the question of whether older children are just as negatively affected by the residential care facility environment needs to be answered.

- Further investigation into how caregiver training may change the quality of interactions with children in residential care facilities is needed. This study only measured quality in very broad statements. Interactions between caregivers and children need to be further analyzed to determine what sorts of things are happening in this time and how that might differ from interactions with caregivers that have not received training. This could further help both Thusanani and others who wish to design caregiver training programmes in fine-tuning the type of information and skills imparted to caregivers.

- Finally, this study showed that infants and toddlers in residential care facilities still spend large quantities of time in non-meaningful, developmentally inappropriate activity that could ultimately be detrimental to developmental outcomes, despite caregiver training. Literature has suggested that training caregivers alone is not enough to change these activity patterns and structural changes to the way residential care facilities are run in combination with training is necessary to improve meaningful activity. It would be beneficial to embark upon a study in South Africa that tried to implement some of the structural changes mentioned by McCall et al. (2008) to determine if this would have the same effect in the South African context. If so, this would be evidence for changes in both governmental policy and NPO approach to the care of orphan and vulnerable children.

This study has provided evidence for the efficacy of a caregiver training programme in influencing the quantity and quality of time children in residential care facilities spend in different activities and with their caregivers.