STRENGTHENING CHILD-CAREGIVER RELATIONSHIPS:
LINKING EVIDENCE AND PRACTICE

Child Caregiver Relationships Across Ages and Stages:
Program Approaches

Noreen Masiiwa Huni
CEO, REPSSI
12 December 2013

PRESENTATION OUTLINE

- Programmatic Approach
- Interventions
- Factors Influencing Programme Design
- The ‘Lifespan’ of Childhood
- Working Definition of Childhood
- Focus on the Middle Years
- Priority Outcomes
- Calls to Action
- Conclusion
Programmatic Approach:

- Psychosocial
  - Emotional & Social Wellbeing

- Systems Strengthening
  - Mainstreaming Psychosocial Support
  - Continuum of Care & Support
  - Policy to Practice

- Family Centered
  - Knowledge & Skills
  - Networks of Support

Interventions:

- Reaching children & families where they are:
  emotionally, socially, developmentally, economically, geographically

- Regional solutions:
  - Resource Constraints
  - Cultural Appropriateness
  - Coordinated Efforts
  - Sustainability

- Supporting governments, communities and families’ visions
Understanding the mental health of youth living with perinatal HIV infection: lessons learned and current challenges

Claude A Mellins1,3 and Kathleen M Malee2

1Corresponding author: Claude A Mellins, New York State Psychiatric Institute, Sex 15, 1051 Riverside Drive, New York, NY 10032, USA Tel: +1 212-543-5383, Fax: +1 212-543-6089 (camelins@psych.columbia.edu)

This article is part of the special issue Perinatally HIV-infected adolescents - more articles from this issue can be found at http://www.jiasociety.org

Abstract

Introduction: Across the globe, children born with perinatal HIV infection (PHIV) are reaching adolescence and young adulthood in large numbers. The majority of research has focused on biomedical outcomes yet there is increasing awareness that long term survivors with PHIV are at high risk for mental health problems, given genetic, biomedical, familial and environmental risk. This article presents a review of the literature on the mental health functioning of perinatally HIV-infected (PHIV+) adolescents, corresponding risk and protective factors, treatment modalities and critical needs for future interventions and research.

Methods: An extensive review of online databases was conducted. Articles including: (1) PHIV + youth; (2) age 10 and older; (3) mental health outcomes; and (4) mental health treatment were reviewed. Of 93 articles identified, 38 met inclusion criteria, the vast majority from the United States and Europe.

Results: These studies suggest that PHIV+ youth experience emotional and behavioural problems, including psychiatric disorders, at higher than expected rates, often exceeding those of the general population and other high-risk groups. Yet, the specific role of HIV per se remains unclear, as uninfected youth with HIV exposure or those living in HIV-affected households displayed similar prevalence rates in some studies, higher rates in others and lower rates in still others. Although studies are limited with mixed findings, this review indicates that child-health status, cognitive function, parental health and mental health, stressful life events and neighbourhood disorder have been associated with worse mental health outcomes, while parent-child involvement and communication, and peer, parent and teacher social support have been associated with better function. Few evidence-based interventions exist, CIAMPH+, a mental health programme for PHIV+ youth, shows promise across...
THE ‘LIFESPAN’ OF CHILDHOOD

- Transition from stage to stage is not always clear or agreed
- Influenced by:
  - Life experiences and resulting physical, social and emotional demands
  - Social & Cultural norms
- Middle years = 6 to 12 (presentation)
- Children between 6 & 12:
  - Begin to master complex concepts
  - Make sense of the world through social interactions – feedback & perception
  - Strong correlation between belonging, identity and wellbeing

AGES 6/7-12

Concrete Operations
- Perform logical operations (i.e. basic math skills, categorical, thinking), but only in relation to concrete objects, not abstract ideas.
- Able to understand a situation from another person’s perspective.

Competence Vs Inferiority
- School is a central part of life at this stage. Children learn to master basic social and academic skills.
- Peers are the key social agent and they begin to compare themselves to other children.
PROGRAMMATIC DEFINITION OF CAREGIVER

- Caregiver = any person giving care to a child in the home environment
- Daily parental care, community members and professionals who interact with a child in the community or visit a child at home but do not necessarily live with the child

COMMUNITY & FAMILY-CENTRED APPROACH

- Interventions that are strengthen care and protection for ALL children in a household
  - Example: KZN Project – Strengthening the Social Workforce (Quality Education, Mentorship & Supervision for Community Caregivers) - 386 learners (community caregivers) in 7 districts

- Additional gender-sensitive interventions for girls & boys
  - Example: Malawi Child Protection & Child Safety Project:
    1. Empowering Girls - Self-protection, assertiveness and adolescent sexual and reproductive health
    2. Peace is a Decision – Boys reflect on gender norms and prevailing messages, definitions and expectations of male identity
    3. Community Conversation – Community improves safety and protection for children within their
FOCUS ON THE MIDDLE YEARS (PRIMARY SCHOOL)

- **Relationships**
  - Government (MoE)
  - Academic Institution
  - NGO/Community
  - Families & Children

- **Capacity Mobilization**
  - Research Protocol
  - Financial Resources
  - Material Development
  - Training

- **Delivery of Learning Program**
  - Teachers’ Diploma: Psychosocial Care, Support & Protection
  - Certificate: Community Based Work with Children & Youth

WHAT IS THE TEACHER’S DIPLOMA

- 5 Modules designed to systemically mainstream PSS within schools:
  1. Building Blocks for a Caring School
  2. Realizing Your Potential as a Champion for Chn
  3. Realizing the Potential of Children & Youth
  4. Realizing the Potential of Your School
  5. School & Community Partnerships to Realize Children’s Full Potential

Development Partners:
- MIET Africa
- UNICEF
- Children’s Institute (UCT)
- Min. of Education
- Teacher Training Institutions: Lesotho, Swaziland, Tanzania, Zambia & Zimbabwe

- Skills and knowledge to make school a safe and protective environment.
- ‘Network of Care’
HIGHLIGHTS OF THE PROGRAMME

- Randomized Control Trial
  - Significant potential contribution to evidence base

- Regional relevance
  - Implementation in Zambia
  - Conceptualization, Quality Management & Learning ESA (13 Countries)

- 218 Schools, 36 Communities of Practice, 129,590 children

- Sustainable National Capacity

- PSS knowledge & skills for teacher ➔ caring & protective learning environment ➔ enhanced access, retention & performance

“Instead of punishing students coming late to class, I now find out what problems they find out at home which may be affecting school performance”

PRIORITY OUTCOMES

- Enhanced access, retention & performance in schools
- Strong, effective systems of care & protection for children
- Healthy, supportive relationships between children & caregivers — teachers, guardians, community leaders, primary health care workers, faith leaders
- Informed and supported families
- Healthy, non-stigmatizing relationships for children
- Caregivers (teachers) sensitive to protection and support needs of children
- Adolescents making healthy, self-preserving life choices
CALLS TO ACTION

- Specific focus on the ‘middle years’ in prevention strategies
- Plan for psychosocial wellbeing outcomes for children:
  - Children living with HIV are motivated and confident to take responsibility for their health care management
  - Children make informed decisions that protect themselves and others from infection
  - Children have support to effectively negotiate grief, fear and anger
  - Children feel included and protected within their communities. Grow with hope & dignity

CONCLUSION

No HIV elimination without strengthened PARENTING for effective Child Care & PROTECTION

No HIV Elimination without quality Psychosocial Support for families, parents and their children!
THANK YOU

MILESTONES ACCOMPLISHED

- Strategic partnerships established
- 218 Schools Participating
- 2 Holiday residential sessions (Dec 2012 & April 2013)
- 36 Communities of Practice (CoP) groups formed
- Monthly CoP meetings held
- Baseline data collected
- National launch of the MPES project by Minister of Education
POTENTIAL REACH

Pupils being reached by teachers on the diploma programme

- Male
- Female

Total: 129,590

Locations:
- Katete
- Lundazi
- Luangwa
- Kafue
- Kaoma
- Mongu
- Total