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Facilitative Training of Community Care Workers who Support Young Children Affected by Maternal HIV and AIDS

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Abstract

A protective factor identified in the ground breaking Kauai resilience study (Werner, 2005) indicate that substitute caregivers play an important part as positive role-models and resilient children actively seek out people to perform this important role. The Promoting Resilience in Young Children Study was a NIH-funded randomized control trial which aimed to enhance resilience of young children living in families affected by maternal HIV and AIDS. The participants enrolled for the study included 429 mothers with children between the ages of 6–10 years (Forsyth, 2005). The study was implemented in two resource-poor communities in South Africa. Multiple qualitative data sources were analyzed to investigate the impact of volunteer caregiver training on the intervention. Theory-driven outcome evaluation guidelines directed the evaluation of the caregiver training. The careworker theory-based training manual focused on basic training in the field of counseling, group facilitation, psychology, social work and HIV and AIDS. The careworkers were volunteers with a Grade 12 certificate, but they were inexperienced in counseling and facilitation of groups. The multiple data sets used to evaluate the intervention indicate that the careworkers were adequately trained to fulfill the requirements set for a group facilitator. They were able to apply the manual in the support groups according to intervention prescriptions and they displayed facilitation skills necessary for child groups. They could relate to the children in a warm and emphatic manner. The careworkers could identify and reflect the children's emotions and manage difficult behavior (for instance, hyperactivity and aggression). They could furthermore identify children who were in need of referral. Their experience as facilitators had an added benefit because they were able to extrapolate the knowledge and skills they had gained to their own families.

Keywords: Careworkers, maternal HIV, resilience, training, facilitator, latency-age children.

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Introduction

The significance of empirically-tested interventions for children with HIV-infected to improve their behaviour and emotional outcomes are indicated by Spath (2007). Only a few systematic empirical studies to date examined the effectiveness of intervention strategies for children confronted with a parent's illness and, specifically, parental HIV and Aids. Groups provide support to children in that they can share their fears and questions with others in the same situation (Korneluk & Lee, 1998; Spath, 2007). L'Etang and Theron (2011) indicate that South Africa, in particular, is lacking indigenous HIV counselling interventions that are specifically focused on the psychosocial needs of children living with HIV and Aids. The African traditions, practices and beliefs differ from other countries and therefore psychosocial interventions for children living with HIV and Aids have to be tailor-made for the South African population.

A group facilitator is furthermore essential to the success of an intervention (Brown, 2011). Geldard and Geldard (2001) and Thompson and Henderson (2006) mention that a facilitator has to have certain basic counseling skills, for instance observation skills, active listening skills, the ability to give feedback, the ability to make use of questions and the ability to confront participants. Observation skills are of particular importance because the facilitator must be able to identify problems in the group and with participants, but also able to give feedback on the group process (Geldard & Geldard, 2001; Thompson & Henderson, 2006). In addition to counselling skills, Geldard and Geldard (2001) recommend that facilitators develop facilitation skills. The facilitator thus has to be able to give clear directions and instructions. The facilitator has to remind the group of group rules, confidentiality rules and responsibilities of the group participants. Facilitating discussions, teaching, giving advice, protective behaviour and modelling are some of the facilitation skills required from a group facilitator. Leading a successful psychoeducational group requires considerable knowledge and experience (Brown, 2011). The careworkers in this study were trained to facilitate the support groups for children affected by maternal HIV and Aids.

The type of group and the theoretical approach of the intervention guide the counselling skills necessary for facilitating the intervention group. A facilitator has to have certain basic counselling skills, for instance observation skills, active listening skills, the ability to give feedback, the ability to make use of questions and the ability to confront participants. Observation skills are of particular importance as the facilitator must be able to identify problems in the group and participants, but also be able to give feedback on the group process. The facilitator has to listen carefully, specifically when participants share personal information. Non-verbal responses are just as important as verbal cues. The facilitator has to reflect on the feelings of a participant in order for the child to feel heard and their emotions validated (Geldard & Geldard, 2001; Thompson & Henderson, 2006). In addition to counselling skills the facilitator has to develop facilitation skills. The facilitator has to feel

comfortable to give clear directions and instructions. The facilitator has to remind the group of group rules, confidentiality rules and responsibilities of the group participants. Some children require that instructions be repeated a few times (Geldard & Geldard, 2001).

Facilitating discussions, teaching, giving advice, protective behaviour and modelling are some of the facilitation skills required from a group facilitator. The facilitator must be able to manage difficult behaviour and reinforce positive behaviour (Geldard & Geldard, 2001). The facilitator additionally must be able to block harmful group behaviours, direct communication, connect ideas generated in the group and give extra support to children who need it (Thompson & Henderson, 2006). The group intervention facilitator may be confronted with many challenges in a child group and good training therefore assists the facilitator in dealing with difficult situations. In this study the group facilitators (careworkers) received intensive counselling and group facilitation skills training. The careworkers received additional training in the identification and facilitation of problematic behavioural, social and emotional behaviour. Weekly debriefing and discussion sessions with the social workers and research coordinator of the project furthermore ensured that the careworkers had the opportunity to ask questions and receive any additional information they required.

The researchers closely monitored the quality of the intervention content and processes by assessing the group support session notes and having weekly meetings with the group facilitators (careworkers). The group sessions were furthermore monitored by the social workers and the research coordinator to ensure that the process, as described and intended in the support session manual, was closely followed. The careworkers who were selected to facilitate the support sessions received specific training in order to establish a caring group environment with clearly-defined structures.

Background

In this study children affected by maternal HIV and Aids received support in a peer group setting. The children in the groups were in the latent developmental stage and they experienced similar socio-economic difficulties. Although most of the children were unaware of their mother's HIV-status, the children were exposed to similar anxieties and problems as typically caused by maternal illness.

The children had the opportunity to practice and learn new skills, for example problem-solving and social interaction skills to cope with these difficulties.

Methods

Participants

The child support groups were composed of boys and girls within the age range of 6–10 years from different schools in the community. Every new intake wave consisted of 15 children who were randomised to the intervention group. This number was decided on to factor in the possibility of children not attending regularly and natural attrition. The average attendance rate was eight participants per group and corresponds with Thompson and Henderson's (2006) suggestion that a group functions most effectively with an average of eight members. Every group session was led by both a facilitator and a co-facilitator (careworkers) to ensure continuity when a careworker had to take leave. The facilitators were able to understand and speak the different languages of the participants. They received intensive training in order to accurately facilitate the group sessions and to be able to deal with difficult behaviour of group participants. The eight careworkers who facilitated the groups were selected from the communities where the study was implemented. Cultural adaptability is increased if the group facilitator is a member of the same cultural group and able to speak the language of the group, according to Kerig, Ludlow and Wenar (2012).The prerequisites for the appointment were that the careworkers are fluent in the different languages spoken in the community and that they had a good written and spoken English ability. The careworkers were volunteers in the community and they received a small stipend for their service. The careworkers, who facilitated the children groups, although not a prerequisite of the study were all women and mothers, completed grade 12 and displayed good interpersonal skills. Some of the careworkers were HIV-positive participants from a previous study and thus had prior experience of being part of a research study. Counselling on-site and off-site with social workers was available to the careworkers at all times if they were in need of additional support. They received weekly debriefing sessions with a senior social worker and a psychologist to cope with the emotional demands of their work. A facilitator and co-facilitator were assigned to each group for further observation and as support.

Research Design

The empirical data sources and the theory-driven qualities of the intervention programme guided the researcher to utilise a qualitative method approach. A theory-driven programme outcome evaluation was furthermore utilised to evaluate the training of the careworkers as group facilitators.

The descriptive qualitative design was decided upon as it provided a rich description of the child support group intervention. The group intervention session notes, the mothers and children quality assurance questionnaires, the careworker focus group data and the methods and processes of the intervention programme (refer to Figure 1) were utilized as data sources in this study.

Figure 1. *Content of Child Group-Based Intervention Sessions*

Separate sessions 1-14	
Week 1	Introduction and getting to know each other. ‘ Let’s get to know one another’
Week 2	Developing relationships within the group ‘Let’s get to know one another’
Week 3	Describe self and self in family ‘Who am I?’
Week 4	Describe self and family within community ‘My community’
Week 5	Identify strengths within self ‘What do I look like? I have, I am, I can!’
Week 6	Identifying coping that is linked to strengths identified ‘What can I do/ What am I good at?’
Week 7	Problem solving ‘How can I do it?’
Week 8	Protecting self and identifying boundaries ‘Protecting myself’
Week 9	Social skills ‘Socializing with peers’
Week 10	Identifying emotions (focus on self) ‘How do I feel?’
Week 11	Identifying emotions (focus on other and communication skills)
Week 12	Survival skills (Part 1), ‘Look and learn’
Week 13	Survival skills (Part 2), ‘Look and learn’
Week 14	Identifying meaning, purpose and future orientations ‘Let’s live life’
Interactive sessions 15-24	
Week 15	Mother and child getting to know each other (Part 1) ‘Knowing me, knowing you’
Week 16	Mother and child getting to know each other (Part 2) ‘Knowing me, knowing you’
Week 17	Mother and child getting to know each other (Part 3) ‘Knowing me, knowing you’
Week 18	Creating a legacy. (Part 1), ‘Let’s make a family memory’
Week 19	Creating a legacy. (Part 2), ‘Let’s make a family memory’
Week 20	Interaction between mother and child (Part 1), ‘Let’s have fun’
Week 21	Interaction between mother and child (Part 2), ‘Let’s have fun’
Week 22	Mother and child sessions revisited (Separate session), ‘Where are we at now?’
Week 23	Planning for the future. ‘Let’s dream together’
Week 24	Family celebration. ‘Let’s celebrate life’

Procedure

Eight careworkers received a year’s formal and informal (as needed) training as child group facilitators.

The content of the group facilitator training included training in basic counselling skills, observation skills and reporting skills. They received supervision on a daily basis from the social workers and the project coordinator. Weekly debriefing sessions were scheduled with the careworkers, where they could vent their frustrations and ask for guidance. The facilitators were furthermore guided in appropriate referral practices. Planning for an intervention group requires suitable facilitators who will be available for the full duration of the intervention. The facilitators must be able to speak the language of the participants and have experience in dealing with children and their behaviour. There also needs to be substitute facilitators available in case a facilitator takes sick leave. The number of participants available in order for the group to be viable is of utmost importance (Dwivede, 2005; Geldard & Geldard, 2001).

Documentary resources are important to provide evidence and to cross-validate information gathered from focus group interviews and observations (Noor, 2008). The corroboration of multiple qualitative measures enhances the validity and reliability of the study. The group session reports consisted of

forms that the careworkers completed after each of the 24 sessions. Two group facilitators per group filled out the session reports independently from each other to guard against bias. The social workers and project coordinator discussed the group session reports during weekly meetings. On the group session report the careworkers indicated the number of group members who attended and their KM ID numbers were used to ensure confidentiality. Reasons for absence and amount of participation were indicated on the form. The content discussed and/or practiced during the specific session was listed and the careworkers specified whether each of the objectives were reached in the group and to what extent. The session reports further entailed open-ended process notes where the careworkers gave their opinion on the session goals reached; interaction and communication; facilitator observation; other/unexpected topic; problems and concerns; notes and other issues or observations. The session reports were divided into the child only support session reports and the mother-child joint group session reports. The format for the session report is similar for both types of group sessions.

Focus groups are cost effective as they allow collection of data from a group of people in a short time frame. The project coordinator was able to communicate directly with the careworkers and clarification and probing of responses were possible. Rich contextual data to understand the depth and dimensions of interventions with children and their families as recommended by Brotherson (1994) were presented in the focus groups as the questions were open-ended. The careworkers were able as a group to build on each other's responses and the group was flexible in their topic discussions as suggested by Stewart, Shamdasani and Rook (2009). After the end of each wave the careworkers were invited to take part in focus group interviews. A focus group interview also took place after completion of all 12 wave group sessions.

The research coordinator asked the careworkers to report on what worked well in the group; what didn't work in the group; whether or not they felt the support sessions were effective in reaching the main objective of helping children to develop resilience; what could change in the group/group sessions; how they experienced the sessions and any other observations or comments. The social workers were involved in the group sessions and discussions of the session reports and therefore were invited to join the focus group interviews. The sessions were tape recorded with the permission of the careworkers for further analysis.

Observation by Careworkers

The careworkers' observations were guided by a pre-designed questionnaire focussing on adaptive and non-adaptive behaviour. They also used a template for the group session observations and a laminated cue card indicating the main objectives of the support sessions to direct their observations. They discussed their observations after each group session in a meeting with the project coordinator and the social workers. During these sessions the careworkers observations were examined in detail and explored

further if it was deemed necessary. Referrals were additionally made to appropriate organisations if a need therefore was identified.

Careworker Training and the Implementation Process

The children in the support groups were in the latent developmental phase and therefore age difference was not indicated as a possible complication for the group process. The careworkers received intensive training before the intervention commenced, in order to facilitate difficult behaviour, for instance hyperactivity. The careworkers could furthermore ask for guidance from a child psychologist at any stage of the group session. Individual counselling sessions from outside agencies were available to the children identified with specific psychological problems. The careworkers received basic training in the field of counselling, group facilitation, psychology, social work and HIV and Aids. The careworkers had a Grade 12 certificate, but they had no experience in counselling or facilitation of a group. Some of them had limited experience of group processes in participating in a previous study. On-going national and international training took place and the focus of the training was placed on basic communication skills, group facilitation skills, counselling skills, identification of problematic behavioural problems and emotional problems, identification of social problems (when and where to refer) and HIV and Aids information.

The careworkers discussed the sessions they facilitated after each session with the social workers and once a week the project coordinator attended a meeting where all the sessions of the week were discussed in a group discussion. The problems, referrals, course of action and other observations were examined during the meetings. The careworkers received weekly debriefing sessions. Every group session was practiced in the careworker group and every careworker had a chance to facilitate the group. The other careworkers, social workers and project coordinator could comment on the facilitation process and make positive suggestions for improvement. Quality assurance was an outcome of these practice sessions and it also empowered the careworkers to have confidence in facilitating the groups.

Findings

The data obtained from the focus group discussions with the careworkers refer to their experiences as group facilitators, their observations of the effect of the group support sessions on the participants, their evaluation of the support group manual and intervention process and observations of difficulties experienced during the support group sessions. This section is a summary of the careworkers' experience of their training as group facilitators and subsequent self-report on the application of the support group session manual.

The Careworkers' Experiences As Facilitators in the Child Support Groups

The careworkers indicated specific skills and knowledge that helped them in their facilitator role. They indicated that listening skills and communication

skills were of particular importance to a group facilitator of a child support group ("*With children one needs to listen to them and give them a chance to talk about their feelings and be able to help them, I think listening to them was the best option for the children*" – Facilitator A, Careworker focus group).

Mutual respect ("*We should show them love and be polite with them and not shout at them, I realised that when we shouted at them they would be withdrawn, not cooperate and they would disrespect us*"– Facilitator D, Careworker focus group), understanding ("*Working with this group made me realise that children also have feelings and emotions and we have to be careful how we talk to them and what we do to them, because if as parents we do something wrong they would do exactly as we did and it would not be nice because it would come back to us*"– Facilitator A, Careworker focus group) and engagement in the child's world on their level ("*By giving them a chance and showing them that you really appreciate what they are saying – by so doing we came to their level*" – Facilitator C, Careworker focus group) were mentioned by them as skills they felt helped them the most in their role as facilitators. The careworkers furthermore mentioned that they felt their training helped them to be able to interpret and manage the children's behaviour, taking into account the child's developmental level ("*I had to start to learn to talk to a group which can answer back and I realised that I needed to be careful how I talk to them because they can see if you are not speaking to them properly, unlike the toddlers who would do exactly as I told, I have also learned that children are very sensitive and it was an experience for me, I had to start practice to make them feel safe and protected and loved so that even if I rebuke them for something wrong they had done they should not feel uneasy or threatened. I have to work on the specific level of the child*" – Facilitator A, Careworker focus group).

Careworker Observations of the Effect of the Group Support Sessions on the Participants

The careworkers observed in the group sessions that the children modelled and verbalised the behaviour of adults in their family they were exposed to ("*I have learned that children are like a mirror, we would see through them regarding what is happening at home, they would tell us stories without you having to ask them questions, I think children are the most important people in our families because they take the secrets out of the house to the outside world so they define who we are really*" – Facilitator A, Careworker focus group).

They reported that most of the children displayed a positive future perspective ("*Most of the children do have high hopes in their lives and they know that in order to be successful in life they know that they need to study hard and work hard, and the mothers now know that they have to have investments in order for their children to further their studies*" – Facilitator D, Careworker focus group). The careworkers mentioned that the mother-and child-relationship improved during the support sessions ("*Throughout the groups we found out from the children and the mothers that after mothers allowed children to express themselves we noticed that communication*

between them was much better" – Facilitator B, Careworker focus group) and they were able to share their emotions and to plan for the future ("*Child couldn't speak to mother, but after group the child could speak to her about his emotions. It helped them with other children in the family as well. They learn to bond with their children. Not just about death and HIV but about life and the future*" – Facilitator B, Careworker focus group).

The careworkers reported that the mothers and teachers indicated that the support sessions enhanced the children's behaviour at home and at school "*Talking about their emotions they had difficulty talking at school and their mothers but after some sessions we got reports from parents that the school says they are talking, communicating and sharing with other children. They are doing better in their school work and listen to their teachers. The teachers want to know where the children go to therapy. The children will also bring to the group information from school and we talk about it. They take what we do here and share it with their friends at school and come back to share with us*" – Facilitator A, Careworker focus group).

The Careworkers' Evaluation of the Support Group Manual and Intervention Process

Most of the careworkers indicated in their evaluation of the support group manual and intervention that they felt that the activities were appropriate but that the indigenous game 'masekitlana' was of particular value to the children. The children were able to share and verbalise their emotions during this game ("*I think the activities that are designed are good, but what I'm suggesting is I would like to have more masekitlana games with the children so that we could follow up in the previous story so that we could know what is happeni*ng" – Facilitator A, Careworker focus group). All the careworkers furthermore mentioned that they thought the intervention definitely had a positive impact on the children's behaviour ("*Children enjoyed coming to the group because at home there are problems like no food and domestic violence. When time gone by you saw positive changes in them. They talk more, smile more, are more caring and they talk about how they feel. The group accommodated each other*" – Facilitator B, Careworker focus group).

The Careworkers' Observations of Difficulties Experienced During the Support Group Sessions

The careworkers reported specific situations where they experienced difficulties in the group sessions and needed support to cope with it. They mentioned that they experienced, in particular, difficulty with facilitating the groups where there were group members who were sexually molested ("*It was difficult for me, but she didn't give me problems as such but she had problems and I wanted to reach out but she did not allow me so it was difficult for me to help her because when I tried to she withdrew every time*" – Facilitator A, Careworker focus group), who displayed hyperactivity ("*I remember a boy, he was a busybody, he was hyperactive, he did not finish what he was doing, if he was given a task in five minutes he has completed and he wants to do*

something else and as a result he was disturbing the group." – Facilitator A, Careworker focus group), who displayed aggressiveness ("*There was one I forgot name, I think he was aggressive because sometimes he bullied other children especially when we did not see him, especially those who were not mentally sound*" – Facilitator A, Careworker focus group) who were too young for the group ("*KM 407 he is a young six years old and it is difficult for him to follow instructions. He only wants to play*" – Facilitator B,

Careworker focus group) and children living in extreme poverty ("*A very poor group with lots of socio economic problems. We couldn't change lots of domestic problems. The most poverty of all the groups. Still some want to come back to the group and learn more. Even through poverty and hunger you must try you best to help them*"– Facilitator B, Careworker focus group).

Discussion

The careworkers or facilitators in this study displayed and verbalised adequate skills and knowledge to facilitate a child support group. They did however indicate that they needed additional information regarding the emotional life of children and child development, to supplement what they had learnt in their training sessions. The careworkers identified skills and knowledge as important for a facilitator. They were able to accurately observe and report on the children's behaviour in the support sessions. The careworkers were furthermore able to identify children who were in need of further referral. They pointed out important aspects for future intervention planning. The careworkers indicated that they applied the skills and knowledge gained as facilitators at home with their own children and in the process gained knowledge in how to manage difficult behaviour.

The careworkers' training as group facilitators is deemed to have been adequate as they were able to facilitate the group activities to reach the intended goals of each session, incorporate the various methods appropriately, follow the group process and be flexible when necessary, relate to the children in a warm and emphatic manner and engage with them on their own level, while still be respected as facilitator, identify and reflect the children's emotions, manage difficult behaviour (for example, hyperactivity and aggression) and maintain discipline on a mutually respectful manner, identify children who were in need of referral and thus give extra support to children who need it and reflect on the group dynamics and their own behaviour as facilitator.

The cultural adaptability of the group sessions was enhanced by the group facilitators who are members of the same cultural group and their ability to speak the language of the group participants. The findings suggest that adequate group facilitation training, in-depth knowledge and sufficient professional support to caregivers are important for achieving optimal success in group interventions for children affected by maternal HIV and Aids.

References

Brotherson, M.J. 1994. Interactive focus group interviewing: A qualitative research method in early intervention. *Topics in Early Childhood Special Education*, 14(1), 101-118.

Brown, N.W. 2011. *Psychoeducational educational groups: process and practice*. New York: Taylor and Francis.

Dwivede, K.N. 2005. *Group work with children and adolescents. A handbook*. London: Jessica Kingsley.

Geldard, K., & Geldard, D. 2001. *Working with children in groups. A handbook for counsellors, educators and community workers*. New York: Palgrave.

Kerig, P., Ludlow, A., & Wenar. C. 2012. *Developmental psychopathology* (5th ed.). Boston: McGraw Hill.

Korneluk, Y.G., & Lee, C.M. 1998. Children's adjustment to parental physical illness. *Clinical Child and Family Psychology Review*, 1,3, 179-193.

L'Etang, S., & Theron, L. 2011. *A critical reflection on the participatory action process involved in the development of a cognitive-behavioural-based Intervention Programme for youth living with HIV/AIDS in a rural South African town*. Action Research. Retrieved from http://www.arj.sagebup.com/content/early/2011/08/06/1476750311414740.DOI=:10.1177/147675 0311414740

Noor, K.B.M. 2008. Case study: A strategic research methodology. American Journal of Applied Sciences, 5, 11, 1602-1604.

Spath, M.L. 2007. Children facing a family member's acute illness: A review of intervention studies. *International Journal of Nursing Studies*, 44, 834-844.

Stewart, D.W., Shamdasani, P.N., & Rook, D.W. 2009. Group depth interviews: focus groups research. In L. Bickman, & D.J. Rog (Eds.), *The SAGE handbook of applied social research methods* (2nd ed., pp.589-616). Thousand Oaks, CA: Sage.

Thompson, C.L., & Henderson, D.A. 2006. *Counselling children* (7th ed.). Belmont, CA: Brooks Cole.