INTRODUCTION

- We must do more to reach all children in need, wherever they live, wherever they are excluded and left behind... If we overcome the barriers that have kept these children from the services they need and that are theirs by right, then millions more will grow up healthy, attend school, and live more productive lives (UNICEF, 2012).
- Attachment theory and cross-sectional studies provide ample support for a consistent relation between parent-child closeness and self-esteem (Bowby, 1988; Verschueren, Markoen & Schoefs, 1996).
- Interactions and relationship between the caregiver and child, form the foundation of the child’s ability to organize and respond to his/her world (Weston, Ivins, Heffron, & Sweet, 1977).
- Self-esteem is the aspect of self-knowledge that reflects how much individuals like themselves (Brown & Marshall, 2006) and it is one of the strongest predictors of subjective well-being (Deiner, 1984).
- Difficulties faced by children with early childhood disability in institutions of child rearing because of poor or inadequate training on the part of caregivers require that special attention from the part of professionals.
- Raising a child with an anomaly or disability, presents a significant number of challenges to families and institutions of child rearing (Barnett et al., 1999).
- The stress associated with disability could erode parental or non-parent-caregiver sensitivity and as such place the child at risk of forming insecure attachment (Clements & Barnett, 2002).

PARTICIPANTS

- Approximately 18 non-parent caregivers regularly employed at the center.
- 25 children with an established disability.

MEASURES

- Susan Harter Questionnaire (Harter, 1991) shall be used to assess the self-esteem of each child.
- Achenbach Child Behavior Checklist (Achenbach, 2001) shall be used to assess behavioral adjustment.

GOAL

Improve the quality of non-parental caregiver-child relationship, in order to improve self-esteem and impact on behavioral adjustment.

INTERVENTION PHASE

- The project consists of two interventions: Training, intended to teach caregivers warm, sensitive, socially-responsive caregiving and related skills, and structural changes, a set of employment, physical, and procedural changes designed to promote social-emotional relationships and attachments between children and a smaller set of more consistent caregivers.
- Training. The purpose of training will be to provide information on child development and practical aspects of the care and education of young children as well as to change the “institutional culture” to encourage caregivers to behave socially and emotionally more like birth parents.
- In phase 1, the main trainer shall spend a week observing in the center to provide the basis for matching the curriculum with specific character and needs of the staff in the center.
- Phase 2, will consist of training the personnel in the center over approximately 32 work days using a written curriculum and visual aids.
- In the beginning and at the end of Phase 3, the non-parent caregivers will be asked to complete the Harter and Achenbach questionnaires. In and the other professionals will give the caregivers 32 work days spread over 16 weeks of classroom lecture, discussion, and demonstrations.
- Phase 4, this shall consist of supervision training, in which the special professional assigned to a specific group of 5 children would observe with me each caregiver over at least three separate occasions for approximately one and the half hour and provide constructive feedback to help the caregiver apply what he/she must have learned.
- Phase 5, shall be a session where all the caregivers together with the professionals shall in turn, observe one caregiver at a time interact with his/her group of 5 children, this shall be followed by group discussion and feedbacks on how the interaction was done, taking into consideration the knowledge gained from the lectures and demonstrations.
- Phase 6, will be reserved for policy development, in which various written policies on how caregivers should behave in various circumstances will be created and given to the professionals to implement with the caregivers.

NOVELTY AND CHALLENGES

- First ever study in Cameroon concerning non-parent caregiver child relationship, self-esteem and behavioral adjustment in the case of an early childhood disability.
- The main challenge is due to the fact that, the study is carried out on very high risk children (having suffered deprivation at an early age having an early childhood disability and reared in an institution). Secondly, due to the fact that our sample is very small, the possibility that the result be generalized to another population demands that further adjustment be made at various levels of the intervention.

CONCLUSIONS

- This project emphasizes the importance of improving the quality of the caregiver child relationship in understanding and improving behavioral adjustment in early childhood disability for children deprivation.
- Caregivers’ awareness of warm, sensitive, responsive caregiving may contribute to a positive self-esteem and developmental outcome in children reared in institutions.