Meeting the special needs of the children living in Care Centre Kings and Queens

1. Impact from the new house on the quality of life of the children.

We were quite surprised about the new house in January and February 2012. The building is not fully finished yet, but you can see clearly the positive differences with the old house in Adukro.

For instance: the house is much bigger. Especially the hall and the verandah will give more space to the children.

Also there is now a sanitary block in the house, which can be used easily and is also accessible for a wheelchair. Now it is more suitable to start with toilet training and using the sanitary facility in the night. In the house is also good water available.

When there will be also extra and new furniture, everyone has a better environment for the daily life.

The new house is much cleaner than the old house, because of good and closed ceilings, a nice floor and panel-glass windows in almost all windows.

The outside kitchen will be used for cooking on a stove with charcoal.

Effort will be made to control the risks of fire and to the prevention of fire.

The roof is of excellent quality and will prevent that rainwater is coming in the house and will prevent also too much heat. In the hall several fans can give some cooler air.

So with much effort of the two NGO's Kings and Queens and Rising Stars some special needs of the 9-11 children can be met in April 2012.

2. Impact from the daily care on the quality of life of the children.

In the last 5 years we have discussed frequently about several aspects of the impact from the daily care on the well-being and development of the children.

The Ghanaian teacher Michael Offei has informed us in 2007-2008 a lot about the special needs of the children and the possibilities of quality of the care through the efforts of the caregivers. In the last months (November 2011-February 2012) the Dutch orthopedagogue Aline Hut has continued that support and has made a good start with describing the specials needs and making personal dossiers for each child. She did this in close collaboration with Linda Amanda, manager of the house

We will try to interest the coming years more qualified volunteers from the Netherlands, inclusive Aline Hut, to continue this special support and to coach the K+Q-team on the job.

Now we know more about the history and special needs of all the children. Most of the children have several severe or moderate intellectual disablities. Some do have also physical disabilities. Most of them get medicines and also some of them are incontinent of urine.

During many years the parents and families had difficulties with meeting the special needs of their children and with their sometimes challenging behaviour. The quality of life of the children was often subnormal, despite the efforts of the parents and families.

The general vision nowadays is: that these children are normal citizens like we are and do have the same rights on a life that is normal in their own culture. However they have special needs to be met and are needy of support to live their lifes as citizens and to experience a normal quality of life.

In general we know that the intellectual and other disabilities of these children are caused by clear factors, such as:

- genetic reasons;
- medical problems caused by diseases before or during or after birth;
- identified syndromes;
- casualties and accidents etcetera.

All these reasons are leading to learning problems/intellectual disabilities and mostly also to 'hard to understand behaviour'. This can give a reaction of exclusion instead of inclusion from the family and social surrounding. Some children had for these reasons a threatening childhood and experienced social trauma's.

We can say that these children therefore have (big) difficulties to understand and trust what is going on around them and also don't have the ability to learn the appropriate or surviving behaviour nor to adjust themselves partly or fully to the common expectations. Some children do have a quite different idea of the world around them and are confused and afraid of what they see and experience. Many of these children have a cognitive and socio-emotional level of functioning which is much lower than their official calendar age. So they can have the age of 14 years, but their level of understanding can be of a child of 1 year!

In short we can say that these children need the following quality of care:

- a safe life and surrounding with caregivers, whom they can trust
- a safe and clean house and good, healthy food and water
- caregivers with a positive and patient attitude and with understanding of their abilities and disabilities
- positive and personal attention of the caregivers and attention for their hygienic needs
- caregivers who are well known by them and give them continuity and trust in people
- possibility to keep in positive contact with their parents, family and surrounding neighborhood/village
- chances to develop as a person and to develop their (practical) skills and to get understandable education
- a normal timetable with activities and rest-/leisuretime, day and night pattern

- a quiet and structured day program which is to forecast by them
- attending outdoor schools and activities as part of the agreed personal support plan

From this context we do advise:

- to prevent a too busy environment, with too many people around them, who come and go
- to have a controlled interaction with the neighborhood around them
- to let in only 1 volunteer at a time, who does not live in the children's house. The volunteer should have some relevant experience with caring for children/adolescents with an intellectual and/or multiple disability. We do think that the volunteer should not be too young. We do prefer an age of 20 years or older.
- a volunteer should stay for at least 2 months, but to prefer is a longer time
- a small, experienced and good team of caretakers, which is willing to learn and which is communicating about the care and coordinating the care and the facilities
- 1 caretaker which is sleeping in the house and assisting in the night care should be enough
- a dog is not an inmate, but lives outdoor and is assisting the watchman in the night
- a good cook is very important for a healthy and satisfactory diet
- a good cleaner is important for a clean house and hygienic household and good and clean clothes
- children can be encouraged to assist in the cleaning and cooking activities and farming activities, as part of their individual plans
- caregivers should get in the future a normal salary and a personal life/leisure time to recover from their duties and have a normal, social life.

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Jaap Matser, NGO Rising Stars.