

RECONSIDERING CAREGIVERS' DAILY PLANNING: A PRACTICAL INTERVENTION

**Enclosed document by the research 'moving beyond
basic care'**

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INTRODUCTION

The intervention that is presented in this document is based on the research 'moving beyond basic care' which has been conducted at Nafasi Welfare Home in Kampala, Uganda. The purpose of this research was to investigate how caregivers' interactions can be improved in order to enhance the social development of the children. This research revealed that caregivers' interactions are mainly focused on providing basic care. This turned out to be caused by multiple factors, among others: an experienced high workload. Caregivers state they have to perform too many household chores which hinders them to interact with the children in a way besides from providing basic care. However, Nafasi's management states that this is not the case but that it is a matter of effective planning. Yet to date, this dispute has not been discussed yet nor are measures formed to solve this issue. Therefore this study recommended the management and caregivers to organize a staff meeting to discuss the workload and daily planning and required tasks, to firstly together come to an actual insight on the workload and secondly to come to consensus about every caregivers' tasks and responsibilities and how these are planned over the day (recommendation 7.4).

This staff meeting has been set up by the initiators of this research. The meetings have been prepared together with the manager of Nafasi to make sure the meetings contextualized for Nafasi. The researchers facilitated a meeting which consisted of a discussion between caregivers and the management concerning planning. A new daily planning was jointly made where caregivers have more time to interact with children and less time is needed for household chores. Moreover, it has been discussed what is necessary in order to actually realize the application of the new planning. In order to do this, caregivers have been asked what they need to realize this planning. Caregivers stated they would like to have a visible planning board available in which they can visibly plan the discussed activities among each other. In this way, insight in own planning and the planning of other caregivers is provided. Therefore the researchers chose to do more than facilitating a meeting and chose to create this planning board (timetable) with picturized activities so that caregivers can allocate their activities. Moreover, enabling caregivers to practice a planning contributes to stimulate the caregivers to organize more activities for the children what the research also established as an interaction that needs improvement. Caregivers state they would like to meet after a month in order to evaluate the realization of the planning and discuss what is going good and what needs improvement. This document provides discussion points to help facilitate this meeting.

This document includes all the documents related to the preparation, evaluation and implementation of the staff meetings: the structure of the organized staff meetings, the minutes of the two staff meetings, a timetable manual, input for the evaluation and photos of the created timetables and meeting.

CHAPTER 1: STRUCTURE OF THE STAFF MEETING

Topic: Caregivers' daily planning
Date: April 12th and April 14th 2016
Time: 02.30 PM
Persons present: Two social workers (management) and two caregivers each shift
Location: Dining room of Nafasi Welfare Home, Kampala

1.1. MEETING OBJECTIVES

- Objective 1: Caregivers reflect on the current planning of daily activities by talking with each other about whom is doing what by when and by subsequent sticking adhesive notes with activities on a timetable.
- Objective 2: To facilitate the opportunity that caregivers and the manager talk about the current day planning and daily activities of caregivers and they subsequently agree on an adjusted (new) day planning by sticking adhesive notes on a timetable which includes household chores and activities with children.
- Objective 3: Caregivers mention which indoor and outdoor activities they can do with children.
- Objective 4: Caregivers mention what they need from colleagues and the management in order to sustain the new planning of activities.
- Objective 5: The management mentions their role and follow-up actions when it comes to sustaining and implementing the mentioned changes/ improvements concerning caregivers' planning of activities
- Objective 6: The meeting reveals which follow-up actions are needed concerning the implementation of caregivers' new planning of activities.

1.2. PROGRAM CONTENT

Start: Welcoming caregivers and serving cookies and drinks

Kickoff: Constructing a tower with drinking straws (icebreaker)

A. Activity: Before introducing the topic of the meeting, caregivers and the manager have to build a freestanding tower made from drinking straws. It is not allowed to talk.

B. Procedure:

- Briefing the group about the task they have to complete and the rules
- Providing the group with drinking straws
- The group starts constructing the tower (seven minutes)

- When time is up, caregivers have to guess the reason behind the exercise and have to talk about their own way of acting/participation as well as the way others did during the construction
- Explaining the objectives of the exercise by Maartje and Paula

C. Rules:

- The tower must be free standing
- The group is given seven minutes to complete the task
- It is not allowed to talk during the construction

D. Objectives of the exercise

- Caregivers experience the importance of communication when working together in order to complete tasks
- Caregivers observe colleagues' different ways of acting and are able to mention the observed differences

Introduction: introducing the topic of the meeting

- Explaining the link between the icebreaker and the topic of the meeting
 - Communication about who is doing what is important when you want to complete tasks together and when you want to work together effectively during a shift
 - Everyone has a different way of working and as a caregiver you have to take into account the working style of your colleague in order to cooperate
- Providing information about one of the research outcomes concerning caregivers' daily planning and division of time (household activities and activities with children)
- Providing information about the structure of the meeting
 - Firstly, we start with creating an overview of the current activities and day planning. After that, we want to see how the planning can be adjusted in order to agree on a planning which is convenient for everyone, both the caregivers and the management

Part 1: Caregivers' current day planning

A. Activity: Two caregivers discuss which activities they have to do by when and by who during the course of each day. Each activity has to be written down separately on an adhesive note. Caregivers stick adhesive notes on the timetable. The management does not participate.

B. Evaluation:

- Caregivers: When you look at this planning, what do you think of it?
- Management: What is your reaction on the planning made by the caregivers?

Part 2: Caregivers' new day planning

A. Activity: The caregivers and the management talk about the current day planning and possible improvements/ideas for a new desirable day planning. Subsequently, they visualize the new day planning by putting adhesive notes of activities on the second timetable.

B. Evaluation and implementation:

Questions for caregivers:

- What are the differences between the current and new timetable?
- What do you think of these differences?
- Do you think that the new timetable is doable?
- What do you need in order to sustain the new planning of activities?
- What are follow-up actions that can help you sustaining the new planning of activities?
- What do you need from the management when it comes to the sustainability and implementation of the new planning?

Questions for management:

- What can the management do in order to support caregivers to act in accordance with the new day planning? (sustainability)
- Do you have ideas or follow-up actions that can lead to more activities with children?

1.3. TIMETABLE

2 minutes	Welcoming and serving food
12 minutes	Kickoff: Constructing a tower with drinking straws
5 minutes	Introduction of the meeting by Paula and Maartje
15 minutes	Creating caregivers' current day planning Evaluation questions
25 minutes	Creating caregivers' new day planning Evaluation and implementation questions
5 minutes	Questions and feedback

1.4. MATERIALS

- Soda
- Cookies
- Timetable on paper (twice)
- Adhesive notes
- Drinking straws
- Pens
- Stopwatch
- Photo camera
- Adhesive tape

CHAPTER 2: MINUTES MEETING 1

Date staff meeting: April 12, 2016
Persons present: CC1 (manager, social worker), CC2 (manager, social worker), C4 (caregiver), C5 (caregiver), N. (volunteer), M. (teenage mother) and J. (teenage mother)
Initiators: Paula and Maartje (students/initiators)
Time: 14:45 PM -16:45 PM
Place: Dining room at Nafasi

2.1. PROGRAM

- Paula and Maartje served food
- Paula welcomed the staff members
- Maartje introduced the icebreaker
- Staff members made a tower
- Paula elaborated the topic and reason of the meeting
- Maartje explained that caregivers have to make a timetable which represents the current day planning
- C4 and C5 created a day planning by sticking adhesive notes on the timetable
- The caregivers and the management commented on the current planning and talked about possible improvements
- Caregivers and the management discussed and subsequent created a new timetable together
- Paula asked questions about the sustainability and implementation of caregivers' new day planning
- Caregivers and the management told what they need in order to practice the new planning of activities
- Paula and Maartje said thanks

2.2. RESULTS

The management stated that caregivers can ask the volunteers to do some household chores, because now the caregivers are doing household chores and the volunteers are playing with the children. But when the volunteers are doing more household chores, the caregivers have more time to interact with the children. The caregivers will think again about the role of volunteers because they also think that they can do more household chores (therefore volunteers are included in the created timetable introduced in chapter four).

The management said that caregivers take too much time for an activity, for instance cooking takes more than two hours and it is possible to cook in one hour. Therefore more time is created for the children and caregivers can take a nap when feeling tired. The caregivers think that it is not possible, because it is a lot of work and they hope that the cook soon can come back.

The management proposed that caregivers prepare the milk for the children in advance and to keep hot in a thermos flask. Otherwise the children have to wait, which gives stress for the caregivers. The caregivers think that this is a good idea, but therefore they need a thermos flask. The management will buy this.

The caregivers have to cook once for children and adults and also for lunch and supper. Because the time spend with cooking is really too much and it takes too much time. The caregivers are doubting if it is possible to do like this.

Caregivers stated in the old planning that they are going outside with the children around 4:00 p.m. However the management does not agree with this because they have never seen caregivers do so. Therefore in the new planning there is time after the nap to go outside with the children.

The management mentioned that it is not necessary to mop in the morning, because when the children are waking up, they will make it immediately dirty. So the caregivers only mop in the evening. The caregivers agreed with this and they will adjust it in the new planning.

The caregivers have to do the dishes immediately after using utensils. This will take less time than doing the dishes once because they use many utensils and it is a lot to clean in one time. The caregivers think that they can change this and will do the dishes after using utensils.

Management and caregivers think that a visible board can help them to sustain the new planning. Because then it will be visible for them, which will help them to use the planning.

Remarkable results for the researchers:

During the meeting no specific indoor or outdoor activities came forward (objective 3). Only the tasks of the caregivers are named and giving food.

2.3. CURRENT DAY PLANNING

The current day planning that the caregivers made during the meeting.

Time	Caregiver 1 (C4)	Caregiver 2 (C5)	Volunteer
6 AM	Preparing breakfast	Waking up, kids bathing	
7 AM	Children taking their breakfast	Mopping bathroom	
8 AM	Washing the utensils	Mopping the House	
9 AM	Cleaning kitchen plus bathroom 9.30- cooking beans and food both children and adults	Washing clothes	
10 AM	Cooking beans and food both children and adults		
11 AM		Snack and feeding babies	
12 AM	Lunch for babies	Playing with kids	
1 PM	Lunch for adults	Feeding them lunch	
2 PM	Cleaning utensils	Bathing them and putting them in bed	
3 PM	Ironing clothes 3.30- caregivers go to their bed	Ironing clothes	

4 PM	Taking children outside	Taking kids out for playing	
5 PM			
6 PM	Children having their supper	Supper	
7 PM		Bathing them and putting them in bed	
8 PM	Caregivers having shower	Bathing	
9 PM	Caregivers having their supper+ listening to the radio	Supper and listening to news	
10 PM			

2.4. NEW DAY PLANNING

The new day planning that caregivers and the management made during the meeting.

Time	Caregiver 1	Caregiver 2	Volunteer
6 AM	Waking up, bathing, heating charcoal stove	Caregiver bottles, wake up children and bath them	
7 AM	Breakfast for children and adults		
8 AM	Feeding babies	Feeding babies	
9 AM		Cleaning bathroom and washing clothes	Washing clothes
10 AM			Cleaning dishes
11 AM	Snack	Snack for children	
12 AM	Lunch for babies		Bathing children
1 PM	Lunch for adults		
2 PM		Beans/ rice for cooking	Cleaning cooking pots
3 PM		Ironing clothes	Ironing clothes
4 PM	Play time with children and feeding toddlers	Playtime with children	
5 PM			
6 PM	Supper and bathing	Supper and bathing	
7 PM	Bedtime		
8 PM	Mopping the house	Mopping the house	
9 PM			
10 PM			

CHAPTER 3: MINUTES MEETING 2

Date staff meeting: April 14, 2016
Persons present: CC1 (manager, social worker), CC2 (manager, social worker), C3 (caregiver), new caregiver, N. (volunteer), M. (teenage mother) and J. (teenage mother)
Initiators: Paula and Maartje (students/initiators)
Time: 14:45 PM - 16:45 PM
Place: Dining room at Nafasi

3.1. PROGRAM

- Paula and Maartje served food
- Paula welcomed the staff members
- Maartje introduced the icebreaker
- Staff members made a tower
- Paula elaborated the topic and reason of the meeting
- Maartje explained that caregivers have to make a timetable which represents the current day planning
- C3 and the new caregiver created a day planning by sticking adhesive notes on the timetable
- The caregivers and the management commented on the current planning and discuss about possible improvements
- Caregivers and the management discussed and subsequent created a new timetable together
- Paula asked questions about the sustainability and implementation of caregivers' new day planning
- Caregivers and the management told what they need in order to practice the new planning of activities
- Paula and Maartje said thanks

3.2. RESULTS

According to the management it is really important that the children get a snack around 11:00. a.m. The caregivers will include this in the new planning.

The caregivers are washing the clothes of the children three times each day. According to the management they have to wash the clothes two times at most. The caregivers disagreed because they think that the children are too dirty to wear so long the same clothes.

It seems that there is not a balance between shifts. The other shift leaves a lot of dirty clothes when they are going home. So therefore this shift has to do more work. The management will discuss it with the other shift, so that they are going to clean their own clothes and this will decrease the workload of caregiver working in this shift.

C3 stated that she does not have the time to take a rest, because she has to do too much activities. But through this new planning she sees a change to get more rest.

This shift gives the children porridge and supper. However the management state that the children only have to get supper. The caregivers will keep themselves busy with giving porridge and it is not necessary. The caregivers disagreed because they think that the children will be hungry during the night.

The management state that caregivers have to treat the children in accordance with their age and in the same way as people treat their children at home, because the children have to go back to the society and need therefore the same treatment.

According to the management it is not necessary to wash the children again in the evening. Because twice one day is enough, in the morning and in the afternoon after lunch. After a while the caregivers agreed with this and therefore it is changed in the new planning.

The management state that it is important to write reports and that there are enough note pads available. The caregivers reveal that they are too busy with household chores to write something down. The management say that the caregivers can write in the note pads when the children are sleeping after lunch.

The management state that it is important to divide the tasks between caregivers, so that there is always someone with the children. The caregivers agreed, but they said that this is not always possible because of the amount of household chores. Where possible they divide the tasks in the new planning.

The new caregiver state that a visible planning will help new caregivers and volunteers to know what Nafasi expects from them, because they can see the different tasks. They also proposed to have a meeting after a while in order to evaluate (the implementation of) the new planning.

3.3 CURRENT DAY PLANNING

The current day planning that the caregivers made during the meeting.

Time	Caregiver 1	Caregiver 2	Volunteer
6 AM	Washing clothes	Cooking porridge	
7 AM	Take them out	Washing things I used when cooking	
8 AM	Cleaning outside	Giving children the porridge and wash things	
9 AM	I brought children from the bed Dressing them	Playing with kids	Washing clothes
10 AM	Feeding the children Washing morning clothes	Preparing for lunch	Cleaning dishes
11 AM	Playing with children	Give them some fruits Play with kids again	
12 AM	Feeding the young ones: An. and B.	Give children their lunch	Bathing children
1 PM	Cleaning children and taking them to bed	We take our lunch	
2 PM		Taking children to bed	Cleaning cooking pots

3 PM	Playing with children and feeding them	Playing with kids	Ironing clothes
4 PM	Playing with children Interacting	4.30: Prepare supper for the children	
5 PM	Playing with children	Give them their supper	
6 PM	Dressing children and taking children to bed	Feeding kids with milk	
7 PM	Washing clothes	Clean the kitchen	
8 PM	Cleaning the house evening Personal activity	Take a rest (bathing)	
9 PM	Feeding the children	Check on the children	
10 PM	Going to bed	Go to sleep	

3.4. NEW DAY PLANNING

The new day planning that caregivers and the management made during the meeting.

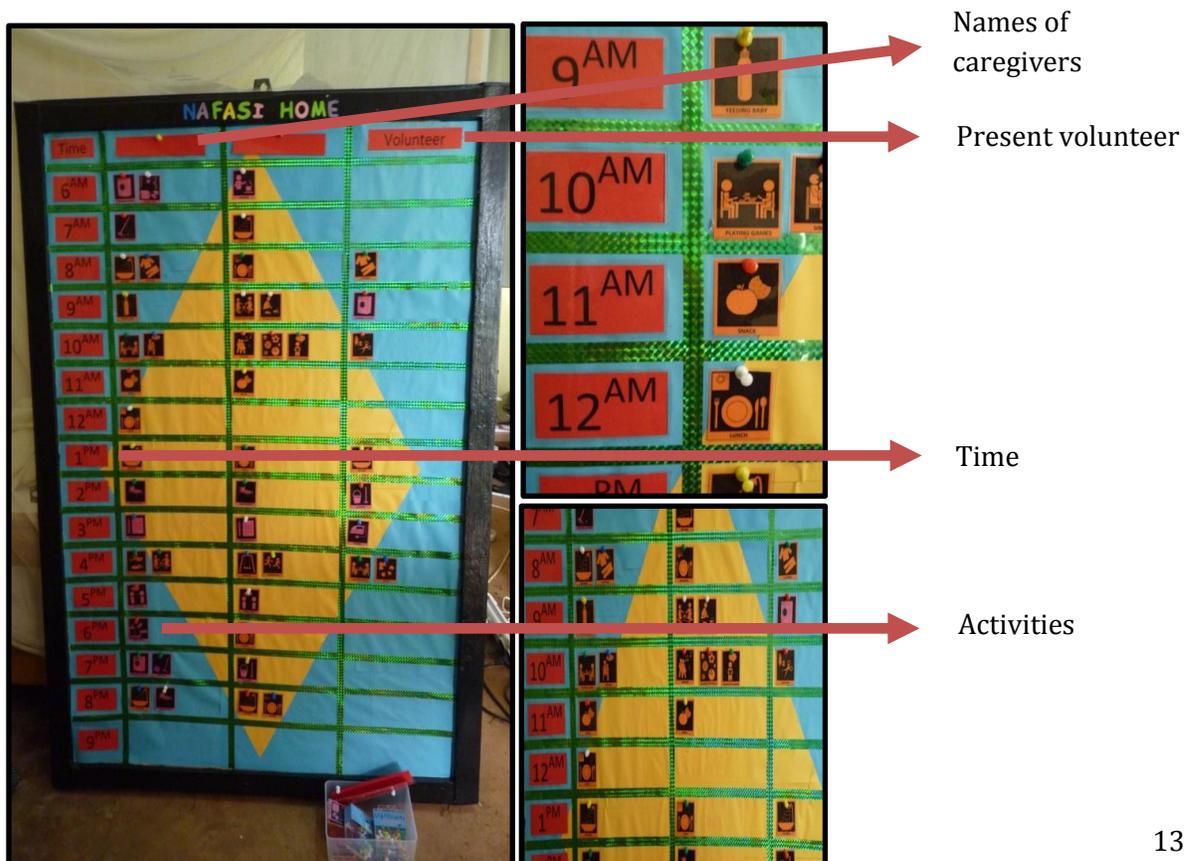
Time	Caregiver 1	Caregiver 2	Volunteer
6 AM	Washing clothes	Preparing breakfast	
7 AM	Mopping veranda Children wake-up	Children wake up Bathing	
8 AM	Bathing and dressing	Children breakfast	Dressing up children
9 AM	Feeding babies	Playing with children	
10 AM			
11 AM	Snack	Children snack	
12 AM		Children lunch	
1 PM	Children nap time Bathing children	Adult lunch	
2 PM			Dressing children
3 PM	Writing reports	Writing reports	Volunteers ironing clothes
4 PM	Playing with children	Play time with children	
5 PM	Playing with children	Playing with children	
6 PM	Clean dishes	Supper	
7 PM	Soaking clothes Clean house	Bed time	
8 PM	Adults supper	Adults supper	
9 PM			
10 PM			

CHAPTER 4: TIMETABLE MANUAL

During the staff meeting, caregivers mentioned to need a visible timetable that could help them to indeed practice the new planning. Therefore a timetable is made. This chapter describes and explains how the visible timetable can be used in the daily interactions of the caregivers at Nafasi.

On top of the board the names of the working caregivers in the shift of that day are displayed. These names can be changed, depending on who is working in the shift. There is also a column 'volunteers'. At the side of the board the hours of the day are displayed. The board can be used in such a way that activities per caregiver and volunteer can be planned per hour by using pictures that reflect an activity. It is possible to assign different activities at one person in one same hour. There are pictures for household chores (cooking, cleaning) and specific activities for interacting with children (making a puzzle, playing with a ball or playing hide and seek). Some activities that were discussed in the meeting are planned on set times, like getting up, having a snack, lunch, supper and sleeping. However, children's specific activities can vary per day. A caregiver can play with a child on one day and read a book or play hide and seek another day. These specific activities are described as detailed as possible to stimulate the caregivers to actually perform these activities. The meetings revealed that caregivers want to make the planning in the evening for the next day. This stimulates caregivers to jointly discuss how to divide and allocate the different tasks and activities, so that in every circumstance at least one caregiver is present and available for the children. The column for the volunteers can be used to plan activities and tasks for the volunteers, which should result in the fact that caregivers can spend more time with the children.

All of this has been discussed with Nafasi during the presentation of the research 'moving beyond basic care'.



CHAPTER 5: INPUT FOR EVALUATION MEETING

The caregivers and management said that they need an evaluation moment, to evaluate the (implementation of the) new planning. Evaluation points they can be used during the evaluation:

- How do caregivers use the new planning?
- Which advantages do caregivers experience?
- Which disadvantages do caregivers experience?
- Is the use of the new planning beneficial for caregivers' interactions as caregiver?
- Do caregivers experience more time with the children? And how?
- What are things that caregivers still want to change when it comes to the workload?
- What kind of activities do caregivers do with the children?
- Do caregivers experience more free time?
- Is the workload reduced?
- What do caregivers need to sustain the planning??

CHAPTER 6: ANNEXES

The annexes include photos of the staff meeting. Respectively, photos of the timetables and additional photos of the meeting.

6.1. PHOTOS TIMETABLES MEETING 1



Photo caregivers' current day planning

Photo caregivers' new day planning

6.2. PHOTOS TIMETABLES MEETING 2

Time	caregiver 1	caregiver 2	Volunteers
6 AM			
7 AM			
8 AM			
9 AM			
10 AM			
11 AM			
12 AM			
1 PM			
2 PM			
3 PM			
4 PM			
5 PM			
6 PM			
7 PM			
8 PM			
9 PM			
10 PM			

Time	caregiver 1	caregiver 2	Volunteer
6 AM			
7 AM			
8 AM			
9 AM			
10 AM			
11 AM			
12 AM			
1 PM			
2 PM			
3 PM			
4 PM			
5 PM			
6 PM			
7 PM			
8 PM			
9 PM			
10 PM			

Photo caregivers' current day planning

Photo caregivers' new day planning

6.3. ADDITIONAL PHOTOS OF THE MEETINGS

