Orphanage caregivers' perceptions of children's emotional needs

Joanna E. Bettmann [a],[*], Jamie M. Mortensen [a], Kofi O. Akuoko [b]

[a] University of Utah, College of Social Work, Salt Lake City, UT, United States
[b] Kwame Nkrumah University of Science and Technology Kumasi, Ghana

ARTICLE INFO

ABSTRACT

Problems in orphan care are endemic in sub-Saharan Africa where 80% of all children orphaned by AIDS live. Institutions are often the only level of care available for infant orphans, but such care may increase children's risk for psychological, emotional and developmental problems. This study explores Ghanaian institutional caregivers' views of children's emotional and relational needs with the aim of understanding these caregivers' capacities to provide effective care for orphans. Qualitative data was gathered from 92 staff at eight Ghanaian orphanages. Results indicate that while caregivers describe a basic understanding of children's emotional and interpersonal needs, they detail a lack of training and support necessary to fully attend to these needs. Specifically, training for caregivers regarding children's basic attachment needs and the particular emotional needs of orphaned children is critical. The present study suggests the need for training and interventions to strengthen orphanage caregivers' capacity to provide effective orphan care.

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1. Introduction

Approximately 12% of Sub-Saharan Africa's children are orphans (UNICEF, 2007). Of these 53.1 million children, nearly six million were orphaned in 2010 alone (UNICEF, 2006). Orphaned and abandoned children face significantly increased risk of poor health and psychological distress (Ribeira, Brown, & Akuamoa-Boateng, 2009; UNICEF, 2006). Additionally, research suggests that infant institutionalization increases the risk for emotional and developmental problems, including attachment disorders, delays in learning, and cognitive functioning (Makame, Ani, & Grantham-McGregor, 2002; Sigal, Rossignol, Perry, & Ouimet, 2003).

An orphan is defined as a child who has lost one or both parents (World Bank, 2004). Orphans and vulnerable children (OVC) is a term designated by the World Bank (2004) to describe groups of children that experience negative outcomes—such as losing access to educational opportunities or experiencing morbidity and malnutrition—at higher rates than their peers. While many children in Africa are vulnerable to negative risk factors, OVC are the most critically vulnerable, facing greater risk than their peers through early death, poor health, educational deprivation, abuse, neglect, exploitation and limited access to basic social amenities (World Bank, 2004). The World Bank (2004) estimates that nearly 20% of Sub-Saharan Africa's children are OVC. OVC who are without parental care are often placed in institutions where they receive less stimulation, less individual attention, and

fewer opportunities than required for optimal emotional and social development (UNICEF, 2007).

The aim of the present study was to identify orphanage caregiver perceptions' of children's emotional needs. Orphanage caregivers are in a unique position to significantly impact OVC's emotional and relational development.

2. Institutionalized children's emotional development

Children's early experiences have long-term consequences for personality functioning, intellectual processes and social relationships (Richter, 2004). Moreover, children reared in deficient institutional environments show a range of developmental delays (Crockenberg et al., 2008). If they have adequate food supplies and access to basic material necessities, what is it about the institutional setting for children that so affects their development? Researchers suggest that institutionalized children who are exposed to social and emotional neglect exhibit psychosocial dwarfism and physical growth deficiencies (Johnson et al., 2010). These deficits are likely associated with children's emotional adjustment and attachment relationships, which depend considerably on the quality of their early attachment relationships (McLaughlin, Zeanah, Fox, & Nelson, 2012; Muhamedrahimov, Palmov, Nikiforova, Groark, & McCall, 2004; Smyke et al., 2014).

John Bowlby, attachment theory's founder, asserted that healthy attachment relationships with primary caregivers serve as the bedrock for children's developing relational patterns. More recent research suggests links between children's early attachment relationships and later developmental trajectories, including their capacity for affect regulation, sociability, adjustment, and psychopathology (Fonagy, Gergely, Jurist, & Target, 2002; McGoron et al., 2012). These relationships

* Corresponding author at: 395 South 1500 East, Salt Lake City, UT 84112, United States.
Tel.: +1 801 587 7600.
E-mail address: Joanna.Schaefer@socwk.utah.edu (J.E. Bettmann).

require stability and consistency, as well as responsive, trustworthy and developmentally appropriate caregiving behaviors (Crockenberg et al., 2008; Groark, Muhamedrahimov, Palmov, Nikiforova, & McCall, 2005).

Infants appear biologically driven to form attachment relationships regardless of their culture (Fox & Hane, 2008). Proximity to a caregiver and having attachment needs met provides the child with a sense of security (Ainsworth, 1978; Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969/1982, 1973, 1978, 1980, 1988). The infant then comes to trust and use this caregiver as a secure base from which to explore the social and physical world (Bowlby, 1973, 1988; Crockenberg et al., 2008). Separation from primary caregivers and others with whom the child has attachment bonds can be a source of distress for children (Masi, Mucci, & Millepiedi, 2001). Separation threatens the development and maintenance of emotional connections and healthy attachment relationships (Bowlby, 1973, 1988; McLaughlin et al., 2012). Distress, symptoms of anxiety, depression and psychopathology often accompany an infant's separation (McLaughlin et al., 2012). Without a warm, responsive caregiver and with a lack of sustained interactions and positive attunement between an infant and his caregiver, the infant's development will be negatively affected. Healthy attachment experiences encourage infants' development of cognitive skills, appropriate social and emotional development, and mental health (Veríssimo, Santos, Fernandes, Shin, & Vaughn, 2014).

Studies involving attachment in institution-based care show deficiencies in caregiver stability and consistency, as well as in caregiver responsiveness and emotional availability (Crockenberg et al., 2008; Johnson et al., 2010; Muhamedrahimov et al., 2004). Due to insufficient child–caregiver ratios and inconsistent caregiver shift rotations, children in institutional settings typically encounter repeated separations from caregivers (Johnson et al., 2010; Muhamedrahimov et al., 2004). Negative effects of separations on children include symptoms such as agitation, depression, altered cardiac activity, and sleep interruptions (Perry, Sigal, Boucher, Paré, 2006).

Research conducted in Romanian orphanages suggests that social interaction with caregivers may be a primary factor influencing cognitive and physical development (Groark et al., 2005; Johnson et al., 2010). In one study, orphanage caregivers, prior to being trained to provide warm, responsive caregiving, displayed high levels of anxiety and communicated little with the children in their care (Groark et al., 2005). Further, the children responded to their orphanage caregivers with indiscriminate friendliness, lack of eye contact, aggression and impulsive behaviors. After training and staffing rearrangement interventions, however, caregivers became more responsive and children's interpersonal skills improved along with their physical growth, cognition, language, and motor development (Groark et al., 2005).

Some orphanage studies have found that while the material needs of orphans were met, orphans experienced deprivation in terms of emotional need fulfillment, including interpersonal interactions with staff (Freidus, 2010; Sanou, Turgeon-O'brien, Ouedraogo, & Desrosiers, 2008). These studies' longitudinal data support the idea that establishing higher quality child–caregiver interactions with appropriate training in emotional engagement and contingent caregiving leads to promising outcomes in children's growth and development (Groark et al., 2005; Johnson et al., 2010).

Close emotional ties between staff and orphaned children living in residential institutions may serve as an effective psychological buffer against OVC's adverse life events and circumstances (McGoron et al., 2012). Moreover, training orphanage staff to provide warm, responsive and consistent caregiving can improve children's social interaction and physical development (Eapen, 2009; Muhamedrahimov et al., 2004; Taneja et al., 2002). This research demonstrates the importance in evaluating gaps in caregivers' perceptions of children's emotional needs.

3. Institutionalized care for orphans and vulnerable children in Ghana

In 2007, 1,100,000 of the world's orphaned children lived in Ghana (UNICEF, 2006). This figure represents 4.7% of Ghana's total population and 10.4% of Ghana's children and adolescents under the age of 18. Approximately 21.3% of Ghana's orphans live in the Ashanti region (Ansah-Koi, 2006). In this region, institutional care is often the only care available to orphans (Sanou et al., 2008).

Over the last two decades, the number of orphanages in Ghana has increased from ten to more than 140 (Save the Children, 2009). According to the Government of Ghana (2008), there are more than 148 children's institutions currently operating throughout Ghana without license to do so. Founded and run by individuals, private institutions and non-governmental organizations, these facilities emerged to address the high demand for OVC care in urban areas (Deters & Baja, 2008).

The Government of Ghana (2008) recognizes that the use of residential care in sub-Saharan Africa is "an inappropriate and unsustainable phenomenon to respond to the orphan crisis" (p. 14). Yet, because the country's financial capacity and organizational resources remain insufficient to support a foster or familial care system, a majority of Ghana's OVC remain in institutional care. In these institutions, staff and administrators continue to struggle with limited resources to feed, clothe and educate the children in their care (Castillo, Sarver, Bettmann, Mortensen, & Akuoko, 2012).

A vast body of research exists regarding the detrimental effects of institutionalized care for OVC in general, and throughout Sub-Saharan Africa in particular (Ansah-Koi, 2006; Ribeira et al., 2009; Sanou et al., 2008; UNICEF, 2003). Still, few studies focus on the institutional care of Ghanaian OVCs. Further, no research explores Ghanaian orphanage caregivers' and staff perceptions of children's needs. Given this paucity of literature, the present study sought to answer the question: What is the understanding of children's emotional and relational needs among childcare staff and administrators at institutions for OVC operating in the Ashanti region in Ghana? Clarifying this understanding may help such organizations to better perceive and enhance staff capacities to meet orphaned children's developmental needs.

4. Method

4.1. Sample

Participants included 92 Ghanaian employees from eight residential institutions for children in the Ashanti region of Ghana. See Table 1 for participant demographics. All participants interviewed took part in overseeing and caring for the children, thus their inclusion in the study. Participants included 54 caregivers (utilizing the role "childcare officer," "childcare assistant," or "mother"), cooks, guards, administrators, and office staff. Some orphanage staff were not specifically trained or designated to be caregivers, but still played a significant role in providing direct childcare. Male participants (n = 12) constituted nine of the 10 administrators, two of the four foster parents and one of the four cooks interviewed. Inquiries were made at seven of the eight institutions (n = 81) surrounding whether staff had received training on caring for children (see Table 2).

One of the eight institutions was called a "children's home," the term used in Ghana to define "homes for children in need of care and protection" (Government of Ghana, 2008, p. 14). Another was called a "babies home," a children's home designated for children from zero to five. The Ashanti Regional Office of the Department of Social Welfare (DSW) oversees the operations of all eight establishments. Six of the residential institutions' financial resources come from private and external donors including religious organizations, while two of the institutions receive government support in addition to private donations.

Table 1
Staff demographics.

	n	
Job title	Male	Female
Caregivers		54
Supervisors		7
Administrators	9	1
Cooks	1	3
Foster parents	2	2
Teachers		3
Social workers		1
House help: "laundry & cleaning"		6
Multiple positions	3	
Caregiver & teacher		1
Student & "office girl"		1
Security guard & driver		1
Gender		
Female	80	
Male	12	
Age		
20–29	17	
30–39	27	
40–49	24	
50–66	24	
Average age	40.4	
Region of Ghana		
Eastern	6	
Ashanti	67	
Volta	4	
Northern	2	
Central	4	
Western	6	
Greater Accra	1	
Brong Ahato	2	
Staff with children		
No biological children	13	
1 child	15	
2 children	20	
3–5 children	38	
6+ children	6	
Range of staff children's ages	3 months–38 years	

Table 2
Staff education, training, and experience.

	n
Years of schooling	
10 years or less	14
10 years	41
11–12 years	18
12+ years	19
Staff with child care specific training ($n = 81$)	
Caregivers	22
Supervisors ($n = 5$)	5
Administrators ($n = 10$)	6
Teachers ($n = 3$)	1
Foster parents ($n = 4$)	1
Years of experience in current facility	
1 year or less	5
2–5 years	24
6–10 years	33
11–15 years	14
16–20 years	5
20+ years	11
Accumulated total experience	
No experience prior to current facility	70
1 year or less	2
2–5 years	21
6–10 years	31
11–15 years	14
16–20 years	8
20+ years	16

4.2. Data collection

Investigators used a semi-structured interview approach (Marshall & Rossman, 2006) (see Appendix A). The first two authors created the interview guide to answer the question: What is the understanding of children's needs among childcare staff and administrators at institutions for OVC operating throughout the Ashanti region in Ghana? A university-affiliated Institutional Review Board approved all study procedures prior to data collection. Data collection lasted eight days. Interviews were audio recorded; each lasted between 10 and 35 min. The second author conducted the interviews and transcribed them verbatim.

A DSW interpreter translated for the 45.7% of the participants requiring translation from their native Twi to English and the 12% who requested only some translation. Nearly half (42.4%) of the interviews were conducted exclusively in English, which is the official language of Ghana. In order to ensure the study's reproducibility, the interviewing author kept a reflexive journal throughout the research process that included detailed observations, field notes and memos noting decisions made during data collection, coding and analysis (Padgett, 1998).

Since many participants were unable to read, they did not review the final transcripts. However, the authors sought verification of their codes and interpretations through member checking (Padgett, 1998). The third author, a Ghanaian resident, along with two DSW liaisons—the Administrator in Charge of Child Rights and Protection and the Assistant Director—revisited four of the eight institutions (three orphanages and one children's home) where they met with a total of 18 staff who had been previously interviewed, including four administrators and thirteen caregivers to verbally present the study's findings. Investigators confirmed that code analysis drawn from the transcribed interviews corroborated with participants' views; participants made no additional suggestions for content evaluation or interpretation.

Researchers used a convenience sample of caregivers and staff available to participate in the study. The DSW's Administrator in Charge of Child Rights and Protection accompanied the second author to each site as a cultural liaison and to provide language interpretation. The second author conducted most interviews in a closed room with one participant at a time for privacy. Interviews held outside took place in a secluded area within sight, but out of hearing, of other staff.

4.3. Data analysis

The second author and a graduate student in mental health both independently coded each transcript using inductive methodologies (Padgett, 1998). They utilized open and selective coding, coding each participant's narrative for themes or indicators that they later categorized in terms of their similarity or difference (Strauss & Corbin, 1998). These two researchers individually read through all of the transcripts and developed coding categories and subcategories based on the content. Open coding guided category development; there were no predetermined codes.

The authors met to compare categories and discuss differences until reaching consensus on which categories to include and exclude. Final data analysis yielded 15 categories, most of which contained two to three subcategories. The 15 categories were children's emotional needs; types of relationships children need; the needs of orphans vs. children who have parents; children's physical needs; children's social, economic and interpersonal needs; children's needs according to development; why children should receive care; caregivers' duties and responsibilities; the goals of care; challenges faced by caregivers; organizational structure and systemic barriers to providing best possible care; training needs; meeting training needs; institution vs. home setting; and the role of relatives, sponsors and outside support. Due to space limitations and research focus, only the first three of these categories are presented in this manuscript. Other categories are addressed in

separate manuscripts (Bettmann, Mortensen, & Akuoko, submitted for publication; Castillo et al., 2012).

Inter-rater reliability was computed as the percentage of pair-wise agreement on the data included in each category or subcategory. Pair-wise agreement was 91%. The authors resolved differences through discussion until concordance reached 100%. After preliminary analysis of the data, the authors conducted a post-hoc analysis to consider the relationship between caregivers' level of training and their understanding of children's attachment needs. All results are reported below.

5. Results

Emergent themes were children's emotional needs, the effect of separation on children, and relationships children need. Each of these broad themes and sub-categories are discussed below.

5.1. Children's emotional needs

Every participant elucidated their understanding that children have emotional needs. While respondents frequently referred to children's emotional needs simply and without detailed explanation (i.e., "They need love and support"), many participants described children's emotional needs as deep and complex.

5.1.1. Caregiver outreach and attunement

Nearly one-third of the participants depicted children's complex emotional needs in terms of caregiver outreach and attunement. This included five of the seven supervisors, two of the four foster parents, four of the 10 administrators, 16 of 54 caregivers and three of the four cooks (all of whom played a major role in caring for the children). They described the need for caregiver receptivity, which included noticing children's signals and ascertaining their needs, as well as responding appropriately to those needs. One participant noted,

Sometimes a child is sick, but will not tell you. You see the child is quiet in the corner; you have to go and show concern for the child to come out with whatever the worries are …. If you don't talk well to the child, she wouldn't come out to say what is wrong, so you have to show extra love and extra care and know how to talk to them.

This caregiver discussed her need to attune to the children's nonverbal cues and show interest so the children felt comfortable reaching out to her. Similarly, many participants reported that caregivers need to reach out to the children; five respondents specifically stated, "you have to come closer to the child." Another stated: "Such a child, if he or she needs something, she wouldn't feel confident enough to approach the caregiver, so it is up to the caregiver to notice and approach the child."

The majority of participants who discussed caregiver outreach and attunement described the need to provide children with consideration, empathy, unconditional love and care. One administrator remarked:

You show concern to them all the time, you attend to their needs—the children in this house, anything you show them in love, they come closer, they will obey, they will tell you everything. But when you go the other way around by not showing love, they shy away from you, they won't tell you anything and they won't listen to you.

This response reflects the administrator's perception that showing love to children is related to children's level of trust in caregivers and affects children's behavior.

5.1.2. Mother's love, protection, time, attention

Seventy-three participants spoke about children needing mother-type love, security, time and attention: "They need love, love, love and nothing else. If you don't love the child, it will make the child miserable." These responses tended to be broad in describing children's emotional needs, often using words such as love, security, time and attention but not elaborating further on what these concepts meant when prompted.

Fourteen participants explicitly related the concept of "mother's love" to orphanage caregivers treating the children as though they were their own: "They also need that mother's love. The workers that are working with us have to show that mother's love to them so that they will know they are their mothers." Similarly, one caregiver expressed that orphanage caregivers needed to reflect to children that they were their surrogate mothers: "You have to love them … you have to let them know that you are their own mother." Another caregiver related the children's emotional needs to her caregiver role of being like a mother: "They need love from me. I take them as my own children. I give them love, I play with them, I feed them." One male administrator expressed the importance of providing fatherly care: "They need fatherly care from me. The very thing I do to my child, this is what they need from me."

5.1.3. Physical comfort and soothing

Twelve staff who were interviewed, including eight of the 55 caregivers, asserted the importance of providing emotional comfort through physical means such as cuddling, calming and holding the children. Four of these twelve participants discussed providing relief through physical comfort in response to children crying. For instance, one house girl stated, "They need you to show love and cuddle a child. If a child is crying and you don't show that love, the child will cry so hard you feel like the child is choking." One caregiver conveyed that some children express their needs by crying at night and need to be comforted:

Maybe they need their mother. So they cry a lot when they come and, if you are in the night duty, then they cry to them. So you have to take him and comfort him and, if he's hungry, you feed him and you try to comfort him until he gets it. Then you put him back in the cot.

The other eight of these 12 participants commented on the caregiver's important role in showing affection: "We provide the child with warmth. We hold the child, we comfort the child, we play with the child." Elaborating on the kind of attention children need in order to feel special, a social worker explained:

Sometimes just physically touching the person, a hug, or shaking their hand, just being close to that person. If you are to come here one day, you will see that sometimes they just rush up to you. Yes, sometimes they just want that kind of contact. It makes them feel special.

The social worker's comment captures her view of the importance of physical affection to the children.

5.1.4. Attachment

Six participants—two supervisors and four caregivers—responded to questions about children's needs by describing attachment and bonding. Of these six, five used the term attachment or its translated equivalent. While each response described the concept of bonding, it was unclear whether each participant understood the term attachment in the same way. For example, one supervisor replied: "They need attachment." When prompted by the researcher to elaborate on what she meant by "attachment," this supervisor asserted, "They need that kind of bonding, bonding relationships." Upon the interviewer's further inquiry, "How does that happen? How does that bonding take place?" the respondent reported, "When you listen to some of the children's backgrounds before they came here, you have that strong attachment to that child and that bond will build between you and the child." Two participants stated simply, "They need emotional attachment." One caregiver discussed bonding in the context of moving from the home environment to the institutional environment:

So when they first come, especially the babies, they cry a lot until they start to get comfortable in the environment. So we the care-givers try as much as possible to establish a strong bond with them as quickly as possible so they will become comfortable.

This caregiver's description reflects her thinking that orphans' separation from their families necessitates immediate bonding with orphanage caregivers.

5.2. Effect of separation on children

Participants varied significantly in their responses to the question: "Do you think separations or absences from parents or caregivers affect children?" Fifty-three participants reported their perception that separation from parents or caregivers could be or is problematic, 18 partici-pants reported that separation does not have an effect on children, and five participants reported that separation has a positive effect. Four par-ticipants provided neutral or unclassifiable answers (i.e., "In a way, you can say it can be"). These varied responses are described in depth below.

5.2.1. Separation has an effect

Six respondents described that separation problems were impacted by how old the children were when they were admitted to the residen-tial institution. For example, one supervisor expressed the negative con-sequences of separation at a later age in contrast to admission to the agency as an infant: "The older ones when they come, they know you are not their biological mother. So when they come, they feel it more than the other ones. The smaller ones will get used to it after some days or a week. But the older ones, they become stubborn." Another caregiver explained that separation beyond infancy could affect older children in a lasting way:

We have some kids who were abandoned and brought here by the Department of Social Welfare and are in bad health. They are differ-ent than the other kids and the newborns. When we get a newborn and the child grows up, the child is different than the one who comes in from outside. The way we will handle him will be different than the one who is handled outside.

Eleven caregivers expressed that separation affects children nega-tively if the child does not receive adequate care from new caregivers following the separation: "When a child is separated from the biological mother and the child is brought here, initially the child will look sad and withdrawn. If the caregiver is not strong enough to handle the child, that becomes a problem." Some expressed that separation makes chil-dren sad initially, but if they get proper caregiving, they will be okay. One caregiver illustrated this sentiment: "When a child is separated from the mother, that child becomes sad and it will show throughout the child's life. So until the child gets a responsible caregiver, it will have a very serious effect."

Fifteen respondents illustrated awareness of how separation and in-sufficient care affects children emotionally: "Most of them, when they don't get the love they need, they feel some emptiness inside and they cry. Or they always like to be with people. Some of them are isolated and you see them in secret, they don't like to play with people…." These workers also described how separation can lead to delinquent be-havior: "For a mother to separate from a child, it is not good … they will feel bad like you disowned them and they will not be at peace. It will cause a lot of problems; they will feel rejected. He will do what is not right, it will cause him to do this."

Three participants expressed the idea that separations seem to in-variably affect children. One administrator explained: "Separations af-fect children. Even though we are doing our best to provide mother love, I feel like those separations still affect the children since they don't have their mothers." One teacher emphasized the influence sepa-ration has on children's ability to relate to others and to express emotion: "It will affect the children. When they are abandoned by two parents they find it difficult to be with other people and to tell the peo-ple how they feel." Another administrator acknowledged how separa-tion can impede a child's ability to establish parental relationships:

They may not know how a parent child relationship is. If we give ad-vice, they might not know the importance of that advice…. Speaking apart from that, they don't have the love. Sometimes when the par-ents come, I see the intimacy is not there like it would be between a parent and a child.

Another administrator stressed the negative implications of informing children about the fact that they are separated from their families: "They will think, it will affect them emotionally and psycholog-ically. It will affect the child very bad if you make him or her know that he is not your biological child, it will be very very bad."

5.2.2. Separation and breastfeeding

Eight participants, seven of them caregivers, associated the negative effects of separation with being separated from breast milk. All but one of these participants' responses focused on disadvantages related to separation from the mother's breast: "When the baby is with the biolog-ical mother and gives the breast milk to the baby, when there is that separation and the baby is brought here, she doesn't have the milk and the new milk will cause some changes for the baby, there is a phys-ical effect." One caregiver shared her perception of the bond established through breastfeeding:

Because…if you breastfeed a child, the child has a link between the child and the mother. So every time you breastfeed the baby, he is looking at your face and putting his hands around you—he gets something from you. So there's more big love between you and your child.

According to one administrator, separation between babies and mothers' milk can result in fatal outcomes: "If, for instance, the child was being breast fed and the child comes here, if we are not careful and do not rush the child to the hospital, we might lose the child, so it [separation] has an effect."

5.2.3. Separation has no effect

Of the 18 respondents who reported that separation from primary caregivers does not have an effect on children, eight felt that proper care ameliorated the impact of separation. Many participants explained this phenomenon by arguing that the quality of care provided by or-phanage caregivers served as a protective factor against the impact of separation: "No, it [separation] will not have an effect, because we are doing the work for God, so we do it with our whole heart. And this shows, so the child will feel at home." One foster parent described how the organizational structure, standards and protocol at the facility she worked for inoculated against potential separation effects:

From here, I don't see any negative effect…. So when they come to our home here, you have mom and dad, and on Saturday and Sun-day, the whole family goes to church. They have new brothers and sisters, so they don't feel separated like orphans. They know, "that's my other brother," and that others from the village are their siblings and they have to take care of each other. So I don't think they are harmed or feel any different from separation.

Two specific cases are noteworthy here. First, a 22 year-old office girl who had grown up in the orphanage where she still lived and now worked offered her account based on personal experience. Initially she replied regarding separation effect: "I don't see that. I just see them [or-phans] as always being happy." However, after the researcher probed about how separation from her own mother affected her, she stated, "At the beginning. Everybody at the beginning, you feel the pain. But if

you get somebody to care for you and comfort you, then you try to for-get. But actually you will not forget, sometimes you will remember when you're with the other children." One caregiver, who reported she had no children, no formal training on caregiving and worked for her facility for more than seven years, stated that separation "…doesn't have an effect because the child's mother is not here. The child doesn't feel the mother's absence. If a child was taken back to the mother, the child wouldn't feel a difference."

5.2.4. Separation has a positive effect

Five respondents conveyed the idea that separation has a positive impact on children who would otherwise be abandoned or not cared for properly: "Their future will be brighter in the orphanage than with their biological parents." These respondents noted that their role is to fulfill needs that their biological parents were not equipped to meet: "What we do for the children here, sometimes they wouldn't get that from their biological parents." One foster parent provided an anecdote to illustrate this perspective:

> When they come here, they feel they're secured. I have one child in my house. Every six or so months, I change their clothes; I use them for rags or something. Once I was going to the market….and I introduced her to [her biological] sister, we allow them to come visit. That girl, I saw her, she packed everything, she packed all the rags and said, "Mom, can I take these to my sister." So this I know, when they see their siblings are so poor and how they are suffering, they really feel it and they know how secure they are here. They feel secure.

This participant highlighted her impression that separation has a positive effect on children secondary to the economic gains they experience.

5.3. Relationships children need

Sixty-four participants indicated that children need family and parental/caregiver relationships. Some placed emphasis on biological family and kinship ties. One respondent noted, "They [orphans] need to be taken good care of. They need parents, mother–child relationships, father–child relationships, they need different companions like siblings, aunts, uncles." Others highlighted the importance of caregiver relation-ships: "I think it is we the staff that the children need most. If the relationship between the kids and the staff is very strong and close, the child will feel comfortable coming to the mothers and telling them everything to get what they need." One caregiver expressed her belief that relationships between staff and children are essential to help children thrive: "If the staff and the children here care for each other, they will succeed."

Respondents frequently cited friends, teachers, counselors and pastors among the people children need in their lives. Nine participants specifically referred to pastors or church as essential sources of support for the children: "[Children need] parents, teachers, and they need one who can advise them like a pastor or a teacher, one who will talk to them, one who will teach them about God." One teacher spoke about the churches' role: "The children need to be taken to church to have interaction with the church for moral training."

Eight participants, including seven caregivers, expressed children's need for relationships within the community. One caregiver stated that children need "interpersonal relationships between them and those outside the home, between them and adults who can be good role models, and between them and society at large." Another caregiver mentioned that children also need people from outside organizations: "[They need] mother, friends and people who come in from the community and other organizations—people from the outside."

5.4. Post-hoc analysis of link between training and attachment understanding

A post-hoc analysis of the relationship between staff attunement to children's attachment needs and their level of training is presented in Table 3. Participants' statements were identified as either supporting attachment theory, equivocal (e.g., "it depends on the situation"), or opposing attachment theory. Statements in the second category indicat-ed the impact of separation depended on the circumstances prior to separation and the care the child received following separation, such as:

> It depends on the situation. When the child is picked from the biological mother to an institution, it's a two-way affair. There are times when the child will be better off in the institution than when the child is with the biological mother and it can also happen that the child will be worse off in the institution than with the biological mother.

After categorizing each statement made by participants in one of these three categories, the authors categorized the relationship between participants' statements and their years of training and experi-ence. Numerous participants made statements which contradicted each other. When participants made all attachment-supporting comments, they remained in the first category (supporting attachment theory). If their statements were all equivocal or in support of attachment theory with one equivocal statement, the staff was placed in the second catego-ry (equivocal). Staff was placed in the last category (opposing attach-ment theory) if any statement they made contradicted attachment theory.

6. Discussion

This study explored orphanage caregivers', administrators' and staff's perceptions of children's emotional and relational needs. Partici-pants' descriptions provide insight into the relationships between Ashanti region orphanage caregivers and the OVC in their care. Partici-pants' perceptions of children's interpersonal needs reveal commonali-ties with the attachment literature (Bowlby, 1978, 1988; Fox & Hane, 2008).

6.1. Orphanage caregiver–child relationships

In line with attachment theory, research suggests that, for children living in residential institutions, close emotional ties with caregivers may serve as a protective factor and aid in overall development (Freud & Danns, 1951; Rutter & Maughan, 1997; Wolff & Fesseha, 1998). Results from our study suggest that some caregivers recognize children's basic emotional needs. Nearly one-third of participants made a statement proposing that children need their caregivers to "come closer," to reach out, recognize and be receptive to children's needs. Notably, only half of these respondents were caregivers, and

Table 3
Post-hoc analysis of link between training and attachment understanding.

	Attachment theory statements	n	%
Staff with training		35	
	Statements in support	13	37.1
	Statements in contrast	17	48.6
	Equivocal statements	5	14.3
Staff without training		46	
	Statements in support	14	30.4
	Statements in contrast	25	54.3
	Equivocal statements	7	15.2
Training history unknown		11	
	Statements in support	4	36.4
	Statements in contrast	4	36.4
	Equivocal statements	3	27.3

slightly less than half of the caregivers reported having received formal training on caregiving practices. The majority of participants described children's emotional needs simply in terms of love, time, security and attention. Staff more equipped to understand children's socio-emotional needs may be more likely to implement this understanding in practice. Without this knowledge base, caregivers may not be aware of the steps necessary to increase their caregiving attunement to OVC.

Caregivers in this study also described relationships children need. Many participants discussed children's need for close caregiving relationships—namely from their caregivers in the orphanages. One caregiver highlighted the significance of child–staff interactions, "I think it is we the staff that the children need most. If the relationship between the kids and the staff is very strong and close, the child will feel comfortable coming to the mothers and telling them everything to get what they need." This statement indicates caregiver understanding of caregiver–child interactions and the potential influence caregivers have on children's well-being. Notably, 43% of participants reported that they had received training on caregiving practices; however, the focus of those trainings is unclear. Our results, including post-hoc analysis, suggest that caregiver training may not have been focused on children's emotional or attachment needs as slightly more than half of participants made statements which indicated a lack of understanding in this area. Participants' own histories as parents or guardians and their cultures likely inform their understanding of caregiver–child relationships. Training in this area is thus critically needed.

6.2. Attachment and separation

Attachment theory helps to illuminate the findings from this study by pointing to the importance of attentive, attuned orphanage caregiver behaviors. Some caregivers in our study acknowledged this sentiment by reflecting that their relationships with the children have a great impact on the children's wellbeing. Notably, 28 participants did not refer to either parents or caregivers when asked what types of relationships children need. A few participants in this study mentioned attachment, identifying the importance of children's "bonding" needs. One caregiver noticed that the children cry a lot when they come to the institution. She explained that the children are uncomfortable in their new environment so the caregivers need to "try as much as possible to establish a strong bond with them."

Consistent with attachment theory (Bowlby, 1973, 1988; Field, 1996), just under half of our sample felt that separation from caregivers does have an effect on children. Participants did not appear to be aware that the effects of separation, such as agitation and depression, frequently persist even after reuniting with an attachment figure such as a parent or peer (Field, 1996).

One fourth of participants reported that separation from caregivers has either no effect or a positive effect on the children in their care. It remains unknown whether orphaned children who are in institutions are better off than those who are not institutionalized (Crockenberg et al., 2008). The perceptions of the participants who contended that separation has a positive effect support the idea that some orphaned children fare better in institutions than their non-institutionalized counterparts. These participants may unaware of the effects of caregiving interruptions and how frequent changes in caregivers, regardless of quality of care, might affect the children over time. Separations and inconsistencies in the relationship between infants and caregivers can undermine infants' growth, even becoming a threat to healthy physical and psychosocial development (Field, 1996).

6.3. Organizational capacity and internal structure for supporting attachment

Caregivers' understanding of the importance of children's emotional care indicates their support of an approach that considers both physical and emotional wellbeing in caring for OVC. In light of previous research that has described orphanages as unsupportive of OVC's socio-emotional development (Crockenberg et al., 2008; Johnson et al., 2010), our findings represent potential for change. Our study indicates that many caregivers do understand the importance of emotional care to OVC's development. Their degree of understanding, however, varies significantly. Thus, their capacity to provide this type of care should be enhanced through training specific to the attachment and emotional needs of children, as well as by augmenting orphanages' internal structures to increase the consistency of caregivers and proficiency of orphan care (Castillo et al., 2012; Crockenberg et al., 2008; Groark et al., 2005; Johnson et al., 2010).

One question that arises from our findings is: Are children within Ashanti region orphanages and children's homes receiving sufficient care to inoculate against the negative effects likely to result from separation from family? Research suggests that caregivers in institutional settings tend to demonstrate deficiencies in responsiveness and emotional availability (Crockenberg et al., 2008; Johnson et al., 2010; Muhamedrahimov et al., 2004). Eapen (2009) concluded that caregivers with limited time and knowledge of children's development tend to provide little attention to their emotional and social needs.

Without directly observing caregiver–child interactions, it is difficult to ascertain how these caregivers' perceptions of children's emotional and relational needs translate into behavior. Ten participants expressed concern that staffing patterns had a negative impact on children's emotional development and wellbeing (Castillo et al., 2012). Thus, there may be a discrepancy between caregivers' perceptions of children's emotional and relational needs (i.e., outreach, attunement, love, time and attention) and the availability of time and resources to actually meet these needs.

Caregivers' behaviors are significantly impacted by the exosystems and macrosystems in which they are embedded (Crockenberg et al., 2008). The organizational structures of these orphanages have major implications for the quality of care provided. Orphanage caregivers may be unable to attend to children's emotional and relational needs as a result of the lack of attachment training, time, staff support, and organizational capacity (Castillo et al., 2012). Training orphanage caregiver staff to promote warm, consistent and responsive caregiving based on relational attunement may serve as a protective factor against the adverse life events experienced by OVC and their resulting issues, such as social and physical delays (Taneja et al., 2002; Wolff & Fesseha, 1998). Trainings should aim to strengthen orphanage administrators' and staff's awareness of children's emotional and relational needs by providing them with knowledge about attachment concepts in a culturally and contextually appropriate manner so they are able to operationalize this understanding in their work.

Further, structural changes to augment staffing patterns in these orphanages are also requisite for OVC to receive effective care. Children need stable and long-term relationships with their caregivers. Given that 92% of participants in this study reported they worked for their particular agency for more than five years and 68.5% for more than 10 years, it seems clear that inconsistent staffing patterns are not necessarily a function of high staff turn-over. Rather, if caregivers are lacking the time and attention necessary to adequately care for children, organizational factors might be a major part of the solution.

Staffing patterns within these agencies should be re-structured in a way that will enhance caregivers' capacity to provide children with stable, warm, and consistent relationships. For instance, in a few of the settings, some children are assigned one particular caregiver who functions as the child's primary caregiver. Isolating care in this way, rather than assigning each child to a different caregiver every day, may be a beginning step toward improved care in these settings. Bowlby (1973, 1988) asserted that children require stable and consistent care from a caregiver who is warm, attentive and supportive in his/her interactions with the child. If staffing patterns at the

orphanages were modified to provide children with this kind of attentive support, children's emotional and behavioral outcomes might improve in such settings.

7. Limitations

This study has a number of limitations. First, the particular context in the Ashanti region of Ghana is unique. Thus, the results presented may not be generalizable to other countries or representative of other regions in Ghana. Second, due to the sampling methodology used in this study, it is unclear whether study participants represent a subgroup that is qualitatively different from caregivers who did not participate. Third, caregivers self reported the information presented in this study. The lack of a direct observational study impedes understanding the interaction between what the orphanage staff report and their actual behaviors and interactions. Lastly, as with all cross-cultural research, there exist a number of substantial social, cultural, and communication differences between some of the authors and the participants, which may limit appropriate data interpretation.

8. Future research

Future research should focus on the longitudinal relationships between institutional caregivers and the OVC in their care. This will make it possible for the effects of loss and separation on OVC to be properly assessed. Additionally, research should consider the nature and severity of loss and separation when HIV/AIDS is the primary cause and how this affects the children's development in an environment in which the disease is stigmatized. Subsequent studies should also utilize observational methodology in order to consider how caregiver's perceptions of children's emotional and interpersonal needs play out in actual behavior.

The present study demonstrates orphanage workers' perceptions of children's emotional and relational needs, highlighting gaps between what caregivers believe and what research and theory suggest. Directing resources to training this population on OVC's emotional and relational needs could narrow the gaps between these two, potentially improving treatment for millions of vulnerable children.

Acknowledgement

Appendix A. Interview guide

1 What do you think children need from their parents or caregivers? Do you think children have emotional or physical needs—what are they? Who should meet these needs? Why do you think parents or caregivers should help provide for children?
2 Are the caregiving needs of very young children different from the needs of older children? If so, in what way? Are the caregiving needs of children with disabilities different from the needs of other children? Explain.
3 What do you think the children in this institution need from you?
4 What kinds of relationships do you think children need in their lives? Are these needs different for orphans than for other children? I know children should be treated equal, but do they have different relationship needs? If so, how/why?
5 Do you think separations or absences affect the children staying here/ at this institution? If so, explain.
6 What makes children do well, or succeed at this institution?
7 What are your hopes for the children at this institution—where do you hope they end up? Explain.

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