Video Conferencing to Enhance the Lives of Children Living with Disabilities

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ABSTRACT
Approximately 200,000,000 children are born with or will acquire a disability during their lifetimes. In the developing world the situation is much worse, where a lack of education and resources and cultural norms conspire against the disabled child. In countries where resources are scarce, children who are disabled may be neglected and abandoned by society. This paper examines a project that provided effective training for developing world caregivers of abandoned disabled children. The project started as a ‘tips and tricks’ for transfer of physiotherapy skills to inner city caregivers in Kingston, Jamaica, using video conferencing. It developed into a bespoke, accredited training course for inner city caregivers as more partners were attracted to the project.

Keywords: Caregiver Training, Developing Countries, Disabled Children, Healthcare Delivery, Teleconferencing, Video Conferencing

INTRODUCTION
Remote/teletraining and telemedicine are activities that have been successfully employed in developing countries for many years but whose range and delivery speed have only recently been transformed by the assimilation of information and communication technologies (ICT). This phenomenon has afforded many new opportunities; none more so than in the area of health care delivery. The case study under investigation analyses a project that incorporated attributes of both remote training and telemedicine in order to transform the care of young people living with learning disabilities in Jamaica.

This paper reviews the dynamics of the three stages of development of the project. The first phase describes the involvement of a physiotherapist from Ireland, who acted as remote trainer for the caregivers of children with learning difficulties living in a Mustard Seed Communities care homes. The second phase explores the engagement with a training hospital in Ireland. The third phase examines the commitment of a Higher Education Institution in Jamaica in extending and embedding
the project. It explores how video conferencing technology was used during a project in order to provide bespoke training and education for care-givers.

The project sought to enable care-givers with little or no formal education or training to develop an understanding of the basic child care needs for children with learning disabilities. The focus was to enable the care givers to develop basic physiotherapy skills. This paper critically examines the processes involved in developing and implementing the project over a period of five years and explores the issues that affected this process. It seeks to develop a model which may enable colleagues working in developing world contexts to engage in similar capacity building initiatives.

HISTORICAL CONTEXT IN JAMAICA

Jamaica gained independence in 1962 and society deteriorated as the rival political parties armed opposing gangs as they struggled to fill the power vacuum. Jamaica has a population of 2.8 million, Kingston has a population of approx 850,000 and approximately 500,000 live in the war torn inner-city garrison communities. In 2006 the capital Kingston was designated the murder capital of the world by the BBC news agency (2006). The county is paralyzed by public debt which is estimated to be 130% of GDP and nearly half of government spending goes on debt servicing CIA the World Fact-book (CIA, 2010). Few resources are left for public spending and as a result education and children services are extremely underfunded.

INTERNATIONAL LANDSCAPE OF CHILDREN LIVING WITH LEARNING DISABILITIES WORLD WIDE

Data based on the Rehabilitation International (RI) guidelines Disability World (2003) estimate that 200,000,000 people are “born with or will acquire a disability during their lifetime”. Of that number UNICEF estimates that 150 million are children. However, the proportion of disabled children in the undeveloped world could be significantly higher and on the rise.

The provision of services for disabled children in the developing world is extremely poor due to the lack and resources and personnel skills. The problem is compounded by the fact that the skilled personnel that do exist are often lured to the developed world by the promise of higher wages and better living conditions.

CONTEXT OF CHILDREN’S RIGHTS IN JAMAICA

The registration of births establishes the rights of a child to existence and fundamental human rights. In Jamaica, 37% of the population are under 18. However in 2004, 10% of births were not registered. According to UNICEF, those for whom there is no record, are amongst the poorest, the most vulnerable, and the most abused in Jamaican society (UNICEF, 2006).

More than 3.86% of Jamaican children live with one or several forms of disabilities. These include problems with sight, hearing, speech, physical and mental developmental delay. The majority of these children are of school age, i.e. in 5-14 years age group. However, only 10% of children with disabilities are enrolled in formal school-based and other programs receiving funding from the Government. Article 23 of the Jamaican constitution states that “Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self reliance and facilitate the child’s active participation in the community” (Article 23).

Those children living with disability are excluded because they are likely to be unregistered and because of cultural belief systems about the nature of disability. UNICEF found that 40% of parents perceived that a child with a disability was the result of a supernatural event. Forty percent stated that a child with a disability was ‘sent by God’ whilst 18% felt it was caused by an evil spirit or was a punishment for some
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