

THE BABY THERAPY CENTRE

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EXECUTIVE SUMMARY

The Baby Therapy Centre has been operating for over twelve years, offering treatment and support to over 2560 developmentally delayed babies and toddlers at the Centre, and innumerable children at the outreach stations. Our aim for each of these children was their optimal development through Early Intervention Therapy.

The past year brought an increase in the number of individual and group treatments. Teamwork within the five therapy disciplines represented in our Centre reaffirms the Centre's holistic approach. Further impetus for expanding our expertise is consistently sought through courses and team training sessions. Our therapists also continued to visit hospitals and clinics to give advice and training and create awareness for the possible developmental delay in babies.

Support and counseling for the parents of our children have always been an important task at the Centre, and in the past year a new Support Group for the Mothers was initiated. Here the emphasis is helping the mothers cope emotionally with their special-needs child.

The number of children accommodated in the Daycare Section of the Centre has increased, utilising the new extension well. An increasing number of caregivers, who accompanied the handicapped child to the Daycare Section, were trained at the Centre in order to be equipped to carry on with the relevant programmes at home.

In the Centre's outreach program, the past year brought the development of a new operational area in Mamelodi, east of Pretoria. On the grounds of an existing Nursery School, we were given the use of a portion of the property, and have erected a large Wendy House for our clinic and treatment groups. The number of parents bringing their handicapped babies is increasing steadily.

A positive outcome of established contacts and successful treatments, was the increase in the number of babies brought to our Centre by parents from the outlying and less advantaged communities in our country. We are also proud to report that in the past year the Centre has again attracted patients from our neighboring countries!

As in the past, the Centre as a unique institution of expertise on Early Intervention Therapy, again fulfilled its commitment to Tertiary Training. Furthermore, an increasing number of therapists from other cities and provinces approached the Baby Therapy Centre for advice and guidance. It can also be expected that this expert service to the community will in future expand as our upgraded website has come into effect.

A major problem in the past, regarding the absence of special nursery schools for the visually impaired, autistic and multi-handicapped pre-schoolers, is at last being addressed. Through a wonderful provision, the house adjacent to the Baby Therapy Centre could be purchased, and is being developed as a special nursery school.

Financially, the Centre was kept afloat in the past year by generous donations, fund-raising efforts and a flow of smaller contributions.

PROGRESS REPORT

Staff

Our team consisted of nine experienced therapists comprising Physio-, Speech-, Occupational-, Hydro- and Music Therapists. Outside psychologists were consulted for parents in need of counseling, as we do not as yet have this service in-house.

As in the past, the emphasis remained on a holistic approach. This starts with the first evaluation of all babies by a team and continued with co-ordinated therapy sessions and the involvement of the Daycare Section in specific cases.

In the Daycare Section one of our paediatric nurses was in attendance at all times, supported by three assistants with many years of experience.

Most of our therapists worked on a part-time basis and augmented their salaries by working part-time at other practices. Fortunately, this state of affairs did not distract from their dedication to the Centre's services. They derived satisfaction from the teamwork and the challenge of being in the forefront of new developments and new technologies of Early Intervention Therapy.

All bookkeeping, administration, visitors and 700 monthly bookings were efficiently handled by four part-time employees working in shifts.

The Board Members, supported by many dedicated helpers, attended to management, fund-raising, liaison, the Centre's maintenance and menial tasks, in many hours of volunteer service.

Statistics

2560 children were evaluated and treated since the inception of the Centre in January 1995.

The number of individual treatments of patients increased slightly in the current year as compared to those of the previous years.

Statistics of the current year show :

- An average of 550 therapy sessions per month
- An increase in group sessions, with specific groups held for: 1. Autistic, 2. Visually impaired children and 3. for Learning skills to prepare the children for nursery school
- An Average of 22 initial evaluations per month
- between 10 and 16 children daily in the Daycare Section
- 10 - 12 visits by therapist teams to outstations per month.

Outreach

The services to the outlying and less advantaged communities constitute an important and integral part of the Baby Therapy Centre's objective to make Early Intervention Therapy accessible to everybody.

As mentioned in our previous annual reports, our activities in Atteridgeville had to be terminated, due to lack of essential services from the city council and because of threats and vandalism. The 4 mobile houses and the security fence, as well as all assets of the project there were transferred to Salvokop where further successful involvement was continued at PoPup, (Pretoria Upliftment Project). Here a Daycare Centre exists, supported by the Baby Therapy Centre. All their children were evaluated, and many of them now benefit from treatments as their development had been endangered by the adverse home environments in which they grew up. Several impeded children also received regular therapy. Developmentally delayed children identified at the nearby Folang clinic, as well as from clinics in Atteridgeville, are also referred to our PoPup clinic.

Mamelodi

Apart from weekly visits to the Mamelodi West clinic, we have been developing a corner of a property of a church nursery school, which was kindly assigned to us. On this site we have placed a large Wendy house and are now in the process of equipping it for use as a therapy-clinic and a central place for mothers of handicapped babies to meet. The local church and the existing nursery school have given us their overwhelming support for the establishment of therapy facilities on this site.

General

Through the contacts, which the Centre's therapists established with several doctors practicing in previously disadvantaged areas, and the successes achieved, the number of babies brought to our Centre by parents from economically depressed areas has increased. The Outreach services have to be financed in total by donations, as the parents are unable to pay for the services and do not belong to medical aid schemes.

Therapy treatment: progress and new development

1. Individual therapy

The primary focus of the Baby Therapy Centre is on achieving the optimal development of each baby. Specialized individual treatment in physio-, speech-, music-, hydro- and occupational therapy was continued as in the past. (See above for statistics).

2. Group therapy

Group therapy sessions of children were increased the past year.

Pertinent reasons for these group therapy sessions were:

- The financial burden for parents is cut as the costs per child are less;
- Should a child not turn up (as our statistics show, this happens in 20% of the bookings) the therapist is still constructively engaged;
- The international literature on Occupational Therapy advises to use group therapy where applicable.

The therapeutic value of groups is:

- Socializing and encouragement through peer groups;
- In certain groups. mother/child interaction for improvement of the relationship with and knowledge of the child;

- Structure of group setting for future environment of learning;
- Discipline with a group setting;
- Responding to demands set by the leader (i.e. the therapist) in an activity;
- The therapy is controlled to grade interaction and therapy activities.

Three main groups of children regularly attended sessions. The three groups were catering for (1) Visually impaired (twice a week); (2) Autistic and Regulatory disordered children; and (3) Learning skills for Bridging classes. The following explanations can be given for each of the groups:

Visually impaired : The toddlers who have any form of visual impairment need to be prepared for attending the local School for the Blind, through: Learning Skills, Emotional Growth Play (Occupational Therapy) and Movement/Music (Music therapy).

Regulatory disordered and autistic : These children often have learning and behavioral problems. Their problems had to be professionally addressed, using Sensory Integration Therapy and Emotional Play (Occupational Therapy), Language Development (Speech Therapy) and Music/Movement (Music therapy).

Bridging group : Children with physical handicaps, who are not ready to go to ordinary nursery schools, need extra input to improve Life skills and Learning skills (Occupational Therapy)

Therapy results

Where as the development delays or handicaps and special needs of the babies treated at the Centre are very diverse, the therapy results achieved are grouped into the following categories:

- Restoration of complete functionality. The child will be able to support itself in the future.
- Improvement to semi-independent functionality. The child may require special schooling in the future, but will be fully functional in daily life.
- Improvement to dependent functionality. The child will be able to learn in a special schooling environment, and will be functional for the most fundamental aspects of daily life.
- Improvement to less intensive care. The child will always require special care and assistance, also with regard to the most basic aspects of daily life, but skills can be learned which reduce the need for institutional care.
- Enhancement of the quality of life. Some disabilities are so severe that functionality cannot be improved by any significant degree. However, the joy and happiness that these children derive from the work with the therapist and the small successes that they can achieve, justify all efforts. Caring for these children becomes easier and more fulfilling for the parents as a result of the therapy, the training in handling the babies and support they receive at the Centre.

Using these categories, the results of the Centre's work in the past year are:

- 20% of the children restored to complete functionality
- 35% of the children improved to semi-independent functionality
- 27% of the children improved to dependent functionality
- 10% of the children improved to less intensive care
- 8% of the children's quality of life enhanced.

It must be pointed out that therapies always improve the conditions of the children. The enhancement of the quality of life of all the children and their families is a fundamental aim. The child, its family and the community at large all benefit by any improvement.

Parent Support and Training

Parent Support Group

During the course of the year a new Parent Support Group was initiated for mothers who struggle to cope emotionally and practically with their children. It is conducted by an occupational therapist trained as counselor and group therapist.

Many families (including grandparents and siblings) enjoyed the end of the year function, where the families as units could socialize with other families and their differently-abled children.

Caregiver Training

An increasing number of caregivers of handicapped children were trained at the Centre to enhance their skills and competence. These caregivers accompany "their" child to the Daycare Section where they are trained by the paediatric nurse and the experienced assistants. They also attend "their" child's therapy sessions in order to be equipped to carry on with the relevant programmes at home.

Daycare Section

The number of children accommodated in this Section of the Centre could be increased because of the building addition the year before, and the waiting list could be removed. With the new room, the staff could separate the more vulnerable and younger babies from the more mobile, noisier and more active toddlers. We are most grateful to the sponsors for this extension.

During the course of the year several volunteers assisted in the Daycare Section. This help was of particular significance as a few attention-demanding children necessitated special inputs.

Tertiary Training

The Centre, as a unique institution of expertise on Early Intervention Therapy, maintains its commitment to share this knowledge and experience with University students.

The fourth year medical students at the University of Pretoria are introduced to the importance of Early Intervention Therapy and are also made aware of the impact which a handicapped child has on the whole family.

Speech therapy students participated in feeding-therapy sessions and regular practicals are held for music therapy students. Some of our experienced therapists have given series of lectures to Master degree therapy students.

An occupational therapy student did her elective practical block at the Centre.

Visits to Hospitals and Clinics

Fortnightly visits to several hospitals and clinics were maintained by our Occupational and Speech Therapists, while they also were on call to other hospitals and clinics.

These visits served to:

- advise the nursing staff on particular cases,
- advise and train mothers, for example on feeding problems,
- create awareness for possible developmental delay (e.g. premature births, multiple births, etc),
- de-stigmatise cases where an impairment had been diagnosed, and encourage parents.

Public Awareness for Early Intervention Therapy

One of the objectives of the Baby Therapy Centre is to promote the early identification of any development delay in babies, in order to achieve optimum results through Early Intervention Therapy. The main target groups in this campaign for awareness are the parents and everybody in the Health Sector involved with babies.

Professor Hellbruegge and his team in Munich addressed all the issues in their book on “The first 365 days in the life of a child”. The Baby Therapy Centre was given the right to translate and distribute this book in South Africa. The book, with its checklist on the development stages, was translated into English, while the captions of the 85 photos were translated into English, Afrikaans, Zulu and Sotho.

The second edition has been printed.

Website

Thanks to a wonderful donation by a group of young men, our websites have been upgraded and the two sites integrated into one. An improved design, lots of information and a user-friendly format invite you to visit us at <http://www.babytherapy.org.za>.

Our fundraising site on the GivenGain website has been integrated with our original website for parents.

The main part of the website is particularly designed to assist parents who seek help for their children. Here they can get information about available services and the content of therapies for the relevant problems of their child.

The “News of the Month” offers support and interaction possibilities, as well as ideas to implement at home.

The Donation section offers potential donors the opportunity to read about specific projects they can support, and the secure site offers the possibility to donate online in our country or overseas.

Security

Although additional security fencing had been put up along the Centre's boundaries in order to upgrade the property's security, we still had two burglaries. It is most unfortunate that a place like this, helping innocent children, was targeted by people seeking personal gain.

Finances

As in the previous years, the contributions by payment from parents and medical aid schemes only covered one third of the running costs.

The effort by the Board to streamline, and dedicated inputs by the staff, raised the total number of treatments and services provided without increasing the staff complement or paid working hours.

In financial terms, however, this positive development was negated by the increase in the number of parents who could not or could only partially pay for the treatment of their child.

Some very generous donations, strenuous fund-raising efforts and a flow of smaller contributions kept the Centre afloat during the past year.

A detailed financial report can be obtained at the Centre.

Outlook

The further developments in Mamelodi depend on what funds can be accessed for this service. There is no doubt about the need for Early Intervention Therapy and our determination to offer it.

A most exciting new development for a certain sector of our children who are turning three, is the extension of our Centre to include a Nursery School. The house next door could be purchased, and we have started one group of 5 children who have various special needs. As funds become available, special classes for visually impaired, autistic and multiple handicapped children will be developed.

The newly integrated website has already created interest and will without doubt reach out to many parents in desperate need for help. This, together with the concerted efforts of staff and board members, should promote the awareness of the need for Early Intervention Therapy – and our Centre.

Despite the difficult financial position, we trust that the Centre will be able to maintain its record of helping *any child*, regardless of the parents' ability to pay. For this, however, we depend on our donors, and the Grace of God.