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Comparison Of The In-Service Training Requirements And The Level Of Satisfaction Of Care Personnel In Children's Homes

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Abstract

Adults assume an important role in the care and education of children. Although the family is considered as the most suitable environment for raising children, various social and economic factors may require or force children to live apart from their families. In this context; this study aimed to determine the in-service training requirements with respect to children's nutrition, food safety, children's diseases and disease prevention of the care personnel assigned at Children's Homes affiliated with the Provincial Directorates of the Ministry of Family and Social Policies, and to compare these requirements with their post-training level of satisfaction. The study was performed with the participation of 43 care personnel working for the Provincial Directorate of Social Services in the Manisa Province of Turkey. The obtained data were then evaluated using content analysis. Twenty six (60.5%) of the care personnel were between the ages of 25-30, while 38 (88.4%) were secondary school graduates in the area of child development. All of the participants expressed that the program was able to meet their training requirements. During the study, it was determined that the care personnel had various training requirements, and that detailed knowledge regarding these needs was very important for the effective planning of the content and duration of their in-service training.

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1. Problem statement

Adults assume an important role in the care and education of children. Although the family is considered as the most suitable environment for raising children, various social and economic factors may require or force children to live apart from their families. It is known that increasing the standard of care provided in children's homes is

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associated with the training received by the care personnel.

The family represents one of the fundamental units of society, and provides a natural environment for the well-being of all its members, and especially that of children. However, to be able to fulfill its socially expected responsibilities, the family also requires support and protection. Such support is essential for creating a happy, loving, and understanding family environment, which is essential for the full and healthy development of children (UNICEF, 2004). For every person born to this world, the family represents the most suitable and comfortable environment for their development. However, various social and economic reasons may cause individuals to become separated from their family. Children, disabled persons, and the elderly are especially dependent on the care and support of others; in cases such individuals becoming separated from their family, they will require services compatible with human dignity. For this reason, the importance accorded in Turkey to services for children, the elderly, and disabled persons without families – which are considered to constitute a risk group – has increased considerably in recent years. In this context, policies have been developed to ensure that children can be taken care of by their own families, and socio-economic support programs have been initiated for families that have difficulties in taking care of their children or the elderly for economic reasons. Parallel to the care and protection services provided to children, considerations regarding the employment and the quality of personnel providing such services has also become important (Turkish Ministry of Family and Social Policies, 2014).

The changes in the social, economic, and cultural structure of Turkish society – accelerated in recent years by income inequality, the increase in unemployment, and the increase in social and economic problems relating to migration from rural areas to urban areas – have led to a parallel increase in the number of children requiring protection. Consequently, there has been an increasing need to restructure institutional care in Turkey, which represents the most common model of service provided in Turkey to children in need of protection. In accordance with the objectives of Turkey, a rapidly developing country that is seeking to increase the prosperity of its people by joining the European Union, the General Directorate of Child Services of the Ministry of Family and Social Policies has reviewed its service policies and began to implement new practices. In this context, a new model of care was developed in which children would be sheltered in locations called “children’s homes,” instead of the communal institutions that are currently providing services. These children’s homes provide an environment where six to eight children can find shelter and live; have all their basic necessities taken care of; feel safe without having to experience the disadvantages of communal life; look safely towards the future; prepare themselves for their future life without being plagued by fears or concerns; fully experience and learn concepts such as friendship, neighbors, and neighborhood; and be raised as individuals who are integrated into society, are knowledgeable about the realities of society, and who can stand on their own feet. These “Children Homes”, which are necessary for the well-being and benefit of children, aim to contribute to the physical and psycho-social development of children receiving protection and care, and to raise them as individuals with occupations who can benefit society (Turkish Ministry of Family and Social Policies, 2014). To this end, children’s homes for six to eight children between the ages of 0 to 18 are being created in specific areas within provinces which, based on the socio-cultural fabric and the physical structure of the province, are deemed suitable for the raising of children – with provincial centers generally being the preferred locations. The locations of choice for children’s homes include donated apartment flats and single houses near schools and hospitals, especially those that were previously used for public housing purposes. It is also considered very important for the personnel responsible for educating the children and allowing them to become independent individuals to also receive trainings within the scope of a program that will contribute to their knowledge of child development and care. It is also necessary to understand the perception of such personnel towards the task they are performing.

1.2. Purpose of study

In this context; this study aimed to determine the in-service training requirements with respect to children’s nutrition, food safety, children’s diseases and disease prevention of the care personnel assigned at Children’s Homes affiliated with the Provincial Directorates of the Ministry of Family and Social Policies, and to compare these requirements with their post-training level of satisfaction.

1.3. Methods

The study was performed with the participation of 43 care personnel working for the Provincial Directorate of

Social Services in the Manisa Province of Turkey. In order to determine the areas in which these personnel required training, and their level of satisfaction following the in-service training; a questionnaire form was prepared and administered by the researchers.

In this study, the content analysis technique was used to evaluate the obtained data. The main purpose of content analysis is to identify the concepts and relationships that can explain and clarify the collected data. The data that are summarized and interpreted in descriptive analysis are subject to a comprehensive evaluation during content analysis. In addition, content analysis may reveal concepts and themes that might not be discerned through the descriptive approach. Content analysis mainly involves the grouping of similar data around certain concepts and themes, followed by the organization and interpretation of these data in a manner understandable for the readers (Yildirim and Simsek, 2008).

1.4. Findings and Results

The obtained data were then evaluated using content analysis. Twenty six (60.5%) of the care personnel were between the ages of 25-30, while 38 (88.4%) were secondary school graduates in the area of child development. Among these 38 study participants, 19 had continued their education after completing secondary education: 2 of these participants had completed an associate's degree programs, while 17 of the participants had either graduated from a bachelor's degree program or were continuing their undergraduate university education at the time of the study. It was determined that the study participants needed training in areas such as healthy nutrition, nutritional disorders, avoidant/restrictive food intake disorders, children's diseases and early diagnosis. All of the participants expressed that the program was able to meet their training requirements.

Information regarding the demographic characteristics and education of the care-provider personnel who participated in the training on health and nutrition are provided in the tables below.

Table 1. Demographic information regarding the care-provider personnel (age, civil status, children)

Age range	N	%
25-30	26	60.5
31-35	13	30.2
36 and above	4	9.3
Civil Status		
Married	26	60.5
Single	15	34.9
Divorced	2	4.7
Have Children		
Yes	24	55.8
No	19	44.2
Total	43	100

As shown in Table 1, the large majority of the care-provider personnel participating to the training were between the ages of 25-30 (60.5%), married (60.5%), and with children (55.8%).

Table 2. The distribution of the care-provider personnel with respect to their level of education and the secondary education institution they graduated from.

Secondary Education School	N	%
The Child Development Department of Vocational High School For Girls	38	88.4
Common High School	5	11.6
Total	43	100
Level of Education		
High School Graduate	24	55.8
Associate's Degree	2	4.7
Received a Bachelor's Degree, or currently	17	39.5

continuing a Bachelor’s Degree program		
Total	43	100

As shown in Table 2, the large majority of the care-provider personnel participating to the training had completed their secondary education in the child development department of vocational high schools for girls. Nineteen of the participants continued their education after completing secondary school, with two of these participants graduating from an Associate’s Degree program, and 17 of the participants either graduating from or currently continuing a Bachelor’s Degree program. An evaluation of the participants’ level of education indicated that 24 of the participants

Table 3. The distribution of the care-provider personnel with respect to their occupational experience.

Occupational experience	N	%
1-5 years	32	74.4
6-10 years	10	23.3
11 years and above	1	2.3
Total	43	100

As shown in Table 3, the large majority of the care-provider personnel who participated in the training program had between one to five years of experience.

Table 4. The distribution of the care-provider personnel with respect to the trainings they previously received, and the trainings on the subject of health and nutrition they participated in previously.

The subjects of previously received trainings	N	%
Communication	6	14
Care	3	7
Other	9	21
“I have not participated in seminars before”	25	58.1
Total	43	100
Participation to trainings on the subject of health and nutrition		
“I am participating for the first time in such a training”	11	25.6
“I have not participated in trainings on health and nutrition before”	32	74.4
Total	43	100
The time period when it will be necessary to repeat the training on the subject of health and nutrition		
Within 6 to 12 months	24	55.8
Within 1 to 2 years	19	44.2
Total	43	100

As shown in Table 4, the majority (58.1%) of the care-provider personnel have not participated in any training program before. In addition, the large majority (74.1%) of the care-provider personnel described that they have not previously received any training on the subject of health and nutrition, and that they felt that it would be necessary to repeat the training on this subject within 6 to 12 months.

1.5. Conclusions and Recommendations

During the study, it was determined that the care personnel had various training requirements, and that detailed knowledge regarding these needs was very important for the effective planning of the content and duration of their in-service training. Furthermore, it was observed that the in-service training requirements of the personnel participating to the training program on the subjects of children’ nutrition, food safety, children’s diseases and disease prevention varied according to the personnel’s education level and their sources of information. Children in need of protection and care represent one of the most important problems of society. By increasing the knowledge

and experience of the care personnel who diligently work in children's homes, it will be possible to create a better environment for these children in need of protection and care. We believe that, instead of solely relying on visual and written sources of information, having applied training programs prepared and implemented by specialists in the field will be more beneficial for the care personnel.

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