



A practice issue that has recently been receiving the attention of many investigators across many health professions, is that of caregiver burden. This is evidenced by the number of current research endeavours aimed at determining not only the extent of this problem, but also at the lived experiences of being a primary care giver and more importantly, what we as a profession can put in place to alleviate the many factors associated with the burden of care experienced by so many of our clients' friends, relatives and volunteer care-givers.

In an article by Singh, et al¹, the authors point out that, despite the benefits of having a home-based carer for people living with HIV/AIDS, carers experience high levels of stress mainly due to becoming the targets of HIV-related prejudice and discrimination. One article featured in this issue² focuses on the lived experiences of mothers caring for their child with HIV-related neurodevelopmental disorders. The participants in this study pointed out that despite the lack of support from their communities (largely due to their own HIV-status and that of their child), they found meaning in their role as mother and caregiver through observing the occupational development and achievements in their child which in turn, rekindled their hope for their child's future.

In another article in this issue, authors highlight the importance of parents/caregivers' awareness and understanding of the concept of school readiness³. Children who do not meet the academic challenges of formal schooling are often referred to occupational therapists to assist in school readiness preparation. The study found a strong link between the mothers' level of education and their understanding of how they should engage with, stimulate and encourage their child's development in order to prepare them for formal schooling. The important conclusion of this article is the role we as a profession could play in determining where additional support and education may be required, and that we should tailor our support and intervention to ensure parents/caregivers understand how they can contribute to preparing their child for school.

The subjective burden of care experienced by informal caregivers is one of the most important predictors of negative outcomes of the care situation – for the caregivers themselves as well as for the one requiring care. Sharing and giving up one's entire life, context and environment with and for someone in need of care, impacts directly on caregiver burden and in some cases, caregiver burnout. New routines and roles which are forced upon caregivers further deprive them of their own occupational needs. Serfontein, Van Schalkwyk & Visser⁴ put forward some important and valuable recommendations as to how we can offer appropriate training and ongoing support to informal caregivers of stroke survivors in an attempt to not only alleviate the burden of care, but to ensure positive outcomes for both the client and the caregiver.

The multidisciplinary nature of caregiver support and training in South Africa is investigated in another article in this issue by Fewster, Uys & Govender⁵. They found that three Quality of Life domains, namely *development and activity* and *social and emotional wellbeing*, were most commonly targeted in interventions by the multidisciplinary teams in this field of practice, although the primary focus still fell more prominently on the child's needs rather than that of his or her primary caregiver.

The central theme emanating from these articles is clear: Our pre-discharge and long-term outcomes in many instances, largely depend on the quality of the training, preparation and ongoing support we offer to the caregivers of the clients that we serve.

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