

Research Article

**CAREGIVERS' RELATIONSHIP WITH CHILDREN,
OTHER STAFF AND THE ORGANISATION**

Ratna Saxena* and Shashank Shekhar

ABSTRACT

A large number of children are currently living in alternative care. The relationship they establish with their caregivers can play a significant role in their development. However, not much literature examines the caregivers' relationship with children, other staff and the organisation. The aim of this review is to analyse the existing published studies regarding these caregivers' relationships, with a focus on programs in South Asia. The review analysis is also based on first-hand experiences shared by the caregivers working with children in alternative care in India. These findings are based on focused group discussions with caregivers working with children in child care institutions, group foster care and aftercare settings, along with available literature reviews on the same. This research will help in guiding the policies for better child care, with a focus on developing the child-caregiver relationship, while also addressing and resolving concerns in the relationship dynamics of caregivers with other staff and the organisation.

Keywords: Caregivers, Alternative care, Relationships, Children, Staff, Organisation

INTRODUCTION

Throughout the world, orphaned and abandoned children endure unimaginable hardships in their lives. While the actual number of children in child care institutions (CCIs) is impossible to gauge accurately, estimates have ranged between 2,000,000 and more than 8,000,000 (Browne, 2009; Csáky, 2009). Historically, institutions have been the most common form of care for orphaned and abandoned children throughout the world and continue to remain so across several South Asian nations (Dozier *et al.*, 2012). However, institutional rearing often involves social and even material deprivation, negative impacts on growth, cognitive development and language, as well as greater levels of problem behaviours, which have been noted for more than 50 years among young children raised in institutions (Rutter *et al.*, 2007; Van *et al.*, 2008).

Founding Trustee, Centre for Research and Advocacy for Child Rights and Persons with Disability, New Delhi, India

*Corresponding author email id: ratna.saxena35@gmail.com

The care that children receive impacts their survival, growth and development. In the 1950s and 1960s, Bowlby (1969) described the significance of a child's attachment to a single caregiver for normal emotional, cognitive and physical development. During the same period, Dennis (1973) observed that infants raised in orphanages could barely sit up at 2 years of age and could not speak. They had little emotional contact with the child care workers in the facility, although all of their physical needs were met. As an experiment, he selected a group of infants for special treatment and assigned each child to one particular caregiver, who was asked to pick the child up, and hug and talk to the child on a daily basis. Children with this treatment changed radically; they began to talk, developed rapidly in terms of their motor behaviour and grew well. The treatment was caring. Since these early studies, much research has illustrated the importance of attachment between children and caregivers, described as a 'unique and enduring bond', and of psychosocial care in general for all aspects of a child's survival, growth and development.

Another set of care practices that influence survival, growth and development of children are the social, emotional and cognitive interactions between caregivers and children. These practices include responsiveness of the caregiver to the child, the attention, affection and involvement that the caregiver shows, and the encouragement of autonomy, exploration and learning. Responsiveness includes the extent to which caregivers are aware of their children's needs and responses, in a way to interpret them accurately, and respond to them promptly, appropriately and consistently (Engle and Ricciuti, 1995). Caregivers can also improve children's intellectual development and nutritional status by encouraging autonomy, exploration and learning (Engle and Lhotska, 1999). Young children are born with the ability to learn, but they need encouragement and freedom to develop that ability. Caregivers need to provide safe conditions for play, encourage exploration and provide learning opportunities in addition to good nutrition. These conditions combine to impact their growth and development (Super *et al.*, 1990).

Gunnar (2001) classified institutions into three levels based on the quality of care they provide: (1) institutions characterised by global deprivation of the child's health, nutrition, stimulation and relationship needs; (2) institutions with adequate health and nutrition support, but deprivation of the child's stimulation and relationship needs and (3) institutions that meet all needs except for stable, long-term relationships with consistent caregivers. It is possible to add a fourth level, namely an institutional environment that provides for stable and consistent caregiving, which however lacks the family life embedded in a regular social environment. Small group-home care, as described by Wolff and Fesseha (2005), might be seen as representing this fourth level of institutional environment.

METHODOLOGY

The researchers studied the existing literature regarding caregivers' relationship with children living in alternative care, with other staff and an organisation based in South Asia. The review analysis is also based on first-hand experiences shared by the caregivers working with children in alternative care in India. We reviewed available literature from the year 2000 onwards. The main content of this literature focused on the effects of the caregivers' relationship with children and other staff on the development of children in their care. The authors of this article also conducted focused group discussions (FGDs) with 35 caregivers from institutional care settings, including a group foster home and aftercare program. Three persons from the management team were also interviewed. The interpersonal relationships between the caregivers and other staff were also noted through observation.

FGDs were conducted with caregivers of these formal settings at the CCIs on the following criteria:

Communication Styles

It was found that these caregivers used a facilitating communication style. A hallmark of a facilitating style is a preference for one-on-one, cooperative activities involving working together (e.g. hobbies, cooking or gardening), that provide an opportunity for the children to engage in meaningful pastimes or a valued role with the caregiver. While ensuring the rights to privacy and confidentiality, these caregivers also encouraged children to develop and exercise informed choices. These caregivers stated that before they start their work with a set of children, they developed a list of non-negotiable behaviours in discussion with the children in their care. Then they ensure that every instance of such behaviours is discussed in an open manner. Issues of protection, possibilities of exploitation and information and indicators of abuse are discussed in a safe environment with the children, so that the children are prepared when transitioning to independent life as they grow into adulthood.

Attention, affection and involvement shown by caregivers also influence children's survival, growth and development. The most important factor in a child's healthy development is to have at least one strong relationship or attachment with a caring adult who values the well-being of the child. Lack of a consistent caregiver can create risks for children. The child needs frequent positive interactions. Valuable traditional practices should be identified and sustained as much as possible.

The caregivers make efforts to trace the family of each child based on identifying details or the address provided by the children in their care. They also present the

details of the same to the statutory body [The Child Welfare Committee constituted by the Government under the Juvenile Justice (Care and Protection of Children) Act, 2015]. The caregivers also make efforts in counselling the families before and after reunification. Their reports help in determining decisions in the best interest of the child.

Relationship with Other Staff in the Institution

It appears that positive beliefs about caregiving can have an important impact on the mental health of caregivers. Regardless of the level of demand placed on caregivers, individuals who find meaning in their role and those who are searching for meaning express fewer depressive symptoms and greater self-esteem than caregivers who do not find meaning in their caregiving role (Noonan and Tennstedt, 1997). This positive feeling about the caregivers work came from the feedback they received from other staff and from working as a team for the children in institutional care.

Other factors associated with positive caregiving experiences include a caregiver's access to effective coping strategies and coping resources (Nolan *et al.*, 1996). Coping refers to the efforts made by an individual to overcome demands or challenges that are perceived as taxing or stressful (Folkman and Monat, 1991).

The caregivers during FGDs expressed that having a cordial and affectionate relationship with other staff of the institution provides a stress-free environment and lessens the burden of being a caregiver. The weekly meetings held with all other staff of the institution, and strong internal communication systems developed by the staff gives them space to voice out any stress in their role as caregivers.

Organisation that Manages the Institutional Care

During the FGDs, majority of the caregivers maintained that the organisation managing the institutional care program is supportive and takes care of the caregivers' socio-economic needs. Few caregivers displayed the signs of burnout as they have been caring for more than a decade and expressed discontentment with their organisation, especially with regards to the low remuneration they receive. In all the FGDs, it was shared that the organisation has set up internal communication channels for them, such as monthly meetings with the caregivers where issues of management of the institution, communication with children, stress from care and others are discussed, and mentoring is provided by the senior members of the organisation. Regular trainings are also provided by the organisations on topics that keep the caregivers updated on skills and knowledge of working with children. However, burnout was neither identified nor discussed during these meetings.

A good example on how the role of an organisation improved the relationship of the caregivers with children is mentioned next:

The Infant Care Facility Improvement Project (Wright *et al.*, 2014) was conducted by the International Child Resource Institute Nepal in the Nepal Children's Organization's *Bal Mandir* facility, the oldest and largest orphanage in Kathmandu, Nepal, from July 2004 to June 2008. The project updated physical infrastructure, created child-friendly spaces and trained staff in developmentally appropriate care, with the aim of improving the health, safety and development of young children from birth to 6 years of age.

Two interventions were implemented to meet the project's goal: (a) facility infrastructure improvement to make spaces safer, more sanitary and child-friendly, with reduced group sizes and (b) training of caregivers in early childhood development and effective caregiving practices, with ongoing mentoring and support. In their first weekly meeting, the caregivers were asked to decide what they would like to be called by the children in *Bal Mandir* because the term used to designate them, *Aaya* or Maid, was felt to be inappropriate. Of the 16 caregivers participating in the discussion, the majority of them suggested the more respectful title of *Aama* or Mother. This simple change in title has had a significant impact on the dignity of the caregivers; they now feel more respected and honoured and are proud of being heard by the management. The children felt that they have mother figures in the orphanage, creating a situation where the children are now starting to feel a sense of family within the orphanage. Similar instances were also cited by the caregivers during the FGDs held with two Indian organisations, where calling them *Bhaiya* meaning brother and *Didi* meaning elder sister helped in building a bond of love and care between them and the children in their care.

After the intervention, the four rooms for young children looked more child-friendly, and the children appeared healthier and happier. They appear more confident and curious in their general affect and demonstrate more intentional actions, including jumping, crawling, walking, climbing, clapping and speaking. Children showed more signs of engagement with the caregivers, including vocalisations during play. Because of the improved standard of hygiene, the incidence of illness has decreased, and the rate of infection has dropped significantly.

CONCLUSION

The authors' interaction with the caregivers during FGDs strengthened the understanding of the dynamics of the caregivers' relationships with the children in

their care and, to some extent, with other staff as well as the organisation. A cordial and open relationship with other staff always supported them in dealing with children in their care, protected them from burnout and reduced the stress brought about by the caregiving role. The resources provided by the organisations managing child care programs also have an effect on the quality of the relationship that develops between the caregivers and the children in their care. This includes the trainings provided to caregivers, monetary benefits, autonomy to take certain decisions and emotional support during times of stress in the lives of caregivers. Some of the caregivers also expressed that the caregiver-to-child ratio is a factor in building a strong relationship with the children in their care. The lesser number of children in their care meant better quality of care.

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Ratna Saxena Bhardwaj



Shashank Shekhar