

Representations of 'family' in residential care: Perspectives from residential care staff in Zimbabwe.

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Abstract

There has been an increasing emphasis on the provision of family-style residential care for children in alternative care globally, the aim of which is to create a family environment for children without parental care. Few studies have explored the dynamics within family-style institutions, particularly the relationships between children and residential care staff. Additionally, family-style settings mimic 'real' families, but few studies have explored how the family in residential care is conceptualised. Using empirical evidence from residential caregivers (n=23) in family-style institutions in Zimbabwe, the article discusses how 'family' is represented in residential care, including the challenges associated with this type of paid, non-biological and temporal 'family' form. Study findings suggest that residential caregivers and children live within a physical space that allows them to enact 'family practices', such as eating together and sharing cultural values. However, the behaviour of the children and the rules of child discipline and child rights affect the extent to which residential caregivers can 'parent' in residential care. This brings into question the 'family' nature of residential care. The study makes recommendations for policy and practice related to child welfare practice in residential care.

Keywords

Family-style residential care, residential caregivers, conceptualising family, family practices, family display, non-normative family forms.;Article

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Introduction

Residential care for children is a form of alternative care for children who can no longer be cared for by their biological families. In most countries, it is supposed to be the last resort, after exploring community-based interventions (Browne, 2017). However, the reality is that a large number of children are still being placed in residential care, particularly in less developed countries where there are higher rates of family instability and poverty (Lumos, 2017). Additionally, institutions are more attractive to international donors and the increase in the number of orphanages in some parts of Africa has been due to this need to attract overseas donors (ACCI Relief, 2016).

The demand for alternative care persists in Zimbabwe and there has been a steady increase in the number of residential care facilities over the years from 31 registered institutions in 1994, to 56 in 2004, and an estimated 122 institutions by 2014 (Ministry of Public Service, Labour, and Social Welfare, 2014). There are three major types of residential care facilities: centres for abused, abandoned, neglected and orphaned children and youths; centres for juvenile youths; and centres for disabled children. This paper focuses on the first type. Two models of residential care exist, that is, family-style and dormitory-style. Family-style consist of smaller family units resulting from the St. Petersburg USA Orphanage Intervention Project (2008). By design, they imitate a 'family' home, often meaning smaller numbers of children (UNICEF, 2016). In contrast, the dormitory-style facilities consist of large numbers of children living in dormitories 'segregated by sex and age, and deprived of maternal care, privacy and freedom to be spontaneous' (Gutman, 2004, p. 583).

The National Residential Child Care Standards (Government of Zimbabwe, 2010b) and the *Minimum Quality Standards for OVC Programming* of 2008 provide guidelines regarding the quality of care in institutions and the minimum standards for how care should be provided (Government of Zimbabwe, 2010b; UNICEF Zimbabwe, 2011). Additionally, the *Caregivers Manual* (UNICEF Zimbabwe, 2011) acts as a handbook on child rights and child care for residential care staff. The *Manual* states that caregivers must be given titles of

known family figures such as 'aunt', 'mother', 'uncle', 'grandmother', etc. and the expectation is that children are cared for in the same way biological family figures would have cared for them. (Government of Zimbabwe, 2010b).

However, this family spirit, although ideal, has been described as problematic because children often distrust their caregivers, doubting their genuineness (UNICEF Zimbabwe, 2011). Due to the limited studies on residential care in Zimbabwe, very little is known about family-style residential facilities in the country.

The 'family' concept

The study of families in sociology has included analyses of various living arrangements and explorations of whether the relationships therein could be described as 'family'. Scholars have studied single-parent families, separated households, adoptive families and same-sex families (Powell, Hamilton, Manago and Cheng, 2016). The new sociology of 'family' pays less attention to the structure of the family and more on the quality of relationships and practices that constitute 'family practices' (Morgan, 2011). 'Family' is now being understood based on affective characteristics, care, and support, rather than blood relationships (Erlingsson and Brysiewicz, 2015; Finch, 2011; Pahl and Spencer, 2010; Smart, 2007). Ribbens McCarthy, Doolittle and Sclater (2012) describe 'family' as an idea that forms a key construct through which people develop meanings in a variety of social settings.

There, however, remains a gap in our knowledge of family life in the non-normative setting of a residential care facility. This paper argues that if co-residence, affective qualities, and family practices are factors that can be taken into consideration when conceptualising 'family', then family-style residential care is an additional space where 'family' can be examined. This contributes to the literature on the conceptualisation of 'family'. The following research questions guided this research:

- a) How is 'family' represented and maintained in residential care?

- b) What challenges do residential caregivers face in creating a 'family' environment in residential care?

Residential care and the 'family' concept

In residential care, caregivers play a central role in the lives of young people (Sulimani-Aidan, 2016). They take on a variety of roles, which scholars have summarised as the provision of 'basic care' to children and young people in residential care (Connelly and Milligan, 2012; Smith, 2009). Basic care includes ensuring that young people receive adequate food, are clean and healthy, attend educational establishments and get access to positive, appropriate relationships (Connelly and Milligan, 2012). Residential care workers are typically involved in tasks such as setting routines, preparing meals, liaising with key social workers, chaperoning children on activities and assisting with other daily living tasks (Winsor and McLean, 2016).

The task of residential care has always evoked powerful echoes of family and debates as to whether the task is better represented as 'family-substitute, family-alternative or family-supplement' (Ward, 2004, p. 212). According to Smith (2009), residential care staff find it difficult to be both professional and play the caring role. A large portion of the time spent in caregiving is devoted to building relationships with young people in care. Scholars argue that care staff within residential care are not biological parents, they are *in loco parentis*; that is, they function in a way that approximates the role of parents for the children they look after (Cox et al. 2015). However, Fowler (2016) found that whilst some residential care staff identified as a substitute 'parents', others were clear that they could not replace biological parents. Caregivers struggled to find a balance between their 'parenting' role and their worker role, particularly when they had to perform certain duties that disrupted the feel of the 'family' home, such as completing children's care plans and conducting safety checks.

This suggests, as Kendrick (2013, p.79) states, a blurring of 'the boundary between familial and non-familial relationships' in residential care. Kendrick (2013), shows evidence of children describing their residential care experience

as being like a 'family' and referring to staff using kin names such as 'dad' or 'sister'. Similarly, Neimetz (2010) found that a family-like environment was created through the use and identification of family roles played by institutional caregivers in China. From a developing country perspective, children in residential care in Ghana refer to their caregivers as 'mother' or 'aunty' (Darkwah, Daniel and Asumeng, 2016). Törrönen (2006) analysed the 'community' in a children's home and found the presence of a home-like sense of belonging, with some children viewing it as their home. The study highlights, however, that the meaning of 'home' may be more complex for the children in residential care. Some scholars have examined practices that fit within the concept of 'doing family' in residential care. For instance, McIntosh, Dorrer, Punch and Emond (2011) showed how food practices can be strongly linked with social representations of the family, with meal times described as settings for family interaction within residential care (McIntosh, Dorrer, Punch and Emond 2011).

Meaningful relationships have been acknowledged as significant for young people in residential child care (Brown, Winter and Carr, 2018). However, caregivers are usually low-paid, work long shifts away from their own families, and often lack the training to deal with children's difficult behaviours (Colton and Roberts, 2007). A number of stressors have been found to affect caregivers, including the children in residence, interpersonal relationships at work and child rights regulations (Darkwah, Asumeng and Daniel, 2017). These issues underlie caregivers' approaches to their caregiving work and may affect how they relate to the children. It is evident from these studies that residential care relationships may be complex, however, less is known about the construction of 'family' in these settings.

Methodology

A qualitative exploratory research design using an interpretivist epistemology was utilised in the study. A purposive sample of caregivers was drawn as part of a larger doctoral study on the social construction of 'family' in residential care. Ethical approval and access to residential care facilities were granted by the

Department of Social Services in the Ministry of Labour and Social Services in Zimbabwe in August 2017. Data were collected between July-December 2017. Residential caregivers gave consent to participate in the study and permission to record interviews. A total of 23 caregivers from five family-style residential facilities agreed to participate. The caregivers were aged between 25-60 years with a range of one to 25 years of experience as caregivers. The selected residential facilities accommodated children aged 12-18 and each unit had at least 12 children, with a maximum of 14 children per household.

A semi-structured interview guide was used, which focused on caregivers' daily lives with the children, their perceptions of their relationships with the children and their perceptions of 'family' in the context of residential care. Interviews were conducted at the residential facilities and lasted approximately one hour each. After full transcription of interview recordings, a thematic analysis was conducted which brought out the main themes from the data. The analysis involved line by line coding using NVIVO software, drawing from theoretical concepts of 'family display' and 'family practices' and relevant literature. This paper will discuss two broad themes that came out from the data.

Representations of family in residential care

Family practices and display in residential care

Caregivers reported that they lived as a 'family'. The facilities were structured in a way that each 'housemother' lived with up to 10 children in one cottage-style house. All the caregivers reported that the children called them 'mother' and in the case where the caregiver lived with her husband, he was called 'father' by the children. In turn, caregivers called the children [*vanangu*], the Shona term for 'my children'. As one of the caregivers stated:

We have a system that promotes the building of caring and loving relationships; relationships that are like family. Children call me and the housemothers 'mum'.

Children are also encouraged to view each other as brothers and sister in the home to discourage sexual relationships among them, particularly as children grow older. The parental role and responsibility of the caregiver were as clear and in the course of everyday life, children engaged in cooking, cleaning, gardening and life-skills. Each home consisted of a mix of girls and boys co-residing together. There was no reported gender division of labour, both boys and girls are being taught to do household chores. One housemother expressed her parenting role below:

I encourage them to do well in school, that is their future.
Everything to do with their lives I am responsible.

Another caregiver described how sending older children on errands, just as she would send her own children. Another aspect of the caregivers parenting role was to teach children cultural values. This was particularly important for girls when they grow older and face cultural expectations such as marriage:

I am like their mother, I tell them everything and guide them.
Some will need to get married, they will need to know how to do certain things, such as house chores and taking care of the family.

Participants expressed that they attempt to create a family environment and instilling a sense of 'normal' in the home. This includes joint meal times and family meetings when there is an issue to be addressed. Such routines such as going to church together, sitting and watching television, allowing the children to play at the neighbour's cottage within the same gated community makes the staff and children feel like they are living as a 'family'. Children go to school and come back to do their homework with help from either their older siblings (housemates) or from the housemother. There are children of different age groups from infants to adolescents. One of the caregivers said:

It is just like a family home, we even have babies. The children do gardening, rear poultry, they go to school and church.

Residential Care Practice Issues

It is evident from the above that 'family' is being practised and displayed in some way in the residential care facilities. However, this is not without its challenges. Caregivers reported that although they are living as a 'family' and playing their parental role, there is a limit on what they can do as 'parents'. Particularly, they expressed frustration with issues of disciplining the children. The majority of the caregivers expressed feeling disrespected by the children and a general perception that children in care were being spoiled by the child rights framework. For instance, 50-year-old Maria who has been a housemother for 10 years said:

I think they see that we are not actually their real parents, that's the way I see it. The children know it, you find that a child can tell you, when you tell them to do something, that they are not going to do it, that they know their rights; so, they can refuse to listen to you because you cannot discipline them in the way you would discipline your own child.

The child rights framework allows children to know their rights to speak out against any form of abuse or maltreatment. However, caregivers reported that some children are abusing this knowledge of their rights and use it as a challenge to authority. Caregivers reported that the discipline plan is made by the social worker or manager, which limits the powers of the housemothers who live with the children daily and the children use this knowledge to disrespect them. For example, 49-year-old Rozaria said:

From what I observed, due to the guidelines of our own work we just leave other things for example when a child does something, we are advised [by social worker or manager] to leave them as they are, unlike at home, as a parent you can enforce what you want the child to do. Here we are constrained by the guidelines so we just leave it.

Caregivers reported that the emphasis on children's rights without teaching them to grow to become responsible adults may be the reason why some care leavers struggle to make the transition to independent living. As one of them stated:

I have seen that in an institution there are rules that focus mostly on children's rights. So, the children hold on to the rights more and fail to do what they are supposed to do to better their lives. They do not focus on their responsibilities which makes life harder for them when they are outside of the institutions.

Linked to this, the study found that some caregivers lack the knowledge about the children's backgrounds and this is privileged information that only the case manager knows. As 38-year-old Marita stated:

Us caregivers do not have information about the children, we are not given access to the files or information about their background. Only a child who feels free to share can share. Later as we live together, children feel free to disclose their past.

Caregivers reported difficulties in building relationships with limited background information. Caregivers from two out of the five residential care facilities stated that this is done to protect the children. For instance, 47-year-old Sarah said:

We are not told why the children are here, children's records are in the office. We do not have conversations about the children's birth circumstances, we just take care of their physical needs.

Lastly, the study also found that the children's knowledge that caregivers are paid workers affects their relationship, especially adolescents. The account from 42-year-old caregiver, Vimbai below illustrates this:

I have adjusted as a mother to them, but they know I am a worker. They expect me to do certain things for them because I work for them, sometimes a child will not flush the toilet expecting me to come and do it.

Similarly, a caregiver from another residential facility mentioned how some of the children often tell her 'you are not my mother' when she tries to reprimand their negative behaviour.

Discussion

It is evident that 'family' is being practised and displayed in family-style residential facilities through interactions and activities that validate the caregivers and the children as being a 'family'. The analysis of the language of 'family' (Ribbens-McCarthy, 2012) and caregiver accounts of how they play their parental role brought out some positive insights of the caregiver-child relationship. Caregivers' parenting role extends to instilling cultural values and teaching basic life-skills. However, challenges are inherent in the relationship as the evidence shows. As children in residential care grow older they often begin to challenge caregivers' authority and the knowledge that caregivers are being paid to 'parent' them further complicates their relationship.

The quality of relationships in residential care forms the backbone of social work with children and families (Leeson, 2010). The findings somehow suggest a more practical than emotional relationship, despite the familial terms they call each other. Caregivers provide the training and physical duty of care, but the lack of respect from older children affects the relationship. The perception of children in residential care as spoilt is similar to findings in Ghana (Darkwah, Daniel, and Asumeng, 2016) where the child rights framework was also to blame. With Zimbabwean caregivers, this affected their capacity to discipline the children.

The functional definition of family involves both instrumental and affective roles being played by certain members of the family, usually the parents or guardians. In this definition, even a biological parent who cannot fulfil one of their roles would be excluded from the family definition (Ooms and Preister, 1988). This paper argues that the inability of caregivers to discipline the children they care for undermines their ability to parent effectively, and in turn, being a 'family'. Children in residential care were reported to be using the child rights framework as a means to challenge caregivers' authority and they would report any reprimanding of their behaviour as abuse. Darkwah et al., (2016) argue that

caregivers interpret children's rights laws as threatening to their job. The child rights versus 'proper parenting' debate has shown evidence, including bonding challenges which result from the non-blood relationship between caregivers and children in institutions, which hints at a complex situation for caregivers in their work (Brown, 2009; Bullock, Courtney, Parker and Thoburn, 2006). However, some scholars believe that good quality relationships can exist despite organizational and structural constraints (Winter, 2009), but this has not been fully explored with caregivers.

Hannon, Wood and Bazalgette (2010) state, using evidence from the United Kingdom, that some of the children come into care at an older age and have more entrenched behavioural and emotional problems that are difficult to contain. This is worsened by some caregivers' lack of knowledge about the children's backgrounds and the supremacy of social workers over them, which further undermine the caregivers' authority.

Conclusion

As Zimbabwe slowly moves towards de-institutionalisation and family-based settings are becoming the most preferred model of alternative care, practitioners may benefit from an understanding of how 'family' in these settings is represented and played out in everyday life. In this paper, the expectation on caregivers to care for children in the same way that family-care would is juxtaposed with evidence of the meaning and representation of 'family' in the residential facility. Caregivers are attempting to provide a family-environment for children in residential facilities in Zimbabwe, evidenced through 'family practices' and forms of 'family display' described above. However, the formal care procedures and emphasis on the child rights perspective pose a challenge to the capacity of caregivers to discipline and be respected by the children in care. This has implications for relationship-based practice with a focus on residential caregivers.

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