

# Caregiver-Child Relationship in Residential Homes for Children

–Maninder Kaur\*

## ABSTRACT

*Residential homes in India provide an alternative to family-based care for an important number of children in need of care and protection. Children's relationship within residential homes, especially with their caregivers, has a crucial role to play in their physical and psychological recovery from any traumatic experiences in their past, and in facilitating their cognitive, physical and psycho-social development in general. In view of the relevance of interactions between caregivers and child residents, this study attempted to understand the existing status of caregiver-child relationship in residential homes for children in Delhi. The study followed a Quantitative Paradigm and used Semi-Structured Interview schedule to conduct face-to-face interviews with caregivers working directly with children across 14 residential homes. The research findings captured essential patterns of relationship between caregivers and their children and also established important linkages between the aspects of care-relationship and practices of residential homes with regard to care work. Drawing from findings of the research and insights developed from relevant literature in the national and international domain, the study brings out recommendations towards strengthening caregiver-child relationship in residential homes.*

**Keywords:** Caregiver-Child Relationship, Residential Homes, Children in Need of Care and Protection

## INTRODUCTION

A child's growth, in all its aspects of personhood and health, is dependent on the ability of their primary caregivers to understand and respond to

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her social and psychological needs (World Health Organisation, 2004). For a child living with family, parents and close relatives shoulder the responsibility of child's healthy survival and development. However, owing to certain circumstances, many children fall out of the ambit of family-based care. The conditions include child's separation from his or her family, death of one or both parents, neglect or abandonment by family, and inability of parents to care for children leading to latter's exposure to unsafe environment and abuse. As noted in the Integrated Child Protection Scheme, children in India account for 39% of the national population, which is the largest in world. Alarming, 40% of children live in situations that make them prone to exploitation and abuse (Childline India Foundation, 2016).

The Juvenile Justice (Care and Protection of Children) Act, 2015, which is the primary legal framework in India, elaborates upon the state and civil society's mechanism to protect, and provide care and support to children with vulnerabilities. The act defines alternatives to family care for children who have lost their family and in cases where family-based care is not in the best interest of a child. Such alternative mechanisms include adoption, foster care and placement of children in residential homes. While residential care is considered to be the last resort by law, and state and civil society strive to shift their focus towards adoption and foster care, a significant population of children who are rescued from distressful situations are placed in residential homes deemed as fit institutions to provide care, protection to children and ensure their development. Experience of living in residential homes forms a large slice of the life experiences of children placed in these homes. Owing to their past experiences, many children with vulnerability have already been pushed over the edge before they are institutionalised. By creating a warm and consistent environment to encourage the development of constructive relationship within residential homes, child residents can be helped to come in terms with their past and move towards a hopeful future.

## CONCEPT OF CARE

England and colleagues (2002), cited in England (2005), define care-giving as a service rendered to people which helps them to develop their capacity. Thomas (1993) deconstructed the concept of care into various dimensions including social identity of carer and recipient, the economic nature of care and the interpersonal nature between caregiver and care

recipient. Based on these dimensions, care can be conceptualised in terms of familial roles; for instance, a mother looking after her child. On the other hand, care in relation to occupation or profession can involve a voluntary or paid worker extending care to biologically unrelated children at a day care centre or a child care institution.

### **Children's Need for Care**

Children, especially at a younger age, are dependent on the care they receive from people around them (World Health Organisation, 2004). Tablot (2002), cited in (Cocker and Allain, 2008), elaborated upon children's basic needs of physical care, love and affection, safety and security, and stimulation of their potential to be able to attain an optimum level of physical and emotional development. In past, theorists have highlighted the importance of primary caregivers in facilitating healthy development of children. One such theorist is Lev Vygotsky who took a socio-cultural perspective to explain the cognitive development of children. He argued that mental structures are result of individual's interactions with others and recognised the importance of experienced and responsive adults in guiding and collaborating with children to attain a potential level of cognitive functioning (World Health Organisation, 2004; Woolfolk, 2016). Similarly, the relevance of child-adult interactions has also been brought up in the psychosocial theory of development given by Erik Erikson. In his or her view, parents or guardians can help children make choices out of positive and potentially harmful alternatives available in each of the stages in the psychosocial development of children. For example, by maintaining a balance between supervision and not too much interference, children in the age group of 3 to 6 years can be helped by significant adults to choose 'initiative' – a healthy alternative over 'guilt' (Woolfolk, 2016).

### **Relevance of Child-Caregiver Relationship for Children in Residential Homes**

Children living in residential care have basic needs like all other children of their age. They require opportunities according to their age and maturity. They wish to feel accepted and need relationships with adults in whom they can confide and feel safe (Brotten, 1962). The author, recognised that special circumstances like separation and loss of parents, neglect, abuse or broken relationships may induce negative emotions in children like self-

blame, mistrust, loss in self-confidence and optimism for future. Raphael et al. (2006) also discussed the harmful impact of adversities on the mental health of children. Authors argued that stress and trauma in children can lead to mental health disorders like attention deficit hyperactivity disorder, anxiety disorder and conduct disorder, among others.

Howe (2005) observes that young minds can be healed by those who can stay with children and touch them emotionally and psychologically. Role of caregivers, in the rehabilitation of child residents, has been well recognised by Broten (1962). The author believes that caregivers share the closest and continuous contact with children in institutions and can most effectively carry out plan for latter's treatment and rehabilitation by seeking opportunities on everyday basis. The views of Modi and Majumdar (2014) reinforce the relevance of caregivers to help children mitigate their insecurities by creating a predictable and consistent environment for children.

It is aptly stated by (Beker, 1972, p. 8) that 'much as the sculptor works with clay and the writer with words, caregiver for children utilise relationships as the basic substance or medium with which he works'. Recent studies brought out the relevance of trusting relationship between children and their caregivers. In a study conducted by Crockenberg and colleagues (2008), it was noted that by working on quality of interactions between child and caregiver, development in young children was improved substantially. Improvements were noted in the children's physical development and general behaviour. Zhao et al. (2011), in their study, examined the relationship between non-parental children affected with HIV and their current caregivers. The findings revealed that attachment of child residents with primary caregivers was paramount in improving psychosocial parameters of children including their self-esteem, peer social skills and hopefulness.

Kahan (1959) conducted interviews with 10 former residents of children homes. Hadley Centre for Adoption and Foster Care Studies (2015) reviewed studies which brought out the voices of care leavers. A common theme that strongly emerged in the reflections of youth interviewed by Kahan (1959) and in studies reviewed by Hadley Centre for Adoption and Foster Care Studies (2015) was that participants who had spent their childhood in child care system longed for relationship with adults in whom they could confide and feel comforted.

Considering the relevance of a positive care-relationship, this paper brings out a discussion about the present status of caregiver-child relationship in residential care homes in National Capital Territory of

India, Delhi. It delves into the contextual factors which can influence this relationship. The objective is to examine the dynamics of relationship between caregivers and children in residential homes, and identify contextual factors influencing this relationship.

## **METHODOLOGY**

The study adopted a quantitative paradigm to understand the essential aspects of care giving work in residential homes for girl children in need of care and protection. A list of children homes was obtained from the website of Ministry of Women and Child Development. All the homes in Delhi, for female children, 17 in number, were approached for the study. Two children homes did not grant permission and one of the homes got closed. Therefore, data were collected across 14 children homes in Delhi. Only children homes for girls were selected in order to maintain homogeneity with regard to the gender of carers and care recipients. All caregivers who worked directly with children including residential workers and caregivers working in day or night shifts were interviewed for the study, with the sample size  $N = 50$ .

Semi-structured interview schedule with both closed-ended and open-ended questions was administered for caregivers across 14 children homes. The interview questions were drafted based on an understanding developed from Juvenile Justice Care and Protection of Children Act (2000), Juvenile Justice Rules, 2007, existing literature on care giving work and researcher's previous field experience of working in two of the residential homes for girls in Delhi.

For data analysis, responses from the closed-ended question were fed into Statistical Package of Social Sciences (SPSS) software. For open-ended questions, the answers obtained were grouped into non-exclusive categories. The next step required going through the responses again and feeding them into SPSS.

## **LIMITATIONS OF THE STUDY**

The study did not include male caregivers considering the time limitation and need to narrow the scope of research. During interviews with two caregivers in the study working in two residential homes, senior staff members were present in the premises. The researcher felt that respondents were cautious while answering certain questions. This error was minimised by informally talking to the respondents in the further

visits to these homes.

## **ETHICAL CONSIDERATIONS**

In addition to taking permission from the administrative head of residential homes, individual consent was taken from the interviewees to ensure their willingness to participate in the study. The purpose of research was shared with them. The researcher ensured that caregivers were interviewed based on their convenience, not disturbing their daily engagements with children. In one of the cases where a caregiver felt tired and unwell, the researcher rescheduled the interview for another day. Some of the responses given by caregivers, which they later felt should not be included, were removed from the interviews. It was ensured that identity of the residential homes and caregivers was not revealed in the study, thus maintaining confidentiality in research.

## **FINDINGS**

This research looked into different aspects concerning caregiver-child relationship in residential homes. These include familiarity of caregivers with children in her care, children's willingness to share their personal concerns with caregivers, children's behaviour towards her, and the caregiver's understanding of her role in the life of child residents.

### **Familiarity of Caregivers with Children in Their Care**

#### **Familiarity with Names of Children**

Within residential homes, caregivers form relationship with children who are biologically unrelated to them. In order for a caregiver to initiate interpersonal relationship with children, it is essential that she is familiar with the basic details of children, especially their name. According to Watzlavik et al. (2016), name of an individual distinguish one person from another and triggers association with the person. Caregivers in the study were asked if they are familiar with children in their care. According to the findings, majority of the caregivers, (60%) were aware of the names of 'all' children in the care. Some caregivers, 24%, shared that they know the names of 'most' of the children while 16% reported that they were familiar with the names of only 'some' of children in their care.

**Caregivers’ Knowledge about the Background of Children**

According to Keane (1964), not knowing the background of children can act like a handicap in effective care-giving. Also, proximity with children makes the caregiver more exposed to positive and negative feelings associated with child’s earlier experiences. Child-caregiver relationship can be impacted if overwhelming emotions of children are taken personally by the caregiver. Background information of children helps caregivers to place child in a context, and gain a complete sense of child’s communication (Adler, 1976; Mayer, 1958).

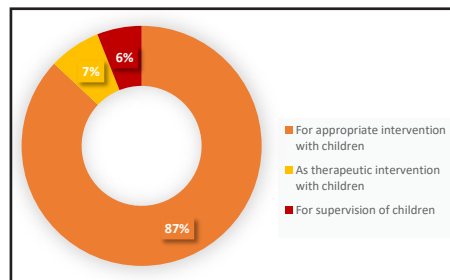
As seen in Table 1, 26% of the respondents were familiar about background information of ‘all’ child residents, whereas 10% were not aware about the background of any child in the residential home.

**Table 1: Caregivers’ Familiarity with the Background Information of Children**

<i>Background Information of children</i>	<i>Percentage of Caregivers</i>
All of the children	26%
Most of the children	30%
Some of the children	34%
None of the children	10%

**Need for Background Information of Children**

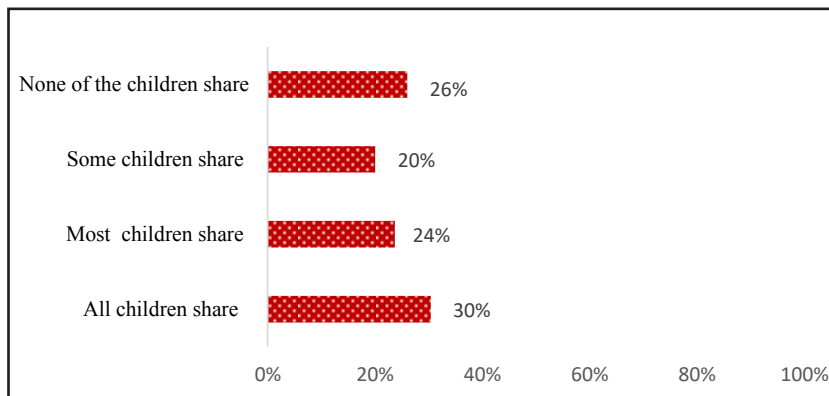
Caregivers’ views were sought regarding their need to learn about the background information of children. A minority, 10% of respondents felt that they did not require history of the children in their care. However, rest of the care-giving staff across all the homes expressed that they wish to learn about the circumstances that lead to institutionalisation of children. Among the respondents who expressed their need to know about children’s past situations, majority reasoned that this information guides them to provide appropriate interventions for the effective rehabilitation of children.



**Fig. 1: Caregiver’s Need for Background Information of Children in Care**

### Willingness of Children to Share Personal Concerns with Caregivers

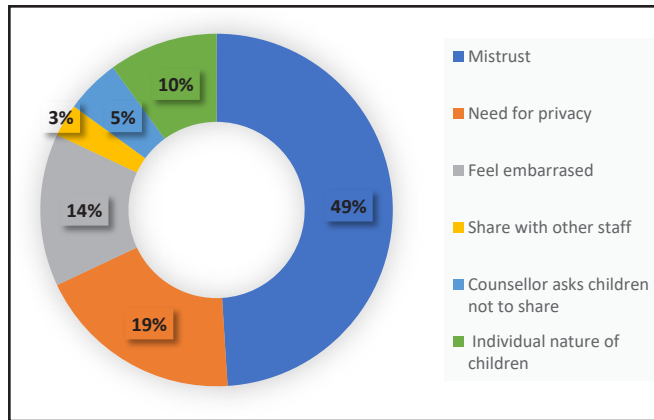
Away from their biological parents and close relatives, children in residential homes need adults who can lend an ear and provide reassurance to them. The respondents were asked if children share their personal concerns with them. With 30% of the caregivers, 'all' children chose to communicate their individual problems. A caregiver stated – 'I try to gain the trust of children in my care so all of them can talk about their problems'. Some respondents, 20%, reported that most of the children are comfortable to confide in them. A section of the caregivers which accounted for 26% of the respondents said that children only come to them for general requirement like health issues or support in resolving daily conflicts with other children, but none of the young residents confide in them about their personal problems.



**Fig. 2: Percentage of Caregivers with Whom Children Share Personal Problems**

### Caregivers' Understanding of the Reasons which Restrict Children from Sharing their Personal Concerns

Nearly half of the caregivers felt that children do not trust them and, therefore, do not open up. A caregiver mentioned: 'Children fear that their personal issues will not remain confidential'. The respondent added: 'but then I spend more time with the child to gain her confidence'. An interesting observation that came from a few respondents was that the counsellor or professional psychologist restricts children to confide in their carers.



**Fig. 3: Reasons Why Children do not Share Personal Issues with Caregivers**

## Children’s Behaviour Towards Their Caregiver

### Behaviour of Children Towards Caregivers

In order to gain an insight into the children’s behaviour towards caregivers, the respondents were asked if children express their love and respect to them. Among the respondents, 28% reported that they are loved and respected by ‘all’ children in their care while 4% caregivers reported that ‘none’ of the children express these feelings. Majority of the caregivers, 46%, shared that ‘most’ of the children are loving and respectful to them and 22% shared that only ‘some’ children showed them respect.

An attempt was made to understand if caregivers experience any challenging behaviour of children. A significant percentage of respondents, 40%, noted that ‘most’ of the children in their care behave in an inappropriate manner and 56% reported that ‘some’ of the child residents misbehave. A small percentage of caregivers, 4%, shared that that ‘none’ of the children behave badly.

### Type of Inappropriate Behaviour

With respect to the type of behaviour exhibited by young residents, most of the respondents reported that children get argumentative and disobedient. Verbal abuse and threats from children were reported by 19% and 12% of caregivers, respectively. A respondent said: ‘Children tell us that we get our salary because of them’. Another caregiver said: ‘Children threaten

us that they will complain in high court about us and they will get us fired from the job’.

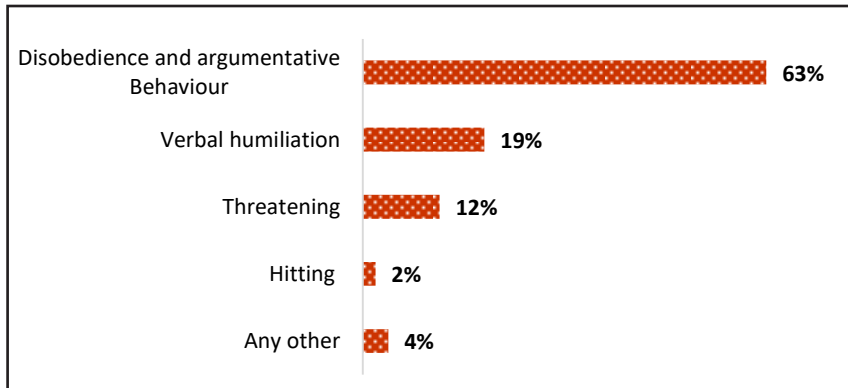


Fig. 4: Type of Inappropriate Behaviour Exhibited by Children

### Reasons for Unacceptable Behaviour

When caregivers were asked about the possible reasons of children’s misbehaviour with them, they had different views about this.

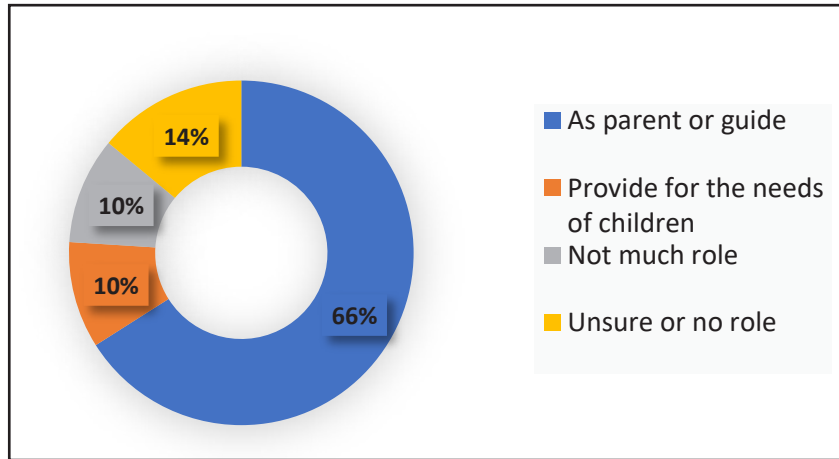
Table 2: : Caregivers’ Understanding of the Reasons for Children’s Inappropriate Behaviour

<i>Reasons for unacceptable behaviour of children as viewed by caregivers</i>	<i>Percentage of caregivers</i>
Some children have low IQ	11%
Children come from difficult circumstances	33%
Values are lacking	17%
Children think caregivers are service providers	31%
Any other	8%

As seen in Table 2, 33% of caregivers felt that the children’s inappropriate behaviour results from their negative emotions or trauma associated with past experiences. Contrariwise, a section of caregiver (31%) felt that the children see them as mere service providers and 17% expressed that child residents lack moral values. Responses in the any other category involved caregivers’ distinction between children living on a long-term basis and children whose case is under inquiry. Caregivers asserted that the latter behave in an inappropriate manner more frequently. A few caregivers also stated that children who become part of the childcare system do not belong to good families, which is why they are not well-mannered.

### Caregiver's Role in the Present and Future of Children

An important component of child-caregiver's relationship is caregivers' understanding about her role in the lives of children in their care. The respondents of the study saw their role for children in different capacities as seen in Fig. 5.



**Fig. 5: Caregiver's Understanding about Her Role in Life of Child Residents (In percentage)**

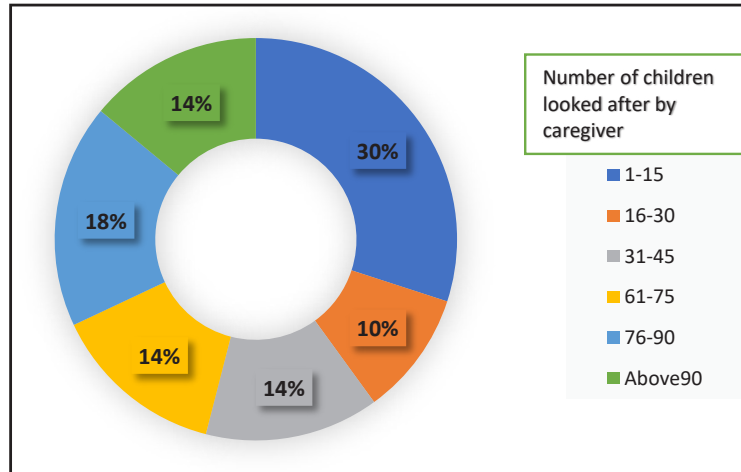
Majority of the respondents felt that their role is close to child's parents or as guides. On the other hand, 24% of the carers were either unsure about their role or felt that that they do not have anything to contribute to child's present and future. One of the caregivers' mentioned – '*hamara kya yogdaan hoga, yahan toh bacche aate hain aur chale jaate hain*' [Translated as: How can we contribute, children come and go]. Another giver stated '*hum toh sirf unka dhyan rakhte hain bas*' [Translated as: We only look after them].

**Clough and colleagues (2006) believe that caregiver-child relationship does not exist in vacuum. It is influenced by the environment in which it is located.**

Findings of this study established the key ideas propounded by Clough and colleagues (2006). It was revealed that the different components of caregiver-child relationship studied under the research were affected by the policies and practices of the Children Homes. This association was established through the results obtained by performing cross-tabulations between the variables of caregiver-child relationship and the variables concerning policies and practices of children homes selected for the study.

### I) Association between ‘Caregivers’ familiarity with children’ and ‘Caregiver to child ratio’.

Caregiver-to-child ratio in residential homes indicates the number of children who are looked after by each caregiver. The findings revealed that the caregiver-to-child ratio varied from 1:12 to 1: 90 and above.



**Fig. 6: Percentage of Caregivers and Number of in Care**

Fig. 6 clearly indicates that while 30% of the caregivers were assigned the responsibility of looking after a group of 1–15 children, for majority of caregivers, the job required provision of care to a significantly large group of children, extending above 90 children. It was observed that in three of the residential homes, responsibility of children was assigned to caregivers in different shifts, thus leaving only one caregiver to look after a group 40 to over 90 residents at one time. In four residential homes in the study, even though the number of caregivers was in accordance to the Juvenile Justice (Care and Protection) Rules, 2016, each of the carers were held responsible for all the child residents making caregiver to child ratio as 1:60 or 1:100.

The results of cross tabulation test suggest that caregiver-to-child ratio visibly impacts caregivers’ familiarity about children in their care. Figure 7 suggests that 100% of the respondents who provided care for a group of ‘1 to 15’ children knew the names of ‘all’ children in their care. The percentage reduces with an increase in the number of child residents from ‘16 to 30’. A steep fall in this percentage was observed for caregivers looking after a big group ranging from ‘61 to 75’ children.

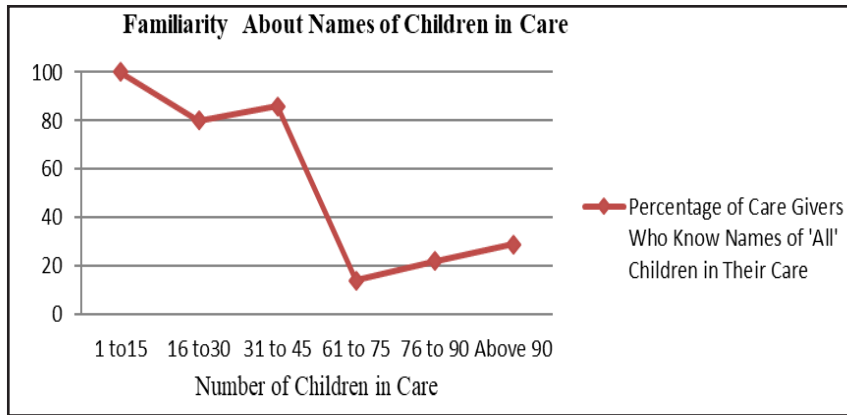


Fig. 7: Familiarity about Names of Children in Care

**II) Association between ‘willingness of children to share their personal concerns with caregivers’ and ‘daily tasks performed by caregivers’**

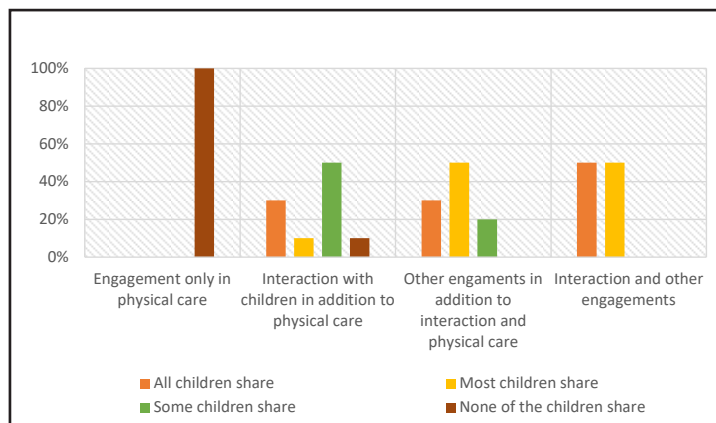
According to Kadushin (1980), the job of a caregiver revolves around child residents with her day beginning from waking up the children and helping them get ready, and taking care of them all day till she gets them to bed. In order to identify the tasks performed by caregivers, respondents were asked about their daily routine. The findings of study revealed that involvement of caregivers with children varied, depending upon the work assigned to them.

As seen in Table 3, majority of the respondents provided physical care to children, which includes looking after their health and hygiene, implementing their daily routine and escorting them when they go out of the residential home. However, a considerably low percentage of caregivers were reported of having daily interactions with children. Among these respondents, a few expressed that they are given a certain period of time for ‘gup-shup’ sessions, translated as ‘casual interaction’ sessions with children. More than half of the respondents used to be involved with children for engagements like storytelling sessions with children, recreation activities, dance and music sessions with them, and helping young residents to practise meditation.

**Table 3: Type of Daily Tasks Performed by Caregivers for Children**

	<i>Daily Tasks of Caregiver</i>		
	<i>Provision of physical care to children</i>	<i>Interaction with children</i>	<i>Other engagements with children</i>
Caregivers performing the task (Percentage)	84	20	56
Caregivers not performing the task (Percentage)	16	80	44
Total	100%	100%	100%

The results, as observed in Fig. 8, show that the type of daily tasks assigned to caregivers influence children's inclination to confide in their caregiver. It was interesting to find out that none of the children were open to share about their personal concerns with caregivers who were only engaged in physical care for them.



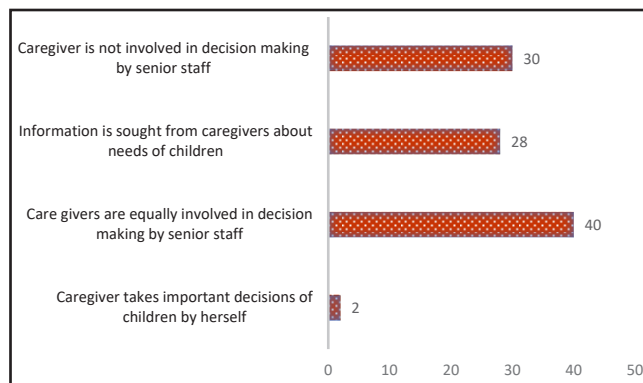
**Fig. 8: Correlation between 'Type of Daily Tasks Performed by Caregiver' and 'Willingness of Children to Share Their Personal Problems with Caregiver'**

On the contrary, the percentage of children who could not open up about their personal concerns was minimal in case of caregivers whose

daily tasks included interactions with child residents. This percentage was nil when caregivers were involved in other engagements like recreational or other activities with children in their care.

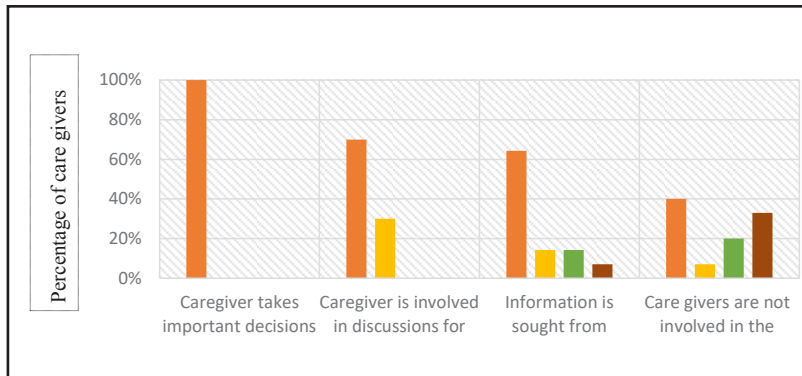
**III) Association between ‘Caregivers’ understanding of her role in children’s life’ and ‘involvement of caregivers in decision-making process by senior authorities’**

Children’s rehabilitation plan involves interventions in the area of their mental health, education, imparting social skills, so on and so forth. Whereas the senior staff, including the professional social worker and counsellor, are given the primary responsibility for making decisions regarding child residents, caregivers were asked in the study, if they are also involved by professional staff in decision-making process. As observed in Fig. 9, 30% of the caregivers were not made a part in decision-making process by staff and from 28% of caregivers, necessary information about children was sought by authorities in order to make interventions for children. However, the active participation was reported by 40% respondents who were made the essential part of discussions by senior staff regarding interventions for children in their care. In an unusual case, a caregiver, who was also the founder of the children home, took all decisions regarding children by herself.



**Fig. 9: Involvement of Caregivers in Decision-making by Senior Staff (In percentage)**

A strong linkage emerged between residential home’s practice of encouraging caregiver’s participation in decisions made for children and caregivers’ realisation of their contribution in the lives of children in their care.



**Fig. 10: Association between ‘Involvement of Caregiver by Senior Staff in Decision-Making for Child Residents’ and ‘Caregiver’s Understanding of Her Role in Lives of Children’**

It is noted in Fig. 10 that caregivers, who were actively involved as decision-makers, saw their role in different capacities such as that of a parent or guide and as providers for children’s needs. On the contrary, when minimal or no participation was sought from caregivers, it led to the carers getting unsure about any significant role they could play, or felt that they had no contribution in the lives of children. Therefore, in situations where the practice of residential homes is to encourage participation of caregivers as decision-makers for children, caregivers are able to visualise their role in the lives of child residents more clearly.

## DISCUSSION

According to Clough et al. (2006), the quality of relationship between children and their carers is one of the key factors to achieve successful rehabilitation of children in residential homes. Through a therapeutic relationship, formed with children, caregiver can make the former feel loved and accepted and reverse any negative emotions they come to hold about themselves and the world outside (Brotten, 1962; Jones, 1970). The present research was conducted to study the dynamics of caregiver-child relationship in residential setup, considering its relevance in transforming young lives. The study found out existing patterns of the elements of care-relationship. It was also noted that the contextual factors viz. the policy and practice of residential homes plays a major role in determining the quality of caregiver-child relationship.

The findings revealed that an important percentage of caregivers were not aware about the name and background information of children in their care. According to Richman (2000) quoted in (Muguwe, 2012), many children who become part of the care system carry with them the feelings of isolation and sorrow, which may persist in their adult life. Caregiver-child relationship has been recognised as an effective medium through which carers can open the lines of communication with children (Brotten, 1964; Beedell, 1970) to facilitate their physical and psychological recovery and help them attain the maximum level of social emotional and moral development (Jones, 1970; United Nations, 1990; Brannen et al., 2007). However, the lack of familiarity about children's basic details can become a hurdle for the caregiver in achieving this task. Without recognising individual children, there might be a possibility that the caregiver is unable to develop an interpersonal bond with children; as a result, they remain stranger to her.

As noted in the study, familiarity of caregiver with child residents is inversely proportional to the number of children in her care. While Clough et al. (2006) refute any association between staff-child ratio and better outcomes for children, the findings of research conducted by (Bakermans-Kranenburg et al., 2011), cited in (Quiroga and Hamilton-Giahrtsis, 2016), complement the result of study in hand. According to the author, lower caregiver-child ratio leads to disorganised attachments patterns for child residents. In the same vein, research study by Muguwe (2012) observed that providing care to a large group of children increases the workload of caregivers, leaving them with no time to establish interpersonal bonds with children. As per the recommendations of Juvenile Justice (Care and Protection of children) Rules 2016, there should be four caregivers in residential homes with a capacity of 100 children. However, as observed in the findings in three residential homes selected for the study, caregivers singlehandedly look after a large group of children. In four other residential homes, in spite of sufficient number of carers, absence of role division in the policy of homes requires each caregiver to look after all children, ultimately leaving children as no one's responsibility (stated by a respondent working in one of the homes).

In accordance to the findings of this study, much less than half of the caregivers stated that all children share their personal concerns with them. As noted by Muguwe (2012), children who are placed in residential homes have experienced temporary or permanent loss of an attachment figure owing to their separation from family or death of parents and close

relatives. In such circumstances, they require care-giving which allows them to communicate their grief. The research conducted by Kahan (1959) and Hadley Centre for Adoption and Foster Care Studies (2015) brought out children's need for an adult in whom they could confide and get reassurance when distressed. However, as noted in the findings, many children chose not to open about their individual problems with their caregivers. The major reason cited by the respondents was children's lack of trust in them.

It was observed that children's tendency to confide in their caregiver was determined by her daily engagements with them. Greater number of children could open up with their carer whose everyday tasks involved interactions and recreational activities with them. A few caregivers in the study expressed that despite of excessive workload, they try to devote some time to interact and engage in fun activities with children. According to Berridge et al. (n.d.), residential staff should make efforts to involve themselves meaningfully with children, rather than engaging in other activities. However, it is noted that caregivers being the lowest in organisational hierarchy (Nair, 2009) may not have the authority to make decisions regarding their everyday tasks, and not all caregivers may be motivated to squeeze time out of their busy day to be spent with children. Muguwe (2012) writes that a change is required in the practice of children homes to ensure that enough time is given to caregivers to be able to meaningfully engage with children.

With regard to the behaviour of child residents towards caregivers, the study revealed that most of the respondents received love and respect from young residents in their care. Nonetheless, the inappropriate behaviour of children, ranging from argumentative episodes to even verbal abuse and hitting, was part of the caring experiences of majority of the respondents. Similar behavioural problems of children including temper tantrums, being stubborn, using bad language and verbal abuse, showing lack of respect and aggression or violence were reported by caregivers in the study conducted by Muguwe (2012) and Berridge et al. (n.d.). It is important to understand that children in need of care and protection come in contact with the care system owing to some special circumstances in the lives. They experience of separation from loved ones or distress of some kind which may cause feeling of agony and resentment is likely to be transferred onto adults placed close to them – the phenomenon called transference (Jones, 1970; Upadhyay, 2003). According to Beedle (1970) and Jones (1970), in residential settings, the caregivers being in closest

proximity with children are more prone to be exposed to the painful past experiences of children. Also, owing to their job profile, a caregiver handles the primary responsibility of implementing daily routine in residential home. This involves setting limitations for child residents and establishing control. In her efforts to put the rules and regulations to effect, caregivers may invite anger and rebel, especially from young adolescents, as hostility and distrust is at peak during this period of growing years (Beedell, 1970; Kadushin, 1980).

Whitaker et al. (1998), cited in (Sinclair and Gibbs, 1998), argues that caregivers can feel strained by the difficult relationship with child residents. Furthermore, it was noted in the field work that many residential homes selected for the study resemble ‘total institutions’ defined by Goffman (1961) in his or her theory. According to the author, the ‘totalistic’ characteristics of these institutions like high walls and locked doors do not only encompass child residents, but also restrict caregivers’ interactions with the outside world. With residential home as the only space to satisfy their human needs, caregivers may tend to develop intense emotions with children they look after (Jones, 1970). This may lead to a judgemental attitude where caregivers may attach certain stereotypes to children who behave in a specific manner. Some respondents in the study reported that children misbehave as they lack values or because do not come from good families. According to Clough et al. (2006), dealing with challenging behaviour of children can lead to greater distance between caregivers and child residents. The author further adds that in order to deal with such situations in residential settings, caregivers require support from senior staff.

Another crucial aspect of relationship between caregivers and child residents is former’s recognition of her role in the lives of children. According to Shankoff and Philips (2000), cited in (Nair, 2009), children who do not experience predictable relationship with their caregivers are likely to display a range of developmental deficits which may be long-lasting. The important place of caregivers in rehabilitation of child residents is recognised by academicians (Nair, 2009; Quiroga & Hamilton-Giahritsis, 2016) as well as policy maker. The Juvenile Justice (Care and Protection of Children) Act, 2015, assigns key responsibilities of care and protection of child residents to the caregivers. The United Nations Guidelines on Alternative Care, 2010, also emphasise on the essentiality of caregiver’s role. Berridge and colleagues (n.d.) further note that for caregivers to make a difference in children’s life, it is essential that they

perceive the importance of their role in present and future of children, as this will determine the quality of their efforts towards children they look after. The present study observed that majority of respondents view their role close to children's parents or as their guides. Nonetheless, some caregivers felt that they had minimal or no contribution in children's lives.

The results of this study brought out that caregivers' recognition about their role in children's life is affected by the practice of residential homes to involve caregivers in decisions-making for children. This finding coincides with the observations made by Baldwin, (1990), Menzies Lyth (1997) and Clough (2000) cited in (Clough et al., 2006). The authors argue that there is a direct linkage between the extent to which residential staff feels involved in decision-making process for children and their ability to extend effective care to the young residents. According to Baldwin (1990), cited in Clough et al. (2006), the staff feels undermined when they are virtually excluded from decision-making process.

## IMPLICATION FOR PRACTICE

The recommendations of this study are based on the findings of this research which brought out an understanding about the existing status of caregiver-child relationship and its associations with the context of residential settings. The present study suggests for:

*Increase in Caregiver-to-Child Ratio:* As per the findings, the quantum of caregiver's knowledge about children in their care is associated with the number of children looked after by them. Since, this knowledge has a direct bearing upon how well they form a constructive relation with child residents, a case is automatically built for having a high caregiver-child ratio. Less number of children assigned to the carer helps latter to gain an overall familiarity with children and gives them more opportunities to build strong interpersonal bonds with children.

*Provision of Time Slots for Engagement of Caregivers with Child Residents:* In accordance to the findings, meaningful involvement of caregivers with children in their care opens up channel of communication between the two. It cannot be denied that caregivers' involvement with children depends upon the personal efforts made by them; however, contextual factors including the job profile of the carers may not allow them to spend quality time with child residents. It is, therefore, recommended that regular time slots should be allocated to caregivers on everyday basis where they can

devote time for participating in games, reading newspaper, storytelling or casual interactions with children.

*Provision of Psychological Support and Capacity Building of Caregivers:* It is noted that caregivers perceive children's inappropriate behaviour in different ways, with a significant percentage of respondents feeling that children lack value system. It is likely that such perceptions may become a barrier in achieving healthy relationship between caregivers and young residents. It is, therefore, suggested that a non-judgemental space is provided to the caregivers at their workplace where they feel safe to vent their overwhelming emotions regarding children in their care to other staff members, without the fear of being evaluated. This can be followed by capacity building of caregivers through need-based guidance by immediate supervisors and in-house counsellors. In addition, regular trainings conducted by child care experts can help caregivers locate children's deviant acts within a larger context. This enables and empowers caregivers to chalk out effective strategies in managing difficult behaviour of children.

*Encouraging Participation of Caregivers in Decisions-Making Process for Child Residents:* The study recommends that principle of participation should be integrated in the practice of residential homes where caregivers are provided with every possible opportunity to get involved as decision-makers for child residents. This practice heightens caregivers' sense of responsibility towards children in their care. It conveys to them that as important stakeholder for child residents they can constructively contribute in young residents' lives.

## CONCLUSION

The existing literature has focused substantially upon the relevance of care-relationship for the holistic development of children in residential homes. This research captured the existing status of caregiver-child relationship in residential homes located in Delhi. It was observed that majority of the caregivers shared healthy proximity with children in their care, which was evident in caregivers' familiarity with their wards and children's trust to confide in their carers. However, for rest of the respondents, the care-relationship stood out weak in this domain. In terms of caregivers' recognition of their essential role in the lives of children, majority of the respondents viewed their role as children's mentor or even as parents. Nonetheless, there were 24% caregivers who were unsure about their

role or failed to perceive their contribution in children's life. The findings established that relationship between children and their caregiver does not exist in isolation; rather, it is located in the context of residential settings. It is observed that policies and practices including the number of children assigned to caregivers, type of everyday tasks allocated to them and caregiver's involvement as decision-makers by the senior staff strongly influence the elements of care-relationship. The study recommends that policies and practices in children homes should aim towards creating a positive caring culture in residential settings which promotes constructive care-relationships, based on love and trust.

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