

# Perceptions of the Roles and Responsibilities of Caregivers in Children's Homes in South Africa

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**Abstract.** *The study investigated the perceptions that caregivers working at children's homes have regarding their roles/responsibilities. The aim was to obtain insight into their subjective experiences and realities. This qualitative study was guided by the interpretive paradigm and included eleven caregivers. Focus group discussions, group collage and semi-structured interviews served as data collection methods. The caregivers perceived their roles/responsibilities as including the provision of food, shelter and protective environment ; also catering to the children's emotional and health requirements. Caregivers viewed their work environment as child-focused and expressed the need to be acknowledged as professionals and to be empowered with more training.*

**Keywords :** caregivers, family, vulnerable children, children's homes, roles/responsibilities

## Background

There has been an increase in the number of orphaned children in South Africa in the past decades. This increase is brought about by high levels of parental deaths due to AIDS as well as other social challenges such as desertion of children. This observation is supported by an earlier study conducted by De Schipper, Risken-Walraven, Geurts (2006), in which they found that this increase in orphan-hood made the roles and responsibilities of caregivers increasingly important in the lives of children, communities and countries. In addition, Statistics South Africa states that there has been a general increase in the number of orphans in South Africa from 1% in 1995 to 4.7% between 2002 and 2011 and estimated that the orphan population of South African children who are under 18 years of age would reach 5.6 million in 2015. These increases paved the way for the Children's Act 38 of 2005 which stipulates the following criteria to describe those children who should be placed in children's homes: those with no parents or guardians, those whose parents cannot be found, those who have been abandoned and who have no support, those whose behaviour is difficult for primary caregivers to control and children who are vulnerable and are exposed to physical,

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emotional or mental harm or abuse (Meintjies, Moses, Berry, Mampane, 2007). This background highlights the importance that child and caregiver interaction play in children's homes as the caregiving role replaces the parenting role for these children.

A meeting with the manager of an institution outside of Pretoria, South Africa, where this study was conducted provided background regarding the current ratio at the institution which was 12 : 1 (twelve children to one caregiver) while the required ratio should be 5 to 6 : 1 (five to six children to one caregiver). The younger the ages of children that are cared for the lower the recommended ratio. Lower ratios were found to improve the quality of interaction, and to provide opportunities for more affection and support that is essential for the wellbeing of children. The meeting further shed some light regarding the average qualifications of the caregivers, which was grade 12. A study that was conducted by De Schipper et al. (2006) confirmed that the level of caregiver education, training and skills is important in enabling them to perform their roles and responsibilities effectively. Therefore, the roles and responsibilities of caregivers have become increasingly important in the lives of children, communities and the country as they often serve as primary caregivers and minders to vulnerable children. Implications are that the quality of interaction between caregivers and the children that they care for as well as the level of caregiver' education, training and skills have an influence in the psychological, academic and emotional development of vulnerable children (De Schipper et al., 2006).

## **Purpose of the study**

The purpose of this study was to explore the perceptions of caregivers working at a children's home regarding their roles and responsibilities and to understand their day to day experiences while executing their roles. In addition, to understand how they perceive these experiences in relation to their roles or expected roles and responsibilities as prescribed in The Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa (2010). The outcome of this study provides information that can be used to further empower caregivers and support them in the execution of their roles and responsibilities. The study identifies differences in practice with other parts of the world. Additionally, the study contributes to the field of studies on caregivers in children's homes and their experiences. The caregiving responsibility plays a significant part in the wellbeing of vulnerable children. An in-depth understanding of caregiving roles and responsibilities can assist to pave the way for their improved contribution to society.

Literature review on the roles and responsibilities of caregivers for this study indicated that minimal research has been done on caregivers who work in children's residential institutions and thus limited information exists on this topic. Most of the research undertaken on this subject is based on caregivers who care for the elderly or those who are terminally ill. This dearth of literature confirms the need to investigate the perceived roles and responsibilities that caregivers perform. Knowledge of roles and responsibilities of institutional caregivers of vulnerable children especially in South Africa is important and demands urgent and critical examination as caregivers are the primary minders of a population of children who might never have an experience of living in any other family setting other than in a children's home.

## **Literature review**

In conceptualising the caregiving behavioural system, Solomon, and George (1996) found it to be a pattern of behaviour that are carried out to achieve a specific goal. This goal is

largely to raise children to become independent, functional adults and members of the communities within which they live. Roles and responsibilities of caregivers are therefore a repertoire of flexible and adjustable behaviours of individuals within the caregiving system, with the aim of protecting the children they take care of. They concluded that the behaviour of the caregiving system is largely influenced by the child-caregiver relationship and the level of attachment between the child and the caregiver.

Tottenham, Hare, Quinn, et al., (2010) used attachment theory to investigate the relationship between orphan rearing and emotional difficulties and established that children who grow up in children's home tend to be emotionally disturbed. This could be as a result of a history of emotional difficulties due to the circumstances of their families of origin, however, the manner in which caregivers were found to carry out their roles and responsibilities was also lacking in emotional nurturing. This finding was influenced by the fact that the roles of caregivers were being viewed as those of paid employees who usually perform their duties on a rotational basis, and with high child-caregiver ratios. These were found to be stressful to children and to have long lasting negative effects on their behaviour. Thus, children's home circumstances result in instability and continuous inconsistencies that often compromise the quality and the quantity of caregiving (Tottenham et al., 2010).

In contrast, the creation of a family-like environment at a children's home where caregiving attempted to replicate the traditional role of a family was found beneficial to children as they were able to thrive with physical bonding, consistent love and care because of the parent-child emotional closeness. A Chinese Orphanage created a family-like environment by putting actions in place in the children's home to structure the roles and responsibilities of caregivers to imitate the roles of parents in a family setting. The female caregiver was called the mother, while the male home manager was called the father of the home; they both became parental figures for the children, with their primary role being to provide care and support for the children. Older children assumed roles and responsibilities of older siblings and family-like routines adhered to, just like in any family (Neimetz, 2011). The study concluded that children are able to thrive with physical bonding, consistent love and present care. Meintjies et al. (2007) found that children's homes such as these also exist in South Africa.

In addition, roles and responsibilities of caregivers were found to require them to be equipped with necessary skills to enable them to care for vulnerable children and themselves. The role of caregiving may be accompanied by high levels of stress; that could affect caregiver's ability to perform daily duties and may have a negative effect on the caregiver and on the children (Taylor-Richardson, Heflinger, Brown, 2006). This need is brought about by the fact that the demands of caregiving can have negative physical and emotional effects on the caregivers, resulting in depression and sometimes burnout as caregivers are faced with lack of knowledge of their rights, the rights of vulnerable children that they care for as well as lack of knowledge regarding state facilities that are available to support the children (Hlabyago, Ogunbanjo, 2009). The lack of these skills can result in confusion and distress among caregivers and demoralises them in the performance of their duties.

A preliminary literature review on studies that were conducted in South African children's homes to investigate the level of communication and interaction between children and caregivers found that caregivers were not communicators. They were unresponsive and occasionally ignored communication initiated by children, every now and then, resulting in a display of negative behaviours by children possibly as an attempt to attract attention from caregivers (Levin, Haines, 2007). This caregiving relationship did provide physical contact such as hugs and kisses, but there was little eye contact and without one-on-one attention to the children. Furthermore, the research found that the above approach to caregiving resulted in developmental delays with

respect to communication, speech and expressive use of language in the younger children ; adding to the relevance of findings that came out of the research conducted by Tottenham et al. (2010) as well as that conducted by Levin and Haines (2007).

## **Theoretical framework**

Bronfenbrenner's Systems Theory guided the theoretical framework for this study, focusing particularly on the roles dimension of the McMaster Model (Epstein, Bishop, Levin, 1978) of family functioning and the influence that the ecosystem has on it. The McMaster model advocates that the functioning of the family as a unit will undoubtedly have the biggest impact on the emotional and physical wellbeing of its members. Caregivers within a family assume certain roles in carrying out their responsibilities of facilitating the fulfillment of three fundamental tasks. The first of these involves basic tasks and the provision of fundamental needs such as food. Secondly, the roles concern the developmental tasks that relate to the challenges with which the family is confronted through the different stages of its development and the development of its individual members. Lastly, the roles concern the hazardous tasks involving the family's ability to deal effectively with crises and traumatic circumstances with which it might be confronted. A family that is unable to deal with these tasks is likely to experience significant maladaptive family functioning patterns (Moore, 2010).

In addition, it is important to understand both the larger social context and the immediate system of the children's home. It is therefore, essential to examine the perceived roles and responsibilities of caregivers as influenced by the macro-, the exo-, the meso- and the micro-systems within which they are carried out, in relation to the caregiving internal and immediate functioning as a family. An understanding of the social context within which caregivers execute their roles and responsibilities provides a platform for the holistic understanding of their roles. The McMaster Model of family functioning was incorporated in the micro-system discussion to further provide an in-depth, interpretive framework in understanding whether the perceived roles and responsibilities of people who have assumed parental roles in the children's home allow optimal family functioning (Meyers, Sonji, Varkey, Aguirre, 2002).

## **Research design**

A case study research design was used for this study. The study took place in a social setting, and using the principles of a single case study focussed on understanding the perceptions of a group of people about the phenomenon under investigation. The purpose of the study was to explore and gain insights into the perceptions of caregivers at a children's home in Pretoria regarding their roles and responsibilities and it paid attention to their individual and collective interpretation of the latter (Payne, Payne, 2004).

The primary research question was : How do caregivers at children's home perceive their roles and responsibilities ?

The sub-questions were : What do caregivers understand as their roles and responsibilities ? How do they implement them ? What sources of support are available or not available to help them cope with these roles and responsibilities ?

The study used the information from the participants' responses to understand the trends of the gathered data and leveraged on the advantage of a case study design to obtain rich

and descriptive information. However, the concepts of generalisability and transferability remained a challenge as it usual is with qualitative studies of this nature (Kitto, Chester, Grbich, 2008).

## Data collection

Data collection methods used for this study were, focus group interviews, group collage, individual interviews, observations and field notes. The table below summarises the process of data collection for this study :

**Table 1.** *Sequential phases of data collection*

Phase 1 Data collected	Phase 2 Data collected	Phase 3
1. Focus group interview (7 participants)	1. Semi-structured interviews (2 participants)	1. Triangulation and member checking
2. Observations	2. Group Collage (11 participants)	2. Verified the collaboration of data by looking at common themes from data collected
3. Field notes	3. Observations	3. Field notes
	4. Field notes	

Source : Generated by the authors

## Selection of participants

This study made use of purposive sampling to collect data from all the eligible participants deemed to be typical participants from whom the required relevant information could be obtained (Ary, Jacobs, Razavieh, Sorensen, 2006). The caregivers represented the research population described by Strydom (2005) as all the individuals who possess a specific and similar characteristic and who are in the specific environment where the study is being conducted. Therefore, the population for this study involved caregivers employed at the children's home at the time, from which eleven caregivers were selected to participate based on their availability and willingness to participate. The majority of the participants were over the age of forty and had experience ranging from four to fourteen years.

## Ethical consideration

Ethics clearance was granted by the University of Pretoria's Ethics Committee of the Faculty of Education, and adheres to integrity practices as prescribed in the University's research Code of Conduct. The study was conducted with written informed consent of the management of the children's home as well as all the participants who signed informed consent forms and were provided with all the relevant information regarding the purpose of the study. Participants were not exposed to any emotional or physical harm and plans were put in place to refer participants for debriefing, should there be reason to believe that any aspects related to the

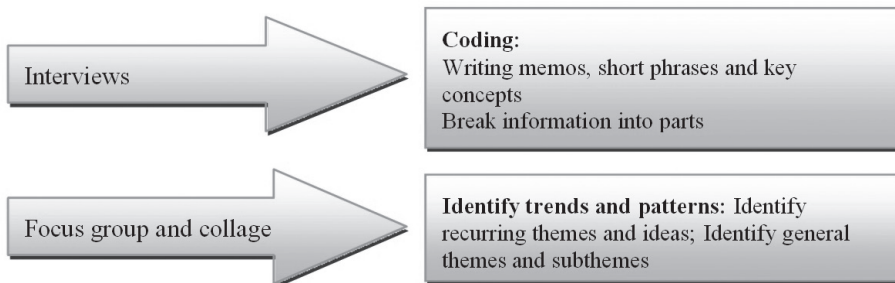
study had affected them negatively. Participants were provided with information regarding the process and the purpose of this study and they were informed that participation was voluntary and they could withdraw from their participation at any point without negative implications for them. Access to information regarding the research findings was offered to participants.

The study used group activities to gather some of the data. Hence, anonymity and absolute confidentiality of the information obtained amongst the participants remained a challenge. Confidentiality and anonymity of the participants has been adhered to in publishing the research findings.

## Data analysis

The data were analysed using a thematic analysis approach. This is based on the necessity to achieve an overview of the data collected. The analysis followed a system outlined by De Vos (2005). The data were first and foremost transcribed. This was followed by a process of coding and organisation to develop categories of information. The relationships between these categories of information were also considered and reviewed to arrive at the themes and subthemes. All the information was subsequently analysed by generating, classifying, categorising and interpreting narratives of the participants to make meaning of the content. Key ideas and patterns of information from the data collected were further analysed to answer the research question and sub questions. Patterns, based on evidence from the data, were identified both during and after the data collection process from researcher memos to make sense of the picture and patterns of information that emerged. Figure 1 shows the data analysis process.

Data collected for this study was analysed in the following manner :



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**Figure 1.** *Data analysis*

Five main themes were established in the data analysis process. The identification of these themes became consistent across various data collection sources. Table 2 shows the various data collection sources while Table 3 shows the themes and subthemes deduced from the data.

**Table 2.** Visual presentation of themes and data sources

Themes	Data Sources				Observations
	Focus Group	Individual Interview 1	Individual Interview 2	Group Collage Projection	
Provision of basic resources	√	√		√	√
Nurturance and support	√	√	√	√	√
Development of children			√	√	√
Maintenance and management of family system	√	√	√	√	√
Role allocation of caregivers	√		√	√	√

Source : Generated by the authors

**Table 3.** Themes and subthemes

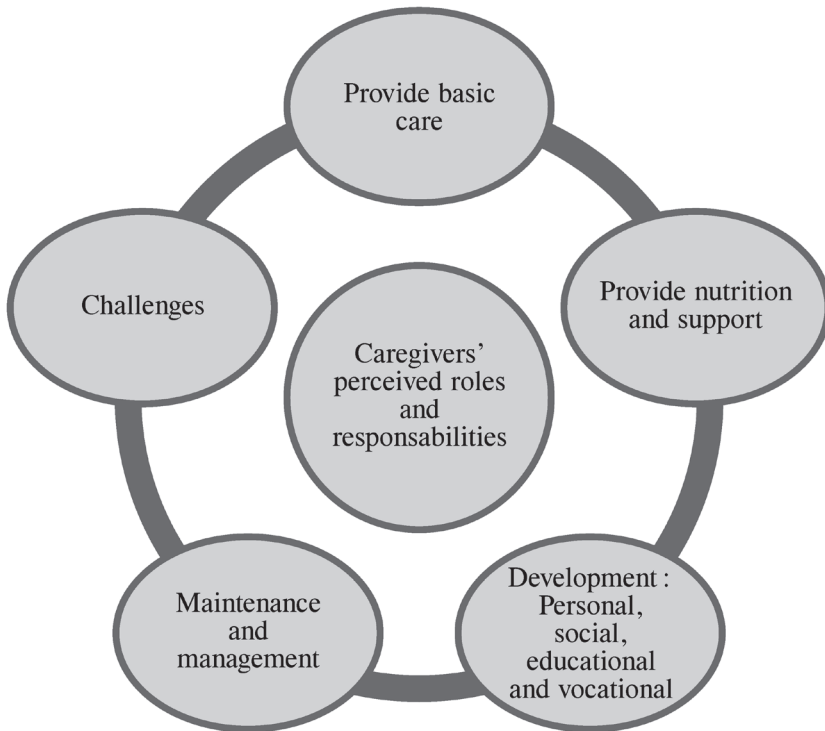
Theme	Subtheme	Categories of data
Provision of basic resources	Provision of basic care for children	<ul style="list-style-type: none"> <li>• Provision of food, including cooking and dishing out for children as a primary means of care.</li> <li>• Management, overseeing and performing the hygienic maintenance duties of children’s surroundings and clothing.</li> </ul>
Nurturance and support	Provide warmth, comfort, reassurance and emotional support	<ul style="list-style-type: none"> <li>• Loving children as own – parental love and comforting them</li> <li>• Support children during important life events</li> </ul>
Development of children	Personal and social development Educational and vocational development	<ul style="list-style-type: none"> <li>• Life skills and personal values/moral education</li> <li>• Spiritual education and nurturing</li> <li>• Hygiene education</li> <li>• Skills for socially acceptable conduct</li> <li>• Daily homework assistance and support</li> <li>• Motivation and support for optimal academic and vocational performance</li> </ul>
Maintenance and management of family system	Management of health related functions Behaviour control Management of external boundary relations	<ul style="list-style-type: none"> <li>• Coordination and management of medicine administration</li> <li>• General health monitoring</li> <li>• Management and coordination of daily activities and routines</li> <li>• Implementation of disciplinary measures</li> <li>• Interaction with multi-disciplinary teams of professionals</li> <li>• Management of social interaction activities</li> </ul>

<b>Role allocation of caregivers</b>	Challenges of caregivers  Coping mechanisms	<ul style="list-style-type: none"> <li>• Need for acknowledgement and a supportive work environment</li> <li>• Need for skills development and caregiver centred environment</li> <li>• Available support systems for caregivers</li> </ul>
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## Results and findings

This study found that caregivers view their roles and responsibilities as central and fundamental to the healthy functioning and development of vulnerable children, as depicted in Figure 2 below. This perception concurs with findings of the study conducted by Razavi, and Staab (2010) which found that caregivers view themselves as service workers who are responsible for providing interpersonal relationships and nurturance to children.



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**Figure 2.** Summary of roles and responsibilities of caregivers



Findings indicate that caregivers in this study view their primary roles and responsibilities to be the provision of basic needs such as accessing, preparing and serving food for children and overseeing the hygienic maintenance of the children, their clothing and surroundings. Their additional, but fundamental roles include the provision of nurturance and support as well as overseeing the personal, social, educational and vocational development of the children. The caregivers do not see their roles and responsibilities as simply a job but an opportunity to contribute to the moulding of the children's lives. Below are some of their comments :

“So we have to treat them like the way we treat our own kids, if you are leaving them, spoiling them at the end they are going to be useless kids and then people will be laughing at us like you see the kids, ha, ha, they were just wasting their time”

“Sometimes we feel that these children need parental love of having both parents when they are still growing up, these children wish to have known their parents”

“Even though they do not have their biological parents, we are there to show them that we are there for them – we show the love that they need”

“I teach from grade 3 up to grade 7. Yes, I teach them spelling, reading, NS, Math, and everything they do at school”.

The results and findings indicated that caregivers perceive their roles and responsibilities as general carers of vulnerable children. They continue to perform these perceived roles and responsibilities to the best of their abilities despite the different challenges that they experience. Their inherent, persevering nature, love for children and the support that they receive from each other and from other professionals working in the children's home seem to be their main motivating factors, while caring for vulnerable children.

According to the caregivers their actions and reactions to situations are based solely on their perceptions of what the job requires. They report to have never received any orientation. There are irregular formal/in-service training sessions or no developmental supervision. According to Dowling (2010), people who work with children need to receive training and support that will equip them to be effective caregivers. Caregivers expressed the following concerns regarding their current training :

“It would be nice to have in-service training for us”

“We get these kinds of training after a long period of time, mostly after a year. It should at least be every month”.

Furthermore, findings indicate that caregivers in this study attempt to create a family-like environment by carrying out their roles and responsibilities to accomplish most of the roles, functions, and tasks of healthy family functioning as described by Epstein et al. (2003). They strive to manage and maintain the children's home as a representation of a family system. In addition caregivers mirror the roles/function dimension of the McMaster Model by sharing responsibilities amongst themselves ; following basic and common routines and structures, as well as allocating different tasks to children in their care. During this study it became evident that caregivers perform their roles and responsibilities in accordance with the expectations of the macro- and the exo-systems of caregiving. It also became evident that they accept responsibility for their duties.

The findings indicate that caregivers experience challenges that are posed by the meso-system, as well as their personal challenges. They hold the view that the institution that employs them is predominantly child-centred and does not understand their daily experiences and difficulties, thereby not providing them with the support that they need. These challenges have a negative effect on their ability to perform their roles and responsibilities effectively and they are exacerbated by the lack of training opportunities which also contravenes The South African Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa (2010).

Figure 2 above summarises the findings of the study and the relationship of caregivers' perceptions regarding their roles and responsibilities. These perceptions concur with findings of the study conducted by Razavi, and Staab (2010) which found that caregivers view themselves as service workers who are responsible for providing interpersonal relationships and nurturance to children, despite the lack of training in performing these duties. Similarly, caregivers in this study view their additional roles, beyond those of the provision of basic needs such as food, cooking, dishing out for children and overseeing the hygienic maintenance of children's surroundings and clothing, as based solely on their perceptions of what the job requires. Their perceptions of these extra roles are based on the fact that they never received any orientation, ongoing formal, or on the job training or developmental supervision as prescribed by The Blue Print on Minimum Norms and Standards of Secure Care facilities in South Africa (2010).

Furthermore, findings indicate that caregivers in this study attempt to create a family-like environment in the children's home, similar to that described in the study conducted by Niemetz (2011) at a Chinese orphanage. In creating such an environment, caregivers in China were found to carry out their roles and responsibilities to accomplish most of the roles functions dimensions and tasks of healthy family functioning as described by Epstein et al. (2003) in the McMaster model of family functioning. In addition to providing resources, nurturing and supporting, maintaining the family system as well as managing the development of children, caregivers mirror the roles function dimension of the McMaster model by sharing responsibilities amongst themselves; following basic and common routines and structures, as well as allocating different tasks to children in their care. During this study it became evident that caregivers perform their roles and responsibilities in accordance with the prescriptions of the macro- (international prescriptions) and the exo- (national prescriptions) systems of caregiving. It also became evident that they perform their duties efficiently, despite the challenges that they experience, posed by the meso-system, as well as their personal challenges.

## Discussion

### *Perceptions of roles and responsibilities*

The findings indicate that caregivers perform their roles and responsibilities to mirror the functions of a family as driven by their natural instinct and personal experiences as women and homemakers. They viewed their primary roles and responsibilities as ensuring that the children are provided with basic resources such as food and perform this role by ensuring that children are fed during meal times. Furthermore, their view is that they are responsible for overseeing the hygienic maintenance of vulnerable children and their surroundings. One could assume that their perceptions regarding their roles and responsibilities are influenced by their societal roles of women and mothers, as also established in the study that was conducted by Razavi, and Staab (2010). Similar assumptions concerning these roles are expected in most African cultures where women assume the roles of homemakers responsible for nurturing and caring for children while men assume the responsibilities of ensuring that resources are available to enable women to carry out these roles.

Caregivers view the provision of basic resources as their main responsibility and as a role that they spend most of their time performing. They view themselves as mothers to vulnerable children, using this term because they regard themselves as playing a motherly role to these children. Therefore they may be said to perceive themselves as being responsible for ensuring

that children are fed and looked after at all times, including during play time. Although the caregivers are not responsible for buying food, they are responsible for its preparation and the feeding of these children. However, findings of this study did not provide an indication that caregivers provided one-on-one attention to children even when feeding them. This finding is in line with a study conducted by Levin, and Haines (2007) which found that even though caregivers at children's homes based in South Africa were found to have some physical contact with children and this occurred mostly during meal times, there was little individual attention given to them. In addition to feeding the children, caregivers oversee the children's personal and environmental hygienic maintenance. Caregivers in this study seem to be comfortable in performing this task as it replicates the basics of child caregiving as they perform it in their own personal lives for their families.

In addition, caregivers view themselves as the main sources of nurturance and support for the children that they care for as was also established in the study conducted by Razavi, and Staab (2010). One may deduce that this view is driven by the caregivers' understanding that most of the vulnerable children that are in their care might never experience parental love, care and nurturance, thereby impelling them to love vulnerable children as their own. In providing parental support, caregivers view emotional support and reassurance as an important aspect of their roles and responsibilities and as a motivation for them to perform their duties to the best of their abilities. They, in addition, carry out this responsibility by ensuring that they participate in some of the children's important life events and devote some time to spending quality time with the children. Caregivers seem to have knowledge of the benefits of nurturance for children despite feeling that their knowledge is limited and may be enhanced through on-the-job training and development.

Furthermore, caregivers in this study view themselves as important contributors to the personal, social, educational and vocational development of the children that they care for. Vulnerable children, just like all other children who grow up in families, go through different phases of development and they need to develop in different aspects of their lives. Caregivers thus impart personal values and morals to children and use their own spiritual beliefs to teach them socially acceptable behaviours. Furthermore, caregivers provide support and guidance for educational and career development. They assist children with their schoolwork and motivate them to achieve optimum academic performance for future success. Caregivers demonstrated having an understanding of the social and educational developmental needs of children as suggested by Miller et al. (2003), who found that an understanding of children's developmental needs helps in the provision of better quality and relevant caregiving.

Finally, the caregivers viewed themselves as being responsible for managing and maintaining the children's home as a family system. This extends from managing and monitoring children's health and administering medication to those that need it, through to managing and coordinating the daily activities that include relationships with external social interactions as well as those with their families of origin. In addition, caregivers are responsible for managing and coordinating daily routines of children, including implementing disciplinary measures to the best of their abilities. However, this task seems to be performed with a degree of frustration, as caregivers do not possess sufficient skills to implement disciplinary measures nor do they believe that the current measures that they are expected to use are effective. This could be aggravated by their lack of understanding of the effects of corporal punishment on children, which is their preferred means of discipline. Caregivers further communicate with multidisciplinary teams of professionals regarding the physical and emotional health of vulnerable children as prescribed by The Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa (2010). However, the view of caregivers

in this study is that their duties regarding the health of children are carried out as a favour for the children, implying that this task is not performed as a fundamental one. This perception is in contradiction to the role functioning dimension of the McMaster model of Epstein et al. (2003), and this might affect the healthy functioning of the caregiving system.

### ***Implementation of their roles and responsibilities***

Caregivers understand their roles and responsibilities as those of homemakers and basically implement these in the same manner as they do in their own families. In addition, newly employed caregivers perform these in the same way as they are performed by caregivers who have been working in the children's home for an extended time. The fact that all the caregivers at the children's home are females who have their own families and children comes as an added advantage for their understanding and implementation of these roles and responsibilities.

In addition, the social context within which they live influences these caregivers' understanding of such activities which are understood in the context of the roles that women, as mostly homemakers, have to assume in the global context. The caregivers understand that all children have the right to parental care and they provide it within the prescriptions of the International Convention on the Rights of Children (1989). However, caregivers in this study seemed to perform their other duties on a trial and error basis because they mentioned that most of the time they are not confident that they are working as expected, seeing that they do not receive any performance appraisals or developmental supervision. This may be attributed to their view that the caregiving institution employing them does not acknowledge their efforts: it only reprimands them for their mistakes but never acknowledges their areas of good performance. They however endeavour to continue to do their best, as mentioned earlier.

### ***Sources of support***

According to the participants in this study, institutional caregiving comes with a variety of daily challenges that they need to overcome. The lack of training and the lack of understanding of the requirements of caregivers' responsibilities seem to be a major aspect that causes dissatisfaction and lack of confidence. Caregivers hold the view that the institution that employs them does not understand their daily experiences and difficulties and therefore does not provide them with the support that they need as suggested in research conducted by Taylor-Richardson et al. (2006). The study found that in view of the stresses that caregivers experience in their daily duties, it is important that employing institutions understand their challenges and plan interventions to support them. These challenges have a negative effect on their ability to perform their roles and responsibilities effectively and the lack of training opportunities contravenes The South African Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa (2010). The observation was that although they perform their roles and responsibilities as expected, they lack self-worth and confidence in their performance and feel devalued as a result.

Furthermore, in line with the study conducted by Razavi, and Staab (2010) that suggests that caregivers view themselves as employees and perform their roles and responsibilities within the required limits in order to fulfil their contractual duties, caregivers in this study view the children's home as their work environment and mention that they are demoralised by the fact that management at the children's home does not acknowledge their efforts. They added that the management is predominantly child-centred and not supportive of their needs, resulting in them performing their duties just so that they can retain their jobs. This is despite

the fact that they mentioned that they are committed to giving care to vulnerable children and love what they do. They have thus resorted to looking towards each other and other professionals working at the children's home for support. However, they indicated that they would like a work environment that can at least provide them with an opportunity to voice their concerns and challenges, as they are currently not allowed to hold meetings or communicate with management in meetings, resulting in top-down discussions.

## Recommendations

The participants in this study were female and it would be interesting to explore the views of male caregivers. This will enable researchers to gain insight into gender differences in caregiving and to gain a perspective on males' perceptions regarding their roles and responsibilities as caregivers. This exploration could determine whether the existence of male caregivers can benefit the discipline issues arising for children where the former act as role models for boys and authority figures in a family setting. A comparative study across cultures might also establish whether the findings of this study are universal to all caregivers. The comparison of these findings could be used to better understand the different procedures and practices of a diversity of institutions in order to identify practices that are and those that are not successful. In addition, the experiences of children who grew up in children's homes should be investigated to evaluate the effectiveness of institutional caregiving.

There is a further need for the development of training programmes that will be standardised for the advancement of institutionalised care giving skills. Training programmes that include stress management, effective communication skills, child development and the needs of children at different stages of development and basic counselling skills may benefit caregivers. Furthermore, there seems to be a need for the development of guidelines for caregiving institutions as to the support needed for caregivers to be able to perform their roles and responsibilities effectively.

## Conclusion

The findings of this study indicate that the caregivers' views regarding their roles and responsibilities are not only aligned with most requirements of the caregiving activities as prescribed by literature and recommended by research conducted on the subject; but also making sure that they went beyond simply the call of duty. These responsibilities remain an important cornerstone in the role of caregiving as there is an increasing need in society to care for vulnerable children. There is a further increased need for professional caregiving skills development that can be tailor-made for the South African context. It is thus important that caregivers are trained in the knowledge and understanding of the important role that they play and become equipped to deal effectively with the needs and challenges of vulnerable children, most importantly with respect to disciplining them.

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