Women Caring for Children at Home: Challenges for family and child welfare practice

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Caring is the central activity for many women who care for children with disabilities and other dependent relatives and it circumscribes virtually all of the other activities they carry out. This paper will compare the daily experiences of such women (who have been participants in the author's recent research into home–based care) with what has been written in social work literature about women who 'care'.

My own experience of caring for children has been as a parent of three sons, and as a short and long term foster Parent. I have personally experienced the feelings of low–status, which are common to being a service user and to being in the role of foster parent, when social workers and other professionals have not acknowledged that I had any contribution to make with regard to decisions about the child. It appeared as if I was not viewed as an equal team member, an assumption which seems to be derived from a view of foster–parenting as an unpaid/low paid occupation requiring no professional skills other than being a 'good mother', If the skills mothers have are given low status then I suppose it is not surprising that foster parents will experience the same treatment. The role and contribution of foster fathers and other family members are largely ignored by professionals – it is still seen as women's work. There are clear issues and challenges here for empowerment of service users and education for empowering practice by human service workers!

Social workers and others need to understand the daily experiences of families coping with dependent and disabled family members. Families themselves are often unaware that what

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is happening to them is also being experienced by others who also feel that they are not coping. New Zealander Robyn Mumford, both a welfare worker with people with intellectual disabilities and a social work academic, uses the phrase "the culture of silence" to describe this phenomenon (Mumford, 1986, p.2).

Finch & Groves (1983) use this culture as a theme when they identify some of the key elements that characterise 'caring' and the experiences of carers. These include the way women and others perceive and reinforce caring as a natural activity for women and, secondly, how caring is viewed differently from other forms of work in our community. Some of the new developments in services for children and adults with disabilities and other care needs are based upon the assumption that care in the home will continue to be a relatively low cost alternative to other kinds of services.

For women at home the nature of this care is often unspecified and characterised by attention to a myriad of small repetitive tasks. This privatised form of care is largely unseen, for although many women 'care', they usually do it alone in the privacy of their home. There is often an absence of quality support services and resources to help

women carry out their tasks adequately. Caring at home is generally viewed as unpaid work and, as Finch & Groves suggest, it is associated with how it feels to be a "woman in a male-dominated capitalist society".

The paper will examine these themes by focussing on the experiences of the paid and unpaid home carers that I have interviewed and worked with, as well as my own experiences as a long term foster parent and home carer. These personal accounts will be followed by a review of what has been written on caring. The practice implications for family and child welfare will also be addressed.

Family Caring as a 'Natural' Role for Women

In attempting to explain the significance of family–based caring as an activity for women we need to examine how the phenomenon of 'caring' is constructed and discussed in the literature. Graham highlights the difficulty in defining the concept and identifies some of the contradictions inherent in its use. The experience of caring and of being cared for is intimately bound up with the way we define ourselves and our social relations and is also an integral part of the way society reproduces itself and maintains the physical and mental health of its workforce. (Graham, 1983).

Caring demands love and labour, identity and activity and is clearly associated with the demands of children as well as the wider society. It is intimately linked to the role of women and with those places where intimate relations with women are found. Specifically, caring is associated with the home and family, and increasingly with the 'community'.

In contrast, relations contracted with the labour market are seen to create a

degree of social distance which is perceived to be incompatible with the giving of care. (Graham 1983). It is significant that most women who see themselves as primary carers in the family view other things they do as less important, whereas this is rarely men's experience. As a result, caring can be overbearing for the majority of women who are attempting to do things outside the home and take on other roles. Caring, thus, has elements of both love and labour; however, it must continue even when the 'love' falters. Both the psychological and social construction/broader views of caring need to be challenged if we are to expose some of the myths about caring as a natural and unproblematic activity for women.

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Psychologists have generally viewed caring as a way of defining how women obtain a sense of self and fulfilment, reflecting a traditional/psychodynamic view of the construction of the female personality. In contrast, those interested in social policy and who come from a functionalist sociological stance, focus on caring as essentially just another form of the transaction of goods and services.

A feminist analysis of care (Moore, 1987,88) suggests that neither view is sufficient in itself, since both elements must be explored when attempting to describe the reality of caring with women, in order to develop ways of providing care for children which do not further oppress women. Hitherto such work has not been attempted in social welfare or in social work education, yet care work and community care are of critical significance in social work.

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The origins of women's caring characteristics are located in their biology, their socialisation or both. (Land &

Rose, 1985). Goodnow (1985) suggests that much of what women do is labelled as 'natural' and 'inevitable' and points out that this preoccupation prevents asking questions like "how is any difference sustained? How does it come to be regarded as natural or inevitable?"

In addition, when women's behaviour is labelled in such a way, men's behaviour is labelled in reaction or relation to it, thus reinforcing the difference in responsibility and the difficulty of involving men in child care. (Gramsci (1971) addresses this when he talks about the beliefs that people hold and how they become part of 'commonsense' ways of behaving that do not get challenged). Freiere (1985) suggests that it is difficult for people in oppressive situations to firstly identify the exploitation in daily life conditions and then to seek explanations for this. It certainly appears to be difficult to critically examine conditions that have become such an integral part of our existence that it is hard to imagine them being different. This is especially true of women as family carers, as this existence dominates and defines their sense of themselves. It is often difficult to examine something so personal and all-pervading.

Many assumptions about women's roles vis-a-vis their dependent children continue to be unchallenged in social work as elsewhere. As Graham reminds us, much of what women do remains hidden from history. Goodnow reinforces this view, pointing out that women's work is not often viewed as deserving attention from social scientists including social welfare educators. She suggests that most social science research has generally been written about men, by men and for men. As Goodnow suggests

... the selection of research topics has always been a marker for what is regarded at a given time as significant and feasible. To work on a problem outside a given range is often to run the risk of being regarded as displaying poor judgement by opting for a problem that is either 'unimportant' or 'impossible'. (Goodnow, 1985, p.3)'

Although Goodnow comments that we now see much more research on the "sociology of housework, on divisions of labour within households and on

'volunteer' or 'community' work" and the relationship between paid and unpaid work, she suggests we must carefully examine these changing trends as such research is based on assumptions which are inadequate and do not provide us with 'better' answers.

Graham (1983) suggests that research into family-based 'caring' has suffered from these kinds of constraints. She points out that:

...theoretical model which explains women's predisposition to care in psychological terms inevitably masks the possibility that it is not a product of an enduring feminine personality, but results from the particular way in which reproduction (in its broadest sense) is organised in our society. (Graham, 1983, p.29).

Graham also suggests that

...the distinction between 'doing' and 'being' misrepresents the nature of women's caring role in that it masks the way in which the categories through which we define gender are social constructs and not psychological entities. (Graham, 1983, p.20).

Many assumptions about women's roles vis-a—vis their dependent children continue to be unchallenged in social work as in much of the rest of everyday life. As Graham reminds us, much of what women do remains hidden from history.

We must question why men's roles are defined through their relationship with the labour market and 'doing' and why women's characteristics come from 'being' and are delivered through their caring relationships. Our research questions must focus on the ways families are constituted and how the 'construction of gender' takes place. Why is 'women's work' viewed as natural and inevitable?

Research in the field of intellectual disability practice also suffers from similar problems. Much of the research is directly related to the need to enhance the knowledge and technology available to professionals in the field. Although this is important the carers are often not consulted and some of the new developments result in more pressures for those that care. (Moore, 1987,88)

The 'deinstitutionalisation' movement provides an example of this. Offe (1984) summarises the implications of the move of large numbers from institutions into the community. He questions whether society can cope with this influx of people. Many people with disabilities become burdens for their mothers to carry as community care is not present or forthcoming.

Foster care is a further example of women's caring role being misrepresented and abused. When we look at foster parents we can assume foster 'mothers' are the real carers. In our/my case, $8.00 per day from the State's Community Services Department, provides long-term and continuing care for an extremely lively four-year-old. We cannot give such intensive demanding foster care without child care, yet child care costs are $25.00 per day in a Child Care Centre. Truly a labour of love, not money.

Our foster daughter has special needs due to gross emotional deprivation. For this I am 'supervised/resourced' by a social worker, a new graduate who rarely visits. Yet at case conferences or review meetings we are treated as, at best, junior partners in the child's care. The mother and family are even more overlooked. These are glaring examples of disempowering practice by social welfare workers of other female carers, and this despite the reality that our (my) labour of love is giving this child perhaps her only chance of noninstitutional life, and that our family are the people most fully involved and thus most knowledgeable about this child and her needs.
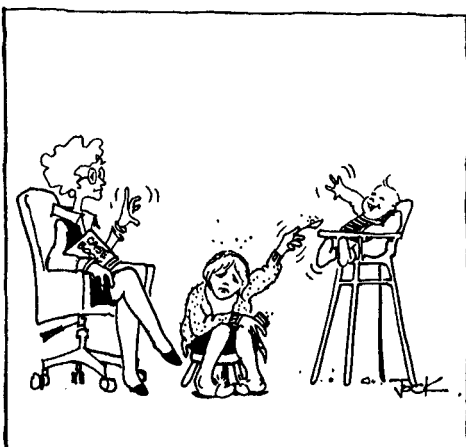
Croft (1985) also questions the ability of families to cope with the increasing pressures accompanying the care of dependents such as the elderly and disabled. She suggests that moves to provide support to the carers in the form of additional relief services may not decrease the burden for women as there is still an assumption that women contrive to be the primary carers.

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These are stop-gap measures that do not in the long term result in any lasting changes – they are also generally the first things to be 'axed' when budget cuts are needed

Is Caring for Children Work?

The next assumption that we must look at is how the caring work women do at home has been viewed. There has been a tendency not to view the kind of work done at home for dependent or disabled children as 'work'. Graham points out that this is also a common view of fostering and other kinds of 'care' in the home and states that:

... self sacrifice is an essential ingredient of the mother–child relationship which must be sustained even if the tie is not a biological one ... payments for fostering are still based principally on reimbursement for the cost incurred in keeping a child rather than on any element of remuneration (Land & Rose, 1985, p.87).

Gorz suggests much of the work women do in the home has not been defined as work. In particular, all activities associated with the reproduction of life are outside the domain of economic rationality

... This extra economic sphere ... has in practice always been as important as the sphere of economic production, providing it with a concealed material base through the unremunerated and unmeasured housework of women (Gorz, 1982, p. 82).

Thus, much of women's work caring

for children has never been defined as 'work'.

Women who care for children with intellectual/emotional disabilities have additional roles to perform. Not only do they have to ensure that the 'house is in order' but the care their child requires is often repetitive and extremely tiring. Baldwin & Glendinning (1983) suggest that caring for children is more creative than housework. Women may view it as productive and as a way of being a 'little more useful' than if all they did was carry out domestic chores. They obtain some fulfilment from watching their child grow and develop. However, Baldwin & Glendinning suggest that caring for a child with a severe disability may be more like elements of routine 'servicing'.

As with care for dependent elderly relatives:

... caring for a disturbed or disabled, dependent child often has more in common with the repetitive routines of housework and less with the more creative aspects of child care than usual. Such disability typically prolongs the duration of dependencies normal in infancy and early childhood long beyond their appropriate chronological ages. Developmental 'milestones' may be delayed, or never attained at all. As a result there may be much less prospect of the child's transition to independence. Additionally, there may be fewer obvious rewards for parents' efforts in stimulating and nurturing children where progress is imperceptible, or, as with the elderly, the condition is one of deterioration ..." (Baldwin & Glendinning, 1983, p.55).

For the women caring for a child with disabilities her:

experiences and identity as a carer are increasingly moulded, not through her involvement with the able-bodied members of the immediate nuclear family but through the services she provides for the sick, the elderly and the handicapped (Graham, 1983, p.20).

The parent (mother) is often also expected to spend time as a volunteer worker. For some women this is seen as repayment for the services they receive from social work agencies. It is generally the women who provide the time and the service. However, it is interesting to note that it is generally men who hold key positions in such organisations with the women service users remaining on the fringes and

taking a marginal role. Although this requires further examination I would submit that this is again related to the assumption that women should ultimately stay in the home and only give of their time if it directly benefits the child. This reinforces a service, not a social action or empowerment role for service users. Social welfare workers often reinforce this.

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Many women, of course, return to the work-force either on a full or part-time basis. Cass (1985) suggests that additional pressures arise when women attempt to carry out two kinds of work simultaneously. She suggests that many women still remain the primary care-givers in the family even if they do take on work outside the home and that

> ... work for women does little to alter the domestic division of labour: housework and child care remain the duties of women even though men may 'help out' more than they once did. (Cass, 1985, p.87).

Cass goes on to say that women returning to the workforce tend to accept:

> ...part-time, poorly paid, insecure work with few possibilities for further training and advancement [and that this] continues to be legitimated by the belief that women will be at least partially supported by a male breadwinner. Conversely, women's part-time, intermittent paid work justifies their continuing responsibility for unpaid household work, child care and the care of elderly and sick relatives. (Cass, 1985, p.87).

Community care policies (and social work in child and family welfare is part of this process) reinforce such disempowering practice. Women who do work outside the home usually take on part-time work that will allow them to get time off to be with the child when necessary. This can also reinforce the view that women are ultimately economically dependent on their husbands. They often feel guilty if they cannot continue to attend meetings with prof-

essionals about the child or continue to carry out programmes to enhance the child's development. It is usually the woman rather than her male partner who will juggle their time to carry on these activities. Social welfare workers need to heed the equal opportunity challenges in care work and ensure that men are seen as valid alternative carers in family and community practice.

What Now? Changing the Meaning of Family 'Caring'

Mumford (op.cit.) points out that social work must challenge existing assumptions and practices and find new meanings which more closely resemble the experiences of women and which lead to changes for these women.

In order to do this, we must continually emphasise the links between theory and practice. It is not enough to 'demask reality' or to have grandiose theories that have no relationship to this reality. My many interviews with home carers graphically capture the actual experience of caring. Firstly, when you are exhausted and overwhelmed by your circumstances, it is difficult to identify what you would like to change. Secondly, there are some very practical things that women need in order to cope with their daily experiences (for example, some respite care) and while we are organising for permanent changes we must acknowledge this.

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Women's accounts also show how women often feel that they must be perfect in everything they do and grateful for even the smallest changes or rewards. When you have this view of your situation it is difficult to think about examining and challenging the policy and the policy makers.

Piecemeal changes may help women on an individual basis and for a short time, but do not result in any lasting changes. We must constantly move from working on an individual level to the level where policy is made and implemented. We need to know about the daily experiences of women caring for dependent children and link it to family and child welfare policy. We are doing two things then – bringing women's issues out into the open and then doing something about addressing these issues.

An example of how policy should be related to the daily experience of women is in the area of parent education programs. I would suggest that the development of parenting (motherhood) training reinforces the problems of 'mother' with the focus on individual concerns. As well, by keeping motherhood within the private realm, the "social context of motherhood" has not been questioned. An example from my personal experience is the development of support groups and parent groups for women with children with disabilities. This reinforces the assumption that the family is able to absorb the responsibilities of child care and the view of the mother as being the primary 'carer'.

Conclusion

In this paper I have emphasised the importance of maintaining a critical stance to family practice and challenging what is viewed as 'natural' and 'inevitable'. I hope that I have been able to show how it is important for social workers and other professionals involved in family and child welfare practice to continually discover how women view their personal experiences as carers and how we can best support and challenge these experiences. As Croft (1985) suggests, women's informal caring is now at the forefront but we must ascertain whether this is because there has suddenly been an awareness of its value or from a necessity to continue to "capitalise on it" (p.27).

I wanted to highlight some of the issues, contradictions and challenges in women's care work with children in general, so that at least we can begin to discuss them and acknowledge they are there – they are 'real' and they

affect the lives of women and their children. This is the first step of a process that will ensure that women's experiences no longer remain hidden . It also raises many challenges for child and family welfare workers to make their practice truly empowering for service users and their families. ◆

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TASKFORCE ON TEENAGE PREGNANCY AND PARENTHOOD
Victoria 1991

The YWCA of Victoria has received funding from the Youth Victoria Grants Program and the Youth Affairs Division, to give an overview of teenage pregnancy and parenthood in Victoria, to raise public awareness of the issues and needs of the young people involved, and to work towards the development of an educational and life skills program for teenage mothers to enable them to complete Years 10,11 or 12.

Community consultations will be held culminating in a statewide symposium in February 1992 at which a discussion paper will be released.

The Taskforce will also provide a forum for information exchange and support for pregnant or parenting teens and those working with adolescent sexuality/pregnancy/parenthood.

Contributions would be welcomed from anyone in Victoria involved in this area, to assist with creating a clear and comprehensive overview.

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