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Supporting 'young carers' in Kenya: from policy paralysis to action

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Abstract

African children who care for sick or dying adults are receiving less than optimal support due to confusion about whether or not young caregiving constitutes a form of child labour and the tendency of the authorities to play it 'safe' and side with more abolitionist approaches to children's work, avoiding engagement with support strategies that could be seen as support of child labour. To challenge this view, and move from policy paralysis to action, we present a study from Western Kenya that explores community perceptions of children's work and caregiving as well as opportunities for support. The study draws on 17 community group conversations and 10 individual interviews, involving 283 members of a Luo community in the Bondo District of western Kenya. We provide a detailed account of how integral children's work is to household survival in the context of poverty, HIV and AIDS as well as community recommendations on how they and external service providers can work together in supporting children faced with excessive caregiving and income generation responsibilities. We use our findings to call for less restrictive regulations of children's work and to develop a plan for policy and action for young carers that identifies key actors, their roles and responsibilities, and how they might best collaborate - in a way that is sensitive both to concerns about child labour, as well as community strengths, resources and apprehensions about the stigmatisation of children targeted by agencies.

Key words: young caregiving; childhood; multisectoral responses; community involvement; child labour; policy; Africa

INTRODUCTION

Children in sub-Saharan Africa often act as the primary caregivers of sick, elderly or young family members in conditions of poverty, disease and limited social welfare and health services (Robson, Ansell et al. 2006; Skovdal, Ogutu et al. 2009). Whilst many caregiving children cope with ingenuity and manage to juggle both schooling and home duties (Skovdal and Ogutu 2012), some engage in caring activities that exceed what is locally expected of them and are in urgent need of support (Skovdal and Ogutu 2009). Against this background, the authors facilitated in 2011 a meeting in Nairobi, where stakeholders from civil society, government, national and international organisations discussed how best to support caregiving children (Skovdal and Mwasiaji 2011). Whilst acknowledging that the performance of domestic duties was a valued element of children's socialisation in Kenya, a concern raised by participants at the Nairobi meeting, including senior government officials, was that children's caregiving for sick adults could potentially constitute child labour, making it difficult for the government to implement activities that supports them in their role as caregivers. This view reflects a strong and historic commitment by the Kenyan Government to abolish child labour through legislation (e.g., the Employment Act, the Laws of Kenya (Cap. 226) and the 1920 Employment of Women, Young Persons and Children's Act (Cap.227)), further supported by the influential International Labour Organisation Convention 138 (of 1973), which prohibits children under the age of 15 from working. Although there is scope within the Convention to allow national governments to permit children down to the age of 12 to do 'light work', drawing the line between 'light' and 'heavy' work is difficult, encouraging policymakers in government – as we experienced at our meeting in Nairobi – to err on the side of caution and adopt a more clear-cut and abolitionist approach to children's work. Similar observations have been made in South Africa, with some organisations arguing that government support to allow children to work would be "immoral" (Giese, Meintjes et al. 2003; van Dijk and van Driel 2009). These views have introduced complex and difficult contradictions that have not been easy to resolve and a lack of consensus has led to inaction on the part of government.

There is an urgent need for clarity about when young caregiving is appropriate and when it is not. However to do this, and in agreement with Bourdillon and colleagues' (2009) call to re-think the universal minimum-age, there is a need to challenge abolitionist approaches to child labour. We believe that decisions regarding the appropriateness of children's involvement in domestic reproduction, and the best way of supporting those who are locally seen as vulnerable, are best tackled with reference to locally and culturally appropriate conceptualisations of the role of children in sustaining livelihoods in rural Africa. As communities give life to the social fabric that sustain and produce local norms and cultural expectations, and play an integral part of children's safety net, communities provide a useful platform to explore debates in this area and to broaden our perspectives on children's work and child care approaches. To do this we first review the literature on young carers and discuss the links between young caregiving and child labour and then situate the study within dominant child care approaches. We then report on research in western Kenya which sought to explore i) Luo people's perceptions of childhood and children's role as caregivers and active contributors to household survival, ii) their views of the role that local communities can play in

supporting children with excessive caring and income generation responsibilities, and iii) the role of external change agents in enabling community groups respond to the needs of households with young carers.

Young caregiving

Throughout the world, children can find themselves in situations where they take up significant caring responsibilities for family members (Rose and Cohen 2010). Much has been written about 'young carers', particularly in Anglophone countries of the global North, where young carers have been defined as 'children and young persons under 18 who provide or intend to provide care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility which would usually be associated with an adult' (Becker 2000, p.378). The caregiving done by young carers in the global North typically includes domestic tasks (tidying up, cleaning and cooking light meals as well as doing the grocery shopping), general care (accompanying care recipients to the hospital or other service providers, possibly to translate, sibling caregiving, sorting out paperwork and pay bills), personal and intimate care (administering medication, assisting with the mobility, clothing, washing and feeding of the care recipient) and emotional support (keeping company and being near to the care recipient) (Becker, Dearden et al. 2001; Warren 2007). As many of these caregiving activities are typically associated with 'adult' tasks, it is easy to think of young carers as victims, children without a childhood, engaging in inappropriate care work (Aldridge 2008). This, as well as the idea that young carers fall outside what Ansell (2010) call the 'global model' of childhood, understood as a period of protection and innocence, has arguably led to a surge in research taking a protectionist approach, highlighting their disenfranchised situation to develop legislative roadmaps and guidance for service delivery. Young carers have been found to experience problems at school. They struggle to finish homework and obtain qualifications (Dearden and Becker 1998; Bibby and Becker 2000; Underdown 2002; Evans and Becker 2009). They are more likely to suffer from health problems (Coombes 1997; Becker, Dearden et al. 1998; Doran, Drever et al. 2003), emotional difficulties, and isolation, as well as having fewer opportunities to develop friendships (Aldridge and Becker 1993; Dearden and Becker 1998), as well as poor psychosocial health (Cree 2003; Pakenham, Bursnall et al. 2006). Similar outcomes have been observed in the United States (Hunt, Levinde et al. 2005; Shifren 2009). Although most young carer studies in the global North have concentrated on the struggles and negative outcomes of young caregiving, a few studies have also observed some positive effects of young caregiving, including maturity and the development of a sense of responsibility and self-worth (Bolas, Van Wersch et al. 2007; Pakenham, Chiu et al. 2007). Nonetheless, this protectionist approach has undoubtedly contributed to the formation of a whole range of legislation and guidance that is now available in countries like the United Kingdom and Australia to support young carers and their families. In the UK for example, a comprehensive network of support services are available (e.g., young carers projects, specialist housing,

access and mobility services, health and home care, meals, respite opportunities, social worker access, school support and carer allowances to those over the age of 16).

In Africa, children caring for sick parents share many of the same responsibilities and struggles as young carers in the global North (Becker 2007; Evans and Becker 2009). Children in countries as different as Zimbabwe, Lesotho, Kenya and Tanzania have been observed to take active caregiving roles in households affected by HIV, caring for family or community members who are unable to care for themselves, either because of illness, disability or old/young age (Robson, Ansell et al. 2006; Evans and Becker 2009; Skovdal, Ogotu et al. 2009; Skovdal 2011; Skovdal 2011). Their caregiving responsibilities typically include intimate and personal care (bathing, feeding, administering drugs, emotional support), domestic duties (cleaning, cooking, washing clothes), and income generation (e.g., work in local farms, charcoal burning) (ibid.). The observation that young carers in Africa, in addition to personal care of family members, also take on significant paid work to sustain their households, has led us to define young carers as children under the age of 18 who provide nursing care, domestic and income generating support for households with sick, disabled, elderly or young members on a regular basis, often in conditions of poverty and limited social support.

Although most studies on young carers in Africa has echoed the Anglophone literature and also adopted a protectionist perspective, highlighting their vulnerabilities and making important calls for action (Donald and Clacherty 2005; Bauman, Foster et al. 2006; Martin 2006; Cluver, Operario et al. 2011), this literature has been balanced with research that follows a children's rights perspective, allowing children to express themselves and contribute to the debate, opening a space for more complex and nuanced understandings of their lived experiences, including indigenous support structures, their ability to cope with hardship and give positive meanings to difficult circumstances (Robson and Ansell 2000; Robson, Ansell et al. 2006; Evans and Becker 2009; Skovdal, Ogotu et al. 2009; Skovdal 2011; Skovdal and Andreouli 2011). Research with young carers in Kenya has highlighted that caregiving in this part of the world is often not confined to a single experience (i.e., care for one person, over a single period of time, as is often the case of young carers in the global North), but should be seen in relation to their life trajectories, their ever-changing living arrangements and the varying health of their care recipients (Skovdal 2011). Service providers working in Africa would therefore, in addition to a recognition of the gender and age-specific abilities of children, need to consider whom they care for (gender, age, illness), as well as the intensity, location and duration of past and present caregiving roles (ibid.).

Is there a link between young caregiving and child labour?

As caregiving by children takes place in the private domain, is unpaid and forms part of the ethics of care that govern family life, young caregiving in the global North is not typically associated with child labour (Becker, Dearden et al. 2001). Becker and colleagues, for example, argue that even though the roles and

responsibilities of some young carers are similar to those of professional community care assistants, their contribution is generally recognised as 'labour of love' and not child labour. This may in part be due to successful lobbying by the disability movement and family rights advocates, who have been reluctant to see young carers as deliberately exploited, arguing that i) children and their parents are under-provided with government support; ii) families are characterised by reciprocities of care that may not always fit idealised notions of childhood and parent-child relations (Keith and Morris 1995; Olsen 1996; Morris 1997; Prilleltensky 2004). Olsen (1996) for example asks how the experiences of young carers differ from those that might be called 'non-caring' children, challenging the assumption that 'non-caring' children have access to all the social, educational and developmental opportunities that young carers are assumed to miss out on. He further asks what constitutes a 'normal' childhood? And when does care become care work? Perhaps the children wish to care for their parent and do not want anyone else to take that responsibility. Who are the 'carer' and the 'cared for'? Although Olsen asked these questions nearly two decades ago in a British context, they remain pertinent.

Although young caregiving in the UK for example is not officially associated with child labour, a few commentators have been vocal in arguing for the need to recognise young caregiving as child labour. Bennet (2009) for example, in a newspaper article titled: 'So you thought the age of child labour was over in Britain ...' paints a colourful picture of the 'parentified child' and argues that young carers cannot be adequately supported as long as young caregiving constitutes, what she calls, "a defensible form of child abuse" – an argument that stands in stark contrast to concerns raised by participants at our meeting in Nairobi, where adopting an abolitionist approach to child labour was seen as a barrier, not a facilitator, to support.

Much of the young carers research in Africa makes no mention of child labour. Instead, this literature, guided by a children's rights perspective and the so-called 'new social studies of childhood', has been open for different understandings of childhood and socialisation patterns. The 'new social studies of childhood' argue that understandings of what constitutes childhood vary from one context to another. Hutchby and Moran-Ellis (1998:6) explain that "childhood is not a natural phenomenon or fixed stage of life, but a historically and culturally variable social construction." As such, this literature has not taken as a starting point that young caregiving is inappropriate and associated with child labour (Robson and Ansell 2000; Evans and Becker 2009; Skovdal 2011). In Zimbabwe, Robson (2004) has referred to young carers as 'working children', but only to challenge Western notions of childhood and to defend children's rights to work under locally-defined appropriate circumstances. This kind of research however has been side-lined by more powerful child protectionist approaches, which seem to govern much work by international actors working in sub-Saharan Africa (Cheney 2013). Drawing a line between appropriate and inappropriate caregiving by children is challenging and likely to be context specific. Nonetheless, a thread running through all the literature on young caregiving in sub-Saharan Africa is that some young carers *are*

struggling and could benefit from some kind of support - suggesting a need for legislation that is rooted in local definitions of harmful work and pathways to support.

Child care perspectives

Children around the world, including young carers as explained above, can find themselves in difficult circumstances that compromise their health, well-being and educational attainment, and who would likely benefit from some child care services. Child care policy and practice is often guided by the normative values and social interests that characterise a society at any given time. Fox Harding (1997), writing about the evolution of child care practices in the United Kingdom since the mid nineteenth century, has identified four different value perspectives, or positions, in child care practice. First, and dominant in the mid nineteenth century, is the *laissez-faire* and patriarchal approach, which places much emphasis on family life and where the family, particularly the male household-head, has the power to decide what is best for children in their household. Second, and which become increasingly popular towards the end of the nineteenth century, is state paternalism and child protection, where professionals began to develop opinions about what 'a good childhood' is and how to bring up children. In this approach the state, or other change agents, exert authority and intervene in family life. Third, and going full circle, the post second world war era saw people criticising state interventions and defending the role of kinship and birth families, giving rise to the 'birth family and parent's rights' perspective. Fourth, and reflecting the emergency of more right's based approaches to development, social care and human services in the United Kingdom began to adopt a 'children's rights and liberation' approach, allowing children to participate in decision making processes concerning their care (Fox Harding 1997).

Although these four perspectives are presented as historic paradigm shifts in social care values, the principles of child protection, family support and children's participation continue to frame much child care policy work around the world. We take the position that all three principles are of value and that child care policy should adopt a social ecological perspective (Ungar 2012) and see children as located in, and actively participating with, a complex web of support structures, or rings of support, that each must work together to improve the well-being and resilience of children facing hardship. To illustrate this, a recent special issue in the *African Journal of AIDS Research* (Skovdal and Daniel 2012) highlights how the well-being and resilience of children living in high HIV prevalence and low resource communities of sub-Saharan Africa, is a result of children's participation with their social environment, particularly their negotiation with household-, community- and state-level support structures and resources (Skovdal and Daniel 2012). The issue also highlights that the extent to which children are able to cope with hardship depends partly on the quality of their community (e.g., levels of social solidarity, ethics of care and assistance, social norms and cultural expectations, social networks, religion and faith) and its ability to share, and make available, meaningful resources (ibid.).

It is against this background, and echoing a call from the International Labour Organisation (2002) to frame interventions within a social context, that we first conducted a participatory study with young carers in western Kenya to bring forward their perspectives and experiences of coping with young caregiving, and secondly presenting those findings in a series of community group conversations, instigating local-level discussions on the 'appropriateness' of young caregiving and how best to create 'coping-enabling social environments' (cf. Skovdal and Daniel 2012) to support this group of children and enhance their resilience and well-being. This paper reports on these community group conversations to give detail to local meanings of childhood, child care practice and support as well as the role of external agents.

METHODOLOGY

This research built on a prior qualitative study looking at the struggles and coping strategies of young carers in Kenya (Skovdal, Ogutu et al. 2009; Skovdal 2011). The present study reports on our experiences of disseminating these research findings, first with community members and then policymakers and practitioners in Kenya. The study was funded by the Higher Education Innovation Fund at the London School of Economics and permission to conduct the study was granted by the London School of Economics Research Ethics Committee and the Ministry of Gender, Children and Social Development, Kenya.

Study location

The study was conducted in the Bondo District of Western Kenya in partnership with a local NGO (WVP Kenya). The District is inhabited by Luo people, which comprise the third most populous ethnic group in Kenya. Although the Luo's have their own language and a strong ethnic identity, they have strong bonds with their ethnic neighbours, including the Luhya, which is the second largest ethnic group in Kenya, resulting in a diffusion of intercultural ideas and practices. The findings presented in this paper are arguably generalizable to a wide segment of rural Kenyan. Bondo District is poor, often hit by drought and water shortage and disproportionately affected by malaria, HIV/AIDS and water-borne diseases, worsened by the limited health services available in the District (GOK 2002; GOK 2006; IRIN 2011). The District Medical Officer of Bondo recently reported an HIV prevalence rate of 23.6% in the district, over three times the national average of 7.4% (IRIN 2011). The growing impact of AIDS has seen a surge in the number of formal and informal networks responding to the needs of AIDS-affected people (Nyambetha and Aagaard-Hansen 2007).

Study participants and data collection

We conducted in-depth interviews with 10 individuals, and 17 community group conversations with 273 members of 17 local community groups (see Table 1), such as women's groups, home-based care groups and orphan support groups. Group leaders (chairmen/ladies or secretaries of the community groups) were

invited to recruit 15 active members to participate in the community group conversations. Informants were included on the basis of their residency in the community, participation in a local community group and willingness to participate. The community group conversations had between 13 and 17 participants, with an average of 16 participants in each community group conversation. As Table 1 details, and reflecting the gender composition of most community based organisations in western Kenya, study participants were predominantly female. As children in this context take on household and caregiving responsibilities that women would otherwise be expected to take on, young carers are important allies in the community response to HIV. This gives female community group members a particular insight into their world, but can also bias their representation of young carers (e.g., romanticising their agency). As community groups provide a safety net for group members within this context, some of the participants were either HIV positive or elderly themselves, having children taking care of them, or know of less active community group members being cared for by children. Although we refer to them as community group members, we believe they also marginally represent, albeit to varying degrees, recipients of care.

| | Male | Female | Total |
|---|------|--------|-------|
| In-depth interviews | 2 | 8 | 10 |
| 17 Community Group Conversations | 68 | 205 | 273 |
| Total | 70 | 213 | 283 |

Table 1: Study Participants

Individual interviews were semi-structured and followed a topic guide that explicitly sought to unpack local understandings of childhood and young caregiving. Although the community group conversations did touch on local understandings of childhood, individual interviews were arranged to give a selection of community members the opportunity to express their perspectives on childhood and caregiving without social censoring.

The community group conversation methodology was developed by the UNDP (2004) in Ethiopia to help communities generate insights on the underlying factors fuelling HIV and AIDS and to foster an enabling environment for a more effective HIV response. Adapting this methodology, hoping to inspire local action for the support of young carers, the community group conversations in this study were centred around a discussion of an illustrated booklet (WVP Kenya 2010) reporting findings of the authors' earlier study of young carers (See Skovdal and Ogutu 2009; Skovdal, Ogutu et al. 2009). The booklet contained questions to guide a conversation regarding children's roles and responsibilities, challenges, coping

strategies as well as factors facilitating or hindering effective support of children by other community members. Participants were also encouraged to draw up an action plan, detailing what activities they, as a community group, could engage in to support young carers within their community.

The interviews and community group conversations were all conducted in the local Dholuo language. The community group conversations took between 3-4 hours each with lunch provided. This innovative methodology was chosen for two reasons, reflecting our theories of change. First, community members can provide development workers with a wealth of information that is expressive of local realities, social dynamics and responses to hardship (Campbell and Jovchelovitch 2000). Local knowledge may for example reveal the practical and symbolic resources that communities can contribute to the provision of services (Skovdal and Andreouli 2010; Skovdal and Campbell 2010). Second, bringing forward local recommendations is necessary if we are to move beyond a recognition of what outsiders *can* and *need* to do to support young carers and come to an agreement – between global and local actors – on *how* best to work together to provide young carers with meaningful support (Jovchelovitch 2007). Academics can serve as knowledge brokers, bridging knowledge systems and encourage the building of alliances between local people, development workers and policy actors in order to engage in dialogue that tries to balance and reconcile the best that local and global insights and resources can contribute to the solution of pressing social problems (Agrawal 1995).

Data analysis

The interviews and the community group conversations were recorded, translated and transcribed into English by the third author who is local to the study context and fluent in both Dholuo and English. Transcripts were subsequently subjected to a thematic content analysis using Atlas.Ti (Pope, Ziebland et al. 2000; Pope, van Royen et al. 2002). The entire data corpus constituted our unit of analysis. We did not aim to make links, or compare, between individual or group accounts and their unique circumstances (e.g., for individuals: age, gender, position within the community; for groups: type of group, size, group aims and objectives). Instead we sought to map out social representations of childhood and caregiving, which are properties of groups and not individuals, as well as the breadth of recommendations and pathways for support that emerged from the interviews and discussions. As illustrated in Table 2, the analytical process generated 37 basic themes, clustered within three broader organising themes: namely 'other childhoods', 'building supportive and coping enabling environments' and 'community-level obstacles', which we elaborate on below.

Table 2: Coding framework

| Global themes | Organising themes | Basic themes: |
|---|--|--|
| <p>Other childhoods - What are the links between local understandings of childhood and children's contribution to household survival?</p> | Other childhoods | <ul style="list-style-type: none"> • Children's domestic responsibilities • Developmental stages • Value of children • Changes to Luo society • Transition to adulthood • Changing gender roles |
| <p>Building supportive and coping enabling environments - What are the roles and responsibilities of key actors in facilitating a context that supports the well-being of caregiving children?</p> | The roles and responsibilities of the community | <ul style="list-style-type: none"> • Community as an actor • Community mobilisation • Mentoring of caregiving children • Community to identify caregiving children • Community to oversee support • Involving schools and churches • Home visits • Providing psychosocial support • Mentors provide children with life skills |
| | The roles and responsibilities of NGOs | <ul style="list-style-type: none"> • NGO as an actor • Community capacity support • Coordination and mobilisation • Community-based capital cash transfer • Training of child protection ambassadors • Training of home based carers • Knowledge about young caregiving • Identify/assign CPAs • Identify/assign CHWs |
| | The roles and responsibilities of the government | <ul style="list-style-type: none"> • Government as an actor • Social protection • Uphold children's rights • Cash transfers • Bursaries and scholarships • Strengthen area advisory committees • Paralegals/law enforcement • Key child protection actors • Children's clubs |
| <p>Community-level obstacles - What are the obstacles to effective community support for caring children?</p> | Community-level obstacles | <ul style="list-style-type: none"> • Unreliability and jealousy • Corruption, nepotism and favouritism • Motivation and incentivisation • Burn-out |

FINDINGS

Other childhoods

Children's work is regarded as part of everyday Luo life and language and is seen as key to children's socialisation. Building up slowly from a very young age, children are expected to carry out the same household duties as adults by the age of 10. In fact, ten-year-olds were seen to have some of the same capabilities of an adult, and were referred to as 'women' and described as 'clever'.

"In our Luo culture, a 5-year-old child should be trained on what to do, how do the light duties. Even when you are going to the garden, the child also wants to go with you, that is how you train a child."

"A 10-year-old is pretty much a grown up. At that age she can do anything, she can wash t-shirts, she can wash your skirt, she can wash dirty clothes, that is a grown up. She can also fetch water, cook, mop the house and plaster it using cow dung. At 10 years? Yes, that's a woman."

Children were seen as key contributors to household economies. As one person said, "a child is the wealth of the house" and numerous references were made to children as 'helpers'.

"In our Luo culture, a child must help out in the garden. In Luo land, if you don't work hard, you will not get anything to eat."

Poverty and disease have intensified the need for children to 'work hard', as well as de-gendering many cultural expectations of children.

"Once it was against Luo culture for a male child to go to a fire place, to cook in the kitchen. Today it has changed; they cook and do these duties. If one is blessed with 4 children and the first three are boys and the last born is a girl and the parent is sick, it will be the boys that cook and not the younger girl. Also, if you don't teach him to cook and his wife dies, his children may suffer. Today you cannot know who will die first."

However, whilst many families continue to raise their children according to their understanding of Luo culture, adapting this to their circumstances of disease and poverty, there is a growing awareness of the tension between contemporary notions of childhood, where childhood is a time characterised by schooling as well as being work-free, and traditional understandings of childhood.

“Children are expected to help out at home, even when they are young, but the child should not spend too much time doing it. We just expect them to do it, but they should not. Some parent’s make their children work around the clock and this makes them unable to study.”

When talking about young carers, examples from worst case scenarios were often given to illustrate the boundaries of reasonable expectations of children. Many felt round-the-clock care for sick adults was detrimental to a child’s well-being and that such children urgently needed support.

“I know of a child whose mother is so sick that there is no hope for her. This child wakes up very early in the morning to fetch water and look for food. She feeds her own mother. This is the kind of child, which is suffering and if God will, she should supported.”

Children are expected to attend school, but lack of alternatives to support AIDS sufferers’ means that many children are forced to drop out.

“Children should go to school. When they are working they are denied this right. But sometimes we face dilemmas in doing anything about it. If you find a child fishing and take the child home, you may find that the child was fishing to feed his sick mother. In such situations we are left not knowing what to do because someone is sick and there are younger siblings also in need of care. The child is 14 and needs to bring food for everyone. Now, if you insist he goes to school, what will happen to everyone else in the household?”

Although it was expressed that some children engage in unacceptable levels of caregiving, participants – reflecting the importance of children’s work to their socialisation – were still able to articulate positive aspects of young caregiving, such as life skills. This was summarised by one community member who said that “the positive part of it is that such children will be able to take good care of their own families when they grow up.”

This section has illustrated that although some forms of caregiving were seen as acceptable, it was unacceptable for children to spend a significant amount of time caring or to miss school as a result.

Building supportive and coping enabling environments

Community members acknowledged the need to improve within-community solidarity in order to support young carers. However, they also felt that their efforts should be supported by more powerful and resourceful change agents. This section discusses the roles and responsibilities of three key actors, namely the communities, the NGOs and the government in developing a social context enabling young carers to cope with life challenges.

The roles and responsibilities of the community

Several informants spoke of how they, as individuals, would not be in a position to adequately support households with young carers. To promote a collective effort, one woman urged other participants to spread the message that “one should just show love and readiness to support a child where possible”. Others suggested the need to set up support groups, or a committee within existing groups, to identify and support households with young carers.

“The community has to sit down and set up a group to identify young carers so that community members as a group can take some responsibility.”

A community member reflecting on this suggestion made the recommendation that they, after having done a bit of research into the lives and circumstances of young carers in their community, should re-unite and discuss what they, as a community group, can do to support households with young carers:

“We should be organized in our visits of households with caregiving children. When we come back we give the report to our groups and hold a meeting as a group to find the way forward, for instance we may find a child who is alone and has no support.”

As exemplified by one community members local schools, teachers and church members also have the potential to play a role in a response to support young carers:

“Such children can be supported by churches, schools and teachers to help the child meet its basic needs and to pursue their education.”

Many community members also spoke of the need for a mentoring scheme where community members conducted home visits, providing household members with psychosocial support and helping out with chores.

“We can organize counselling sessions for caregiving children so that they do not feel neglected but feel loved and a part of society. Girl caregivers may think of getting married at a young age, particularly if their basic needs are not met. Therefore, as a community, we should provide them with support.”

To avoid stigmatising young carers, some informants were apprehensive about singling out this group of children and effectively called for more general responses and to support vulnerable households as opposed to young carers. Ideas for a mentoring and home visits scheme were therefore often discussed in relation to how they could support the household as a whole, or indeed the fragile household member,

and not single out young carers, with the understanding that a holistic approach to support would still benefit young carers.

“Group members can organize for three individuals to help the person that the child cares for by fetching water and firewood and even prepare food so that when the child gets back home he/she feels loved.”

However as the next section will show, there was general agreement that quality and comprehensive support would best be achieved if community group worked in partnership with more resourceful organisations.

The roles and responsibilities of NGOs

Participants spoke of the need for NGOs to build the capacity of community groups and individual community members so that they would be better equipped to support young carers. Community members felt there was a need for more information about the life challenges of young carers. More specifically, the participants asked for elected community members to be given specialist training on the care and support of young carers, both to strengthen existing home based care initiatives and to set up mentoring and home visit schemes.

“We need Community Health Workers and other community members trained for household visits to support the caregiving children”

They also spoke of the need for child protection ambassadors, or child rights agents to advocate for young carers' rights. Child protection ambassadors would help to combat the abuse of young carers – and help protect them from eviction or stealing of land from acquisitive clan members. They would also serve as a valuable link between district level child rights officers, the law enforcement, paralegals, the local administration (chiefs, assistant chiefs) and the children. It was also recommended that NGOs train children in the provision of effective and safe home based care.

“Caregiving children should be trained on caregiving and how to handle the sick to avoid being infected.”

In addition to sensitising community members to the needs and difficulties faced by young carers, as well as giving them the skills to provide quality care and support, they recommended NGOs to build the capacity of local community groups, e.g. through community-based capital cash transfers, enabling them to access the necessary resources to set up social enterprise activities where profits are used to support young carers.

“I think community groups should work with NGOs and start income generating activities like constructing a fish pond wherefrom caregiving children can get support. In this case they will not have to engage in income generating activities; instead they will be supported by the community organisation”

NGOs were seen as having an important facilitating and capacity building role. They were reported as a means to gain knowledge as well as to access much needed resources.

The roles and responsibilities of the Government

Although some participants said it was government’s responsibility to organise support for children, most participants either felt that the government could not be trusted, or that community groups were simply in a better position to provide such support. However, given resource constraints, government and NGOs would need to support the work of local community groups.

“Community groups understand the needs of caregiving children best. Groups are good at social work, they are closer to the people in the community, but the government should support us [financially].”

One particular need of children in poverty was support for school fees, and participants spoke of the need for government bursaries and NGO-run scholarship programmes to specifically target young carers.

“If the government or NGOs can give young carers bursaries they can learn up to university level. Some of them are very bright; it is only that they lack school fees.”

It was also suggested that the national cash transfer programme should work with local community groups to identify and include young carers and that NGOs should provide community groups with social action funds or community-based capital cash transfers to set up projects and businesses to support young carers. Children’s clubs were also recommended.

“If the child can meet his/her age mates in children’s clubs, they can encourage them; if they are encouraged by their fellow children, they feel loved.”

Informants believed that they lacked the material resources to provide young carers with comprehensive support, but saw themselves as playing a role in the provision of services. The community members however were aware of their limitations.

Community-level obstacles to support

A few participants spoke of the jealousy that might result when particular households were singled out for external support. Others spoke of corruption, nepotism and favouritism in the allocation of support.

“According to me the person that was to be supported is not supported. At times the relief food is brought to these people it does not reach many times, you realize the relief food is distributed to the wrong people; people are starving yet the officials keep them for their friend, relatives and themselves.”

A less sinister challenge was that of keeping community members (e.g. the community health workers, the child protection ambassadors and the mentors) motivated to provide quality care and support for young carers. Many participants spoke of the need to provide incentives or small payments for volunteers.

“The community may in the past have supported such children in a way that they were given support. However today, without the NGOs the community members cannot come together.”

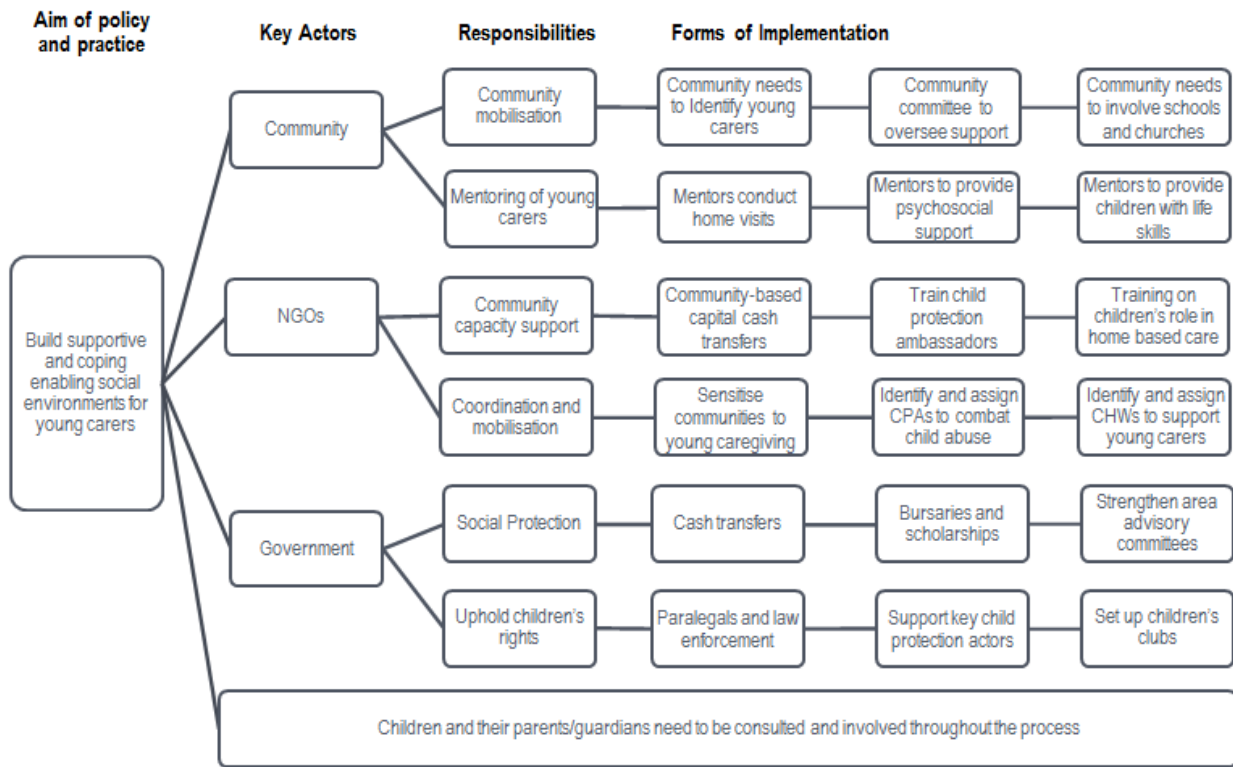
Unmotivated and unsupported volunteers were said to be more likely to burn out, or drop out, of their assigned responsibilities.

“We the community would get tired of providing such support.”

Participants suggested that whilst there was a stock of potential social capital in the community, this would be most likely to bear fruit if community groups, NGOs and government services worked together in addressing the needs of young carers.

Summarising the themes emerging from our study, Figure 1 illustrates the roles and responsibilities of communities, NGOs and national governments as well as potential forms of implementation at each level. Children, representing the fourth actor in the response, did not emerge explicitly from this study, but emerged strongly in our research with young carers (Skovdal, Ogutu et al. 2009), which was used to elicit discussion with the community groups on how best to support this group of children.

Figure 1: Pathways to a supportive and coping enabling social environment for young carers



DISCUSSION

Abolitionist approaches to children’s work have long been challenged on the grounds that such an approach does not resonate with local realities and definitions of children’s work (Bourdillon, White et al. 2009; Orkin 2010). Furthermore, fears that policies and programmes supporting young carers may constitute support of child labour may mean that an abolitionist approach to children’s work (i.e., rigidly following minimum-age standards for children’s work) would paralyse policy formulation and progress in developing support strategies for children with excessive caregiving responsibilities. Against this background, and to inform national approaches to children’s work and child care, this paper set out to elicit local peoples’ understandings of the appropriateness of young caregiving, the types of support communities are able and willing to give this group of children, and the kind of external support that would best enable them do this - highlighting avenues for action.

Our findings suggest that local people regard child caregiving and involvement in income generation as fairly appropriate once children are about 10 years old. Prior to this, children from about the age of five would very gradually build up to being able to perform adult-level tasks by the age of 10. This is below the ILO Convention 138, which prohibits children under the age of 12 from doing ‘light work’. In agreement

with Convention 138, community members said that young caregiving should not interfere with a child's school attendance, and that once the demands of caring and subsistence exceeded this community members needed to step in, playing a role both in identifying which children and households need help and when, as well as providing some basic practical support. However they argued that this would not happen spontaneously and that community groups would need to be set up to ensure a systematic approach to the challenges of identification and support. In order for this to be possible, communities would need external support from NGOs and the public sector.

Most informants accepted that they, as a community, had a responsibility to support households with children whose excessive caring responsibilities undermined their schooling, health and psychosocial well-being. They saw themselves in the best position to do so, both because of their closeness to affected families, their ability to identify the neediest children, and also because it was their 'traditional' role to support vulnerable members of society, and to provide the contexts of love and solidarity that would best support children in meeting their life challenges. More specifically, they spoke of the need to establish local committees to mobilise and sensitise the entire community to the needs of young carers and to coordinate support for households with young carers. Most community groups spoke of the need to assign community members to become mentors, volunteers who would visit households with young carers and provide them with advice, life skills training and psychosocial support. Some suggested that rather than focusing on young carers, mentors could take a more active role in helping the sick or elderly member of the household and thereby relieve the children from household chores. It was also recommended that existing community health workers should be trained on how to support children living in households with HIV/AIDS infected adults. Although the informants acknowledged there are challenges facing this type of community work: risks of corruption, nepotism and jealousy as well as burn-out and poor motivation, their underlining message was that such community engagement was probably the only way forward given the extent of the problem in a resource-poor setting, and the need for community embeddedness of any effort to help children.

However, the community members wanted to make it clear that their efforts would be more effective if they worked in partnerships with NGOs who could provide them with much needed resources, such as through community-based capital cash transfer (Skovdal, Mwasiaji et al. 2010) as well as training and skills building. There is a need to build on the wealth of experiences already derived from community-based orphan care and support programmes in Africa (Foster, Makufa et al. 1996; Phiri and Tolfree 2005; Kidman, Petrow et al. 2007; Roby and Shaw 2008; Skovdal, Mwasiaji et al. 2008; Murray 2010). The government also had a role to play, including the delivery of material support and health care to households affected by poverty and disease as well as child protection services, such as cash transfers, scholarships and improving specialized child protection services such as legal support, law enforcement and area advisory committees.

Harding's (1997) historical description of child care practices in the United Kingdom suggests a more or less linear evolution over a century, allowing structures and social values to change slowly and in a progressive way (from *laissez-faire* to child protection and 'birth family and parent's rights' perspectives to a 'children's rights and liberation' approach). Child care practices in many of parts of sub-Saharan Africa on the other hand are influenced by different local and global actors with diverse value perspectives. Child practices are therefore not evolving in an incremental manner, but in a hurried and even pressurized way that may not mirror the everyday constraints and realities of poor families and the limitations of NGO and government structures in facilitating child care. Reflecting on observations we have made in Zimbabwe, people in these villages may not necessarily think that children need to work from 10 years of age if their families were not poor, affected by HIV and without adequate social welfare provision (Skovdal, Magutshwa-Zitha et al. 2013). Programmes looking to facilitate child care in sub-Saharan Africa therefore need to consider and bridge these different contexts and changing, as well as contradictory, social values, which represent a mesh of the four of approaches to child care. This is challenging, and, as we have highlighted, can cause conflict and prevent the development of responses that give children the best chances for developing and having good health.

What are some of the key take away messages of this study for service providers? NGOs and government departments need to partner up with local community groups who are willing to identify and co-ordinate support for households with young carers. In the process of doing so they must accept and learn from local structures and dynamics. NGOs and government departments need to be aware of the challenges faced by young carers and involve them, as social actors, into existing policies and programmes. This however should be done with caution, perhaps even indirectly (i.e. work with orphaned and vulnerable children more generally), to avoid stigmatisation of a particular group of children. NGOs and government departments should intensify programmes (e.g. home based care, social protection schemes) that support vulnerable households, alleviating some of the nursing care and income generating duties done by children. Such indirect initiatives would also overcome concerns that direct support of young carers may constitute support of 'child labour'. Finally, our findings suggest that NGOs and government departments need to strengthen child protection services, both through the capacity building of key child protection actors at a local and district level (e.g. law enforcement, local chiefs, social services, children's department).

What are some of the key recommendations for policymakers? Findings presented in this paper underline the importance of unpacking the layers of 'vulnerability' that exist within the orphan grouping and extend the scope of 'vulnerability' and services to non-orphaned at-risk children and young people – such as young carers. There is also a need to further explore how young carers and their households are best supported considering intersecting policies and legislations that may either facilitate (e.g. home-based

care and treatment targets) or hinder (e.g. Convention 138) responses. There is a need for less restrictive regulations of children's work and to frame debates from a children's rights perspective, allowing children to engage in some forms of work (cf. Orkin 2010). Only then will African governments be in a position to create contexts supportive of young carers and develop a clear account of what contributions the different ministries (health, social services, education etc.) should be making to this challenge and how they might best be coordinated.

A limitation of this paper is its focus on the perspectives of adults and the underlying assumption that young carers need help and advice from adults within their community. Writing about child-headed households in South Africa, van Dijk and van Driel (2009; 2012) question a submission in The South African Children's Act, which proposes that child-headed households, should be supported by adult mentors from the local community. Reporting on children's perspectives, they found that adult support does not necessarily contribute to children's well-being, on the contrary, children participating in their study felt they were rarely consulted about their care and living arrangements, or were taken seriously, and often felt disempowered after adult intervention (van Dijk and van Driel 2009; Van Dijk and Van Driel 2012). Whilst our research with young carers also identified them as skilled at coping with hardship, showing their resourcefulness and capabilities in negotiating access to support as and when it is needed (Skovdal, Ogutu et al. 2009), we also found the quality of the community, and its ability to share resources, to be an important determinant of their psychosocial well-being. As such, we still believe there is a need to involve the wider community, but fully appreciate that this should be done with recognition and awareness of individual children's coping capabilities and a respect for their wishes in how they access support.

In summary, as long as children's responsibilities are not excessive, local people deem it acceptable for children, particularly children over the age of 10 to contribute to care and household maintenance – to the extent that their schooling and psychosocial well-being is not affected. It is difficult to pin point when children's home duties and care become locally inappropriate as this would be influenced by a myriad of factors, including the amount of time spent caring, the nature of their caring roles and the health risks involved as well as the impact of these on the child's educational attainment. Community members are likely to judge the appropriateness of young caregiving on a case-by-case basis and maintain that addressing the root causes of their household duties and care (e.g. poverty, food insecurity and fragile household members) is preferred over targeting young carers directly, avoiding stigmatisation by singling out a group of vulnerable children (e.g., as child labourers).

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