

DAY CARE WORKERS IN THE PREVENTION PROCESS: A STUDY OF THEIR ORIENTATION TO CHILDREN AND IMPLICATIONS FOR DAY CARE TRAINING¹

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Abstract

Prevention as a concept can be applied to a population closely associated with children: that of day care workers. This study outlines typical problems and concerns of workers as well as several important parameters of the day care work world. The implications of these variables for planning for and promoting children's mental health in day care settings are carefully examined.

Résumé

On peut attribuer le concept de prévention à une population qui travaille de près avec les enfants: les employés de garderies. On étudie les problèmes typiques et les inquiétudes de ces employés ainsi que plusieurs paramètres importants du travail accompli dans les garderies. Enfin, on examine avec soin les conséquences de ces variables pour la planification et le développement de la santé mentale des enfants dans le cadre des garderies.

As more and more children are showing signs of emotional disturbance (Celdic, 1969) mental health professionals are increasingly turning towards primary prevention (Caplan, 1964) in the hope that by making environments more health enhancing the incidence of emotional disturbance will decrease. The main foci in the literature on prevention (Cowen, 1973; Kessler & Albee, 1975) have been: 1) the importance of intervention at an early age and, 2) the involvement of community care givers (day care workers, teachers, nurses) in the intervention process.

The focus on early childhood is based on the assumption that a child's early cognitive and emotional experiences will influence and lay the foundation for his later development (White, 1975). The attention to community care givers assumes that for primary prevention to be effective it must involve adults who regularly interact with children in specified settings (e.g. day care centre). These adults, then, have the responsibility to make their settings more health enhancing and to help children through emotional difficulties before they become serious.

The focus on early childhood as a formative period of growth has led to a concern on the part of professional mental health workers with day care and day care programs. While there has been extensive research regarding the effectiveness of various day care programs (Caldwell & Ricciuti, 1973), there is practically no mention of the training of day care workers.

As more and more Canadian women join the work force, day care for pre-school children is becoming more popular and the day care worker fills an increasingly important role in the child's life. Much day care is done on a private individual basis by women who are untrained. While there has been a major effort to bring mental health consultation to the schools, the day care worker has been largely ignored.

If mental health professionals are to be of assistance to day care workers, they must first be aware of the day care workers' perspective. In this study, we surveyed day care workers' perceptions of children's daily problems and healthy behaviour. Furthermore, we examined day care workers' interest in mental health training. Based upon the day care workers' responses to this study, the authors drew conclusions as to the most appropriate forms of professional mental health input.

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Study

In April, 1975, a 12 month study of the day care workers in the Borough of North York was undertaken by the North York Inter-Agency Council with the ultimate goal of using the information obtained to plan mental health training programs that would be relevant to the day care workers' needs (Ardal, James, Moffitt & Shell, 1976).

Method

An open-ended questionnaire was hand delivered and collected from each day care worker's location. The questionnaire was anonymously completed. The responses were coded and checked for inter-rater reliability.

The questionnaire focused on five areas: (a) the day care workers' job patterns; (b) the problems they felt the children had and the kind of child they found most difficult to deal with; (c) how they handled the children's problems; (d) the types of behaviour they liked to encourage; and (e) their past educational training.

By asking day care workers which types of behaviour they liked to encourage, we hoped to get a glimpse of their conception of the healthy child, and to compare it with the authors' notion of mental health. Though it is difficult to precisely define mental health, and while recognizing that standards of mental health and normal behaviour are all culture-bound, time-bound, and place-bound (Jahoda, 1938), we felt the following attributes would be an integral part of mental health in the Canadian context: (1) being aware of one's self; (2) feelings of self-worth; (3) developing the ability to influence one's own life in a positive way; (4) coping positively with both change and constant life challenge or frustrations; (5) communicating skillfully with others; and (6) tolerating deviations in others. We further felt that some of the behavioural traits included in the above attributes would directly facilitate the maintenance of order in the day care centre (e.g. tolerance, sharing, cooperation); while others, though valuable from a mental health point of view, would make the maintenance of order more difficult (e.g. curiosity, independence, initiative, and general ability to stand up for one's self).

Sample

We questioned two types of day care workers. The first group were workers who work in licensed, organized day care centres (centre day care workers). The second group were women who babysit at home

and advertise informally through local supermarkets or church bulletin boards (home day care workers).

We contacted four day care centres, distributed 44 questionnaires in all, and received 36 in return, at a return rate of 82%. We contacted 23 home day care workers who filled out and returned our questionnaire at a return rate of 83%.

Centre day care workers

We found that centre day care workers deal with fairly large groups of children (6 to 80 children), most of whom are three to five years old, though they do, on occasion, have infants and older children.

Most (64%) are concerned with problems located in the child's home situation, and many (40%) mentioned specific behavioural problems (e.g. fighting). Though they also mention emotional problems such as sadness, this seems to be of less concern. As a group, they have no preferred way of dealing with the problems they see in children; their approaches varied from "love and care", "try and understand the problem", to "firmness". We were interested to note that they do not refer children to mental health professionals. Even though a majority perceive the children's problems to be located in the home situation, only one worker attempted to help the child by working with the parents. Disciplinary and behaviour problems were mentioned as causing the most problems for the worker, particularly children fighting with each other, crying, whining, and throwing temper tantrums. Twenty per cent of the workers felt they had no problems in working with children.

We found that, as a group, they enjoyed being with children and enjoyed children's "child-like qualities", such as honesty and friendliness. The majority (91%) preferred to encourage behaviours and attitudes that can be seen to directly facilitate their job, such as sharing, cooperation, friendliness and getting along with others; rather than behaviour and attitudes that might not directly facilitate their job, but are of value in a total picture of mental health, such as independence, self-assertion, and problem-solving. In our sample of 28 centre day care workers (77%) had received formal training in child care skills, and about one-half the group had recently (or had currently) attended workshops, had attended courses, or did reading in the area. Workshops and lectures were the preferred form of input, followed by books and pamphlets. They were practically unanimous in wanting a newsletter listing appropriate training events regarding children's mental health.

Home day care workers

Home day care workers work with small groups of children (1 to 5), often while caring for their own young children. Most of the children they care for are infants and toddlers, although they do have some older children.

These workers were mostly concerned with problems located in the child's home situation as well as with emotional and behavioural problems. However, behavioural problems, particularly fighting and disobedient behaviour, were the most difficult situations for them to handle. As a group, there was no preferred way of dealing with their problems with children. It is interesting that not one worker attempted to deal with the parents, or referred a child to a mental health consultant. They tended to encourage attitudes that facilitated their job, such as sharing, politeness, and neatness, rather than attitudes such as self-worth and initiative, which might be potentially disruptive. For example, it was considered more important for a child to share a toy with another child, than to explore new ways to play with the toy. As a group, home care workers greatly enjoyed playing with children, and enjoyed their childlike qualities. Only one had received any professional training, and only two indicated that they had recently attended a workshop or read related subject matter. Twenty-two per cent indicated that they were not interested in any input. The remaining preferred training through books and pamphlets.

Training Implications:

While the concerns of both groups of day care workers are similar, their differing receptivity to training events indicates the need for different formats of input when planning for children's mental health.

Centre day care workers seem extremely open and desirous of training, particularly in the form of workshops or lectures. They are also interested in books and pamphlets. Training would be most valuable if focused on the 3 to 5 year olds, with some mention of older and younger children. Techniques for working with children in fairly large groups should be emphasized.

Since the greatest problem area seems to be children's fighting with each other, techniques for decreasing fighting should be included. However, it is important to build in a holistic view of children's mental health which involves some expression of aggressive and exploratory behaviour that might be somewhat disruptive. Training could also deal with the kinds of input which centre workers can have with parents concerning the child's mental health.

Training could also include early signs of emotional distress, and indications of when a referral to a mental health specialist may be warranted. Any workshop or lecture should be organized directly with this professional group. Since a large number of respondents indicated a desire for books or pamphlets, an annotated bibliography with excerpts of pamphlets could either be sent out separately or included in a newsletter.

Home day care workers do not seem particularly open to training. Most of them have received no formal training in child care skills, nor have they attended workshops and lectures. A majority indicated that they would like books and pamphlets. This is probably the most profitable entry, as it is also the least threatening. If the workers find the pamphlets of use, this might predispose them to attend a workshop. The pamphlets should focus on the infant and toddler, with, perhaps, some mention of the older child. The pamphlets could also include some discussion of how to handle children with disciplinary problems, though at the same time stressing a holistic view of mental health that also includes some boisterous, exploratory behaviour. It is noteworthy that since workers do not generally refer children to mental health workers, perhaps a pamphlet could focus on early signs of emotional distress, and could list some of the social service agencies available in the community.

We concluded that the first step in working with home day care workers is to encourage the awareness that there are some skills to learn or improve on in working with children. Since almost one-half of the respondents mentioned job-related activities as a satisfaction they have in working with children, perhaps one approach would be to offer information on a variety of ways to play with children (arts and crafts, painting, etc.) that are also of value in promoting mental health.

Conclusions

Counsellors are often in the position of consulting frontline mental health workers without a thorough knowledge of their working conditions, the problems they perceive, their conceptions of mental health or their openness to training. It is hoped that this study would be of benefit to counsellors working with day care centre personnel or those interested in contacting home day care workers.

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