Promoting children's social and emotional wellbeing in childcare centers within low socioeconomic areas: strategies, facilitators and challenges

Promoting children's social and emotional wellbeing in childcare centres within low socioeconomic areas: Strategies, facilitators and challenges (Free full text available)

Last Updated Thursday, 31 March 2011

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ALTHOUGH CHILDCARE CENTRES HAVE a vital role to play in the social and emotional development of children, the strategies used to promote children's wellbeing in such settings are not well researched. This study aimed to identify the strategies, facilitators and key challenges for promoting children's social and emotional wellbeing as reported by childcare directors and workers during semi-structured interviews. They reported mainly informal strategies with few formalised policies, curricula or strategies. Staff reported frequent difficulties communicating with parents and/or children due to many families speaking little or no English. Lack of staff training and inadequate resources for activities were other key challenges they identified. Perceived facilitators included staff having strong relationships with each other and sharing a common philosophy, as well as having an open door policy for parents. Systematic development of skills to promote children's social and emotional wellbeing could help leverage childcare staff's potential to promote children's wellbeing during a crucial stage of child development.

Introduction

Mental health is the embodiment of social, emotional and spiritual wellbeing (Victorian Health Promotion Foundation, 1999). It has been defined as a 'state of emotional and social wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively or fruitfully, and is able to make a contribution to his or her community' (World Health Organization (WHO), 2005). For children, mental health has been defined as 'the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills' (Office of the Surgeon General, 1999, p. 123). In Australia, childhood mental health problems are prevalent, with one in seven Australian children aged four to 17 years experiencing mental health concerns when surveyed in 2000. This rate increased to one in five children for those living in low-income or single-parent families (Sawyer et al., 2000). Given that several large longitudinal studies have demonstrated that problems that develop in childhood often persist into adolescence and adulthood (Newman, Moffitt & Caspi, 1996), early mental health promotion is essential.

Mental health promotion is any action taken to maximise mental health and wellbeing among populations and individuals. It aims to protect, support and sustain the emotional and social wellbeing of the population by promoting the factors that enhance mental health (Department of Health and Aged Care, 2000). The focus is on creating environments conducive to good mental health and wellbeing for individuals, communities and populations. Previous documents have suggested that the term 'promotion of emotional and social wellbeing' may be preferred to the term 'mental health promotion', due to the strong historical association between the terms 'mental health' and 'mental illness' (Department of Health and Aged Care, 2000) and, as such, this paper will use the term social and emotional wellbeing.

Increasingly, children throughout the industrialised world, including Australia, attend formal childcare centres (Organisation for Economic Co-operation and Development, 2006) and for many, child care is a critical influence on their early development (second only to immediate family) (Florida State University Center for Prevention & Early Intervention Policy, 2006). Thus, childcare settings have a significant potential to promote children's social and emotional wellbeing at a population level. Despite this, there are currently no research studies examining how childcare centres and staff promote children's social and emotional wellbeing. This information is vital for future population-based programs that aim to promote children's social and emotional wellbeing.

Childcare context in Australia

In Australia, 83 per cent of children aged two to four years access some form of child care (Department of Family and Community Services, 2004). Centre-based or long day care is the most common form of care, and is used by families across the socioeconomic spectrum. While the proportion of children using child care increases with parental income, the differences in patterns of use are minimal (Department of Family and Community Services, 2004).

Influence of child care on children's social and emotional wellbeing

While debate continues about the benefits of non-parental care (particularly long hours in care) (Pluess & Belsky, 2009; US Department of Health and Human Services, 2006), there is clear evidence that high-quality centre-based care enhances positive outcomes for children (McCarthy & Morote, 2009; Sammons et al., 2008; Sims, Guilfoyle & Parry, 2006). High-quality care, that which promotes children's social and emotional wellbeing, is characterised by warm, positive and stimulating staff–child interactions, age-appropriate activities and a safe and healthy environment (National Child Care Accreditation Council, 2005). Child carers need to be knowledgeable, skilled and competent, with access to support services and networks. Further, it is important that they work within a supportive organisation that endorses mental health-promoting policies, has partnerships with community agencies and structures and the organisational resources necessary to address the promotion of children's social and emotional wellbeing.

Strategies used to promote children's social and emotional wellbeing at child care

There has been no systematic investigation of the strategies that childcare centres use to promote children's social and emotional wellbeing. An examination of strategies used by primary school teachers in Australia has been conducted (Nicholson, Oldenburg, McFarland & Dwyer, 1999), and there is now a national primary schools mental health initiative in Australia (Department of Health and Ageing, 2007). Nicholson et al.'s study of teachers' strategies was based on the health-promoting schools philosophy which recognises that health promotion can occur across multiple levels, including policies, curriculum and links to the community (Department of Health and Family Services, 1996; Nicholson et al., 1999; WHO, 1983; 2007).

When applied to child care, strategies to promote children's social and emotional wellbeing can involve policies, curricula and programs across the whole sector and/or within individual centres, as well as through links with other organisations and groups within the community (Farrell & Travers, 2005). Informal strategies, such as giving support, encouragement and advice to parents, as well as providing consistent and warm caregiving to children, are also recognised as essential elements of a mental health–promoting environment (House, Umberson & Landis, 1988; Seeman, 1996).

This study aimed to explore the strategies used by childcare centre staff to promote children's social and emotional wellbeing, the challenges to doing so, and the views of staff regarding facilitators for promoting such wellbeing. Given existing inequalities in the prevalence of child mental health problems, this study focused on childcare centres located in disadvantaged areas.

Method

Ethics approval was obtained from Deakin University (EC98-2007). This was an exploratory descriptive study using qualitative methods, underpinned by ethnographic principles, particularly the generation of 'thick description' (Geertz, 1973). Using such thick description, ethnographic studies work to describe culture and another way of life (Spradley, 1979) in order to explain people's pattern of life by describing the patterns of meaning informing their actions to make them accessible and logical (Liamputton & Ezzy, 2005). In this study, we sought to understand the culture of childcare centres and to describe how this way of life facilitates or impedes children's social and emotional wellbeing.

The study aimed to sample 20 childcare managers and staff members in order to produce adequate exploratory data

from which to yield meaningful themes. While this number is less than is typically required for large-scale ethnographic studies (Morse & Field, 1995), the small scale of the 'culture' under investigation made data saturation achievable with fewer participants. When determining sample size, as Morse (2000, p. 3) suggests, 'the principle is that the broader the scope of the research question, the longer it will take to reach data saturation'.

Participants were recruited from childcare centres within two local government areas (LGAs) in Australia. One LGA was originally selected and, following some difficulty with recruiting any of the commercial childcare centres, a second neighbouring LGA was also selected. These two LGAs were selected because they were two of the lowest socioeconomic status, according to the Socioeconomic Indicators for Areas (SEIFA) index (Australian Bureau of Statistics, 2001). All for-profit and community-based childcare centres listed in the two LGAs (n = 42) were contacted via letter and then randomly telephoned. Of the 42, only 11 centres agreed. However it must be noted that 25 of the childcare centres that declined were within one profit-making childcare company. Such profit-making companies have previously been shown to decline to participate in research (Rush, 2006). Given this, it was not possible to compare participating and non-participating centres. Researchers spoke with centre directors who either agreed to be interviewed themselves and/or agreed to distribute study information to workers.

Participants were 10 directors and nine workers from 11 long day care centres in two south-eastern Australian LGAs. We requested interviews with the director and one or two carers. Between one and three participants were recruited from each centre and then interviewed. It was intended that analysis of these interviews would identify the scope of participants' experiences of promoting children's social and emotional wellbeing.

All but one of the participants were female, with most directors (n = 8) aged 40 years and over (refer to Table 1). Directors typically worked full time (n = 9), had between 10 and 20 years experience (n = 7) in child care, early education or school settings, and held either a trade certificate or diploma (n = 3), graduate or advanced diploma (n = 4) or a university qualification (n = 3). In comparison, almost half of the workers were employed part time (n = 4), most commonly had two to five years experience (n = 6), and generally held a trade certificate or diploma (n = 7). Participants were from both community-based (n = 6) and for-profit centres (n = 5).

Semi-structured interview

One-on-one semi-structured interviews were conducted at each participant's place of work by one of two white female researchers with backgrounds in health promotion and psychology (first and third authors). Before the interview, participants completed a brief demographic questionnaire about the centre, their qualifications and experience in childcare settings. An interview guide was used to facilitate exploration of strategies participants felt they used to promote the social and emotional wellbeing of children and parents. While a general list of topics was explored, participants' responses shaped the order and structure of interviews (Esterberg, 2002). Participants were first given a definition of children's social and emotional wellbeing as 'the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills' (Office of the Surgeon General, 1999, p. 123), to ensure consistency in understandings. In order to ensure that child carers focused on mental wellbeing rather than mental illness, the term 'social and emotional wellbeing' was used. Interviews were digitally recorded and professionally transcribed verbatim and participants were reimbursed for their time with a cash payment.

Data analysis

A thematic analysis (Morse & Richards, 2002) was conducted to identify the strategies, challenges and facilitators reported by childcare directors and workers using open coding. This process was conducted by two researchers (ED, BD) to enhance credibility of the results. Here, consistent with Guba and Lincoln's (1989) approach to credibility of quality research, the two researchers compared their postulated findings to each other and back onto the natural context to determine if their preliminary findings held up. Differences were resolved by discussion.

Results

Strategies childcare staff felt they used to promote child social and emotional wellbeing

Participants' strategies for promoting children's social and emotional wellbeing were grouped across three levels:

 - individual child

 - centre-wide approaches

 - linking with the wider community.

This allowed for consideration of the findings within the context of existing mental health promotion frameworks (Farrell & Travers, 2005). Strategies described in this study were most commonly directed at the individual child; some were centre-wide; and a few were curriculum and activities to link families and children with their communities. As no clear differences in the pattern of responses from directors and workers were identified, data from both were combined, with the few differences described when appropriate.

Strategies aimed at individual children

At an individual child level, participants identified a range of relatively informal strategies. Giving physical affection, providing activities to promote social skills and relationships and treating children equally were frequently mentioned, with the focus predominantly on making children happy, building positive feelings in children or responding to negative feelings and distress. Emotions are a critical component of social and emotional wellbeing and child development; however other important elements, such as physical, social and cognitive development, were rarely mentioned.

 - Physical affection

Both childcare directors and workers referred to physical contact and giving hugs, suggesting that they strive to provide a caring environment and to ensure that children develop strong relationships with them. Although a caring environment and responsive relationships are imperative to child social and emotional wellbeing, a wide range of strategies is important for promoting social and emotional wellbeing. We found, however, that some staff only used one strategy—physical affection—to help children and support their social and emotional wellbeing:

I think especially with our age group, we feel they're at the age where you provide a lot of physical contact, so a lot of hugs and a lot of attention (worker).

 - Activities to promote social skills and relationships

Staff indicated that they used various activities that 'relax children' or have a social or emotional component, such as singing, reading, role-playing, home corner and dress-ups, to promote the social and emotional wellbeing of children. Participants particularly mentioned the importance of encouraging group interaction, sharing and turn-taking skills, and the need for staff to acknowledge children's achievements and to treat all children equitably.

Centre-wide approaches

Centre-wide approaches are planned and intentional activities focused on social and emotional development. One director explicitly explained how she planned these experiences, based on regular observations of children, in order to ensure they were responsive to the specific needs of individual children, as well as the larger group:

I do a fortnightly program and it's based on observations. I offer a program which is tailored to them as well as the whole group, which offers a range of activities and experiences that I think promote and develop their social and emotional wellbeing (director).

When asked about policies, one participant mentioned enrolment procedures and another described observational checklists for identifying potential mental health difficulties:

I'm not sure of, like, all the policies because we've got quite a few now, but we usually have an introduction time before enrolment that the parents can talk to staff to see if their needs fit into what we can provide here (worker).
Well, we pretty much do the observations and we also have a checklist as well (worker).

Participants did not explicitly identify strategies to promote social and emotional wellbeing for children at risk for mental health problems. The comments suggested that policy was restricted to screening for potential mental health and behavioural problems, or generally supporting the needs of all families.

Links to community as a means of promoting the social and emotional wellbeing of children

Promoting links between settings, such as schools and childcare centres and the wider community, is a key part of mental health promotion frameworks (Farrell & Travers, 2005). It not only includes ensuring families are connected with community services and supports but also other community members. Given the amount of time many children spend in child care, and the role child care plays for supporting parents' workforce participation, building and maintaining strong links with parents and the wider community would seem a natural extension of childcare centre activities. Participants described several ways that they tried to link families and children to the wider community.

Advising parents

Childcare directors described responding to parental concerns about their children, usually when parents asked for advice, or generically through a newsletter:

So we have had … a parent who came in and said, 'This is my concern, my child is not listening and doesn't do this, that or the other', so I said to her, 'Well, try this, try it this way, like speak to him in a positive manner because that's what we do here' (director).

Linking parents to the community

While some participants indicated that they advertised community events, others reported that they did not do anything to link to the wider community, did not know about community services, or were just starting to consider how they could do so. Overall, those centres that did promote community links tended to use passive strategies, reliant on parents requesting information or having the time and ability to read newsletters or noticeboards within the centre:

We have a lot of brochures and things … If parents you know, are asking about it …The family have to probably ask about it or, or you, if we thought that they would be interested in something well then we'd see if we've got brochures or, or something to give to them (worker).

Challenges to promoting children's social and emotional wellbeing

Childcare workers and directors identified five key challenges to promoting children's social and emotional wellbeing.

 - Difficulties communicating and forming relationships with parents

Childcare staff expressed difficulties with forming relationships with parents and involving them in the activities of their centre. This was felt to be due to time pressures on parents:

The relationships with parents sometimes, parents don't always have time, and you know, they're busy, they work, it's hard (director).

Workers also expressed feelings that parents were not concerned about daily activities within the centre or specifics of their child's development. Instead, the perception was that parents' main focus was for their child to be happy and generally believed that their child would grow out of any problems they may be experiencing. Inherent within these comments was a sense of frustration and disempowerment about how to best relate to parents regarding these issues:

In the whole entire time that I've been in child care, I've only ever had about three or four parents ever come up and they've been aware of what we've done. So, like, we spend a lot of time doing all of that stuff and the feedback that we get from the parents is just, 'I don't care, as long as my kid's happy' (worker).

Childcare workers generally reported that parents would not attend events held at the centre, although one director reported a successful parent evening. She also noted that successful events needed to be structured and promoted as fun activities, rather than as educational sessions:

We do a lot of things throughout the year but we just don't get many parents. And then, so the staff get kind of, 'Well, why are we doing this because no one comes?' (worker).

Several workers highlighted difficulties communicating with parents of non-English-speaking backgrounds, and reported this led to worker frustration and limited relationships between staff and parents. Some staff wondered whether parents actually chose not to understand because they did not want to address issues being raised. Participants also stated that children were frequently from many different cultural backgrounds, further challenging workers who often had little understanding of the needs of these children. One worker was unable to identify the major cultural group of children within her centre:

I'd say maybe 80 per cent of them [the parents] don't speak English, which is very hard. If they [the child] have been sick, if they've been crying all day and we think they're becoming sick, they've [the parents] got no idea what you're saying to them, like, point to your stomach and rub your stomach and they've just got no idea … [Interviewer: What sort of cultural backgrounds are we talking about? Is there one in particular that's—there's lots of children?] I don't know what they are (worker).

 - Difficulties communicating with children

Workers also described challenges communicating with children who were raised in a non-English-speaking household as a barrier to promoting social and emotional wellbeing:

We can find it really hard to communicate with them even, like when they're outside, you say, 'Come on, let's go, it's time to go inside', and they'll just kind of stand there and you've got to go over and get their hand and bring them inside, and just like if they get upset, we don't know if they're hungry or thirsty or they're sick or anything (worker).

- Inconsistent behaviour management

Childcare workers referred to staff disagreements and inconsistent use of strategies, particularly regarding children's behaviour, as another challenge to promoting children's social and emotional wellbeing:

Sometimes disagreements between other staff or—when you've planned an activity that you want to help out a child in a particular area and it's not really happening all through the week or you're doing two different things so the kid's getting a bit confused (worker).

Workers also referred to inconsistencies between parents and staff, particularly different standards and expectations of behaviour and behaviour management:

Parents who, you know, are the old-fashioned, you know, 'Give them a good wallop if they're naughty children', you know, that whole behaviour management thing of, you know, children aren't naughty, it's their behaviour that's not acceptable; that would be the biggest challenge … Just getting them to realise that there are other ways of dealing with children (director).

- Difficulties with provision of staff training

The importance of consistent and positive behaviour-management skills, identified above, points to the importance of staff training. Childcare directors also noted that staff asked for more training, but they identified several challenges to providing such opportunities, including competing priorities, such as ensuring continuity of care for children, and costs, both in training fees and staff time. Directors also indicated that workers preferred to attend training with other staff from the same centre, compounding financial costs and challenges to maintaining continuity of care. Some directors saw little value in more training, at least for some staff who they felt wanted to attend every opportunity but appeared to gain little. Ensuring that training opportunities are relevant to child care, valued by staff, and translate into real outcomes and benefits for centres and the children in their care appears be a critically important issue:

It's all very well to have training opportunities … but if you said to me, 'What is the key factor in providing quality children's services?' I would say to you, 'Continuity of care'. Now, if you've got staff that are going off every five minutes to be trained to do their job, then where does the continuity of care come into it, all right? (director).

- Lack of resources and support for children

A final challenge identified by childcare directors was a lack of resources and support for children with social and emotional problems, including financial resources, as well as support from specialist services and agencies:

Yeah, lacking resources and money I think sometimes ... Yeah, just, you know, new things and offering a wider variety, sometimes you just can't, like you don't have the money and yeah (director).

Notwithstanding ongoing issues with the adequacy of resources available, supporting staff to value and use the knowledge and skills they already have, as well as the best ways of linking with specialist services, may be an important capacity-building task.

Facilitators to promoting children's social and emotional wellbeing

As well as identifying key challenges, participants identified several facilitators for the promotion of social and emotional wellbeing. These included a cohesive staff team, a consistent philosophical approach, strong leadership, an open door policy and good communication with parents, and peer support from other directors.

- Cohesive staff team

Participants described a number of contributing factors to ensuring a cohesive staff team. One director described the importance of a common philosophical approach amongst staff, linking back to earlier comments about the importance of developing centre-wide approaches:

I need supportive staff, staff that can sort of have the same philosophy, I think, that are on the same page … (director).

According to workers, staff dynamics were largely dependent on managers and their ability to support and motivate staff: I think it does depend on your manager—Mary's a very positive manager, she likes to include everyone in everything, and she likes to implore the staff to explore different aspects of culturalism and always to be welcoming of different cultures and, you know, tends to take the time to explain things if she needs to and stuff like that (worker).

- Open door policy for parents

Participants described multiple benefits from a policy of openness and approachability to parents. This was seen as an important way of giving parents opportunities to seek help from staff, as well as building a sense of belonging and community within the centre. Fostering openness and approachability was also felt to be a key way that childcare centres can support families. This included encouraging parents to participate in activities, along with their children, through both informal invitations as well as organising events to facilitate parents meeting each other. One director particularly described how proud children were when their parents participated in activities in the centre:

And we do invite parents to come in and, at any time, and maybe read to the children or play with them or, a lot of them don't work full time so they are happy to come and yes, and the children, the particular child, the parents come and they think it's wonderful, you know, to have the parents come in, very proud (director).

- Ability to communicate with parents

Just as difficulties in communicating with parents were seen as a barrier to promoting children's social and emotional wellbeing, good communication skills were seen as an important facilitator. While there are some specific competencies in diploma-level childcare qualifications, directors felt that they needed greater training in communication or basic counselling skills:

The Graduate Diploma of Human Relationships Education that I did, I found that to be really helpful. The training, the Diploma in Children's Services, does not address that part of your work at all, you need to go and do something else (director).

As previously mentioned, bilingual or multilingual skills were also highlighted as being important. Again, supporting staff

to access currently available inclusion support services would appear to be an important strategy, along with employing staff from diverse cultural backgrounds to reflect the characteristics of children and families attending the centre:

I think language with the families is a big one. I'm fortunate enough to have a kindergarten assistant who's Vietnamese, so often she will often interpret for me (director).

- Peer support for directors

The importance of peer support from other directors as an avenue for sharing problems and mutual support was also highlighted by directors. Finding ways to enhance these networks, both locally and through existing national online forums, in order to develop further mental health-promotion capacity within childcare settings may be useful:

Yeah, so once a month we'll [directors from different childcare centres] get together and discuss who's having problems. We can email through to each other, get on the phone, and yeah, it's a networking system with, for the directors … that's been very, very good, invaluable (director).

Opportunities for further promoting children's social and emotional wellbeing

Participants had a number of suggestions for further promoting the social and emotional wellbeing of children, including staff training as mentioned above, communication booklets and extra staff. However, others felt that they were doing everything possible to promote children's social and emotional wellbeing and that there was not more that needed to be done.

- Communication booklets

Childcare workers referred to the importance of communication books to enhance communication between workers and parents:

I know other centres do like communication booklets … Where maybe if we sent that home and, like, the staff will write in it just to see, you know, how their kid went during the day, what they did, how they behaved, their behaviour and things like that (worker).

- Extra staff

Childcare workers referred to the importance of additional staff:

Just to have extra staff that could help … just to have that extra person with them … would be a great help (worker).
Discussion

This study found that childcare workers and directors report using a range of individual strategies to promote the social and emotional wellbeing of children (providing physical affection, offering experiences that promote social skills and relationships). Neurobiological research indicates clearly the necessity for primates to experience nurturing touch, and emphasises the importance of caring relationships in the early years (McCain & Mustard, 2002; Shonkoff & Phillips, 2000; Shore, 1997). Moreover, warm, consistent and responsive adult–child relationships, supported by continuity of staff, are particularly important to effective service delivery in early childhood settings (Centre for Community Child Health, 2008; Elliott, 2006; Melhuish, 2003).

Staff also indicated that they used various activities that 'relax children' or have a social or emotional component. These strategies are important for social skill development and for building relationships with peers and between children and adults. Moreover, it is also recognised that children's development and learning occurs within the context of relationships and that facilitating and nurturing relationships is imperative (Richter, 2004; Shonkoff & Phillips, 2000; Siegel, 1999). Children's long-term success at school is influenced as much by social, emotional and self-regulation skills as by academic skills and knowledge, so a balance between the two is needed in early childhood settings (Boyd et al., 2005; Centre for Community Child Health, 2008; Heckman, Stixrud & Urzua, 2006; Raver & Knitzer, 2005).

While some participants also described centre-wide strategies to promote social and emotional wellbeing, such as observing children to inform their program planning, curriculum or policy-level strategies, these were less frequently mentioned. When giving examples of strategies, childcare directors tended to describe discrete, identifiable activities or behaviours rather than wider, strategic and targeted approaches relating to day-to-day operation of centres. Childcare workers described using caring and helping strategies with children, and giving them physical comfort and affection, as well as the importance of helping young children manage their feelings and develop social skills.

Some childcare workers were aware of the potential role for childcare centres in helping parents manage relationships with their children and as a place for parents to get help and advice. Possibly this reflects the changing social context of parenting. Support and advice, like child care itself, was once traditionally provided by grandparents and extended family networks, but now appears to be increasingly provided by childcare centres. However, this advisory role was generally considered secondary or incidental to other roles played by childcare centres. Exploring ways to build the communication skills of childcare workers and their capacity to interact with parents and children would seem fundamental to any mental health promotion strategy. Our findings support the value of an 'open door policy', whereby families can approach carers at any time, as a key strategy to facilitate communication between carers and parents (Bickley, 2008; Knopf & Swick, 2007). While it is unrealistic to expect that childcare workers would acquire high-level counselling skills, such as those held by a social worker or psychologist, more work is needed to identify core communication skills and strategies to build these skills. Creating and strengthening links with professionals who have expertise in communication and counselling may be an important way forward.

Linking families to communities and developing ongoing relationships with parents are aspects of the 'health-promoting schools' approach that are under-developed in childcare centres. Communication with parents, particularly those from non-English-speaking backgrounds, emerged as a barrier to promoting children's social and emotional wellbeing. Despite its significance for children who are disadvantaged and at more at risk for mental health problems, it appeared that many centres were struggling to find solutions to this issue. Several workers highlighted difficulties communicating with parents of non-English-speaking backgrounds, and wondered whether parents actually chose not to understand because they did not want to address issues being raised. This clearly suggests an urgent need for staff training and access to bilingual resources, as well as the capacity to communicate and understand, is foundational for problem assessment and support provision. Children from non-English-speaking backgrounds, particularly those who are refugee and humanitarian entrants, are potentially at high risk of poor mental health (Minas & Sawyer, 2002), and this risk is likely to be amplified in settings where carers cannot communicate with the child or the family (Bickley, 2008). Exploring ways of enhancing the cultural competence of childcare centres and their abilities to meet the needs of children and families from diverse cultural backgrounds is an important issue for staff.

Inconsistent behaviour-management practices among parents and childcare workers and between childcare workers were challenging for workers. Inconsistencies in care strategies amongst staff may indicate that training has not challenged them to consider alternative perspectives of child rearing. Differences between parents and staff may be influenced, or at least exacerbated, by communication difficulties and a lack of understanding of alternative value positions. Addressing these issues is an important component of mental health promotion within childcare settings.

Resources, relevance of training to work roles, and the problems associated with attending off-site training were central challenges for staff professional development. However, this study highlights that there is a need for workforce capacity building in the area of mental health promotion, communication with parents and working with culturally diverse communities. Capacity building encompasses actions aimed at strengthening the skills and capabilities of individuals,

organisations, systems and communities (Catford, 2007). Capacity-building strategies for mental health promotion have been developed for school settings, including mental health-promoting policies, curricula and systems across the whole sector, building the skills and knowledge of teachers, as well as strengthening links with other organisations and groups within the community (WHO, 2007). Although one aspect of capacity building may be training, for training to be effective and long lasting, it has to be part of a strategy that addresses organisational policies, procedures, resources, standards of practice and supervision (Howarth & Morrison, 1999), consistent with a capacity-building approach.

It would be worth exploring different delivery strategies for training, including the possibility of on-site mentoring, as this has been found to be particularly effective in improving practice (Fiene, 2002) and has been successful for assisting carers supporting children with disabilities. Supporting staff to access currently available inclusion support services would appear to be an important strategy, along with employing staff from diverse cultural backgrounds to reflect the characteristics of children and families attending the centre. Given the importance of peer support for directors and workers, finding ways to enhance these networks, both locally and through existing national online forums, in order to develop further mental health promotion capacity within childcare settings may be useful.

Our findings could help inform the development of multi-level mental health promotion frameworks for childcare centres. However, they also highlight the problems posed by current under-valuing and inadequate resourcing of the childcare profession (Hill, Pocock & Elliot, 2007). Child–staff ratios are not consistent around the country and there is growing professional concern that ratios are inappropriate in a number of jurisdictions (Rush, 2006), giving rise to the current Council of Australian Governments' focus on reform (Access Economics, 2009). Increasing the recognition given to childcare staff more generally, improving their training requirements, offering better support and guidance regarding childcare quality and curriculum, and improving links with other early childhood services, including education and health, may be important initiatives to improve outcomes for children in child care (Elliott, 2006). We argue that multi-level mental health promotion strategies should be embedded within these activities, and that staff training, remuneration and roles need to be reassessed.

Limitations

Childcare workers and directors were given a definition of social and emotional wellbeing to guide their thinking about strategies. Prompts regarding physical, social, emotional and cognitive development were not given because one of our aims was to explore the spread of strategies they considered were part of promoting wellbeing. However, it is possible that such prompting would have elicited more comprehensive responses. The applicability and transferability of findings from this study to other childcare settings needs to be considered. All the childcare centres in this study were selected from a low socioeconomic area; therefore our results need to be interpreted in this context. Finally, this study did not assess any child outcomes.

Conclusion

Exploration of effective ways of building knowledge and skills regarding mental health across the childcare sector, and the development of policies and systems to support such initiatives, are needed to strengthen the capacity of child care to promote children's mental health. Determining what is a reasonable role to expect of childcare staff, how training and remuneration should reflect this role, and what the contribution of other professionals and service providers should be, are key elements of such deliberations.

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