



# Promoting mental health & social & emotional wellbeing in Family Day Care in low socioeconomic areas: Strengths, facilitators & challenges

Dr Elise Davis, University of Melbourne

Ms Lisa Smyth, Manager, Windermere Family Day Care

Prof Elizabeth Waters, Prof Helen Herrman, A/Prof Linda Harrison, Prof Margaret Sims, A/Prof Bernie Marshall, Dr Kay Cook, Prof Andrew Mackinnon, Dr Cathy Mihalopolous



---

# Background

- Child mental health problems are prevalent
- 1 in 7 Australian children aged between 4-17 years reported to have serious emotional and behavioural problems (Sawyer et al., 2000).
- Child mental health is “the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills” (p.123).

---

# Promoting children's mental health

- Early intervention programs developed for young children, such as home based programs, parenting training programs, and high quality childcare programs are effective in improving child development.
- Parenting programs and home-based programs - limited potential to impact on the population
- In contrast, childcare settings, are ideal to promote child mental health at a population level in a sustainable way.

---

# Childcare

- 35.2% of all children aged 0-4 years access some form of formal child care in 2005.
- Although the proportion of children using childcare increases with parental income, differences in use are minimal
- Child carers have a vital role to play in the development of a child's mental health however the child care profession as a whole is under-valued, under-funded and under-resourced (Hill, Pocock, & Elliot, 2007)

---

# Family Day Care

- Family Day Care utilised by 20.5% of all children aged 0-4 years accessing some form of formal care in 2004.
- Increasing numbers of families are turning to Family Day Care as a less expensive and more flexible childcare option.
  - Particularly appealing for infants and toddlers who can form a strong attachment to their carers.
  - Continuity of care when children move into school

---

# Promoting Children's Mental Health in FDC

- *Carers and coordination unit staff promote resilience and social competence in all children (FDC Quality Assurance guidelines 3.4).*
- *The carer shall endeavour to stimulate and develop each child's social, physical, emotional, intellectual, language and creative potential and shall provide activities that are appropriate to the development of the children (National Standard 3.2.1)*

---

# Promoting Children's Mental Health in FDC

- *A carer must have an appropriate understanding of children's needs and development, including, for example: the individual differences between children; activities that stimulate a child's growth and development (National Standard 5.2.1)*
- *Communication between carers and families is effective and supports the family and child to settle into care (FDC Quality Assurance guidelines 1.3)*

---

# Family Day Care Context

- Context of the Family Day Care environment may pose some challenges to promoting children's mental health.
  - care providers commonly work in isolation
  - long working hours, it can be difficult for carers to attend extended professional development and training.
- No studies have examined:
  - how family day carers and the family day care system promote children's mental health
  - the facilitators and challenges in promoting children's mental health in Family Day Care settings.

---

# Aims of Study

- Understand and celebrate ways in which the Family Day Care System promotes childhood mental health
- Give family day carers the opportunity to identify ways that the Family Day Care System can further promote the mental health of children.
- This study aims to explore-
  - the knowledge that family day carers have about child mental health and the early signs of mental health problems.
  - the strategies employed in Family Day Care to promote children's mental health.
  - barriers and opportunities for promoting mental health in Family Day Care settings.

---

# Method

- Exploratory descriptive study
- Participants registered with a community based, non-government child and family service provider in the south west of Melbourne
- Manager identified and telephoned carers and then provided details to researchers.
- Thirteen providers were interviewed in this study and it was anticipated that this number of participants would yield adequate data for a rich analysis
- Semi-structured interviews
  - FDC central office (6)
  - Playgroup or home (7)

---

# Interview questions

- What do you think social and emotional wellbeing is for children?
- Describe a child that has good/poor social and emotional wellbeing.

*For children: "the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills"*

- Causes of mental health problems in children?
- Early signs of mental health problems?
- What do you personally do to promote the wellbeing of children in your care?
- Are there other ways you/FDC program could further promote the social and emotional wellbeing of children and families?

---

# Data Analysis

- Content analysis - Pre-defined topics and sub-topics from the interview guide were used deductively to code the transcripts.
- Conducted independently by 2 researchers and compared.
- Sample
  - All participants were female (n=13) and generally aged 40 years and over (n= 9).
  - Participants mostly worked full time (n= 12).
  - All participants except one reported holding either a certificate or diploma in children's services from TAFE.

---

# FDC understanding of child mental health

- Being happy, healthy, able to play and interact with other children, feeling secure, and being able to express feelings and emotions.
  - *“It’s basically how the children feel, how they express their feelings, their emotions, how they share and co-operate while playing and with each other.”* (Erin)
  - *“Their emotional well-being, their happiness, their sense of security, their confidence, their social interaction with other children with parents. How they cope with the day.”* (Shirley)

---

# Causes of child mental health problems

- More extreme causes-
  - *“Well there’s the case of abuse, even the emotional abuse between adults reflects greatly on the kids.” (Erin)*
  - *“I think its related back to more physical violence than mental abuse. Mental abuse children seem to be able to just shut off. Mum can be screaming and they just ignore. But physical abuse they seem to not – I’ve had kids, you’d make a sudden move and you can see them and they tense up and they move away.” (Liz)*
  - *“Playstation games at home. And one thing that really stood out to me... I said that seems to me to be excessively violent for a then seven and nine year old.” (Gina)*
- Some carers identified other risk factors for child mental health difficulties such as hereditary or inherited issues, developmental delay and physical illness, although these factors were not widely discussed.

---

# Early Signs of Child mental Health Problems

- Aggression, violence, hyperactivity, and poor concentration, and more internal signs such as poor confidence, withdrawal from others, a lack of interest in activities .
- Fear, separation anxiety, and frequent complaint of sickness and heachache.
- Poor social skills, poor eye contact, repetitive behaviours, delayed speech or physical development, and toilet training or bedwetting difficulties.
- Changes in behaviour or interaction patterns were also identified as a sign of potential mental health difficulties.

*While a wide range of factors were identified by participants in this sample, not all participants identified all factors.*

---

# Reactions to child mental health problems

- Contact their fieldworker
  - *“As to what they would do with that I don’t know, but definitely. If it was affecting the quality of the care and the child, you know, day care experience.”* (Petra)
  - *“I would report it to my field worker...If I couldn’t resolve it with the parents. Often the parents don’t acknowledge things...We can only guide and make suggestions. And just try to do the best we can for that child at the time.”* (Bernadette)

---

# Reactions to child mental health problems

- Refer parents to counseling, doctors or financial assistance.
- Some afraid to raise directly a suspected problem with parents for fear of their response
  - *“But usually they tend to just think well it’s my child and I know my child better than you and they end up pulling the child out of care. Which isn’t doing the child any help.” (Erin)*
  - *“And that was just like when I feel she’s in a good mood, I can say something. I have to really assess what way she is to be able to say something.” (Claudia)*
  - *“We can see it, we know something’s not right but until they admit it you can’t do really nothing to intervene, until they’ve admitted that they’ve got a problem. I mean some people can cope with the world and some people just can’t, and most people with depression can’t cope with the world.” (Yvonne)*

---

# Strategies to promote children's mental health

- The relationship between FDC carers and children
  - *"I respect the children. That's a huge thing to me and it's one of the things I say to parents. "I'll respect your children." (Andrea)*
  - *"Encourage them. And praise. It doesn't matter if they can do it better than the next kid, it's all about them. And I try and promote an "I can". There's no such word as "I can't" in my house." (Helen)*
  - *"..Example, a child who is from a very volatile background... I have gone out of my way to give her lots and lots of cuddles... she used to love to be wrapped up in a blanket and just rocked." (Shirley)*

---

# Skill development and stimulating activities

- Supporting skill development
  - *“Just teaching the everyday activities, like some children you know don’t know how to sit at the table because it’s not something they might do at home.” (Mardie)*
  - *“Build their self-esteem so they can actually feel good about themselves.” (Claudia)*
- Stimulating activities
  - *“And having activities out that promote participation...put something out that you know that they’re going to be drawn to so that they can be involved.” (Mardie)*
  - *“I always do a lot of outdoor things.” (Bernadette)*

---

# Playgroups and observations

- Attending playgroups
  - *“I think a lot of interaction with other carers, like play group and going out with... I’m kind of in a little group that we go out a lot.” (Yvonne)*
  - *“We run playgroups and run excursions and things if we want to go on them. We run our own playgroup at my place it’s so much easier.” (Liz)*
- Observations of children’s development.
  - *“I have one child in my care who I’ve been a little concerned that he has not been developing as rapidly as he should. I’ve done the observations on him and everything I could to try and setting up all these different activities and things.” (Mardie)*

---

# Barriers to child mental health promotion

- Funding limitations
  - *“We have to buy the stuff ourselves and it is quite costly and there’s no two ways about it... That’s where the funding would come in. We could really, really do with that because this is what’s going to make these children happy, it’s going to be good for their social skills and it’s going to help their mental well being because it’s what they like. It’s a break out of the family situation. If we had more of that it would be wonderful.”  
(Claudia)*

---

# Opportunities for child mental health promotion

- Equipment and playgroup
  - "...And I really feel that our scheme could at least have a library, a resource area, so we could all turn – they do have a few high chairs and those sorts of things. But, yes, equipment." (Bernadette)
  - "No I think the play groups and that they... with what they do run they need to focus in more on the younger children. I find that they're great social and emotional places for the four and five year olds but a lot of the activities are not appropriate for the younger ones. Which the kids don't worry about but it makes my social, emotional wellbeing a bit more stressed. You know you're chasing little children who are eating everything in sight." (Mardie)

---

## Opportunities cont.

- “Better quality in services...parenting issues that you can help the parents through, instead of, you know, them throwing their hands in the air all the time.” (Andrea)
- “Well maybe even training to help recognise mental health issues in children. Definitely more education on that would help.” (Janet)
- “And maybe even just expanding it within the orientation, I found whilst orientation was great and it got everyone through very quickly.” (Mardie)
- “We are often faced with a situation where counselling skills (of some degree) would be of great benefit. Whilst this does not mean we would be counselling parents, it can help us by reducing the stress which not having these skills puts on us.” (Gina)
- *“I guess if we just had like more in-services on the social, emotional development side of things, I mean we have in-services on you know other types of plays and activities and setting up for play and things like that. But the social, emotional is always the hard one to try and deal with.” (Erin)*

---

# Discussion

- FDC carers have a good understanding of child mental health and development and clearly strive to promote children's mental health.
- May benefit from:
  - more knowledge about mental health problems and risk factors for child mental health problems.
  - building the confidence and knowledge of carers regarding follow up actions of field workers
  - increasing carers' knowledge of mental health promotion strategies they can implement on a daily basis
  - building the communication skills and confidence of FDC carers in communicating with parents and raising potential areas of concern.

---

# Limitations

- All of the FDC carers except one interviewed in this study held or were undertaking qualifications in children's services.
- In this study, carers were not prompted to consider physical, social, emotional and cognitive development, because part of this study was to assess which strategies they thought promoted mental health.

---

# Building the capacity of Family Day Carers

- This project aims to design, implement, and test the appropriateness, acceptability, feasibility, costs and effectiveness of an intervention that builds the capacity of Family Day Care settings to promote children's positive mental health.
  - Partnership with VicHealth, FDC Australia and Windermere Family Day Care
  - Train-the trainer model with field workers

---

# Developing a capacity building intervention

- Phase 1. Program Design
  - *Stakeholder Reference Group*
  - *Assessing motivation to change individual and organisational practices to promote children's mental health*
  - *Qualitative study of views on the proposed intervention components*
- Phase 2. Intervention Testing.
  - Exploratory intervention trial using a cluster randomised trial study design.
  - Test whether a capacity building intervention increases field workers' and carers' knowledge of child mental health, increases their confidence in promoting child mental health, and improves the quality of care provided to children (relevant to child mental health).

---

# Strategies

- Training for field workers and carers to increasing knowledge regarding child mental health;
- Creating mental health-promoting environments within the Family Day Care setting (i.e. ensuring mental health is considered in the orientation process, recruitment process, in-services);
- Improving field workers' and carers' skills for discussing mental health issues with parents;
- Promoting mental health through policy development with carers;
- Strengthening partnerships with community agencies;
- Structuring organisational resources to address mental health promotion.

---

# Challenges and Opportunities for a New Program

## Challenges:

- Field workers have very limited time in their home visits
- Being in the home environment, carers may be more likely to use the strategies that they used to raise their children, despite training.
- Designing training for carers from NESB
- Useful to have ongoing support after training
- Field workers may have limited opportunity to see children.

## Opportunities:

- Could mental health training be compulsory?
- Training could be included in orientation
- Field workers could run training sessions for carers to increase sustainability of the program
- Training could be included in all day conference
- Field workers could prioritise mental health in a particular monthly visit
- Discussions about mental health could continue in playgroup sessions
- Field workers could encourage carers to attend training

---

# Acknowledgements

- All Family Day Carers and Field Workers who have generously given their time to this project.
- Windermere Family Day Care – Lisa Smyth

Further Information: [eda@unimelb.edu.au](mailto:eda@unimelb.edu.au)