

Homebased child care

A profession not just a job

Maryla Juchnowski

In order for family day caregivers to increase the status of their profession, they require knowledge of early childhood and confidence in themselves in the work they do. The Certificate in Childcare (Homebased) was developed to be relevant to childcare in the home rather than centre based child care, to be offered in flexible mode with flexible entry and exit points.

It is proposed that a professional attitude influences the level of skill of caregivers. The study aimed to monitor whether the course can impact on caregivers' skills, and on how they view their profession. The study was based on an assessment of the child care skills of 58 caregivers which is part of the course requirements. Students were supervised and rated on their performance using the Harms and Clifford Rating Scale for Family Day Care. 70% of students were considered to have demonstrated the required level of competence.

Caregivers were also interviewed regarding their attitudes towards the course. Caregivers felt that the course gave them more status and most had plans for further study. Such positive changes can only benefit children and families using Family Day Care

Background to the study

The traditional role of caring for children is changing. It is no longer enough to assume that anyone who 'loves' children, or who has children of their own can care for other people's offspring, cater for their needs, facilitate their learning and provide a safe healthy and stimulating environment. People intending to work in the field of child care, whether it be homebased or centre based, need appropriate skills. There are a number of courses available for centre based care but until recently, no specific training was available for Family Day Caregivers.

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Maryla has a strong interest in multiculturalism producing culturally relevant posters and children's books, as well as women's issues, advocating specifically for women from non-English speaking backgrounds.

The profession of homebased caregiving is one of the lowest paid professions in Australia, yet the majority of children in child care are looked after by family day caregivers. It is imperative that training and professional development is available to this unrecognised and unacknowledged group of professionals. In a nutshell, for caregivers to increase the status of their profession of caring for children in their own home, they need to have knowledge about how to care for children, and to develop confidence in themselves and in the work that they do. To be able to cater for the needs of others, a caregiver must be able to look after her or his own needs, or this will lead to disillusionment and burn out. (Henry 1988)

The aim of the study was to see if a short 200 hour early childhood course, customised to suit the needs of family day care, could play a part in enabling caregivers to feel good about what they do and to see their job as a profession, not just something that all mothers can do.

The knowledge

Child care courses have not always been suitable for home-based caregivers, such as family day carers. Courses were too long and held during the day and distant

from where caregivers lived. Day classes meant that caregivers would lose pay if they attended classes.

In 1988, the TAFE Department of Family & Community Studies of Swinburne University, in consultation with homebased caregivers and unions, undertook to develop a curriculum specifically designed for homebased caregivers. Each of the seven units of the course consists of a video print package and can be offered either in a classroom setting or by distance education. This curriculum was eventually accredited in Victoria in 1990, and the course is now offered in Tasmania, New South Wales and Queensland.

Unlike in-service training, an accredited study program requires students to show that they have acquired the skills and knowledge which are taught in the course. There are written work requirements, however observing caregivers during the course of their work is a far better measure of how competent they are as caregivers, and of how well they have absorbed the knowledge presented during the course. As part of their course assessment, caregivers are visited in their own home and observed for one hour. Observations are made and students are rated on their performance. More recently

in assessments, we have used the Thelma Harm and Richard Clifford Rating Scale for Family Day Care (1989).

Methodology

Background information on caregivers.

We observed fifty-eight caregivers, all of whom had worked for a minimum of two years. Over 50% were carers of children aged 2-4 years. Two had been caregivers for over ten years, 33% had pre-school children of their own, 31% had school aged children. A further 36% had adult children (over 18+). The age of caregivers was quite evenly spread - 36% were under 35, 33% were between 36 and 45 and 31% were over 46.

The caregivers worked for fourteen different schemes around Melbourne as well as Coffs Harbour in northern NSW where a program was offered jointly with the Coffs Harbour Family Day Care Scheme. There were seventeen caregivers from non-English speaking backgrounds, with nationalities including Italian, Greek, Serbian, Arabic, Spanish, Indian, Russian, French and Polynesian. Three caregivers had literacy difficulties.

The rating scale

The rating scale enables teachers to observe a caregiver in a variety of situations as well as the environment that is provided for the children. The scale is divided into six sections as can be seen in Table 1. It provides a comprehensive guide as to how to score each item. Some adjustments were made to weighting of some of the items to cater for the Australian environment.

It is not expected that a caregiver will be rated on every item in the one hour supervision visit. Thus the score for all categories observed are totalled and divided by the number of observations made. The overall rating a caregiver could achieve ranges between 1 and 7. It was felt that a score of 3 and above was considered satisfactory. This was decided in consultation with supervising teachers who felt that a caregiver with a score of less than 3 would not have exhibited the minimum competencies required for working with children in a home setting. Scores below 3 require a caregiver to be re-assessed. Goals to work towards are then drawn up with these caregivers and a second visit arranged.

Data

31% of caregivers scored less than 4.00 on the rating scale, (Six students required a second visit) and 69% scored over 4.00. Table 2 shows how caregivers performed in each section.

Table 1

1. Space & furnishings for care & learning
<ul style="list-style-type: none"> • furnishings for routine care & learning • furnishings for relaxation & comfort • child related display • indoor space arrangement • active physical play • space to be alone
2. Basic care
<ul style="list-style-type: none"> • arriving/leaving • meals/snack time • toileting, rest time • personal grooming • health • safety
3. Language & reasoning
<ul style="list-style-type: none"> • informal use of language • help children understand language • helping children use language • helping children reason
4. Learning activities
<ul style="list-style-type: none"> • eye hand co-ordination • art, music and movement • sand/water, blocks • dramatic play, use of TV • schedule of daily activities • supervision of play
5. Social development
<ul style="list-style-type: none"> • tone • discipline • cultural awareness
6. Adult needs
<ul style="list-style-type: none"> • relationship with parent • balancing personal & caregiving responsibilities • personal growth

The three areas in which students needed to increase their skills was their use of space, in particular not making enough use of child centred furniture; learning activities, such as inappropriate use of music and movement; and Social Development particularly the lack of culturally relevant activities. The data has implications for our teaching and has highlighted the need for us to place more emphasis on these aspects in our curriculum.

Professionalism in home-based child care

At the same time as the assessment visit, caregivers were interviewed regarding how the course affected them. There is evidence that through training, caregivers' confidence and self esteem are increased (Henry 1988) and as a consequence they will provide a better learning environment for children. Furthermore those who see

Table 2:
Caregivers who scored between 4 & 7 on HARMS scale (%)

ITEM	SCORE (%)
Space	
Adequate furniture	48.1
Comfortable furniture	63.5
Child Cent furniture	34.5
Indoor space	69.2
Active physical play	64.7
Space to be alone	
• Toddlers	56.1
• Over 2's	58.8
Average	56.4
Language & Reasoning	
Informal use of language	
• Toddlers/infants	87.3
• Over 2's	81.2
Understand language	
• Toddlers/infants	62.1
• Over 2's	73.9
Use of language	75.0
Reasoning	75.8
Average	75.9
Social Development	
Tone	87.3
Discipline	85.4
Cultural awareness	35.1
Average	69.3
Basic Care	
Arriving/leaving	85.7
Meals	71.4
Rest	76.9
Toileting	57.9
Personal Grooming	64.8
Health	80.0
Safety	74.3
Average	73.0
Learning Activities	
Eye/hand co-ordination	71.2
Art	66.0
Music & movement	39.4
Sand/water	45.8
Dramatic play	41.2
Blocks	61.9
Use of TV	57.5
Schedule of activities	72.2
Supervision of play	77.6
Average	59.2
Adult Needs	
Parent relationship (n=14)	92.9
Balance personal job issues	76.3
Professional growth (n=12)	75.0
Average	81.4

their work as a profession rather than a job are also more likely to provide a better environment. (Pence & Goelman 1991). Caregivers in our study were interviewed regarding their attitudes to study. The following are their responses to several of the more pertinent questions.

1. Why they chose to do the course
 - 33% developed new skills,
 - 32% thought it was worthwhile,

- 28% wanted to gain a certificate/further career.
2. How they saw their job before doing the course
 - 39% had a positive outlook on their work
 - 61% made comments suggesting a low status
 3. Had this view changed since doing the course
 - 82% yes
 4. Did the course change their performance as a caregiver
 - 46% better understanding of child-care,
 - 26% improved skills,
 - 15% more confidence,
 - 11% put more effort into their job,
 - 2% change in performance.
 5. How long they planned to remain a caregiver
 - 49% expected to be a caregiver indefinitely,
 - 33% 1-6 years or more,
 - 18% uncertain.
 6. Plans for further study
 - 20% didn't plan to do further study,
 - 50% thinking about it
 - 30% already enrolled or planned to enrol in related courses.

The results suggests a change in attitude towards training and towards the career they have chosen.

A professional attitude towards caring for children includes a commitment to upgrading skills; to pursue further study; to perceive the job in a positive light; to remain in the field; and to belong to professional organisations (Pence & Goelman 1991). In our case, caregivers' abilities, as measured by the Thelma Harms rating scale, significantly correlated with 3 variables:-

1. Perceived status of the job.
2. Belonging to a professional Home-Based Child Care Association.
3. The course as an influence in remaining as a caregiver.

1. PERCEIVED STATUS

Caregivers with a higher score (4.5 to 6.0) on the rating scale saw their profession in a positive light, eg, 'I'm very satisfied with caregiving', while those with a lower score (2.6 to 4.4) tended to make comments such as 'It's just a job, it doesn't have much status' (.04 significance). These results support Pence and Goelman's (1991) study which showed higher quality care significantly correlated with a professional attitude towards their work.

	Positive status	Low status	Row total
Average score	8	15	23
Low score	15	8	23
Column total	23	23	46

2. BELONGS TO A PROFESSIONAL ASSOCIATION.

Although not a strong correlation, (.07 significance) caregivers with a higher score were more likely to belong to a professional Home Based Child Care Association than lower scoring caregivers.

	No M'ship	Assoc ⁿ M'ship	Row total
Average score	19	7	26
High score	12	13	25
Column total	31	20	51

This would support Pence and Goelman (1991) who stated that high functioning caregivers were more likely to belong to relevant associations.

3. THE COURSE AS AN INFLUENCE IN REMAINING A CAREGIVER

Caregivers with a lower score responded that the course had influenced their decision to remain as caregivers (.02 significance). This suggests that the course has given caregivers with less skill the desire to want to continue in the profession. It may be that these caregivers did not initially take their work as seriously as higher scoring caregivers, but the fact that they wish to remain as caregivers suggests a change in attitude which could well have the effect of improving the quality of the care they will provide in the future. It must be remembered that 80% of all caregivers were either thinking of returning to study or had already done so.

	Influence	No influence	Row total
Average score	16	9	25
High score	8	17	25
Column total	24	26	50

Higher scoring caregivers could well be confident in their job and be clear about their commitment to their profession. The question that comes to mind and which cannot be answered here is whether

high scoring caregivers' skills in working with children were affected by the course or did they have the same high level of skill before they started? Ideally, caregivers should have been assessed before the course as well as at the end. Lack of time and funds did not permit this aspect of the study. However our method of gaining a picture of whether change had taken place was to informally ask coordinators of the various Family Day Care Schemes whether they had noted any change. Given our lack of resources and coordinators' busy schedules, finding adequate time to gather information proved to be a difficult task. However, the biggest improvement in caring, as seen by the majority of coordinators, was in the areas of safety and hygiene. Furthermore, all coordinators overwhelmingly felt caregivers had increased their self esteem and improved their communication skills with other adults. As an on-going evaluation of the course, we plan to study a new group of caregivers in the future, surveying their attitude toward study and assessing their child care ability before they commence the course as well as on completion.

Conclusion

The results of the questionnaire suggest that the course has had some impact on how caregivers view their profession. Many caregivers felt the course gave them more status, and an overwhelming number of caregivers are either enrolling for further study or at least thinking about it. Furthermore, an acknowledgment of caregivers' skills assists in the development of a more positive perception towards the career of home based care as our data has suggested, which in turn increases self esteem in carers and further increases quality care for children.

The results of the assessment of the care provided by our students is heartening. Given that the course itself is short, it cannot be the vehicle for major changes in the care to which children are exposed. On the other hand, the course has been a vehicle for increase in self esteem, for a desire for further study, and a change in perception of the job to one of a profession. This can only benefit the children and families using homebased care.

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