

## Early intervention in child-care settings – a new model holds great prospects

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### Introduction

In the past, childcare and preschool interventions have included programs like Head-Start which have targeted children with developmental and socioeconomic disadvantage and have produced cognitive gains. More recently, new curriculum frameworks like "The Practice of Relationships" from the NSW Office of Childcare, are acknowledging the role that children's services may also be able to play in fostering children's social and emotional development through a relationships approach to intervention.

This paper describes an attachment-based intervention that KU Children's Services and the Benevolent Society undertook in an inner-city preschool in Sydney. The children were a high needs group. Many of them experienced distressed relationships at home. At preschool their conduct and developmental problems were a concern for staff.

### The Social Context - that the children are growing up in

- Marital discourse including domestic violence
- Poverty
- Single parent households
- Unemployment;
- Substance abuse;
- Mental illness;
- Disability;
- Low self esteem;
- Teenage parenthood; and
- Limited parenting knowledge.

Centre staff are frequently called upon to support families in working through these many issues.

### The Physical Context

The centre is located within the South Sydney Metropolitan Area. In particular:

- It is located approximately 3 km south of the Central Business District (CBD) of Sydney;
- The immediate area has a mix of public and private housing consisting of flats, semi-detached cottages and two-storey terraces;

- Flats make up a significant percentage of the public housing available within the area, many of which are more than four stories in height;
- Most properties in the area are rented with rents ranging from \$0-\$99.00 per week; and
- The area is easily accessible by public transport.

## Staffing

- 35 children aged 2 to 5 years including five children with high support needs are enrolled in the centre.
- The centre is staffed by three early childhood trained teachers (one of whom is a teaching Director)
- Two untrained child care workers each day
- Two support staff (one trained and one untrained employed respectively for three days and for five days each week) who assist the staff to provide responsive programs for the children at the centre who have identified disabilities or other additional needs.
- The Board of KU Children's Services has provided funding to upgrade one of the teaching positions referred to above from that of an advanced child care worker to teacher in order to strengthen the staff profile.
- The five children with high support needs are enrolled in a specialized unit within the mainstream program. Funding for this unit is provided by the NSW Department of Community Services and contributes to the employment of one of the teachers and one of the untrained child care workers who staff the centre.
- All KU staff is replaced by crib break staff that comes into the centre for several hours each day to enable the staff to have an uninterrupted lunch break.
- The Centre Director is replaced one day each week by another teacher to enable her to have time to complete the administrative work associated with the running of the preschool.
- KU employs a clerical assistant for one day per week to provide administrative support to the centre Director.

Given all the structural support it was observed that the staff were not coping. (The infrastructure provided was above required regulations).

KU provided optimal conditions in the structure which enabled staff to be open to the intervention and for the program to be built on.

## The Project

The collaborative project with The Benevolent Society was initiated by KU Children's Services in 2001 in response to ongoing concern within the centre and KU Head Office about the:

- High number of disadvantaged children enrolled in the target centre;

- Level and frequency of non-compliant/oppositional behaviour exhibited by these children;
- Apparent need for many of the children enrolled at the centre to have access to specialized clinical support;
- Number of complex, multi-problem families with whom staff were working;
- Identified need for parents to be supported in their daily lives and in their parenting role; and
- Difficulty experienced by KU in ensuring the continuity of centre staffing.

As an attachment-based intervention, this program:

1. Focused on relationships
2. Considered the possible connection between the children's problem behaviour and their lack of felt security in relationships as a starting point for planning intervention
3. Highlighted the role of the preschool staff as a secure emotional base for the children.)

Secure relationships are characterised by positive expectations, open communication and a capacity for empathy and self-reflection. In secure relationships, children appraise their attachment figure as available and responsive, so that they can use this relationship to manage distress. When they are upset, they only have to think, "Where is mum or dad or Josie, my special person at childcare? They will understand and know what to do".

The adults feel similarly confident in their care giving competence. These positive expectations facilitate open communication. Because the children signal their attachment needs clearly, their parents or carers are more likely to understand what the children want and empathize with their goals. When problems do arise, the adult is not threatened by the child's negative or unexpected behaviour. In secure relationships the adult is more able to stake stock, and monitor their own and the child's feelings when things go wrong. This reflective stance creates opportunities for new understanding and for relationship repair. It is how children come to "feel secure" and come to believe that difficulties can be resolved and to feel sure of themselves and their caregiver in this process.

In contrast, in distressed relationships positive expectations, open communication and the capacity to be reflective are compromised. Children perceive that the adult's emotional availability is threatened and they become less open and more negative in how they express their attachment feelings. This makes it difficult for the adult to understand or address the child's concerns.

And in distressed relationships the child's problematic behaviour is more likely to threaten the adult's sense of competence and control rather than encourage empathy and accommodation. The adult may become coercive or disengage from parenting/care giving responsibilities as a result. Such

responses confirm the child's fears that the adult is unavailable. Because the adult cannot be reflective in emotional times the opportunity for the child to experience the process of relationship repair is lost.

In this intervention, the goal was to help staff become more emotionally available to the children and not get caught up in repeating those aspects of distressed relationships that the children and parents might bring to them. (children and parents bring with them the patterns of relating at home into the preschool)

To support staff to become more emotionally available to the children, the intervention:

1. Helped them to understand the secure base concept
2. Helped them to become more sensitive toward and welcoming of the children's attachment behaviours, and
3. Mentored them in reflective functioning - to reflect on their own and the children's feelings, particularly at times of stress and conflict.

The same approach, in a more low key way, was taken with parents in contrast with a more didactic parenting program.

## **A framework for intervention**

A framework was developed in conjunction with staff and used throughout the centre for two terms.

### **Intervention**

1. Helping staff to understand the secure base concept

From the child's point of view, a secure base is a person whom they can go to for comfort and who makes them feel safe to play. The child is confident of the adult's emotional availability and this "felt security" is evident in the child's secure base behaviour.

The secure base concept was introduced to staff by asking them to stay in one area such as the sand pit or the swings. The staff later came to call this area as their 'zone'. The staff were then asked to:-

- Observe how each child approached and interacted with them
- How long it took for the child to approach them
- How often the child approached them
- How often (if at all) did the child approach them when distressed?

Staying in one place, not only assists staff to think about the child's attachment behaviour in relationship to them, but also provide a safe and predictable environment for the children. It is a concrete way to help the children feel that the staff are more available and allows them to feel free to explore, play etc because they know that the adult will be there to return to.

Importantly, this gives the children the control in determining the amount of intimacy they can tolerate.

With this new structure, children began to cluster around teachers in play, reducing the amount of running around after children. It gave staff the opportunity to build on their relationship with each child so that they were better able to assist the children in negotiating relationships with their peers. If the closeness of the cluster became too much for a child to tolerate they could run to another teacher and spend a few minutes in another cluster rather than running around lost in the playground.

If a child wanted a staff member to go with them to another zone, it gave the worker and child an opportunity to practice negotiation/working in partnership. The staff member could explain that they needed to stay where they were. The staff member could also encourage the child to move off by letting them know that they would be there, in the same place, for the child to return to when he/she finished exploring in other areas.

## 2. Helping staff to become more sensitive toward and welcoming of the children's attachment behaviours

Asking staff to stay in one area and make observations helped them to become more skilful in observing the individual ways that children made contact.

Children whose patterns were more distorted/restricted could be discussed and understood as simply "what the child knows to do". This helped staff to become more welcoming when children approached in an indifferent way or came in roughly. They understood that the children needed their support at these times and saw their immediate goal as keeping the child close and helping them to calm down. When the children felt accepted they were more likely to stay in close to the adult. Then the staff felt more in control of the children and were able to set limits that the children could receive.

## Challenging aspects

Acknowledging that staying in a zone was an extremely difficult task for staff. It required that they:-

- Had to follow the children ie: trust the children
- They also had to trust each other and
- It aroused feelings in them such as when the children did not go to them or they had many children with them.

Staff were supported around these issues.

The relationship building that the staff did with the children was of two kinds:-

- In responding to crises, the carer tried to consistently give the child the experience of calming down with them. The reasoning behind this was to give these high risk children the experience that was not their usual

one: that of calming down in the presence of an adult and experiencing relationship repair. They need to experience this in order to be able to learn to manage distress themselves.

- Building upon the relationship with the child when the child was in a calm state. These calm times were used as the times to build up affect awareness, to help the children pay attention to their feelings a little more, so that when the next crisis came, they could get in early to the carer before they got into trouble.

3. Mentoring staff in reflective functioning - to reflect on their own and the children's feelings, particularly at times of stress and conflict.

Staff approached the psychologist in the playground wanting to talk about the children and their behaviour. Rather than talking in front of the children time was set aside to talk about the children in another room. This then moved into one on one supervision. In this sense staff were beginning to monitor themselves a little more closely and think about their response to the child's behaviour.

Mentoring the staff helped them to stay open and be more able to reflect on the child's perspective.

Mentoring helped staff to:

- Understand and tolerate/accept the child's behaviour becoming more empathic towards the child
- Think about how they respond to the child's behaviour
- After supervision think about how they may respond to the child's behaviour differently.

This was based on staff's own initiatives. They would approach myself, or the director and organise for time to be made free to discuss thoughts/concerns with me.

Staff training sessions (consultation) on attachment and its effects on behaviour in young children were provided by Dr Robyn Dolby and individual cases were also discussed and strategies developed.

The psychologist was also supervised by Robyn Dolby.

So there were cascading levels of support where staff could self monitor, seek help early and maintain an open reflective stance.

A consultation session was offered by the psychologist and the Senior Manager of Early Intervention which was aimed at :-

- Discussion about the evaluation and any issues of concern related to it
- Discussion about the impact the changes were having on the staff.

## **Working with the parents**

Parenting groups were offered every second Wednesday during the morning by the Benevolent Society's Senior Manager of Early Intervention. These groups focussed on issues such as limit setting. This did not work as the senior manager did not know the families or children and we decided for next time around we would use the worker who was actually in the centre.

Part of the process was to introduce the secure base concept to parents as well as staff. The psychologist made myself available by sitting on a mat and parents were able to talk about their concerns. The child could be a part of this and have an experience of being talked about safely with the psychologist containing the parent.

The psychologists availability during drop off time in the morning and pick up time in the afternoon enabled her to meet casually with the parents and discuss issues relating to parenting and their child's behaviour.

## **The Evaluation Process**

The purpose of the evaluation was to measure whether the intervention:-

- Promoted beneficial changes in the behaviour of high need children
- Promoted beneficial changes in the overall relationship patterns and interactions between staff and children
- Promoted beneficial changes in staff morale and to gain the parent's perception of the intervention

The evaluation looks particularly at whether staff perceptions of their relationship with the children has changed and whether there are beneficial changes in the child's behaviour.

## **Subjects**

35 children aged 2-5 years including 5 children with high support needs.

Staff members, in conjunction with the caseworker decided which children should be targeted. The choice of children must come from the staff, however, the worker needs to facilitate this process and question why these children are being chosen. Aggressive behaviour towards staff and other children and withdrawn behaviour where the child would not interact with staff or other children was used as the criterion.

## **Procedure**

A repeated measures design was used to assess changes in child behaviour and changes in staff's perception of their relationship with their child. The measures (assessment tools) are administered at the beginning of the intervention (pre test) and at the end of the intervention (post test). The staff member who was closest to and who knew the target child best was administered the measures. The pre test measures were administered at the

commencement of the 10th week into the intervention. Staff were asked to review developmental records made at the beginning of the intervention. Based on this information, staff completed the pre test measures.

Upon completion of the intervention, a staff feedback survey form was given to all staff members and a parent feedback survey form was provided for parents to complete in order to gain their perceptions of the intervention.

## Measures

- A Checklist that involves observations of the child's behaviour.
- Semi-structured interview concerning the staff member's representation of their relationship with the target child.

The child behaviour checklist that was chosen was the Caregiver-Teacher Report Form for Ages 1.5 to 5 years (C-TFR). It consists of two cross-informant scales. The Empirically Based Scales and the DSM - Oriented Scales.

The Empirically Based Scales consist of Internalising syndromes (emotionally reactive, anxious/depressed, somatic complaints, withdrawn) and Externalising syndromes (attention problems and aggressive behaviour). They give a profile of the child's style of affect regulation.

The DSM - Oriented Scales comprise problems judged consistent with diagnostic categories of the 4th Edition of the American Psychiatric Association's (1994) Diagnostic and Statistical Manual (DSM-IV). The DSM-Oriented scales correspond to the following diagnoses:-affective problems, anxiety problems, pervasive developmental problems, attention deficit/hyperactivity problems and oppositional defiant problems.

The Checklist was chosen to capture the affect regulation and behaviour problems of high needs children and the severity of their behaviours. The C-TRF is by Thomas M Achenbach and L Rescoria, University of Vermont.

Semi-structured interview concerning the staff member's representation of their relationship with the target child. The Parent Development Interview, Version 5.2 by Robert S Marvin Ph.D. and Robert C Pianta Ph.D., University of Virginia, is a semi-structured interview designed to elicit parents' mental representations of their relationship with their child. This interview was modified so that it could be used with the children's carers. Staff decided which staff member each child was closest to. That staff person was then interviewed about that child.

In the interview the carer's thoughts and feelings can be scored according to three areas: content, process and affective tone. In this evaluation content only was scored. Here staff's views on their roles in the child's development are categorised according to different themes. Two themes involve limit setting ( how often they think of compliance issues when thinking of their relationship with this child and how effective they feel in their limit setting with

this child). A third involves how they see their role in providing competence opportunities and in helping the child achieve skills. The fourth describes how staff see themselves as a secure base for the child. They might describe how the child goes to them when he/she is distressed and value this emotional connection with the child.

This measurement tool was chosen as it could be used to assess the staff's perception of the relationship patterns and interactions between themselves and the children

## Conclusion

Giving the child an opportunity of developing a safe and supportive relationship with a preschool staff member gives them a model of using others and to help manage their distress. The setting up of a framework as described above, gave staff more opportunity and guided support:-

- To observe the children's attachment behaviours and style of emotional regulation.
- This involved supporting staff to tolerate the intense feelings of high risk children and their often contradictory behaviour. To help staff to be more welcoming toward the children's attachment behaviour.
- To have a reflective dialogue about what they observed and what they felt themselves to be experiencing with the children. The support person for this dialogue was onsite and available on a continuing basis. In effect, this support person was the staff's own secure base. By having the chance to talk to someone on an ongoing basis about what they were experiencing with the children, the staff were more able to make the empathic shift necessary to follow the children's needs and build up a secure relationship with them.
- The secure base pattern of relating was seen as the best chance to strengthen the relationship between staff and children and to give a firm foundation for limit setting. Once a child feels safe and secure they are able (through experience with the caregiver) to begin to develop the skill of negotiation/co-operation and therefore are able to learn and progress in their social interactions with staff and peers. When the child can use the adult as a secure base then this is protective and optimally soothing. It can be a "turning point in the way they understand themselves and their capacity to care (be empathic) and be cared for (Erickson, Endersbe & Simon, 1999, p.8).

## The presenters

Belinda Swan is a psychologist who has specialised in early intervention work for over six years. Trained as an art therapist and psychologist, Belinda has worked in a range of child and family settings, specialising in work with young children and families.

Dr Robyn Dolby is a developmental child psychologist who has specialised knowledge in attachment theory. She has worked over many years developing a relationship-based intervention using attachment principles in the child care setting. She has worked extensively developing this model.

Judy Croll is a special education consultant with responsibility for special projects in KU children's services and Honorary Associate (formerly Senior Lecturer) of the Institute of Early Childhood, Macquarie University

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