

# Confirming common sense

## How relief daycare assists parents of preschool children

Margaret Yandell and Lesley Hewitt

*A small project explored how occasional daycare assisted families perceived by referring agents as needing relief from the pressures of constant child care. The results suggested that 'common sense' was confirmed and the underlying practice wisdom behind referrals for relief daycare was validated. Respite daycare does assist families with preschool children by acting as a 'circuit-breaker', reducing tension and giving breathing space for both parents and children.*

The purpose behind this research was to explore if and how occasional daycare assisted families perceived by referring agents as needing relief from the pressures of constant child care.

The experience of one of the authors in local government children's services suggested that relief daycare was a reasonably common intervention strategy. In some cases, it was the only form of assistance available, in other cases it was the only intervention requested of the Council staff, by caseworkers from family welfare agencies who were already dealing with underlying family problems. In yet other instances, it was the only option acceptable to the mother who had presented directly to the Children's Services staff. These staff sensed family difficulties and endeavoured to refer to family agencies, once the initial request had been met and credibility and trust established. There were other situations where the requests were made by the local Maternal and Child Health Nurses who were sufficiently concerned about the subject families' functioning to instigate respite care in order to prevent potential abuse.

In all these case situations it was believed that respite care would help the family concerned – by giving the parent a break, by separating the child and parents for a short time, by allowing the parents a breathing space to perhaps 'cool off', or catch up on needed sleep, or take part in some refreshing adult-oriented activity. Such was the common sense or 'practice

wisdom' behind the intervention of respite daycare.

Exhaustive literature searches failed to reveal any studies around the use of respite daycare for preschool children, whether for children of 'normal' or 'at-risk' parents.

Several practitioners known to the writers held the view, based on such experientially-derived practice wisdom, that respite daycare would have positive outcomes for the families involved. However, there had not been the time or opportunity for evaluation. This lack of systematic evaluation of the inferred benefits of child daycare was not limited to the south and eastern metropolitan areas where the writers worked; for example, in the concluding chapter of the 1987 Geelong study by McCaughey which looked at overall family functioning, the following statement appears:

The case studies indicated that many of the families who had not used child care *would have benefited* from it. (McCaughey 1987, p. 224, writers' emphasis)

It can be inferred that McCaughey used her prior, lengthy practice experience in combination with the particular data generated by that study to make this judgement. This is an example of the inductive thinking which Scott (1990) called practice wisdom. McCaughey's statement is an example of the particular practice wisdom which this study sets out to explore.

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## THE RESEARCH PROJECT AND ITS DESIGN

The research project was based on the related assumptions that parenting is stressful for most parents at some time or other (Abidin 1986; Baum, Cooke & Crowe 1988); that while people vary in their reactions to stress, there are levels of stress in families which have negative consequences for family members (Farrington 1980; Pearlin & Turner 1987); and that the provision of respite for parents in the form of occasional daycare for their preschool children can alleviate these stresses of parenting (Yandell 1993).

The intervention examined in this exploratory study was the provision of respite daycare over a period of three months for the preschool children of the participating families.

The outcomes were determined to be the measurable changes in the parents' attitudes, feelings and behaviours towards their preschool children and partner, after the period of respite daycare. This was based on the practice assumption that by acting as a break or separation between the parent(s) and child or children, a period of such daycare would have some impact, which could be measured, on parental attitudes, feelings and behaviours.

as well as their feelings towards their partner;

- iii) a before care and after care assessment of the age-appropriateness of each child's development completed by the family's Maternal and Child Health Nurse, and after care comments on any specific changes noted in the family;
- iv) a before care and after care rating of each parent's relationship with, and management of, each child completed by the referring agency, where applicable; and
- v) an after care rating of the child/children's behaviour and any changes completed by the caregiver. As the caregivers had not met the children prior to the study, it was felt that a pretest assessment could be skewed by the children's individual settling-in behaviour, which may or may not be characteristic.

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*...there are levels of stress in families which have negative consequences for family members ... the provision of respite for parents in the form of*

expressive of how parents were feeling about their relationship with each child and indicative of both positive feelings and negative strains in the parent-child relationship, without drawing undue attention to the negatives. Changes in the scores over time would indicate changes in the parent-child relationship, which might then be related in part to the intervention of respite daycare. It was recognised though, that any changes could not be attributed directly to the intervention because of the possibility of influence from other intervening variables which cannot be controlled for in this type of research design.

The research setting comprised eight accredited child care facilities in three municipalities in metropolitan Melbourne. Two of the centres were located within family agencies, the others were stand-alone facilities. The researchers were independent of all the facilities.

The research population consisted of parents newly requesting, or being referred for, respite daycare. The participation of the families was accompanied by full disclosure of the purposes of the study and their prior permission was gained, in accordance with the requirements of the Ethics Committee of Monash University.

A working definition of respite daycare

TABLE 1 INDEX OF PARENTAL ATTITUDES RESULTS

| FAMILY | PARENT | CHILD   | PRE-TEST | POST-TEST | CHANGE |
|--------|--------|---------|----------|-----------|--------|
| 1      | Mrs A  | Child 1 | 12       | 9         | -3     |
| 2      | Mrs B  | Child 1 | 10       | 5         | -5*    |
| 3      | Mrs C  | Child 1 | 10       | 7         | -3     |
|        |        | Child 2 | 17       | 13        | -4     |
| 4      | Mrs D  | Child 1 | 24       | 25        | +1     |
|        | Mr D   | Child 1 | 25       | 21        | -4     |
| 5      | Mrs E  | Child 1 | 17       | 12        | -5*    |
|        |        | Child 2 | 8        | 4         | -4     |
| 6      | Mrs F  | Child 1 | 10       | 14        | +4     |
| 7      | Mrs G  | Child 1 | 17       | 14        | -3     |
|        |        | Child 2 | 20       | 14        | -6*    |
|        | Mr G   | Child 1 | 10       | 9         | -1     |
|        |        | Child 2 | 13       | 11        | -2     |
| 8      | Mrs H  | Child 1 | 48#      | 18        | -30*   |
|        | Mr H   | Child 1 | 27       | 11        | -16*   |

casual employment during the course of the study.

The families ranged in size from two parents and a lone child (3), to two parents and two children (4) and two parents and three children (1). In the latter case, only the middle child attended occasional care; in one of the two-child families, only the younger child came to the respite care facility while her elder sister attended an extended hours pre-school.

The eleven children in the study ranged in age from 6 months to 3 years and 6 months, and included three 2-year-olds and two 11 month infants. None of the children had any known disabilities or developmental delays.

Most families used their daycare facility on a weekly basis for at least half a day.

Two of the mothers '... heard about occasional care from friends at playgroup/kindergarten ...' and one other family commenced using respite care after it was 'suggested' to the mother by her Maternal and Child Health Nurse. Only one mother sought out the information from the City Council - she was a

newcomer to the area without friends or relatives and needed child care while she unpacked the household furniture. Three others lived close enough to read the signs outside the facilities when they travelled past. The remaining mother was referred formally by her social worker.

## RESULTS

The Standard Error of Measurement (SEM) is given by Hudson as 3.64, which was rounded to 4 for this study (1982, p. 92).

The IPA scores indicated that five of the possible 15 parent-child relationships (ie, one-third) showed change in the direction of decreasing problems after the three month period of respite care (those marked \*).

Both the mother and father in Family 8 changed markedly in the direction of decreasing problems in their relationship with the child placed in respite daycare, showing levels of change of 30 and 16 points respectively. Hudson claimed that changes greater than twice the SEM (of 3.64 rounded to 4) could be confidently called 'real changes' (1982, p. 24). This

same family also contained the only dyad where the IPA score was above the clinical level at the commencement of the respite daycare (marked #).

## OTHER POST-CARE CHANGES

### Parents

While only one of these families showed change in the Index of Parental Attitudes which could be called significant in clinical terms, it should be remembered that in research there may be differences which are significant to the consumer but which are neither clinically nor statistically significant (Polster & Lynch 1981). The families' responses to the additional questions which were asked post-test show 'consumer satisfaction' levels which were higher than the IPA change figures alone might suggest. These give empirical support to the proposition underlying this research. For example, of the 15 possible combinations of parents and children, the majority (11) of parent-child relationships were rated by the parents as either 'a bit better' or 'a lot better' after the care, except for four which were seen as having not changed. None had deteriorated.

Parents rated their children's behaviour as improving after the care to become 'a bit better' (7) or 'a lot better' (3). In two cases no change in behaviour was reported, and in a further two cases, the behaviour was rated as 'a bit worse'. This was explained by the parents themselves as being due to the maturation of the child concerned, for example '... she has now turned two and is becoming more independent and adventurous.' (Mrs C)

When asked to rate how they thought their partner gets along with each child since the care, there were nine reports of no change, four combinations were reported as being 'a bit better', one report of 'a lot better' and one unknown as the partner/father '... has been away such a lot...' (15 possible combinations). There was no apparent difference along gender lines: the three fathers reported a variety from 'no change' to 'a bit better' and 'a lot better' in their view of their partners' relationship with the children.

Of the families where there were siblings, either cared for together or separated, for example, where an older child attended school, the parents' responses to the post-care question 'How do your children get along together now?' clustered around the

midpoint of 'no change', with three 'a bit better' and two 'a bit worse'. To quote one parent who circled *both* responses:

At times they now really play with each other well ... However they also 'fight' together more.

This was the same parent (Mrs C) who explained changes in her children's behaviour as being due to the increasing maturation and independence of the two-year-old.

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*... respite daycare can act as a 'circuit-breaker' where there is a build up of tension and stress in the home between parents, as well as between parents and children.*

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The question 'Have there been changes in how you care for your child?' was asked to draw out any possible effects of the parents observing caregivers interacting in different ways with their children. None of the responses indicated change for this reason. Of the four positive responses, two indicated that maturational changes in the children (specifically, increasing independence and ability to do more for themselves) had freed the parent of some burdensome tasks. Two other parents stated that the break provided by the daycare had influenced their care of their children in other ways:

Just knowing that occasional care is available ... enables me to relax ... (Mrs D)

... I appreciate the time spent away from them therefore making time spent with them more enjoyable. (Mrs E)

Most parents reported no changes in the way their partners cared for the children. However one husband (Mr H) felt that his wife was 'slightly more patient' and a second (Mr D) felt his wife to be 'more prepared to spend time apart' after the respite daycare. The only mother (Mrs G) who reported change in her husband, described increasing responsiveness to a

more mature child – not a change that could be linked with the daycare.

In order to tap any effects on the marital relationship which could be connected with the provision of respite daycare, participants were asked 'How do you feel about your partner now?'. Six participants reported no change, five reported feeling 'a bit better' and one reported feeling 'a lot better'. To quote one husband, '... reduced stress level has led to less tension ...' (Mr H). This statement gives eloquent support to the premise that respite daycare can act as a 'circuit-breaker' where there is a build up of tension and stress in the home between parents, as well as between parents and children.

When parents were asked 'How did you feel about the respite care?', all except one (Mrs E) felt positive. She described feeling '... a little hesitant ...' about the quality of care and attention her child might receive in a daycare centre. Examples of the positive comments show satisfaction and gratitude.

It provided both mother and child with the things they needed ... a break for (the mother) and social activity for (the child) ... (Mr H)

It gave (the child) a place of her own that her sister doesn't go to ... (Mrs H)

... very worthwhile. I am happy with the standard of care, and my children seem contented ... (Mrs C)

Similarly, when asked their reasons if they had requested the care, all seven participants to whom this applied, answered in terms that indicated the significance of the daycare to them as consumers:

To have a break ... sometimes it is enough to know I could book the children in if I needed to. (Mrs C)

It's nice to know you can have some time to yourself if you feel the need; otherwise life can be unfulfilling or frustrating. (Mrs D)

Desperate to be able to do some things for myself ... (Mrs E)

### Maternal and child health nurses

The following post-care comments are samples of those made by Maternal and Child Health Nurses:

... the time out has made a significant difference ... (mother) is now calmer, more confident, communicating better (Mrs E)

... Mother feels more positive and has benefited from having time for herself (Mrs A)

On the other hand:

... the children 'were able to be left ... without any undue effects.

### Referring agencies

Only one family was formally referred for respite care by an agency worker. This was Family 5 where the mother had sought counselling with a social worker at a Community Health Centre, who subsequently arranged for regular relief daycare via the child care centre on site. The referral for respite care was made '... to provide a concrete response to the mother's concern that her temper would cause her children harm'.

Before the care, the social worker was asked to rate on a five point scale the mother's and father's relationships with and management of each child in care. As well there was a rating asked of the parental relationship and the overall family functioning. All these aspects were rated by the social worker at the most positive level, both before and after the care. In this instance, it should be noted that the mother had been receiving counselling for some weeks prior to the relief daycare.

However after the care period, as well as the positive ratings, the social worker added comments to the effect that the family were '... more aware of each other's needs ... (mother was) more confident, calmer, comfortable ... time out for (mother) has made a big difference.'

### Caregivers

At the end of the care period, caregivers were asked to rate any changes in each child's behaviour on a five point scale. Where siblings were in care together, the caregiver was asked to rate 'how the children get along with each other now'. Ample space was allowed for any specific, observed changes to be described.

Of the 11 children, three were reported as showing no changed behaviour, four behaved 'a lot better', two behaved 'a bit

better', one behaved 'a bit worse' and one was not rated.

Specific changes noted in the children were increased independence, greater urge to explore, '... more settled now with other children and adults ... relating more positively to the other children ...'.

## DISCUSSION

Intervening variables, such as the passage of time itself and the maturation of a particular child, cannot be ruled out in this level of research design (Grinnell & Stothers 1988, p. 213). Parents' comments about the rapid maturation of toddlers in particular, indicate that this was a factor in this piece of research. Caregivers' comments may also simply reflect the children being more settled in the child care centre after three months.

There were other difficulties as well which may have influenced the results; specifically, the voluntary nature of the participation meant that the sample may have been biased toward the least stressed families using each centre. Other difficulties lay in the limited number of respite daycare places available in comparison to full-time places, and the cost attached (\$2-\$3.10 per hour) as no government fee relief was available at the time of the study.

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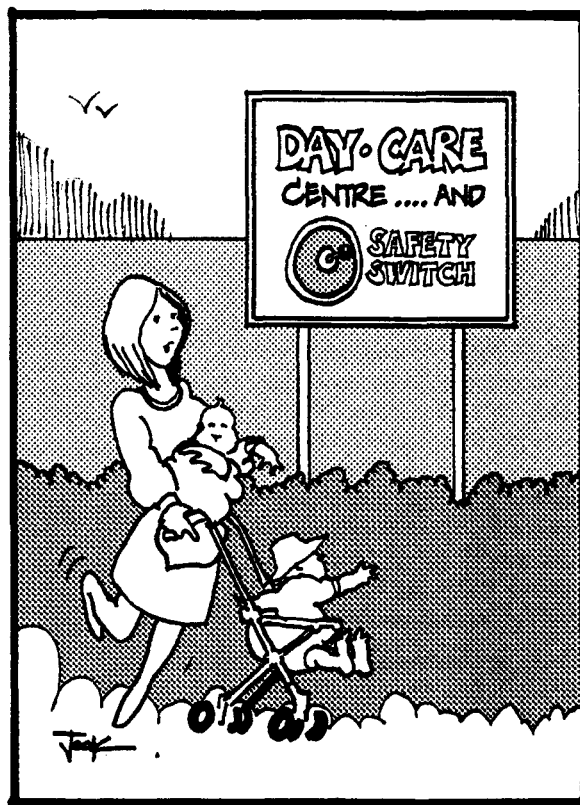
*... life-cycle stage influences the formation of supportive social relationships ... local connections with parents whose children are the same age, are particularly important to mothers of young children.*

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However, overall the results and material generated by this work echoed themes which had emerged in the writers' reading of the current literature - those relating to family stress, social supports and daycare as a preventive intervention (Yandell & Hewitt 1995). For example, Mash and Johnston's (1990) notion that the level of

parenting efficacy combined with the situational context determines parent-child stress finds some support in this study. The 'burdened and panicky' Mrs G with a critical husband working from home contrasts with the more confident Mrs B who chose occasional daycare for her middle child so that she could spend one-to-one time with her youngest child whose speech was slow. It is apparent that these two mothers had quite differing levels of confidence in their competence as mothers/parents, and thus their experiential ratings of parent-child stress would be quite different. The first-mentioned mother exemplifies the role captivity described by Pearlin and Turner (1987) and her relationship with her husband seems to contain much of the interpersonal conflict which they saw as a strain contributing to intrafamilial stress.

None of the children in this study suffered from disability or developmental delay and none of the families exhibited significant ill health, either as a stressor or an outcome of stress (Makosky 1982). None were known to have been abusive. The possible exception is Mrs E, who suffered post natal depression following the births of both her children. It was her fear that her consequent 'unpredictable mood swings' and temper would cause her to harm her children which had prompted the referral to daycare by the social worker from whom she had sought counselling. This accords with the findings of Dennerstein (1991, p. 43) who linked post natal depression with lack of maternal attachment and potential child abuse. As stress levels as such were not measured, the writers cannot impute the existence of unmanageable stress as portrayed by Garbarino (1977) or a life crisis in Justice and Duncan's (1976) terms, which are both postulated as causes of child abuse. However, as the pretest scores on Hudson's (1982) Index of Parental Attitudes for all but one participant were below the clinical level, it can be stated that this population was a low risk one.



The study participants contrast with Esdaile and Greenwood's (1993) much larger study where the mothers of toddlers were found to be both clinically stressed and fatigued. Three-quarters of this parent population were coping with toddlers, but none specifically mentioned tiredness or using the relief daycare to catch up on sleep.

Half of the participating families had supportive extended families, particularly grandparents, who helped in many ways including providing informal child care. Four families lacked extended families because of distance. However all these, plus most of the families with such support, had established friendships via participation in local playgroups. This concurs with findings by Richards (1978), d'Abbs (1982) and Brownlee (1993) that life-cycle stage influences the formation of supportive social relationships, and that local connections with parents whose children are the same age are particularly important to mothers of young children. It seems that by organising playgroups, Neighbourhood Houses and other agencies may be facilitating the development of the supportive social networks which Bruner (1980) claimed happened naturally in times past.

Some writers have acknowledged the potential for conflict as well as benefit in social networks (Cochran & Brassard 1979; Seagull 1987); also that tensions can arise within such relationships when the 'norm of reciprocity' is breached (d'Abbs 1991). One example of this is Family 7, where Mrs G felt unable to ask her husband's mother to babysit unless there was equivalent time given by the grandmother to her other grandchildren. This illustrates the importance of the balance of such favours in a family – or to use Allan's (1983) term, the 'equivalence of exchange'. It could be surmised also that Mrs A and Mrs F approached an occasional care agency when they needed to have their children minded because, at least initially, they had no friends or relatives in this country to whom they could offer reciprocal time.

Only one mother in this study population was formally referred for respite daycare (Mrs E). It is interesting to note though that, in both the family agencies utilised, staff were aware of a pattern of referrals proceeding in both directions.

## CONCLUSION

Although this piece of research was small and exploratory, the results suggest that common sense was confirmed and the underlying practice wisdom behind referrals for relief daycare was validated. Respite daycare did appear to assist this group of families with preschool children, by acting as a 'circuit-breaker', reducing tension and giving breathing space for both parents and children. ☉

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