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"What do we do? This is not our area". Child care providers' experiences when working with families and preschool children living with parental mental illness

Stella Laletas [a,*], Andrea Reupert [a], Melinda Goodyear [b]

[a] Monash University, Faculty of Education, Melbourne, Australia
[b] Monash University, Faculty of Medicine, Nursing and Health Sciences, School of Rural Health, Melbourne, Australia

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ABSTRACT

The prevalence of developmentally vulnerable children living with parental mental illness has been well documented, however due to stigmatised attitudes and prejudice these children may be 'hidden' and not identified as requiring additional assistance in early childhood settings. The aim of the present study was to explore the experiences and workforce needs of centre-based child care staff working with families living with parental mental illness. Eight staff (four child care workers and four child care directors) who worked in centre-based child care were interviewed using a semi-structured interviews. The data were analysed using an Interpretative Phenomenology Analysis framework. The findings of the present study highlighted four central themes: child development issues, tension around referral and worker anxiety, inadequate knowledge and training about parental mental illness and sensitivity when working with families. While these participants knowingly prioritized the importance of working with families in their daily work, they described feeling stressed and anxious about discussing referral options with these parents, and often worried about 'making things worse' for the child and the parent. The present study has contributed knowledge in regard to an important segment of the early childhood workforce; such information can inform the development of tailored professional training and resources that provide information about referral procedures and support programs for these families.

1. Introduction

Children experiencing vulnerability and disadvantage are more likely to experience adverse developmental and educational outcomes, than other children (Monds-Watson, Manktelow, & McColgan, 2010). Globally, the early childhood sector strongly advocates children's rights and the benefits of family-based approaches in developing early intervention strategies that support vulnerable and disadvantaged children. In the context of parental mental illness, research has repeatedly demonstrated the potential psychological vulnerability and unique emotional needs of children exposed to the various risk factors associated with living with a parent who has a mental illness (Beardslee, Solantaus, Morgan, Gladstone, & Kowalenko, 2012; Hosman, van Doesum, & van Santvoort, 2009). While not all children living with parental mental illness will experience problems (Gladstone, Boydell, Seeman, & McKeever, 2011), evidence suggests that some may experience behavioral and/or emotional difficulties in school, or later in life (Mordoch & Hall, 2002). However, many parents who have a mental illness are reluctant to seek support for their children because they fear judgment about their parenting and competence, judgements fueled by the stigmatized attitudes and prejudice associated with mental illness within the community (Angermeyer & Matschinger, 2003). Subsequently, many of these children are not identified as requiring additional assistance or support. More to the point, unless there are issues of neglect or abuse or the child presents with his or her own issues, these children may slip through the gaps. Hinshaw (2005) describes these at risk children as 'hidden children'.

Given that over one third of preschool aged children (3–5 years) attend programs in childcare centres (also referred to as long day care centres), these centres are optimal sites for the identification of these developmentally vulnerable children, alongside opportunities for prevention and early intervention (Rishel, 2012).

1.1. The prevalence of children of parents with a mental illness

One epidemiological study estimated that approximately one in five children have at least one parent with a mental illness (Maybery, Reupert, Patrick, Goodyear, & Crase, 2009). In a census study of an adult mental health service, Howe, Batchelor, and Bochynska (2009) found that between 28 and 33% of clients were parents with children younger than five years of age. Another study has reported that the

* Corresponding author.
E-mail address: stella.laletas@monash.edu (S. Laletas).

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number of children born to mothers with a prior mental health disorder has been increasing at a rate of 3.7% per year (O'Donnell et al., 2013). Therefore, trends consistently indicate that many children who are potentially developmentally vulnerable due to risk factors that may be, at least partially, associated with parental mental illness.

The term 'mental illness' refers to a diagnosable disorder that significantly affects or impairs a person's functioning, cognitively, behaviorally and/or socially (Australian Government, Department of Health, 2008). According to the fifth edition of the Diagnostic Statistical Manual (DSM - 5), the most commonly recognized categories of mental illness include mood disorder (major depression, bipolar disorder) or anxiety disorders (panic disorder, generalized anxiety disorder) or psychotic disorders (schizophrenia).

1.2. Vulnerability of preschool age children

Children who have a parent(s) with a mental illness are exposed to genetic and environmental risk factors linked to adverse mental health and developmental outcomes across the lifespan (Bayer et al., 2011; Goodman et al., 2011; Hosman et al., 2009; Monds-Watson et al., 2010; Rishel, 2012; Siegenthaler, Munder, & Egger, 2012). Similarly, numerous early childhood studies have highlighted the potential links between developmentally vulnerable children and poorer social, emotional and academic outcomes for these children (Farrell & Travers, 2005; Giannakopoulos et al., 2014; Kay-Lambkin, Kemp, Stafford, & Hazell, 2007; Sims et al., 2012). In a review of early intervention and mental health promotion in early childhood settings, Kay-Lambkin et al. (2007) found that emotional and behavioral difficulties experienced by preschool children were linked to mental health problems experienced in adulthood. Without identification and early intervention these preschool children are at increased risk of acquiring internalizing and externalizing problems in adolescence and adulthood (Dunn & Goodyer, 2006). Therefore, identifying preschool children at risk is important for reducing risk factors that may influence adverse life outcomes and prevent the possible intergenerational transmission of mental illness.

1.3. Family approaches to intervention

Family is defined as a group of interconnected and inter-related individuals who have made a commitment to share their lives (Osher & Osher, 2002). According to family systems theory (Bronfenbrenner & Morris, 2007), one member of the system impacts on the other members, hence the family, the child and the environment are inseparable.

Preventive intervention research, in both the mental health and early childhood sectors, strongly advocates the value of family and provides an evidence-base to promote family involvement for supporting developmentally vulnerable children (Bruder, 2000; Foster et al., 2015; Hosman et al., 2009; Reupert et al., 2012; Roberts, 2015). The literature utilizes a range of terms to describe various forms of practice that include family members: for example 'family-centered', 'family sensitive' and 'family focused'. Each of these terms reflects a different emphasis on the nature of family involvement. For example, the term family focused practice incorporates 'whole family' approaches shown to be effective in reducing the transgenerational transmission of mental illness to children and improve short and long term outcomes for parents and families (Foster et al., 2015). Specifically, mental health research has emphasized the effectiveness of the 'strengths-based family paradigm' (Biebel, Nicholson, & Woolsey, 2014, p.6) especially when promoting a sense of hope and empowerment for families living with parental mental illness (Beardslee & Knitzer, 2004; Berman & Heru, 2005; Solantaus & Toikka, 2006; van Doesum & Hosman, 2009). Similarly, family-centered practice has long been recognized as a model of partnership that incorporates collaborative relationships between staff, parents and families. This partnership is characterized by shared decision making and agreed goals, mutual respect, equity, dignity, trust and honesty (Madsen, 2009). In contrast, family-sensitive practice reflects a broader spectrum of practice that can span from merely acknowledging and referring families and children to support services to being able to assess family circumstances in which children are living (Berman & Heru, 2005; Maybery, Goodyear, & Reupert, 2012). While each of these terms reflects a different emphasis on the nature of family involvement, they are all used to describe practices that acknowledge the systemic nature of a family and that, as a system, all families have strengths that can be harnessed to support the family unit and the needs of vulnerable children. For the purpose of this study, the term 'family sensitive practice' was used to frame questions exploring the experiences of childcare providers and their understanding of the attitudes and behaviors reflected in family-based models of practice.

In Australia, the implementation of family-centered practice has been a core practice for early childhood intervention practitioners since the early 1990s (Bruder, 2000; Rouse, 2012). In response to the research advocating the benefits for children and families a principle of family-centered practice is working in partnership with families. This principle is reflected in current government policy and early years curriculum frameworks in various countries, for example the Early Years Foundation Stage (EYFS) in the United Kingdom, the Preschool Curriculum Framework (PCF) in the United States and the national Early Years Learning Framework (EYLF) in Australia. These policies and frameworks promote social inclusion, equity, sensitivity and respect with the family context and underscore the potential for child care providers to meaningfully support vulnerable children. There is a strong emphasis on family based approaches to help support developmentally vulnerable children, for example children with physical and/or developmental disabilities, however children living with parental mental illness are arguably not as widely recognized as children 'at risk' within in the Early Childhood Education and Care (ECEC) sector.

Positive outcomes for vulnerable children and families can be achieved by focusing on the strengths and needs of the whole family (Biebel et al., 2014). Various studies have shown that family based practices are linked to increased efficacy and confidence in parenting (Dunst, Trivette, & Hamby, 2007; Fordham, Gibson, & Bowes, 2012; Fudge, Falkov, Kowalenko, & Robinson, 2004; Gewirtz, DeGarmo, Plowman, August, & Realmuto, 2009; Rouse, 2012). For example, in a meta-analysis of 47 studies Dunst et al. (2007) showed that parents' judgements of their child's behavior (more positive and less negative) was formed when workers used a family-centered framework. The authors concluded that family-centered practices may promote empowerment (as seen by an increase in parent's efficacy beliefs) and that parents who feel empowered about their parenting capabilities are more likely to provide their child with development enhancing learning opportunities. Similarly, Bruder (2000) argued that services working with young children have a responsibility to support the family in their caregiving role so that they can facilitate positive learning and positive developmental outcomes.

1.4. Mental health promotion in education settings

Another strategy that has been shown to support positive mental health outcomes for children is through mental health promotion programs in schools and early childhood settings (Baker-Henningham, 2014). However, in an Australian study, Sims et al. (2012) found that child care educators and managers had limited knowledge about the early signs of potential child mental health difficulties and had a tendency to attribute mental health problems to family violence or poor parenting. Similarly, Giannakopoulos et al. (2014) found that Greek early childhood educators had limited understanding about mental illness and considered parents were to blame for their children's mental health problems. Likewise, in a study that examined childcare workers' understandings of child mental health, Farrell and Travers (2005) demonstrated that 67% of child care workers could only name two risk