

SUPPORTING PARENTS OF “CHILDREN OF CONCERN” AT NURSERY SCHOOLS

HITOMI OJIRO

Faculty of Nursing School of Medicine, Nara Medical University

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Abstract

Early childhood educators struggle to provide support for the parents of “children of concern”. To improve the knowledge of nursery teachers and nurses in this area of specialization, consultations, training, and case meetings were conducted by professionals, including clinical psychologists. However, supporting parents may be difficult in some situations due to misunderstandings between these stakeholders regarding child development, problems with parental care, lack of parental ability, and improper parental care⁹⁾. In addition, nursery teachers and nurses working in nursery schools may not be confident at supporting “children of concern” because they do not know how to interact with these children and have not learned how to teach them. The aim of this study was to clarify the type of support available to parents with children deemed “of concern” by teachers and nurses in nursery schools; the effects of these types of support were also examined. A questionnaire-based survey was performed. The data were analyzed using a simple tabulation method; the free description method was used for qualitative analysis. Early childhood educators remain in a difficult situation when dealing with parents of “children of concern”, in particular, when conveying concern to parents and when dealing with parents not accepting or not aware of these concerns. Referrals to experts and talking and listening to parents can help build trust and support parents. Nurses have a duty to support parents of “children of concern” who are suspected of having developmental disabilities. In addition, it is necessary to incorporate education on practicing childcare support in basic nursing training.

Key Words :nursery schools, children of concern, support for parents

Introduction

Although there is no clear definition of “children of concern”, previous studies have considered children with developmental problems to be “of concern”. Such children may be those who “have not been diagnosed as having a disability but are considered difficult by childcare workers¹⁾,” those with “suspected developmental disabilities, who have not been diagnosed as having a disability but whose nursery teachers are aware of needs for some special support²⁾,” those with “suspected developmental disabilities,” and those with “disabilities not limited to development³⁾.” The characteristics of “children of concern” include the following: communication problems such as incomprehensible and slow speech; behavioral problems such as being restless and impulsive; social issues such as not being able to join groups, not playing with friends, and not participating in games; emotional problems such as not being able to control their feelings and panicking;

problems with other children such as biting, hitting, and throwing things at their friends; and lifestyle problems such as being unable to put on and take off clothes^{4,5}). These are the behaviors of children that nursery teachers find difficult and that make interaction challenging. “Children of concern” with behavioral, social, and interpersonal problems and suspected developmental disabilities are difficult to interact with, partly because others find it difficult to understand the characteristics of these children.

Early childhood educators in Japan struggle to provide support for “children of concern” as well as for their parents. Parents try to deny concerns about their children without understanding the underlying problems, which makes it difficult for them to accept these issues^{2,5-8}). Parents often say that their child “spends time at home as normal,” referring to a hyperactive and impulsive child, and that “the child’s development is slow, that’s all,” when referring to a delay in the child’s development. The types of support for parents provided by nursery teachers include describing concerns about children, introducing the parents to specialist institutions, offering joint support with parents for children, and providing guidance on supporting the children at home^{6,8}). Children’s lives improve when they are understood by those around them and treated appropriately. In other words, while recognizing that parents are not solely responsible for how children are raised, creating a nurturing environment and parent-child interactions may help raise healthy adults. Therefore, it may be possible to support parents of “children of concern” from the perspective of childcare support for parents.

To improve the knowledge of nursery teachers and nurses in this area of specialization, consultations, training, and case meetings have been conducted by professionals, such as clinical psychologists⁹). However, supporting parents is difficult in some situations due to misunderstandings between parents and nursery teachers regarding child development, problems with parental care, lack of parental ability, and improper parental care⁹). In addition, nursery teachers and nurses working in nursery schools tend not to be confident at supporting “children of concern” because they do not know how to interact with or how to teach them¹⁰).

This study aimed to examine the types of support available to parents of “children of concern” from nursery teachers and nurses, and parental attitudes to these types of support to understand how parents, teachers, and nurses can collaborate to support the growth and development of these children.

Purpose

This study aimed to examine the types of support available to parents of “children of concern” from nursery teachers and nurses, and parental attitudes to these types of support to understand how parents, teachers, and nurses can collaborate to support the growth and development of these children.

Method

Participants: A total of 144 nursery teachers and nurses working at nursery schools in the Kansai region of Japan.

Period: December 2016–April 2017

Questionnaire Distribution and Collection: We explained the purpose of the research to the directors of nursery schools in the Kansai area of Japan in writing and verbally and obtained their agreement to cooperate. After obtaining their agreement, we requested that they sign consent forms, which were given to each of them. Thereafter, they distributed our research request forms and questionnaires to their nursery teachers and nurses. Collection bags for the completed questionnaires were installed with permission from the directors of the nursery schools (a leaving survey method). The nursery teachers and nurses who indicated their intention to participate in the study answered the questionnaire and placed it in the collection bag. The design of the collection bags prevented the removal of submitted questionnaires. The researchers collected the collection bags at a later date. The period for answering the questionnaire was approximately 1 month.

Survey contents: Data on the participants’ characteristics, including age, occupation, number of years working at nursery schools, whether or not they had any experience of being in charge of a class, and whether or not there were any “children of concern” at their nursery schools were collected. We asked them to select the item(s) that they experienced difficulties with when dealing with the parents of the “children of concern” (Table 1.), based on previous research studies. For the free description portion, we asked the participants to write about their relationship with the parents of the “children of concern”, support they provided to these parents, and the effects of this support.

Table 1. Difficulties in dealing with parents of “children of concern”

- | | |
|----|---|
| 1 | Developing an understanding in parents of concerns about their children is a difficulty |
| 2 | Introducing parents to a child expert is a difficulty |
| 3 | Parents not accepting concerns about their children is a difficulty |
| 4 | Parents unaware of concerns about their children is a difficulty |
| 5 | Parents having little understanding of their children's development is a difficulty |
| 6 | Not knowing how to share concerns with parents about their children is a difficulty |
| 7 | Not being able to share concerns with parents about their children is a difficulty |
| 8 | Not knowing how to tell parents that their parenting styles may be problematic is a difficulty. |
| 9 | Not being able to convey to the parents that the parenting styles they use may be problematic is a difficulty |
| 10 | Building relationships with parents is a difficulty |

Method of Analysis: Simple tabulation was used for the question items. For the free description portion, we asked participants to write the characteristics of the “children of concern” and the answers were analyzed using qualitative and text mining techniques with SPSS26.0J and Text Mining Studio V6.4 (NTT DATA Mathematical Systems).

Ethical considerations: This study was approved by the Ethics Committee of Nara Medical University. The questionnaire was anonymous, therefore individuals and nursery schools were not identifiable. The design of the collection bags prevented the removal of the questionnaires after they were submitted. All the questionnaires were distributed in the same manner. After collection, they were mixed randomly and combined to prevent school identification. When handling the data, we used a PC that was not connected to the LAN. The data obtained were used only for this study and were destroyed after the completion of this study. For the duration of the study, the data were stored securely using a certified USB drive. The collected questionnaires and the USB drive were stored in a locked cupboard. Answering the questionnaire took approx-

imately 20 minutes. The author has no conflicts of interest pertaining to this study.

Results

Participant characteristics

A total of 108 questionnaires were collected (response rate: 75%). There were 77 free descriptions of support for the parents of the “children of concern”. The participants comprised 103 nursery teachers, 2 nurses, and 3 others. The age range was from 23 to 30 years in each age group, the average number of years worked at nursery schools was 12.4 ± 9.3 years, and the number of participants with experience of being a homeroom teacher was 95 (88%). Regarding the presence or absence of “children of concern”, 83 (77%) answered “yes”. Among them, “children of concern” were characterized as having “strong preferences” and a tendency to “talk slowly.”

Difficulties in dealing with parents

Among the questionnaire items (98 valid responses) that interrogated teachers and nurses’ experiences of extreme difficulty when dealing with the parents of the “children of concern”, the items that showed a response rate of $\geq 50\%$ were: “1. Developing an understanding in parents of concerns about their children is a difficulty” (response rate: 81%); “3. Parents not accepting concerns about their children is a difficulty” (response rate 73%); and “4. Parents unaware of concerns about their children is a difficulty” was 66% (Fig.1).

We also conducted a qualitative analysis of the free description portion of the questionnaires. The descriptions of the children’s’ parents were extracted, coded, examined according to the similarities and differences of the codes, and categorized into less abstract concepts. As a result, 160 codes were extracted and classified into [parents’ childcare] and [the status of the parents themselves]. Under the two classifications, the following categories were extracted: “childcare with no understanding of children,” “strict childcare,” “overprotective childcare,” “uncommitted childcare,” “parent-centered childcare,” “uncommitted parents,” “parents avoiding nursery teachers/nurses,” “parents with frequent emotional changes,” “parents tired of childcare,” “parents who do not accept the situation of their children” (Table 2).

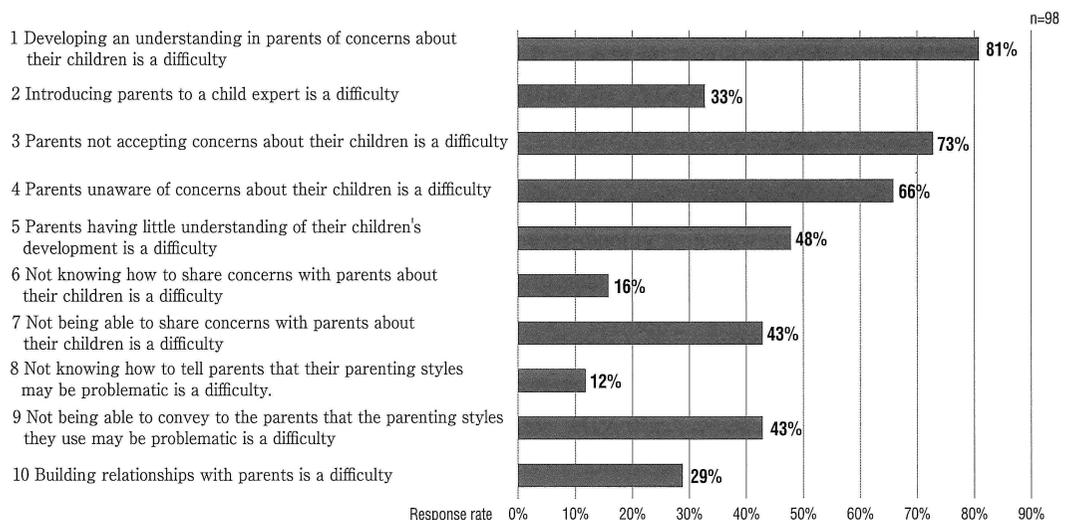


Fig. 1. Difficulties in dealing with parents of children of concern [Multiple answers]

Table 2. Parents of children of concern

Category (number of cases)	Common descriptions
Childcare with no understanding of children (9)	<ul style="list-style-type: none"> · Not knowing what (the child) likes · Unable to manage a spoiled child · Not listening to the child's thoughts and intentions · Wondering how to deal with the child's inability to speak · Accepting the child's feelings is different · Having little understanding of children's development and unable to fully understand it · Does not care about the child's problems or has not noticed them
Strict childcare (20)	<ul style="list-style-type: none"> · Being emotional and angry · Using violent words · Cold attitude · Raising a hand against the child · Speaking strongly to suppress the child's behavior · Making a crying child do what the parent wants · Rarely thinks about the feelings of the child, and pushes the feelings of parents on the child
Overprotective childcare (10)	<ul style="list-style-type: none"> · Feels sorry for the child and becomes overprotective · Spoils the child and forgives anything · Doing what the child should do
Uncommitted childcare (38)	<ul style="list-style-type: none"> · Not interested in the child. Not dealing with the child openly. Not making conversation with the child · Not smiling at the child. Not having enough time to play together. Not having enough physical intimacy · Overlooking things that should not be done. Pretending that they did not see anything · Not actively enforcing discipline such as toilet training at home · Unable to tell off the child. Does not stop or tell off a child who is climbing onto a desk or shelf, or running around · Does not care even if the child does not take a bath every day and has dirty clothes · Always pays attention to the child so that the child does not get in a bad mood · If the child causes trouble to another child, the parent apologizes to that child, but does not say anything to his/her child. · Apologizes to the child to stop bad behavior (trying to calm them down) · The child wears underwear at the nursery school but a diaper at home
Parent-centered childcare (2)	<ul style="list-style-type: none"> · Tries to do everything at the parent's pace · Even if the child is unwell, they go to a theme park, and do not spend time at home much

Parents' childcare

Category (number of cases)	Common descriptions
Parents avoiding nursery teachers/ nurses (9)	<ul style="list-style-type: none"> • Is aloof • Wants to leave the nursery school quickly • Unable to keep the conversation going with nursery teachers • Not good at making interpersonal relationships • Does not attend childcare visits or class meetings • Does not talk much and unable to communicate • Does not make an eye contact with nursery teachers
Parents with frequent emotional changes (9)	<ul style="list-style-type: none"> • Unable to switch the mood to childcare • How the parent responds to the child changes depending on the parent's mood. In a bad mood on days when work is not going well • Having an intense quarrel with the spouse in front of the child • The daily life is not disciplined, and the mood changes often • Telling the child that the teacher will tell him/her off, and not taking the responsibility • The parent leaves everything (responsibility) to nursery teachers
Parents tired of childcare (4)	<ul style="list-style-type: none"> • Seems to be tired • Too busy
Parents who do not accept the situation of their children (57)	<ul style="list-style-type: none"> • Says "My child's development is slow, and it's not a problem at home" • Says that it's always like this and does not accept the problem • Says "Nothing was said in the developmental examination. I was told that there was no abnormality based on the examination for 3-year-old children, so I'm not worried" • Says "You can live even if you are unable to do ○○" • Says "There is no problem because s/he is easy to take care of at home. This is the personality of this child and I don't mind" • Refuses to consult an expert, insisting that the child will eventually become the same as other children • Says "Are you treating my child as a disabled person?" • This child's older brother and older sister were also behind in development • Says that "I was also restless when I was a child", "I started to talk late too" or "I think it is hereditary" • Thinks that the child is fine and raises the child in his/her own way. Does not listen to what nursery teachers have to say • Says "Since this child was born early (born between January 1st and April 1st, thus being in the same school year as children born in the year before), he is slower to develop than other children", and does not accept the problem • Worries what others will think and interact with the child based on the perceived problem

The state of parents themselves

Support for parents

The free descriptions of support for parents of “children of concern” were analyzed using Text Mining Studio V6.4 (NTT DATA Mathematical Systems). From the word frequency analysis, 20 words were extracted (Table 3). “Tell” was the most common word, used 41 (19.3%) times. Thereafter, the original texts with 20 words extracted were searched, using word frequency analysis, and the types of support for parents of “children of concern” were extracted from the original texts. The results showed the following five types of support: “telling them about the behaviors and statuses of their children in the nursery schools,” “telling them how to support their children,” “telling them to make time to interact with their children,” “recommending a consultation with a specialist agency,” and “talking with and listening to parents and building a relationship of trust with a respectful attitude.”

Table 3. Word frequency analysis

Word	Frequency
Tell	41
Child	24
Situation	19
Guardian	18
Nursery	17
Story	13
Response	9
Listen	9
Home	7
Feeling	7
Good	7
Think	6
Speak	6
Say	5
How	4
Together	4
Feel	4
See	4
Action	4
Appearance	4

Effects of support for parents

Responses from parents to the types of support that were examined (Table 4). The common descriptions were “telling them about the behaviors and statuses of their children in the nursery schools” and “telling them how to support children”; however, only half of the parents accepted the suggestions while the remaining half did not accept them. Meanwhile, there were many descriptions that indicated that the parents accepted the support willingly, for example, “recommending a consultation with a specialist agency” and “talking with and listening to parents and building a relationship of trust with a respectful attitude.”

Discussion

The results of this study suggest that the responses from individuals supported as the parents of “children of concern” in nursery schools have not changed. The parents of “children of concern” have long been known to be unaware of concerns about their children and to show no understanding of the problem, and to display an unwillingness to accept the problem. Early childhood educators continue to struggle with handling this situation.

However, as a difficulty experienced in dealing with parents of “children of concern”, the response rate to “difficult to introduce them to experts” was low, and the free description answers suggested that parents “accepted the problem after being introduced to a specialist agency.” However, some studies found that parents felt that nursery schools forcibly introduced them to a specialist¹¹⁾. In addition, some parents are concerned about their child’s behavior or experience difficulties with childcare or differences with this child compared to the child’s siblings or to the child’s peers; other parents may not mind such situations.

When nursery teachers and nurses inform parents of concerns about their children, some parents may find it instructive while others may find it overwhelming and often build an emo-

Table 4. Support for parents of “children of concern” and its effects

Support for parents	Responses from parents
Telling them about the behaviors and states of their children in nursery school (25)	Accepted (3) Showed understanding (1) Able to share the information (3) Started to care (2) Appreciated it (1)
	Does not seem to want to accept it, saying that they had no problem at home and it's okay (5) Understood, but did not accept (1) Said that they were parenting well, and did not accept (1) Did not lead to shared understanding (3) No change (2) Said they were not worried (1) Said they had no room to be worried and think (1) Became grumpy (1)
Telling them how to support children (10)	Understood in the end (1) Started to have more interactions with the children (3) Started to tell us about what they were worried about (1) Misunderstood how to respond (1)
	Did not understand (1) Did not put into practice (1) Panicked (1) Stopped having conversations with nursery teachers (1)
Telling them to make time to interact with their children (2)	Did not observe how the children were doing at the nursery school (1) Noticed that there were some concerns about the growth of the children (1)
Recommending a consultation with a specialized agency (6)	Accepted (5)
	Did not accept (1)
Talking with and listening to parents, and building a relationship of trust with a respectful attitude (8)	Started having a conversation naturally (1) Became calm and used words to reflect on how they treated their children (2)
	Started to talk about how their children were doing at home and their feelings (3) The conversation did not flow (1) No change (1)

tional wall¹²⁾. They may be aware of the problem but may not want to admit it; they may also be concerned about what others think. It is challenging for parents to understand and accept their children's disabilities and difficulties. Nursery teachers and nurses should consider how parents feel in such situations, build relationships of trust, and take time to tell parents how they care about their children and how the children may be raised to address their needs. This approach may change parent-child interactions, which may lead to a smooth referral to specialist agencies that may provide expert advice and improve parental care. Nursery teachers and nurses' attitudes toward building relationships of trust with parents can be the result of initiatives to improve their expertise, such as professional consultations and training.

Parents of “children of concern” tend to have little experience in dealing with children. It is thought that many parents do not know much about childhood development or parenting methods because they do not have enough interactions with children. The implementation of parenting programs to prevent child abuse is widespread, and its effects have been reported¹³⁾. These

programs are held mainly at child welfare facilities, such as child-rearing support centers in municipalities and at nursery schools. Parental participation in such programs may help them understand how to raise their children as well as to view their children's development objectively, becoming more aware of any causes for concern. Therefore, it may be effective to implement childcare support programs in which parents of “children of concern” can participate. Participation in these programs may improve their parenting skills, regardless of their understanding of the needs of their “children of concern”. Perceiving their children more objectively may increase their awareness of the needs of “children of concern”. Moreover, the implementation of childcare and parenting programs by nurses at nursery schools may motivate parents of “children of concern” to understand the development of their children and learn the suitable child-rearing methods. Many nursery teachers and nurses have little interaction with children; thus, receiving childcare training may help them expand their expertise and the types of support they offer parents.

The workload of nursery teachers in nursery schools is high. We believe that the duty of nurses as medical professionals is to support childcare and to assist the parents of “children of concern” who are suspected of having developmental disabilities by collaborating with specialist institutions. However, many nurses are not confident about childcare support because they lack experience in a pediatric ward. Therefore, pediatric nursing education, in which students can learn how to provide childcare support, should be incorporated into basic nursing education.

Conclusions

1. Early childhood educators continue to struggle when dealing with the parents of “children of concern”, particularly when conveying to the parents the causes for concern, and when dealing with parents unwilling to accept concerns about their children and those unaware of any concerns.
2. Referrals to experts and talking and listening to parents to build a relationship of trust are effective support methods for parents.
3. Nurses in nursery schools have a duty to support the parents of “children of concern” who are suspected of having developmental disabilities. Therefore, it is necessary to incorporate childcare support education in basic nursing education.

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Conflict of interest

The authors report no conflicts of interest. The authors alone are responsible for the content in and writing of the paper.

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