

A study of difficulties experienced by childcare workers in informing parents of their children's need for special care: through focus group interviews

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A study of difficulties experienced by childcare workers in informing parents of their children's need for special care: through focus group interviews

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Abstract

The interventions of childcare workers for children with special care needs as well as for their parents are increasingly important issues at childcare sites. This study was performed to examine the difficulties experienced by childcare workers when communicating their concerns to parents about their children's special care needs. For this objective, focus group interviews were held with 22 childcare workers.

Based on our analysis, we extracted three categories from 207 response items, i.e., Lack of professional skills on the part of childcare workers, Lack of positive relationships between parents and childcare workers, and Lack of mental and physical stability on the part of parents. We also identified six subcategories: "Lack of confidence on the part of childcare workers," "Lack of professional knowledge on the part of childcare workers," "Instability of trust relationships," "Perception gaps," "Parents displaying their negative feelings," and "Parents' health issues." These six subcategories were assigned 16 codes in total, among which the most frequent codes were childcare workers' Excessive priority to parents' situation, Lack of experience regarding methods of communication, and Lack of coordination among childcare workers.

When childcare workers communicate their concerns about children to their parents, they tend to allow the parents' thoughts and situation to take precedence over what needs to be communicated, suggesting that childcare workers giving excessive priority to parents' situation constitutes the prime factor underlying the difficulties experienced by childcare workers when informing parents of their children's special needs. It was also shown that childcare workers' lack of communication skills and specialized knowledge pertaining to child developmental difficulties are problematic areas.

KEY WORDS

children with special care needs, childcare worker, nursery school, communicating with parents, focus group interview

Introduction

A major issue currently concerning childcare facilities involves the manner in which childcare workers can best interact with the parents of children with special care needs. The urgency of addressing this issue can be understood from reports suggesting that 80% of childcare facilities have children with special care needs.^{1), 2)} In this study, the term 'children with special care needs' refers to

children with certain behavioural characteristics. These characteristics include 'being unable to stay still', 'having trouble with other children', 'being unable to adapt to situational changes', and so forth, or being medically diagnosed with a particular disorder. These children are recognised by childcare workers as requiring some type of special childcare support.^{3), 4)}

Many children suspected of having developmental

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disorders are included in the category of 'children with special care needs'.⁵⁾ Thus, it is often difficult to determine whether a child has a genuine early-stage developmental disorder or whether the non-standard behaviour is merely related to the child's age. Consequently, many parents enrol their children in childcare facilities without being aware of their children's actual developmental difficulties. It is the childcare workers who notice the problems by observing the children's daily behaviours and interactions with others. Because no public measures are currently available to support these children, each childcare facility must determine whether teachers should intervene, causing much burden and dismay to on-site childcare workers.⁶⁾

The Childcare Guidelines for Nursery Schools (2008) emphasize the need for case-by-case consideration and support when dealing with children who appear to have disorders or developmental difficulties.⁷⁾ However, parental consent must be obtained before utilizing public resources to support children with special care needs.

Although coordination between supervisory visitors and on-site childcare workers is essential to provide support through such programmes as Support by Visitation to Nursery Schools (2012), a parental request for the intervention is required for this as well.⁸⁾ Thus, it would be problematic to implement any effective services for these children without their parents' understanding of problems and consent for public support. To summarize, the understanding and consent of parents or guardians is a prerequisite for a child to receive this type of public assistance. In this respect, childcare workers play a pivotal role in identifying children's developmental problems, communicating the problems to their parents, and connecting the families to appropriate public assistance.

However, it is not easy for childcare workers to communicate child-related problems to the children's parents, and a significant amount of time elapses before an understanding is reached with the parents.⁹⁾ Moreover, some scholars have indicated that such communication may harm relationships between childcare workers and parents.^{10),11)} Saito et al. reported that the most difficult aspect of childcare workers' relationships with parents of children in need of special care is in finding ways to communicate the children's special difficulties to their parents.¹²⁾ Thus, even as childcare workers search for the best ways to interact with children with possible special

care needs, they also worry about how to best interact with the children's parents.

Most studies on parental support for children with special care needs are concerned with factual descriptions of difficulties experienced by childcare workers in informing parents of their children's non-standard behaviours at nursery schools. However, there is scant research on the underlying cause behind childcare workers experiencing difficulties in interacting with parents of children with special care needs. Therefore, this study aims to identify the root causes of the difficulties childcare workers experience when communicating their concerns to parents, in the hope of effectively contributing to the development of those children and establishing a relationship of trust between the childcare workers and parents.

Methods

1. Participants

The participants in this study comprised 22 childcare workers selected from 6 nursery schools out of 113 nursery schools in K City in I prefecture, chosen through the snowball sampling method. The heads of these 6 nursery schools selected 3 to 4 participants per school for this study. These childcare workers confirmed that they did not provide services to children younger than 12 months. In focus group interviews, these 22 participants were divided into 4 focus groups, with each group consisting of 5 to 6 participants. Every member within a particular focus group was from a different nursery school.

2. Survey method

1) Focus group interview method

In this study, the focus group interview (henceforth abbreviated as 'FGI') method was employed, as recommended in Vaughn et al., to identify the difficulties that childcare workers experienced when communicating their concerns to parents of children with special care needs.¹³⁾ In a FGI, between 5 to 7 individuals with relatively similar characteristics constitute a group wherein the members spontaneously interact with each other. The FGI method was developed by Robert K Merton of Columbia University, and it has been widely employed in marketing and advertising fields since the 1950s. In Japan, it has been used since the 1970s in the human services sectors, including childcare, education,

medical services, and home care.¹⁴⁾

In this study, the participants were asked to discuss the reasons for their difficulties in communicating their concerns about children's special care needs to parents. The FGI method is beneficial because exchanging opinions stimulates participants' reflection on their thoughts and deepens their awareness and understanding; therefore, this method was employed in order to depict the problems more comprehensively.

The interview site was a meeting room in K University. Each FGI group met once; therefore, there were four FGI sessions in total. Ninety minutes were allotted for each session, including the time spent for the instructions. The author of this study acted as the FGI facilitator, with the FGI sessions following specific interview guidelines. The facilitator clarified the goals of the FGI to ensure that each participant would fully express herself, actively elaborate on important comments in depth, and disambiguate her vague statements if necessary. With the participants' consent, an integrated circuit recorder was used to record the FGI sessions. During the interviews, the participants wore number tags, rather than name tags, to ensure their anonymity and to promote open and free discussion.

3. Study period

The aforementioned FGI interviews were conducted between July 2014 and January 2015.

4. Methods of analysis

Mayring's methodology for qualitative content analysis was utilised to analyse the FGI data.¹⁵⁾ Specifically, his summarizing content analysis and explicating content analysis were employed to classify the data into categories. Structuring content analysis, however, was not utilised for its inapplicability to overall research scheme. To accomplish this, the contents of each expression were carefully reviewed in verbatim records created from the recorded data. Quotations fitting the research objectives were then extracted from the data and simplified into single propositions. Subsequently, those propositions were each assigned a code name which best represented their contents. The codes were then classified and reconfigured to form meaningful groups by way of explicating content analysis. Finally, codes with analogous contents were merged into subcategories, which were further classified into categories through summarizing content analysis. Throughout these analytical processes, an experienced supervisor repeatedly collated the generated codes and

subcategories/categories with the verbatim data to ensure their validity.

5. Ethical considerations

Before the study, the heads of the selected nursery schools received clear information regarding the study's goals and methods, and they were asked to select childcare workers who they thought would be willing to participate in the study and be able to work with other childcare workers. The participants were asked for their written consent to participate in the study through documents explaining the study's purposes and methods. All the data obtained in this study were maintained in a locked storage area and strictly managed to prevent data leaks, theft, loss, and other untoward incidents. Consent to conduct the study was obtained from the Medical Ethics Committee of Kanazawa University (Consent No. 495), whose conditions were strictly adhered to.

Results

1. Participant characteristics

The participants in the four FGI sessions were 22 female childcare workers from 6 nursery schools in K City and N City, with a mean age of 33.8 ± 8.8 years and a mean number of years' experience in childcare of 11.8 ± 7.7 years. Although the children under their care at the time of this study were aged one through five years, children aged three years or older constituted the majority. Further, three of the four childcare workers who were not in charge of any fixed group of children were senior staff.

2. Factors which cause childcare workers' difficulties in informing parents of their children's needs for special care (Table 1)

This study followed procedures proposed in Mayring's qualitative content analysis. Consequently, sixteen codes were extracted from 207 comments made by the participants on the theme 'difficulties experienced in informing parents of their children's needs for special care', creating six subcategories and three categories. These categories and subcategories were derived from codes by summarizing content analysis. The codes, in turn, were created through explicative content analysis, classifying comments made during FGIs into meaningful groups. Below, the categories are indicated in italics, subcategories are indicated in single quotation marks, and codes are underlined. The italicized number immediately following a

Table 1. Factors which cause childcare workers to feel difficulties in informing parents of their children's needs for special care

| Summarizing content analysis | | | | | |
|--|---|--|---|--------------------|------------------------|
| Category | Subcategory ¹⁾ | Explicating content analysis | | | |
| | | Code | Example statement from the recorded interviews | Number of items | |
| | | | | Code ²⁾ | Category ³⁾ |
| Lack of professional skills on the part of childcare workers | Lack of confidence on the part of childcare workers | A. Fears regarding critical assessments by parents | I lose confidence due to parents' critical remarks or attitudes in response to the break of the news. For example, 'You make mean comments', 'I want you to observe my child more closely', and so forth. | 17 | 103 |
| | | B. Overreactions to parents | Childcare workers are always sensitive to how parents perceive and think of them, regardless of their years of professional experience. | 14 | |
| | | C. Insufficient experience in childcare | I haven't yet gained ample experience in childcare. It is hard to confidently speak to parents older than I am. | 11 | |
| | Lack of professional knowledge on the part of childcare workers | D. Lack of experience regarding methods of communication | I can easily communicate positive information as much as I want. Reversely, I don't know how to word or inform negative one. | 26 | |
| | | E. Lack of coordination among childcare workers | It is difficult to make decisions on my own; unless everyone at our nursery school shares the information, it is hard to communicate my concern. | 20 | |
| | | F. Insufficient professional knowledge about children with developmental disorders | I believe I must continuously update my knowledge on developmental issues to better support parents. But there are few trainings available to further my expertise. | 15 | |
| Lack of positive relationships between parents and childcare workers | Instability of trust relationships | G. Excessive priority to parents' situations | I need to assess parents' situation. It's difficult to inform them unless I know how they feel for sure, by observing their attitudes and facial expressions. | 30 | 73 |
| | | H. Lack of trust relationships with parents | It's hard to communicate without open and friendly relationship already established with parents on a daily basis. | 16 | |
| | | I. Fears of deterioration of close relationships | It's a delicate topic, so I'm worried about destroying my relationship with parents; that makes it hard to speak out. | 9 | |
| | Perception gaps | J. Differences in viewpoints due to group setting and family setting | Children behave differently at home compared to nursery schools' group setting. It's hard to communicate with parents who insist that everything is fine with their child at home. | 18 | |
| Lack of mental and physical stability on the part of parents | Parents displaying their negative feelings | K. Avoidance tendency | When I try to communicate my concern, parents avoid me, always making an excuse that they are busy and so forth. | 8 | 31 |
| | | L. Lack of concern for their children | Even if parents come to school on 'Parent Visiting Day', some of them are constantly looking at their cell phone or talking to other parents, without paying any attention to their kids. | 6 | |
| | | M. Inability to express their own feelings | It's difficult to communicate with parents who never express their feelings or thoughts in our daily contact. | 6 | |
| | | N. Oversensitivity | I'm afraid that parents may become depressed, blaming themselves for having bad parenting skills and the like. | 5 | |
| | Parents' health issues | O. Parents' mental issues | When I suspect chronic illness of parents, such as mental depression, I worry that such communication may worsen their health. | 4 | |
| | | P. Parents with impulsive behaviours | It is hard to inform parents who become aggressive upon hearing the news, blaming childcare workers for possible improper treatment of their children. | 2 | |

¹⁾ Each subcategory under a category is binary: the subcategory listed first pertains to emotional aspects whereas the one below is more related to technical or physical ones.

^{2), 3)} Each numbers indicated under 'code ²⁾' and 'category ³⁾' stand for the total numbers of items in a code and a category, respectively.

code represents the number of items classified under that code.

1) Category 1: Lack of professional skills on the part of childcare workers

There were 103 items (49.8%) classified under the category Lack of professional skills on the part of childcare workers, which eventually comprised two subcategories: 'Lack of confidence on the part of childcare workers' and 'Lack of professional knowledge on the part of childcare workers'. The subcategory, 'Lack of confidence on the part of childcare workers', included three codes, (A) Fears regarding critical assessments by parents 17, (B) Overreactions to parents 14, and (C) Insufficient experience in childcare 11. In expressing factors related to (A) Fears regarding critical assessments by parents, one of the participants reported that after a parent had responded to her communication with harsh remarks and negative emotions, the issue remained unsolved until the child eventually finished nursery school. Participants also indicated that the negative emotions were not limited only to parents, but that they also fester within childcare workers. Remarks associated with (B) Overreactions to parents were mainly presented by senior staff. They stated that parents' expectations and reliance on them had increased as they gained experience in childcare, leading to excessive mental pressure from time to time. In (C) Insufficient experience in childcare, relatively young childcare workers shared their concerns about their lack of self-confidence due to their inadequate on-site childcare experience.

The subcategory 'Lack of professional knowledge on the part of childcare workers' was as signed three codes: (D) Lack of experience regarding methods of communication 26, (E) Lack of coordination among childcare workers 20, and (F) Insufficient professional knowledge about children with developmental disorders 15. Items under the code (D) Lack of experience regarding methods of communication indicated lack of skills required for childcare workers to sufficiently convey their observations to parents. The participants also expressed their worries with regard to whether they could truly communicate what they wanted, and so forth. The code (E) Lack of coordination among childcare workers was mainly expressed through remarks that individual childcare workers had difficulty communicating with parents on their own without any cooperative system in place among childcare workers.

As for (F) Insufficient professional knowledge about children with developmental disorders, the participants indicated that communication with parents would be difficult without the active commitment of each childcare worker to advancing her knowledge on updated government systems or official support available for child developmental disorders.

2) Category 2: Lack of positive relationships between parents and childcare workers

Seventy-three items (35.2%) were classified under the category Lack of positive relationships between parents and childcare workers, which was further divided into two subcategories: 'Instability of trust relationships' and 'Perception gaps'. The most frequently mentioned code in 'Instability of trust relationships' was (G) Excessive priority to parents' situations 30. The following statement is an example from the remarks classified under this code:

I search for clues as to whether the mother will accept what I am going to tell her, and I'll keep searching for them until I feel certain that she will take it in the right way – otherwise, I just can't tell her.

Childcare workers must try to understand the situations along with the emotional moods of parents, and then sensitively approach the topic. In the spoken data, we discovered that childcare workers had not been able to break the news about children's development, depending on their parents' situations. In (H) Lack of trusting relationships with parents 16, participants frequently commented that communication with parents would be difficult without first establishing mutual trust with them. Regarding (I) Fears of deterioration of close relationships 9, one participant expressed that she had previously experienced deterioration in her relationship with parents, and that this experience made her hesitant to communicate with other parents about their children's special care needs.

The subcategory 'Perception gaps' had one code: (J) Differences in viewpoints due to group setting and family setting 18. A close examination of the participants' statements revealed gaps between what parents observed at home and what childcare workers observed at the nursery school.

3) Category 3: Lack of mental and physical stability on the part of parents

The category Lack of mental and physical stability on the part of parents had the least number of remarks, with 31 items (15.0%), and it comprised two subcategories: 'Parents displaying their negative feelings', and 'Parents' health issues'.

The subcategory 'Parents displaying their negative feelings' was developed from four codes: (K) Avoidance tendency 8, (L) Lack of concern for their children 6, (M) Inability to express their own feelings 6, and (N) Oversensitivity 5. The most frequency cited code was (K) Avoidance tendency which, for instance, included cases wherein parents avoided eye contact with childcare workers whenever the latter tried to communicate their concerns, or those in which parents continuously made excuses for their children's behaviours. The childcare workers expressed their opinions that, in many of these cases, the parents' reactions were due to their previously experienced anxieties concerning their children. That is, the parents had already been aware of their children's problems to a certain degree, but did not want to be told those specific facts by the childcare workers. Other factors participants listed under this category included parents' lack of concern, passive attitudes, oversensitive personality, and so forth. This indicates that parents' awareness and attitudes have become far more multifaceted.

The subcategory 'Parents' health issues' had two codes: (O) Parents' mental issues 4 and (P) Parents with impulsive behaviours 2. Parental mental issues here refer to medically diagnosed mental illnesses such as schizophrenia or depression.

Discussion

In this study, the following three categories have been discovered concerning the root causes of the difficulties under discussion: 'Lack of professional skills on the part of childcare workers', 'Lack of positive relationships between parents and childcare workers', and 'Lack of mental and physical stability on the part of parents'.

As for the problems on the childcare workers' side, lack of communication skills and insufficient knowledge of developmental disorders were indicated in the subcategory 'Lack of professional knowledge on the part of childcare workers'. These findings support the survey results of Watanabe and Tanaka.¹⁶⁾ Moreover, Takahara

and Mikuni claim that the acquisition of specialised skills with respect to children in need of special care requires more than just one-sided transmission of knowledge, such as training or study groups; it also demands concerted efforts in actual childcare settings.¹⁷⁾ In addition, Kakazu et al. pointed out the necessity of 'coordination among childcare workers' and 'case studies by the entire nursery school staff' pertaining to the care for children with special care needs.¹⁸⁾ Therefore, to enhance the professional knowledge of childcare workers, case study groups and other on-site training should be actively utilised so that childcare workers can share their accumulating knowledge and skills with each other.

With respect to (A) Fears regarding critical assessments by parents, the participants' concern about the ways in which parents evaluate them suggested that parents' assessments would constitute communication barriers. The Self-Assessment Guidelines at Nursery Schools indicate the need for assessments by others in addition to self-evaluations.¹⁹⁾ Rather than taking offense at parents' statements or focusing on their criticism, childcare workers should put their professional experiences in use in improving their future childcare and parental support activities.

Next, the most frequently cited items in the category Lack of positive relationships between parents and childcare workers were related to '(G) Excessive priority to parents' situations', in which the participants displayed a tendency to communicate their concerns in a fragmented fashion to parents while monitoring the parents' moods or facial expressions. Kamezaki mentioned childcare workers' 'assistance orientation' toward parents in her study on problematic factors concerning childcare consultative support. Our study results clearly support her findings as well.²⁰⁾

As for 'Perception gaps', the participants indicated perception discrepancies between children's behaviours that parents observe at home and those that childcare workers perceive in a group setting in the nursery school. According to Kyoya and Suwa, the degree of awareness diverges between parents and childcare workers with regard to children with special care needs, and it is typically the parents who find fewer concerns with their children.²¹⁾ Yazawa et al. found that, whereas childcare workers' main concern is the emotional aspect of a child, the most important thing for parents is, in many cases, the child's proso-

cial development.²²⁾ These discrepancies in awareness are believed to arise from differing perspectives that parents and childcare workers have in their respective home (individual) and nursery school (group) contexts, as well as from their understanding about child development. To eliminate these gaps in awareness and viewpoints, more objective data should be brought in and shared between parents and childcare workers in an attempt to facilitate their mutual understanding.

Regarding the subcategory 'Instability of trust relationships', while establishing a close relationship is a prerequisite for childcare workers to communicate their concerns about children's developments to their parents, the participants also expressed their worries that communicating with parents about their children's issues might rupture favourable relationships that they had toiled to create. These factors underlie their inability or hesitation to communicate their observations to parents.

Takahashi reported that fostering a close relationship with parents in daily childcare work is required of childcare workers as part of their professional abilities.²³⁾ He also notes that establishing open relationships and thereby ensuring more than superficial daily communications plays a key role when problems arise. It is the duty of childcare professionals to develop close relationships with parents, regardless of the need to inform parents of their children's issues. However, there has been insufficient systematized on-site procedures that childcare workers could rely on to realize this end, despite guardian support being called for in nursery school settings since 2009.^{8) 20)} The current reality is that childcare workers are struggling almost exclusively in their day-to-day interactions with parents.

In the third category, Lack of mental and physical stability on the part of parents, which exclusively involves parents, 'Parents displaying their negative feelings' and 'Parents' health issues' emerged as causes of difficulties felt by the participants in interacting with parents. In particular, parents' awareness and attitudes exhibited more diversity, and more parents have displayed a tendency toward avoidance. Hirano et al. stated that parents' attitude of non-acceptance about their children's issues was the greatest obstacle to be overcome in order for relevant personnel to support parents of children necessitating special care.¹¹⁾ The attitude of non-acceptance indicates that parents are in a state of denial about recognising their children's conditions, which resembles the tendency of avoidance. Fur-

thermore, parents who are indifferent to their own children, parents who do not want to talk about their personal feelings, and parents who are excessively sensitive about their children were cited as contributing to the difficulties faced by the participants in their efforts to communicate with them. These results suggest that childcare workers should have the ability to respond to the varied feelings and attitudes expressed by parents. Regarding 'Parents' health issues', it was found that some parents themselves suffered from physical or mental illnesses. Responding to these parents makes communication even more complex and difficult, rendering it harder to cooperate with them.

To establish enduring close relationships with parents, childcare workers should consistently strive to communicate, through words and actions, that they are partners with the parents in supporting the children and that they will consistently and sincerely proceed in coordination with the parents. This attitude would also enhance the professionalism of the childcare workers.

Limitations of this study and future issues

This study investigated the difficulties that childcare workers face when communicating with parents of children with special care needs. The number of participants was small (22 childcare workers), thereby limiting our ability to generalise the results. Therefore, it will be necessary to conduct future research with larger and more representative samples. In addition, in order to support and contribute to children with special care needs as well as to their parents, future research should also investigate the thoughts and opinions of the parents.

Conclusions

The present study offers the following discoveries:

1. When attempting to communicate with parents of children with special care needs, childcare workers faced difficulties in such aspects as Lack of professional skills on the part of childcare workers, Lack of positive relationships between parents and childcare workers, and Lack of mental and physical stability on the part of parents.
2. Childcare workers' lack of skills is shown to be constituted of (D) Lack of experience regarding methods of communication, (E) Lack of coordination among childcare workers, and (F) Insufficient professional knowledge about children with developmental disorders.

3. Childcare workers did not feel confident due to (A) Fears regarding critical assessments by parents, (B) Overreactions to parents, and (C) Insufficient experience in childcare.

4. Factors such as 'Instability of trust relationship' or 'Perception gaps' make it more difficult for childcare workers to inform parents of their children's needs for special care.

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「気になる子ども」の保護者への対応と保育士の困難感 ～保育士のフォーカス・グループ・インタビューを通して～

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要 旨

昨今、保育現場では、「気になる子ども」とその保護者に対する介入が課題となっている。そこで、本研究は、「気になる子ども」の保護者に対し、保育士が気になることを伝える際の困難感の検討を目的に、保育士22名を対象にフォーカス・グループ・インタビューを行った。

分析した結果、語られた内容の207件から、「保育士のスキル不足」「保育士と保護者の良好な関係の不足」「保護者の心身の安定の不足」の3カテゴリーが抽出された。さらに、そのカテゴリーから「保育士の自信の無さ」「保育士の専門性の欠如」「不安定な信頼関係」「認識の相違」「ネガティブな感情を示す保護者」「保護者の健康問題」の6つのサブカテゴリーが分類された。6つのサブカテゴリーは、16のコードから形成され、「保護者の状況への過度な優先」のコードが最も多く、次いで、「伝え方の方法論が未熟」「保育士間での連携不足」であった。

保育士は、保護者に気になることを伝える際には、保護者の思いや現状を優先させる傾向があり、それが伝えることの困難感の大きな要因となっていることが示唆された。また、保育士自身の課題として、伝え方の方法論が未熟、発達障害に関する知識不足、保育士間の連携不足が挙げられた。