

FROM CHILD CARE TO DEVELOPMENTAL LIFE CYCLE CAREGIVING: A PROPOSAL FOR FUTURE GROWTH

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We are all familiar with the struggles that the field of child care has undergone in the last few decades in its attempt to establish itself as a respected human service discipline.

Some of the struggles have bred success. In recent years, this field that calls itself child care has developed professional association activities, been taught in organized programs in institutions of higher education, developed a consensus based definition of core curriculum for personnel preparation, become represented in some agencies by articulated career ladders, and achieved other recognized attributes of professionalization. On the other hand, there are indicators that, despite the major achievements that the field has made, it still has not taken its place alongside other established mental health disciplines. In many agencies, child care workers are indeed still "at the bottom of the totem pole"; there is fragmentation in terms of lack of connection between persons who work with different populations; and low salaries and high turnover still plague the field. (Austin and Vander Ven, 1985).

The very fact that some advances have been made suggests that the time is now at hand to carefully examine the state of the field to determine more precisely those conceptual and organizing frameworks that are both enhancing and preventing its progression towards being a full-fledged human service profession.

This paper will focus on two premises: (1) that the field of child care has been confirming in its development by confining its services to specific age groups and settings, thus compromising its advancement as a profession; and (2) that the content and interventions of the child care field are unique and can embrace currently unmet needs by wider applications.

Based on these premises, it will then propose an expanded concept of "developmental life cycle caregiving." The mission of this field, predicated on that of child care, will be to optimize development of persons of all ages in their life space through the use of caregiving interventions that enhance growth, make restitution for gaps in experience, and build upon strengths.

The Evolution

Study of the sociology of the development of other human service professions such as nursing, psychology, and social work indicates that they have evolved through a series of stages. Developmental life cycle caregiving will emerge as the result of a similar process of professional evolution, and will build on that already well underway in the subfield of child care. In fact, its development can be compared to the sequence of evolutions in mental health described by Albee (1982).

The *first* evolution in child care was the discovery by practitioners of others like themselves, with the result that conferences, workshops, publications and other activities were initiated as exchange forums and opportunities to plan for the future.

The *second* evolution was the recognition of commonalities in what earlier had seemed to be separate arenas of practice, and the different job roles were allied towards the same goal: better care of children. Thus day and residential care, along with "indirect" functions such as supervision, education and administration, came to be seen as part of the same wider field embracing a variety of job roles serving a variety of children in a variety of settings.

The *third* evolution was increasing acceptance and definition of a knowledge and skill base underlying child care practice, with recognition of the role of training and education activities at different levels to provide personnel, and the relationship of informed practice to quality of service. Concrete evidence was the consensus document, Principles and Guidelines for Child Care Personnel Preparation (1982).

The *fourth* evolution was the identification of developmentally based caregiving in the life space as the fundamental mission of the child care field (Maier, 1978, 1979; Vander Ven and Mattingly, 1981; Vander Ven, Mattingly and Morris, 1982; Krueger, 1983) and the crucial differentiation of professional caregiving from the services provided by other human service disciplines, e.g., social work and psychology. Here, caregiving was no longer seen as an ancillary service subsidiary to others, but rather a crucial function itself making its own contribution to improving quality of life for children. (Vander Ven and Mattingly, 1981)

All of these earlier advances have brought us now to the verge of the *fifth* evolutionary stage: the extension and elaboration of child care with its mission of developmentally oriented caregiving in the life space into the entire human life cycle.

The rationale for this evolution comes from scrutiny of the conceptual framework within which human services are organized.

The Conceptual Framework for Human Services

Human services, including child care, can be viewed within a conceptual framework embracing four areas: population, category, domain, and intervention. The accommodation of developmental life cycle caregiving to this framework shows how the extension from child care can take place.

Population: Who are the clients being served?

An earlier perspective purports that child care simply serves children. More recent advances in both theory and practice modify this simplistic contention; there are several examples showing how child care work actually involves adults in a variety of ways.

Parent work is increasingly becoming a legitimate arena of practice, including parent education, parent involvement, and parent support activities. (Vander Ven and Griff, 1978)

Recognition of contextual or indirect practice (supervision, administration, training and education, research) as legitimate job roles in child care indicates that adults as they themselves are developing personally and professionally are a mandated population of concern.

The increasing number of intergenerational programs in which elderly and children are mixed, either through sharing a location or through a specifically organized program, brings elderly, along with children, within the purview of the child care practitioner.

Category: *What are the distinguishing characteristics of that population, e.g., preschool, adolescent, mid-life, elderly mentally retarded, physically handicapped, emotionally disturbed, etc.?*

The growing area of adult development in recent years has addressed the recognition that growth of human beings does not suddenly end with childhood; rather, that it continues from birth through death. Everybody – children and adults alike – needs to deal developmentally with their physical status, their relationships, their primary occupations, and their social context.

Developmental processes, transitions, and stages, while perhaps different in content from one age group to another, are structurally similar throughout the life cycle. Developmental issues that have been a concern with children are increasingly being scrutinized with reference to adults and elderly, e.g., basic temperament and cognitive development. As awareness of these phenomena has influenced the provision of caregiving services for children, so might it, analogously, influence services

for adults. This provides the theoretical rationale for developmental caregiving.

Connections between one age group and another are now being studied as a unit, e.g., relationship between adolescents and mid-life parents; between preschoolers and elderly as in intergenerational programs; between young parents and their own parents.

Furthermore, there are similar needs to be met with the various normal and exceptional subgroups. For example, the phenomenon of abuse not only affects children, but also adults (e.g., abused wives) and elderly (abused parents). Care is required not only by retarded and handicapped children but also by retarded and handicapped adults and elderly.

The fact that developmental theory underlying design of caregiving has fundamental similarity for both children and adults provides further credence to the proposal that the total field of care should be for children and adults.

Domain: *What is the administrative or organizational locus or setting for the services provided to clients, e.g., day care center, home, residential service, school, hospital?*

It is increasingly obvious that the service structure for elderly is quite similar to that provided for children, and in some cases serves both simultaneously. For example, the well-established child day care model now has its counterpart in the adult or elderly day care center, with daily programming, caregiving activities, and supportive activities just as the child care center has. Sometimes both programs are conducted under one roof, with efforts being made to join both groups for some activities. Other intergenerational programs bring both elderly and children together around different concerns and activities. Exchange programs have children and youth visit elderly in a nursing home; or elderly from a senior center may come to a child care program or school. There are other programs, such as homes for battered mothers and children, that also simultaneously serve and provide care for members of two different age groups.

The trend towards delivery of in-home care to both children and adults, and respite care programs for families with an exceptional or infirm member, are examples of other commonalities. As health care costs skyrocket (Stein, 1985) the impetus to deliver less expensive in-home care to elderly will increase. This will require attention to meeting psychosocial needs as well as those identified as purely physical. Similarly, in child care, the growth of "The American Nanny" programs designed to train in-home child caregivers and programs to provide foster homes for exceptional children are signposts of the move of services into the home for both subgroups.

Similarity in the structure and content of services provides even further rationale for the concept of developmental life cycle caregiving.

In fact, Whittaker's (1979) concept of the continuum of care is most germane here. Just as an array of services should be available to children between institution, community and home, as needed, so also should a similar continuum be available to adults and elderly. Recent attention has been brought to the needs of deinstitutionalized adults who roam streets without homes. Appropriate community-based homes and residences are being increasingly called for. Like group homes and other community-based residential children's facilities, these adult facilities will require caregiving staff prepared to design and guide both developmental activities and activities of daily living.

Intervention: *What is the specific nature of the activities or interventions provided, e.g., behavior modification, therapeutic milieu, expressive arts therapy, organized stimulation, etc.?*

Finally, there is great mutuality in the kinds of specific interventions which are provided to children and to adults and elderly. Creation of therapeutic milieus, with attention to environmental design and competence and esteem building activity programming, is a concern with both children and elderly; and even some settings dealing with underserved mid-lifers. Similarly, activities designed to provide measured stimulation to facilitate cognition are now utilized with elderly, as well as children.

Emerging therapeutic approaches such as pet therapy are now being used with both children and elderly. Approaches such as storytelling methods similarly are used with both, taking the form of "reminiscing" with elderly. Similarly, expressive arts is another intervention increasingly employed with both children and elderly.

The primary intervention of developmental life cycle care which gives it its particular identity, is, of course, the provision of developmentally and therapeutically oriented caregiving services in the life space of the individual, be it home or organized setting. Thus, there is a parallel between the "daily routines" designed for the preschool and the "activities of daily living" intended for the adult or elderly person in care. The role of the practitioner will be, as it is increasingly in child care, to be the integrator of the life space; to make sure that each activity is supportive of the needs of the individual, and that different inputs are experienced as a meaningful whole (Krueger, 1983).

The growing trend in human services towards a health promotion perspective is accommodated well by the life cycle caregiving concept. In this approach, there is increasing emphasis on skill and competency

development in various aspects of living (relationships, employment, etc.) Similarly, to be professionally helpful to others embraces encouragement of social networks (Whittaker and Garbarino, 1983) and of peer support activities. Thus, the old "medical model" of human service, in which activities are targeted to ameliorate specific pathological syndromes, is not utilized in the developmental life cycle model. A competency oriented approach to children is embodied in Hobbs' well-known "Re-Ed" model (1982) and can contribute toward the evolving paradigm of developmental caregiving for adults and elderly as well.

There are many other examples of similarity of intervention for children, adults, and elderly which provide substance for the proposal that they are one aspect of a field of serving people throughout the life cycle.

The Shape of the Field of Life Cycle Developmental Caregiving

If, as the rationale has shown, the concepts of population, domain, and scope in child care will be strengthened by application throughout the cycle, a projection of what this emergent field of Life Cycle Developmental Caregiving will look like is indicated.

New or Expanded Profession?

The question will be raised, "Is this not creating a new profession which we don't need?" The proposal is not to create a new profession at all, but rather to *extend* the increasingly defined and professionalized field of *child care* to embrace the life cycle, in line with one of the recommendations from the Conference-Research Sequence in Child Care Education (1982), and with the seminal proposals of Tuggener (1983) to integrate training and policy within a life-cycle framework. Just as there is an identified need for child caregiving as differentiated from the services provided by other related professions such as psychology and social work, so has this discussion attempted to point out the need for similar services for other age groups.

Training and Education for Life Cycle Developmental Caregiving

Training and educational content will be similar in content and structure to that of child care practice. Development, interpersonal interaction, environmental design, activity programming, family dynamics and similar curricular areas in child care are applicable to developmental life cycle care. Because content of child care practice already is mov-

ing into areas around adulthood, particularly around parent and family work, the extension is already underway. Levels of training, utilization of field work and similar structural concerns can similarly accommodate to the life cycle model.

The issue of the "academic home" of developmental life cycle caregiving is addressed by the recognition that this extension would not be creating a new profession. Rather, it would simply require a reshaping of currently existing content within preestablished structures. Thus, the homes of life cycle developmental caregiving might be found in the same loci that child care programs are: schools of social work, home economics and health-related professions; departments of education and psychology, etc. Programs in human development are obviously closest theoretically to the proposals made here, but perhaps have not yet the specific applied focus suggested which is also highly characteristic of programs preparing child care practitioners.

Relationship to Other Fields

Developmental life cycle caregiving and other fields are different, in the same way that child care is different from psychology, social work, psychiatric nursing, pediatrics, special education and other fields that care for children are from child care. Here we reiterate the finding that providing care is no longer an ancillary service.

Developmental caregiving, which is meeting a person's individual needs for support, nurturance and self-esteem through providing environments, interactions, interventions, and activities based on developmental characteristics, in the context of the living situation, is not delivered in this way by any other discipline. The ecological/developmental perspective, as embodied by the child care field (Vander Ven and Mattingly, 1981), similarly is not offered by other fields serving adults and elderly. This perspective indicates that practitioners must have skills to work effectively not only in immediate settings, but also in a hierarchy of interacting and increasingly complex systems (Vander Ven, 1984b). For example, the practitioner encouraging the development of requirements for the daily activity program in adult day care centers would also be working within a higher level system in an advocacy role.

Developing the Continuum of Developmental Life Cycle Caregiving

Skeptics may say "Yes, there are similarities between caregiving needs of elderly and children. But adults do not fit in." As the field of

life cycle developmental caregiving evolves, it is indeed filling in the extreme ends of the life cycle continuum. As this happens, the adult years and midlife will similarly join the fold. Needs for developmentally oriented caregiving services are already emerging. To name just a few, these include: support services for new, needy or reconstituted families; support for families during crucial transition periods such as "empty nest," mid-life crisis, and career changes; special programming for homeless, disenfranchised, those experiencing devastating social or physical calamities such as unemployment or floods; abused, etc. One of the greatest links between childhood and old age will be the numerous adults involved in dual simultaneous caregiving roles in the middle years: care of youth and of elderly parents. Longevity is surfacing special needs which there has never before been a need to address (and which are appropriately within the purview of life cycle caregiving): for example, the elderly retired couple still caring for their own parents.

James Whittaker (1984) recommends that child care practice extend from the residential arena to family and community work, a position complementary to – and certainly not counter to – the present proposal. There are major intersecting components to each perspective. In the scheme of life-long caregiving, family work is fundamental as one deals with not only children and youth, but also parents, grandparents, and other adults. Similarly, the ecological/developmental perspective, with its focus on all systems that affect people; embrace communities, including neighborhoods, local institutions and other systems supporting families.

Child Care and Developmental Life Cycle Caregiving: Expanded Power

A conceptual linkage and integration of both child care and human development programs will serve an important purpose in the entire arena of human service: they will supply a stronger "critical mass" from which to develop a power base to speak to the needs of their wider constituency. In recent years, both the "child care" sector and the "aging" sector have been involved at the political/advocacy level to obtain supportive legislation and funding. It is important that sub-populations requiring similar services and resources (e.g., children and elderly) join together to gain them, rather than pitting themselves against each other, thereby diminishing their impact. This is in line with the old adage, "United we stand, divided we fall." A stronger power base for the field of caregiving will allow those committed to the welfare of different age groups to better concentrate on the clinical issues involved, rather than having to devote so much energy to defensive

activities.

Perhaps this is the most compelling argument for dedicated child care workers to consider the proposals set forth in this paper.

Margaret Mead, in *Culture and Commitment: A Study of the Generation Gap*, describes three forms of society: "postfigurative cultures, in which children learn primarily from their forebears; cofigurative societies, in which both children and adults learn from their peers, and prefigurative, in which adults also learn from their children." (Mead, 1970) The prefigurative culture is identified as the paradigm for a successful future. Enhancement of the service model of developmental life cycle caregiving, with its focus on intergenerational interactions and needs, is a concrete supporter of this movement into a productive future.

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A shorter version of this paper will appear as a guest editorial in *The Child Care Quarterly*.