

CHAPTER 3

CHARACTERISTICS, ROLES AND RESPONSIBILITIES OF A CAREGIVER WITHIN THE FAMILY SYSTEM

3.1 INTRODUCTION

A responsible caregiver can be a great help to the working mother as well as to her infant. An experienced caregiver can help the mother through challenging and confusing moments of parenthood and can be a valued source of parenting advice. Good childcare can also be a beneficial element in the infant's development, and can augment the infant's foundations for later success in school and in life. Finding the right caregiver for one's infant and for the family's needs, and finding high quality care, will form the focus of this chapter.

The role of the caregiver within the family system will be discussed. Caring for an infant at home requires specific characteristics that will enable the caregiver to enjoy her roles and tasks. For the working mother, childcare is an essential link that helps her balance the responsibilities of work and family (Dowshen, Izenberg & Bass, 2002:445).

The idea of leaving the infant with someone else, who may be a stranger at first, seems to go against everything the mother feels about good parenting. Dowshen et al. (2002:445), hold the opinion, however, that, if the mother takes time to choose the right caregiver, the experience for both her and her infant can be positive. Leaving an infant with a caregiver and saying good-bye can be hard for the mother as well as for the infant. Mothers sometimes ask, "Will my baby be safe without me?" "Am I neglecting my duties as a mother if I leave my infant with a caregiver to go back to work?" "Will he remember me when I come back, or will he be cross with me for leaving him?" Davis and Keyser (1997:116-117) states that separation is an inevitable part of life. In the first five years of life, children go from being merged with their primary caregiver to developing a completely separate, autonomous identity. Infants are generally happy for short periods with anyone who holds them securely and lovingly, even though they can differentiate a familiar face, voice, touch, or smell from those that are unfamiliar. Infants whose temperaments make them more highly sensitive to touch or change sometimes balk at a new caregiver, crying because that person feels different. Infants need to gradually accustom themselves to anyone new who takes care of them.

3.2 CHARACTERISTICS, ROLES AND RESPONSIBILITIES OF A CAREGIVER

The researcher agrees with Sears and Sears (1997:169) that the caregiver will be a substitute while the mother is working, and therefore she will not be replacing the mother. Oaklander (1988:62), stresses that the caregiver must have knowledge about the working of the family system. She must be aware of the environmental influences on the infant. It is important for the caregiver to be aware of the culture expectations placed on the infant. The infant is a unique, worthwhile individual entitled to human rights.

A caregiver must have special characteristics, skills and knowledge, because every infant is unique, and his behaviour is complex. A person who wants to successfully take on the role as a caregiver should live by the objectives of a relationship as set by Landreth (1991:5):

"I am not all-knowing,

Therefore, I shall not even attempt to be.

I need to be loved.

Therefore, I will be open to loving children.

I want to be more accepting of the child in me.

Therefore, I will with wonder and awe allow children to illuminate my world.

I know so little about the complex intricacies of childhood.

Therefore, I will allow children to teach me.

I learn best from, and am impacted most by, my personal struggles.

Therefore, I will join with children in their struggles.

I sometimes need a refuge.

Therefore, I will provide a refuge for children.

I like it too when I am fully accepted as the person I am.

Therefore, I will strive to experience and appreciate the person of the child.

I make mistakes. They are a declaration of the way I am – human and fallible.

Therefore, I will be tolerant of the humanness of children.

I react with emotional internalization and expression to my world of reality.

Therefore, I will relinquish the grasp I have on reality and will try

to enter the world as experienced by the child.

It feels good to be an authority, to provide answers.

Therefore, I shall need to work hard to protect children from me!

I am fully me when I feel safe.

Therefore, I will be consistent in my interactions with children.

I am the only person who can live my life.

Therefore, I will not attempt to rule a child's life.

I have learned most of what I know from experiencing.

Therefore, I will allow children to experience.

I hope I experience and the will to live came from within me.

Therefore, I will recognize and affirm the child's will and selfhood.

I cannot make children's hurt and fears and frustrations and disappointments go away.

Therefore, I will soften the blow.

I experience fear when I am vulnerable.

Therefore, I will with kindness, gentleness, and tenderness Touch the inner world of the vulnerable child".

In order to live by these objectives of the relationship, the caregiver should integrate them as part of her personality. It will enable her to care optimally for the infant, which will help the infant to become a self-regulated individual.

3.2.1 Characteristics of a caregiver

Only because an individual thinks infants are cute and adorable, does not mean that she will be able to successfully play the role of caregiver. The caregiver must continually strive to expand her knowledge about the growing and developing infant. The caregiver must be willing to learn from others, but especially from the infant in her care. She will be able to learn more about herself through her experience with the infant.

The mother must look for specific qualities in the caregiver that are congruent with her family's lifestyle. With the infant present, she can observe the caregiver and examine her nurturing qualities. The mother will be able to see if the caregiver looks at, touches, and talks to her infant with the message that she cares, that she is interested in him as a person with needs, and that she is sensitive to him as a unique individual. The mother should keep in mind that no substitute caregiver has a biological attachment to her infant. The caregiver will

not be able to intuitively respond to her infant's cues as the mother does. She must give the caregiver detailed instructions on how to recognize the infant's cues and how to respond to them (Sears & Sears, 1997:169).

Oaklander (1988:62) believes it is essential to be open and honest with the infant. With the self-monitoring approach, the caregiver who has goodwill will be able to make contact with the infant, and will refrain from interpretations and judgments. The caregiver must have a sense of humour to allow the playful expressive child in her to come through.

3.2.2 Roles of a caregiver

An actively involved caregiver will find that caring for an infant will come effortlessly and naturally. An infant is always eager to learn new things, so she must make the experience fun and mutually rewarding. Stimulating the infant to become a self-actualized individual is not a formal process. Caregiving should be playful while stimulating his curiosity and need for new experiences. The caregiver should introduce new concepts, answer the infant's queries, and praise him at every developmental stage. While caring for the infant, the caregiver should stop any activity when the infant shows any sign of boredom and should take care not to put him under any pressure. If he experiences learning as fun at infancy, he will experience it as fun throughout his life and will thrive on knowledge (compare Stoppard, 2001:152-153).

Mason (2002:121-123) describes a variety of roles which a caregiver must adopt in daily caring for an infant:

- The caregiver should be warm and nurturing, and should engage with the infant. She should frequently hold and cuddle the infant.
- The caregiver must understand that infants go through different phases of growth and development and, therefore, the interactions and environment she provides must evolve as well.
- Every child develops at a different pace, with his own interests and preferences. The caregiver should be responsive to the individual needs and preferences of the infant in her care.
- The infant should be guided to learn positive behaviours. He should be helped to learn from his mistakes and should be redirected to acceptable behaviour. Clear and consistent limits should direct the infant on what path to take. Discipline should teach him rather than humiliate him.

- The caregiver should actively encourage language and conversation. She should listen to the infant, encourage him to express himself verbally, value and respect what he says, and should clearly explain the reasons for things. The caregiver should understand the importance of books and reading, even in infancy.
- As the infant grows, he should have a variety of toys, materials, games, art, and puzzles that stimulate his interest and development. These materials should evolve in complexity as the infant grows, so that he can test and stretch evolving skills. The infant should be allowed some choices in his activities, so that he can learn to think on his own. Activities should be varied: They should include individual activities and activities with his caregiver, quiet and active play, building, make-believe, as well as music and art.

3.2.3 Responsibilities of a caregiver

When the caregiver takes on the responsibility of caring for the infant, she will become part of the family. It is her responsibility to make the infant's world an interesting and exciting place, in which he can grow and learn. The caregiver's responsibilities will include caring for the infant, and may include light childcare-related housekeeping (Mason, 2002:154) such as:

- supervising and playing with the infant. The researcher is of the opinion that play facilitates (non-verbal) communication and expression of feelings, because it is the language the infant knows best. The infant does not have the language skills to communicate verbally with the caregiver. The caregiver will therefore use the method of play techniques and its forms to enter the world of the child in her care and to achieve optimal growth and development.
- being responsible for the infant's personal hygiene. While caring for the infant, the caregiver should keep his body, clothes and environment clean. If the caregiver is responsible for giving the infant a bath before his mother returns from work, it should become part of her daily routine. She should cleanse his body and hair and brush his teeth after mealtimes. The caregiver should model good personal hygiene, which includes washing her hands after changing the infant's diapers and before snack or meal times. When the infant starts potty training, he should learn to wash his hands after he had used the bathroom.
- preparing the infant's meals, and shopping for his food. Meals and snacks should include healthy nutritious food. Fruits and vegetable should be offered rather than cookies or candy. Water, milk and fruit juices should be offered instead of carbonated sodas. The infant can help select seasonal fruits at the market and can also help in the kitchen to prepare his meals. Being part of the

preparation of his lunch will make him interested in the meal and will promote the infant's self-esteem.

- straightening the infant's room, playroom, and bathroom. An organized and clean environment is more inviting for playing, discovering, and growing. The infant should be part of the organizing and cleaning of his environment. The caregiver can turn cleaning-up into a learning experience. They can sort toys into categories, and the infant can count them or name the colours while putting them in their appropriate places.
- doing the infant's laundry. The caregiver can teach the infant to sort his clothes by categories and colours. All his T-shirts can be folded into a drawer. The infant can match his socks into pairs and store them in his drawer.
- driving the infant to appointments (for example, an appointment with the Doctor). The infant should always be in a car seat while travelling. The caregiver can take along some toys and snacks to keep the infant entertained during the car trip and in the doctor's office. His diaper bag must be packed with a clean set of clothes and diapers. The caregiver is responsible for the safety and well-being of the infant, and can tailor activities and appointments to the infant's needs and interests (Shelov & Hannemann, 1998:427 and Debroff, 2002:458-459).
- help the infant to grow and develop optimally. Optimal growth and development is essential during the infant phase, in order for the infant to function as a self-actualized individual. Through successfully completing this programme, the caregiver will be empowered to fulfil the infant's physical, emotional, cognitive and social needs. This connects with the aims of gestalt therapy, namely self-support, awareness, and integration.

A caregiver should be organized, creative, understanding, patient, reliable, and adjustable. She has to be able to handle adversity and must be ready to make quick decisions. She should be full of ideas about what to do with the infant while caring for him, and she should be ready to share these ideas with the mother. She must keep abreast of all pertinent information about the infant's day and developmental needs, which should be shared with the mother. The caregiver must form a caring, nurturing, and responsive relationship with the infant (compare Brazelton, 1992:113).

3.3 FACTORS IN RECRUITING A CAREGIVER

Finding a caregiver who will care for one's infant is a personal decision. According to Raffin (1996:25) the first two steps in recruiting a caregiver to care for an infant at home, is to develop a job description and an application profile. A job description is a written synopsis of the caregiver's position, which can include her responsibilities, working hours, and salary.

The job description, drawn up by the mother, will also be the written contract for the caregiver. An application profile is a list of personal traits, skills and prior experience, drawn up by the caregiver.

Since no policies or rules have been established in advance, the mother and the caregiver together will have to work out the ground rules. Developing a good relationship requires time, clear communication, and organization. The other part of the relationship is a business agreement. They should discuss their agreement on salary, vacation time, sick days, raises, and other benefits. A written agreement signed by both the mother and the caregiver is suggested. DeBroff (2002:472-473) argues that a written agreement will provide the mother and the caregiver with a mutual understanding of what her responsibilities entail, and reassure both the mother and the caregiver that their interests are understood.

The agreement should cover everything related to the caregiver's responsibilities (DeBroff, 2002:473-473), which include:

- Salary and pay schedule for regular caretaking hours.
- Compensation for overtime hours.
- Benefits provided by the mother (e.g. health insurance and dental benefits).
- Number and names of paid holidays.
- Policy for personal, vacation, and sick days, as well as a requirement that the caregiver notify the family by a certain time in the morning on a day she will be out sick.
- Whether all or some of her vacation time must coincide with the mother's vacation.
- How the mother will reimburse expenses if the caregiver uses her own car to transport the infant. If the mother provides the caregiver with a car, the caregiver must know that she will be responsible for higher deductible

automobile insurance if she causes an accident, and shall pay for traffic violations.

- Year-end bonus and pay raise schedule.
- Special child-care duties, household chores, and carpooling.

Both the mother and the caregiver should sign the agreement. The mother should explain to the caregiver that the agreement is a starting point that she expects to evolve, based on changes in the family's needs. A clause should be included that states that the agreement will be adjusted as circumstance change. Amending of the original agreement should only occur after such amendment has been discussed during a meeting of mutual agreement.

Interviews are the mother's opportunity to explore a caregiver's motivation for wanting this job, her background, relevant child care experience, and time commitment. The usual starting point when hiring a caregiver is to talk to her by telephone.

3.3.1 Telephone interview

The mother can save a lot of time by doing her initial screening by telephone. This call should be short, but the mother must make sure to obtain a few details about the caregiver that are important to her. Moorhead (2002:146) mentions that, if it will be expected of someone to work until 8 p.m. every Wednesday, this factor should be mentioned at this time. It may eliminate a candidate from the start. The mother can ask about basics such as cost, availability, hours, training, and experience. She can then ask about the issues that most clearly reflect her values (compare Davis & Keyser, 1997:129-130). The mother's instinct is the most important thing to go on. If she has a bad feeling about something or someone, she should not ignore it. DeBroff (2002:456-465) states that, just because a caregiver has a good job description or resume and gets strong references, it does not mean that she is compatible with the mother's household or with the infant. She suggests paying attention to what the caregiver asks, as her questions will reflect her priorities. The interview should be terminated if the caregiver seems most concerned with salary and benefits, as opposed to making a good match with the family.

According to Lee (1998:373) the mother must be prepared with written questions when she interviews a prospective caregiver. The mother must request from the caregiver proof of her identity, current address, and names and numbers of references. When checking the references, the mother must be sure to ask why the caregiver is no longer working for that family, and whether that family will hire her back.

The following are questions to ask the caregiver that will help the mother evaluate the potential caregiver. The mother should not do all the talking or be asking all the questions during the interview. The mother should ask open-ended questions, and try not to appear critical of the caregiver's answers. The more comfortable the mother's tone and the interview atmosphere are, the more information the caregiver will share about herself.

The following is information the mother should ask of the caregiver during the telephone interview (compare DeBroff, 2002:466-470, Douglas(a), 2004:192-196, Dowshen et al., 2002:449, Lee, 1998:373, Mason, 2002:145-146, and Meadow & Rocchio, 2003:60-61):

- Why are you interested in a caregiver job now?
- Why did you leave your previous job?
- What kind of childcare experience do you have? Ask her to explain the best as well as the worst experience and how she handled them.
- What was a typical day like in your previous job? What did your duties include, which can include: Did you drive, prepare meals, host play dates, and perform light housekeeping?
- Are you legally permitted to work in the United States of America?
- Are you willing to undergo a background check at our expense?
- Are you willing to undergo a pre-employment medical exam?
- How do you handle issues of discipline? The mother should be specific, asking her what she will do if the infant is crying for an hour or more. Does she believe in spanking or time-out?
- How do you feel about television? Would she watch television while the infant is playing or napping? Would she offer television as a regular activity?
- What are your interests? What do you do in your spare time? Ask her if she smokes or takes alcoholic beverages.
- Do you like to read? Which are your favourite children's books?
- Do you have any health restrictions or dietary preferences we should know about?

- Tell me about your background, where you grew up, and about your family.
- What are you looking for in a family?
- How do you feel about the rules I have set for the infant? Will you be able to follow our standards if your philosophy differs from ours?
- How will you provide new experiences to enhance the infant's mental and physical development? What are the opportunities you can offer to experience art, music, group and individual play, and indoor and outdoor play?
- What do you know about nutrition? Do you limit snacks to nutritional foods like fruits and vegetables?
- What would you do in case of an emergency? Be specific, for example: when the infant chokes, or when a fire breaks out in the house.
- When can you start working?

If the telephone interview went well, the mother should tell the caregiver more about her family and the job requirements. This information will give the caregiver the opportunity to ask questions about the position. When both the mother and the caregiver think that they will make a good fit, they can schedule a face-to-face interview (Douglas(a), 2004:196).

The telephone interview is important, not only to inquire into the caregiver's background and views, but also to clearly outline the needs of the job and the full range of responsibilities.

3.3.2 Face-to-face interview

The mother must have realistic expectations and must be very clear about how she wants the caregiver to care for her infant. The caregiver must realize that circumstances might change as the infant grows older, and that the mother may need to add or subtract responsibilities. These changes must be discussed with the caregiver during regular scheduled meetings (Raffin, 1996:27-28). Moorhead (2002:146) states that most good caregivers are not going to want a job where they feel the mother is controlling them while she is at work. If the caregiver is someone you trust enough to take care of your infant, she should be someone you trust enough to organize his day and activities.

The following is a list of questions the mother can ask the caregiver during the face-to-face interview (Douglas(a), 2004:197):

- If you are offered this position, are you prepared to make at least a one-year commitment to our family?
- What are your salary expectations?
- May I see the documents that prove you are eligible to work in the United States?
- May I have a list of references?
- Would you like to meet the child(ren)?

After the interview, the mother should thank the caregiver for her time and should let her know when she will be getting back to her with a decision.

3.3.3 Checking references and doing background checks

It is essential to thoroughly check references, otherwise the mother will be limited to what she learns through the interview and her observation of the caregiver with her infant. By having an in-depth conversation with prior employers, the mother will have a better idea of the caregiver's capabilities and potential for a match with her family (Mason, 2002:159).

In-home caregivers are not required to be licensed, so the mother will have to check references very carefully. Checking references with previous employees can be challenging. One cannot be sure that the names and numbers one is given are not a caregiver's friend or relative. When calling a reference the mother must be open and friendly and must identify herself in detail. It is important to know the kind of household the caregiver has worked in, as it may be very different from one's own. The mother should not be afraid to ask detailed questions about whether the caregiver is reliable and capable. She can ask what they specifically liked about the caregiver and what their child enjoyed about her. She can also ask about the caregiver's approach to discipline, scheduling, feeding, and comforting, to try to determine whether she is right for the family, the infant, and her own style of child rearing. The caregiver whom the mother ultimately selects will become part of the family, therefore the mother must be sure that she is hiring someone who respects her values, beliefs, and lifestyle (compare Davis & Keyser, 1997:127-130, Mason, 2002:159-161, Meadow & Rocchio, 2003:61-65 and Shelov & Hannemann, 1998:426).

No matter how good a caregiver's references are, the mother should feel a sense of trust and rapport with her. She must rely on her instinct when she decides whether the caregiver is right for her and her infant.

TrustLine is the only background check authorized by the State of California to use three databases which the general public (including private investigators) cannot access. These databases include fingerprint records from the California Department of Justice Criminal History System, the Child Abuse Central Index of California and fingerprint records of the FBI Criminal History system. If the mother wants to perform her own background check, she can perform a variety of searches, including a social security trace, criminal records search, a DMV search, credit report, education and employment verification, professional license verification, and sex offender registration. Some of these reports may require a signed release by the caregiver (Meadow & Rocchio, 2003:62).

3.3.4 A second interview

Moorhead (2002:148) is of the opinion that the mother should have a second interview with the caregiver she is close to hiring. This interview should take a half-day or a full day, during which the caregiver can spend time with the infant and the family. During this time, the mother can observe the caregiver-to-be and can see how she interacts with her infant. The infant also has the opportunity to explore the new person with his mother present. Once the mother knows that the caregiver understands her infant's cues and communication system, she can leave, feeling more confident. When the infant and the caregiver have some sense of knowing each other, neither of them is left with a stranger (compare Davis & Keyser, 1997:130-131 & Sears & Sears, 1997:169-170).

Davis and Keyser (1997:127) describe three main components for building a strong bridge to child care: making a good initial choice, supporting the infant's transition, and nurturing the family's relationship with the infant's caregiver over time. The mother knows the needs of her family, and choosing a caregiver who is compatible with her family will make the transition easier for the family as a whole. A good caregiver will have the insight and the knowledge in the emotional process of separation and adaptation. The caregiver can be a great help during this period by showing a positive, loving, and caring aptitude. A good working relationship can develop when the family as well as the caregiver has the infant's best interests in mind and at heart.

3.3.5 The caregiver is hired

When the mother has found the right person to care for her infant, it is essential that she draw up a contract in a written agreement between herself and the caregiver. The contract is designed to anticipate situations that can lead to

difficulties in the working relationship. In the case where the mother and/or the caregiver want to end the working relationship, the contract will also cover that situation. The following information should be included in the written contract (Douglas(a), 2004:201-202):

- Basic contract information for each party, which includes names and addresses.
- The caregiver's Social Security number to ensure that she is legally allowed to work.
- The date on which the caregiver will start working for the family, should be recorded for future discussions about wage increases and contract reviews.
- The caregiver's hours of work should be in full compliance with state and federal labour laws.
- Standard wages on a per-day period. Indicate the net amount which the caregiver will be receiving on her paycheck after all the appropriate state and federal taxes have been deducted from her wages.
- Overtime wages should be stated within the guidelines of the applicable labour laws.
- Benefits may include a health and dental plan, paid sick days, or a free gym membership.
- Probationary period. The term should be stated clearly after which the caregiver will become a permanent caregiver for the family, and whether she will get a small raise at the end of this probation period.
- General house rules might include whether she is allowed to work on the computer when the infant is napping, and whether she is allowed to smoke in the house.
- Job responsibilities can be written up in detail, which can be attached as a separate appendix to the contract.
- Transportation includes whether the caregiver is expected or permitted to drive the infant to the market or to doctor's appointments. The mother should state whether she has permission to drive the family car and whether she might use it for personal errands (provided that she has a driver's license).

- Discipline policy. The caregiver should respect and follow the mother's discipline policy.
- Emergency contact information is essential, so that the caregiver knows what to do and who to call in case of an emergency. It is wise to attach signed releases authorizing the caregiver to administer medication or make emergency medical decisions on the mother's behalf, since time can be precious when an infant is seriously injured or ill.
- A confidentiality clause can state that the caregiver is forbidden from discussing, publishing, or otherwise disclosing any confidential information related to the family's personal or business affairs.
- The time period that the contract covers.
- An exit clause. The contract should indicate how much notice the mother requires from the caregiver if she decides to quit, and how much notice she will give the caregiver if she decides she no longer needs her services. The contract should also state that, upon termination, the caregiver is required to hand over the keys to the house and the family car as well as any property belonging to the mother and her infant.

When the mother and the caregiver are both in agreement about the contract terms, they will sign and date two copies (one for the mother and one for the caregiver) for their record keeping.

It is important to watch how the caregiver interacts with the infant in order to make sure that they are comfortable with each other. Meadow and Rocchio (2003:65-66) suggest that the mother prepare a list of duties as well as a list of what is expected of the caregiver on a daily basis aside from childcare. The mother must sit down with the caregiver and go over everything a few times during the first days, to ensure that the caregiver understands and accepts the responsibilities of the job. The mother must set a date for a follow-up meeting in two weeks to discuss what is working, and what is not working. The caregiver must understand that she is only being hired for a "trial" period to be sure the relationship is a match before being hired full-time. Effective indicators of a good child care match, according to Davis and Keyser (1997:131-132), is the infant's overall demeanour, his relationship with the caregiver, the reports the caregiver gives the mother about the infant's day, and her own observation. The mother must evaluate whether she is continuing in a comfortable relationship with the caregiver, and whether the caregiver is continuing to support her and her infant through this difficult adjustment period.

3.3.6 Building a relationship with the caregiver

Good two-way communication is essential to a positive parent-caregiver relationship. The purpose of regular scheduled meetings is twofold, according to Raffin (1996:178), namely to discuss the infant as well as to resolve any issues between the mother and the caregiver. The mother should impress upon the caregiver the importance of acknowledging newly-acquired accomplishments and developmental skills. If the caregiver does not respond to his developmental skill, the infant may be less motivated to exercise it (Sears & Sears, 1997:170). Shelov and Hannemann (1998:440) suggest that the mother and the caregiver should periodically have longer discussions to review any problems and to plan for future changes in the infant's care. Enough time should be allowed to discuss all the facts and opinions that both the mother and the caregiver might have on their minds. The mother should start the conversation on a positive note by acknowledging the caregiver's contribution to the family, and thank her for it. Thereafter she can move on to her concerns. After presenting her own thoughts, the mother should ask for the caregiver's opinions and pay careful attention to them (compare Moorhead, 2002:152-153).

Both the mother and the caregiver should feel free to bring up concerns, problems, or issues as well as joys and accomplishments. Each should feel that their perspective is being understood and valued (Davis & Keyser, 1997:132). It is essential to agree on specific objectives and plans, in order to reach a positive and working relationship. It is advisable to make a list of topics beforehand. DeBroff (2002:457) suggests discussing concerns with the caregiver in a non-confrontational manner. The mother must set up an atmosphere of trust and openness that encourages the caregiver to do the same. According to Shelov and Hannemann (1998:440) there is little that is strictly right or wrong when it comes to child rearing, and most situations have several "right" approaches. The mother must try to be open-minded and flexible in her discussions. The conversation should be closed with a specific plan of action and a date to meet again. Both the mother and the caregiver will be more comfortable if something concrete comes out of the meeting.

It is important for the infant to know that his mother feels good about the caregiver with whom she is leaving him. He needs to know that she is someone his family has embraced, and that she can be trusted. The mother needs to let her infant know that it is all right for him to bond with his caregiver, to depend on her, to enjoy her, and to love her. Some parents find it difficult, and they might feel threatened to let their infant care for someone outside of the family.

A strong relationship between the caregiver and the infant will make him feel secure, and will help him to expand the universe of people he trusts and loves. A positive relationship between the caregiver and the infant will ensure that he gets

the warmth, supervision, and individual attention he needs. Teaching the infant that the world is full of nurturing people, is an important part of opening up the world for him (DeBroff, 2002:458 and Davis & Keyser, 1997:132). A secure relationship that is built on trust, love and individual attention, is an essential stepping stone in character building, as well as for optimal growth and development.

3.4 SEPARATION BETWEEN MOTHER AND INFANT

Daily separations have a quality of predictability and regularity that, over time, the infant can learn to anticipate and grow used to. Consistency helps make separations easier for the infant. Davis and Keyser (1997:119-120) states that even regular separations may be difficult at first or even later, after they have already been successfully established. The infant may experience difficulty saying good-bye, which may be related to changes, development, stress, or temperament factors over which his mother or the caregiver may not have control.

Davis and Keyser (1997:119-120) are of the opinion that, although daily separations can sometimes be difficult for the infant, they can also be valuable and worthwhile. They help the infant to establish trust and give him opportunities to build significant relationships with other caring adults.

3.4.1 Strategies for dealing with separations

It is essential that the mother and the caregiver work together in order to help the infant to deal with separation when his mother goes to work. Consistency, clarity, and confidence can all help ease daily separations between the mother and the infant (Davis & Keyser, 1997:120-126):

- **Make leaving and arriving home as regular as possible.** The only way an infant can anticipate that his mother is going to come back is through practice. Leaving and arriving home at predictable times will make it easier for him to get used to the schedule. The infant's internal clock begins to expect the routine, which helps him deal with the separation.
- **Always say good-bye.** When the infant is struggling with separation, it can be tempting to slip away unnoticed. The infant may grow up with the idea that he cannot get involved in a relationship, because somebody he cares about might slip away. Even if the mother has to interrupt her infant, saying good-bye is important.

- **Having confidence in her infant's capacity to make a successful transition.** When the mother takes the time to say goodbye to her infant, she lets him know that she is leaving. She will be coming back, and that she trusts that he is going to be okay while she is gone.
- **Develop a good-bye routine.** Leaving rituals can make separations easier. The infant might walk to the front door with the caregiver, standing at the window with the caregiver, or even blowing kisses at his mother. Such rituals reassure infants.
- **Leave a token behind.** The mother can leave something with her infant to make separation easier. A familiar shirt that has her smell on it or a plastic-covered photograph is a cherished article, which the infant can touch and smell throughout the day.
- **Respond to the infant's needs for reassurance.** During those times when the infant clings more and it seems that he needs his mother more, it is useful to be more available. Even when it is difficult, separation teaches valuable lessons. When the infant is nurtured and well cared for by the caregiver, he learns to trust other people, to see the world as a safe and friendly place.
- **Make the infant's activities away from his mother special.** The mother can leave a treat or suggest a favourite activity for the infant and caregiver to do while she is at work.
- **Encourage the caregiver to talk about his mother.** The caregiver might think it is better not to mention the mother when she is gone, because she does not want to make the infant sad. Actually, talking about his mother helps the infant to remember her and gives him a chance to express whatever feelings he is already carrying. Inevitably, he will have some sadness and confusion about his mother being gone. It is beneficial if he can express some of his feelings while she is gone, instead of saving it all for his mother's return.
- **The telephone has its limitations. Make a tape of the mother's voice.** The infant is often confused by hearing his mother's voice on the telephone, because he does not understand why he can hear her voice but not see her or climb onto her lap. The mother can use a tape recorder to make a special tape recording for her infant. She can sing his favourite songs or tell him stories. Having a tape recording which can be turned on or off can be preferable to the telephone, because the infant can listen to the tape whenever he wants to hear it. Since he does not have control over when his mother leaves or when she comes back, it is helpful for him to have control over a small piece of her while she is gone.

- **The caregiver can prepare the infant for his mother's return.** The caregiver can reassure the infant about his mother's return and tell him when to expect it. She can help him pick some leaves or draw a picture to share with his mother when she gets back. Doing something with his mother in mind will help the infant feel connected and prepares him for her homecoming.

The caregiver must keep in mind that she is also responsible for the infant's safety while he is in her care. She must therefore be aware of the safety hazards in his environment and eliminate them in order to keep him safe.

3.5 INFANT SAFETY

Reducing hazards in the infant's environment, and promoting safe practice in everyday living, can reduce the chance of injuries and even death during childhood. The caregiver needs to know how infants are injured and how those injuries can be prevented. By being part of the family system, the caregiver must observe the infant's environment and be aware of dangerous elements. The growing and developing infant will soon be rolling, sitting up, crawling, and walking, in order to explore his world. While playing with the infant on the floor, the caregiver will be at the infant's level where she can see his world from the infant's viewpoint. At this level, the caregiver can look out for objects or circumstances that can be of harm or danger to the infant.

According to Sears and Sears (2002:44) the mother and the caregiver can structure the infant's environment to make it easier to stay within the limits of a childproof environment. Structure does not mean suppressing the exploring infant, but rather setting conditions that discourage dangerous behaviour and that allow safe and desirable behaviour. Structure protects and redirects, freeing the infant to be a child. It will provide a positive "yes" environment, which lessens the number of no words the caregiver will need to use. For example, instead of saying "No, do not put your finger in the electrical outlet", the caregiver can put safety plugs in the outlets.

3.5.1 Indoor safety

According to the American Heart Association (1997:9), one of the most important items in an area where children spend time, is an emergency sticker on the phone. This sticker should include the telephone numbers of the police, fire department, ambulance, local hospital, physician, and poison control centre in the area, as well as your home telephone number and address.

The caregiver should be aware of safety methods regarding burns and smoke inhalation, falls, firearms, poisoning, toy injuries, choking and suffocation, and drowning (American Heart Association, 1997:9-14):

- **Burns and smoke inhalation**

Fire and burns are frequent causes of injury and death in infants. When the infant comes into contact with hot irons, curling irons, or heating sources, such as stoves and fireplaces, he can burn himself. By keeping appliances out of reach of the infant, and by placing barriers around heating sources, these burns can be prevented. Many scalds from a hot liquid occur in the kitchen when infants grab pot handles extending over the stove, spilling the boiling contents on themselves. The infant can also be scalded by hot water in sinks or tubs when the caregiver leaves him alone momentarily. By reducing the temperature of the hot water heater to 120° F (50° C) , this injury can be prevented.

Flame burns most commonly occur when a house catches fire. Many burn injuries have been prevented by the development of flame-retardant children's sleeper. Using appliances with frayed cords or damaged plugs can cause electric short circuits, which may cause house fires and deaths.

Installing and maintaining smoke detectors on each level of the house can prevent smoke inhalation. Smoke detectors must have batteries, and these batteries must be changed twice a year (American Heart Association, 1997:9-10).

- **Falls**

A common fall occurs when an infant climbs out of a crib. Many crib injuries result from an unsafe crib. If the infant's arm, leg or head becomes wedged between the crib rails and the mattress, the infant can sustain a fracture. The infant can suffocate and die if his head becomes caught between the widely spaced bars or if his clothing gets caught on corner posts.

The use of infant walkers is discouraged, because of the dangers they create, especially near stairs or ramps. Gates should be put over the lower portion of windows in high-rise buildings, to prevent falling. It is important to keep stairways safe by providing adequate lighting, removing toys, tacking down loose carpets, and using appropriate gate enclosures.

Sears and Sears (2002:17) maintain that the connected mother and caregiver will set limits while providing structure that makes it easy for the infant to obey. By shaping the infant's environment, they say no to the infant when he is heading for the stairs, and also put a safety gate on the stairs. Childproofing the house is a

form of discipline, a way of setting firm limits and a way of helping the infant obey them.

- **Firearms**

According to the American heart association (1997:11), injuries from firearms are a leading cause of death and permanent injury in children. These firearm injuries result mostly from handguns, which can be found in the home loaded and readily accessible to children. If a gun is kept at home, adults should ensure that it cannot be found or operated by infants. The gun should be stored unloaded, and the ammunition should be stored in a location separate from the gun.

- **Poisoning**

Curious and exploring infants are often victims of poisoning. Resourceful infants who stack objects and climb up them have reached high shelves that were thought to be safe for storing medications and harmful chemicals. Safe storage of medicine and household cleaning supplies are the most important methods of poison control and prevention of poisoning. Poison should never be stored in empty food or drink containers. It should be stored in labelled containers, in high places out of the infant's sight and reach. Staff at the poison control centre can provide accurate, immediate information about poisonous products, and will also provide first-aid instructions and treatment recommendations.

- **Toy injuries**

Toy-related injuries include children falling on, tripping over, or being hit by toys, and choking from inhalation of small toys or parts of toys. Electric or battery-powered toys can overheat, melt, and start fires, causing other toy-related injuries. The caregiver should examine the toys available to the infant, for small or broken pieces that can cause an accident. It is therefore important that the infant only play with age-related toys, under supervision.

- **Choking and suffocation**

Choking and suffocation are common causes of preventable death in children younger than one year. While choking is caused by the inhalation of food or objects, suffocation is caused by constriction about the neck or blockage of the nose, mouth, or windpipe. Choking or suffocation results in blockage of the airway passages, which interferes with breathing, and can cause death or brain damage.

Common objects that choke or suffocate infants are:

- Food items, such as hot dogs, grapes, nuts, popcorn, and hard candy. Fluids can cause choking if they are given to an infant who is lying down, especially from a propped bottle.
- Toys and parts of toys that are small enough to be placed in the mouth.
- Drapery and extension cords, as well as cords from which toys and pacifiers are hung around the infant's neck.
- Plastic bags and balloons are frequent causes of choking and are difficult to remove.

- **Drowning**

Drowning is suffocation by immersion in water, resulting in death. The household bath is the most common site for drowning in the infant's first year of life. Infants must always be supervised while taking a bath or playing near a container of water, including toilets.

3.5.2 Outdoor safety

When infants play outdoors, they are expected to be active. Infants should play away from streets, which eliminates the temptation to follow a ball into the street. When the infant is playing outside, the caregiver should supervise the infant. Drowning and playground injuries are the most common leading causes of injuries or deaths among infants (American heart association, 1997:14-15).

- **Drowning**

Drowning in backyard swimming pools is a leading cause of death and permanent brain damage in infants. An infant is inquisitive by nature, and water offers exciting possibilities. The infant's natural curiosity, his inability to appreciate the danger and depth of water, and the attraction of water play is a dangerous combination. Contrary to belief, the drowning infant often sinks quietly without screaming for help. The caregiver should supervise the infant when he plays in or around the water. All toys must be removed from the pool area at the end of every supervised swim and play period, so that the infant is not lured back into the water. It is essential that the caregiver know CPR.

- **Playground injuries**

Ensuring that all the equipment is safe can reduce the number and severity of playground injuries. When taking the infant to the playground, the caregiver can regularly inspect the attachments, cables, and seats of swings, before letting the infant play on them.

With these safety guidelines in mind, the caregiver can help make the infant's daily environment as safe as possible, by inspecting the areas where the infant spends his day.

3.6 CONCLUSION

The characteristics, roles and responsibilities of the caregiver were discussed in this chapter. The caregiver becomes part of the family system, which focuses this chapter upon finding the right caregiver for the needs of the family.

Leaving her infant with a stranger can, at first, be difficult for the mother as well as for the infant. Separation is part of life, and the infant will gradually accustom himself to anyone who takes care of him, and who makes him feel secure, loved and nurtured.

The mother should develop a job description and an application profile when she decides to recruit a caregiver. Developing a good working relationship starts with the interview between the mother and the caregiver. Interviews are the mother's opportunity to explore a caregiver's motivation for wanting this job, her background, relevant child care experience, and time commitment. The usual starting point when hiring a caregiver is to talk to her by telephone.

During the telephone interview, the mother and the caregiver should agree on the policies and rules for hiring the caregiver to care for the infant. When both the mother and the caregiver think that they will make a good fit, they can schedule a face-to-face interview. A written agreement is advisable, which must be signed by both the mother and the caregiver when a mutual agreement is reached and mutual interests are understood.

Apart from the information the mother gathered from a telephone interview and a face-to-face interview, a reference check on the caregiver is essential, in order to gather information about her capabilities and her potential. When hiring a caregiver, she becomes part of the family and should therefore be someone the mother can trust and feel comfortable with. The mother can depend on various resources when doing a background check on a potential caregiver, including TrustLine.

A second interview is advisable, which should take approximately a half-day or a full-day, where the caregiver spends time with the infant and the family. The mother can observe the caregiver's interaction with her infant, and the infant gets to explore the caregiver with his mother present. After this interaction, neither the caregiver nor the infant will be left with a stranger. A caregiver who is compatible with the family will make the transition easier.

In order to develop a good working relationship, with the infant's best interest in mind, the mother should take the time to develop a list of duties and chores that she expects of the caregiver daily. She must ensure that the caregiver understands and accepts the responsibilities of her job. The caregiver should be given a "trial" period of two weeks, in which the mother can evaluate the infant, as well as the family's relationship with the caregiver.

Regular scheduled meetings are essential for discussing the growth and development of the infant, as well as to resolve issues between the mother and the caregiver. Each should experience these meetings as positive, during which their perspectives are being understood and valued.

The infant will learn to anticipate and grow used to his daily separation from his mother when there is consistency, clarity and confidence in his daily routine.

While caring for the infant, the caregiver must be aware of safety hazards in his environment and must try to eliminate them. She must keep in mind that the infant is growing and developing. In order to promote a safe practice, she must get down on the infant's level in order to observe the environment from his rolling, sitting, crawling or walking position, inside the house as well as outdoors.

A practical training programme for optimal in-home-care of an infant by a caregiver will be developed in chapter four. In order to develop this programme, a need assessment will be done to understand the needs and expectations of the mothers of the infants and of the caregivers. This information will be combined with the information gained from the literature study, in order to develop the programme.