

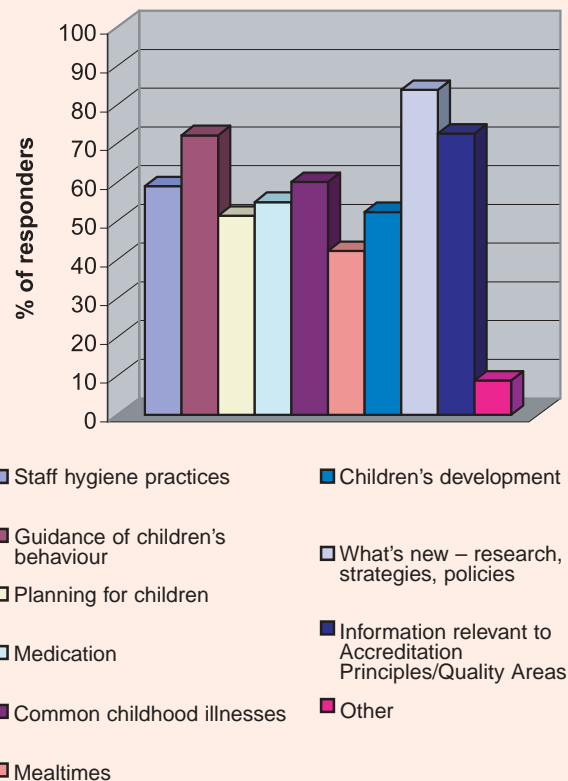
Childcare and children's health

HEALTH CARE INFORMATION FOR CHILDCARE STAFF AND FAMILIES
FROM THE ROYAL CHILDREN'S HOSPITAL, MELBOURNE

Survey results – *Childcare and Children's health*

- The response to the survey to childcare centres conducted in late 2001 was very pleasing both in the rate of return from the busy childcare sector and in the positive and encouraging replies. The responses were generally representative of the demographics of childcare centres throughout Australia. Responses came from smaller and larger size services.
- **Directors/Co-ordinators are the dominant readership** of this publication and the publication is predominantly used as the need arises for information on a range of topics.
- **Parents have become a substantial part of the readership** within centres either through direct access to the publication or through staff photocopying, summarising or conveying messages from the publication through regular newsletters.
- The publication scored very **favourable ratings** on the dimensions of
 - **Usefulness of topics**
 - **Clarity of information**
 - **Layout and design**
 - **Photos and illustrations**
- An extremely **high percentage** of respondents thought that the **publication length as well as the length of articles** were “just right”.
- An encouraging **63.8%** had made changes based on information from the publication. These changes mainly related to **staff practices, centre policy and staff confidence**.
- The **subject areas that would assist most in the delivery of quality children's services** were identified as
 - **What's new? – research, strategies, policies**
 - **Information relevant to Accreditation**

Information that would assist most in the delivery of quality children's services



Principles / Quality Areas

- **Guidance of children's behaviour**

Also there was substantial interest in 3 other areas

- **Common childhood illnesses**
- **Staff hygiene practices**
- **Medication**

- Generally the **target group has strongly supported** ▶

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CONTENTS

Survey results	1
Behaviour problems in young children	2
Health initiative	2-3

the current practices of the *Childcare and children's health* publication.

- There has been an **increase in the number of centres having internet access** but it is also apparent that this **access is not universal** within centres, with Directors and Co-ordinators having dominant use. It

seemed that even for those with internet access that an on line version of *Childcare and children's health* would not replace the need for hard copy at this point.

*Jan Duffie,
Senior Project Consultant,
The Centre for Community Child Health.*

Behaviour problems in young children

One of the most frequently nominated areas of concern to readers appears to be the issue of behaviour problems. Dr Jill Sewell, a paediatrician with experience in a behavioural clinic for children was asked to present her medical perspective on this issue.

Parents and carers notice a wide variety of behaviours in young children. They may be concerned whether some behaviours are normal especially where the behaviour varies in different settings, eg. home or child care, or at different times.

All parents have concerns about their young child's behaviour at times. This table below shows some common concerns about different behaviours at different ages. What some parents or carers would consider to be normal behaviour, others may consider abnormal. This depends on parental perceptions, experiences, cultural backgrounds and memories of childhood and family.

What causes behaviour problems?

Problems can be related to factors within the child, such as temperament and developmental strengths and weaknesses. Other factors may be within the family or the environment, such as family stability and stresses, health of family members, community beliefs and practices and parenting styles. Sometimes there is a specific childhood disability.

It can be useful to think of a spectrum of behaviours:

1. **Non problem due to misinformation**, eg. 'bedwetting' at 18 months (which is within the normal range of behaviours)
Suggested Action – information and education.
2. **Normal 'problems behaviours'**, eg. temper tantrums at 2 years
Suggested Action – sensible behaviour management.
3. **Longer standing more intensive behaviour problems**, eg. highly active, can't settle to tasks, poor self control at 4 years
Suggested Action – specific planned behaviour management, may need referral for assessment and help.
4. **Serious behaviour disorder**, eg. autistic spectrum disorders, developmental disability, consistent uncontained aggression.
Suggested Action – referral for assessment and management.

What happens when the child is referred?

Referral can be within the community service network, or to other providers such as a community nurse, GP, paediatrician, or early intervention team. Although each professional may approach the task slightly differently, most would ask the parents in detail about the child's

COMMON BEHAVIOURAL CONCERNS NOTED BY MOTHERS

Behaviour	Age 2 %	Age 3 %	Age 4 %
Resisting going to bed	70	46	56
Talks back (cheeky)	42	73	72
Disobedient	82	76	78
Seeks attention constantly	94	48	42
Whines and nags	83	65	85
Active, hardly ever still	100	48	40

(Green, C. 1990 Toddler Taming, Doubleday)

health and development as well as behaviour, and obtain permission to get information from other carers. There may be a request to fill in behaviour checklists or questionnaires. Assessment of behaviour and development in the child may be by observation, or by using “standard scales” eg. The Denver Scale. Some children need further referral, to check hearing or language development.

It is important for all professionals to understand and respond to the concerns of the parents (family-centred practice). Many parents feel guilty that they are not ‘perfect’ parents. But what children need are parents who provide

- Attention
- Affection
- Adequate supervision

And who are

- Encouraging
- Notice and praise acceptable behaviour
- Set appropriate limits
- Listen to their children

Behaviour management of problem behaviours includes:

- Reinforce wanted behaviours (catch ‘em being good)
- Ignore unwanted behaviours when possible (this would not apply to biting and hurting others for instance)
- Set clear guidelines or limits
- Act rather than speak, ie. don’t explain (again), don’t argue, don’t blame. Use the logical consequence eg if child tears book, the child should help repair it

- Sparing use of ‘time out’ introduced in ways that preserve the child’s self respect and dignity to help the child calm down when out of control. (NB. ‘Time out’ should **exclude** isolation, humiliation and labelling etc. It should **exclude** actions like ‘sitting in a naughty chair’ or being isolated in another room while all other children are outside. It could **include** asking a 4 or 5 year old to sit quietly, think about and come to tell you a better way to have acted or for a younger child, it would be appropriate to draw them away from the main activity and explain why their actions have been inappropriate)

It is important to be consistent, firm but not angry, and more persistent than the child. It is even more important to be encouraging, and reassuring. Children’s anxieties and fears often underlie difficult behaviour.

If parents or carers are worried about a child’s behaviour, it is better to discuss it with a knowledgeable and helpful professional, even if it turns out to be within the normal range. Carrying a worry does not help a child, and may make it harder to manage the behaviour. Most behaviour settles down if help is obtained early, before patterns are entrenched.

Refer to QIAS / FDCQA Requirements for Behaviour Management:

QIAS Principles: 1.2, 2.1, 2.2, 3.1, 6.4, 10.4

FDCQA Principles 1.2, 1.7, 3.3, 3.4, 5.2

Author: Dr Jill Sewell,

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The Centre for Community Child Health, RCH, Melbourne

Health initiative

The Health Inequalities Research Collaboration: Facilitating Research Capacity through the Children, Youth and Families Network.

The initiative should be a very helpful resource to promote understanding of the changing context in which children’s services operate and some of the implications for practice.

Despite economic growth and falling unemployment, disadvantaged Australians continue to get sick more often and die younger than more well-off Australians. These inequalities in health are evident for children and young people as well as adults. This means that some children are more likely to have worse health outcomes as a result of being in a low-income family, having unemployed parents,

or parents with a low level of education. In Australia, some of the most disadvantaged groups include Indigenous and rural Australians. Within these groups, research has shown that young people and children are making up an increasing portion of those who are poor, and therefore likely to have poor health.

In a report commissioned for the Commonwealth Department of Health and Aging, researchers at the QUT School of Public Health examined the evidence on how these inequalities could be addressed and reduced in Australia. A need for increased workforce development via capacity building was identified, in terms of providing



health practitioners with information resources, as well as access to training and development. The researchers recommended that the following activities were needed to improve our understanding of the causes of health inequalities and to find possible solutions.

- A closer collaboration be developed between researchers, service providers and policy makers
- Programs that attempt to reduce inequalities be implemented and evaluated more closely
- Strategic research be applied to address current gaps in knowledge; and
- Mechanisms be created for distributing research findings and health updates.

From these recommendations, *The Children Youth and Families Network* was funded by the Health Inequalities Research Collaboration of the Department of Health and Aging. In a broad sense, the Network aims to provide leadership and advocacy for health research in this area,

develop a list of priority areas for researchers to study, and provide information resources for people working in the field of health inequalities.

The CYF Network will achieve this through a number of activities. These include the circulation of a newsletter that contains the latest research findings, as well as program evaluation and analysis. It will also provide a calendar of conferences and workshops in health, and information regarding the best websites and resources in the area of health inequalities. The CYF Network's website will be in operation by the end of May 2002. The website will act as a focal point for researchers and practitioners, by directing them to the latest findings and most useful information resources. Towards the end of 2002, an overseas visitors program and sponsor workshops on research priorities and methodologies will commence. The activities of the Network will provide practical supports to professionals and researchers working with children, young people and families, to enable them to better understand the factors contributing to unequal health outcomes between different groups in Australia, and to start to close the gap and create better health for people across the board.

If you would like to subscribe to our free newsletter and be a member of our network, please contact

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