

# Childcare and children's health

Health care information for childcare staff and families from the Centre for Community Child Health

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## Working with Culturally and Linguistically Diverse (CALD) Families

### Increasing diversity – new challenges, new rewards:

Families in Australia are becoming increasingly diverse, bringing new challenges and rewards for carers. One challenge is to find meaningful ways in which to include CALD families, and to support and value their

contributions. The rewards gained from inclusive, respectful work with CALD families are invaluable. Research has demonstrated the positive effects of collaborative relationships between carers and families (Mitchell, 2003). Children gain confidence and self-esteem when they feel themselves and their families to be valued and respected.

**Children's development is fostered when their families are supported, their culture is respected and there is consistency between the different contexts of the child's life (Mitchell, 2003).**

*One of the core needs of all children is to have their behaviours and beliefs mirrored by adults around them... Such mirroring and valuing is essential to the development of a healthy self-image. (Barrera and Corso, 2003:12).*

### Different perspectives on childcare and development

Compare the following statements. The first one comes from a carer, while the second is the voice of a parent:

*"Ahmed apparently does not want to work independently. He constantly requests my presence and won't start his activities until I approach him. How can I teach him to be more independent?"*

*"Our child is caring and likes to be with us. We like to do things for him. How can we communicate that the autonomy that practitioners value so much is not so important to us?"*

These two accounts (taken from Barrera and Corso's book of 'Strategies for responding to cultural diversity') illustrate the gulf that can occur between the ways carers and families understand and interpret experiences and behaviour. As this example shows, cultural expectations, norms and values held both by carers and families may lead to real differences in child rearing practices and expectations.

Communication difficulties arising from language differences are the most obvious of the



challenges facing carers working with CALD families, but other challenges stem from cultural differences. It is important to consider that families may not share the carer's priorities and particular goals: a study conducted in 2002 found that the most important aspects of childcare for parents overall were 'health and safety, personal characteristics of the staff, parent-carer communication and flexibility of provision.' (da Silva and Wise, 2006). These are not necessarily the same priorities held by carers, and some CALD families may also have different priorities to these. For example, some families may be anxious about a perceived emphasis on independence and the weakening of the interdependence valued within their culture, illustrated in the example of Ahmed, above. The experiences of the family prior to their arrival in Australia may also contribute to different perceptions and priorities. Refugee families, who have fled war zones or experienced other direct threats to their lives, may have priorities that are focused on immediate physical safety and survival. Learning to trust strangers or people in positions of authority, and even learning to value care given outside the family, may be especially challenging for these families.

Differences may also arise in relation to care-based activities, including play. For example, active play for girls may be regarded as inappropriate by families from some cultural and religious groups. In some traditional cultures, singing and dancing, even for pre-school aged children, is prohibited. Working out activities that are acceptable to carers while accommodating different cultural practices requires discussion with the families. Some examples of mutually acceptable activities include games of musical chairs, ball games, 'Simon Says' or 'Follow the Leader' ('Active Play for Young Children'). Religious and cultural dietary practices and taboos, for example not eating pig meat, also need to be understood and respected. These differences are part of the challenges that arise from the increasing diversity of families in Australia.

**Sensitivity to cultural and religious issues is important: it is part of the care-giving role that supports families and provides an inclusive, nurturing environment in which children and families feel understood and valued.**

**Sensitivity involves empathy and is built upon knowledge and understanding.**

CALD families share many characteristics with others, but there are additional problems and concerns that these families are likely to experience. Most families have concerns about work, money, health and safety, but these concerns are exacerbated when language and other cultural barriers exist. A lack of knowledge of,



or access to supports and entitlements, may deepen these concerns. Many CALD families do not have extended families or communities to provide support, and childcare can be approached as a necessary but worrying reality. Additional concerns felt by families from CALD backgrounds that carers need to be sensitive to may also include:

- concern about their own and their child's ability to speak English
- concern about possible loss of language, religion and moral values
- feelings of inadequacy about their inability to provide exclusive care for their own child.

### **Building positive relationships**

In responding to these challenges, carers need to consider how best to build positive relationships with each child and their family. This applies to all families but is especially important for CALD families who might not be familiar with care. It is a process that involves finding out about each child – their strengths, needs and interests. Getting to know the family is important, too. Families can provide knowledge and insight into their child. This is especially important when children are first coming into care. The foundation for a meaningful, respectful relationship begins with a welcoming orientation program in which:

- names are used correctly. In some cultures it is considered impolite for a child to correct an adult, so it is important that carers ask about names and titles, and ensure they are correct

- families are invited to meet carers at a suitable, mutually agreed upon time
- an interpreter is used where there are language differences that may limit communication. Communication needs to be clear and accurate, so, if possible, a trained interpreter should be used
- families are invited to bring a trusted friend or relative to provide support
- families are acknowledged as the experts on their child and asked about special interests, abilities, routines and needs
- families are asked about arrangements for their child's sleep, toileting and clothing. In the early period of care, it might be helpful for carers to compromise on their usual arrangements to ease the transition
- families are provided with information about the care and given opportunities to discuss how their expectations and needs might be accommodated
- parents are invited to ask questions and have their concerns respectfully addressed.

Planning the care environment and program to help CALD children and their families feel welcome begins with a 'strengths-based' approach that recognises that all families have strengths. Most carers would already:

- display greeting messages in different languages, including the languages of children in care
- use books, games and music that reflect cultural diversity and include the backgrounds of all children in care
- provide and share food from diverse cultures, including those represented in the care environment.

Additional suggestions are:

- encouraging children to bring culturally significant items to show and talk about with others
- being aware of and sensitive towards different communication styles and protocols – both verbal and non-verbal. For example, in some cultures it is inappropriate to touch a child's head; in others, children are taught that it is rude to have direct eye contact with an adult
- allocating of dedicated times when parents are invited to talk with carers about their concerns and about their child's achievements and progress.

### **CALD families are individuals, too**

Families may share particular cultural practices, values and beliefs

on the basis of common ethnic origins, but all families have individual features and characteristics, too: they are not just defined by their race or ethnicity. Acknowledging and responding to the cultural differences of CALD families should not be at the expense of recognising and valuing these individual characteristics and qualities.

**The basic principle of working with CALD families is inclusion, based on understanding, meaningful communication and mutual respect.**

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**QIAS – 1.1, 1.4, 2.1, 2.2, 2.3, 4.3, 6.1, 6.2, 6.5, 7.3**

**FDCQA – 2.1, 2.2, 3.7, 4.2.**

*Our thanks to VICSEG (Victorian Co-operative on Children's Services for Ethnic Groups) for providing the photographs for this edition.*

*The Parent Fact Sheet accompanying this article is available in different community languages and can be downloaded from the Early Childhood Connections website [www.econnections.com.au](http://www.econnections.com.au)*

## Working with Culturally and Linguistically Diverse Families – Case Study

Bahire Raif's Cypriot Turkish family came to Australia when she was seven years old. She remembers her mother sitting at home, writing letters back home and crying. The isolation of her mother left a lasting impression on Bahire, and it has given her compassionate insight into the experiences of the Iraqi, Lebanese and Turkish families she works with at Bellbrae in Melbourne's western suburbs. The program Bahire runs at the centre reflects the empathy she feels for CALD families. It puts into practice her conviction that you need to work with whole families and act as a resource for linking them into the wider community. Children benefit from the wide-ranging program at Bellbrae as they see their parents welcomed and included, with their culture reflected in the centre.

The practices of the Bellbrae centre involve a formal program and informal networking and support. It draws upon the resources of the local area, including the City Of Hume's Global Learning Village Library Service, where multicultural and multilingual resources are available and where families can meet informally and socialise in a café. Bahire believes strongly that carers should act as a link between families and wider resources. Care is, Bahire says, often the first port of call for newly arrived families, and it is their link to the wider community. Finding out about what is going on in the area is one of responsibilities Bahire assumes as part of her role. This knowledge helps her to be involved with CALD families and to help them access resources. An international playgroup run by Uniting Care's Orana Family Services is another of the local resources Bahire directs families to. Other resources Bahire has linked families to include Turkish play groups and Vietnamese parenting courses. Bahire recommends local councils as sources of this knowledge, and she also suggests that local Maternal and Child Health Nurses often have their fingers on the local pulse.

A Bilingual Storytime Program, run by the Hume Global Learning Village Library Service, is a feature of the centre's program. Trained bilingual workers come to the centre to tell and read stories in Arabic, Turkish, Vietnamese, Assyrian and English. Storytime is not just for children from those backgrounds – all children participate – and families are



invited for the sessions that involve words, gestures and songs. The rich tapestry of shared experiences the storytelling weaves is illustrated by the Vietnamese child who declares 'I love this song' when her favourite Turkish song is sung, or the Arabic mother who said 'oh good, my child's going to learn to count in Turkish' when she heard the 'Bee-hive' song with its counting chorus. Food is the basis of other activities at the centre. At festival times, food provides a focus for learning about cultures, and it allows Bahire to ask 'What is happening?' and to acknowledge CALD families as experts in their own cultures. Particular family rituals and traditions are asked about and shared. Everyone is invited to prepare and share food. Bilingualism goes beyond the Storytime Program, as Bahire believes it is important for children to see the script of their own and other languages. Books and posters in the home languages of the children at the centre allow the children to recognise the words and written symbols their parents use – the script in the paper that Dad reads, for example. Bahire's program and the links and supports she provides for CALD families help to alleviate the isolation her own mother experienced at a time when few such supports were available. The program enriches the experiences of all families.

## Allergies and Anaphylaxis

Food intolerance or sensitivity is common among children in Australia. Allergies are less common, but their incidence seems to be increasing. Unlike food intolerance, food allergy involves the body reacting to a specific protein, with common reactions including hives, rashes, facial swelling, vomiting and breathing difficulties. The most common food allergies for children are nuts, fish, shellfish, milk and egg. Soy, sesame seeds and wheat are also common triggers of allergic reaction. Allergies must be taken seriously. Any symptoms should be closely monitored, and medical advice sought if necessary. Reactions should be discussed with the child's parents.

**Young children need a variety of foods to be healthy, so it is important that foods are not restricted unnecessarily. True food allergies are diagnosed through a skin prick test, and many young children outgrow specific food intolerance or allergy.**

A more serious, but very uncommon allergic reaction is anaphylaxis. It is the most severe form of allergic response, involving a generalised (systemic) allergic reaction, often involving more than one body system – the respiratory and cardio-vascular systems, for example. Common anaphylactic triggers include the foods listed above, plus insect venom from bees, wasps and jumper ants. Some medications, including penicillin and alternative medicines, can also trigger severe allergic reactions. Allergy and anaphylaxis triggers (allergens) can also be air-borne.

**Anaphylaxis is potentially life threatening. Symptoms develop rapidly – usually within 15 to 20 minutes, so anaphylaxis must be treated as a medical emergency requiring immediate treatment.**

Understandably, anaphylaxis is a cause of great concern. But medical advice is that anaphylaxis is uncommon, and it is reassuring to know deaths are quite rare – especially in children under the age of 5. While the risks are small, carers do need clear, appropriate plans for managing allergies and anaphylaxis. Individual children whose allergies have been medically confirmed need individualised plans, developed with the assistance of the child's parents.

Carers should also be aware that the children in their care may not yet have been exposed to foods that may cause an allergic or anaphylactic reaction.

Carers need to know how to manage an emergency situation which may arise for a child with a known allergy, and as a general precaution for children with no history of allergic reaction. A 'Sample Risk Minimisation Plan' is available from: [www.dhs.vic.gov.au/earlychildhood](http://www.dhs.vic.gov.au/earlychildhood).

### **EpiPen® and EpiPen® Junior**

**Administering adrenaline, through the use of an EpiPen® is the only effective way of reversing the symptoms of anaphylaxis. An EpiPen® should be available for all children with a known risk of anaphylaxis. Where the child weighs between 10 and 20 kg, EpiPen® Junior should be used. For children and infants weighing less than 10 kg, appropriate emergency management of anaphylaxis needs to be worked out in consultation with the child's family and allergy specialist. EpiPens have expiry dates, but, in an emergency, it is better to use an out of date EpiPen® than to do nothing.**

*The website of ASCIA (Australasian Society for Clinical Immunology and Allergy inc.) provides full details of the use of the EpiPen® See: <http://www.allergy.org.au>*

**Managing known allergies and anaphylaxis risk should involve all care staff and families. Decisions and strategies need to be discussed and understood.**

- Avoidance of the known allergy-trigger food or substance is an obvious basic precaution
- However, while all efforts should be made to ensure the affected child does not come into contact with the allergy trigger, complete avoidance of foods that trigger allergic reactions cannot be guaranteed and should not be the only protective measure. Unclear or inaccurate labelling of prepared food, for example, may mean that the food is inadvertently present

- Food sharing between children with known risk of anaphylaxis and others should always be avoided. Any child at risk of anaphylaxis should only have food provided from home or given with the parents' explicit permission. This includes snacks and treats. New foods should be first introduced at home
- All carers or staff involved in food preparation and delivery need to know what foods may trigger an allergic reaction in children. They should know the specific allergic food triggers for individual children in their care, be trained in appropriate food handling and be familiar with food labelling, including recognising alternative terms for foods – eg. casein is another term for dairy milk protein
- Incidental exposure to even very small amounts of foods that trigger anaphylaxis may be potentially fatal to affected children, so care also needs to be taken to ensure contact does not occur through activities that do not involve consumption of food or drink. Where possible, separate tables should be used for food consumption and play or craft activities. If this is not possible, the tables and chairs should be thoroughly cleaned between uses
- Containers, packages and other materials used for art and craft activities should be checked to ensure they have not been in contact with allergy triggering foods or substances
- Routine hygiene practices help to reduce the risk of accidental contact with trigger foods: children and carers should always wash their hands before eating and when they arrive at care. If carers have contact with the trigger food, they should also thoroughly wash their hands and mouths after eating
- An EpiPen® and EpiPen® Junior (depending on the weight of the child) must always be available and accessible for children at risk of anaphylaxis. On excursions, the appropriate EpiPen® must be taken, and a carer trained in its use should always be present. Where possible, a spare should be kept.

**Note:** This article replaces the advice previously given on this topic in *Childcare and children's Health*, Vol. 4, no. 3, 2001.

### Resources and References

A useful resource for carers to use with children is 'Alexander the Elephant' a DVD animated story of a peanut allergic elephant.

A resource for parents of children with food allergies to use in collaboration with their child's carers is a toolkit: 'When others care for your child'. Included is emergency information, an EpiPen® trainer kit, an Action Plan guide and a DVD with guidance for parents and carers. It is available through the website of Anaphylaxis Australia <http://www.allergyfacts.org.au>

Much of the material for this article is derived from the Allergy and Immunology Department website at The Royal Children's Hospital, Melbourne.

#### Additional reference sources and useful websites include:

Anaphylaxis Training Resources for educators and allied health professionals: ASCIA website: <http://www.allergy.org.au>. 'Food allergies in children: what to look out for, what to do and how to react' *Every Child* Vol.12, no 2, 2006

Multicultural material on allergies and anaphylaxis is available from the NSW Multicultural Health website: <http://www.mhcs.health.nsw.gov.au>

QIAS – 2.1, 6.1

FDCQA – 1.2, 1.3, 4.2, 4.3

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