

Water – The Drink for Children

With an ever-increasing variety of flavoured, sweet drinks available on the market, it is easy for children to be enticed away from the best drink for them – water. However, water, and to a more limited extent, milk, are the only drinks children need to stay hydrated and healthy. Adequate hydration is particularly important in children, who can quickly fall ill when dehydrated. Carers are in a position of responsibility to encourage and ensure adequate drinking of water by children in their care, and may do so using some of the strategies outlined in this article.

Why water is best

Water is required by all humans to aid digestion and the elimination of body waste, to allow the body to regulate its own temperature and to prevent dehydration. Children can be at higher risk of dehydration than adults, in part because they are less effective at perspiring and because their bodies generate more heat during exercise.

Children also often ignore or do not notice the warning signs of dehydration (such as headaches, irritability or feeling dizzy or tired). Dehydration in children can rapidly deteriorate into heat exhaustion, heat stroke or more serious illnesses. Therefore, carers must ensure they constantly provide water, and remind and encourage children to drink adequate amounts each day.

Milk is also an important drink for children as it supplies a large percentage of children's daily calcium requirements. However, intake should be limited to approximately three glasses per day (depending on intake of other calcium-rich foods) so that a child's appetite is not affected. Water should be a child's main source of hydration.

The problem with sweet drinks

Water is the best way to keep children's bodies running efficiently without adding unnecessary sugar to children's diets. If provided with a balanced, healthy diet, children will obtain enough sugar from the foods they eat; additional sugar from sweet drinks, is not required.

'Sweet drinks' include soft drinks, cordials,

flavoured milks, flavoured mineral waters, sports drinks, energy drinks, fruit drinks and fruit juices. Consumption of sweet drinks can lead to a number of health problems in children, including excess weight gain, tooth decay, diarrhoea, malnutrition and reduced appetite or fussy eating.

How much water do children need?

Babies obtain the water they need through breast milk or formula. From about six months, additional water is needed to keep the body functioning well.

The amount of water children need to drink can vary according to a number of factors, including the amount of physical activity undertaken by a child each day. The following table should therefore be used as a guide only to the water intake required by children aged 0 – 8 years.

	Adequate intake values	
Infants	0-6 months	0.7L/day (from breast milk or formula)
	7-12 months	0.8L/day (from breast milk, formula, food, plain water and other beverages, including 0.6L as fluids)
Children	1-3 years	1.0L/day (~ 4 cups)*
	4-8 years	1.2L/day (~ 5 cups)*

*Including plain water, milk and other drinks

Encouraging water drinking

In order to encourage children to drink water, all adults in a child's life, including carers, should model water drinking. Most importantly, children should always have unlimited access to safe drinking water. The following strategies are suggested:

- Teach children to drink *before* they feel thirsty. By the time a child tells you they are thirsty, they are already partially dehydrated.
- Provide water for children to drink before, during and after play and with all meals.
- Provide jugs of water for children to help themselves. The jugs should be unbreakable and able to be managed easily by children.



- Older children may also be encouraged to help themselves to water at communal taps.
- Some carers ask parents/caregivers to provide a (labelled) water bottle for their child when he/she comes to childcare. Make sure the water bottle can be opened independently by the child.
- If jugs of water or communal taps are not available, ensure water bottles provided for children are kept topped up at all times and are placed where children can easily reach them.
- Be vigilant for any signs of dehydration. Warning signs include tiredness, dizziness, irritability, not urinating or having a dry nappy for more than six hours, urine that looks darker and smells stronger than usual, a dry, parched mouth and lips and no tears when crying.
- Help children acclimatise to warmer weather by slowly increasing outside play over 10 to 14 days.
- Keep children inside during the hottest part of the day, as per SunSmart guidelines.

- Ensure children are adequately dressed for outside play, in light clothing that shields from the sun.

If children complain of not liking the taste of water, try:

- Adding slices of lemon or orange or a sprig of mint.
- Freezing small pieces of chopped fruit in ice-blocks and adding these to water at snack and mealtimes.

It is equally important to help parents and caregivers understand that sweet drinks should only be consumed occasionally. In the same way that we are trying not to refer to food as 'good' food or 'bad' food, but rather as 'everyday' and 'sometimes' or 'occasional' food, it may be helpful to think about drinks in the same way.

Those parents/caregivers who wish to include some sweet drinks in the family eating plan should:

- Limit sweet drinks to one small glass per day.
- Try to choose fruit juices that are 100% juice and contain some fibre.
- Stock the smallest serve size of juice.
- Avoid keeping sweet drinks in the house.
- Water down any sweet drinks offered.

Children who are encouraged from an early age to drink adequate amounts of water daily and only have sweet drinks occasionally, are more likely to form healthy drinking habits for life.

FDCQA: 4.2, 4.3

QIAS: 6.1

A full list of references and the Parent Fact Sheet (available in different community languages) can be downloaded from the Early Childhood Connections website: www.econnections.com.au

<p>AN INITIATIVE OF</p>  <p>The Royal Children's Hospital Melbourne Centre for Community Child Health</p>	<p>SUPPORTED BY AN EDUCATIONAL GRANT FROM</p>  <p>Johnson & Johnson Health Care for Life</p>	<p>SUPPORTED BY THE NATIONAL CHILDCARE ACCREDITATION COUNCIL</p>  <p>NCAC</p>	<p>SUPPORTED BY THE AUSTRALIAN GOVERNMENT DEPARTMENT OF FAMILIES, HOUSING, COMMUNITY SERVICES AND INDIGENOUS AFFAIRS</p> 
<p>National Editorial Panel Chair: Ms Marie Lewis Ms Denise Taylor Professor Frank Oberklaid Ms Tonia Godhard AM</p>	<p>Editor Dr Estelle Irving</p> <p>Production Editor Ms Cathy Archer Ms Penny Miller</p>	<p>Contact Details Tel: (03) 9345 7085 Fax: (03) 9345 5900 Email: penny.miller@mcri.edu.au</p>	<p>Websites: www.econnections.com.au www.rch.org.au/ccch www.raisingchildren.net.au</p>

Childcare

and Children's Health

VOL 12 NO 1 MARCH 2009

A national program developed by the Centre for Community Child Health at the Royal Children's Hospital in Melbourne with support from Johnson & Johnson. This publication promotes current expert advice on child health and wellbeing and current policies and practices for those who work with young children and their families.

Partnership with Families – Some Ways to Go About It

Having in place policies and other statements about partnerships with families is important, but these mean little unless they are translated into everyday practices. Relationships between carers and families are no different to most, in that they are not created and strengthened mainly through major dramatic encounters but rather the accumulation of everyday ordinary encounters, actions and words – what is said and how, what is not said, small gestures and acts.

The very nature of a reciprocal respectful partnership with families means that both carers and families have responsibilities. However, it is up to carers to take the lead, as some families may come to childcare not expecting such a relationship. Following are some examples of the ways that carers can establish and strengthen partnerships.

In the beginning

First impressions matter and getting off to a good start with families is important. The initial visit and interview sets the tone for the partnership and is its beginning.

- Invite families to bring all key family members to the initial visit if they want to.
- Offer families a tour of the centre or home.
- Introduce other staff members in the centre or other family members in a family day care home.
- Encourage families to share information about what they want for their child, what is important to them about their child's experience and the child's interests, needs and abilities.
- Talk with families about the service philosophy and values, with some examples of how they translate into practice.
- Encourage families to ask questions and express concerns, not just at the beginning of participation, but throughout the time they use the service.
- Give families information about daily procedures and practices – practical information about how to sign in, where their child's belongings can go, what spaces they have access to.
- Give written information to back up what is discussed, but don't view it as a substitute for a solid and robust discussion.
- Talk about partnership and what it means – what responsibilities and rights it involves for both families and carers.
- Discuss the settling-in process. Emphasise that it is flexible, while stressing the value of a family



member staying with the child as a way of creating trust and security, and assisting carers to get to know the child. Be flexible and accepting of what is possible from the each family's perspective.

Establishing a sense of community

A family day care home or a childcare centre is a small community. There are many things that carers can do to support a sense of community among families, children and others involved.

- Let other families know when a new child and family are starting with a notice and perhaps a photo (if the new family agrees, of course).
- Create an environment that reflects the lives, cultures and communities of families. Photos, music, foods, play materials, and experiences that come from carers, families and children collaborating are likely to be welcoming and meaningful and demonstrate respect for diversity and difference.
- Encourage families to share information about practices, beliefs and values that may be related to their culture. Avoid making assumptions or generalisations and avoid stereotypes.
- Act on an understanding that each family is unique; therefore the relationship with each will be unique. Some families want a more intense relationship with carers than others do. Some will share much more information than others. Avoid pressuring families to 'tell all' about their lives.
- Monitor how much communication occurs with families. Do carers communicate much more with some families than with others? Are there valid reasons for this or are changes needed?
- Offer a variety of meaningful ways for families to be involved in their child's experiences and in the operation of the service. These can range from one-off activities to ongoing and more demanding activities, as well as social occasions. However, these should be viewed as voluntary, without families being pressured to participate.
- Build strong links with other agencies and professionals in the community, so that when families need additional support they can get referrals and support to access it.

- Keep in mind that a friendly welcoming smile or shared laugh and a brief conversation with a family member – not always about the child – can go a long way.
- Identify how much of the child's experience is negotiated with families, how much there can be no negotiation about (because of regulations or service philosophy and rules), and how much is decided by them. In a centre you may want to do this room by room. If your list contains many more items in the second category than in the first and third, you may need to re-visit the extent to which you are working in collaboration with families.

Communication is the key

Partnerships rest on ongoing honest and respectful two-way communication.

- Have a variety of ways of communicating, as one way won't suit all. Use daily information sheets, emails, phone calls, notices, newsletters, a comprehensive up-to-date handbook, videos, notebooks, folios, documentation panels – but view these as a supplement to rather than a substitute for frequent informal face-to-face conversations.
- Use translators. Although a lot of friendly communication can occur when two people don't speak the same language, it is critical not only that written information is available in families' home language but also that someone can translate conversations between carers and families.
- Let families know that you want to hear what they think, what they are concerned about, how they see their child. Listen to them, and demonstrate that you take what they tell you into consideration – in other words, that the child's experience is a negotiated one.
- Keep in mind that parents are people, not just parents. Although the child is the centre of your interest in communicating with them, have conversations occasionally about other roles and dimensions of their lives. Greet them by name.
- Pay attention to the tone of all material written for families. Is it friendly and respectful? An environment full of notices and instructions about what to do and not do is not very welcoming.

- Look at the organisation of the day with the aim of maximising opportunities to talk to families when they drop off and pick up their children without compromising supervision of children and helping them make a comfortable entry into care.
- In addition to ongoing informal communication, put in place ways of getting feedback from families – for example a questionnaire or survey several times a year or a suggestion box. Demonstrate that you genuinely want to know what they like about what is happening with their child, what they would change if they could, what they don't understand.
- Give families an appropriate amount of information over a period of time as they need it or request it. Saying everything in the beginning usually doesn't work. Mostly families want information on an 'as-needed' basis.
- Go beyond displaying the program as a way of letting families in on what is happening. Often programs are written up using jargon and almost in code. Go beyond just telling families *what* children are doing, to giving them information about *why* experiences are offered, and afterwards, how the children engaged, and what has been learned.
- Involve families as well as children in assessing children's experiences.
- Be open about issues many families face in child care, such as coping with their child's and with their own feelings about separation, the child's reluctance to leave at the end of the day, worries about being replaced by the carer as the child's most special person.
- Give advice to families only when it is asked for, or is essential to the child's welfare.
- Have in place processes for constructive conflict resolution. Convey to families that it is inevitable that occasionally there will be differences when the focus is something as important as a child. Hopefully these can be resolved informally, but when they cannot there are procedures in place.

Some key questions about daily practice

- How informed are families about what is happening with their child – not only *what* is going on, but *why*?

- What systems are in place to ensure that families and professionals periodically share their picture of the child?
- How much is known about what each family cares most about in his or her child's experience?

Communicating effectively requires:

- respect for families as children's first and most important teachers
- warmth
- sensitivity and tact
- paying attention to and using the family's wisdom about their child
- professionalism, including confidentiality
- highly developed observation skills
- confidence that allows flexibility and embracing uncertainty
- commitment to always striving to learn more about children
- appreciation of the positive difference carers can make in the lives of the children and families.

As with all relationships, empathy – putting yourself in the shoes of the family and thinking about how you would feel and what you would want to know – helps a lot with partnerships. It also helps to keep in mind that the aim of partnerships with families is contributing to a child's relationships with family members and connection to family.

References:

This article was written by Anne Stonehouse. It is based on 'Partnerships for Children. A Resource about Professionals Collaborating with Families in Early Learning Services' prepared by Anne Stonehouse for the Centre for Community Child Health, available at: www.rch.org.au/ecconnections

The previous issue of *Childcare and Children's Health* (Vol 11, No 4, December 2008) looked at the importance of Collaborative Partnerships in Childcare Services.

FDCQA: 1.2, 1.3, 1.4, 3.1

QJAS: 1.4, 2.1, 2.2, 2.3, 3.1

Partnerships With Families: Case Study

Katrina Sheppard, Director of UnitingCare Ella Child Care Centre in Sydney believes that the 'personal touch' is really important in building and maintaining effective relationships with families. She knows parents and siblings by name and she uses a number of different strategies to ensure that communication is two-way and frequent.

Communication

Communication that responds to the needs of families is one way that the Centre shows its respect and support for families. When families first enrol their child, they are asked how they would like the Centre to communicate with them. At this centre, most parents have access to email and choose to use email for everyday communication about any issues of concern – for example, an outbreak of nits. Families also use email to keep the Centre informed about anything that may be affecting their child. Apart from the day-to-day issues, email is used to communicate with parents about policy matters. The advantage of this is that it allows parents to read the material when it suits them, and it gives them time to consider their response. The Newsletter is sent via email, but a printed copy is also made available.

Carers communicate with families in many other ways, too, including:

- Room diaries for two-way communication
- Daily journal with a parent's input section to share home events and news
- Monthly newsletters from each groups with: recipes; lists of songs, books, activities the children have enjoyed; children's birthdays, new babies, etc.
- Daily Eat/Sleep charts, detailed feeding and toileting information

Physical environment

The Centre is in an old Federation era building and Katrina feels this adds to a homely and welcoming environment. "We're really conscious of the physical environment", she says, and careful consideration is given to every aspect of the

environment, whether it's the point of entry to the building or the location of her office.

A 'harmony garden' at the entrance to the centre is a peaceful and relaxing haven with seats, bird feeders and decorative statues. Parents (and other family members) can sit outside and take the time to relax and chat or simply enjoy the garden. The calm surroundings are very different from the rushed atmosphere that can occur when parents are collecting their children.

Katrina's office is located just inside the front door and is opposite the place where parents sign in and out. An internal window looking out on to this area is always open so that she can chat informally with parents. A communication box and the printed copy of the Newsletter are kept here, allowing Katrina to talk with parents about any issues they may wish to discuss.

Social activities

The Centre has a very active Social Committee and many family-oriented events are planned, including barbeques and moonlight cinema. The events are very successful in involving families. Katrina believes that one explanation for their success is that parents don't pay separately for the events, nor are they used as fund raisers. Instead, families pay a yearly levy that allows the focus to be on enjoying the event and socialising. Parents don't feel pressured to attend.

Another reason for the success of the social activities is that, with active involvement from the Parent's Advisory Committee, the social calendar is organised and distributed very early in the year. Parents are then reminded of the events by email.

Community involvement

Active community involvement is also an important part of the Centre's relationships with families and the wider community. For example, the pre-school group enjoy sharing morning tea and singing for the aged in the community and carers drop in on local businesses owned by families.