

Childcare

and Children's Health

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.

Sleep

Good sleep habits are essential to children's healthy development. Children who get enough sleep are more engaged and less prone to behavioural problems and moodiness. Sleep also promotes alertness, memory and performance.

Although sleep is a time to rest and recuperate, there is in fact a lot of activity taking place inside the body and brain. During sleep, blood supply to the muscles is increased, energy is restored, tissue growth and repair occur and important hormones for growth and development are released.

Sleep doesn't always come easily. Sleep issues are common during childhood, with up to 40 per cent of children experiencing some type of sleep issue between infancy and adolescence. However, sleep issues may be better managed or even less likely if we understand sleep better and how it can be best managed in early childhood education and care (ECEC) settings.



Photo courtesy of Parenting Research Centre

Understanding sleep

Sleep cycles

As we sleep, we go through cycles of deep and light sleep. A baby's cycle is short and lasts 20 to 50 minutes, whereas an adult's cycle lasts around 90 minutes.

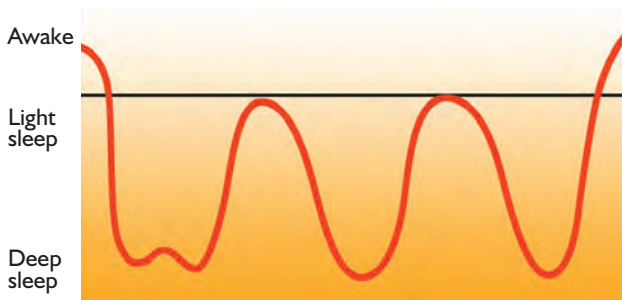
SIDS and Kids Infant Safe Sleeping Program recommendations for ECEC services:

- Sleep babies on their backs, not tummy or side. (If a child turns onto their side or stomach during sleep, then allow them to find their own sleeping position. For babies younger than six months, try to gently resettle them on their backs, keeping in mind that this may disturb and wake them.)
- Sleep babies with their faces uncovered – no doona, pillow, soft toys, bumpers or lamb's wool.
- Avoid exposing babies to tobacco smoke before and after birth.
- Provide a safe sleeping environment including safe cots, mattresses and bedding. Never sleep babies on pillows, beanbags or couches.
- Ensure cots meet relevant Australian Standards – AS 2172 or AS 2195 (portable).

Although the risk of SIDS is usually greatest in the first two years of a child's life, educators and services are encouraged to maintain these safe sleeping practices for all children. For more information visit www.sidsandkids.org

Deep sleep is quiet sleep; babies are still and breathe evenly, although they sometimes jerk or startle. During light sleep (active sleep), babies look restless, groan, sometimes open their eyes and even wake up.

The amount of time we spend in each phase of sleep varies depending on age – newborns spend about half their sleeping time in an active (lighter) sleep. But by three years old, only one third of sleep time is active, and this continues to reduce as children grow older.



(Raising Children Network, 2011)

Managing sleep and tiredness at an ECEC setting *Safety*

Effective rest and sleep strategies are important to ensure that children feel secure and safe, and ECEC settings have a duty of care to ensure that all children are provided with a high level of safety and comfort when resting or sleeping and to maintain adequate supervision.

Your setting should have its own Rest and Sleep policy that outlines strategies and practices for safe resting and sleeping. These need to be in line with recommendations from recognised health and safety authorities, such as SIDS and Kids (for cots and bedding) and the National Health and Medical Research Council (see *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care*, 4th Edition).

Sleep and rest routines

Although it may not be possible to maintain each child's home sleep routine, it is important to collaborate with parents and develop a routine that your setting can accommodate that also meets the needs of the child and their family.

Babies and young children (newborns to three year olds) settle more confidently when they have formed attachments with familiar and trusted adults, and this can have a great impact on their quality and quantity of

sleep. Therefore, ECEC settings need to consider their staffing during rest routines to prioritise the use of educators most familiar with the children, especially for babies and toddlers.

It is a good idea to try to teach children about the importance of sleep and rest by talking about sleep and rest in conversations and through books and storytelling.

Sleep and rest times

While infants' sleep times are tailored to individual routines, most services have planned 'rest' times for older children (two to five year olds). During these times, children should be encouraged to sleep, rest or engage in quiet experiences. It is important to give equal consideration to those children who do not need to sleep. Quiet, solitary experiences or activities such as reading, arts and crafts, puzzles, drawing and yoga are good 'rest' alternatives that respect sleeping children.

It can be a challenge to tune into each child's sleep needs from day-to-day. When caring for groups of children, create environments that encourage rest and sleep by reducing stimulation (dimming the lights, playing gentle music, talking quietly) and creating quiet time to prepare for sleep and rest. A familiar but flexible routine at this time is important.

Children should not be forced to sleep or lie down during planned rest times. Similarly, educators should not prevent a child from sleeping or resting when they are tired even if it is outside the scheduled rest time. Remember to ensure that whenever children rest and sleep they are in a safe and supervised environment.

Recognising signs of tiredness

Just 10-20 minutes of gentle playtime will tire out very little babies and they will probably get overtired if they've been awake for more than 1½ hours. A 3-6 month old baby will be overtired after 1½-2½ hours awake; at 6-12 months after 2-3 hours awake time; and at 12-18 months if they miss out on the morning or afternoon sleep.

When a baby starts to yawn, grizzle or cry, this is usually a good indication they are ready for a sleep or a change of activity.

Other less obvious 'tired' signs to watch for include:

Babies	pulling at ears; jerking arms/legs; closing fists; fluttering eyelids; frowning; arching back; staring; stiffness; sucking on fingers; difficulty focusing (even appearing cross-eyed); rubbing eyes (for babies over four months).
Older children	clumsiness; demands for constant attention; clinginess; boredom with toys; fussiness with food, tears.

Working with parents to manage sleep

Starting at an ECEC setting can be an anxious time for children and families as they adjust to a new environment and routines. However, it can be helpful if a child's rest and sleep routine is discussed during enrolment or orientation. The family's preferred routines and techniques can be shared among the educators who work with that child and family. For example, does the child have a favourite story or lullaby? For older children, does the child have a dummy or a comforting toy that is permitted under safe sleep practices?

It's important to keep up the conversation with parents about their child's sleep throughout their time at your setting, as the child's needs will change over time. Also, consider and respect the different cultural practices that some families might have. Being aware of a child's sleep routine at home can give educators valuable insight. Similarly, let parents know if their child rested or slept well, or if they were unusually tired or hard to settle. This can help both parties manage expectations.

A common issue for educators and parents is when a child sleeps during the day at your setting but doesn't as part of their normal home routine. One reason for this is that children are often more active and stimulated at the early education and care setting than at home. It is a good idea to discuss all the options with parents so they can understand the situation, contribute to the solution and agree to the routines to be followed by educators. Offering children quiet, solitary activities can be a good alternative to sleep. Another option can be to let the child sleep for just

one sleep cycle to take the edge off the child's tiredness and minimise the impact of the day time sleep that night. Remind parents that postponing sleep often makes a child overtired and difficult to settle for their night time sleep.

To alert you to the end of a sleep cycle, watch for when children become more active or restless in their sleep, or for movement under closed eyelids. This is the time to gently rouse them further by picking them up, cuddling and quietly talking or singing until they are fully awake.

There may be situations when a family uses a particular technique for settling that concerns educators – either from a practice or a service policy perspective. While a setting should do its best to accommodate the sleeping habits of all children, a setting cannot accept the risk and potential consequences of unsafe sleeping practices and should follow the recommendations from SIDS and Kids. Talk to the family sensitively and highlight the advice of SIDS and Kids and your relevant policy.

For example, if a parent asks that their baby sleep on their tummy or side, explain that this increases the baby's risk of SIDS and that they will be placed on their back to sleep unless the service is advised in writing by a medical practitioner. This requirement should be noted in the service's policy on Sleep and Rest. Educators need to work closely and sensitively with families when these issues arise, and when necessary, develop a staged plan for making changes to sleeping habits together.

Children's rest and sleep are crucial to their healthy development and wellbeing. By understanding the biological basics and importance of sleep, safety guidelines and the importance of communicating with parents, ECEC settings can help each child rest and sleep well while under their care.

QIAS Principle: 6.5

FDCQA Principle: 4.5

A full list of references and the Parent Fact Sheet can be downloaded from the Centre for Community Child Health website: www.rch.org.au/ccch

Managing Sleep at The Joey Club

The Joey Club is a long daycare centre based at Melbourne's international airport, open 6.30am to 6.30pm each day and caring for and educating the children of Qantas and Air Service Australia employees. As a work-based centre, children come from all over Melbourne. Their parents are often shift workers, who perhaps understand the importance of quality rest and sleep more than most!

There are close to 100 children – from six weeks to five years old – enrolled at The Joey Club, which has 21 permanent staff.

Good quality sleep and rest is one of the centre's top priorities. Centre Director Julie London explains, "sleep and rest times are a relaxed and unhurried positive experience for our children and staff. There is no rush to have children in bed and resting or sleeping by a certain time, and the children are able to move into and from the sleep areas in their own time. Children don't have to sleep if they don't want to."

Julie explains, "we have ongoing discussions with families about how and when their children settle and sleep, beginning at the initial tour of the centre and enrolment interview, continuing at orientation sessions and throughout their time at the centre, as appropriate."

Daily written information as well as verbal discussions (at collection or via the phone) is also provided to parents about their child's sleep/rest routine.

At The Joey Club, two separate rooms have been set up specifically for rest and sleeping, adjacent to the playrooms for the centre's youngest children.

Julie says, "we fit in with each family's routine and preferences for sleep, particularly in the babies' room. This means we have children who are asleep and awake at all different times of the day, depending on their individual needs."

Each day, staff ask the older children if they want to sleep or rest. This is done in consultation with families so that home routines are mirrored as

much as possible. Those that do sleep go into a separate room adjacent to the playroom where beds are set up. Those children who do not sleep have access to the full program in the playroom.

To manage educators' break time, The Joey Club employs the same relief staff each day to cover all breaks. This ensures that the relieving caregivers are familiar to the children and sensitive to their needs.

The centre also works with parents to solve any issues with children's sleep or rest behaviours, for example, when a parent requests that their older child sleeps during the day but the child doesn't want to. As an alternative to sleeping, educators encourage the child to rest on their bed and engage in a quiet activity such as looking at books. After a good period of quiet resting time, the child can then get up to play. The centre reports back to the parents that while the child didn't sleep, they had a genuine, quality period of rest.

Julie says, "parents respect and embrace our approach to children's sleep and rest routines. We find they really appreciate the separate sleep areas that enable their children to rest and sleep in a quiet, peaceful, supervised environment. And they also appreciate that we are positive in our approach to children who are not sleeping – so the children who don't want to sleep can play and engage in meaningful experiences, even though others may be sleeping or resting."

The Joey Club is managed by KU Children's Services and follows the KU Rest and Sleep Policy.

Do you have a case study to share?

The Centre for Community Child Health is looking for case studies to complement articles in *Childcare and Children's Health*. If you work in early childhood education and care and have a story to share or know of a program that's supporting young children's health, development and wellbeing, contact Anne Mason at anne.mason@mcri.edu.au

Oral Health

Early childhood educators have a key role to play in promoting and implementing good oral health practices to help children develop good oral health for life.

Many people think that 'baby' teeth are less important than 'adult' teeth, but oral health care in the early years is critical. Baby teeth set the pattern for adult tooth development and damage or major decaying early on can lead to painful and expensive dental problems later in life.

Dental decay can occur in children as young as six to 12 months of age. In fact, high rates of dental decay – or oral disease – are a significant issue for preschool-aged children and their families.

A school dental service survey in 2002 showed that 42 per cent of five-year old children experienced dental decay, 75 per cent of which was untreated. This means that damage is being done to children's teeth before they begin school.

Like diet, sleep and physical activity, forming healthy oral health habits and routines early on helps set up good oral health for life. Under the current National Childcare Accreditation Council's standards, long daycare and family daycare services are required to be aware of current dental recommendations and oral hygiene in their daily programs.

Tooth development and teething

Deciduous (baby) teeth are important in guiding the growth and development of permanent teeth. Baby teeth appear at varying times and teething usually occurs between six months and three years. Most children will have a full set of 20 baby teeth by the time they're three.

The teething period has been described as an eight-day window, including the four days before tooth eruption and the three days following.

There are lots of different symptoms and signs attributed to teething: frequent crying or crankiness; appetite loss and upset stomach;

sucking on objects such as toys, dummies and bibs; more frequent dirty nappies; and pulling the ear on the same side as the tooth coming through. However, there is debate about whether these signs are really related to teething. It's important to avoid using teething as a blanket diagnosis for normal childhood behaviours and illnesses and to remember that exposure to infection and illnesses means that there can be lots of reasons – including fever, congestion and diarrhoea – for young children to have these symptoms.

Local symptoms (including a low-grade fever) can occur when children are teething, but symptoms that affect a child's whole body or a system, such as decreased appetite for liquids, congestion, sleep disturbances, diarrhoea/loose stools, vomiting, cough, body rash, or fever greater than 38.9°C, are not caused by teething.

If you are concerned about any symptom in a child in your care, you should follow your service's usual procedure for alerting the family to signs of illness.

About tooth decay

If children suffer from tooth decay, they are likely to experience pain and complications. In infants, the upper four front teeth (incisors) are the most commonly affected.

Risk factors for dental decay in pre-school children include:

- late to start tooth brushing
- low frequency of tooth brushing
- frequent snacking
- using a bottle to feed after 12 months of age and/or settling a baby to bed with a bottle
- use of a dummy that's been dipped in sweet substances
- high or frequent consumption of sugar and sweets.

Promoting good oral health

Children should brush their teeth twice a day – once after breakfast and once after dinner. Most children will need assistance with teeth cleaning up to about the age of eight years.

Even before teeth appear, babies' gums and tongues need to be cleaned with water and a washcloth. As soon as the first tooth appears, a soft toothbrush designed for children under two years of age can be used. Very young children do not need to use toothpaste; a low-fluoride toothpaste can be introduced when children are 18 months old.

When they are old enough, children can also be encouraged to rinse their mouths with water after meals and snacks.

While children will mostly brush their teeth at home, settings can support and model good oral health routines by:

- encouraging healthy eating habits that can contribute to good oral health (sweet, sticky foods and drinks can contribute to tooth decay). Avoid giving sweets as treats or a reward.
- remembering that what a child drinks can affect their oral health too. Encourage children to drink tap water. Milk – breastmilk or formula for children younger than 12 months – is also suitable.
- if children eat breakfast at your service, consider how oral hygiene can be part of the post-breakfast routine.

Talking about teeth

Talking to children about their teeth and modelling healthy routines is a good start to developing healthy oral hygiene and practices.

- Talk to children about why teeth are important for eating, speaking and appearance.
- Educators can use a piece of fruit to help children explore their mouth and teeth – what do different parts of the mouth do? Do teeth have different jobs (front teeth cut; back teeth grind)?
- Talk about teeth brushing habits. For children that are too young to brush or clean on their own, have older children model good practices, like mouth rinsing.
- Talk about visits to the dentist to help children understand what to expect and alleviate anxiety. Dental Health Services Victoria recommends that a child first visits the dentist at 12 months of age.
- Invite a dental professional to an information session for parents and carers.
- Develop oral health displays that create interest for children and their parents.
- Involve parents in the development of an oral hygiene program that is appropriate to your service.

QIAS Principles: 6.1, 6.3

FDCQA Principles: 4.2, 4.3

A full list of references and the Parent Fact Sheet (available in different community languages) can be downloaded from the Centre for Community Child Health website: www.rch.org.au/ccch

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