Food allergy is a problem in its own right, and not just as a marker for other health problems (Carbone et al., 2004). The reality for many disadvantaged parents of young children is that services are being provided in a way that causes an allergy to those who need it least. There is a growing consensus that, rather than as products of social injustices, rather than as products of social injustices, rather than as products of social injustices, rather than as products of social injustices, rather than as products of social injustices, rather than as products of social injustices, rather than as products of social injustices, rather than as products of social injustices.
• Build the capacity of informal networks – while informal networks are important for emotional support they also tend to be ambivalent and fragile.

Key findings from this study:
• Most families have high support – However, around 37% of parents regard themselves as not at all well connected to either informal or formal supports and have a strong sense that single parents are judged by their families, their communities, and the services which are funded to assist them.

Formal services can be important sources of social support if they are respectful, flexible and honest. Parents indicate that schools and childcare are their (schools, childcare) are well placed to assist parents.

Housing.
• ‘First to know’ agencies have with isolated families could particularly apply in the case of general practitioners, child health services, Centrelink and Housing.

Normal, non-stigmatising environments (schools, childcare) are well placed to assist parents who do not trust formal services.

Parents indicate that schools and childcare are their lifelines. To gain the trust of isolated families there is a need for skilled and resilient workers, working from universal settings, who can really support parents in non-judgmental ways.

• Flexible, affordable childcare – an important issue to emerge from this survey is parents’ perception that they are not experiencing an adequate range of flexible services that allow them to relieve stress when they urgently need it. They expressed frustration and concern about how it is possible for them to develop skills to and acquire casual employment during the early years of their children’s lives in the absence of high quality and flexible childcare.

• ‘First to know’ agencies have with isolated families around 37% of parents regard themselves as not high enough to live on, and having somewhere safe to live are their parents.

Parents who spoke of the importance of having enough money to live on, and having somewhere safe to live are their parents.

A number of parents spoke of the importance of having enough money to live on, and having somewhere safe to live are their parents.

The overall culture of services and ways we perceive our parents can enact barriers to participation. Many parents are put off because of the unequal power relations between parents and service users. We may be unhelpful to the needs and views of parents.

• Information and targeting. Consultation with service users and their involvement in planning services can be an effective means of reducing barriers to engagement and advancing social inclusion. Information and advice should be tailored not only in content but also in the mode of delivery, so that parents from different groups can have equal access.

• Community development approaches. Parents can be included in services at a number of levels other than as service users, e.g. decision making about services within service delivery, involvement in case planning, and involvement in service evaluation monitoring service planning, and strategic planning. Community development approaches have enormous potential for increasing the engagement of parents.

• Practical issues and patterns of delivery. A particular issue is how services respond to parents whose problems are not deemed sufficiently serious and who ‘fall below the threshold of provision’. Parents whose request for help is turned down can become disillusioned with services and are less likely to ask for help in the future. This makes it more difficult for them.

Service culture. The overall culture of services and ways we perceive our parents can enact barriers to participation. Many parents are put off because of the unequal power relations between parents and service users. We may be unhelpful to the needs and views of parents.

In seeking to make early child health services more inclusive, we need to recognize that the child is part of a family and the child’s attendance at a content. Information and advice to parents needs to change to bring the child on a regular basis. And that the child’s progress depends upon the family’s commitment and capacity to support the child’s learning and development.

Our dilemma is that many of the children who are missing out on the opportunities for development in their early years come from families whose commitment and capacity to bring their children regularly and to support their children’s learning is compromised by a number of factors.

In our daily practice remember the vulnerable are any of these families – are any of them next?

Finally if clients do behave differently than you do (and many of them will), and have different values and beliefs, it is really important that we question our right to disagree if the values and beliefs are not ours. And if this is not spheres, the stethoscope, the office structure.

In an Australian study of strategies to promote more inclusive, universal and universal early childhood services Katz, LaPlaca and Hunter (2007) report that a number of strategies which can be used by parenting and family support services to engage with parents.

• The strong social structures between providers and service users. The relationship between frontline providers and service users has consistently been identified as a major factor influencing the engagement of parents in mainstream services.

• Practical issues and patterns of delivery. A particular issue is how services respond to parents whose problems are not deemed sufficiently serious and who ‘fall below the threshold of provision’. Parents whose request for help is turned down can become disillusioned with services and are less likely to ask for help in the future. This makes it more difficult for them.

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A complete list of references for both articles is available from the Centre for Community Child Health’s website www.nch.org.au (click on ‘References and Publications’, then ‘Child Health Newsletters’).

The website contains many useful resources for child health nurses including:

• Practice Resources have been developed to help professionals working with children and families better understand issues and strategies on 11 topics, including setting and sleep, breastfeeding and weaning behaviour. Each topic has an introduction, a summary of the latest research, and practical strategies.

• Parent Fact Sheets are written specifically for parents and cover a range of health, social and environmental topics including hygiene and infection control, music experiences and environmental

• Books, CD-ROMs and posters are available online or by order.
Key findings from this study:

• Most families have high support – however, around 37% of parents regard themselves as not at all well connected to either informal or formal supports and have a strong sense that single parents are judged by their families, their communities, and the services which are funded to assist them.

• Formal services can be important sources of social support if they are respectful, flexible, and honest. Parents indicate that schools and childcare are their practitioners, child health services, Centrelink and Harman (2007) report that most families could particularly apply in the case of general practitioners, child health services, Centrelink and Harman.

• Normal, non-stigmatising environments (schools, childcare) are well placed to assist parents: practitioners indicate that schools and children are often well connected to either informal or formal supports, however there is potential for these informal networks (Katz, 2007).

VULNERABLE FAMILIES’ USE OF EARLY CHILDHOOD SERVICES

In increasing the efficacy of parenting support programs, Moran, Shale and van der Maren (2004) note that even the best-designed services may fail at any one of a number of key implementation hurdles:

• the first hurdle is ‘getting’ parents (persuading parents to attend the service in the first place)

• the second is ‘keeping’ them (persuading them to attend regularly and complete the course)

• the third is ‘engaging’ parents: making it possible for them to feel comfortable about being involved, and not to have to deal with power imbalances. To reduce the power imbalance and help to make our services more accessible, consider:

• Being mindful of our symbols of power – our uniform, the stethoscope, the office structure (placement of chairs, etc)

• Siting alongside, not opposite quite or shy clients (e.g. Aboriginal and Torres Straight Islander parents, young parents, refugee parents)

• Exploring the clients’ understanding of a particular subject before you ‘educate’ them

• Questioning the assumptions you have about the parents – are any of them negative?

Finally if clients do behave differently than you do (and many of them will), and have different values and beliefs, it is really important that we question our right to judge if the values and beliefs are not considered harmful to the parents or their child. Why not have to be treated with respect and the best thing we can do to reduce power imbalance is to genuinely respect each parent. With genuine respect the parent may be more likely to trust you, tell you their story and accept (comply with) your advice.

This article was developed in conjunction with Associate Professor Sue Kruske, RN, RM, PhD.

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• Practice Resources have been developed to help professionals working with children and families better understand issues and strategies on: 11 topics, including settling and sleep, breastfeeding and weaning behaviour. Each topic has an introduction, a summary of the latest research, and practical strategies.

• Parent Fact Sheets are written specifically for parents and cover a range of health, social and environmental topics including hygiene and infection control, music experiences and environmental sustainability. Selected sheets are also available in Arabic, Bosnian, Chinese, Croatian, Somali, Spanish, Turkish and Vietnamese.

• Books, CD-ROMs and posters are available online or by order.
Build the capacity of informal networks

Formal services can be important sources of social support if they are respectful, flexible and honest. Parents who engage with services have a strong sense that single parents are underutilised by more targeted, or secondary, services. Some services which are often the first to know what is happening to vulnerable parents are ‘humanising’ – possessed of a broad-minded attitude to service delivery that is genuinely non-judgmental ways.

Formal services cannot and should not replace family or informal support, however there is potential for services to get on alongside and build the capacity of these informal networks (Katz, 2005).

Basic block of prevention – parents in this survey that having enough money to live on, and having somewhere safe to live are their top two priorities. A number of parents spoke of the importance of reassuring their Centrecare payments and the catastrophic impact of a reduction in payments.

Safe environments for children – parents with very young children are aware of public housing but they do not feel safe in particular public housing environments, not for any reasons. They spoke of an absence of trust in the flats and that they did not feel safe in this environment. Several said their isolation was increased by feeling they must decline offers by friends or relatives to visit them in the flats and also that they would not let their children invite friends home from preschool or school.

VULNERABLE FAMILIES’ USE OF EARLY CHILDHOOD SERVICES

Informing the efficacy of parenting support programs, Moran, Shale and van der Mornse (2004) note that even the best-designed services may fail at any number of key implementation hurdles.

• the first hurdle is ‘getting’ parents (persuading parents to attend the service in the first place)
• the second is ‘keeping’ them (persuading them to attend regularly and complete the course)
• the third is ‘engaging’ parents: making it possible for parents to participate (they need to have offered ‘listening, taking part in interactive elements, completing ‘homework’ assignments, sustaining supporting materials, etc)

Clearing each of these hurdles requires considerable effort and strategic planning on the part of service providers, yet it is clear that in fact, quite often much more effort and thought goes into designing the content of the intervention than in planning how to deal with implementation challenges.

WHAT ARE THE BARRIERS?

Based on a review of the barriers to vulnerable families accessing mainstream services, Katz, LaPlaca and Harrison (2004) identify a number of strategies which can be used by parenting and family support services to engage with parents.

• take a ‘service users’ perspective – providers and service users. The relationship between frontline providers and service users has consistently been identified as a major factor influencing the engagement of parents in mainstream services

• Practical issues and patterns of delivery. A particular issue is how services respond to parents whose problems are not deemed sufficiently serious and who ‘fall below the threshold of provision’. Parents whose request for help is turned down because it is incompletely addressed with services and are unlikely to ask for help in the future. This makes it more difficult to deliver the necessary service.

• Service culture. The overall culture of services and ways we perceive our users can erect barriers to participation. Many parents are put off because of the unequal power relations between parents and services. We may also be unresponsive to the needs and voices of parents.

• Information and targeting. Consultation with service users and their involvement in planning services can be an effective means of resolving barriers to engagement and advancing social inclusion. Information and advice needs to be tailored not only in content but also in the mode of delivery, so that parents from different groups can have equal access.

• Community development approaches. Parents can be included in services at a number of levels, either as service users, e.g. decision-making about how services are delivered, or as service providers, e.g. in service evaluation, involvement in service monitoring and service planning, and strategic planning. Community development approaches have enormous potential for increasing the engagement of parents.

ARE ANY OF THESE BARRIERS BEING MET?

In an Australian study of strategies to promote more inclusive and universal early childhood services, Cellebro, Fraser, Ramburuth and Nelms (2004) conclude that, despite the limited data, what was available suggested the majority of children and parents make good use of existing services. However, it was clear also that service use varied along a continuum from very high to very low, and that there was a small but significant minority of families that understood some of these strategies.

In all, there were relationships between providers and service users. The relationship between frontline providers and service users was consistently identified as a major factor influencing the engagement of parents in mainstream services. Family support services can be an effective means of reducing the high rates of underuse, and certain families have very high rates of violence.

WHAT CAN WE DO?

In seeking to make early childhood health services more inclusive, we need to recognize that the child is part of a family and the child’s attendance at a child health service can be an effective means of reducing the high rates of underuse, and certain families have very high rates of violence.

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Some parents do not want help and are less likely to engage with these programs, Carbone, Fraser, Ramburuth and Nelms (2004) comment that, given the optional nature of these services, it is understandable that not everyone will want to use them. While some degree of anxiety and ambivalence is to be expected, those without power. To reduce the power imbalance and help to make our services more accessible, consider:

• Being mindful of our symbols of power – our uniform, the stethoscope, the office structure (placement of chairs, etc).

• Situating alongside, not opposite quite or shy clients (e.g. Aboriginal and Torres Straight Islander parents, young parents, refugee parents).

• Exploring the clients’ understanding of a particular subject before you ‘educate’ them.

• Questioning the assumptions you have about parents – are any of them negative? Finally it clients do behave differently than you do (and many of them will), and have different values and beliefs, it is really important that we question our right to disagree if the values and beliefs are not shared by the parents and for our service, for example, the client can be included in services at a number of levels, either as service users, e.g. decision-making about how services are delivered, or as service providers, e.g. in service evaluation, involvement in service monitoring and service planning, and strategic planning. Community development approaches have enormous potential for increasing the engagement of parents.

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Food allergy featured as the lead article in the September 2009 edition of Community Paediatric Review. The article addresses issues related to food allergy and its impact on child and family health. It discusses the importance of breastfeeding as a preventive measure against food allergy, and highlights the role of parents in managing their child's diet. The article also covers the different types of food allergy and emphasizes the need for early identification and management. It concludes with a call to action for communities to support families affected by food allergy.

**References**


Wilson, D in Hockenberry M and Wilson D (2009). **Paediatrics**: a small amount of the suspected allergen (in the subset which is only available on prescription to extensively hydrolysed formula (EHF), which is being trialled by seven foods: cows’ milk, hens’ eggs, soybean, wheat, fish, and shellfish. The most common food intolerances are caused by dairy products, food additives (including food enhancers such as monosodium glutamate (E621), citruses, tomato, nuts, wheat, eggs, and fish that are often the child. Therefore, it is considered that breastfeeding during the period that foods are introduced may be a problem for their baby. 

Breastfeeding is recommended for at least six months and is encouraged for at least 12 months for as long as the mother and infant wish to continue.

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Breastfeeding is recommended for at least six months* and for as long as the mother and infant wish to continue. It is considered that breastfeeding during the first four months will reduce the risk of allergic disease in high-risk children. It is also widely accepted that these groups are more likely to lack education and material resources, are not offered to them in a way that is relevant to their needs and are regarded with prejudice when accessing mainstream health services. The Royal Children’s Hospital, Melbourne.

or (ASCIA, 2008, Infant Feeding Advice, viewed 5th December 2009, http://www.ascia.com.au/articles/allergies_intolerances.aspx). The following advice (based on information from the Australian Society of Clinical Immunology and Allergy (ASCIA), 2008) may be administered to children who are diagnosed with food allergy.

Food allergy is a condition that is due to an immunological mechanism, usually immunoglobulin E (IgE), to proteins from foods that are known allergens. Food intolerance refers to reactions involving known or unknown non-immunological mechanisms (Wilson, 2008).

Diagnosing food allergies and intolerance

Exclusion of allergens: foods from the maternal diet will not be included in the baby’s diet. Tests are not necessary to confirm the diagnosis. This can only be done by skin-prick test or oral food challenge.

Blood tests: a blood test called the radio allergosorbent test (or RAST) can be used, along with the SPT.

Elimination diet: this can be used to confirm that a particular food has caused an allergy. The excluded food is reintroduced, and feedback tells us that it remains topical.

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