

# 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.

## Collaborative Partnerships With Families in Childcare Services

"Children's learning and well-being are enhanced when families and child care professionals work together in partnership to promote the best outcomes for children" (NCAC Family factsheet 'Building a partnership with your child care service'). The heart of the relationship is ongoing communication about the child.

Childcare services – child care centres, family day care schemes, kindergartens and preschools – play an important role in helping families with their child rearing and thereby supporting children's development. They do this in two ways:

1. through caring relationships with children and the enriching experiences they offer
2. through their relationships and communication with families in their service.

Wonderful opportunities to support children's wellbeing and development arise when carers value



and invest in their relationships with families. Being a member of a childcare community can enhance a family's understanding and appreciation of their child and the role of the family in supporting their child's well-being and development. In other words, childcare services can be vital family support services.

**Partnerships with families are partnerships for children.**

### What is a partnership?

*A carer-family partnership:*

- is a relationship based on mutual respect
- relies on ongoing, open and two-way communication
- has a clear focus on the well-being of the child
- means that the child's experience in care is negotiated.

*Partnerships are built when carers:*

- make every effort to make families feel powerful in, and connected to, their child's life
- know each child in the context of his or her family, culture and community
- share power – including handing over some decision making to families about their child's experiences while in care
- acknowledge and reflect upon their biases and stereotypes.

Establishing and maintaining partnerships with the variety of families is not easy and partnerships don't

happen automatically. Every family is unique and your relationship with each family will be different. However, there are some characteristics that are common to all family – carer partnerships.

*Partnerships are characterised by:*

- mutual respect
- trust
- sensitivity to the perspective of the other
- recognition and valuing of the unique contribution and strengths of the partners
- commitment to negotiate and resolve conflicts constructively
- shared decision making.

*Partnerships are not:*

- a discrete set of activities or strategies
- a separate component of the program
- an additional thing to find the time to do – but rather, a way of doing just about everything
- an all-at-once or once-and-for-all phenomenon. Partnerships usually don't happen quickly and don't stay strong without ongoing effort on both sides.

### **Why are partnerships valuable?**

Partnerships with families benefit children, families and carers.

*Children benefit because:*

- there can be more continuity and consistency between their home and care environments
- carers know the child better, so planning is better able to meet each child's individual needs, strengths and interests



- they gain a sense of satisfaction and security from observing important people in their lives interacting and communicating in positive and friendly ways
- potential or actual problems and concerns can be identified sooner – making it more likely that meaningful and timely supports and interventions can occur.

*Families benefit because:*

- they have a say and can contribute to their child's experience
- they feel more confident about their child rearing practices
- they are more aware of the unique characteristics and strengths of their child
- opportunities are available to discuss their child's progress and to let carers know what is important to them about their child's experience
- family and child strengths are identified and families are respected
- additional information and perspectives are available and can inform the family's interactions with their child in the context of their home and community
- open communication means that knowledge about issues related to health, development and learning increases
- the mutual support that exists through the relationship make it easier to raise concerns about their child's development, behaviour or experiences
- accessing a range of supports and services is easier where there are links between early childhood services and other services in the community
- a sense of belonging and being part of a community develops.

*Carers benefit because:*

- families are a rich source of information about their child, and this shared information may enhance the carer's role
- families gain greater understand of the carer's work and may value it more
- relationships are generally more relaxed and comfortable, making the job more pleasant
- shared responsibility for the child, plus having a

more complete picture of the child and family's uniqueness, makes it easier to work effectively

- the relationship with families provides a basis for raising concerns or issues that may be difficult to talk about. It also provides a foundation for dealing constructively with conflicts
- the satisfaction of knowing that they are making an important difference in the child's life makes the carer's work more rewarding.

**Open, ongoing, two-way communication is the basis of a productive and purposeful partnership in which the child's wellbeing is the common goal.**

**Communication involves both talking and listening.**

Communication is the essential ingredient of partnerships. There are many important ways in which carers and families can share information, including formal interviews, shared portfolios and journals, reporting on a child's development, written and electronic communications. As important as these formal and documented communications are, informal verbal communication is also important. Face-to-face conversations – the rich informal communication that happens most days between families and carers about the child – are invaluable to the development of the partnership and sharing of information.

### **Making partnerships happen**

Working in partnerships with families reflects and impacts on every aspect of the operation of the service – philosophies and policies, the physical environment, community activities, the curriculum or experiences offered to children, interactions and relationships with children, communication and routines. Families need to be provided with a range of ways to be involved in decision making, so that individual preferences and styles can be accommodated.

**Getting started may involve:**

- looking critically and comprehensively at what is being done to support (and not judge) families in their child rearing role
- identifying what is being done well and what can be done better by asking families about their needs, expectations and goals
- checking that parents are offered opportunities to contribute to decision-making. Are meetings

scheduled at times when families can be present, for example? If families cannot attend meetings, is there an alternative way for them to be involved?

- taking steps to improve – perhaps beginning with the physical environment and how welcoming it is to families.

**Some considerations in this might be:**

- is there clarity about the roles and responsibilities of carers and families?
- do language and cultural barriers get in the way of partnerships?
- is there more of a focus on dealing with 'problem' families, than supporting all families?
- is there a notion that 'no news is good news'?
- if a family's expectations, values and beliefs conflict with those of the carer/service, how is this negotiated?
- is there a clear process for handling grievances or complaints that involves listening and sensitively responding to families?

A good family-professional partnership supports the family-child relationship. Everyone benefits from these partnerships, most particularly the child.

### **References:**

This article is based on 'Partnerships for Children. A Resource about Professionals Collaborating with Families in Early Learning Services', written by Anne Stonehouse for the Centre for Community Child Health, available at [www.rch.org.au/econnections](http://www.rch.org.au/econnections)

### **See also:**

National Childcare Accreditation Council Family fact sheet 'Building a partnership with your child care service':

[www.nccac.gov.au/resources/family\\_factsheets.asp](http://www.nccac.gov.au/resources/family_factsheets.asp)

National Childcare Accreditation Council (2008) 'Ask a Child Care Advisor: Managing challenging issues with families' *Putting Children First* 27, 3-5

National Childcare Accreditation Council (2007) 'Ask a Child Care Advisor: Collaborating with families to implement quality practice' *Putting Children First* 23, 4-5

*QIAS: Principles 2.1, 2.2, 2.3, 7.1*

*FDCQA: Principles 1.2, 1.3, 6.2, 6.5*

# Collaborative Partnerships With Families: Case Study

The South Melbourne Child Care Co-operative has a philosophy of providing the highest quality child care in an environment that is as much like the child's home as possible. The Director, Kate Hall, describes the centre as an extension of home, with everyone considered to be part of this Neighbourhood House family. The centre invests heavily in relationships with the families and a significantly higher than required child-staff ratio helps ensure that here, each child is a person not a number. This is not a child care 'drop-off' centre, but an extension of home. From the very first contact, families are invited to come and be actively involved and staff are encouraged to develop partnership relationships with families.

The Management Committee consists of elected past and present members/parents of the co-operative who are responsible for overseeing the operations and the responsibilities of the centre as a whole on behalf of all current members/families. This relies on continuing and direct consultation with staff and families. Everyone has a voice that is heard.

The staff use an extensive portfolio system that begins from the moment a child commences at the centre, continuing until the child leaves. In many cases, this is a three or even four year relationship, and the portfolio provides a continuous record of the child's achievements, interests and strengths.

An important feature of the portfolio is that the parents' goals for their child are recorded on the front page of the portfolio. These parent's goals – referred to as "Hopes and Dreams for our child" – are documented in the early stages of creating the portfolio. Families are invited to contribute thoughts, feedback and documentation to the portfolios on a regular basis and often include stories about the things children enjoy doing at home and with the family, family interests, celebrations and outings.

The centre has a staff team that is culturally and linguistically diverse who share their personal experiences of their upbringing and current life with the children and their families as they wish.

For example a team leader in the Early Learners' room recently included a letter in the children's portfolios about her experiences and reflections of growing up in Romania and linking this to her own children's experience of growing up in Australia. She then linked this to her values and what she aims to set up and promote in her work. Feedback from the families was outstanding and Kate feels that they genuinely seemed to appreciate and love her efforts which made them feel valued and a stronger part of the Neighbourhood House family.

Routine times are used to promote the partnerships between families and carers. For example, for the first and the last hour of each day, children come together in family groupings, regardless of age, and their parents (or other family members) are particularly welcome to stay to be with their children or talk to staff at these times.

A unique feature of the centre is its community networking program. When a child starts at the centre, their parents are given a letter outlining the goals the centre wants to achieve through community networking. This involves facilitating the development of family connections that help build a life that's connected to the centre, but which exists outside the centre also.

"We like to think that we're a haven for young children", says Kate Hall, and this concept of a haven applies also to the staff. The result is a happy environment, with low staff turnover, and positive relationships between families and staff, based on a genuine interest in each other. Children look forward with pleasure to their days at the centre and parents report children waking up and asking "Is it my Neighbourhood House day?"

Commenting on the impact of this environment on staff, Kate Hall notes that "It makes our work worthwhile".

# Young Children and Passive Smoking

For many carers it remains a familiar sight to see visitors including parents extinguishing their cigarettes prior to entering your facility. Child care services are 'smoke-free' zones and as such children are protected within the child care environment.

However for many children a different situation exists at home or in the car on the journey to care. Parents and carers who smoke are generally aware of the detrimental effects on their own health and wellbeing, however many may not comprehend the damage their smoking may cause to children. This article will provide an update for carers on the effects of smoking, discuss the dangers of passive smoking and offer some strategies to address this issue.

## What we know about the effects of smoking?

- Tobacco smoking is the largest single preventable cause of disease and death in Australia and most of the developed world today
- Young people who start smoking and continue to smoke are at much greater risk of dying early from tobacco related illnesses than non-smokers
- Invisible particles from tobacco smoke mix with the surrounding air. This can be called passive smoke, second-hand smoke or environmental tobacco smoke (ETS). Breathing in this air is called passive smoking
- ETS contains around 4,000 different chemical substances
- Passive smoking can result in an:
  - increased risk of lung disease, lung cancer and heart disease in adults
  - increased risk of chest infections such as bronchitis and pneumonia, and ear infections in children
  - irritation to the eyes, nose and airways
  - increase in the number of children with asthma and more serious attacks of asthma
  - increase in dental decay

- Children are at higher risk of damage from passive smoking than adults because of their smaller bodies, higher breathing rates and less well-developed respiratory and immune systems
- Ingestion of cigarettes or cigarette butts is dangerous to young children and can cause death.

## What does this knowledge mean for carers?

Carers have a strong history of advocating on behalf of children and their families. Early Childhood Australia's Code of Ethics states clearly that early childhood professionals will practice to:

- Create and maintain safe, healthy environments, spaces and places, which enhance children's learning, development, engagement, initiative, self-worth, dignity.....

*"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."*

Article 3, UN Convention on the Rights of the Child.

And as professionals will:

- Advocate in relation to issues that impact on my profession and on young children and their families.

Knowing that smoking is harmful to both adults and children has implications for practice and professional responsibility. A recent Australian study presented new findings on the environmental effects of passive smoking. The results of this study (Rumchev, K et al, 2008) provides more thought provoking information for professionals working with children and their families.

The report challenges contemporary 'harm reduction' strategies in relation to children and

passive smoking – primarily the belief that smoking outside the home or child care service is effective in protecting infants and children from exposure to ETS. The study found that the levels of respirable suspended particles, including nicotine, were significantly higher in houses where smokers lived than in smoke-free homes – even if they only smoked outside.

A strategy based on the separation of children and the smoking activity is inadequate to protect children from ETS at home or in care, and the report advised that parents be given unambiguous advice to stop smoking in order to make their homes a completely smoke-free environment (Rumchev, K et al, 2008). There is a clear message in these findings for carers: if it is not a safe strategy for parents to smoke outside the home, then **it is not a safe strategy for carers, visitors or parents to be smoking outside the child care or family day care facility.**

### What action can carers take to ensure children are safe while in care?

The National Childcare Accreditation Council (NCAC) provides a range of policy templates on their website to guide and support the development of policies within early childhood settings. The **Smoke Free Environment Policy** template is available at [http://www.ncac.gov.au/policy\\_development/smoke\\_free.pdf](http://www.ncac.gov.au/policy_development/smoke_free.pdf). Child care services are able to use this resource to help establish and promote a safe 'smoke-free' environment for children in their care.

The National Standards for Family Day Care (Australia) also provides clear guidance that family day carers shall provide **a smoke-free environment** while children are

in care. While some carers may smoke outside during their breaks, with new evidence suggesting that smoking (even when conducted outside) is an unsafe practice, carers who smoke may need to reconsider their actions.

Child care services may also need to reconsider their policies on smoking outside the facility buildings and move to the development of 'smoke-free zones' that include all outside areas surrounding the facility. Health promotion exercises may be conducted on a regular basis through the child care service. The provision of 'Quit' information for parents as well as information handouts on the dangers of passive smoking are simple measures that will raise the awareness of the detrimental health effects of smoking.

### References

- Rumchev, K et al. *How free of tobacco smoke are 'smoke-free' homes?* **Indoor Air** 2008, 18: 202-208  
<http://www.rch.org.au/ccch>  
<http://www.cyh.com.au>  
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QIAS: Principles 4.6

FDCQA: Principles 5.5

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

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