ECD AND HEALTH PROMOTING: BUILDING ON CAPACITY

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SUMMARY

This paper describes the findings from a two-year research project which investigated ways to support culturally and linguistically diverse (CALD) families with very young children accessing child care services. The families resided in low income areas and were deemed to be at risk of social isolation and related problems. The research findings showed positive outcomes associated with disseminating information, and developing networks amongst families. The project demonstrates that services catering to families with young children can be effective entry points for long-term health promotion.

RÉSUMÉ

Un programme destiné a renforcer les capacités des services destinés a la petite enfance.
Cet article décrit les résultats d'un projet de recherche de deux ans qui a étudié des manières de soutenir les familles culturelement et linguistiquement diverses (CALD) avec les enfants très en bas âge accédant à des services d'assistance à l'enfance. Les familles ont résidé dans de bas secteurs de revenu et ont été considérées être en danger de l'isolement social et des problèmes reliés. Les résultats de recherches ont montré des résultats positifs liés à diffuser l'information, et des réseaux se développants parmi des familles. Le projet démontre que les services approvisionnant aux familles avec les enfants en bas âge peuvent être les points d'entrée efficaces pour la promotion à long terme de santé.

RESUMEN

Servico de educación temprana que promueven la salud: Unnprograma que desarrolla capacidades.
Este papel describe los resultados de un proyecto de investigación de dos años que investigó maneras de apoyar a las familias cultural y lingüístico diversas (CALD) con los niños muy jóvenes que tenían acceso a servicios del cuidado de niño. Las familias residieron en áreas bajas de la renta y eran juzgadas para estar en el riesgo del aislamiento social y de los problemas relacionados. Los resultados de la investigación demostraron los resultados positivos asociados a diseminar la información, y las redes que se convertían entre las familias. El proyecto demuestra que los servicios que abastecen a las familias con los niños jóvenes pueden ser puntos de entrada eficaces para la promoción a largo plazo de la salud.

RESEARCH WHICH INFORMS SUPPORTS FOR FAMILIES RAISING YOUNG CHILDREN

THE IMPORTANCE OF SOCIAL CAPITAL

Social capital, or the store of goodwill and co-operation between people, is seen as an enabler for fostering the emotional and practical resources that support effective functioning in day-to-day life. This in turn contributes to strong, active, 'healthy' communities (Cox, 1995). Living in a healthy, connected community is co-related to psychosocial, emotional, behavioural and biomedical outcomes in children and families (Vinson, 1999; Wilkinson, 2000). Social connections, including access to close friends, nuclear and extended family, co-workers, clubs, church, and regular supportive interactions with other people, have been reported to influence the life expectancy of individuals. In addition to financial support and access to basic resources, families need social interaction and relationships with other families, services and organisations. They need knowledge about the services and supports available in the community and they need opportunities to share concerns and to make informed choices. Individuals need to feel empowered to take part in activities which will help them to develop the resources to address their health and wellbeing needs (Cox, 1995; Leviton, Snell, & McGinnis, 2000).

Conversely, social isolation and/or a lack of social capital has been shown to be related to the development of poor mental health and increased rates of morbidity and mortality in individuals (Nicholson, Tually, & Vimpani, 2000; Wilkinson, & Marmot, 2000).

The levels of social capital are often lowest in urban environments and could be of special concern for families who have migrated and/or whose cultural background (and language) does not match that of the dominant society. These families are often unable to access support from close relatives (Bartrouney, & Stone, 1998).

THE IMPORTANCE OF PARTNERSHIPS

The development of partnerships with people and agencies, including general practitioners, families and carers, government and non-government health care services and community support groups, has been identified as a preventative strategy for pathologies associated with low levels of social capital. For young children, environments which facilitate social support, cohesive family relationships, networking and positive child-adult relationships have been deemed protective factors against the problems associated with low social capital (Commonwealth Department of Health and Ageing, 1998).

Partnership enhancing activities are most likely to succeed when they incorporate two-way communication and joint projects which involve parents and professionals working together (Doherty, 2000; McBride, 1999).

HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH

Social capital as a health indicator is related to the notion of health promotion, introduced in the WHO *Ottawa Charter* of 1986. Here, the concept of 'health' was articulated as a complex dynamic rooted in many social and environmental as well as physical and structural factors. A secure foundation, life skills and opportunities for making healthy choices were identified as critical health enablers. The health promotion perspective means that responsibility for health lies, not only with medical services, but with a wide gamut of institutions and services which sit outside of the traditional health sector. Thus educational, legal, fiscal and community-based interventions are seen as significant influences on the achievement of health and well-being of individuals and groups (Tones, Tilford, & Robinson, 1990).

The notion of health promotion has been further reinforced by studies on the *social determinants* of health. The research on social determinants has identified the correlation of social and economic environments with psychosocial and biophysical health outcomes. Social determinants of health include, among others, access to services, nurturing environments during early years, positive relationships, the presence of trust relationships and feelings of belonging to a group or community (Marmot, & Wilkinson, 1999).

HEALTH PROMOTING SETTINGS

The international health promotion movement has developed the notion of 'settings' in which health is built and sustained. The settings approach to health promotion is seen as a strategic way of implementing programs aimed at encouraging health-enhancing environments which address social determinants, facilitate social capital and create opportunities for partnerships and foster health and well being outside of medical contexts.

Health promoting settings are those which transcend specific interest groups within the community. Institutional viability, longevity, community ownership, building on existing capacities and a history of collaboration have also been identified as crucial factors for the sustainability of health promotion within settings (Macdonald, 2000). Early childhood services make ideal settings for health promotion (Jenkins, & Jeavons, 1999).

THE ROLE OF EARLY CHILDHOOD SERVICES

In the past few decades meta-analyses of outcomes and longitudinal studies of child care use and other early childhood services have led to a reconceptualised notion of quality service delivery. Quality service outcomes are now linked with activities beyond classroom 'micro' practices to incorporate 'macro' items which are family and community oriented and closely related to health promotion goals. Recent analyses of quality indicators for early childhood services include the facilitation of environments which enhance social capital, prevent social alienation, increase opportunities for inclusion and the

development of networks and trust relations in families of young children (Hayden, & Macdonald, 2000; Shonkoff, & Phillips, 2000).

Partnerships have also been identified as a critical indicator of quality for early childhood services. Partnerships between early childhood services and families extend beyond parental 'involvement' to incorporate a role for families in directing and influencing decision making at all levels (Doherty, 2000). Benefits of meaningful partnerships between early childhood professionals and parents include increased communication and trust, more sensitive and supportive caregiver-child interactions, less anxiety in parents and more consistency in child care placements (parents do not initiate changes for the child) (De Gioia, 2003; McBride, 1999).

RESEARCH STUDIES LINKING HEALTH PROMOTION AND EARLY CHILDHOOD SERVICES IN NSW, AUSTRALIA

In the state of New South Wales early childhood services consist of day care, preschool and occasional care settings. These services are eligible for funding by Commonwealth and state governments on the condition of meeting licensing standards and accreditation norms. Standards and norms address hygiene, safety, physical environment, child to staff ratios, staff training qualifications and less measurable items including the quality of interactions, parent participation and appropriate child – centred programming.

Within this framework, the authors undertook a mapping study to assess the level of 'health promotion' within early childhood services in NSW.

A checklist of indicators adapted from literature on health promoting schools was used to assess a random sample of 40 early childhood services (Hayden, & Macdonald, 2000). Assessors observed the services for a set time on the same day. The majority of service providers reported commitment to health promoting goals and/or reported that they would value support and assistance in meeting goals (although service providers were generally unfamiliar with the term 'health promotion'). Concomitantly, the level of health promotion was rated to be high in most services (see Hayden, & Macdonald, 2000).

However, two areas rated lowest in all settings. These included activities which addressed the development of family partnerships and the facilitation of community linkages. In a review of policies, it was noted that these two areas were not highlighted in regulatory and accreditation documents, nor did they tend to be a focus of staff training, addressed in mission statements and/or described in setting-based policies for early childhood services.

Following the mapping exercise, the authors conducted a number of research projects aimed at enhancing health promotion activities in early childhood services in NSW. Below we describe one project which focused upon enhancing relationships between settings and families who identified as being culturally and linguistically diverse (CALD).

ENHANCING HEALTH PROMOTION IN EARLY CHILDHOOD SERVICES BY INCREASING INCLUSIVENESS FOR CULTURALLY AND LINGUISTICALLY DIVERSE FAMILIES

Early childhood services tend to be seen as a 'way in' by newly arrived migrants and other families who are not members of the dominant cultural and linguistic group. Some research indicated that these families could feel alienated by the experience (Ebbeck, & Glover, 2000; Wise, 2002).

This project investigated the mechanisms within early childhood services which enhance support to this target population. The project included development, trialing and assessing strategies for information sharing, reciprocal communication and facilitating networks for the group. Close to two hundred individuals and fifteen services participated in this study.

METHODOLOGY

Early childhood services chose one of three levels for involvement in this study. These included:

Participating in a setting based action research project over several months: This included developing an advisory group, holding family meetings, trialing a number of communication strategies between staff and families, holding networking events and completing pre and post questionnaires. Three services participated at this level.

Completing questionnaires for staff and families: This included completing questionnaires which addressed how networking and communication strategies took place within services. Three centres participated at this level.

Organising and participating in focus group discussions: This included organising focus groups of staff and families to discuss findings from previous project activities. Nine centres participated at this level.

THE ROLE OF THE FAMILY REPRESENTATIVE

The three services involved in the action research component of the project developed 'advisory' groups to produce an individualised action research plan which addressed goals for enhanced networking and communication with their families. The plans included the design and development of a position called the *Family Representative (FR)*. The duties and activities of the FR were worked out at each setting with guidance from the research team.

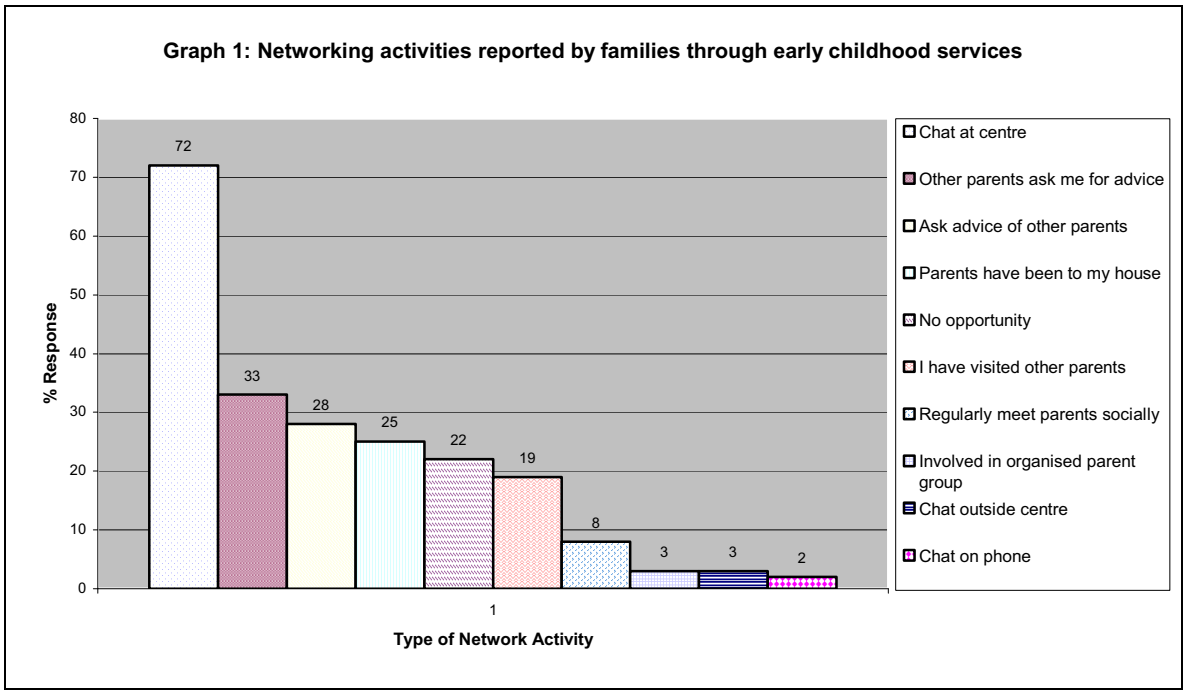
Attributes and outcomes of the FR role were compared across diverse settings and validated with focus groups from a broad representation of early childhood services. Questionnaires were given to parents and staff of participating settings prior to and following the intervention. All data was analysed with the assistance of a qualitative data program (QSR N6).

FINDINGS

The findings are summarised as follows.

NETWORKING BETWEEN FAMILIES WHO USE EARLY CHILDHOOD SERVICES NEEDS SUPPORT AND FACILITATION.

A significant finding from this project was that networking for families does not occur incidentally. Graph 1 shows the networking activities reported by families prior to the interventions from the study (N=56).



While many family members chat with others informally (72%), less actually use other parents to seek advice (28%) and only one third (33%) have been asked themselves for advice about child care issues. A few parents have visited or entertained a visit from parents at their home (25% and 19% respectively) but close to one quarter of respondents (22%) stated that they had no opportunity to chat or meet other parents. Very few parents met with other parents for social occasions (8%) and very few were involved in parent groups through their early childhood service (3%).

NETWORKING FOR FAMILIES CAN BE ENHANCED THROUGH STAFF ACTIVITIES

Networking was shown to be correlated to enhanced communication and participation of families in setting activities and other community events. The study showed that early childhood staff can be effective in supporting both formal and informal networking activities. Formal networking involves the setting up of specific events which bring families together and inevitably provides a vehicle for sustained informal interactions amongst families. Respondents in the study identified more than twelve setting-organised events

which culminated in networking opportunities for families (Hayden, De Gioia, & Hadley, 2003a, 2003b).These include: weekend picnics; pizza nights; discos; new parents - old parents meetings; parent nights out; parties for national and religious events such as Christmas, Duvali, Chinese New Year and others. Participation rates of families in formal events increased when families were given opportunities to nominate their own preferred activity and to coordinate and/or participate in other ways in the planning and implementation stages of the event. Increased participation in these activities also led to increased partnerships between families and early childhood staff.

Informal networking takes place when parents have a chance to mingle and talk including small groups at meetings and staff introductions between families (Hayden, De Gioia, Fraser, & Hadley, 2002; Hayden et al., 2003a). Respondents also trialed informal networking activities. Two popular strategies included facilitating parent-to-parent contact through small group discussions at 'information' nights; and facilitating introductions between families who seemed to have things in common, (for example families who live close to each other and /or families whose children are friends).

In all cases the FR was instrumental in enhancing the opportunities for networking by assisting staff with the planning and organising of both formal and informal family events.

FAMILY REPRESENTATIVES CAN ENHANCE PARENT PARTICIPATION IN SERVICES AND CAN FACILITATE NETWORKING BETWEEN FAMILIES

All services reported satisfaction with the role and use of the FR. The following policies, attributes and responsibilities for the FR position were identified:

Position description

While exact position descriptions varied, all the *Family Representative(s)* were seen as effective when they liaised between families and staff, oversaw organisation of setting based social events; coordinated voluntary activities of families, especially in relation to events, and ensured information from the service was received and understood by all families. Some FR's acted as an interpreters between staff and families.

Selection of FR

The criteria for choosing a Family Representative varied between services. Some services felt that speaking a language other than English was an important criterion and others felt that this was not important. All early childhood services agreed that Representatives should possess the following attributes. He or she should:

- Have a child who is currently attending the service.
- Be a good communicator and have a friendly demeanor.
- Be a good organiser and have some flexible time to meet unexpected needs.

- Represent one or more of the NESB families within the service (where possible).

Remuneration

For the study the FR was paid a salary, but all services reported that they could find volunteers and/or other ways to reward FR's without the need to develop a new wage position. Some suggestions included reduced fees for the child of the FR, providing training in IT and other areas, seeking sponsorship from a local business. All FRs in this study reported that they would take on the position without the salary.

Training and perpetuation of role

It was recommended that the FR continue in the position for one- two years and that the FR be involved in recruitment, orienting, training and mentoring new (in-coming) Family Representatives. Some FRs reported that they would like to work in pairs. Others indicated that they would like to work with an assistant to whom they could pass on the role.

CONCLUSION

A mapping of random services in NSW showed that early childhood services are entry points for health promotion goals and activities in myriad ways. Most services however scored lowest in the areas of participation of all families and linking with community agents and agencies. These are significant areas which are associated with social inclusion, social capital, reducing isolation amongst families and the facilitation of 'healthy communities (Cox, 1995; Wilkinson, 2000)

Building on the mapping exercise the authors investigated strategies for enhancing networks, especially for potentially isolated CALD families. The development and use of a family representative was shown to be especially effective in meeting this goal.

For complete report on this and related studies see www.healthychildhood.org

A book entitled *A Sense of Belonging* which contains health promotion strategies for early childhood settings, along with a full description on use of Family Representatives is currently in press. *Please check www.healthychildhood.org for publication date and availability.*

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