

Schools and health – Don't forget the preschool years:

A case study of health promotion in child care centres in NSW

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Review of the development and implementation of the NSW Health Promoting Early Childhood Program

- **Goals**
- **Research methods**
- **Findings**
 - 'mapping' the sector
 - action research – trialing the program(s)
 - Development and validation of processes and 'tools'
 - Assessing sustainability
- **5 Step Process**

Study was based on identified characteristics of health promoting settings – especially schools

CHARACTERISTICS INCLUDE

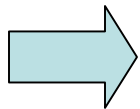
- Provide a safe, healthy environment
- Ensure participation, equity and inclusion of all parties in decisions affecting young children and families
- Support for families – including increased access to information and services (including non users)
- Facilitate participation of families and community members in centre activities and other community events/issues
- Work with health, education and community leaders in to enhance 'health' of the community
- Become part of (help develop) holistic approach to service delivery for and with families

(adapted from WHO European Network of Health Promoting Schools, 1996)

Research Question: Can child care and other ECS be health promoting settings?

SUB-QUESTIONS

1. Are there hp activities and other capacity that can be built upon?
2. How do and how can cc and ecs facilitate health and well being of families (including 'non users')?
3. Can cc and ecs be entry points and facilitators of community health ?



UNDERLYING QUESTION

Can staff in ECS move beyond the notion of health as preventing the spread of infection and to acknowledge their own role in the overall well being of young children and their families*??

Findings based on over 5 years of research

(7 projects to date)

Research projects which directly informed the program

1. *The HPECP: Linking families with communities* (NSW DoCS)
2. *Sense of Belonging: Supporting parents with non-English speaking backgrounds through child care entry points* (NSW Families First SW Region)

Application of program principles

3. *Ensuring equity for families with young children: Transition to school programs in the Inner West* (NSW Families First Inner West Region)
4. *Supporting Aboriginal parents of young children through preschool services: A strategy for improved communication, collaboration and networking in regional NSW* (UWS & AECSSU)
5. *I'm starting school: Analysis of effective transition to school processes for ATSI and other families* (NSW DET)

In progress

6. *Effective Transition to School Processes for the Catholic School System: A Pilot Study.* (NSW CEO)
7. *A new holy trinity? Social capital, participatory management and community development: Sustaining a community organisation in one inner city region* (Children First).

Research methods – 4 distinct phases

Phase I. Mapping

- *Mapped capacity of cc services to be hp settings (n=40)
- *Surveys, interviews, focus groups to assess generalisability of findings from mapping exercise (n=150)

Phase II. Action research

- *Action research projects to test strategies and develop/test support resources (n=10)
- *Validated through surveys (n=150) and focus groups across state (n=9)

Phase III. Development of resources

- *The processes, strategies and resources trialled through
 - pilot studies in child care centres
 - focus groups with parents and community representatives
 - interviews and questionnaires for rural and remote settings

Phase IV. Assessing sustainability

Interviews and questionnaires with users (6 months to 2 years later)

I. Mapping outcomes - scores consistently lower in two areas

1. Partnership with families

Trust relationships which allow families to contribute equally in decisions affecting the health and well being of their children

Stated support for this notion BUT not implemented by majority of services

2. Linkages with communities

63% reported that facilitating networking and linkages constituted an important role for early childhood services

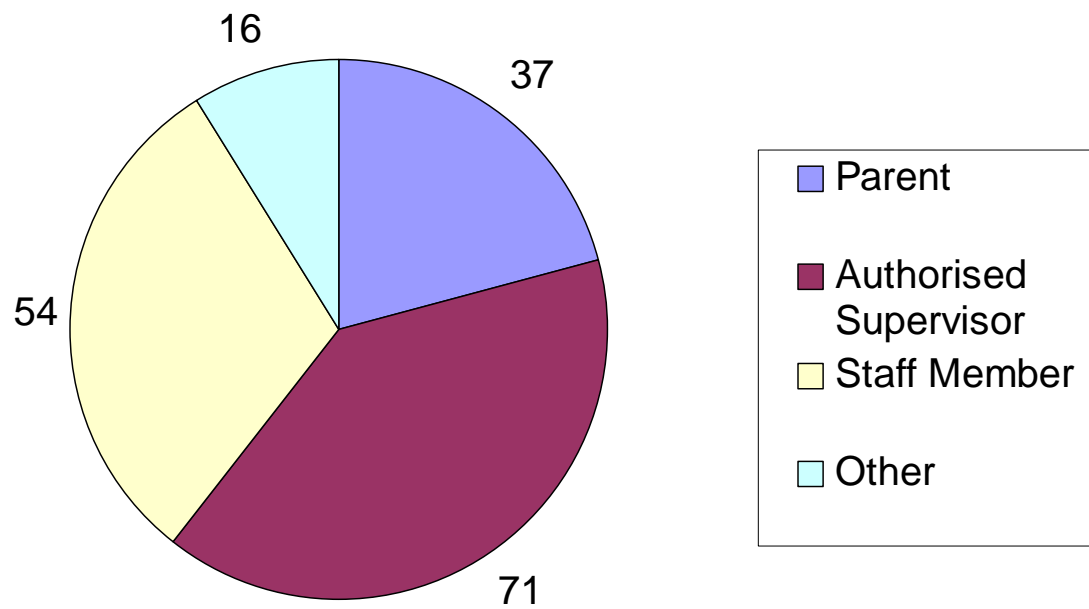
BUT

- not identified as a priority task for the majority of service directors.

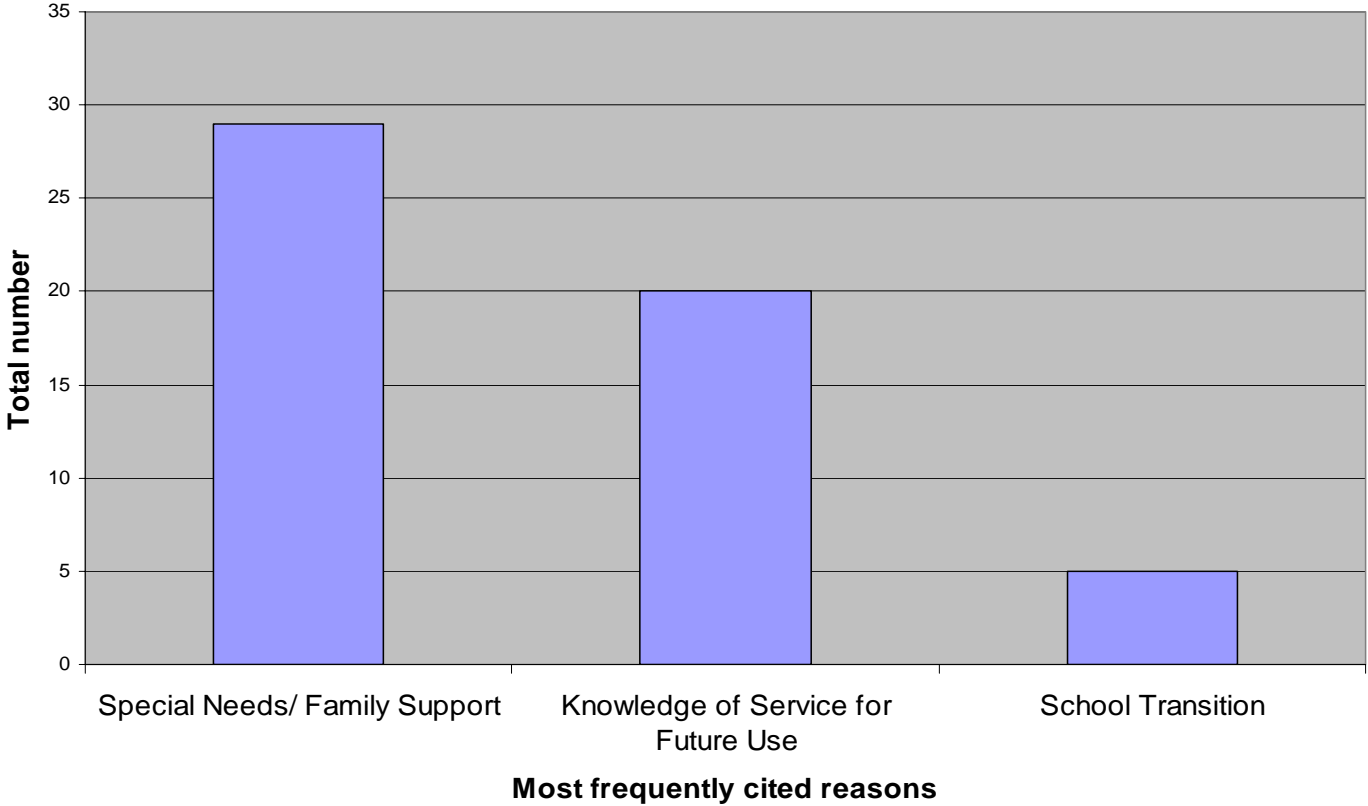
II. Action research outcomes: 7 major findings

- 1. Partnerships with families is enhanced when staff undertake diverse communication strategies and facilitate networking activities**
- 2. A HP Facilitator is a major criteria for success. All parties were shown to benefit**
- 3. Collaboration – especially with health services – needs facilitation**
- 4. Self assessment is a critical first step**
- 5. Attitudes of staff – major support or barrier to ‘success’**
- 6. Reources MUST be accompanied by ‘orientation’**
- 7. Consistency is critical – problem with turnover**

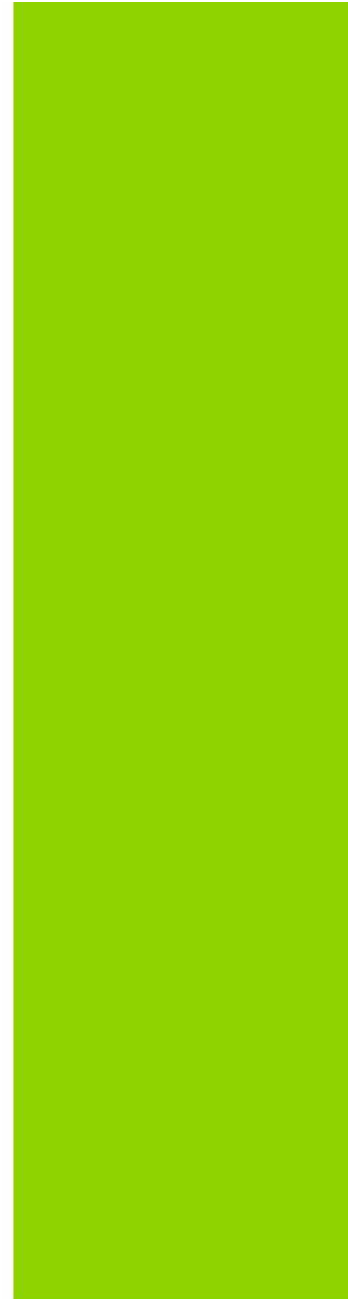
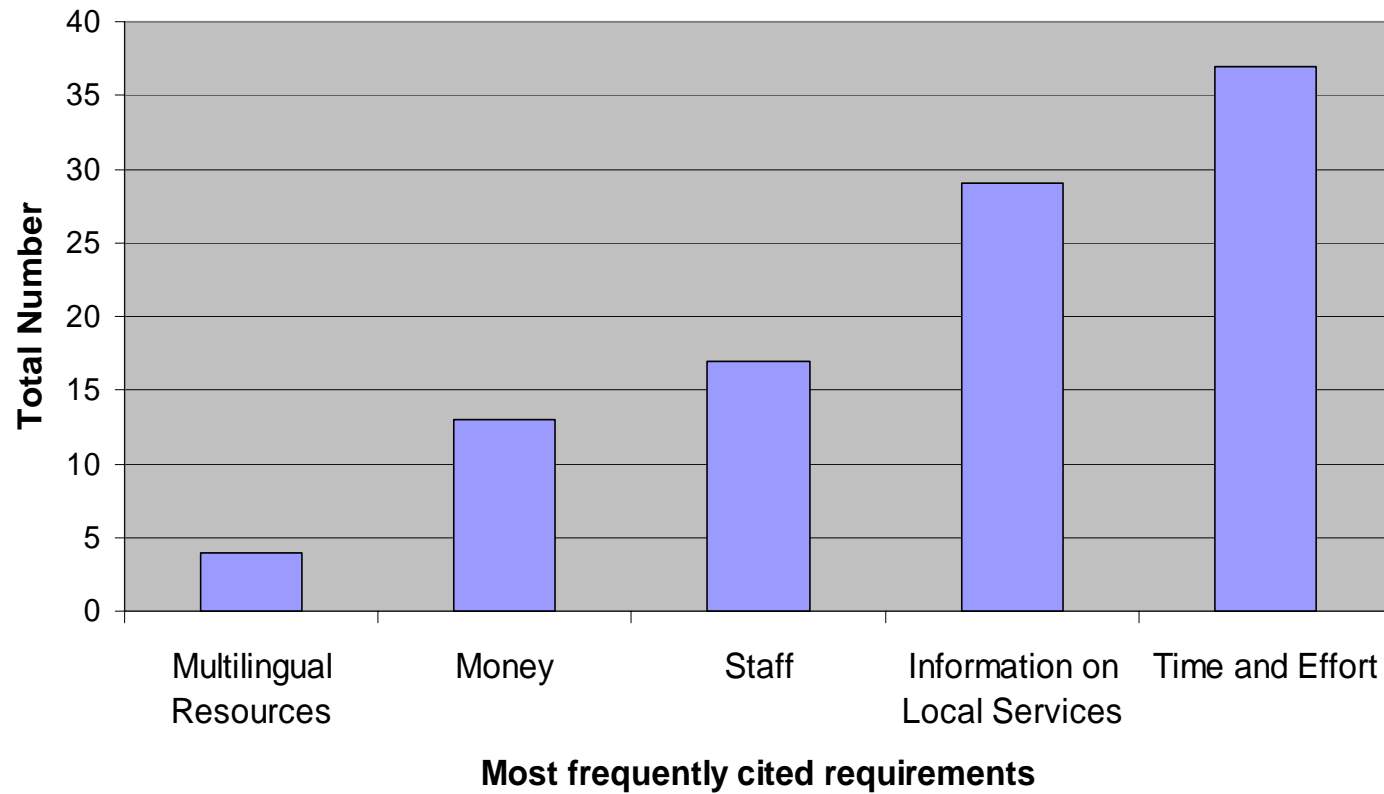
Person nominated by long day care centre staff to serve in the community liaison role



Reasons long day care centres made links with community services



Resources and supports nominated by long day care centres as requirements for becoming a community linking centre



III. Development of processes, tools and resources: need for diversity in information dissemination

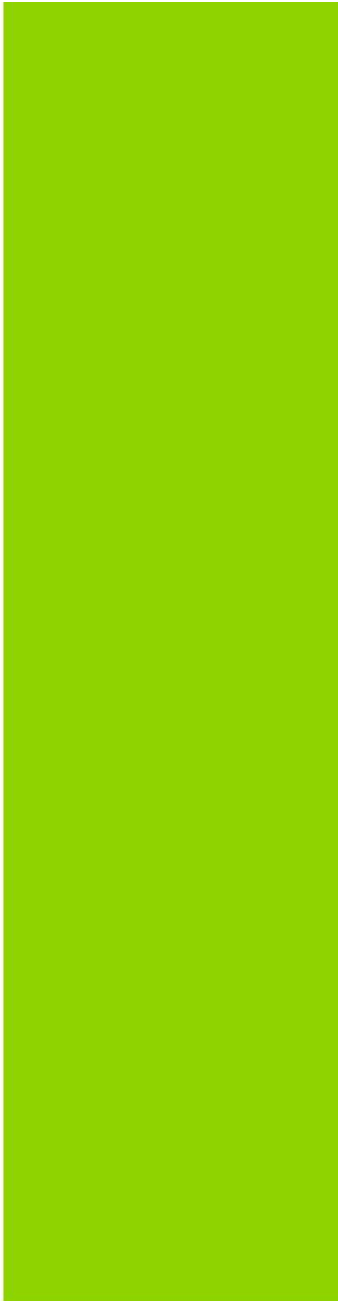
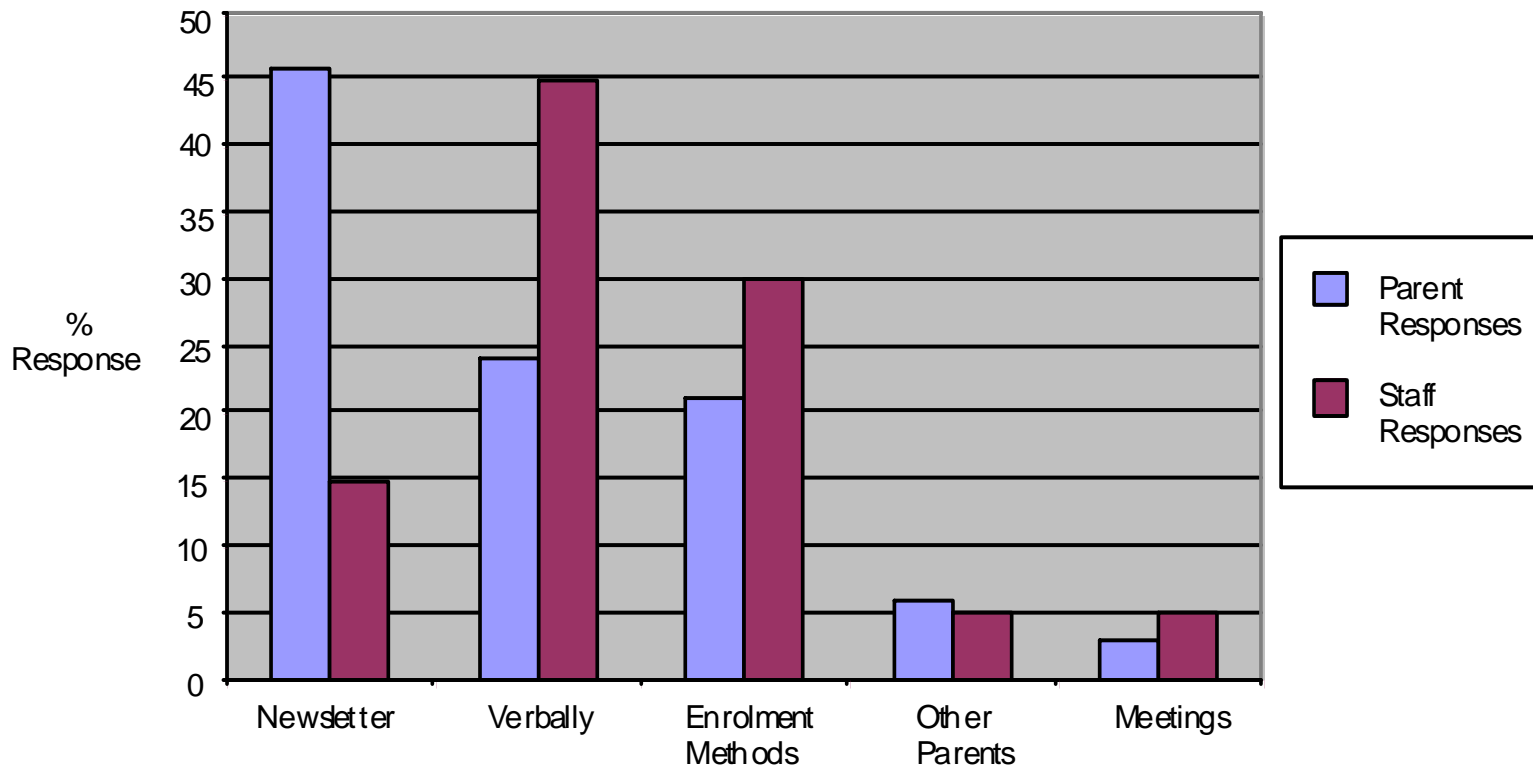
Findings

1. Need to use multiple communication strategies with families.
2. Performas, templates, assessment tools, sample surveys on CD rom – appreciated. These include sample invitations to parents, meeting agendae, strategies for networking activites
3. Video became obsolete! DVD is needed.

Sample of HP Assessment tools included in package

- ✓ **Healthy environment self assessment tool**
<http://www.healthychildhood.org/HygTool.pdf>
- ✓ **Parent assessment tool**
<http://www.healthychildhood.org/parenttool.pdf>
- ✓ **Staff assessment tool**
<http://www.healthychildhood.org/StaffTool.pdf>
- ✓ **Scoring sheet for parent and staff assessment**
<http://www.healthychildhood.org/scoringfortool.pdf>
- ✓ **Developing linkages with the community assessment tool**
<http://www.healthychildhood.org/howdevlink.pdf>
- ✓ **Video pre and post questionnaires for staff, families and community members**

Communication methods identified as effective by staff and parents



IV. Sustainability - EC settings ideal for HP but....

Needs commitment to

- **New role for ec services - beyond classroom goals**
- **Notion of a process – not a program**
- **Continuous assessment of current capacity and needs and adaptation on a regular basis**
- **Engage in collaboration, communication, facilitating networks and linkages**

Problems

- **Consistency of staff/ families**
- **Maintaining commitment and enthusiasm**

Major issue

- **Attitude: how to to move service delivery models beyond their perceived goal of providing group experiences for children – and to embrace new goals for ec services**

Solution (?)

Orientation and on going support

(EG: Yearly (regional) workshops - include past users as presenters)

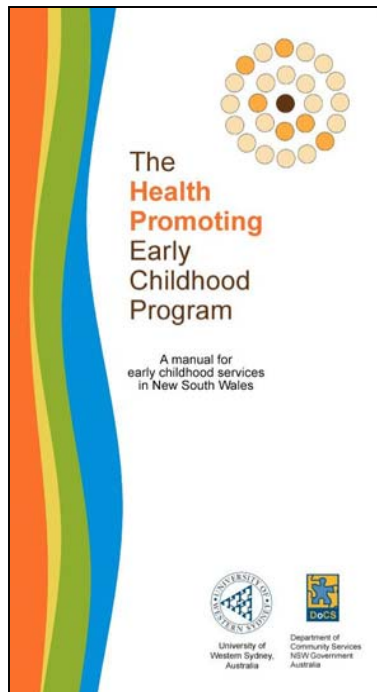
5-step process for enhancing HP in ECS*

- 1. Goal setting: Identify goals for facilitating partnerships, communication and networking.**
- 2. Recruit hp facilitator and team.**
- 3. Investigate current communication strategies (assessment tools).**
- 4. Develop and implement 'Action Plans'**
- 5. Assess the program and recommence the planning cycle.**

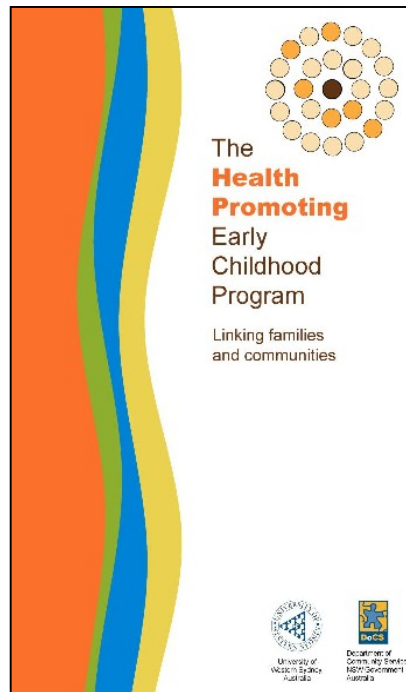
*See

De Gioia, K, & Hayden, J. (in press) *Getting it together...* Sydney: Pademelon Press

Manual



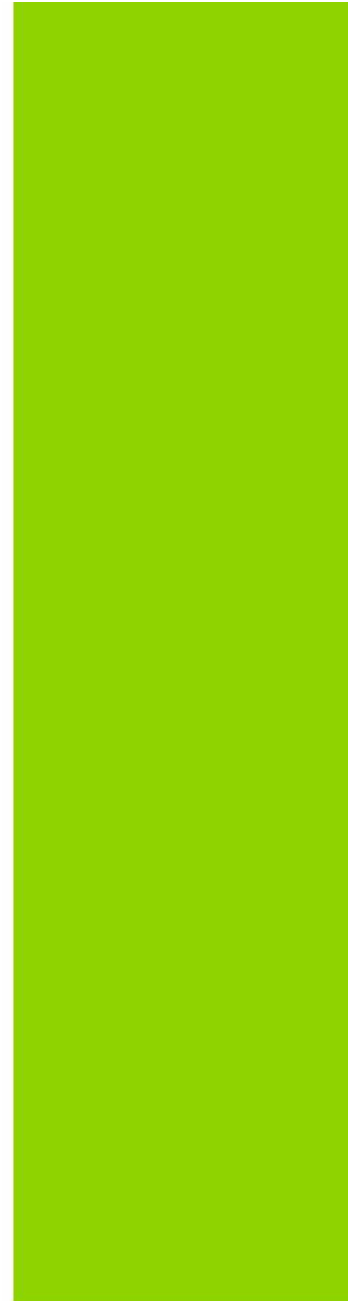
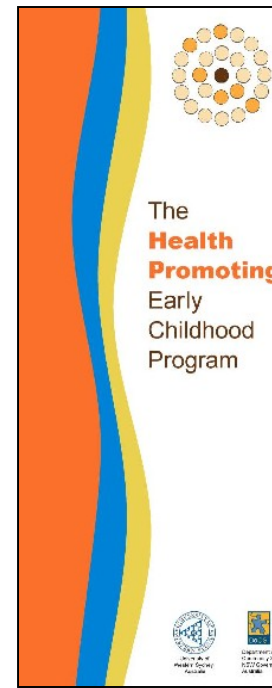
Video

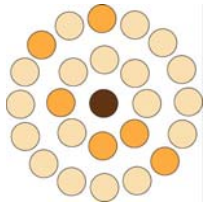


CD rom



Brochure





**For more information – including
reports**

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Changing attitudes: Some ideas....

1. Address identified problems

Use hp approach to address staff identified 'difficult' families (CALD/ ATSI families).

2. Get insiders on-side

Form partnerships with umbrella groups to develop systemic approaches to hp in ecs – (includes data gathering by staff).

3. Back-door: Use institutions to promote programs

Work through the school systems to facilitate liaison with ec centres – eg: workshops sponsored by DET/ CEO which involve ecs and health services to facilitate long term networks and linkages: transition to school programs as entry point for this.