

March 2007

Childcare and children's health

An information sheet for parents

Culturally and Linguistically Diverse (CALD) Families

Families in Australia are becoming increasingly diverse. This diversity presents new challenges and it brings new rewards. One challenge is to find meaningful ways for CALD families to be involved and supported in their child's care environment, and for their contributions to be valued. The rewards gained from inclusive, respectful work with CALD families are invaluable.



- Research has demonstrated the positive effects of collaborative relationships between carers and families, regardless of their particular cultural backgrounds (Mitchell, 2003)
- Children gain confidence and self-esteem when they feel themselves and their families to be valued and respected
- Experiencing diversity benefits other children, too
- CALD families share many characteristics with others, but there are additional problems and concerns that these families are likely to experience.

Children's development is fostered when their families are supported, their culture is respected and there is consistency between the different contexts of the child's life (Mitchell, 2003).

Australia is populated by people of many different cultural groups whose differences contribute to a dynamic, vibrant society. In supporting CALD families, carers can help build a tolerant, harmonious society in which diversity is valued.

One of the core needs of all children is to have their behaviours and beliefs mirrored by adults around them...Such mirroring and valuing is essential to the development of a healthy self-image. (Barrera and Corso, 2003:12).

Families normally are the prime providers of this positive mirroring, but children also need to feel recognised and valued in the context of care provided by people who are not family members. Like all families, CALD families should be able to expect that the care environment and program will allow them and their children to feel welcome and respected. Ways in which carers can make CALD families feel welcome, and through which families can share their skills, knowledge and cultural resources include:

- displaying greeting messages in different languages, including the languages of children in care
- using books, games and music that reflect cultural diversity and include the backgrounds of all children in care
- inviting parents and other family members to contribute their particular skills and interests
- encouraging children to bring culturally significant items to show and talk about with others
- providing and sharing food from diverse cultures, including those represented in the care environment
- religious and cultural dietary practices and taboos also need to be understood and respected.

These culturally inclusive practices should also be available for and involve families whose backgrounds are not culturally and linguistically diverse.

CALD families have individual characteristics, too. Recognising and responding to the cultural differences of CALD families should not be at the expense of recognising and valuing these individual characteristics and qualities.

This Parent Fact Sheet is available in different community languages and can be downloaded from the Early Childhood Connections website www.econnections.com.au

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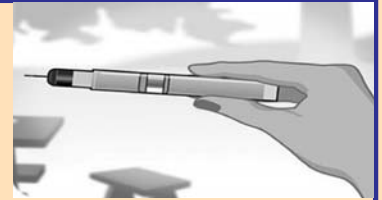


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Allergies and Anaphylaxis



Food intolerance or sensitivity is common among children in Australia. True allergies are more serious but less common, though they appear to be increasing. The most common food allergy triggers (allergens) for children are nuts, fish, shellfish, milk and egg. Soy, sesame seeds and wheat are also common allergic triggers.

Young children need a variety of foods to grow healthy bodies, so it is important that foods are not restricted unnecessarily. While food intolerance usually occurs when large quantities are eaten, true allergies are diagnosed through a skin prick test.

The most serious, though rare allergic reaction is called anaphylaxis. Anaphylaxis involves a wider reaction, and its effects on vital organs (respiratory, cardiac, vascular) make it life threatening. **Symptoms develop rapidly – usually within 15 to 20 minutes – so anaphylaxis must be treated as a medical emergency requiring immediate treatment. Emergency medical assistance must be sought.**

Common anaphylactic triggers include the foods listed above, plus insect venom from bees, wasps and jumper ants. Some medications, including penicillin and alternative medicines, can also trigger severe allergic reactions. Allergens can also be air-borne.

If your child has known allergies, or is at risk of anaphylaxis, professional medical advice should be used to develop an individualised risk minimisation and management plan. You child's carers should be clearly informed about your child's allergies and should be involved in developing a risk minimisation and management plan for use while your child is in care.

The following points are tips for parents to discuss with carers. They outline general strategies to reduce the risk to anaphylactic children while in care.

- Avoidance of the known allergic-trigger food or substance is an obvious strategy that should be regarded as a basic precaution
- However, while all efforts should be made to ensure the affected child does not come into contact with the trigger food, complete avoidance of foods that trigger allergic reactions cannot be guaranteed: it cannot be relied upon, nor should it be the only protective measure. Unclear or inaccurate labelling of prepared food, for example, may mean that the food is inadvertently present
- Food sharing between children with known risk of anaphylaxis and others should always be avoided. Any child at risk of anaphylaxis should only have food provided from home or given with the parents explicit permission. This includes snacks and treats. New foods should be first introduced at home
- Anyone preparing food for children at risk of anaphylaxis should be informed about foods that may trigger an allergic reaction. They should be aware of alternative terms used to describe these foods – eg. casein = dairy milk protein
- Incidental exposure to even very small amounts of foods or substances that trigger anaphylaxis may be potentially fatal to affected children, so care also needs to be taken to ensure contact does not occur through activities that do not involve consumption of food or drink. – eg. containers, packages and materials used for art and craft activities
- Routine hygiene practices help to reduce the risk of accidental contact with trigger foods and substances: children and carers should always wash their hands before and after eating and when they arrive at care.

Parents of children at risk of anaphylaxis should ensure that a current EpiPen® and EpiPen® Junior (depending on the weight of the child) is available for their child. Where possible, a spare EpiPen® should be kept.

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